

# Adults and Health Committee

## Agenda

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**Date:** Monday, 21st November, 2022  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 - 12)

To approve as a correct record the minutes of the previous meeting held on 26 September 2022.

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For requests for further information

**Contact:** Karen Shuker

**Tel:** 01270 686459

**E-Mail:** [karen.shuker@cheshireeast.gov.uk](mailto:karen.shuker@cheshireeast.gov.uk)

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. **Financial review of 2022/23** (Pages 13 - 44)

To receive an update on the financial position for 2022/23. To note or approve virements and supplementary estimates as required

6. **Care at Home Recommissioning** (Pages 45 - 78)

To consider a request to extend the Framework Agreements for Care at Home services.

7. **Right to Food Report** (Pages 79 - 152)

To consider a report which seeks approval to move forward with recommended actions following the Spotlight Review Event on the 'Right to Food'.

8. **Living Well in Crewe - Report of the Cheshire East Increasing Equalities Commission** (Pages 153 - 200)

To receive the Living Well in Crewe – Report of the Cheshire East Increasing Equalities Commission.

9. **Local Account for Adult Social Care** (Pages 201 - 238)

To note the Adults Social Care (ASC) Local Account 2021/22.

10. **Adult Social Care Winter Plan 2022-23** (Pages 239 - 318)

To consider the Adult Social Care Winter plan 2022/23.

11. **Work Programme** (Pages 319 - 320)

To consider the Work Programme and determine any required amendments.

## 12. **Exclusion of the Press and Public**

The reports relating to the remaining items on the agenda have been withheld from public circulation and deposit pursuant to Section 100(B)(2) of the Local Government Act 1972 on the grounds that the matters may be determined with the press and public excluded.

The Committee may decide that the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

## **PART 2 - MATTERS TO BE CONSIDERED WITHOUT THE PUBLIC AND PRESS PRESENT**

### 13. **Care at Home Recommissioning briefing** (Pages 321 - 322)

To note the appendix to the report.

**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, N Wylie and S Edgar

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**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adults and Health Committee**  
held on Monday, 26th September, 2022 in the Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor Moran (Vice-Chair, in the Chair)

Councillors P Butterill, J Clowes, A Critchley, S Gardiner, L Jeuda, D Murphy  
and J Weatherill

**OFFICERS IN ATTENDANCE**

Jill Broomhall, Director of Adult Social Care  
Shelley Brough, Head of Integrated Commissioning  
Helen Charlesworth-May, Executive Director, Adults, Health and Integration  
Mark Hughes, Senior Commissioning Manager  
Stephen Kelly, Senior Communications Officer  
Roisin Beressi, Principal Lawyer (Adults & Education)  
Patrick Rhoden, Lead Finance Business Partner  
Karen Shuker, Democratic Services Officer  
Nichola Thompson, Director of Commissioning  
Dr Matt Tyrer, Director of Public Health

**24 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor B Evans, Councillor A Kolker, Councillor J Rhodes (Councillor C Bulman attended as a substitute) and Councillor N Wylie.

**25 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**26 MINUTES OF PREVIOUS MEETING****RESOLVED**

That the minutes of the meeting held on 18 July 2022 be approved as a correct record.

**27 PUBLIC SPEAKING/OPEN SESSION**

There were no public speakers.

**28 ADULT SOCIAL CARE PERFORMANCE SCORECARD - QUARTER 1 2022/23**

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 1 of 2022/23. In response to questions by members, officers commented as follows

- Although there had not been an agreed approach to the distribution of the Adult Social Care Discharge funding, there had been indications that this would come via the Better Care Fund and that it would talk about activities to support discharge in its broadest sense.
- The draft Code of Practice in respect of the Liberty Protection Safeguard Process came out in April and the consultation period closed at the end of July. The consultation returns had gone back to Parliament but it was expected that a decision would not be reached until the new year.
- In respect of the reduction in the assistive technology figures this had not been a result of removal of telecare for the over 85's. The contract had been recommissioned and there had been some data issues with the transfer of data over to the new provider.

**RESOLVED**

That the report be noted.

**29 CHESHIRE EAST LIVE WELL FOR LONGER PLAN 2022-2027**

In March the committee approved the draft plan for the basis of consultation. Following the consultation period the committee considered the report which detailed the strategic integration structures underpin the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2027 and the approach to taken to develop the Plan.

The LWfL Plan had been coproduced with residents and stakeholders using an insight-based approach which examined behavioural drivers to produce a set of principles which would underpin commissioning intentions across the System.

The insights gathered from residents identified three pillars that must be fulfilled to enable living well for longer:

- Confidence and Self-Motivation
- Navigation
- Tailored to my Needs

The feedback from residents had been very positive during the coproduction and consultation process and they were keen to be part of the ongoing monitoring and evaluation process.

The committee agreed that it was a positive and interesting report. Comments and questions were received from members in relation to the following

- Had there been any duplication of people completing the survey?
- Consideration needed to be given to engage those residents who may not engage in digital services or may be in the harder to reach cohort;
- There needed to be more awareness around gender reassignment in the older population;
- Were there any processes in place to have a single link or point of contact to as part of the joined up working?

The officers welcomed the comments and feedback which would help improve areas such as the Equality Impact Assessment and providing information for residents on how to access services in the community.

**RESOLVED** (Unanimously) That the Adults & Health Committee

1. Approve and adopt the LWfL Plan as outlined in Appendix 1 of the report.
2. Noted the insight-based approach to consultation and engagement, which had led to a fully coproduced Plan.
3. Noted that the principles of the LWfL Plan would underpin commissioning intentions across the Health and Social Care system.
4. Noted that the LWfL Plan would provide a foundation for refreshment of the 'Together' guide to coproduction.
5. Noted that the LWfL Plan was organic and would be subject to ongoing monitoring and scrutiny by those residents involved in its coproduction.

### **30 ADULT SOCIAL CARE WINTER PLAN**

The committee received an update on the progress of the winter plan which would be considered by committee at the November meeting. A review of the winter plan for 2021/22 had taken place and the key areas where learning had taken place included:

- Collaborative working with partners was key
- System wide communication – ensuring messages were clear
- Weekend flow would be vital – ensuring people could be discharged from hospital seven days a week.
- Develop a structured approach to escalation – to manage issues collectively.
- Engagement with the third sector.
- Reduction of bureaucracy and duplication.

Scenario planning was underway as this winter was expected to be more challenging due to the cost of living crisis, limited recruitment within the

social care sector, and the possibility of a bad flu season. A good winter would include:

- Supporting people to remain healthy as possible at home
- Having responsive and effective services;
- Having a system that would be resilient and resolution focused with a shared vision to deliver meaningful positive health and wellbeing outcomes for people.

To deliver those objectives the following would take place

- A high uptake of flu and covid vaccination boosters
- Effective wellbeing and support for staff
- Clear exit routes and provision for people to get out of hospital
- A reduction in the number of emergency department visits and fewer ambulance delays
- Increase use of the faith and voluntary sector
- Robust governance and oversight

A system plan had been developed following a self-assessment carried out with NHS colleagues which helped identify risk areas which would help create the system plan that committee would receive in November.

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

- Did the voluntary and faith sector have capacity to help support those objectives outlined?
- Was there any support to relieve the pressure of rising costs for third sector partners?
- Was a good record of vaccination uptake being kept?
- Further information requested on Warm Hubs

It was agreed that an implementation plan would be brought back to committee in respect of the Warm Hubs.

Although it was expected to be a difficult winter there was agreement that the implementation of a joint plan should be seen as a positive step.

**RESOLVED:**

That the update be noted.

**31 ADULT SOCIAL CARE REFORM UPDATE**

The committee received an update in respect of adult social care reform. There were two areas which were progressing quickly which were the charging reform and the costing and pricing reform around that. As a trailblazer Cheshire East were ahead of the rest of the country. There would be more information available following the review from the Secretary of State.

Social Care Assurance was another element which was progressing well. The Care Quality Commission (CQC) had started to provide feedback about how they would conduct assurance. Informal feedback that had been received from Manchester described an extensive process that would include significant volumes of preliminary information that would be used to prioritise inspections.

It has been suggested by CQC that assurance may be carried out on an Integrated Care System (ICS) footprint. The nine local authorities would be reviewed in a single tranche with the inspections commencing in April 2023.

Collaborative working had begun with local authority partners across the north of England to gain a collective view of what 'good' looks like in a local authority and the Executive Director for Adults, Health and Integration would be chairing the Board that looked at service provision.

In respect of the charging reform element, local implementation was going well. There were a number of work streams that include data analysis, recruiting additional staff, implementing a training programme, and developing a communications and engagement strategy.

