

Adults and Health Committee

Agenda

Date: Monday, 30th May, 2022
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

To note any apologies for absence from Members.

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous Meeting** (Pages 5 - 16)

To approve as a correct record the minutes of the previous meeting held on 28 March 2022.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

4. **Public Speaking/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

5. **Place Partnership Board Update**

To note the progress to date on the formation of the Place Partnership Board, and to agree governance arrangements and funding arrangements.

Report to follow.

6. **Adults and Health budgets 2022/23** (Pages 17 - 32)

To receive the alignment of the 2022-23 budgets for Adults and Health and to note or approve virements and supplementary estimates as required.

7. **Providing Financial Incentives to Support Smoking Cessation** (Pages 33 - 46)

To receive a report on providing Financial Incentives to Support Smoking Cessation.

8. **Cheshire East Day Opportunities Strategy 2022-2027 Delivery Plan** (Pages 47 - 96)

To consider a report which seeks approval for the Cheshire East Day Opportunities Strategy 2022-2027 Delivery Plan.

9. **Update on the Learning Disabilities Conference**

To receive a verbal update on the Learning Disabilities Conference.

10. **Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees** (Pages 97 - 110)

To nominate members of the Adults and Health Committee to the Health and Wellbeing Board and the Joint Extra Care Housing Management Board.

11. **Work Programme** (Pages 111 - 114)

To consider the Work Programme and determine any required amendments.

12. **Minutes of Sub-Committee** (Pages 115 - 120)

To receive the minutes of the following sub-committee of the Adults and Health Committee

Cheshire East Health and Wellbeing Board – 22 March 2022

Membership: Councillors P Butterill, J Clowes, A Critchley, B Evans, S Gardiner, L Jeuda, A Kolker, A Moran (Vice-Chair), D Murphy, J Rhodes (Chair), R Vernon, J Weatherill and N Wylie

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 28th March, 2022 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Rhodes (Chair)
Councillor A Moran (Vice-Chair)

Councillors P Butterill, J Clowes, S Gardiner, L Jeuda, A Kolker, D Murphy,
R Vernon, J Weatherill, N Wylie and D Edwardes

OFFICERS IN ATTENDANCE

Roisin Beressi, Principal Lawyer (Adults & Education)
Jill Broomhall, Director of Adult Social Care
Shelley Brough, Head of Integrated Commissioning
Helen Charlesworth-May, Executive Director of Adult, Health and Integration
Paul Goodwin, Head of Financial Services & Deputy Chief Finance Officer
(Attended virtually via Microsoft Teams)
Mark Hughes, Senior Commissioning Manager
Alex Jones, Better Care Fund Manager (Attended virtually via Microsoft Teams)
Karen Shuker, Democratic Services Officer
Jo Sutton, Acting Head of Integrated Commissioning
Dr Matt Tyrer, Director of Public Health (Attended virtually via Microsoft Teams)

49 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor A Critchley and Councillor B Evans (Councillor D Edwardes was substituting).

50 DECLARATIONS OF INTEREST

There were no declarations of interest.

51 MINUTES OF PREVIOUS MEETING

That the minutes of the previous meeting be approved as a correct record subject to an amendment stating that Cllr Gardiners declaration in respect of the fact that he was a former member of the Local Safeguarding Adults Board was made during consideration of min no.41 and not after.

RESOLVED:

That the minutes of the meeting held on 18 January 2022 be approved as a correct record, subject to the above amendment.

52 PUBLIC SPEAKING/OPEN SESSION

Chris Clarke spoke in connection with Item 12 – Care at Home Recommission (domiciliary care).

He raised concerns regarding the 6% increase of domiciliary care wages offered by the council which equated to £18.60 per hour. He considered this to be well below the true cost of care and well below fuel increases, inflation, living wage increases and national insurance increase. Further concerns were raised that the Council was potentially breaching the legality of the contract and of the tender process given that an FOI request showed approximately 70 packages of care with providers were being paid upwards of £25 per hour.

Mr Clarke asked the following two questions

- 1) Why had the Executive Director of Adult Health Care and Integration told providers that the committee members that they had spoken to had agreed that there was no more money than 6% uplift available to offer to care providers which would make a maximum tender of £19.07 per hour, yet the Home Care Association stated that the minimum cost of care was £21.43 so why had this not been brought to committee for a full discussion?
- 2) As a provider a contract had already been agreed and signed with Cheshire East Council which extended the current contract to November 2023. At agenda item 12 of today's meeting, how was it that officers were recommending a new proposed tender process that would mobilise providers by 1 May 2023, some six months before the end of the contract with client providers yet an email from Cheshire East Council dated Friday 23 March 2023 categorically stated that the contract would not start in May 2023.

The Chair clarified that the Adults & Health Committee worked at a strategic level, not an operational level. This was due to the fact that there was a tight legal contract system in place which did not allow the input of members. Any decisions taken at an operational level would be made by officers.

The Executive Director for Adults, Health and Integration agreed to provide a full written response but addressed the following points in the meeting:

A letter had been sent to all providers earlier in the calendar year in respect of the budget available to the department, which informed providers that an offer of 6% inflationary increase for 2022-2023 would be offered to all domiciliary care providers. That was the total sum available for inflationary increases in 2022-2023. Domiciliary providers had been informed that Councillors did not set inflationary increase, they sign off the totality of the budget.

In respect of the new contract for 2023-2024 the report set out a proposal for Councillors. It was acknowledged that some providers had different end dates on their contract and those would be dealt with slightly different through the process, but the overarching framework would take up to 18 months to be put in place.

53 BRIEFING ON PROPOSED LEARNING DISABILITIES CONFERENCE

The committee received a briefing on the proposed Cheshire East Learning Disabilities Conference scheduled for June 2022.

The aim of the conference would be to reflect on how people with learning disabilities lived in the past, moving forward to the present day and what support for the future would look like. The conference would be accessible to all and would include representatives from the Learning Disability community, staff from across health and social care and providers of services.

RESOLVED:-

That the briefing be noted.

54 DAY OPPORTUNITIES FLEXIBLE PURCHASING SYSTEM

The committee received a report which sought approval to establish a bespoke flexible purchasing system for the future procurement of day opportunities provision for adults in Cheshire East.

The current model for day care services was predominantly building based and it was recognised that one size would not fit all. The flexible purchasing system would operate as a common, shared marketplace for all external day opportunities placements and would seek to develop a high quality and diverse range of provision in the borough. The range of provisions would be divided in to three areas, building based, community based and employment skills and training. The system would be co-produced to ensure that the services provided would meet the needs of residents in Cheshire East.

The committee heard about the benefits of the system which included

- Effectiveness of market shaping and management;
- Consistency of core specification and clarity of position in respect of expectations regarding outcomes;
- More choice for individuals;
- Transparency and challenge, where appropriate, surrounding value for money;
- A more streamlined process for placement finding and contract management.

Comments and questions were received from members in relation to the following

- The flexibility of the tripartite system was welcomed;
- A proper link up with an improved day care provision but not at the expense of those carers who require a break would be welcomed;
- Members would like to see how this would link with Children's services and the transition stage in to adulthood;
- Sought assurance that those within rural areas would have the same access as those within urban areas;
- Understood that there was a need to close some services and the reasons for the delay in reopening of these during the pandemic, but that it needed to be recognised that should something similar occur in the future certain groups of people may require a different type of intervention.
- How would individuals who require specific services be dealt with by those larger providers who may not be as flexible as those smaller providers.

Members raised concerns in respect of whether the timeline was appropriate, the reality of how changing the current system would work and sought assurance in respect of terms and conditions if several providers were in competition with each other.

It was proposed and seconded that the recommendations in the report be approved, subject to

- the amendments made to the wording in recommendation 3.3 of the report as highlighted below;
- In respect of those concerns listed above a further recommendation be included that a report to be brought back to the Adults and Health Committee detailing the progress of the Flexible Purchasing System.

RESOLVED (unanimously) that:

- (1) Approve the development of a Flexible Purchasing System for Day Opportunities in Cheshire East.
- (2) Agree to delegate authority to **invite** providers for admission onto the Flexible Purchasing System Agreement to the Executive Director – Adults, Health, and Integration.
- (3) Agree that a report will be presented to the committee at a date to be agreed detailing the progress of the Flexible Purchasing System following the admission of providers to the framework.

The committee adjourned for a short break.

55 ALL AGE CARERS STRATEGY AND RECOMMISSION

The committee considered a report detailing the service model for the All-Age Carers Hub for 2022 in preparation for the retendering activity in

spring 2022 and sought approval to publish the All-Age Carers Strategy 2021-2025.

The draft strategy had been co-produced, and a formal consultation and engagement process had taken place with carers and stakeholders. The strategy included an implementation plan and would inform the recommissioning of the Carers Hub.

Members provided comments and feedback in respect of the following

- Concerns within the Ice report around feedback from service users in respect of them feeling isolated, unsupported, failure by some educational settings to recognise that this was something they should be dealing with;
- Due to the uncertainty around the Better Care Fund, could an update be provided;
- How to ensure young adults are living the life of young adults as well as that of young carers.
- How much the data in respect of carers caring for 50 hours or more per week have changed in the last decade.
- A request for feedback on how the strategy was working

In response to questions from members, the Executive Director for Adults, Health, and Integration confirmed that the messages within the Ice report had been taken on board at the Children and Families Committee. A piece of work had begun to look at how schools could be better engaged to support young carers.

The Better Care Fund is an annual, non-recurrent funding stream; however, the Council had received no indication that this would cease. For contracting and budgetary purposes, the money would be treated as a recurrent sum of money. Should the funding cease there would be a requirement to make significant savings.

It was agreed that a written response would be circulated to members in relation to the question raised on data in respect of carers caring for 50 hours or more per week, to include more recent figures.

It was agreed that an item would be added to the work programme for a future meeting on monitoring how the objectives of the strategy were being met.

RESOLVED (unanimously) That:

- (1) The details of the consultation and engagement completed for the All-Age Carers Strategy and All-Age Carers Hub be noted.
- (2) The publication of the All-Age Carers Strategy for 2021-2025 be approved.
- (3) The service model for the All-Age Carers Hub prior to recommissioning activity be noted.

56 CHESHIRE EAST LIVE WELL FOR LONGER PLAN 2022 – 2025

The committee considered a report which detailed the strategic integration structures underpinning the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2025 and the approach undertaken to constructing the document.

The LWfL Plan had been coproduced with adults of all ages and provided a list of commitments that were designed to underpin commissioning across the health and social care system to ensure that services are designed and delivered in accordance with residents' needs. The committee heard that exploration of the plan's principles across the wider council would be undertaken as part of the consultation process as insight gained during coproduction of the LWfL Plan could be applied to all departments at Cheshire East Council.

Members provided comments and feedback in relation to the following:

- The report was welcomed although the text in the report was unclear in sections so an easy speak presentation version was suggested;
- Some of the pictorials were too busy and cluttered.

It was agreed that an easy read version of the LWfL Plan would be circulated.

RESOLVED: (unanimously) That :-

- (1) The insight-based approach to engagement and coproduction activity that had led to the creation of the draft Living Well for Longer Plan be noted;
- (2) The draft Living Well for Longer Plan as outlined in Appendix 1 for the basis of consultation be approved;
- (3) That the final version of the Living Well for Longer Plan be noted, and that it be presented for approval to the Adults and Health Committee following consultation.

57 Q3 ADULT SOCIAL CARE PERFORMANCE SCORECARD 2021-22

Consideration was given to a report that outlined the performance data and measures related to services that fell within the responsibility of the Adults and Health Committee, from Quarter 3 of 2021/22.

The main challenges highlighted included delivery of the care at home provision, those waiting for packages of care who were in short stay beds which had a knock on effect which included an increase in nursing homes and residential admissions, reduction in direct payments, personal assistants moving in to care roles, a reduction in the number of people who do not require long term support following a period of reablement and

an increase in number of new Deprivation of Liberty Safeguards (DOLS) requests being received.

There had also been a slight increase in mental health act assessments received since coming out of the pandemic.

Members asked questions and provided comments in relation to

- The plan to deal with the pressure around Deprivation of Liberty Safeguards (DOLS), and people waiting for care;
- Of those people waiting for care, how many of those cases may lead to safeguarding issues.

It was agreed that a written response would be circulated to members in respect of the figures of people waiting for care and how many of those cases may lead to safeguarding issues.

RESOLVED:-

That the report be noted.

The committee adjourned for a short break.

58 ADULT SOCIAL CARE SHORT TERM FUNDING STREAMS

The committee received a report summarising the various funding streams which had been provided to support care homes, domiciliary care providers and complex care providers throughout the COVID-19 pandemic.

The funding streams supported the council's statutory duty under the Care Act to ensure that there was an effective and sustainable care market in the local area.

The main purpose of the funding received was to reduce the rate of COVID-19 transmissions within and between care settings, help support providers with COVID-19 testing, encourage take up of the COVID-19 vaccination, and support local authorities to recruit and retain staff.

Funding received had been accompanied with tight timescales for distribution along with strict criteria. Members commented that there must be realistic timescales considered by government in respect of the spending of the funding received.

RESOLVED That:-

The report be noted.

59 BETTER CARE FUND SECTION 75 AGREEMENT

The committee considered a report which sought approval, following the expiry of the current arrangement on 31 March 2022, to enter into a new Section 75 Agreement for one year, between Cheshire East Council and NHS Clinical Commissioning Group from 1 April 2022, with the possibility of a further extension of another year from 1 April 2023. Approval to enter into a new agreement would secure continued collaborative delivery of services under the Better Care Fund (BCF) umbrella and access to the available funding.

Any changes on intentions or development for future work would come back to committee for approval.

Members suggested that more detail around the explanation of the schemes which form part of the Better Care Fund would be useful for future reports.

RESOLVED (unanimously) That the Adults and Health Committee :-

- (1) Authorise the council to enter into a new Section 75 Agreement with NHS Cheshire CCG for a period of one year from 1 April 2022, for the council's minimum required budget, together with the option to extend that agreement for a further period of one year (subject to there being a national requirement to operate the Better Care Fund as a Section 75 pooled budget agreement until 2023/24).
- (2) Delegates authority to the Executive Director of Adults, Health, and Integration (in consultation with the Director of Governance and Compliance) to agree the terms of the Section 75 Agreement.
- (3) Delegates authority to the Executive Director of Adults, Health, and Integration (in consultation with the Director of Governance and Compliance) to extend the Agreement for 2023/24.
- (4) Authorise the Director of Finance and Customer Services to continue with pooled budget arrangements for 2022/23 for the council's revised minimum requirement.
- (5) Approve the services identified in the appendix would be considered and reviewed with the potential that they were included in the Better Care Fund Section 75 Agreement. Recommendations for the development of those additional schemes and associated formal pooling arrangements would come to the Adults and Health Committee for approval.

60 CARE AT HOME RECOMMISSION (DOMICILIARY CARE)

The Committee considered a report which sought approval to recommission the Care at Home Prime and Framework services within Cheshire East. It was proposed that the service would be recommissioned in conjunction with health colleagues from the Cheshire East local place.

To provide greater stability to the care market and maximise continuity of care for service users it was proposed that as part of the recommissioning of the service that the contract period be increased from a five-year maximum period to a maximum period of up to ten years. The proposed longer contract length would provide greater stability to the care market and greater continuity of care to service users, although feedback from committee members on alternative contract length was welcomed.

Engagement with providers and stakeholders would help to inform the new commission along with a review of care fees which would be undertaken by independent consultants.

Recent discussions had taken place in respect of the procurement approach and the possibility of using the new flexible purchasing system to allow new care providers to contract with the council as and when they set up. This would be subject to engagement with stakeholders.

Members raised questions and comments in relation to

- Sought assurance that the synergies of all those contracts discussed would be considered;
- Would like to gain a better understanding of terms and conditions in relation to the alignment with the CCG;
- Want to ensure providers deliver the Foundation Living Wage to their employees as oppose to tending to oncosts first;
- Geographical Lots - ensure all areas would be well served by the contract;
- Had consideration been given to use Cheshire East care workers rather than agency workers.

Members raised concerns in respect of the length of the proposed contract and the need to ensure accountability of the provider throughout the entirety of the contract.

It was proposed and seconded that the recommendations in the report be approved, subject to

- the amendments made to the wording in recommendation 3.5 of the report as highlighted below;
- In respect of those concerns listed in relation to the length of the contract a proposal was put forwarded and seconded to amend the length of the contract to five years, with a possible two-year extension.

RESOLVED That the Adults and Health Committee:-

- (1) Approves Cheshire East undertaking the recommissioning of care at home services for adults which are potentially procured in partnership with Cheshire Clinical Commissioning Group (or its successor), with Cheshire East Council as the lead commissioner.
- (2) Approves a contract period of five years with a possible two-year extension.
- (3) Notes that commissioners intend to engage providers and stakeholders on the proposed new model and that independent consultants have been appointed to undertake a review of care fees which will help to inform the new commission.
- (4) Delegates authority to the Executive Director of Adults, Health, and Integration to enter into a joint agreement with Cheshire Clinical Commissioning Group in consultation with the Chair of the Adults and Health Committee should a joint commission with the CCG be progressed, **following a report to the committee.**
- (5) Delegates authority to the Executive Director of Adults, Health, and Integration in consultation with the Director of Governance and Compliance and the Chair of the Adults and Health Committee to enter into contracts with the successful suppliers following the prescribed procurement process.

61 UPDATE ON STAFFING/RECRUITMENT IN ADULT SOCIAL CARE

The committee received an oral update on the challenges faced in respect of staffing and recruitment in adult social care, which included the following actions to address current in-house vacancies

- Simplifying the recruitment process;
- Using social media to advertise;
- Asking those who had left the authority if they would be interested in reapplying;
- Having discussions with local colleges and increasing the number of apprenticeships offered;
- Exploring retention packages for staff.

In respect of the instability with external agencies, actions included

- working with agencies to produce a promotional video which would highlight the work involved in social care;
- offer of enhancements for staff and providers
- regular advertisements

A more detailed report would be brought to committee at a future date

RESOLVED:

That the updated be noted.

62 WORK PROGRAMME

Consideration was given to the Committee's work programme.

It was agreed that the following items would be added to the work programme

- Day Opportunities Flexible Working System
- All Age Carers Strategy
- Better Care Fund S75
- Staffing and recruitment update
- Care at Home Recommission (domiciliary Care)

RESOLVED:

That the Work Programme be noted.

63 MINUTES OF SUB-COMMITTEE

RESOLVED:-

That the minutes of the Cheshire East Health and Wellbeing Board be received and noted.

The meeting commenced at 10.30 am and concluded at 1.25 pm

Councillor J Rhodes (Chair)

This page is intentionally left blank



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	30 May 2022
Report Title:	Adults and Health budgets 2022/23
Report of:	CLT Lead Officer: Alex Thompson, Director of Finance & Customer Services
Report Reference No:	AH/02/2022-23
Ward(s) Affected:	All wards and all members will be affected and impacted by the content of the MTFS and Corporate Plan.

1. Report Summary

- 1.1. This report determines the allocation of the approved budgets for 2022/23 to the Adults and Health Committee.
- 1.2. The report contributes to the Council's objective of being an open and enabling organisation.

2. Executive Summary

- 2.1. The Medium Term Financial Strategy (MTFS) for Cheshire East Council for the four years 2022/23 to 2025/26 was approved by full Council on 24th February 2022.
- 2.2. Cheshire East Council provides in the region of 500 local services every day. The Corporate Plan articulates a vision of how these services will make Cheshire East an Open, Fairer and Greener borough. The MTFS matches forecast resources to the costs associated with achieving the Council's vision.
- 2.3. The Finance Sub Committee meeting on the 2nd March approved the allocation of the approved capital and revenue budgets, related policy proposals and earmarked reserves to each of the service committees.

3. Recommendations

- 3.1. To note the decision of the Finance Sub-Committee to allocate the approved capital and revenue budgets, related policy proposals and

earmarked reserves to the Adults and Health Committee, as set out in **Appendix A**.

- 3.2. To note the supplementary estimates already approved as set out in **Appendix B**, Tables A and B.
- 3.3. To approve the supplementary estimates set out in **Appendix B**, Table C.
- 3.4. To recommend to Council to approve the supplementary estimate set out in **Appendix B**, Table D.
- 3.5. To note the financial reporting timetable as set out in **Appendix C**.

4. Reasons for Recommendations

- 4.1. The Adults and Health Committee has the responsibility for the oversight, scrutiny, reviewing of outcomes and performance, budget monitoring and risk management of the Directorates of Adults Social Care Operations; Commissioning and Public Health.
- 4.2. Finance Sub-Committee met on 2nd March and set out the budgets in accordance with the above responsibilities.

5. Other Options Considered

- 5.1. Not applicable.

6. Background

- 6.1. All councils are legally required to set a balanced budget each year. The MTFS was approved by full Council on 24th February 2022.
- 6.2. Finance Procedure Rules set limits and responsibilities for movement of funds within this balanced position, treating reserves as part of this overall position. Any movement within this balanced position is treated as a virement. To increase the overall size of the MTFS requires a supplementary estimate, which must be backed with appropriate new funding and approved in line with the Procedure Rules.
- 6.3. To support accountability and financial control the 2022/23 budget is reported across the Committees based on their associated functions. This report sets out the allocation of the revenue and capital budgets and earmarked reserves to the Adults and Health committee in accordance with its functions.
- 6.4. Each committee Function has been associated with a Director budget. Budget holders are responsible for budget management. Where a team supports multiple Directors (most notable in Corporate Services) the budget remains with the Director and is not split, for example, Governance and Democratic Services are aligned to the Corporate Policy Committee even though the activity of the team is split across all teams.

- 6.5.** The financial alignment of budgets to each Committee is set out in Table 1 with further details on the Adults and Health Committee budgets in Appendix A.

Table 1: Revenue and Capital Budgets allocated to service committees as per the approved MTFS

Committee	Expenditure £m	Income £m	Net Budget £m	Total Capital Budget £m	Total Rev + Cap £m
Health and Adults	178.126	-57.287	120.839	-	120.839
Highways and Transport	20.673	-8.871	11.802	77.435	89.237
Children and Families	77.272	-3.495	73.777	33.793	107.570
Economy and Growth	32.654	-9.144	23.510	52.001	75.511
Environment and Communities	54.795	-10.422	44.373	10.973	55.346
Corporate Policy	94.672	-56.350	38.322	7.043	45.365
Finance Sub Committee	16.007	-0.900	15.107	4.000	19.107
			-327.730	-185.245	-512.975
Original Budget (MTFS Feb 22)	474.199	-146.469	0.000	0.000	0.000

- 6.6.** The 2022-25 MTFS includes a net revenue budget of £327.7m and an approved capital programme of £185.3m for the financial year 2022/23. Further details on the schemes within the capital programme for the Adults and Health Committee are provided in Appendix A.
- 6.7.** Council wide budget control rests with the Corporate Policy Committee (and Finance Sub Committee) and Council. Budgets have been aligned with service committees to facilitate expenditure assurance but committees do not hold 'a budget'. Responsibility for budget management remains with officers but the Committee is responsible for assuring the budget is spent on delivering the objectives set out in the policy framework of the Corporate Plan.

7. Consultation and Engagement

- 7.1.** The annual business planning process involves engagement with local people and organisations. Local authorities have a statutory duty to consult on their Budget with certain stakeholder groups including the Schools Forum and businesses. In addition, the Council chooses to consult with other stakeholder groups. The Council continues to carry out stakeholder analysis to identify the different groups involved in the budget setting process, what information they need from us, the information we currently provide these groups with, and where we can improve our engagement process.
- 7.2.** Cheshire East Council conducted an engagement process on its Medium-Term Financial Plans through a number of stages running from November 2021 to Council in February 2022.

- 7.3.** The budget consultation launched on-line on the 24th November 2021, included details of the proposals against each Corporate Plan aim. This consultation was made available to various stakeholder groups and through a number of forums.

8. Implications

8.1. Legal

- 7.1.1.** The legal implications surrounding the process of setting the 2022 to 2026 Medium Term Financial Strategy were dealt with in the reports relating to that process.

7.2. Finance

- 7.2.1.** Contained within the main body of the report.

7.3. Policy

- 7.3.1.** The Corporate Plan sets the policy context for the MTFS and the two documents are aligned. Any policy implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

7.4. Equality

- 7.4.1.** The Council needs to ensure that in taking decisions on the Medium Term Financial Strategy, the Budget and the Corporate Plan, the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as proposals and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.
- 7.4.2.** Any equality implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

7.5. Human Resources

- 7.5.1.** Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

7.6. Risk Management

- 7.6.1.** Financial risks are assessed and reported on a regular basis, and remedial action taken if and when required. Risks associated with the achievement of the 2022/23 budget and the level of general reserves were factored into the 2022/23 financial scenario, budget and reserves strategy.

7.7. Rural Communities

7.7.1. The report provides details of service provision across the borough.

7.8. Children and Young People/Cared for Children

7.8.1. The report provides details of service provision across the borough.

7.9. Public Health

7.9.1. Public health implications that arise from activities that this report deals with will be dealt with as separate reports to Members or Officer Decision Records as required.

7.10. Climate Change

7.10.1. Any climate change implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Access to Information	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) alex.thompson@cheshireeast.gov.uk
Appendices:	A - Allocation of capital and revenue budgets, earmarked reserves and policy proposals to service committees B – Supplementary Estimates C – Financial Reporting Timetable 2022-23
Background Papers:	The following are links to key background documents: Medium-Term Financial Strategy 2022-26

This page is intentionally left blank

Appendix A – Allocation of capital and revenue budgets, earmarked reserves and policy proposals to service committees.

2022/23 Adults & Health Committee MTFS pages 169-172	Exp £m	Inc £m	Revenue Budget £m	Capital Budget £m	Total Rev + Cap £m
Commissioning	13.175	-8.295	4.880	-	4.880
Adults Social Care Operations	147.731	-31.772	115.959	-	115.959
Public Health	17.220	-17.220	0	-	0
Total	178.126	-57.287	120.839	-	120.839

Earmarked Reserves	Estimated Opening Balance as at 1 April 2022 £m
Adults and Health Committee	
Adults Directorate	1.02
DOL's Assessments	0.30
PFI Equalisation Reserve - Extra Care Housing	2.72
Public Health	2.54
NHB Community Grants Staffing	0.13

Budget Policy Proposal	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
[30] Productivity and Efficiency in Adult Social Care	-500	-500		
[7] Continuing Healthcare Reviews	-1,000	-500		
[34] Investment in Adult Social Care	4,000	3,500	4,000	4,000
[35] Care Fee Uplifts in Adult Social Care		2,000		
[49] Learning Disabilities Future Service Development and Review	-1,000	-1,250		
[36] Direction of travel for the Communities team to focus more on the Intervention and Prevention Agenda to make cost savings, growth and future cost avoidance	-500	-750		
[37] Mental Health Services Review	-500			
[38] Day Care Review	-70	-150		
[39] Electronic Call Monitoring Reclamation	-30			
[29 part] Staff Travel and related savings - ASC	-44			

Budget Policy Proposal	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
[3 + 4] ASC Operations - Pay inflation and NI increase	1,275	763	782	801
[9] Reduce Base budget assigned to Community Grants	-100			
[40] Market Sustainability and Fair Cost of Care – Expenditure Budget	979			
[40] Market Sustainability and Fair Cost of Care - Grant Income	-979			
[3 + 4] Commissioning – Pay inflation and NI increase	276	166	169	174

This page is intentionally left blank

Appendix B – Supplementary Estimates

Table A - Specific Grant Supplementary Estimates less than £1,000,000 – Already approved for noting purposes only

Finance Sub-Committee approved the following supplementary estimates for specific grants coded directly to services up to and including £1,000,000.

Committee	Year	Type of Grant	£000	Details
Adults and Health	2022/23	Public Health Grant	476	Local authorities (upper tier and unitary) are responsible for improving the health of their local population and reducing health inequalities. In 2022 to 2023 the CEC public health grant has increased by £475,572 compared to 2021/22. The grant will be ringfenced for use on public health functions. This may include public health challenges arising directly or indirectly from COVID-19.
Adults and Health	2022/23	ICT Workforce: Contract Extension Funding	173	<p>Champs Public Health Collaborative, on behalf of the Cheshire and Merseyside Directors of Public Health, submitted a successful bid to the Department of Health and Social Care for funding to support a pilot around the transformation of contact tracing services across the sub region. A fundamental aspect of this was to ensure we maintained our workforce capacity during the winter period by ensuring we took action to extend short term contracts of contact tracers and team leaders to reduce the risk of people feeling the need to leave in early 2022.</p> <p>To secure the existing workforce beyond 1 April 2022, the C&M Directors of Public Health agreed to utilise an element of our DHSC funding to extend fixed term contracts for local authority contact tracers and team leaders from 1 April 2022 to 31 July 2022, where contracts were due to end 31 March 2022. This gives us a stable workforce as we continue to work together on</p>

Committee	Year	Type of Grant	£000	Details
				establishing a sustainable, resilient contact tracing service across our sub-region.
Total Adults and Health			649	

Table B – Urgent Decisions already made for noting

Committee	Year	Type of Grant	£000	Details
Adults and Health	2021/22	COVID-19 Infection Control Fund and Rapid Testing Grant: October 2021 to March 2022.	3,465	A supplementary revenue estimate for the 2021/22 financial year of £3,465,255 be approved; this to funded from Adult Social Care Infection Control and Rapid Testing Fund Round 3 allocation for Cheshire East Council as set out in DoHCS guidance published on 21 October 2021.
Total Adults and Health			3,465	

Table C – Supplementary Estimates for Approval

Committee	Year	Type of Grant	£000	Details
Adults and Health	2021/22	Syrian Resettlement Programme - education element	5	Syrian educational element of the Syrian Settlement Programme for refugees enrolled in schools. Funding is passported to the schools where the refugees are enrolled.
Adults and Health	2021/22	COVID-19 Adult Social Care Omicron Fund	363	Additional funding to support the sector in recognition of the increased pressure on existing funding sources caused by the Omicron variant.
Total Adults and Health			368	

Table D – Supplementary Estimates for Council Approval

Committee	Year	Type of Grant	£000	Details
Adults and Health	2021/22	European Social Fund Income for Journey First and Parents First	1,682	<p>The Journey First programme provides intensive 1-2-1 support for young people and adults helping participants to identify their skills and reach their goals, whether that be support with job searches and employment or access to further education or training.</p> <p>Parents First is a holistic employment support service for parents of young children who take up the free childcare entitlement as well as parents of young children who have not yet engaged with those services. The support will ensure parents are able to explore and develop education, training, and employment aspirations, get job ready or find meaningful employment.</p>
Total Adults and Health			1,682	

This page is intentionally left blank

Appendix C

Report	Financial Cycle	Finance Sub Committee	Corporate Policy Committee	Children and Families Committee	Environment and Communities Committee	Highways and Transport Committee	Adults and Health Committee	Economy and Growth Committee	Audit and Governance Committee	Council (if required)
Alignment of 2022-23 Budgets	Planning	02-Mar-22	09-Jun-22	23-May-22	07-Jun-22	16-Jun-22	30-May-22	31-May-22		27-Apr-22
Final Outturn 2021/22	Reporting	06-Jul-22							28/07/22 Draft SOA	20-Jul-22
First Financial Review of 2022/23 (Update to include progress on policy proposals and material variances from MTFS)	Monitoring	07-Sep-22	06-Oct-22	19-Sep-22	29-Sep-22	22-Sep-22	26-Sep-22	13-Sep-22		19-Oct-22
Second Financial Review of 2022/23	Monitoring	09-Nov-22	01-Dec-22	14-Nov-22	10-Nov-22	24-Nov-22	21-Nov-22	15-Nov-22	24/11/22 Final SOA	14-Dec-22
MTFS Strategies - Treasury Mgt, Investment, Capital and Reserves	Planning	11-Jan-23								22-Feb-23
MTFS Budget Consultation	Planning	11-Jan-23	01-Dec-22	16-Jan-23	02-Feb-23	26-Jan-23	23-Jan-23	17-Jan-23		22-Feb-23
Third Financial Review of 2022/23 - Part A One Page Summary and Narrative	Monitoring		09-Feb-23							22-Feb-23
Third Financial Review of 2022/23 - Part B Full Report based on Part A	Monitoring	08-Mar-23	23-Mar-23	20-Mar-23	30-Mar-23	02-Mar-23	27-Mar-23	14-Mar-23		24-May-23

This page is intentionally left blank



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	30 th May 2022
Report Title:	Providing Financial Incentives to Support Smoking Cessation
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	AH/29/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1.** The purpose of this report is to seek the views of the Adults and Health Committee on the appropriateness of commencing a project to test the effectiveness of using financial incentives to stop smoking.
- 1.2.** This report presents to the Adults and Health Committee an outline of:
 - The current smoking rates in Cheshire East and the significant - and unequal - health and economic impacts that smoking continues to have on residents
 - The robust evidence base that demonstrates that financial incentive schemes are an effective and cost-effective method of helping people to quit smoking
 - The proposed approach for how a financial incentive scheme might work in Cheshire East, including implementation, evaluation and risk mitigation.
- 1.3.** The development and delivery of a scheme to support smoking cessation firmly aligns with the following priorities within Cheshire East Council's Corporate Plan 2021-25:
 - **Reduce health inequalities across the borough** – smoking is the leading cause of health inequalities in the UK. Reducing smoking rates in Cheshire East will therefore help to reduce health inequalities locally.