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

- Shared concerns around social care assurance process in respect of the significant size of the ICS footprint;
- Must not lose a sense of 'Place';
- Should not be, as an ICS, averaged down to a common denominator;
- Looking forward to further discussions in the member briefing on the charging reform;
- Had any thought been given to what the results of the inspection would mean?
- Had the CQC got capacity and expertise to be dealing with this?

In response to questions by members, officers commented as follows:

- The inspection based on ICS footprint was most likely, reflective of the aims of the Department of Health & Social Care.
- CQC has consulted extensively on the process and format of the self-assessment
- Everything was being done in great detail to prepare for the inspection
- The inspection would be of the local authority and what they spend rather than what the NHS spends.
- The Local Authority are reviewing resources in preparation.
- The CQC are currently undertaking a restructuring and recruitment process to meet the additional responsibilities.

**RESOLVED:**

That the update be noted.

**32 CHESHIRE EAST LEARNING DISABILITY CONFERENCE - ACTIONS TO BE TAKEN FORWARD IN 2022/23**

The Committee received a report outlining the findings and feedback from the Cheshire East Learning Disability Conference which was held on 20 June 2022. Over 200 delegates attended, including partners from across social care, health, care providers, people with learning disabilities and carers.

Following the feedback 3 key actions were formulated

Action 1 - Make things better for people who want to stay up late

Action 2 - Give people more chance to have their say on services and what they want to do

Action 3 - Provide better access to information for people with learning disabilities and carers

An Action Plan was developed to take those actions forward. The Action Plan would consider the tasks needed to be undertaken, the partners involved and how success would be measured. Members agreed that the actions which had helped develop the action plan following the conference were a positive step forward and the committee thanked everyone for all of their hard work.

The committee requested that a report on a review of the initiatives implemented come back to committee in twelve months' time.

**RESOLVED (Unanimously)**

That the recommended actions and action plan be endorsed.

**33 WORK PROGRAMME**

Consideration was given to the Committee's work programme.

It was agreed that the following amendments would be made to the work programme

- A review of the Learning Disability Conference initiatives be added to the work programme for September 2023
- A request for the Care at Home Recommission be brought forward to either the November 2022 or January 2023 committee.

It was requested that items for the agenda would only be listed if there was a supporting paper to go with them and that when there are several items

listed on the agenda that consideration be given to either having an additional meeting or notification that the meeting would be longer than usual.

## **RESOLVED**

That the Work Programme be noted subject to the inclusion of the amendments outlined above.

### **34 REPORTING OF OFFICER DELEGATED DECISIONS**

The committee received a summary of the two officer decisions which had been approved since the July committee. These were:-

- Funding for the “Routine Commissioning of Pre-Exposure prophylaxis (PrEP)”
- Uplift of fee rates for Care at Home providers provided by the Better Care Fund.

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

- Is the Better Care Fund an ongoing situation
- What method do we have that domiciliary providers pass this on to care workers

## **RESOLVED**

That the Officer Delegated Decisions be noted.

### **35 URGENT BUSINESS: ALL AGE CARERS HUB**

In accordance with Section 100B (4) (b) of the Local Government Act 1972, the Chair agreed to an additional item of business relating to The All Age Carers Hub on the grounds that the matter could not wait until the next meeting as the contract needs to be signed.

On 27 September 2021, the Adults and Health Committee received a report on the All Age Carers Hub and Strategy and gave approval for the recommission of the All Age Carers Hub contract, ending in December 2022, with Cheshire West and Chester Council and Cheshire Clinical Commissioning Group. Since that decision was taken, it had not been possible to jointly commission in partnership with Cheshire West and Chester Council and, therefore, committee was being asked to note that the re-commissioning would no longer be a joint venture and give approval to continue with the delegation of authority to the Executive Director of Adults, Health and Integration to award the All Age Carers Hub contract.

It was noted that there had been no change to the budget or the model.

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

- Concerns were raised regarding this urgent business being dealt with verbally and without a briefing paper.
- Sought assurance that there would be no financial charges resulting from the move from a joint to a single commission;
- Concerns around providers being aware that this was now a single commission rather than a joint commission as it may have had an impact on those who wanted to bid.

Officers reassured the committee that there had been no change to the budget following the change, there would be no charges for Cheshire East being a single commissioner, and that all providers were aware that it was a single commission when it had gone out to tender.

**RESOLVED** (by majority)

That the Adults and Health Committee:

1. Acknowledged that this recommissioning was no longer a joint venture with Cheshire West and Chester Council;
2. Delegated authority to the Executive Director of Adults, Health, and Integration to award the All-Age Carers Hub contract.

The meeting commenced at 10.00 am and concluded at 12.10 pm

Councillor A Moran





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## **Adults and Health Committee**

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<b>Date of Meeting:</b>	21 November 2022
<b>Report Title:</b>	Financial Review 2022/23
<b>Report of:</b>	Alex Thompson, Director of Finance and Customer Services (Section 151 Officer)
<b>Report Reference No:</b>	AH/12/2022-23
<b>Ward(s) Affected:</b>	Not Applicable

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### **1. Recommendations**

That Adults and Health Committee:

- 1.1. Notes the report of the Finance Sub-Committee ([Agenda for Finance Sub-Committee on Wednesday, 9th November, 2022, 2.00 pm | Cheshire East Council](#)), specifically the recommendations of that committee.
  - 1.1.1. Finance Sub-Committee recommend Service Committees to:
    - 1.1.1.1. note the financial update and forecast outturn relevant to their terms of reference.
    - 1.1.1.2. note that officers will seek to improve the financial outturn across all Committees to mitigate the overall forecast overspend of the Council.
- 1.2. Notes Appendix 1 and the following sections specific to this Committee:
  - Changes to Revenue budget 2022/23
  - Action Plan 2022/23
  - Corporate Grants Register
  - Debt Management
  - Capital Strategy
  - Reserve Strategy

## 2. Reasons for Recommendations

- 2.1. Committees are responsible for discharging the Council's functions within the Budget and Policy Framework provided by Council. The Budget will be aligned with Committee and Head of Service responsibilities as far as possible.
- 2.2. Budget holders are expected to manage within the budgets provided by full Council. Committee and Sub-Committees are responsible for monitoring financial control and making decisions as required by these rules.

Access to Information	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) <a href="mailto:alex.thompson@cheshireeast.gov.uk">alex.thompson@cheshireeast.gov.uk</a>
Appendices:	<b>Finance Sub Committee Financial Review 2022-23</b> which includes: <b>Covering Report</b> <b>Annex 1: Appendix 1</b> Adults and Health Committee.
Background Papers:	<a href="#">Medium-Term Financial Strategy</a> <a href="#">First Financial Review, Item No.14</a>



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## **Finance Sub-Committee**

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<b>Date of Meeting:</b>	9 November 2022
<b>Report Title:</b>	Financial Review 2022/23
<b>Report of:</b>	Alex Thompson: Director of Finance and Customer Services
<b>Report Reference No:</b>	FSC/6/22- 23
<b>Ward(s) Affected:</b>	Not applicable

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### **1. Purpose of Report**

- 1.1.** This report provides members with an overview of the Cheshire East Council forecast outturn for the financial year 2022/23 as reported to Corporate Policy Committee on 6 October 2022. This report gives all service committees an opportunity to consider the First Review forecasts and the associated Action Plans.
- 1.2.** Members are being asked to note the financial challenges being experienced by the Council and to recognise the importance of ongoing activity to minimise the impact on services. The report also requests approval for financial changes taking place during the year that require authorisation in-line with the Constitution.
- 1.3.** The report highlights the negative impact of increasing inflationary pressures on the Council's budget since it was set in February 2022. It also highlights ongoing costs of Covid-19 scarring, where expenditure is still increased due to the effects of the pandemic.
- 1.4.** Reporting the financial forecast outturn at this stage, and in this format, supports the Council's vision to be an open Council as set out in the Corporate Plan 2021 to 2025. In particular, the priorities for an open and enabling organisation, ensure that there is transparency in all aspects of council decision making.