- **Support all children to have the best start in life** – reducing smoking rates in pregnant women will improve the short and long-term health outcomes of infants and their families.

This paper sets out the issues and evidence in respect of a scheme based on financial incentives.

- 1.4. It is intended that this report and its contents be discussed by the Adults and Health Committee on 30th May 2022, with a view to the Committee agreeing for a formal decision report to be submitted to its subsequent meeting on 18th July 2022.

2. Executive Summary

- 2.1. **Smoking is the leading cause of cancer and preventable death worldwide^{1,2}, and the largest cause of health inequality**, accounting for half of the difference in health outcomes between the least deprived and most deprived communities in the UK¹. Smoking is also the most important modifiable risk factor in pregnancy and can lead to miscarriage, premature and stillbirth, and cot death³.
- 2.2. **In Cheshire East, approximately 10.5% of the general population and 10.8% of pregnant residents (at the time of birth) smoke tobacco.** These rates are similar to or worse than the national average and are no longer declining, having plateaued in recent years. The council now has to consider different approaches to reduce smoking rates, improve health and reduce inequalities by offering financial incentives to support people to quit smoking.
- 2.3. **There is substantial evidence that financial incentives are effective in helping people to stop smoking in the short and long-term** (further detail on the evidence base can be found in the Background section of the paper):
- People receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to have stopped smoking than those who did not receive incentives⁴.
 - Smoking cessation rates in pregnant women receiving an incentive are on average more than double that of control groups⁴.
 - Financial incentive schemes for smoking cessation deliver an estimated return on investment of £4 for every £1 invested⁵.
- 2.4. Helping people to quit smoking would contribute to the council's corporate objectives and priorities to be a council which empowers and cares about people, reduces health inequalities and ensures the best start in life for children.

3. Recommendations

3.1. That Adults and Health Committee:

3.1.1. Notes the contents of the report.

3.1.2. Agrees that a formal decision report be brought to its next meeting on 18th July 2022, at which the Committee will make a final decision on which of the options presented in this paper to take forward.

4. Reasons for Recommendation

4.1. Smoking is a leading cause of preventable death and disease worldwide, and the leading cause of health inequality in the UK. It increases the risk of developing more than 50 serious health conditions including a variety of cancers, heart disease and stroke. Smoking in pregnant women can have damaging impacts on the health of their unborn children.

4.2. The national 'Towards a Smoke Free Generation'⁶ plan aims to:

- Reduce smoking prevalence amongst adults from 15.5% to 12% or less (the rate for Cheshire East is estimated as 10.5%; however, this figure is based on a small sample size and the true figure could be as high as 14.5%)
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population (in Cheshire East this is 21.4% and 10.5%, respectively)
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less (Cheshire East is currently 10.8%)

4.3. During recent years, smoking rates across the country have plateaued and are no longer falling. Cheshire East rates are similar to or worse than the national average and remain considerably higher than national targets in several areas of the Borough. Smoking continues to have a significant impact on the health and wellbeing of Cheshire East residents.

4.4. There is robust evidence, including a Cochrane review^{4*} and National Institute for Health and Care Excellence (NICE) guidance⁷, that financial incentives increase smoking quit rates. Evidence shows that people are around 50% more likely to quit with incentives; furthermore, in pregnant women specifically, the likelihood of quitting is doubled.

4.5. The plateauing of smoking rates locally and lack of recent progress towards meeting national smoking targets demonstrates the case for Cheshire East Council to take innovative action to protect the health and wellbeing of its residents and help to meet these important targets.

* Cochrane reviews systematically identify, appraise and synthesize all empirical evidence on a particular topic and are widely considered the gold standard for high quality, trusted evidence.

- 4.6. Piloting a scheme of financial incentives would help to empower the people of Cheshire East to make positive, healthy changes to their lifestyle. It is also an opportunity for the council, and its partners, to demonstrate the effectiveness of incentive schemes in motivating people to make small adjustments to their daily lives that will have a lasting positive impact on their health and wellbeing.
- 4.7. The proposal put forward in this report - to put in place a pilot scheme of providing financial incentives to support more people to quit smoking - would help the council to achieve its central corporate objectives and priorities to be a council which empowers and cares about people, reduces health inequalities and ensures the best start in life for children.

5. Options Considered

- 5.1. In considering whether to pilot a scheme of financial incentives there are different options available they are as set out below.
- 5.2. **Option 1 – implement a financial incentives scheme for all Cheshire East residents over 18 years of age**
 - 5.2.1. Based on the potential for maximum impact the Council could undertake a pilot project offering financial incentives to support the general public to quit smoking, using two separate payment amounts and instalment plans for pregnant women and the rest of the population.
- 5.3. **Option 2 – implement a financial incentives scheme for pregnant women only**
 - 5.3.1. A second option that would be available to the Committee is for the Council to undertake the pilot only for pregnant women. This would target a smaller segment of smokers in Cheshire East. This would be beneficial but would miss an opportunity to address health inequality in areas of deprivation.
- 5.4. **Option 3 – resolve to not implement a financial incentives scheme**
 - 5.4.1. The final option that would be available to the Committee resolve that no pilot of financial incentives be undertaken, and instead continue with the current smoking cessation offer provided by One You. This may mean that the Council misses an opportunity to gain insight from an innovative project to inform future service delivery, and further reduce the rates of smoking in Cheshire East and bring them
- 5.5. The total value of incentives proposed to be offered would be £200.00 and £400.00 for the general population and for pregnant women, respectively based on NICE guidance⁷ and were utilised in a UK randomised controlled trial on financial incentives in pregnancy⁸. The proposed schedule of appointments and payments can be found at paragraph 6.34 of this report.

Background

The Health Risks of Smoking

- 5.6. Smoking is the leading cause of preventable death and cancer worldwide, as well as the largest cause of health inequality in the UK. Around 78,000 people in the UK die from smoking each year, with many more living with debilitating smoking-related illnesses.
- 5.7. Smoking (including passive or second-hand smoking) increases the risk of developing more than 50 serious health conditions.
- 5.8. Smoking causes around 70% of cases of lung cancer and is a leading cause of many other cancers, including the mouth, throat, bladder, bowel, liver, kidney and stomach.
- 5.9. Smoking damages the heart and blood circulation, increasing a person's risk of coronary heart disease and stroke.
- 5.10. Smoking damages the lungs and can cause conditions like chronic obstructive pulmonary disease (COPD), bronchitis, emphysema and pneumonia. Smoking can also worsen and/or prolong the symptoms of respiratory conditions such as asthma, respiratory tract infections, colds and flus.
- 5.11. Passive smoking increases the risk of a person developing lung cancer by around 25%. It is particularly damaging for babies and children, with children exposed to second hand more likely to: develop asthma and have more severe asthma attacks; develop infections like pneumonia or bronchiolitis; have ear infections; wheeze and cough; be at risk of SIDS (sudden infant death syndrome); and take up smoking themselves.
- 5.12. Smoking during pregnancy increases the risk of complications such as miscarriage, premature birth, stillbirth and low birth baby weight.

The Wider Impacts of Smoking

- 5.13. The 'Tobacco Control' publication by the Local Government Association (LGA) and Cancer Research UK² found that smoking costs the UK public purse approximately £12.6bn per year. A more recent economic analysis by Action on Smoking and Health (ASH)⁹ in January 2022 estimates smoking's economic impact on UK society at £17.04bn, with a £2.4bn impact on the national healthcare system.
- 5.14. Further to this, smoking-related ill health adds a financial demand in the region of £760 million per year on councils' domiciliary care services, as a result of smoking-related health conditions⁶.
- 5.15. The National Institute for Health and Care Excellence (NICE) estimates that for every £1 invested in smoking cessation, £10 is saved in future health care costs². The LGA and Cancer Research UK recommend that councils embed a health-in-all-policies approach to their tobacco control

strategies, which could help to deliver successful, holistic smoking cessation services whilst sustainably managing future resources.

- 5.16.** Cheshire East contains several areas of high deprivation. Approximately 5,300 of residents live in areas that fall within the top 10% most deprived areas nationally, and 23,700 within the highest 20%¹⁰. The ONS has estimated that in 2016 people living in the most deprived areas of England were more than four times more likely to smoke than those living in the least deprived areas¹¹.
- 5.17.** By helping to reduce the prevalence of smoking across the borough, particularly in these areas of greater deprivation, the council has an opportunity to improve the immediate health and wellbeing of residents whilst also potentially reducing future spending to treat long-term health issues associated with smoking.

The Personal Cost of Smoking

- 5.18.** Smoking is costly to individuals. Based on the average price of a pack of 20 cigarettes at three major supermarkets on 5th May 2022, the annual cost of smoking 5, 10 and 20 cigarettes per day is £1,128, £2,257 and £4,515, respectively.
- 5.19.** In addition to the obvious health and wellbeing benefits, quitting has the potential to save individuals and households a significant amount of money, which could have wider benefits to their quality of life and standard of living. This is of particular importance in the current financial climate and the considerable rise in the cost of living.

Current Cheshire East Position

- 5.20.** Smoking rates in Cheshire East are similar to the national average overall but are highly variable across the borough. For instance, the Tartan Rug demonstrates that several wards in the Crewe and Macclesfield area have significantly higher than average rates of young smokers and deaths from respiratory diseases.
- 5.21.** A summary of smoking prevalence data for Cheshire East follows below (green, yellow and red correspond to statistically better, similar, or worse, respectively, than the England average):

Indicator	England	Cheshire East
Smoking prevalence in adults (18+)	12.1%	10.5%
Smoking status at time of delivery	9.6%	10.8%
Smoking prevalence in adults in routine and manual occupations (18-16)	23.2%	22.4%

- 5.22.** Further context comes from comparison of smoking rates in Cheshire East with those similar local authorities (CIPFA nearest neighbours):

Local Authority Area	Smoking prevalence in adults (18+)	Smoking status at time of delivery
Bath and North East Somerset	9.8%	8.5%
Bedford	13.3%	5.8%
Central Bedfordshire	12.5%	5.8%
Cheshire East	10.5%	10.8%
Cheshire West and Chester	12.6%	10.8%
Cornwall	12.1%	13.3%
East Riding of Yorkshire	10.4%	12.3%
Herefordshire	11.7%	11.5%
North Somerset	11.1%	9.3%
Shropshire	7.6%	11.0%
Solihull	10.3%	9.3%
South Gloucestershire	8.4%	9.3%
Stockport	12.5%	7.1%
Warrington	7.6%	8.2%
Wiltshire	11.6%	8.5%

- 5.23.** In December 2013, the council signed the Local Government Declaration on Tobacco Control and is one of 123 local authority signatories to this. One of the primary commitments of the Declaration is to:

“act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities.”

- 5.24.** Since then, the council has continued to commission and/or provide stop smoking services, which at present are provided by One You Cheshire East. To date through 2021/22, 742 people have been supported by One You Cheshire East, with 214 quits achieved at an average quit rate of 58% (of those setting a specific quit date), above the minimum required quit rate of 35% set by NICE. One You Cheshire East has supported an increasing number of people in each contract year.
- 5.25.** The current smoking cessation programme provided by One You provides support to any individual (aged 12 and over) who smokes who is a resident of Cheshire East. The service includes specialist support for pregnant women and people with mental health conditions. Currently, interventions consist of support (in person or online) for 15-30 minutes over a period of 4-6 weeks.
- 5.26.** The council has an opportunity to reduce smoking prevalence, improve health and wellbeing of residents, and help to address health inequalities, by implementing a scheme that financially incentivises more people to stop smoking.

Evidence for Financial Incentive Schemes – General Population

- 5.27.** There is robust evidence that financial incentives are effective in helping people to stop smoking in the short- and long-term. A recent, comprehensive Cochrane systematic review⁴ of 33 individual studies found that **people receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to have stopped smoking** than those who did not receive incentives.
- 5.28.** The National Institute for Health Research has also explored the use of financial incentives in a range of settings and with different populations. The results have shown that financial incentives are effective for promoting sustainable smoking cessation, with many quit cases lasting at least several months after the incentive ended¹².
- 5.29.** An earlier Cochrane review⁵ concluded that **incentive schemes for quitting smoking deliver a return on investment of £4 for every £1 invested**.

Evidence for Financial Incentive Schemes – Pregnancy

- 5.30.** A Cochrane review⁴ also found that financial incentives were effective in stopping smoking in pregnant women, both at the end of the pregnancy and after the birth of the baby. **Cessation rates in pregnant women receiving an incentive were on average more than double that of control groups.**
- 5.31.** Recent guidance from NICE⁷ recommends that pregnant women should be offered financial incentives to encourage them to stop smoking. Evidence showed that offering financial incentives to help pregnant women stop smoking was both effective and cost effective.
- 5.32.** In June 2021, the All-Party Parliamentary Group on Smoking and Health¹³ published its recommendations for tobacco control, which recommended that “all pregnant smokers are given financial incentives to quit” in addition to existing smoking cessation support in place. This recommendation was based on multiple studies that found that financial incentives:
1. are the most effective way of securing significant declines in smoking rates⁸
 2. are a highly cost-effective intervention⁸
 3. are a successful measure for tackling inequalities by achieving good quit rates in the lowest two deprivation deciles⁴.
- 5.33.** Other areas have successfully implemented financial incentive schemes for pregnant smokers, including Halton Borough Council, Blackpool Council, and the Greater Manchester Health and Social Care Partnership.

Proposed Pilot Scheme for Cheshire East Council

- 5.34.** This section of the report provides more detail on the implementation of the proposed scheme of financial incentives for the general population, which have been designed in line with the guidance and best practice shared by NICE⁷.
- 5.35.** The pilot will be delivered by One You Cheshire East, the service currently commissioned by the Council to deliver its smoking cessation programme.
- 5.36.** If Option 1 is implemented (scheme open to all residents over 18 and not only pregnant women), then pregnant women who smoke will be actively encouraged to refer their partner (if they are also a smoker). Mutual support increases the chance of successful quitting and will help to further reduce the risk of second-hand smoke harming their children.

Incentive Schedule and Format

- 5.37.** The incentive will be provided through 'Love2Shop' vouchers – commonly used in other incentive schemes – and can be used with over 150 national brands, none of which sell tobacco-based products.
- 5.38.** The total value of incentives proposed to be offered would be £200.00 (via three instalments) for the general population and £400.00 (via five instalments) for pregnant women, as summarised in the table below. These amounts are in line with NICE guidance⁷ and the only published UK randomised controlled trial on financial incentives in pregnancy⁸:
- 5.39.** The proposed schedule and value of voucher instalments is as follows:

General Population		
Amount	Milestone	Timing
£50.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£50.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£100.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date

Pregnant Women		
Amount	Milestone	Timing
£50.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£50.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£100.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date

£100.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	34-38 weeks gestation <u>or</u> 34-38 weeks after enrolment
£100.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	12-14 weeks post-birth
<i>NB: women whose pregnancy does not continue will not be excluded from continuing to take part in the scheme and try again if they wish</i>		

- 5.40.** A budget of £116,500.00 is proposed; £95,000 from the ring-fenced public health grant and £21,500.00 from the Champs Public Health Collaborative.
- 5.41.** This amount would fund incentives for up to 291 pregnant women (292 women were recorded as smoking at time of delivery in 2020/21) or 582 other members of the public. In practice, it would be a combination of both cohorts who would receive support through this pilot project if Option 1 is implemented.

Communications Approach

- 5.42.** When the final decision is made on which option will be progressed, Cheshire East Council and One You Cheshire East communications teams will work together and produce a full communications and engagement plan, mitigating for any issues or reputational risks.
- 5.43.** In developing an effective communications plan and campaign assets for the smoking cessation incentive scheme, existing evidence clearly demonstrates the need to grab attention, educate about the harms caused by smoking, along with the many benefits of quitting.
- 5.44.** Spokespeople will be identified in advance and be well briefed on key messages so they can handle any local media opportunities and overcome challenging questions or objections.

Implementation Timetable

- 5.45.** A proposed implementation timetable, based on a decision being made at the Adults and Health Committee meeting on 18 July 2022, is included below:

Task	Date (week commencing)
Meet with One You Cheshire East	18 July 2022
Update the Communications Plan	25 July 2022
Draft the leaflet to be used for the financial incentive scheme	
Contract variation	
Procedure documentation to be developed	

Monitoring process to be finalised	1 August 2022
Professionals to be informed	
Press release to be issued and social media campaign to begin. Websites for the Council and One You to be updated	15 August 2022
Initial vouchers to be purchased	
Scheme launch	22 August 2022

Evaluation Process

- 5.46.** A robust evaluation of the scheme will be undertaken to measure the impact on (a) the number of people signing up to the stop smoking service and (b) the success rate of people quitting, by comparison with performance prior to the adoption of the incentive scheme and benchmarking against other areas.

6. Implications

6.1. Legal

- 6.1.1.** Legal supports the aims of the recommendations. If, following the pilot study, a longer-term incentive scheme is proposed then further investigation of the legal implications can be undertaken.

6.2. Finance

- 6.2.1.** The proposed expenditure of £116,500.00 will come from a combination of the Public Health ring-fenced budget (£95,000.00) and funding from the Champs Public Health Collaborative (£21,500.00), and will therefore have no impact on the Council's Medium Term Financial Strategy. –
- 6.2.2.** In addition to the health benefits outlined in the paper, it is estimated that undertaking the proposed incentive scheme would lead to savings in the wider health and social care system of around £450,000 (based on the Cochrane review's estimated return on investment of 4:1⁵).

6.3. Policy

- 6.3.1.** It is not expected that this report will result in any immediate policy implications. If a pilot is agreed to be undertaken then, once its benefits and impacts are understood, this may lead to the council's consideration of using financial incentives to support health and wellbeing initiatives in the future.

6.4. Equality

- 6.4.1.** It is not expected that the recommendations and contents put in this report will lead to any equality, diversity and inclusion implications. The current smoking cessation service provided by One You Cheshire East

is an equitable service for all residents of Cheshire East (aged 12 and over) who smoke.

- 6.4.2. Further to this, the introduction of a scheme of financial incentives to support smoking cessation will, if successful, lead to a reduction in the numbers of Cheshire East residents who smoke, which in turn can help to reduce the general health inequalities caused by smoking.

6.5. Human Resources

- 6.5.1. It is not expected that this report will have any human resources implications.

6.6. Risk Management

- 6.6.1. Concerns have been raised around the potential for deception or gaming to obtain vouchers¹⁴. The risk of this is low, with trials having observed no evidence of deception being used to enrol on incentive schemes⁴. One trial found that 4% of women ‘gamed’ to receive further vouchers once enrolled, by attempting to dishonestly pass themselves off as non-smokers.
- 6.6.2. A risk management process will be followed when implementing this work to ensure that risks are properly managed and mitigated.

6.7. Rural Communities

- 6.7.1. Stop smoking interventions are offered by One You Cheshire East in locations throughout the borough, including rural settings. Online support is also available for those who would prefer this. This borough-wide approach will continue when implementing the pilot scheme.

6.8. Children and Young People/Cared for Children

- 6.8.1. A quarter of a million children in the UK currently live in households tipped below the poverty line due to expenditure on tobacco¹. Reducing the rates of smoking overall, but specifically in pregnant women, will have considerable benefits to the health and wellbeing and outcomes for children in Cheshire East.

6.9. Public Health

- 6.9.1. Introducing a scheme of financial incentives to support people in Cheshire East to quit smoking will help to deliver immediate health and wellbeing benefits to those who quit, improve longer-term health outcomes for residents, and help to reduce health inequalities across the borough.

6.10. Climate Change

- 6.10.1. The World Health Organisation (WHO)¹⁵ notes the “largely overlooked” impacts that cigarette production and consumption have on the environment. By encouraging and supporting more Cheshire

East residents to quit smoking, the council will be contributing to the efforts to reduce the total carbon and environmental footprint of the tobacco industry.

- 6.10.2.** Improved health as a result of reduced smoking rates could encourage residents to exercise more frequently, including choosing to walk or cycle instead of driving. This may have further long-term benefits for the local environment and emission levels in Cheshire East.

Access to Information	
Contact Officers:	<p>Joel Hammond-Gant, Health Protection Officer Joel.hammond-gant2@cheshireeast.gov.uk</p> <p>Andrew Turner, Consultant in Public Health Andrew.Turner2@cheshireeast.gov.uk</p>
Appendices:	None
Background Papers:	<p>Reference 1 – Health Inequalities and Tobacco (Royal College of Physicians) [access here]</p> <p>Reference 2 – Tobacco Control (Local Government Association & Cancer Research UK) [access here]</p> <p>Reference 3 – ‘Hiding in plain sight: treating tobacco dependency in the NHS’ (Royal College of Physicians) [access here]</p> <p>Reference 4 – Incentives for smoking cessation (Cochrane Database of Systematic Reviews) [access here]</p> <p>Reference 5 – ‘Psychosocial interventions for supporting women to stop smoking in pregnancy’ Cochrane Database of Systematic Reviews) [access here]</p> <p>Reference 6 – Tobacco Control Plan for England (Department of Health) [access here]</p> <p>Reference 7 – Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline [access here]</p> <p>Reference 8 – ‘Are financial incentives cost-effective to support smoking cessation during pregnancy?’ (Addiction Journal) [access here]</p> <p>Reference 9 – ‘ASH Ready Reckoner 2022’ (Action on Smoking and Health (ASH)) [access here]</p> <p>Reference 10 – English Indices of Deprivation 2019 (Ministry of Housing, Community and Local Government) [access here]</p> <p>Reference 11 – ‘Likelihood of Smoking...’ (ONS) [access here]</p>

	<p>Reference 12 – ‘Financial Incentives for Patients’ (National Institute for Health Research) [access here]</p> <p>Reference 13 – ‘Delivering a Smokefree 2030’ (All Party Parliamentary Group on Smoking and Health) [access here]</p> <p>Reference 14 – ‘Financial incentives for smoking cessation in pregnancy: a single-arm intervention study assessing cessation and gaming’ (National Library of Medicine) [access here]</p> <p>Reference 15 – An Assessment of Tobacco’s Global Environmental Footprint (WHO) [access here]</p> <p>General databases on smoking prevalence/data:</p> <ul style="list-style-type: none"> • Cheshire East Tobacco Control Profiles (PHE) • Public Health Profiles – Smoking (PHE)
--	---



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	30 May 2022
Report Title:	Cheshire East Day Opportunities Strategy 2022-2027 Delivery Plan
Report of:	Nichola Thompson, Director of Commissioning
Report Reference No:	AH/03/2022-23
Ward(s) Affected:	All Wards

1. Purpose of the Report

- 1.1** This report seeks approval for the Cheshire East Day Opportunities Strategy Delivery Plan (referred to as the "delivery plan").
- 1.2** The delivery plan will support the development of the transformation of day opportunities, which will create a high quality and diverse range of provision in the borough, to meet the key objectives of the recently published Cheshire East Day Opportunities Strategy 2022-2027.
- 1.3** Through the implementation of the Day Opportunities Strategy, we will also ensure that we achieve value for money in the cost of future placements. This will support the council to meet the savings targets identified in the Medium-Term Financial Strategy (MTFS). This will be achieved through developing:
 - a wider offer of day opportunities services through the development of the Flexible Purchasing System, which will lead to increased competition
 - services that are more reflective of individual need and in turn deliver improved outcomes
 - services which provide alternatives to traditional day opportunities and seek to reduce the need for intensive support (e.g. voluntary and paid work)

- 1.4 The delivery plan firmly aligns with the following priorities within Cheshire East Council's Corporate Plan 2021-25 and the following benefits for local people are anticipated as part of the implementation.

- **Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services** – It will seek to widen the offer of day opportunities for residents across the borough and in turn make the best use of existing community assets.
- **A commitment to protect the most vulnerable people in our communities** – The delivery plan will seek to ensure that day opportunities services are safe, person-centred and outcome focused.
- **Increase the life opportunities for young adults and adults with additional needs** – Future commissioned day opportunities will seek to promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services.

2. Executive Summary

- 2.1. The delivery plan will be key to supporting the successful implementation of the Cheshire East Day Opportunities Strategy 2022-2027 (see 1.4).
- 2.2. The successful delivery of the strategy will also support several identified priorities within Cheshire East Council's Corporate Plan 2021-25 and ensure we adhere to the Care Act (2014) which places a duty on Local Authorities to help make sure there are a range of day opportunities services and support available.
- 2.3. A partnership approach will be the focus to ensure the delivery of the key priorities, with delivery organisations identified, along with a series of implementation actions and measurable outcomes. To support the ongoing implementation and monitoring, a project delivery group will be established with key partners and enabling services involved.
- 2.4. The key delivery priorities will be met using existing budgetary provision. To achieve this, we will require teams to working in a much more joined up way across the Council. This will be supported by the development of the Flexible Purchasing System, which will ensure that we are achieving value for money and higher quality in provision across the borough.
- 2.5. This will be further enhanced with ongoing engagement with day opportunities providers, people who use day opportunities and their carers, to ensure we are meeting needs and outcomes and will be required as part of the ongoing co-production of services.
- 2.6. To demonstrate the implementation and impact of the strategy we will produce an annual monitoring report, which will highlight progress and any areas where additional work or improvements may be required

3. Recommendations

- 3.1. Approval of the Cheshire East Day Opportunities Strategy 2022-2027 Delivery Plan.

4. Reasons for Recommendations

- 4.1. A delivery plan will be the key building block to ensure the successful implementation of the new model of day opportunities in Cheshire East as outlined in the Cheshire East Day Opportunities Strategy 2022-2027.
- 4.2. The delivery plan will set out Cheshire East Council's priorities for delivering Day Opportunities and outlines the activities and lead organisations who will deliver this transformation over the strategy period.
- 4.3. Without a delivery plan there is a risk that many of the key objectives within the strategy may not be delivered to their full potential. By establishing a project delivery group made up of key partners from across health and social care, which can monitor progress and provide advice and direction, to ensure successful delivery of the strategy.
- 4.4. The delivery plan also recommends ongoing engagement and consultation with wider external stakeholders including people who access day opportunities, carers, and providers and to ensure we are provided with feedback on whether services are delivering positive outcomes and value for money.
- 4.5. If the delivery plan is successful, it will support the following priorities within the Council's Corporate Plan 2021-25.
- **Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services** - We will monitor the impact of the Day Opportunities Flexible Purchasing System in terms of increasing the numbers and range of day opportunities services across the borough
 - **A commitment to protect the most vulnerable people in our communities** – The Contracts and Quality Monitoring Team will be developing a Performance Management Framework which will be used to monitor day opportunities services from a quality assurance perspective. These measures will be incorporated into the delivery plan.
 - **Increase the life opportunities for young adults and adults with additional needs** – This will be measured through the numbers of people who as part of accessing a day opportunity go into paid or voluntary work, new skills acquired and by evidence of personal development (vocational training/certificates)

- 4.6.** The delivery plan will also ensure adherence to the Care Act (2014) which places a duty on Local Authorities to ensure there are a range of services and support available. This will be achieved by the widening of the day opportunities offer which will ensure that support provided meets the requirements of those with different levels of support needs.
- 4.7.** The delivery plan will build on the impact and learning from the Covid 19 pandemic. This presented many challenges to the delivery of day opportunities services and led to many different approaches and ideas to tackling these issues as services adapted to new and unpredictable circumstances. Some of these new diverse ways of working have been incorporated into the services which will be provided in the borough in the future.

5. Other Options Considered

- 5.1.** One option would be to do nothing, but this may result in key delivery objectives from the Day Opportunities Strategy not being completely carried out, or not at all. It could also result in a lack of joined up partnership working and the possibility of duplication of resources being undertaken.

6. Background

- 6.1.** The Cheshire East Day Opportunities Strategy 2022-2027 was approved by the Adults and Health Committee on 16 November 2021. The strategy seeks to transform the way that day opportunities are provided in the borough by promoting safe, purposeful, and personalised activities that enable individuals to play a valued role in their community and to live as independently as they choose. It also aims to ensure that vulnerable adults can access activities appropriate to their needs, choice, and control.
- 6.2.** A delivery plan has been developed to successfully implement the new model of day opportunities. As part of the delivery plan, we have taken the key delivery objectives from the strategy and we will have an identified lead organisation/team, a series of implementation actions and desired outcomes. We will also establish several measurements to determine progress against these objectives that can be clearly evidenced and where applicable is fully costed (£).
- 6.3.** The key delivery objectives are as follows:
- Develop a high quality and diverse range of day opportunities provision in the Borough
 - Ensure that day opportunities services are safe, person-centred, and outcome focused
 - Encourage and increase the number of people using Direct Payments to access day opportunities
 - Ensure co-production in the future development of day opportunities services

- Respond to the impact of COVID-19 and ensure day opportunities services remain resilient and flexible in case of future disruptions to services
 - Ensure that day opportunities are available at a local level in all communities across the borough
 - Promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services
- 6.4.** Delivery of the strategy will provide a range of benefits for Cheshire East residents including greater support around people's health and wellbeing, increasing the opportunity to take part in various interests and activities, enabling people to meet with friends, develop relationships, obtain new skills, and ensure that services support the wider community and economy.
- 6.5.** A partnership approach will be key to ensure the successful delivery of the strategy. Key delivery partners have been identified including:
- Cheshire East Council
 - Commissioning Team
 - Contracts Team
 - Communities Team
 - Supported Employment Team
 - Safeguarding Team
 - Cheshire CCG
 - Cheshire and Wirral Partnership NHS Trust
 - Welfare to Work Partnership
 - Journey First
 - People Plus
 - External Day Opportunities Providers
 - Care4CE
 - Voluntary Community Faith Sector Providers

There will also be support provided by key enabling services from Cheshire East Council (Business Support and Finance Team, Procurement Team, Brokerage Team and Legal Services).

- 6.6.** To oversee the delivery and monitoring of the delivery plan a Project Delivery Group has been established, with representatives from the key delivery partners and enabling services. The group will meet on a quarterly basis and track progress against all the key delivery objectives.
- 6.7.** Alongside this there will to be ongoing engagement with the market and with people who access services and carers to ensure that they are able to feedback on the services they receive and in turn enable commissioners to identify and address gaps in the market.
- 6.8.** To demonstrate the implementation and impact of the strategy, an annual monitoring report will be produced (this will include a summary of the impact

of the Flexible Purchasing System) as part of our performance monitoring processes. This document will be produced annually to highlight progress and any areas where additional work or improvements may be required, throughout the lifetime of the strategy.

7. Consultation and Engagement

- 7.1.** As part of the ongoing monitoring of the delivery plan there will be extensive consultation and engagement with stakeholder groups including people who use services, families, carers, and service providers. This will include engagement events and surveys which will ensure that there is regular dialogue and feedback on whether the objectives from the strategy are being achieved.

8. Implications

8.1. Legal

- 7.1.1** The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how day opportunities provision is commissioned and how support is arranged and aims to give greater control and influence on those in need of support.
- 7.1.2** As part of its duties under the Care Act (2014) the Council must meet assessed eligible assessed needs for those people who are eligible for care and support. The Care and Support (Eligibility Criteria) Regulations 2015 specify that local authorities should consider how service users access employment, training, education or volunteering as outcomes of their care and support plan.
- 7.1.3** Legal Services will be a key enabling service in supporting the delivery plan through the development of the Flexible Purchasing System. Commissioners are fully engaged with Legal Services and the Council's Corporate Procurement Team in the development of the route to market for the future commissioning of day opportunities. This will ensure that advice can be provided on the appropriate commissioning strategy to meet the delivery plan requirements.
- 7.1.1** Under the Equality Act 2010, the Council is required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled – including mental health problems, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment (see Appendix 2) can both assist in evidencing that these equality duties are being met and inform decision taking.

8.2. Finance

- 7.2.1 Cheshire East Council met on 17 February 2021 and agreed the MTFS Report for 2021/22 to 2024/25. A report provides detailed information on the issues facing the Council in the medium term and shows how these are being addressed to present a balanced financial position for the 2021/22 financial year.
- 7.2.2 The following savings for day opportunities identified in the MTFS were as follows. Savings for 2021/22 have already been achieved prior to the delivery plan going live.

Total Projected Annual Savings by Year (this is on a cash basis, not incremental)	
Year 1 2021/22	£30,000
Year 2 2022/23	£70,000
Year 3 2023/24	£150,000

- 7.2.3 One of the aims of the delivery plan will be to achieve value for money in the cost of future placements to meet these savings targets, through a wider offer of day opportunities placements which are more reflective of individual need and delivers improved outcomes in turn.
- 7.2.4 Alongside this there will be downstream benefits for the health and social care system with a greater focus on promoting health and wellbeing across day opportunities services as part of a more preventative approach to helping people live well for longer.
- 7.2.5 The ongoing monitoring and implementation of the delivery plan will be provided, managed, and supported from existing Council resources (systems and staffing) and therefore will not result in any additional budget pressures for the Council.