## 2. Executive Summary

- 2.1. The Council operates a financial cycle of planning, monitoring and reporting. This review is part of the monitoring cycle providing the forecast outturn position and any impacts on planning for next year's budget. This report supports the Council priority of being an open and enabling organisation, ensuring that there is transparency in all aspects of council decision making.
- 2.2. The Council set its 2022/23 annual budget in February 2022. The budget was balanced, as required, and included important planning assumptions about spending in the year. The budget is part of the Medium-Term Financial Strategy (MTFS) 2022 to 2026.
- 2.3. The provisional financial outturn for 2021/22 was reported in July 2022 and highlighted good financial management in that year, with an overall revenue outturn favourable variance of £1.1m (0.4% of the net budget). The report also recognised emerging pressure within the final quarter of the year, particularly from rising inflation and complexity of demand for care. It was also acknowledged specific risks remained unmitigated in respect of the Council's Private Finance Initiative and High Needs within the Dedicated Schools Grant. The report also highlighted the end of Covid-19 grant funding. The ongoing assumption was that carried forward grant funding would have to be used to fund ongoing Covid-19 related pressure.
- 2.4. In monitoring the 2022/23 financial year the national increase in inflation, from 0.4% in February 2021 to 10.1% in July 2022, is having a significant impact on the cost of Council services as well as on the cost of living for local residents. Inflation is affecting several critical areas:
  - 2.4.1. Service demand and contract inflation: Care needs are demand led, but care costs are rising due to increasing complexity of need as well as rising provider costs linked to staff shortages and utility and fuel prices. Fuel prices are also causing increases in transport and waste services.
  - 2.4.2. Pay inflation: Assumptions about achieving target inflation at a national level are not realistic in the short to medium term. This is creating cost of living increases that are subsequently leading to increasing wage demands. Pay negotiations for Council staff are impacted by this too, but are carried out at a national, not local, level. The main Trade Unions are balloting their members on the Employers' final pay offer of a flat figure increase which averages at 6%. The outcome of the pay negotiations are expected in early November.
  - 2.4.3. Covid-19 scarring: Although government funding for Covid-19 related costs has ended there remains an ongoing impact on care services and some services funded from fees and charges. Waste services are also experiencing ongoing tonnage increases from changed behaviour linked to the pandemic.

- 2.5.** The findings of this financial review present a need to mitigate emerging financial pressures. The MTFS recognises that the Council has relatively low levels of reserves as funding is instead utilised to manage ongoing service demand. Mitigation can focus on several areas:
- 2.5.1.** Appropriate use of balances: Carried forward Covid-19 funding, MTFS Reserve, General Reserves and specific service and company reserves levels are being reviewed and funding released to support essential services where practical. Flexible use of Capital receipts is also under review, which can allow eligible one-off revenue transformation expenditure by services to be funded from the proceeds of asset sales.
- 2.5.2.** Efficiencies and Income generation: Services continue to review non-essential spending requirements to release efficiencies, delay spending or generate additional income from key stakeholders.
- 2.6.** The financial pressure being experienced by Cheshire East Council is not unique. Local authorities, including Cheshire East Council, continue to liaise with government departments over the severity of so many emerging financial issues. The Council achieves this liaison either directly or through professional or political networks. The County Councils Network's most recent analysis of the costs of inflation warn that "any moves to cut their budgets next year would be 'worse than austerity' and result in 'devastating' reductions in local services – with local authorities offering just the bare minimum" ([CCN News 2022](#)).
- 2.7.** The report sets out details of the latest Financial Review of the Council's forecast financial performance for 2022/23, including the forecast revenue position as reported to Corporate Policy Committee on 6 October 2022, and most recent updates to the Capital programme and grant funding received:

#### **Annex 1: Financial Review 2022/23**

- **Financial Stability:** Provides information on the overall financial stability and resilience of the Council. It demonstrates how spending in 2022/23 is being funded, including the positions on overall service budgets, centrally held budgets, council tax and business rates. Further details are contained in the appendices.
- **Appendices:**
  - Appendix 1** Adults and Health Committee.
  - Appendix 2** Children and Families Committee.
  - Appendix 3** Corporate Policy Committee.
  - Appendix 4** Economy and Growth Committee.
  - Appendix 5** Environment and Communities Committee.
  - Appendix 6** Finance Sub-Committee.
  - Appendix 7** Highways and Transport Committee.
  - Appendix 8** Update to the Treasury Management Strategy.
  - Appendix 9** Update to the Investment Strategy.

### 3. Recommendations

Finance Sub-Committee is asked to:

- 3.1. Note the forecast adverse Net Revenue financial pressure of £11.6m against a revised budget of £328.4m (3.5%) as reported to Corporate Policy Committee on 6 October 2022.
- 3.2. Note the forecast Capital Spending of £179.6m against an approved MTFS budget £185.2m due to slippage carried forward from the previous year.
- 3.3. Endorse the approach of Senior Officers to mitigate the adverse forecasts through the activities outlined in each 'Action Plan' contained in Annex 1 (Appendices 1 to 7), which include:
  - Managed restriction of in-year spending, whilst retaining essential services, in consultation with the relevant Committee.
  - Reviewing the level of spending on key contracts and reviewing the need for contract renewals during 2022/23.
  - Pricing and grant reviews to ensure income is being fully recovered on related activity.
  - Enhanced vacancy forecasting and management.
  - Re-alignment of, and appropriate use of balances, such as earmarked reserves, General Reserves and capital receipts.
  - Review and reprofile the Capital Programme to prevent any impact of related inflation on the revenue budget.
- 3.4. Note the contents of Annex 1 and each of the appendices, and note that any financial mitigation decisions requiring member approval will be presented to the appropriate Committee.
- 3.5. Approve supplementary capital estimates up to and including £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 6, Section 5 Capital Strategy, Table 5**.
- 3.6. Set up a Task Group to review the financial assumptions that will underpin the preparation of the Medium-Term Financial Strategy 2023/24-2026/27.
- 3.7. Note that Council will be asked to approve:
  - 3.7.1. Fully funded supplementary revenue estimates for specific grants coded directly to services over £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 6, Section 3 Corporate Grants Register, Table 1**.
  - 3.7.2. Supplementary capital estimates over £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 6, Section 5 Capital Strategy, Table 6**.

**3.8. Recommend to Service Committees to:**

- 3.8.1. Note the financial update and forecast outturn relevant to their terms of reference.
- 3.8.2. Note that officers will seek to improve the financial outturn across all Committees to mitigate the overall forecast overspend of the Council.
- 3.8.3. Approve supplementary revenue estimates for specific grants coded directly to services up to and including £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 2 Children and Families Committee, Section 3 Corporate Grants Register, Table 2.**

**4. Reasons for Recommendations**

- 4.1. The overall process for managing the Council's resources focuses on value for money, good governance and stewardship. The approach to these responsibilities is captured in the Medium-Term Financial Strategy.
- 4.2. The budget and policy framework sets out rules for managing the Council's financial affairs and contains the financial limits that apply in various parts of the Constitution. As part of sound financial management and to comply with the constitution any changes to the budgets agreed by Council in the MTFS require approval in-line with the financial limits within the Finance Procedure Rules.
- 4.3. This report provides strong links between the Council's statutory reporting requirements and the in-year monitoring processes for financial and non-financial management of resources.
- 4.4. In approving the Cheshire East Council Medium-Term Financial Strategy members of the Council had regard to the robustness of estimates and adequacy of reserves as reported by the s.151 Officer. The s.151 Officer's report highlighted the importance of each element of the MTFS and the requirement to achieve all the proposals within it. The recommendations of this report highlight the need for ongoing activity to manage the financial pressure being experienced by the Council.

**5. Other Options Considered**

- 5.1. None. This report is important to ensure members of the Committee are sighted on the financial pressure the Council is facing and the activity to date to try and mitigate this issue. Activity is required to ensure the Council balances its expenditure and income without serious impact on essential Council services.

**6. Background**

- 6.1. Managing performance is essential to the achievement of outcomes. This is especially important in evidencing the achievement of value for money across an organisation the size of Cheshire East Council. The Council is the third largest Local Authority in the Northwest of England, responsible for



approximately 500 services, supporting over 398,000 local people. Gross annual spending is over £700m, with a revised net revenue budget for 2022/23 of £328.4m.

- 6.2.** The management structure of the Council is organised into four directorates: Adults, Health and Integration; Children's Services; Place; and Corporate Services. The Council's reporting structure provides forecasts of a potential year-end outturn within each directorate during the year, as well as highlighting activity carried out in support of each outcome contained within the Corporate Plan.
- 6.3.** The political structure of the Council is organised into six committees, with a single sub-committee, all with financial responsibilities acutely aligned to the management structure. Performance against the 2022/23 Budget within each Committee, and the sub-committee, is outlined in Table 1 below.
- 6.4.** **Table 1 – Revenue Outturn Forecast split by the Six Service Committees and the Finance Sub-Committee as reported to Corporate Policy Committee 6 October 2022**

2022/23 (GROSS Revenue Budget £474.2m)	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance £m
<b>Service Committee</b>			
Adults and Health	120.9	132.6	11.7
Children and Families	74.5	78.0	3.5
Economy and Growth	23.6	23.8	0.2
Environment and Communities	44.3	46.2	1.9
Highways and Transport	13.8	14.3	0.5
Corporate Policy	39.8	40.6	0.8
<b>Sub-Committee</b>			
Finance Sub	(316.9)	(323.9)	(7.0)
<b>TOTAL</b>	<b>-</b>	<b>11.6</b>	<b>11.6</b>

- 6.5.** The Council set a balanced net revenue budget of £327.7m at its meeting in February 2022. Current forecasts against the revised budget of £328.4m, shows a potential net expenditure of £340.0m.
- 6.6.** This position reflects the increase in demand led pressures in social care in both the Children's Services Directorate and Adults, Health and Integration Directorate. This mirrors national events and the County Council's Network has recently reported that forecast increases in care costs could be more than double those reported as recently as 2021.
- 6.7.** There are further pressures due to increased costs relating to rising inflation and the current national pay offer. The Council, in-line with most public



sector organisations, relies on government inflation targets when calculating budgets, target inflation remains at 2% but actual inflation is currently exceeding 10%. Some predictions say it may reach 13% by the end of the year. The Council actually forecast local pay increases of 2.5% recognising potentially higher increases for local lower paid workers. However, current national pay negotiations could see wages rise in excess of 6% for some lower paid workers.