8.3. Policy

- 7.3.1 The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how day opportunities provision is commissioned and how support is arranged and aims to give greater control and influence on those in need of support. This includes encouraging people to think about what outcomes they want to achieve in their lives, with a greater emphasis on prevention.

- 7.3.2 The future strategic vision for day opportunities in Cheshire East firmly aligns to several priorities within the Cheshire East Corporate Plan 2021-2025 (see 1.4).

8.4. Equality

- 8.4.1. An Equality Impact Assessment has been completed and subsequently updated to reflect the delivery plan (see Appendix 2).
- 8.4.2. A key aspect of the delivery plan will be procuring services with an official commissioning strategy (Day Opportunities Flexible Purchasing System) rather than existing practices, will increase choice and control. Also, by further enabling the use of a personal budget to purchase day opportunities support, this will help ensure services are designed around individual needs and preferences. This will include needs and preferences which are related to protected characteristics.
- 8.4.3. An easy read version of the delivery plan has also been produced (Appendix 3).

8.5. Human Resources

- 8.5.1. No human resources implications are expected as a direct result of the delivery plan.

8.6. Risk Management

- 8.6.1 See below for the identified risks with mitigation.

Lack of engagement from day opportunities providers to deliver the new range of services required to meet the key objectives of the delivery plan

- Development of a Flexible Purchasing System to stimulate and shape the provider market.
- Continuous co-production of any new services with involvement of providers and people who access day opportunities and their carers.

Lack of co-ordinated partnership working between council departments and external partners to drive forward the key objectives of the delivery plan

- Establishment of a Project Delivery Group with key delivery partners and enabling services.
- Annual Monitoring Report to track progress and indicate areas for improvement

Demand for adult social care packages of support continues to rise outstripping the impact of a more cost-effective model of delivery

- We also need to ensure that any new models can absorb any potential growth in the number of individuals coming through transition and a potential increase in demand from those with dementia accessing day opportunities.

Potential of a further resurgence of COVID-19 impacts on the future delivery of day opportunities

- Day Opportunities services are being supported by colleagues in Public Health and the NHS, who have provided infection control audits and training to Day Opportunities services to help minimise the risks to people who access day opportunities and staff.
- Development of a wider offer of day opportunities including community support and virtual support, to reduce the reliance on building-based services.

8.7. Rural Communities

- 8.7.1.** The key objectives of the delivery plan will seek to promote the availability of day opportunities provision that can be accessed easily by people in rural communities across Cheshire East.

8.8. Children and Young People/Cared for Children

- 8.8.1.** Whilst there are no direct implications for children and young people, it is proposed that the move to a more personalised offer will create a wider range of enabled services, which will be more attractive to young people preparing for adulthood than at present. Providers would then be able to enter work around transitions to ensure a seamless journey for these individuals.

8.9. Public Health

- 8.9.1.** Through continued joint working with the Public Health Team and Primary Care services, day opportunities providers will continue to promote healthy lifestyles with its people who access day opportunities. The development of a community hub style approach to service delivery in the future will enhance this further.
- 8.9.2.** Improved person-centred approaches can reduce the inequalities that arise from a standardised approach. Through consultation and obtaining intelligence on inequalities, day opportunities can be robustly evaluated to ensure that they do not risk widening inequalities.

8.10. Climate Change

- 8.10.1.** The impact of ensuring a more personalised range of services for day opportunities may have a positive direct impact on carbon reduction measures, by reducing the number of journeys to

building based services by both staff and people who access day opportunities. It will also reduce the electricity and gas usage required to support building-based provision if more support is being delivered in community settings over time.

Access to Information	
Contact Officer:	Mark Hughes, Senior Commissioning Manager mark.hughes@cheshireeast.gov.uk 01625 374495
Appendices:	Appendix 1 – Cheshire East Day Opportunities Strategy Delivery Plan 2022-2027 Appendix 2 - Equality Impact Assessment Appendix 3 – Cheshire East Day Opportunities Strategy Delivery Plan 2022-2027 (Easy Read Version)
Background Papers:	Cheshire East Corporate Plan 2021-2025 Cheshire East Day Opportunities Strategy 2022-2027

Cheshire East
Day Opportunities Strategy
Delivery Plan
2022-2027

DRAFT

- 1. Introduction**
- 2. Approach To Delivery**
- 3. Key Delivery Objectives and Outcomes**
- 4. Partnership Approach**
- 5. Monitoring and Oversight**
- 6. Delivery Plan Overview**

DRAFT

1. Introduction

The Cheshire East Day Opportunities Strategy 2022-2027 seeks to transform the way that day opportunities are provided in the borough. The strategy aims to promote and support safe, purposeful, and personalised activities that enable individuals to play a valued role in their community and to live as independently as they choose. It also aims to ensure that vulnerable adults can access activities appropriate to their needs, choice, and control.

Day opportunities are services that help people's health and wellbeing and provide the opportunity to take part in various interests and activities, meet with friends, develop relationships, obtain new skills, and enable people to make a positive contribution to their community.

They also provide respite support to carers so that they can pursue their own interests and take a break from their caring role. Day opportunities are available for a range of individuals and groups including older people, people with learning disabilities, autism, physical disability, and for people with mental health support needs.

To enable us to successfully deliver the new model of day opportunities in Cheshire East we have developed a series of key delivery objectives. For each of the objectives we will have an identified lead organisation/team, a series of implementation actions and desired outcomes.

We will also establish several measurements to determine progress against these objectives that can be clearly evidenced and where applicable is fully costed (£).

The delivery plan will be met using existing budgetary provision. To achieve the priorities outlined in the delivery plan, we will work in a much more integrated and joined up way internally across teams and externally with providers and people who use services and their carers.

The delivery of our commissioning strategy will provide a range of benefits for Cheshire East residents including supporting people's health and wellbeing, providing the opportunity to take part in various interests and activities, enabling people to meet with friends, develop relationships, obtain new skills, and ensure that services support people to make a positive contribution to their community.

The future strategic vision for day opportunities in Cheshire East firmly aligns to the following priorities within the Cheshire East Corporate Plan 2021-2025:

- **Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services**
We will look to widen the offer and develop day opportunities provision across the borough which makes best use of existing community assets.

- **A commitment to protect the most vulnerable people in our communities –**
We seek to ensure that day opportunities services are safe, person-centred and outcome focused.
- **Increase the life opportunities for young adults and adults with additional needs –** We will look for future day opportunities to promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services.

We seek to develop an outcomes-based approach to day opportunities, where services are provided to an individual that will achieve a set of results for that individual. We will deliver outcomes through:

- Identifying the outcomes that are expected to be achieved prior to making referrals to services.
- Contracting for services based on outcomes and then monitoring based on those outcomes.
- Requiring services to offer an outreach approach where service user outcomes such as reducing social isolation or accessing physical activity can be met through a variety of means outside a building-based setting.
- Service providers being enabled to exercise flexibility to adapt services to meet individual needs in agreement with the service user and their carers/relatives.

The delivery plan aims to provide a clear set of design principles and actions to support further development of day opportunities in Cheshire East, ensuring there is enough accessible provision for those that need it. It is recognised that we have a considerable way to go to close the gap between the current service offer and the proposed vision of the future, and through this day opportunities delivery plan it is proposed to address that gap through a set of actions and partnership approaches.

New Model of Day Opportunities in Cheshire East



2. Approach To Delivery

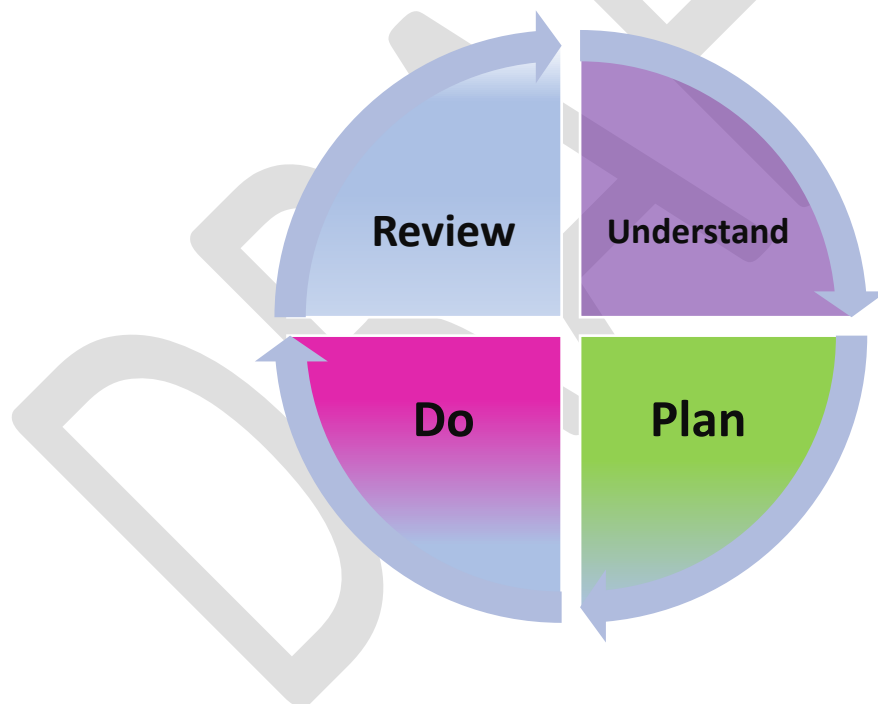
This delivery plan will follow an approach based on the standard commissioning framework.

UNDERSTAND - recognise local needs, resources and priorities and agree end product, including provider information and stakeholder views.

PLAN - how to address needs effectively, efficiently, equitably and in a sustainable way.

DO - investment decisions to secure delivery of the desired service(s).

REVIEW - monitor service delivery against expected outcomes and report how well it is doing against the strategy



3. Key Delivery Objectives and Outcomes

The Cheshire East Day Opportunities Strategy 2022-2027 contains several key delivery objectives which will be implemented and monitored by a range of departments and organisations. Each objective will in turn produce several outcomes which will deliver benefits to people who access day opportunities in the borough.

1. Develop a high quality and diverse range of day opportunities provision in the borough

There has been limited market development of day opportunities across Cheshire East over the last few years. We are still heavily reliant on a small number of in house and commissioned providers in borough. Alongside this some people have also had to travel to services out of area often at significant cost in terms of the service and transport. There has been very limited innovation as a result, with provision heavily centred around building based services.

To develop the market, a co-produced Flexible Purchasing System (FPS) for day opportunities provision is being developed in Cheshire East. The FPS will be an approved list of providers which will seek to encourage new and existing providers to provide a range of services, whilst ensuring quality of provision by working to an agreed specification with agreed performance measures.

There will also be work undertaken as part of the Care4CE review to ensure that in-house services continue to evolve and meet the needs of people with a variety of care and support needs.

This will also ensure the council secures value for money across day opportunities services, with providers completing a formal procurement process, which requires them to reach certain quality standards to deliver services. A placements will be made via mini competition process through the ebrokerage system, with placements awarded based on a set criteria. Medium-Term Financial Savings (MTFS) targets (which has already been achieved for Year 1 prior to this delivery plan going live) will seek to achieve value for money in the cost of placements in the future through a wider offer of day opportunities that delivers improved outcomes for individuals.

This new offer will include the development of community-based services, which will have a greater focus on personalisation, prevention, and outcomes. We are also keen for providers to explore assistive technology as support for day opportunities.

We aim to encourage day opportunities providers to work closely with Voluntary and Community, Faith and Social Enterprises (VCFEs) organisations to look at the potential for delivering day opportunities services alongside traditional providers. This will consist of providing funding opportunities and advice to enable VCFES to support people with different support needs. The Communities Team will play a key part in supporting these organisations and monitoring the impact of these interventions.

2. Ensure that day opportunities services are safe, person-centred and outcome focused

The development of the Flexible Purchasing System will seek to ensure that day opportunities services that we commission are safe, person centred, and outcome focused. As part of the application process for the Flexible Purchasing System we will ensure that providers have safeguarding processes and policies in place.

A dedicated service specification and performance management framework will be established to ensure that providers of day opportunities are working to an agreed standard and reporting on performance measures on an annual basis. The Council's

Contracts and Quality Monitoring Team will have the overall responsibility, with support from the Supported Employment and Communities Team.

We will also ensure that all placements made under the Flexible Purchasing System contain a person-centred profile and that people and their carers are fully involved in the placement finding.

There will also be a strong emphasis on promotion of health and wellbeing across our day opportunities services to ensure that people live well for longer. This will require strong links between day opportunities providers and health providers as well as organisations that promote active lifestyles, as part of a preventative approach.

There will need to be ongoing engagement with the market and monitoring of providers. Regular dialogue with people who access services and carers will ensure that commissioners are able to identify and address gaps in the market.

3. Encourage and increase the numbers of people using Direct Payments to access day opportunities

We will seek to promote the option of using a direct payment to access day opportunities, through the provision of information and advice on the Live Well Website.

Also, there will be collaboration with health partners to ensure those with Personal Health Budgets are aware and can access the wider day opportunities offer in Cheshire East.

To increase choice and control we will be developing the Care Finder portal which will allow people who are personal budget holders (and self-funders) to arrange care services online by completing simple questions about their requirements. This will give individuals greater choice and control of the services they need and the ability to compare and choose the provider most suitable to support their needs.

4. Ensure co-production in the future development of day opportunities services

The feedback from the development of the co-produced Day Opportunities Strategy highlighted the fact that people who use day opportunities and their carers want to contribute to the ongoing development of day opportunities services.

As part of the development of the Flexible Purchasing System we will ensure that day opportunities providers provide a platform for people within their services to feedback their views and contribute to the ongoing development of services. Alongside this partner organisations will continue to engage with people who use day opportunities through various forums including the Learning Disability Partnership Board, Mental Health Partnership Board and Carers Forum. We will also conduct surveys (including easy read) to ensure that we get regular feedback on peoples experiences of day opportunities in the borough.

Commissioners will also ensure that there is ongoing dialogue and feedback with our commissioned providers through regular provider engagement sessions.

5. Respond to the impact of COVID-19 and ensure day opportunities services remain resilient and flexible in case of future disruptions to services

The impact of the COVID 19 pandemic has presented many challenges to the delivery of day opportunities services and particularly traditional building-based services. It meant that many building-based services operating in Cheshire East were running at reduced capacity to facilitate social distancing and some services are still yet to re-open.

This has led to many different approaches and ideas to tackling these issues, as services adapted to new and unpredictable circumstances. It has provided an opportunity to rethink how we commission and deliver day opportunities provision in the future to best meet the needs of people in Cheshire East.

The development of the Flexible Purchasing System will build on the learning from COVID 19 and the development of new types of community-based provision will not only widen the offer of different types of day opportunities but ensure that services can be future proofed in case of any resurgence of COVID 19 in the future.

We have also seen many providers further embrace technology and provide virtual support. This is an area which commissioners are keen to work with the market to develop further.

There will also be partnership work undertaken with the Infection Control Team to deliver audits and training to day opportunities providers (in house and external)

6. Ensure that day opportunities are available at a local level in all communities across the borough

One of the key themes from Day Opportunities Strategy engagement feedback, was the need for day opportunities to be made available at local level. We will continue to respond to local need and feedback from individuals and communicate this out to the market.

Commissioners and the Communities Team will also look to widen the offer and develop day opportunities provision across the borough which makes best use of existing community assets.

We are keen to ensure that services are available that are accessible to people across the borough. There are some parts of the borough which don't have access to a wide range of day opportunities that meet a range of different needs. We will look at addressing this by working with our commissioned providers to ensure that this is considered when developing new services.

7. Promote employment, volunteering and skills development opportunities and the use of supported employment schemes as an alternative to traditional day opportunities services

The Day Opportunities Strategy seeks to promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services and the use of appropriate supported employment schemes to people with additional needs.

Through our commissioning strategy using the Flexible Purchasing System we aim to stimulate the market to welcome more providers into the borough who can offer services which support increased independence, skills development, and offer opportunities for individuals to enter either volunteering opportunities or paid work. This will require stronger links between day opportunities providers and local employers, educational settings and community groups and make best use of short-term employment support programmes

Benefits of this approach will mean Increased life opportunities for the most vulnerable adults as part of wider day opportunities offer and in turn a reduction on the reliance of long-term care and intensive support through accessing employment and training opportunities.

To ensure the delivery of this will require close partnership working between operational social work teams, the Supported Employment Team, Welfare to Work Partnership and the Journey First Programme. This will involve signposting and supporting individuals who may benefit from these services.

4. Partnership Approach

Key partners to ensure the delivery of the Day Opportunities Strategy will include:

- Cheshire East Council
 - Commissioning Team
 - Contracts Team
 - Communities Team
 - Supported Employment Team
 - Safeguarding Team
- Cheshire CCG
- Cheshire and Wirral Partnership NHS Trust
- Welfare to Work Partnership
- Journey First
- People Plus
- External Day Opportunities Providers
- Care4CE
- Voluntary Community Faith Sector Providers

The key delivery partners would be supported by a range of enabling services from Cheshire East Council (Business Support and Finance Team, Procurement Team, Brokerage Team and Legal Services).

5. Monitoring and Oversight

Project Delivery Group

A Project Delivery Group has been established with representatives from the key delivery partners and enabling services.

This group will meet on a quarterly basis and track progress against all the key delivery objectives (see Delivery Plan Overview).

The group will also continuously review the provider market and development of the Flexible Purchasing System and ensure we are able to respond to any future challenges.

Another remit of the group will be to establish any targets that will be applicable to be met under the delivery plan (see Delivery Plan Overview).

Monitoring Requirements

Data collection will be undertaken annually on all the identified performance measures.

Most of the data will be taken from the Performance Management Framework that is being developed as part of the Flexible Purchasing System and will consist of performance measures for building based support, community support, employment, education and skills provision and social value indicators. This will reduce the burden on providers submitting multiple data returns.

An Annual Delivery Report will also be produced as part of our performance reporting process. This report will detail progress against identified measures and also flag up any areas where additional work may need to be undertaken.

6. Delivery Plan Overview

Key Delivery Objective	Actions	Lead Department	Outcomes	Performance Measures	Annual Savings/Targets (Where applicable in £)	Annual Savings/Target Achieved (Where Applicable in £)
1. Develop a high quality and diverse range of day opportunities provision in the Borough	<ul style="list-style-type: none"> Develop the market and facilitate provision of new types of day opportunities services Support Providers including the Voluntary Community and Faith Sector (VCFS) to deliver services as part of the transformation of day opportunities 	Commissioning Team VCFS Providers Day Opportunities Providers Care4CE Communities Team Day Opportunities Providers	<ul style="list-style-type: none"> Improved and wider offer of commissioned day opportunities Achieve value for money on commissioning future day opportunities services (£) Enhanced and responsive service delivery that meets future needs and develops linkages and supports the wider VCFS sector 	<ul style="list-style-type: none"> Number of day opportunities providers (joining Flexible Purchasing System) Total spend on day opportunities provision by year (£) measured against MTFS Targets. Total amount (£) spent with VCSEs Provision of expert business advice by providers to VCSFEs and SMEs 	MTFS Savings Targets 2022/23 - £70,000 2023/24 - £150,000	MTFS Savings Target 2021/22 - £30,000 achieved
2 Ensure that day opportunities services are safe, person-centred, and outcome focused	<ul style="list-style-type: none"> Development of a service specification Development of a performance monitoring framework 	Commissioning Team Day Opportunities Providers Safeguarding Team	<ul style="list-style-type: none"> Day opportunities providers working to an agreed specification and performance monitoring Reduction in numbers of safeguarding Keeping people safe reducing the risk of abuse and neglect. 	<ul style="list-style-type: none"> Insert quality measures from PMF Number of Safeguarding incidents Evidence of Safeguarding Training 		
3 Encourage and increase the number of people	<ul style="list-style-type: none"> Development of care finder portal to offer 	Commissioning Team Cheshire CCG	<ul style="list-style-type: none"> Improved and wider offer of day opportunities for 	<ul style="list-style-type: none"> Number of providers on care finder portal 		

using Direct Payments to access day opportunities	<ul style="list-style-type: none"> services to people using a direct payment Dissemination of information to people with personal budgets (including Direct Payments, Personal Health Budgets) and Self Funders 	People Plus Day Opportunities Providers	people using a direct payment	<ul style="list-style-type: none"> Number of people with a DP accessing day opportunities 		
4 Ensure co-production in the future development of day opportunities services	<ul style="list-style-type: none"> Ensure providers involve people who attend day opportunities services and their carers in the development of services Surveys to people who attend day opportunities and their carers Regular Provider Engagement Sessions 	<ul style="list-style-type: none"> Commissioning Team Day Opportunities Providers 	<ul style="list-style-type: none"> Enhanced co-production of services and person centred approach across commissioned day opportunities 	<ul style="list-style-type: none"> Number of providers who actively involve people and carers in the development of their services Details of market engagement events 		
5 Respond to the impact of COVID-19 and ensure day opportunities services remain resilient and flexible in case of future disruptions to services	<ul style="list-style-type: none"> Build on the learning and feedback from the lockdowns to ensure diversity of new service models Keep people who attend day opportunities and staff safe through robust infection prevention and control measures 	<ul style="list-style-type: none"> Commissioning Team Infection, Prevention and Control Team, (Cheshire and Wirral Partnership) Day Opportunities Providers Care4CE 	<ul style="list-style-type: none"> Protection of people and staff within day opportunities through the continuation of safe environments Flexible and responsive day opportunities services that can ensure continuity of services in the event of any resurgence of COVID-19 	<ul style="list-style-type: none"> Number of providers delivering community based models of day opportunities (Lot 2) Number of day opportunities services who have had infection control audits carried out 		
6 Ensure that day opportunities are available at a local level in all	<ul style="list-style-type: none"> Respond to the local needs and feedback from individuals 	<ul style="list-style-type: none"> Commissioning Team 	<ul style="list-style-type: none"> Responsiveness to the local community 	<ul style="list-style-type: none"> Number of new services opening in the borough 		

communities across the borough	<ul style="list-style-type: none"> Encourage greater use of community assets 	<ul style="list-style-type: none"> Communities Team 	<ul style="list-style-type: none"> Improved day opportunities services closer to home Maximisation of community assets 	<ul style="list-style-type: none"> Numbers of community assets brought into use by day opportunities services No. of hours volunteering time provided by providers to support local community projects 		
7 Promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services	<ul style="list-style-type: none"> Develop stronger links between day opportunities providers and local employers, educational settings and community groups and make best use of short-term employment support programmes. 	<ul style="list-style-type: none"> Welfare to Work Partnership Journey First Supported Employment Team Day Opportunities Providers 	<ul style="list-style-type: none"> Increased life opportunities for the most vulnerable adults as part of wider day opportunities offer Reduction on the reliance of long term care and intensive support through accessing employment and training opportunities 	<ul style="list-style-type: none"> Numbers of people accessing day opportunities that have gone into paid work Numbers of work tasters offered New skills acquired CV's put in place/updated Vocational skills certificate achieved 		

This page is intentionally left blank

EQUALITY IMPACT ASSESSMENT

TITLE: Day Opportunities Strategy/Redesign

VERSION CONTROL

Date	Version	Author	Description of Changes
29/10/20	1	Mark Hughes	Minor changes to reflect carer and service user engagement
05/11/20	2	Mark Hughes	
7/10/21	3	Mark Hughes	Amends following development of draft strategy

OFFICIAL

12/10/21	4	Mark Hughes	Amended with feedback from consultation
31/1/2022	5	Mark Hughes	Amended to reflect development of Flexible Purchasing System
15/04/2022	6	Mark Hughes	Amended to reflect development of Delivery Plan

CESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Integrated Commissioning Team		Lead officer responsible for assessment		Mark Hughes	
Service	People Services		Other members of team undertaking assessment			
Date	15/04/22		Version 6			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
	X	X			X	X
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision	
					X	

<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</p>	<p>Day Opportunities Strategy/Redesign</p> <p>Our strategic vision for day opportunities in the future within Cheshire East is to support safe, purposeful and personalised activities that enable citizens to play a valued role in their community and to live as independently as they choose, ensuring that vulnerable adults can access activities appropriate to their needs, choice and control.</p> <p>The key objectives that we aim to deliver on to support this change will include:</p> <ul style="list-style-type: none"> • Focus on the individual, their strengths, choices, assets, and goals through person centred planning. • Focus on the outcomes that service users and carers wish to achieve. • Providing support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen. • Focus on skills development, improving independence in daily living i.e. travel training and employment where possible. • Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice. • Make the most of a vibrant and developing community groups and assets, ensuring access to the wide range of opportunities Cheshire East has to offer <p>Outcomes</p> <p>We will develop an outcomes-based approach to day opportunities where services are provided to an individual that will achieve a set of results for that individual. We will deliver outcomes through:</p> <ul style="list-style-type: none"> • Identifying the outcomes that are expected to be achieved prior to making referrals to services.
---	--

	<ul style="list-style-type: none"> • Contracting for services based on outcomes and then monitoring based on those outcomes. • Requiring statutory services to provide an outreach approach where service user outcomes such as reducing social isolation or accessing physical activity can be met through a variety of means outside a building-based setting. • Service providers being enabled to exercise flexibility to adapt services to meet individual needs in agreement with the service user and their carers/relatives. <p>Development of Flexible Purchasing System</p> <p>Given that currently there is no consistent strategy in place across Cheshire East for the commissioning and procurement of day opportunities placements, commissioners are seeking to develop a Flexible Purchasing System is put on place to start to change the landscape of the market.</p> <p>This will provide a commissioning solution that will enable existing and new providers to develop an innovative flexible approach, working together in a way that makes best use of resources, whilst ensuring that individuals are supported in the most appropriate setting that meets their care and support needs.</p> <p>The benefits of developing a Flexible Purchasing System will include:</p> <ul style="list-style-type: none"> • Effectiveness of market shaping and management. • Consistency of core specification and clarity of position in respect of expectations regarding outcomes; • Transparency and challenge, where appropriate, surrounding value for money; • A more streamlined processes for placement finding and contract management.
--	---

	<p>Delivery Plan</p> <p>A delivery plan will be established to support the development of the transformation of day opportunities, which will create a high quality and diverse range of provision in the borough, to meet the key objectives of the Day Opportunities Strategy 2022-2027.</p> <p>A partnership approach will be the focus to ensure the delivery of the key priorities, with delivery organisations identified, along with a series of implementation actions and measurable outcomes. To support the ongoing implementation and monitoring a project delivery group will be established with key partners and enabling services involved.</p> <p>The key delivery priorities will be met using existing budgetary provision. To achieve this, we will require teams to working in a much more joined up way across the Council and partners. This will support the development of the Flexible Purchasing System, which will ensure that we are achieving value for money and higher quality in provision across the borough.</p> <p>This will be further enhanced with ongoing engagement with day opportunities providers, people who use day opportunities and their carers, to ensure we are meeting needs and outcomes and will be required as part of the ongoing co-production of services.</p>
<p>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</p>	<p>Key Stakeholders</p> <p>As part of this process, we will continue to undertake extensive engagement with current and potential service users and their carers, commissioned providers, voluntary and community groups to ensure that we develop the market and help to develop and shape a range of services which are flexible and personalised to meet individual needs.</p> <p>We recognise that day opportunities:</p> <ul style="list-style-type: none"> • Help people have a fulfilling life • Provide people with the opportunity to take part in various interests and activities • Make friends and develop relationships

	<ul style="list-style-type: none"> • Provides valuable support to carers, so that they too can lead fulfilling lives outside their caring role <p>We have recent evidence from a survey of people with a learning disability in Cheshire East during lockdown on their experiences. 24% said that they missed their friends and connections within the community while only 8% said they missed their experiences in day services.</p> <p>There are also growing numbers of young adults who have disabilities or who suffer from mental illness needing care and support. We know that more people are living longer - which is a good thing. The older people get, the more complex their care and support needs become. Therefore, we need to ensure we can continue to support people. We need to focus more on what people want to achieve (outcomes) and what they are good at (their strengths) to promote health & well-being and in line with the law (Care Act 2014). We need to offer a set of supports that allow an individual to explore what their strengths are. This will then allow citizens to make informed choices about what they want to achieve. This will not simply be a choice given as to what is available. As well as providing support in exclusive buildings, we want to work towards people also accessing a variety of day opportunities in the community with support.</p> <p>Feedback from Consultation and Engagement</p> <p>Between April-June 2021, a survey (including an easy read version) was made available on the Cheshire East Council website. The survey was conducted to help plan and develop services for the future and to understand how services users feel about current day opportunities, A total of 268 responses were received.</p> <p>Evidence from surveys showed people who use day opportunities value the chance for social interaction that these services offer, the enriching activities that they can undertake and the availability of provision that supports them to access their local communities.</p> <p>Most respondents are currently accessing day opportunities in their local area as inferred by the short travel time given by 91% of them travelling up to 30 minutes to access services. Therefore</p>
--	---

	<p>the impact of any redesign of service provision would need to ensure that location was taken into account as part of any service changes</p> <p>Day opportunities were reported to increase social skills, confidence and independence for the individual accessing them while providing a break and free time for family members. At the same time the impact of COVID 19 provided the opportunity for providers to deliver a range of innovative approaches, including outreach support and the use of technology to deliver virtual sessions which most people were receptive to accessing as part of any future offer.</p> <p>Future Engagement on Commissioning Strategy and Development of a Flexible Purchasing System</p> <p>Moving forward to deliver a wider range of day opportunities in Cheshire East, we will continue to engage with stakeholders including providers (also new entrants into the market such as the VCFS) and people who use day opportunities and families/carers. This will be an ongoing conversation to ensure that the services are able meet needs and requirements of people using the services and deliver good outcomes and the mechanisms for commissioning services.</p> <p>Extensive consultation and engagement in the development of a Flexible Purchasing System was undertaken between December 2021 and April 2022, with stakeholder groups including people who use services, families, carers, and service providers. Significant number of people and organisations have responded at each stage of the process.</p> <p>Delivering the Strategy</p> <p>Key partners to ensure the delivery of the Day Opportunities Strategy will include:</p> <ul style="list-style-type: none"> • Cheshire East Council <ul style="list-style-type: none"> ○ Commissioning Team ○ Contracts Team ○ Communities Team ○ Supported Employment Team
--	--

	<ul style="list-style-type: none"> ○ Safeguarding Team • Cheshire CCG • Cheshire and Wirral Partnership NHS Trust • Welfare to Work Partnership • Journey First • People Plus • External Day Opportunities Providers • Care4CE • Voluntary Community Faith Sector Providers <p>The key delivery partners would be supported by a range of enabling services from Cheshire East Council (Business Support and Finance Team, Procurement Team, Brokerage Team and Legal Services).</p> <p>A Project Delivery Group has been established with representatives from the key delivery partners and enabling services.</p> <p>This group will meet on a quarterly basis and track progress against all the key delivery objectives</p> <p>The group will also continuously review the provider market and development of the Flexible Purchasing System and ensure we are able to respond to any future challenges.</p>
Consultation/ involvement carried out	<p>Yes – consultation has been carried out from April-June 2021 and also a follow up on the draft strategy was carried out in September 2021. Further engagement with key stakeholders continued in 21/22 on the development of the Flexible Purchasing System.</p> <p>Ongoing consultation with key stakeholders including providers, people who use services and carers will be undertaken as part of the delivery plan.</p>

What consultation method(s) did you use?	<p>In terms of the consultation methods this will include</p> <ul style="list-style-type: none"> - Surveys (including Easy Read) - Consultation Events (virtual due to COVID) for carers and service users - Provider Engagement Soft Market Testing Survey - Meetings with Care4CE staff who currently work within existing building-based day services. - A key part of the ongoing consultation and transformation of day opportunities will be operational staff undertaking reviews of individuals needs, aspirations and outcomes. This will ensure that people using services and their families are fully engaged with the process and allow us to co-produce and develop services around the person. - We will also use existing partnership boards (LD and Mental Health) to keep people informed of the process and allow wider engagement from carers and service users. 	

Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)	<p>The proposals to redesign our current day opportunities offer are challenging for both existing service providers, service users and carers as they propose a departure from the existing service model, which is familiar and well liked by service users and carers/relatives.</p> <p>There could also be a significant impact on staff from day opportunities services as well in terms of the location where services are delivered, level of support provided and tasks related to the delivery of services.</p>
Who is intended to benefit and how	<p>The review and redesign of the day opportunities model will ensure that services are designed around an individual rather than vice versa. By ensuring that this provision adopts a more personalised and flexible approach and lead to improved outcomes for individuals who access day opportunities</p>

Could there be a different impact or outcome for some groups?	There could be impacts for some people who currently access day opportunities in terms of the provision that they access changing which will be dependent on the review of their needs and outcomes. The buildings that services are currently delivered from could change as part of the review. This could have impacts on both individuals and carers.							
Does it include making decisions based on individual characteristics, needs or circumstances?	Yes there could potentially be decisions made on what type of services are provided for people with more complex needs and disabilities (learning disabilities, dementia etc) to ensure that the services they receive deliver the support required to meet their care and support needs.							
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	As part of the redesign and development of the strategy for day opportunities we will ensure that we deliver an offer that can support a variety of individuals with different care needs and that people receive services that meet their needs and outcomes. We also want to ensure equity in terms of locations in the borough where services are located so that people in different locations have local services and opportunities to access.							
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	We will be holding engagement and consultation events to ensure that the voice of all stakeholders is heard and that we enable us to ensure that we take on board any considerations around equality.							
Is there an actual or potential negative impact on these specific characteristics? (Please tick)								
Age	Y		Marriage & civil partnership		N	Religion & belief	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N
Carers		N	Socio Economic		N			

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	The key characteristics of the people who use day opportunities will be older people and working age adults with disabilities. As such, the proposals could have a potential negative impact of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals. Evidence from surveys showed that the vast majority of people (91%) travelled less than 30 minutes, so any future redesign would need to take into account the locations of services in order to not to impact on individuals.	Medium
Marriage & civil partnership	There is the potential for a change in day opportunities services to impact on married couples or couples in civil partnerships, where one partner uses services as a result of the a service ceasing. There are also impacts listed under the carers section. There will be the opportunity to feedback any impacts relating to this during the consultation process.	Low
Religion	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Disability	The proposals could have a number of potentially negative impacts on people with disabilities and long term conditions (and their carers). The extent of these impacts will depend on such things as accessibility and availability of alternative services that can be accessed locally, ability	Medium

	to cope with a change in location of the service that is being accessed, should their current service be one that no longer operates in the future.	
Pregnancy & maternity	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sex	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Gender Reassignment	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	N/A
Race	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sexual Orientation	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Carers	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Socio Economic	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A

Stage 4 Mitigation

Protected characteristics	Mitigating action <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues</i>	How will this be monitored?	Officer responsible	Target date

	<i>around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>			
Age	Physical access, Transport access, Explore flexible transport being added to service specifications to mitigate.	This will be captured through the consultation and engagement process	Mark Hughes	May 2023
Marriage & civil partnership				
Religion	The rationale for change is that customers will have a greater choice about how day opportunities is provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics. For instance people with religious beliefs that require a quiet area for prayer at specific times of the day – this could be designed into individually tailored package	This will be captured through the continued consultation and engagement process	Mark Hughes	August 2023
Disability	The rationale for change is that customers will have a greater choice about how day opportunities is provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics.	This will be captured through the consultation and engagement process	Mark Hughes	August 2023
Pregnancy & maternity				
Sex				

Gender Reassignment				
Race	During the consultation we will establish if there are any individuals who require support with accessible information if English is not their first language. This could involve linking in with established support groups/forums.	This will be captured through the consultation and engagement process	Mark Hughes	August 2023
Sexual Orientation				
Carers	The rationale for change is that carers who support individuals will have a greater choice about how day opportunities is provided, with more flexibility. It is possible that this more personalised approach could be more beneficial to people with protected characteristics. For instance, carers could look at accessing services at weekends or at specific times of the day – this could be designed into individually tailored package to benefit.	This will be captured through the consultation and engagement process	Mark Hughes	August 2023
Socio Economic				

5. Review and Conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

There should be no change in service to provision to the majority of people who use day opportunities services, but there does need to be a robust transition plan in place for those people who either want to change the services they access or those who are coming through transition

from childrens services who may wish to access a wider range of options. Operational teams will be heavily involved in reviewing these people and we will also ensure that there will be no gap in service to any people affected.

We aim to carry on the engagement with wider stakeholders in developing a commissioning strategy for future day opportunities placements. This will build on the development of a three-tier model of personalisation as identified in the draft strategy to ensure we create a vibrant day opportunities market in Cheshire East, which delivers choice and control for people who access day opportunities (including people on direct payments and self funders).

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Identification of possible people who use services who may be affected to be completed as a priority prior to service redesign and strategy being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager Operational Heads of Service	April 2021
Enough time must be planned into the transition plan to ensure effective transfer of those who may be impacted by any service changes and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team / Operational Teams/ transition and mobilisation plan.	Operational Heads of Service Senior Commissioning Manager	August 2022

Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	May 2023		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer sign off	Mark Hughes	Date 15 April 2022	<i>M Hughes</i>
Head of service sign off	Dave Leadbetter	Date 15 April 2022	<i>D. Leadbetter</i>

Please return to EDI Officer for publication once signed

OFFICIAL

This page is intentionally left blank

Day Opportunities Strategy 2022-2027

Delivery Plan – Easy Read Version

Day opportunities support people’s health and wellbeing, help people to take part in a range of activities, meet with friends, develop relationships, gain new skills, and make a positive contribution to their local community.



We have a Day Opportunities Strategy with 7 key priority areas which will improve the services we provide for people in Cheshire East



To make sure that we deliver on these priorities and improve services for people who access day opportunities we have created a delivery plan



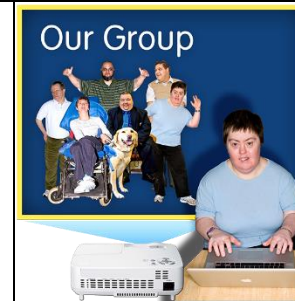
To make sure we deliver on these priorities, we need teams to work closely across the council and closely in partnership with providers, people who attend day opportunities and their carers



How can we take these priorities forward?

We will develop a Project Group to

- Measure the impact of the work undertaken on each of these priorities
- Report on progress each year to show how we are performing with an annual monitoring report



These are the 7 priorities and their key aims

1 Develop a high quality and diverse range of day opportunities provision in the borough

- **Ensure a wider range of services that support people with a range of different care and support needs**
- **Make sure we achieve value for money (£) by delivering high quality services which provide benefits for people**
- **Joint working between day opportunities providers and the voluntary sector to provide more links into the wider community**



2. Ensure that day opportunities services are safe, person-centred and outcome focused

- **We will ensure that the providers of day opportunities work to an agreed standard (service specification)**

- Providers will be monitored to ensure that they are delivering the services to a high standard and that the people that use services are achieving their goals
- We will promote health and wellbeing across our services and encourage active lifestyles to help people live well for longer



3. Encourage and increase the numbers of people using Direct Payments to access day opportunities

- We will promote the option of using a direct payment to access day opportunities, through the provision of information and advice on the Live Well Website.
- We will be developing Care Finder through the Live Well Website to allow people who are personal budget holders (and self-funders) to arrange care services online by completing simple questions about their requirements.



4. Ensure Co-Production in the future development of Day Opportunities Services



- Opportunities for people who use day opportunities services (and their carers) to provide their experiences and help shape the services they receive
- This will include surveys, engagement events and provider forums



5. Respond to the impact of COVID-19 and ensure day opportunities services remain resilient and flexible in case of future disruptions to services

- Build on the learning from COVID 19 where we saw new types of different types of day opportunities including online support, outreach and support in the community.
- Partnership work undertaken with the NHS Infection Control Team to support providers and to keep people and buildings safe



<p>6. Ensure that day opportunities are available at a local level in all communities across the borough</p> <ul style="list-style-type: none"> • Develop day opportunities provision across the borough which makes best use of existing community buildings and open spaces • Ensure access to a wide range of day opportunities that meet a range of different needs 	
<p>7. Promote employment, volunteering and skills development opportunities and the use of supported employment schemes as an alternative to traditional day opportunities services</p> <ul style="list-style-type: none"> • Offer opportunities for people to access volunteering, paid work or learn new skills as an alternative to traditional day opportunities services 	

- | | |
|---|--|
| <ul style="list-style-type: none">• Increased life opportunities by attending day opportunities offer and reduce long-term care and intensive support through accessing employment and training | |
|---|--|

This page is intentionally left blank



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	30 May 2022
Report Title:	Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees
Report of:	Brian Reed, Head of Democratic Services and Governance
Report Reference No:	AH/30/22-23
Ward(s) Affected:	No specific wards

1. Purpose of Report

- 1.1** This report seeks approval from the Adults and Health Committee to nominate a member to the Health and Wellbeing Board and the Joint Extra Care Housing Management Board

2. Executive Summary

- 2.1** The Council, at its annual meeting on 18 May 2022, approved its main committees. The appointment of certain sub-committees, working groups, panels and boards is a matter for the relevant service committees. This report concerns those bodies which fall to be appointed by the Adults and Health Committee or by the committee in conjunction with other service committees.

3. Recommendations

- 3.1** That the committee appoints the bodies referred to in this report; and agrees the representation on such bodies.

Reasons for Recommendations

- 4.1** The Committee is responsible for the appointment of those bodies referred to in this report.

4. Other Options Considered

- 5.1.1** Not applicable.

5. Background

A. Bodies which report to the Adults and Health Committee

1. Cheshire East Health and Wellbeing Board

Cheshire East Health and Wellbeing Board is a joint board to which this Council appoints three councillors as voting members. The lead service committee in respect of this board is the Adults and Health Committee; and the three Council nominees to the board will be formally nominated by the Adults and Health Committee, the Corporate Policy Committee, and the Children and Families Committee. (Please see Appendix 1 for the terms of reference). There are no specific criteria which apply to the appointments.

Recommendation: That the Adults and Health Committee nominates one member to the Cheshire East Health and Wellbeing Board.

The current Member is Councillor Jill Rhodes.

2. Joint Extra Care Housing Management Board

The Extra Care Housing Management Board is a joint board of Cheshire East and Cheshire West and Chester Councils, the governance arrangements for which were established in 2011.

Nominations for Cheshire East Council will be made by the Corporate Policy Committee, Adults and Health Committee and Finance Sub Committee.

Recommended: That the Adults and Health Committee nominates one member to the Joint Extra Care Housing Management Board.

The current member is Councillor Arthur Moran

6. Implications

7.1 Legal

- 7.1.1 The Local Government (Committees and Political Groups) Regulations 1990, made pursuant to the Local Government and Housing Act 1989, make provisions in respect of the political group representation on a local authority's committees in relation to the overall political composition of the Council. The legislation applies to the decision-making committees and sub-committees of the Council.
- 7.1.2 The legislation requires that, where proportionality applies, and seats are allocated to different political groups, the authority must abide by the following principles, so far as is reasonably practicable:
- 7.1.3 Not all of the seats can be allocated to the same political Group (i.e. there are no single group committees).

- 7.1.4 The majority of the seats on the body are to be allocated to a political Group with a majority membership of the authority.
- 7.1.5 The total number of seats on all ordinary committees and sub committees allocated to each Political Group bears the same proportion to the proportion on the full Council.
- 7.1.6 The number of seats on each ordinary committee allocated to each Political Group bears the same proportion to the proportion on full Council.
- 7.1.7 The proposals contained in this report meet the requirements of the legislation.
- 7.1.8 The 1990 Regulations require Political Group Leaders to notify the Proper Officer of the Groups' nominations to the bodies in question.

7.2 Finance

- 7.2.1 There are no financial implications that require an amendment to the Medium-Term Financial Strategy.

7.2.3 Policy

- 7.2.4 There are no direct implications for policy.

7.3 Equality

- 7.3.1 There are no direct implications for equality.

7.4 Human Resources

- 7.4.1 There are no direct human resource implications.

7.5 Risk Management

- 7.5.1 Failure to comply with the Act and Regulations when appointing its committee memberships would leave the Council open to legal challenge.

7.6 Rural Communities

- 7.6.1 There are no direct implications for rural communities.

7.7 Children and Young People/Cared for Children

- 7.7.1 There are no direct implications for children and young people/cared for children.

7.8 Public Health

- 7.8.1 There are no direct implications for public health.

7.9 Climate Change

- 7.9.1 There are no direct climate change implications.

Access to Information	
Contact Officer:	Brian Reed, Head of Democratic Services and Governance Brian.Reed@cheshireeast.gov.uk
Appendices:	Appendix 1: Terms of Reference for the Health and Wellbeing Board
Background Papers:	JECHMB TOR Dec 2009 JECHMB Sep 2011 - Governance Arrangements

Appendix 1

Terms of Reference

Cheshire East Statutory Health and Wellbeing Board (CEHWB)

Context

1. The full name of the Board shall be the Cheshire East Health and Wellbeing Board. (CEHWB)
2. The CEHWB was established in April 2013.
3. The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).
4. For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

Purpose

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence based focus on improved outcomes and reducing health inequalities.
- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- To be a forum that enables member organisations of the Board to hold each other to account for their responsibilities for improving the health of the population
- To assist in fostering good working relationships between commissioners of health-related services and the CEHWB itself.
- To assist in fostering good working relationships between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- To undertake any other functions that may be delegated to it by the Council - such delegated functions need not be confined to public health and social care.
- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the

National Health Service Act 2006 in connection with the provision of such services.

Roles and Responsibilities

5. To work with the Council and CCG effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
6. To work within the CEHWB to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
7. To participate in CEHWB discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
8. To champion the work of the CEHWB in their wider work and networks and in all individual community engagement activities.
9. To ensure that there are communication mechanisms in place within partner organisations to enable information about the CEHWB's priorities and recommendations to be effectively disseminated.
10. To share any changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the CEHWB to consider wider system implications.

Accountability

11. The CEHWB carries no formal delegated authority from any of the individual statutory bodies.
12. Core Members of the CEHWB have responsibility and accountability for their individual duties and their role on the CEHWB.
13. The CEHWB will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.
14. The Council's Core Members will ensure that they keep Policy Committee and wider Council advised of the work of the CEHWB.
15. The CEHWB may report and be accountable to Full Council and to the relevant Governing Body of the NHS Clinical Commissioning Group by ensuring access to meeting minutes and presenting papers as required.

16. The CEHWB will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Scrutiny Committee. Decisions taken and work progressed by the CEHWB will be subject to scrutiny by the Scrutiny Committee.

17. The CEHWB will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The CEHWB is supported by an Engagement and Communications Network across HWB organisations to ensure this function can operate successfully.

Membership

18. The Core membership of the CEHWB will comprise the following:

Voting members:

- **3 councillors** from Cheshire East Council
- The Director of Adult Social Services
- The Director of Public Health
- A local Healthwatch representative
- Two representatives from the Cheshire Clinical Commissioning Group
- Two representatives from the Cheshire Integrated Care Partnership
- The Chair of the Cheshire East Place Partnership

Non-voting members:

- The Chief Executive of the Council
- The Director of Children's and Families
- A nominated representative of NHS England / NHS Improvement

The Councillor membership of the CEHWB (three core voting members) will be determined by the **full Council**.

19. The Core Members will keep under review the Membership of the CEHWB and if appropriate will make recommendations to full Council on any changes to the Core Membership.

20. The above Core Members through a majority vote have the authority to appoint individuals as Non-Voting Associate Members of the CEHWB. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM" of the CEHWB. Associate Members will assist the CEHWB in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the CEHWB.

21. The above Core Members through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate

Members of the CEHWB. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting “AGM” of the CEHWB.

22. Each Core Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Core Members.

Frequency of Meetings

23. There will be no fewer than four public meetings per year (including an AGM), usually once every three months as a formal CEHWB.

24. Additional meetings of the CEHWB may be convened with agreement of the CEHWB’s Chair.

Agenda and Notice of Meetings

25. Any agenda items or reports to be tabled at the meeting should be submitted to the Council’s Democratic Services no later than seven working days in advance of the next meeting. Generally, no business will be conducted that is not on the agenda.

26. Any voting member of the Board may approach the Chair of the Board to deal with an item of business which the voting member believes is urgent and under the circumstances requires a decision of the Board. The Chair’s ruling of whether the requested item is considered / tabled or not at the meeting will be recorded in the minutes of the meeting.

27. In accordance with the Access to Information legislation, Democratic Services will circulate and publish the agenda and reports prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.

Annual General Meeting

28. The CEHWB shall elect the Chair and Vice Chair at each AGM, the appointment will be by majority vote of all Core voting Members present at the meeting.

29. The CEHWB will approve the representative nominations by the partner organisations as Core Members.

Quorum

30. Any full meeting of the CEHWB shall be quorate if there is representation of any three of the following statutory members: – the relevant NHS Cheshire CCG(s), Local Health Watch, a Councillor and an officer of Cheshire East Council.

31. Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

Procedure at Meetings

32. General meetings of the CEHWB are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time Session. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.

33. The Council's Committee Procedure Rules will apply in respect of formal meetings subject to the following:

34. The CEHWB will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.

35. Core Members are entitled to speak through the Chair. Associate Members are entitled to speak at the invitation of the Chair.