- 6.8.** General Reserve balances are risk assessed and it was highlighted in the MTFS that emerging risks such as inflation and particularly the DSG deficit, as having no alternative funding. To address the issue of emerging financial pressure Senior Officers at the Council have set up Action Plans, which will continue to be developed to identify activities required to bring spending back in line with the MTFS.
- 6.9.** The emerging Action Plans reflect the Committee Structure to allow member oversight of the activities being carried out to manage in-year spending. Any appropriate decisions required from members will be brought to the Committee's attention via the Action Plans, to ensure appropriate context is provided.
- 6.10.** There is a clear ambition for each Committee to achieve spending in-line with the approved MTFS. However, in some cases, given the seriousness of the financial pressure being put on the Council, Committee members should consider options to exceed financial performance targets to retain an overall balanced position.
- 6.11.** Whilst some inflation factors may be temporary, the Action Plans must also consider the medium-term resilience of mitigation activity. For example, the use of one-off balances, to mitigate in-year spend, may be effective in the short term, but would not be effective if spending is likely to recur in later years.
- 6.12.** The Government is currently set to announce its Autumn Statement on 17 November 2022 and it may be helpful, in this very challenging environment, in providing some further information to assist local authorities in their business and financial planning
- 6.13.** As noted at recommendation 3.6 of this report, Finance Sub Committee are being asked to set up a task group to review the financial assumptions that will underpin the preparations of the Medium-Term Financial Strategy 2023/24 to 2026/27. This is vital to ensure that all current assumptions are reviewed and revised where necessary to reflect ongoing and emerging changes to the assumptions contained within the approved MTFS from February 2022.
- 6.14.** The intention is to report an updated Financial Review report to Corporate Policy Committee on 1 December 2022 which will be informed by the latest forecasts, and any information that may come from the Government's 17 November 2022 Autumn Statement.

## **7. Consultation and Engagement**

- 7.1.** As part of the budget setting process the Pre-Budget Consultation provided an opportunity for interested parties to review and comment on the Council's Budget proposals. The budget proposals described in the consultation document were Council wide proposals and that consultation was invited on the broad budget proposals. Where the implications of individual proposals were much wider for individuals affected by each proposal, further full and proper consultation was undertaken with people who would potentially be affected by individual budget proposals.

## **8. Implications**

### **8.1. Legal**

- 8.1.1.** 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. The purpose of this paper is to provide a progress report for 2022/23.
- 8.1.2.** Other implications arising directly from this report relate to the internal processes of approving supplementary estimates and virements referred to above which are governed by the Finance Procedure Rules.
- 8.1.3.** Legal implications that arise when activities funded from the budgets that this report deals with are undertaken, but those implications will be dealt with in the individual reports to Members or Officer Decision Records that relate.

### **8.2. Finance**

- 8.2.1.** The Council's financial resources are agreed by Council and aligned to the achievement of stated outcomes for local residents and communities. Monitoring and managing performance help to ensure that resources are used effectively, and that business planning and financial decision making are made in the right context.
- 8.2.2.** Reserve levels are agreed, by Council, in February each year and are based on a risk assessment that considers the financial challenges facing the Council. If spending associated with in-year delivery of services is not contained within original forecasts for such activity it may be necessary to vire funds from reserves.
- 8.2.3.** The unplanned use of financial reserves could require the Council to deliver a greater level of future savings to replenish reserve balances and / or revise the level of risks associated with the development of the Reserves Strategy in future.
- 8.2.4.** As part of the process to produce this report, senior officers review expenditure and income across all services to support the development of mitigation plans that will return the outturn to a balanced position at year-end.

- 8.2.5.** Forecasts contained within this review provide important information in the process of developing the Medium-Term Financial Strategy. Analysis of variances during the year will identify whether such performance is likely to continue, and this enables more robust estimates to be established.

**8.3. Policy**

- 8.3.1.** This report is a backward look at Council activities and predicts the year-end position.
- 8.3.2.** The forecast outturn position, ongoing considerations for future years, and the impact on general reserves will be fed into the assumptions underpinning the 2023 to 2027 Medium-Term Financial Strategy.

**8.4. Equality**

- 8.4.1.** 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.

**8.5. Human Resources**

- 8.5.1.** This report is a backward look at Council activities and states the forecast year-end position. 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.

**8.6. Risk Management**

- 8.6.1.** Performance and risk management are part of the management processes of the Authority. Risks are captured at Strategic and Operational levels, both in terms of the risk of underperforming and risks to the Council in not delivering its objectives for its residents, businesses, partners and other stakeholders.
- 8.6.2.** 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 2021/22 budget and the level of general reserves were factored into the 2022/23 financial scenario, budget and reserves strategy.

**8.7. Rural Communities**

- 8.7.1.** The report provides details of service provision across the borough.

**8.8. Children and Young People/Cared for Children**

- 8.8.1.** The report provides details of service provision across the borough.

**8.9. Public Health**

- 8.9.1.** 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.

**8.10. Climate Change**

- 8.10.1.** Climate change 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.

<b>Access to Information</b>	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) <a href="mailto:alex.thompson@cheshireeast.gov.uk">alex.thompson@cheshireeast.gov.uk</a> 01270 685876
Appendices:	<b>Annex 1 including:</b> <b>Section 1</b> provides information on the overall financial stability and resilience of the Council. Further details are contained in the appendices. <b>Appendix 1</b> Adults and Health Committee. <b>Appendix 2</b> Children and Families Committee. <b>Appendix 3</b> Corporate Policy Committee. <b>Appendix 4</b> Economy and Growth Committee. <b>Appendix 5</b> Environment and Communities Committee. <b>Appendix 6</b> Finance Sub-Committee. <b>Appendix 7</b> Highways and Transport Committee. <b>Appendix 8</b> Update to the Treasury Management Strategy. <b>Appendix 9</b> Update to the Investment Strategy.
Background Papers:	The following are links to key background documents: <a href="#">Medium-Term Financial Strategy</a> <a href="#">First Financial Review, Item No.14</a>



# Financial Review 2022/23

November 2022

This report receives scrutiny and approval from Members of Cheshire East Council. As a public report, the Council welcomes feedback to the information contained here.

**Anyone wanting to comment is invited to contact the Council at:**

**[shapingourservices@cheshireeast.gov.uk](mailto:shapingourservices@cheshireeast.gov.uk)**

# Introduction

Cheshire East Council is the third largest Council in the Northwest of England, supporting over 398,000 local people with annual spending of over £470m.

Local government is going through a period of financial challenges, with a combination of the impact of increasing demand for services and rising costs due to inflation. There is also increasing uncertainty associated with income from business rates and government grants.

Demand for Council services is increasing, with more individuals and families needing support and services than ever before. This reflects an increase in population but also reflects changes in demographics and the national cost of living increases. This demand is resulting in forecast outturn of £340.0m against a net revenue budget of £328.4m, with the most significant impact within the rising complexity of needs in Adult Social Care.

When the 2022/23 budget was set, in February 2022, it was highlighted that the use of reserves was not sustainable in the medium term. Net spending therefore needs to be contained within the estimates of expenditure that form the budget. The forecasts at first review highlight pressures due to demand, inflation and pay negotiations. These will almost certainly affect the medium term finances of the Council. This situation must be addressed now and as part of the MTFS process for 2023 to 2027.

To support openness and transparency, and provide evidence of strong governance, the report has a main section, to provide background and context, and then nine supporting appendices with detailed information about allocation and management of public money during 2022/23:

The **Financial Stability** section provides information on the overall financial stability and resilience of the Council. It demonstrates how spending in 2022/23 is being funded, including the positions on overall service budgets, centrally held budgets, council tax and business rates. Further details are contained in the appendices.

- **Appendix 1** Adults and Health Committee.
- **Appendix 2** Children and Families Committee.
- **Appendix 3** Corporate Policy Committee.
- **Appendix 4** Economy and Growth Committee.
- **Appendix 5** Environment and Communities Committee.
- **Appendix 6** Finance Sub-Committee.
- **Appendix 7** Highways and Transport Committee.
- **Appendix 8** Update to the Treasury Management Strategy.
- **Appendix 9** Update to the Investment Strategy.

*Alex Thompson*

Director of Finance and Customer Services  
(Section 151 Officer)

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## 2022/23 Outturn Forecast - Financial Position

2022/23	Revised Budget
(GROSS Revenue Budget £474.2m)	(NET) £m
SERVICE DIRECTORATES	
Adult, Health and Integration	120.9
Children's Services	74.5
Place	81.7
Corporate Services	39.8
CENTRAL BUDGETS	
Capital Financing	18.9
Transfer to/(from) Earmarked Reserves	(2.7)
Corporate Contributions / Central Budgets	(4.7)
<b>TOTAL NET EXPENDITURE</b>	<b>328.4</b>
Business Rates Retention Scheme	(49.1)
Specific Grants	(24.6)
Council Tax	(254.7)
<b>Net Funding</b>	<b>(328.4)</b>
<b>NET (SURPLUS) / DEFICIT</b>	<b>-</b>

# Financial Stability

## Introduction

1. The Council has a track record of sound financial management. Nevertheless, in common with all UK local authorities the Council finds itself in a position where pressures on the revenue budget are intensifying as a result of rapid inflation, the legacy impact of the Coronavirus pandemic and increasing cost of living pressure on households. These issues have the effect of increasing the demand for services and increasing costs of services.
2. Complexity and market sustainability in Adults' and Children's Social Care remains the most significant financial pressure for the Council in the medium term. Rising inflation in fuel, utilities and wage levels are affecting costs across all services.
3. **Table 1** provides a service summary of financial performance. The current forecast is that services will be £18.6m over budget in the current year. The Action Plans provide further details and changes to service net budgets since the Medium-Term Financial Strategy are analysed in the **Appendices 1-7**.
4. Further items impacting on the level of the Council's balances are detailed in **Table 2** below on Central Budgets and Funding.

**Table 1 - Service Revenue Outturn Forecasts**

2022/23	Revised Budget	Forecast Outturn	Forecast Variance	FOR INFO COVID Costs Included in Totals
(GROSS Revenue Budget £474.2m)	(NET)			
	£m	£m	£m	£m
SERVICE DIRECTORATES				
Adult Social Care - Operations	117.5	128.5	11.0	4.9
Commissioning	3.4	4.1	0.7	-
Public Health	-	-	-	-
<b>Adult, Health and Integration</b>	<b>120.9</b>	<b>132.6</b>	<b>11.7</b>	<b>4.9</b>
Directorate	1.0	0.9	(0.1)	-
Children's Social Care	46.6	48.5	1.9	0.1
Strong Start, Family Help and Integration	8.3	8.3	-	0.1
Education & 14-19 Skills	18.6	20.3	1.7	0.5
<b>Children's Services</b>	<b>74.5</b>	<b>78.0</b>	<b>3.5</b>	<b>0.7</b>
Directorate	0.8	0.7	(0.1)	-
Environment & Neighbourhood Services	44.3	46.2	1.9	2.3
Growth & Enterprise	22.8	23.1	0.3	0.1
Highways & Infrastructure	13.8	14.3	0.5	1.6
<b>Place</b>	<b>81.7</b>	<b>84.3</b>	<b>2.6</b>	<b>4.0</b>
Directorate	1.9	1.9	-	-
Finance & Customer Services	11.9	12.3	0.4	-
Governance & Compliance Services	11.7	11.2	(0.5)	-
Communications	0.7	0.7	-	-
HR	2.4	2.2	(0.2)	-
ICT	9.3	10.4	1.1	-
Policy & Change	1.9	1.9	-	-
<b>Corporate Services</b>	<b>39.8</b>	<b>40.6</b>	<b>0.8</b>	<b>-</b>
<b>TOTAL SERVICES NET EXPENDITURE</b>	<b>316.9</b>	<b>335.5</b>	<b>18.6</b>	<b>9.6</b>

**Table 2 – Central Budgets and Funding Outturn Forecasts**

2022/23	Revised Budget	Forecast Outturn	Forecast Variance
(GROSS Revenue Budget £474.2m)	(NET)		
	£m	£m	£m
<b>CENTRAL BUDGETS</b>			
Capital Financing	18.9	18.9	-
Transfer to/(from) Earmarked Reserves	(2.7)	(8.7)	(6.0)
Corporate Contributions / Central Budgets	(4.7)	(5.7)	(1.0)
<b>Central Budgets</b>	<b>11.5</b>	<b>4.5</b>	<b>(7.0)</b>
Business Rates Retention Scheme	(49.1)	(49.1)	-
Specific Grants	(24.6)	(24.6)	-
Council Tax	(254.7)	(254.7)	-
<b>Net Funding</b>	<b>(328.4)</b>	<b>(328.4)</b>	<b>-</b>

**Outturn Impact**

- The financial impact of the outturn forecast could decrease balances by £11.6m. This is over 75% of the Council's General Reserves balance, so mitigating actions must be taken to reduce the pressure during the year. Any deficit at the end of the year will be drawn down from the Medium-Term Financial Strategy Earmarked Reserve in the first instance, but drawdowns from that reserve are already factored in to the MTFS to manage the effects of variations in spending and income in specific years.
- The Council will continue to manage and review the financial forecasts in response to emerging pressures and how this affects the Council's revenue budget.

**Collecting Local Taxes for Local Expenditure**

- Cheshire East Council collects Council Tax and Non Domestic Rates for use locally and nationally.

**Council Tax**

- Council tax is set locally and retained for spending locally. Council tax was set for 2022/23 at £1,626.24 for a Band D property. This is applied to the taxbase.
- The taxbase for Cheshire East reflects the equivalent number of domestic properties in Band D that the Council is able to collect council tax from (after adjustments for relevant discounts, exemptions and an element of non-collection). The taxbase for 2022/23 was agreed at 156,607.48 which, when multiplied by the Band D charge, means that the expected income for the year is £254.7m.
- In addition to this, Cheshire East Council collects council tax on behalf of the Cheshire Police and Crime Commissioner, the Cheshire Fire Authority and Parish Councils. **Table 3** shows these amounts separately, giving a total budgeted collectable amount of £313.8m.
- This figure is based on the assumption that the Council will collect at least 99% of the amount billed. The Council will always pursue 100% collection, however to allow for non-collection the amount billed will therefore exceed the budget.
- This figure may also vary during the year to take account of changes to Council Tax Support payments, the granting of discounts and exemptions, and changes in numbers and value of properties. The amount billed to date is £315.3m.

**Table 3 – Cheshire East Council collects Council Tax on behalf of other precepting authorities**

	£m
Cheshire East Council	254.7
Cheshire Police and Crime Commissioner	36.9
Cheshire Fire Authority	12.9
Town and Parish Councils	9.3
<b>Total</b>	<b>313.8</b>

13. **Table 4** shows collection rates within three years, and demonstrates that 99% collection is on target to be achieved within this period.

**Table 4 – 99% of Council Tax is collected in three years**

Financial Year	CEC Cumulative			
	2018/19	2019/20	2020/21	2021/22
	%	%	%	%
After 1 year	98.2	97.9	97.4	97.8
After 2 years	99.0	98.8	98.3	**
After 3 years	99.2	98.9	**	**

\*\*data not yet available

14. The council tax in-year collection rate for the period up to the end of September 2022 is 56.1%. This is a small decrease of 0.2% on the previous year, possibly indicating current cost of living pressures. Additionally, significant numbers of council tax staff have been supporting the government's energy

rebate payments which has impacted resource normally involved in collection.

15. Council tax support payments were budgeted at £18.4m for 2022/23 and at the end of September the total council tax support awarded was £18.9m.
16. During 2021/22 there was a consultation and review of the Council Tax Support scheme resulting in some amendments being made. The revised scheme was confirmed by full Council in December 2021.
17. Council tax discounts awarded are £28.6m which are comparable to the same period in 2021/22. A small increase is attributable to work related to raising awareness of the discounts available to residents.
18. Council tax exemptions awarded is £7.2m which although broadly in line with previous years shows a slight increase due to reasons shown at 17.