36. With the agreement of the CEHWB, subgroups can be set up to consider distinct areas of work. The subgroup will be responsible for arranging the frequency and venue of their meetings. The CEHWB will approve the membership of the subgroups.

37. Any subgroup recommendations will be made to the CEHWB who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.

38. Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

Expenses

39. The partnership organisations are responsible for meeting the expenses of their own representatives.

40. A modest CEHWB budget will be agreed annually to support engagement and communication and the business of the CEHWB.

Conflicts of Interest

41. In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all CEHWB Members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest.

42. In the case of non-pecuniary interests Members may remain for all or part of the meeting, participate and vote at the meeting on the item in question.

43. In the case of pecuniary matters Members must leave the meeting during consideration of that item.

Conduct of Core Members at Meetings

44. CEHWB members will agree to adhere to the seven principles of Public Life outlined in the CEHWB Code of Conduct when carrying out their duties as a CEHWB member.

Review

45. The above terms of reference will be reviewed every two years at the CEHWB AGM.

46. Any amendments shall only be included by consensus or a simple majority vote, prior to referral to the Corporate Policy Committee and Council.

January 2017

Revised July 2019

Revised August 2020

Revised March 2021

Definitions

Exempt Information

Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the Schedule in each case read as if references to "the authority" were references to "CEHWB" or any of the partner organisations.

Confidential Information

Information furnished to, partner organisations or the CEHWB by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court.

Conflict of Interest

You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;

The issue affects their well-being more than most other people who live in the area.

The issue affect their finances or any regulatory functions and A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.

Associate Members

Associate Member status is appropriate for those who are requested to chair sub groups of the CEHWB.

Health Services Means services that are provided as part of the health service.

Health-Related Services means services that may have an effect on the health of individuals but are not health services or social care services.

Social Care Services

Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970)

CEHWB Member Code of Conduct

1. Selflessness

Members of the Cheshire East Health and Wellbeing CEHWB should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

2. Integrity

Members of the Cheshire East Health and Wellbeing CEHWB should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a CEHWB member

3. Objectivity

In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing CEHWB should make choices based on merit and informed by a sound evidence base

4. Accountability

Members of the Cheshire East Health and Wellbeing CEHWB are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

5. Openness

Members of the Cheshire East Health and Wellbeing CEHWB should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the CEHWB. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

6. Honesty

Members of the Cheshire East Health and Wellbeing CEHWB have a duty to declare any private interests relating to their responsibilities and duties as CEHWB members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing CEHWB

7. Leadership

Members of the Cheshire East Health and Wellbeing CEHWB should promote and support these principles by leadership and example

Health and Wellbeing Board Principles and Behaviours

The Cheshire East Health and Wellbeing Board Partners shall work together to achieve the objectives of the Cheshire East Health and Wellbeing Strategy and The Cheshire East Place Partnership Five Year Plan. The Board shall:

- (a) Collaborate and work together on an inclusive and supportive basis, with optimal use of their individual and collective strengths and capabilities;
- (b) Engage in discussion, direction setting and, where appropriate, collective agreement, on the basis that all the Partners will participate where agreed proposals affect the strategic direction of the Health and Wellbeing Board

and/or of Services, and in establishing the direction, culture and tone of the work and meetings of the Board;

(c) Act in the spirit of partnership in discussion, direction setting and, where appropriate, collective agreement making;

(d) Always focus upon improvement to provide excellent Services and outcomes for the Cheshire east population;

(e) Be accountable to each other through the Board by, where appropriate, taking on, managing and accounting to each other in respect of their financial and operational performance;

(f) Communicate openly about major concerns, issues or opportunities relating to the Board;

(g) Act in a way that is best for the delivery of activity to drive forward the Five Year Plan, and shall do so in a timely manner and respond accordingly to requests for support promptly;

(h) Work with stakeholders effectively, following the principles of co- design and co-production.

This page is intentionally left blank

Adults and Health Committee work programme 2022-23

Reference	Committee Date	Report Title	Purpose of Report	Report Author/ Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt item and paragraph number
AH/05/2022-23	18 July 2022	Brocklehurst Centre	To receive the consultation findings and consider future dementia day opportunities provision in Macclesfield	Director of Commissioning	Y	Y	Y	A council which empowers and cares about people	N
AH/08/2022-23	18 July 2022	Flu Report	To receive the annual flu report	Director of Public Health	NA	N	Y	A council which empowers and cares about people	N
AH/09/2022-23	18 July 2022	Public Health Grant	To note the proposed spending on the public health grant.	Director of Public Health	NA	N	Y	A council which empowers and cares about people	N
AH/10/2022-23	18 July 2022	Implementation plan for the All-Age Carers Strategy	To receive the implementation plan for the All-Age Carers Strategy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/32/2022-23	18 July 2022	TrailBlazer Programme – Adult Social Care Reform	Update on the TrailBlazer Programme	Executive Director for Adults, Health and Integration				A council which empowers and cares about people	N
AH/31/2022-23	18 July 2022	Financial incentives to support smoking cessation	To approve a pilot programme to fund financial incentives for stop smoking services, to increase both service uptake and quit rates.	Executive Director for Adults, Health and Integration	N	N	N	A council which empowers and cares about people	N
AH/33/2022-23	18 July 2022	Fair Cost of Care and Market Sustainability Plan	To receive the outcome of the Fair Cost of Care exercise and seek approval for a Market Sustainability Plan for onward submission to DHSC and publication	Executive Director for Adults, Health and Integration	N	Y	Y	An open and enabling organisation/ A council which empowers and cares about people	N
AH/34/2022-23	18 July 2022	Place Partnership Committee	To agree the Terms of Reference for the Place Partnership Committee	Executive Director for Adults, Health and Integration	Y	N	Y	A council which empowers and cares about people	N
AH/11/2022-23	26 September 2022	Adult Social Care charging policy	To approve the adult social care charging policy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/12/2022-	26 September	First financial review of	To receive the first financial	Director of Finance and	NA	NA	Y	An open and	N

23	2022	2022/23 (update to include progress on policy proposals and material variances from MTFS)	review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Customer Services (s151 Officer)				enabling organisation	
AH/13/2022-23	26 September 2022	Local Safeguarding Adults Board Annual Report 2021/22	To receive the annual report of the Local Safeguarding Adults Board.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/14/2022-23	26 September 2022	Scorecard Q1 (will also include Q4 data)	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/15/2022-23	26 September 2022	Covid 19 review and future	To receive a summary report on covid support and plans for the future.	Director of Public Health	N/A	N	Y	A council which empowers and cares about people	N
AH/04/2022-23	26 September 2022 (moved from July)	Cheshire East Live Well for Longer Plan 2022–2027	To approve the Live Well for Longer Strategy and receive the implementation plan	Director of Commissioning	Y	Y	Y	A council which empowers and cares about people	N
AH/07/2022-23	26 September 2022 (moved from July)	Dementia Strategy and implementation plan	To approve the dementia strategy and receive the implementation plan.	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/06/2022-23	26 September 2022 (moved from July)	Universal Information and Advice Service Recommission	To approve the recommission of the universal information advice service	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/35/2022-23	26 September 2022	TrailBlazer Programme – Adult Social Care Reform	Update on the TrailBlazer Programme	Executive Director for Adults, Health and Integration				A council which empowers and cares about people	N
AH/16/2022-23	21 November 2022	Second financial review of 2022/23	To receive the second financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
AH/17/2022-23	21 November 2022	Director of Public Health Annual Report 2021/22	To receive the Director of Public Health Annual Report.	Director of Public Health	NA	N	Y	A council which empowers and cares about people	N
AH/18/2022-23	21 November 2022	Local Account for Adult Social Care	To consider the annual required Local Account of Adult Social Care Services, outlining how the council has supported people over the previous year.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/19/2022-23	21 November 2022	Adult Social Care Winter Plan 2022-23	To receive an update on the schemes and actions being deployed to address winter pressures.	Director of Commissioning	NA	N	Y	A council which empowers and cares about people	N
AH/36/2022-23	21 November 2022	TrailBlazer Programme – Adult Social Care Reform	Update on the TrailBlazer Programme	Executive Director for Adults, Health and Integration				A council which empowers and cares about people	N

AH/17/21-22	23 January 2023	Accommodation with Care Recommission	To approve the recommission of Accommodation with Care Services (Care Homes).	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/20/2022-23	23 January 2023	Bed based carer respite	To approve the recommission of bed based carer respite	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/21/2022-23	23 January 2023	MTFS Budget Consultation	To respond to the budget consultation for Adults, Health and Integration.	Director of Finance and Customer Services (s151 Officer)	Y	Required	Y	An open and enabling organisation	N
AH/22/2022-23	23 January 2023	Scorecard Q2	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/23/2022-23	23 January 2023	Supported Employment Strategy and implementation plan	To approve the Supported Employment Strategy and implementation plan	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/37/2022-23	23 January 2023	TrailBlazer Programme – Adult Social Care Reform	Update on the TrailBlazer Programme	Executive Director for Adults, Health and Integration				A council which empowers and cares about people	N
AH/24/2022-23	27 March 2023	Review of the learning disability and mental health strategy	To review the learning disability and mental health strategy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/25/2022-23	27 March 2023	Third financial review of 2022/23	To receive the third financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
AH/26/2022-23	27 March 2023	Scorecard Q3	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/27/2022-23	27 March 2023	All Age Carers Strategy	To receive an update on the progress against the All Age Carers Strategy	Director of Commissioning		N	Y	A council which empowers and cares about people	N
AH/38/2022-23	23 January 2023	TrailBlazer Programme – Adult Social Care Reform	Update on the TrailBlazer Programme	Executive Director for Adults, Health and Integration				A council which empowers and cares about people	N
AH/28/2022-23	November 23	Progress of the Flexible Purchasing System for day opportunities	To receive an update on the progress of the flexible purchasing system for day opportunities	Director of Commissioning		N	Y	A council which empowers and cares about people	N
TBC	TBC	Care at Home Recommission (domiciliary care)	TBC	Director of Commissioning			Y	A council which empowers and cares about people	N
TBC	TBC	Staffing/recruitment in Adult Social Care	To receive an update on staffing/recruitment in Adult Social Care	Director of Adult Social Care	N/A	N	Y	A council which empowers and cares about people	N

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 22nd March, 2022 in the The Ballroom, Sandbach Town
Hall, High Street, Sandbach, CW11 1AX

PRESENT**Voting Members**

Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Denise Frodsham, Cheshire East Integrated Care Partnership
Steven Michael, Cheshire East Health and Care Partnership
Dr Matt Tyrer, Director of Public Health

Non-Voting Members

Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council

Cheshire East Officers and Others

Guy Kilminster, Corporate Manager Health Improvement
Sarah Baxter, Democratic Services Officer
Josie Lloyd, Democratic Services Officer
Dr Susie Roberts, Public Health Consultant

48 APOLOGIES FOR ABSENCE

Apologies for absence were received from Chris Hart, Deborah Nickson, Dr Lorraine O'Donnell, Jayne Traverse, Clare Watson and Caroline Whitney.

49 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

50 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 25 January 2022 be confirmed as correct record.

51 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

52 BETTER CARE FUND END OF YEAR REPORT 2021/22

The Board considered a report on the performance of the Better Care Fund, including the Improved Better Care Fund in 2021/22. The report included an overview of schemes, expenditure and performance, and a breakdown of the performance of the specific schemes.

The Chair asked for examples of what the £18 million in relation to Homefirst schemes referred to within the report was spent on. The board heard these included items such as community equipment and hospital discharge fund. There was also a request for information in respect of narrative or outcomes on the difference or value that was being made to people's lives in future reports.

RESOLVED:

That the Better Care Fund programme performance for 2021/22 be noted.

(During consideration of the item, Councillor C Bulman arrived to the meeting).

53 BETTER CARE FUND PLAN 2022/23

The Board received a report on the Better Care Fund Plan 2022-23 which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2022/23. A number of schemes had been identified and a rationale of how they would meet the needs and demands of the local care and health economy were presented.

The Board asked that a piece of work be undertaken which would look at the metrics, outcomes and the impact of the Better Care Fund schemes identified within the report.

RESOLVED:

That the schemes and plan for 2022/23 be noted.

54 CHESHIRE & MERSEYSIDE HCP - MARMOT COMMUNITY UPDATE REPORT

The Board were briefed on the progress at a Cheshire and Merseyside level on developing as a Marmot Community. This would raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. Cheshire East's health inequalities were highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. By signing up to being a Marmot community would assist in Cheshire East's

efforts to improve the health and wellbeing outcomes for its residents and reduce those inequalities.

RESOLVED:

That the update and draft recommended actions be noted.

55 PUBLIC HEALTH OUTCOMES FRAMEWORK (TARTAN RUG)

Consideration was given to a report on the Public Health Outcomes Framework (Tartan Rug). The tartan rug was part of the Joint Strategic Needs Assessment (JSNA) and visually displayed health and wellbeing data by ward, and across Cheshire East as a whole, to highlight inequalities across communities in Cheshire East. The report described the changes to health and wellbeing in Cheshire East as demonstrated by updated national data sources available between November 2017 and February 2021. It was proposed that the latest version of the Tartan Rug be published on the Cheshire East Council website as an interim tool to guide local service development and strategy with a view to updating it again in the next year.

Overall Cheshire East had improved compared to other areas between 2017 and 2021 although inequalities had widened slightly.

It was likely that there would be further dips in performance over the next couple of iterations of the tartan rug due to the impact of COVID- 19 therefore It was likely that the inequalities gap would widen for some areas.

Members of the Board thanked Dr S Roberts and those involved for their hard work.

RESOLVED:

That the update be noted.

56 INCREASING EQUALITIES COMMISSION UPDATE

Consideration was given to a report which provided an update in relation to the work of the Commission, established by the Board in October 2020. Since then, the Commission had met seven times. At its March 2021 meeting it was agreed to initially focus on Crewe, where there were the most significant inequalities in the borough. Work was underway to prepare a strategy for reducing inequalities in Crewe. The draft strategy would go out for consultation in spring and then be brought to the Health and Wellbeing board later in 2022. A wide range of partners were directly involved or had contributed to workshops to add to the knowledge base to inform the thinking and strategy development.

In addition, the Commission was taking the lead on the work to support the Cheshire and Merseyside Integrated Care System's ambition to become a Marmot Community (supported by the Health and Wellbeing Board at its meeting in November 2021).

RESOLVED:

- (1) That the work of the Increasing Equality Commission to date be noted.
- (2) That the Health and Wellbeing Board continue to support the work of the Commission.

57 TEST, TRACE, CONTAIN, ENABLE UPDATE

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system. The situation had changed significantly since the previous Health and Wellbeing Board meeting. Case rates were increasing not only in Cheshire East but across the whole country. There had also been an increase in the number of people requiring hospital stays with a small number of people requiring intensive care. This would be monitored closely, along with offering support by way of the Swab Squad and pilot work in collaboration with CWP to help promote the vaccination programme to help in those areas where uptake was lower.

Vaccination rates continued to increase albeit slowly.

RESOLVED:

That the update be noted.

58 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

This item and the Cheshire East Integrated Care Partnership update were considered together.

Although there was the willingness to streamline governance as much as possible it was recognised that this was challenging with interim arrangements and other factors to consider, although there was a common understanding of what needed to be done.

The new ICB Place Director had been invited to the next meeting of the Partnership Board. There would be further changes to personnel in the Partnership in the coming months and it was important to keep focus - but solid progress had been made.

It was acknowledged that there was still work to do around the governance as there had not been any confirmation as to what was to be delegated by the Integrated Care Board (ICB), but it seemed that all partners had the same ambition for Place.

There had been a £1.3 million investment into the Rapid Response Two Hour Service which had now gone live and was a seven-day service

Telemedicine was due to go live, focusing on those people with COPD and heart failure. Those people would be monitored so they could have early intervention which all links into programmes discussed earlier in the meeting.

RESOLVED:

That the update be noted.

Following this item there was an announcement in respect of a draft support proposal. Cheshire East had expressed an interest in some bespoke support from the Local Government Association to work with its Health and Wellbeing Board (HWB) to consider its role and responsibilities in the light of the Health and Care Bill 2022 and the Joining Up Care White Paper (9th February 2022).

It was noted that the draft proposal would be circulated to board members following the meeting and they would be invited to comment on the proposals.

RESOLVED

That the LGA review be noted and accepted.

59 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Managing Director of Cheshire East Integrated Care Partnership provided a verbal update which included an overview of

RESOLVED:

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.15 pm

Councillor S Corcoran (Chair)

This page is intentionally left blank