### **Non-Domestic Rates (NDR)**

19. NDR is collected from businesses in Cheshire East based on commercial rateable property values and a nationally set multiplier. The multiplier changes annually in line with inflation and takes account of the costs of small business rate relief.
20. The small business multiplier applied to businesses which qualify for the small business relief was set at 49.9p in 2022/23. The non-domestic multiplier was set at 51.2p in the pound for 2022/23.
21. **Table 5** demonstrates how collection continues to improve even after year end. The table shows how over 99% of non-domestic rates are collected within three years.

22. The business rates in-year collection rate for the period up to the end of September 2022 is 58.6%. This is a significant increase on last year and begins to revert collection rates back to pre pandemic figures. A return to standard collection processes and government support through additional reliefs has assisted the recovery in collection.

**Table 5 – Over 99% of Business Rates are collected within three years**

Financial Year	CEC Cumulative			
	2018/19	2019/20	2020/21	2021/22
	%	%	%	%
After 1 year	98.5	98.2	92.4	95.6
After 2 years	99.4	98.4	97.4	**
After 3 years	99.4	99.2	**	**

\*\*data not yet available

# Appendices to the Financial Review 2022/23

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**November 2022**

# **Appendix 1 : Adults and Health Committee**

## **Contents**

### **Adults and Health Committee Extracts**

- 1. Changes to Revenue Budget 2022/23 since Medium Term Financial Strategy**
- 2. Action Plan 2022/23 (as reported to Corporate Policy Committee 6 October 2022)**
- 3. Corporate Grants Register**  
**Table 1: Adults and Health Committee Grants**
- 4. Debt Management**
- 5. Capital Strategy**
- 6. Reserves Strategy**

# Appendix 1

## Adults and Health Committee

### 1. Changes to Revenue Budget 2022/23 since Medium Term Financial Strategy

	MTFS Net Budget £000	Additional Grant Funding £000	Restructuring & Realignments £000	Revised Net Budget £000
<b>Adults and Health</b>				
Adult Social Care Operations	115,959	43	1,513	117,515
Commissioning	4,880	-	(1,461)	3,419
Public Health	-	-	-	-
	120,839	43	52	120,934

Note the additional grant funding column includes the expenditure part of centrally held unringfenced grants.



## 2. Action Plan 2022/23 as reported to Corporate Policy Committee 6 Oct 2022

Adults and Health Committee	Exp £m	Inc £m	Net Revised Budget £m	MTFS Proposal	Value 2022/23 £m	MTFS Ref	RAG Rating	Comments	Variance from MTFS 2022/23 £m
Adults & Health Committee				Pay Inflation	1.551	3&4	Red (will not achieve)	Represents current estimate of the impact on Committee services in excess of the MTFS, from a nationally negotiated pay award.	1.511
Adult Social Care Operations	148.4	-30.9	117.5	Continuing Healthcare Reviews	-1.000	7	Green (on track and should achieve)	Reviews underway of nursing home placements and complex care packages to identify those people who have a primary health need and are therefore eligible for Continuing Healthcare Funding.	0.000
				Productivity and Efficiency in Adult Social Care	-0.500	30	Red (will not achieve)	Unable to achieve in 2022/23, due to current level of demand upon services. The development of the Integrated Care Partnership (ICP) and integration commissioning will enable staff to work differently. New ways of working and integrated posts will be adopted which will result in more efficient ways of working.	0.500
				Investment in Adult Social Care	4.000	34	Red (will not achieve)	Pressures from care costs base budgets. Mitigation already includes staffing vacancies and a £2m income contribution anticipated from NHS discharge funding.	9.302

Adults and Health Committee	Exp £m	Inc £m	Net Revised Budget £m	MTFS Proposal	Value 2022/23 £m	MTFS Ref	RAG Rating	Comments	Variance from MTFS 2022/23 £m
				Care Fee Uplifts in Adult Social Care			Green (on track and should achieve)		0.000
				Learning Disabilities (LD) Future Service Development and Review	-1.000	49	Amber (not on track but may still achieve)	Difficulties identified in providers demanding higher fees or threatening to end contracts. We can evidence gross reductions on LD packages from the base line at the start of the financial year. On this measure it is expected that the saving will be met. However, demand and market pressure will result in an overall net increase to the cost of LD care.	0.000
				Direction of travel for the Communities Team to focus more on the Intervention and Prevention Agenda to make cost savings, growth and	-0.500	36	Red (will not achieve)	This has been unachievable due to the team's commitment to Afghan and Homes for Ukraine and COVID response- savings on tracker. Mitigation from associated grants will need to be determined.	0.500

Adults and Health Committee	Exp £m	Inc £m	Net Revised Budget £m	MTFS Proposal	Value 2022/23 £m	MTFS Ref	RAG Rating	Comments	Variance from MTFS 2022/23 £m
				future cost avoidance					
				Mental Health Services Review	-0.500	37	Amber (on track but may not achieve all)	Working with health colleagues to implement 50/50 approach to section 117 cases.	0.000
				Day Care Review	-0.070	38	Green (on track and should achieve)	2022/23 saving was achieved in 2021/22 by contract variation.	0.000
				Electronic Call Monitoring Reclamation	-0.030	39	Red (will not achieve)	Unable to deliver due to the fragility of the care at home market- this is on covid tracker.	0.030
				Market Sustainability and Fair Cost of Care - Grant Income	-0.979	40	Green (on track and should achieve)	Received.	0.000
				Market Sustainability and Fair Cost of Care - Expenditure	0.979	40	Green (on track and should achieve)	Spent on 6% increase to care at home providers.	0.000

Adults and Health Committee	Exp £m	Inc £m	Net Revised Budget £m	MTFS Proposal	Value 2022/23 £m	MTFS Ref	RAG Rating	Comments	Variance from MTFS 2022/23 £m
				Staff Travel and related savings	-0.044	29	Green (on track and should achieve)		0.000
				Care Packages		NEW		Savings in year from reviews of current packages. Includes targeted economies through assistive technology and removing low level support (non-personal care tasks).	-0.400
				Care Costs		NEW		Negotiating unit costs down in line with Fair Cost Of Care.	-0.070
				Public Health (PH) Grants		NEW		Allocating PH grant to relevant preventative expenditure.	-0.110
Commissioning	12.6	-9.2	3.4	Reduce Base budget assigned to Community Grants	-0.100	9	Green (on track and should achieve)		0.000
				In Year pressures		New		£80k children's commissioning due to employment activity. £338k due to demand on community equipment and £378k demand on assistive technology. Partially offset by Ukraine settlement grant £500k.	0.392

Adults and Health Committee	Exp £m	Inc £m	Net Revised Budget £m	MTFS Proposal	Value 2022/23 £m	MTFS Ref	RAG Rating	Comments	Variance from MTFS 2022/23 £m
Public Health	17.7	-17.7	0.0	Public Health		NEW		Review use of Public Health grant across wider network of local authorities to test best practice.	
<b>Total</b>	<b>178.7</b>	<b>-57.8</b>	<b>120.9</b>		<b>1.807</b>				<b>11.655</b>

### 3. Corporate Grants Register

**Table 1 – Corporate Grants Register**

Grants 2022/23	Revised Forecast FR1 2022/23 £000	Latest Forecast 2022/23 £000	Change from FR1 2022/23 £000	Treatment of Grant  <i>Notes 2 - 5</i>
<b>ADULTS &amp; HEALTH</b>				
<b>Specific Use (Held within Services)</b>	54,245	54,032	(213)	
<b>General Purpose (Held Corporately)</b>				
Social Care Support Grant	11,341	11,341	0	
Independent Living Fund	861	861	0	
Local Reform & Community Voices	213	213	0	
Social Care in Prisons	71	71	0	
War Pension Scheme Disregard	56	56	0	
<b>TOTAL ADULTS &amp; HEALTH</b>	<b>66,787</b>	<b>66,574</b>	<b>(213)</b>	

**Notes**

1 The Dedicated Schools Grant, Pupil Premium Grant, Sixth Form Grant and Other School Specific Grant from the Education Funding Agency (EFA) figures are based on actual anticipated allocations. Changes are for in-year increases / decreases to allocations by the DfE and conversions to academy status.

2 SRE - Supplementary Revenue Estimate requested by relevant service.

3 ODR - Officer Decision Record to approve immediate budget change to relevant service.

4 Reserves - transfer to reserves at year end.

5 Balances - amount will be included as a variance to budget.

- 3.1 Cheshire East Council receives two main types of Government grants; specific use grants and general purpose grants. Specific use grants are held within the relevant service with a corresponding expenditure budget. Whereas general purpose grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 3.2 Spending in relation to specific use grants must be in line with the purpose for which it is provided.

## 4. Debt Management

	Outstanding Debt £000
Adults and Health Committee	
Adults, Public Health and Communities	8,467

## 5. Capital Strategy

Adults and Health					
CAPITAL PROJECTS					
Scheme Description	Total Approved Budget	Prior Years	Forecast Expenditure		
			Forecast Budget 2022/23	Forecast Budget 2023/24	
Committed Schemes					
Adults Services					
Electronic Call Monitoring System	389	0	0	389	
People Planner System	94	38	56	0	
Replacement Care4CE Devices	93	65	28	0	
Total Adults Services Schemes	576	103	84	389	

## 6. Reserves Strategy

### Adults and Health Committee

Name of Reserve	Opening Balance 1st April 2022 £000	Forecast Movement in Reserves 2022/23 £000	Forecast Closing Balance 31st March 2023 £000
<b>Adult Social Care Operations</b>			
Adults Directorate	1,020	(450)	570
DOL's Assessments	397	(397)	0
Public Health (LAC funding for 3 years/ Investment in Outcome 5 activities - Adults)	162	(162)	0
<b>Adults Social Care Commissioning</b>			
PFI Equalisation - Extra Care Housing	2,715	80	2,795
NHB Community Grants Staffing	132	0	132
<b>Public Health</b>			
Public Health	3,220	(488)	2,732
<b>ADULTS AND HEALTH TOTAL</b>	<b>7,646</b>	<b>(1,417)</b>	<b>6,229</b>





*Working for a brighter future together*

## **Adults and Health Committee**

**Date of Meeting:** 21<sup>st</sup> November 2022

**Report Title:** Care at Home Recommissioning

**Report of:** Helen Charlesworth-May, Executive Director Adults, Health and Integration

**Report Reference No:** AH/41/2022-23

**Ward(s) Affected:** All wards

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### **1. Purpose of Report**

- 1.1.** The purpose of this report is to request a decision to extend the Framework Agreements for Care at Home services to 4<sup>th</sup> September 2024 due the growing uncertainty created by general economic and market conditions and the added uncertainty created by the Government-led changes to the social care system. This report seeks approval to realign Care at Home contracts by extending the current Framework arrangements.
- 1.2** Adults and Health Committee in March 2022 resulted in the following decisions:
- (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

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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.

\*Note that since the publication of the recommendations the Cheshire CCG has been replaced by the Integrated Care Board.

The plan remains that these decisions will be implemented by Commissioners once the recommissioning process has taken place.

- 1.3. The recommission of the services will contribute to the following objectives in Cheshire East Council's Corporate Plan 2021-2025:
  - Vulnerable and older people live safely and maintain independence within community settings
  - To prioritise home first for patients discharged from hospital.

## **2. Executive Summary**

- 2.1 At its meeting of 28<sup>th</sup> March 2022, Adults and Health Committee (Report reference AH/42/21-22) considered a report on the recommissioning of the Care at Home contracts. It was resolved that Adults and Health Committee approved the recommissioning of Care at Home services, potentially in partnership with Cheshire Clinical Commissioning Group, with a contract period of an initial five years with a possible two-year extension.
- 2.2 The report also set out the timetable for the recommissioning of the services which proposed going to tender in January 2023, awarding contracts in April 2023 and commencing new contracts on 31<sup>st</sup> August 2023.
- 2.3 It has since become apparent that current conditions in the care market and the fragility of the UK economy generally are not conducive to successfully undertaking a large-scale procurement of these statutory services and to proceed as planned would create a risk that the provision of care at home services within the Borough would be further destabilised.
- 2.5 The adult social care sector is undergoing a period of significant reform in respect of care charging, which is applicable to Care at Home services, the implications of which, on the timetable set in March 2022, will not be realised

until after the service was due to go out to tender. This uncertainty may impact on the willingness of providers to bid for the services and impact on the success of the overall procurement process. Revising the timetable will provide time for these economic and policy issues to settle and their long-term impact assessed.

- 2.6 Commissioners are requesting authority to extend existing Framework contracts and the commissioning timescale for a 12 month period to allow time for the market and the economy to settle and for charging reforms to be introduced and embedded.
- 2.7 The extension periods within the framework have been exhausted, and so the extension would need to be actioned by way of a Voluntary Ex-Ante Transparency Notice (VEAT), a notice to the market of the intention to award contracts without going through a competitive process. The risk of challenge from other providers is considered to be low as the Framework will be opened so that all providers will have an opportunity to join these contracts.
- 2.8 The Prime provider contracts will expire at the contract end date in September 2023, and it is proposed that existing packages of care currently delivered under Prime Provider contracts will be transferred to the same care providers' Framework contracts. This will mitigate the risk of challenge, simplify contractual arrangements with providers and provide continuity of care delivery to service users.
- 2.9 Commissioners will continue to work with colleagues in the Integrated Commissioning Board (ICB) to explore a joint commission covering care at home and continuing healthcare (CHC). This would represent a further step towards health and social care integration (the Council's Care Brokerage Team already source continuing healthcare on behalf of the NHS), and potentially offer greater choice and value for local residents through harmonisation of contract terms.
- 2.10 The proposed timetable for the revised recommission is as follows:

Market and public engagement	April 2023 – August 2023
Procurement and contract documents finalised	December 2023
Contract notice issued on the Chest	January 2024
Closing date for tenders	February 2023
Evaluation of tenders	March 2024
Award sign off and intention to award letters issued	April 2024
Mobilisation	May – August 2024
Contract start date	September 2024

- 2.11 Commissioners will use the extended period to continue to support social care providers through challenging times and to explore with providers and stakeholders the optimal model for service delivery in such a challenging market.
- 2.12 The Council's response to the pressures on the Care at Home market are as follows:

Short term response – Take a risk-based approach to managing market challenges through a clear understanding of providers' pressures and working with the market and internal stakeholders to address issues as they arise.

Medium term – Align services such as General Nursing Assistants, Reablement and the voluntary sector to support timely hospital discharge, maximise independence and reduce the need for more traditional forms of homecare intervention.

Long term – Develop with stakeholders and care providers alternative care models which takes an holistic, asset-based approach to care and support at a local level. This will involve a partnership approach that has the potential to improve outcomes for residents by ensuring they remain well for as long as possible and thereby reducing the need for personal care.

### **3. Recommendations**

That the Adults and Health Committee:

- 3.1. Agree to extend the Framework agreement for Care at Home services to 4<sup>th</sup> September 2024.
- 3.2 Note that in order to comply with Procurement Regulations a VEAT will be published.
- 3.3 Note that the Prime Provider contracts will expire in September 2023 and existing packages of care will be moved onto the Framework contract.
- 3.4 Note that the Commissioners will continue to explore and, where appropriate, pilot alternative models for care delivery particularly in rural and hard to serve areas; and continue to engage providers and stakeholders on the proposed new model to help to inform the new commission.

#### **4. Reasons for Recommendations**

- 4.1. Care at home is one of the largest contracted services that the council commissions in the external care market with approximately 1,200 adults in Cheshire East supported to live at home at any one time. The council spends approximately £17 million on care at home services for adults per annum. The current pressures on the market, the introduction of charging reforms and the impact of inflation on costs and prices have led to the conclusion that launching a procurement process at this time is likely to destabilise the provision of care in the Borough as economic uncertainty and changes to Government policy may make it difficult for providers to plan, resulting in fewer bidders than would normally be expected.
- 4.2 The health and social care sector is facing one of its biggest challenges ever in terms of recruitment and retention of care staff and financial sustainability. Care providers have struggled to recruit and retain suitable care staff since the relaxation of Covid restrictions. This is due to a number of factors including competition from other sectors, which are able to pay more, a poor image of care delivery as an occupation, and post Covid burn out. This situation has been exacerbated due to the current cost of living crisis and in particular the rise in petrol costs, as most care staff are reliant on their own transport to travel between care calls.
- 4.3 In addition, providers have experienced increased costs for National Minimum Wage, pension contributions, energy costs (which have increased by over 400% for some providers), CQC registration fees and insurance premiums, which for some providers have doubled since the start of the pandemic. Over the past two years the Council has been able to provide financial support to the market through passporting Government grants, but these are no longer available.
- 4.4 The Council has managed these conditions by spot purchasing care when Framework providers cannot deliver, which may be at a higher rate, whilst a small number of commissioned providers have exited the market completely, putting additional pressure on those that remain and, in some cases, further reducing capacity for hospital discharge and people who need support in the community.
- 4.5 The report presented to Committee in March proposed a future model similar Prime Provider and Framework provider model delivered currently with the Framework contracts being commissioned via a Flexible Purchasing System. However, it has become evident this financial year that this model is not able to meet the current demands of the care sector and that a different approach to securing the right care at the right price will be necessary. In addition, in engagement with care providers, during soft market testing, they have expressed a preference for a different approach based on a single category of provider, rather than a two-tier system. Commissioners will need to spend time modelling how this will work.

- 4.6 The proportion of care hours delivered by Prime Providers has reduced since the pandemic and only one Prime Provider is currently delivering to the Guaranteed Minimum Hours set out in the contract. In view of this, it is proposed that, during the period of the extension, the Prime contracts are allowed to expire in September 2023 and that Prime providers deliver their current packages of care under their Framework contracts. This would place all commissioned providers on the same footing.
- 4.7 There is no additional cost implication to this as each Prime Provider is paid the same hourly rate for care delivered under their Framework contracts. The only difference is that Prime providers would no longer have the first opportunity to pick up new packages of care, but this would make little difference due to the lack of capacity in the care market. It would create efficiencies in the Brokerage process as all providers would be approached to deliver care simultaneously.
- 4.8 Cheshire East Rural Action Plan 2022-2026 highlights some of the challenges of delivering care to rural populations; 2/5ths of the Cheshire East population lives in rural areas. The contract extension will enable commissioners to consider and explore alternative neighbourhood based delivery models that could be piloted during the extension to support this challenge. It is envisaged that an alternative, neighbourhood based model will provide a more holistic, assets-based approach to care provision which maximises the input of health professionals and voluntary organisations and reduces reliance on more traditional domiciliary care.

## 5. Other Options Considered

- 5.1. The council could proceed with the current contracting arrangements and allow all contracts to expire in September 2023 without recommissioning, moving to a spot purchase arrangement. This option is not sustainable financially and could potentially further de-stabilise the care at home market.
- 5.3 The Council could opt to take services back in-house. However, the costs and practicality of such an approach is not feasible in the time available.

Option	Impact	Risk
Not commission and 'spot purchase' services	Loss of financial control for the council	Budget overspends No assurance over value for money

Bring Care at Home services in house	Greater control over service delivery for Council	Timeframe not practical  Council unable to recruit sufficient posts to meet unmet need
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## 6. Background

6.1 The council has a duty under the Care Act 2014 to meet the eligible care and support needs of people who are ordinarily resident in the local authority area and to ensure the effective and efficient operation of the care market in the local area.

6.2 Care at home services (also known as domiciliary care) provide vital care and support for people with eligible needs within their own home. The service seeks to promote independence and reduce reliance, where possible, via commissioned services. The services are key to achieving a home first approach to hospital discharge and help service users to maintain their independence for as long as possible without the need for more intensive and costly interventions.

6.3 In extending the recommissioning of the care at home service, commissioners are seeking to:

- Ensure compliance with the Council's Contract Procedure Rules and Public Contract Regulations
- Support Care at Home providers through the most challenging and fragile period that the health and social care sector has experienced
- Build upon the successes and lessons learned from the current commissioning model
- Adopt a more person-centred outcome-focused approach to service delivery and contract management with a move away from traditional 'time and task' models of commissioning
- Provide best value through maximising opportunities afforded by assistive technology, voluntary sector provision and local assets
- Develop the skillset of the local care workforce so that the service benefits the wider health and care system and prevents hospital admissions.

## 7. Consultation and Engagement

7.1 Engagement with local care providers, service users and other stakeholders will continue to form a key element of the recommission.



- 7.2 The process will continue to be overseen by the Care at Home Recommission Steering Group which comprises representatives from Cheshire East Council Procurement, Legal, Finance, Adult Social Care Operations and Communications teams as well as Cheshire ICB.
- 7.3 The steering group is supported by various task and finish groups focusing on different elements of the recommission including IT systems, Adult Social Care Operations, Communications and Legal, Financial and Procurement.
- 7.4 Market engagement and soft market testing commenced in April 2022 using a variety of methods including surveys, focus groups and meetings. These will continue and stakeholders will be consulted on alternative models of care.
- 7.5 Service users will be informed of the recommissioning process at an appropriate stage to support their input and invited to give their views via surveys and a telephone 'hotline'. The recommission will inevitably cause some anxiety for service users and it will be important to provide reassurance that any handover process to new providers will involve the minimum of disruption to normal services.
- 7.6 Ward members will be kept informed of changes to service delivery resulting from the recommission and provided with copies of letters to service users for information.
- 7.7 Since the recommission does not involve changes to terms and conditions for Cheshire East Council employees, there is no need to consult staff or Trade Unions.

## **8 Implications**

### **8.1 Legal**

- 8.1.1 The Care Act 2014 contains a number of statutory duties pertinent to the provision of care at home services and the care provider market. These are outlined below.
- 8.1.2 Section 5(1) Care Act 2014 places a duty upon the council to promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that there is a variety of providers and high quality services to choose from.
- 8.1.3 Local authorities are under a general duty to implement preventative services that reduce the need in adults for care and support and the need for support of carers (Section 2 Care Act 2014). Whilst there is no statutory duty within the Care Act 'supporting people to live as independently as possible for as long as possible is a guiding principle of the Care Act' (paragraph 1.19, Revised Care and Support Statutory Guidance).



- 8.1.4 Statutory guidance accompanying the Care Act 2014 is clear that the way services are commissioned has a direct impact upon ‘shaping the market’ (Paragraph 4.4) and requires that local authorities must ‘consider how to ensure that there is still a reasonable choice for people who need care and support’ (Paragraph 4.39) and to ensure that their fee levels do not compromise the service providers’ ability to employ people on at least minimum wage and provide effective training and development of staff (Paragraph 4.31).
- 8.1.5 Section 8 of the Care Act 2014 mostly focusses on the ways in which services can be delivered for eligible adults and confirms that these services may be delivered by itself, delegated, or by making direct payments.
- 8.1.6 Section 79 of the Care Act 2014 enables local authorities to delegate all of their functions under the Act with some exceptions notably charging and safeguarding. It is important to note however that the local authority retains ultimate responsibility for the acts or omissions of delegated bodies.
- 8.1.7 There will be a need for ongoing legal advice during this process and the above summary alone will not provide the necessary level of detail. There will be a need for ongoing legal and procurement advice during the recommissioning process, and the Adults, Health and Integration directorate will engage with the council’s legal and procurement teams accordingly.
- 8.1.8 This recommission is due to go ‘live’ at a time where Cheshire East Council will be the lead integrated partner for services for older people. Any additional legal implications on this process due to this will need to be considered.
- 8.1.9 As noted above; it is proposed to publish a Voluntary Ex-Ante Transparency Notice (VEAT), which will inform the market that the Council proposes to continue to operate the framework on an adjusted basis (i.e. in line with the recommendations at para 3.1 and 3.2). If the VEAT process is undertaken; and no objection from the market is forthcoming; the Council can proceed without the risk of market challenge. The VEAT must set out a justification of the decision to extend and adjust the framework; which will most likely be the fact that the current state of the market makes recommissioning at this juncture a non-starter; together with full and transparent details of the adjustments to be made to the framework. Engaging with the VEAT process demonstrates transparency; but it is not without risk (publicising the proposed extension of the framework could be challenged); however as noted above the proposed opening up of the framework means that providers are not being denied opportunity; which may reduce the risk of there being any disaffected parties.

## **8.2 Finance**

- 8.2.1 The current spend for care at home services is around £17 million. Fees for Care at Home providers were uplifted by 14% in 2022/23, in recognition of the challenges facing domiciliary care providers. 6% of the uplift was funded from the Council's 2022/23 allocation from the Government's new Market Sustainability Fund with 8% funded from headroom in the Better Care Fund.
- 8.2.2 It is anticipated that 2023/24 the 14% uplift will be funded from future allocations of Market Sustainability Funding. However, the levels of funding for 2023/24 are, as yet, unknown. If the pace of change in moving towards the Fair Cost of Care doesn't align with the receipt of Market Sustainability grant funding, it will be necessary for any funding gap to be filled through the Council's Medium Term Financial Strategy (MTFS) process in order to ensure this statutory service continues to be fully funded.

## **8.3 Policy**

- 8.3.1 The recommendation to recommission the service ensures that the care at home service continues to fulfil the council's commitment to providing choice in service provision while also ensuring best value for service delivery.
- 8.3.2 The ethos of the planned recommission is aligned to that of the council's Corporate Plan 2021-2025 which seeks to empower and care for the residents of Cheshire East. In particular the care at home service meets the council's objectives to ensure vulnerable and older people live safely and maintain independence within community settings and to prioritise home first for patients discharged from hospital.

## **8.4 Equality**

- 8.4.1 An Equality Impact Assessment has been completed and is appended to this report. The EIA will be reviewed and updated throughout the commissioning process.

## **8.5 Human Resources**

- 8.5.1 There are no direct human resource implications for the council. However, it is possible that TUPE will apply for existing care providers.

## **8.6 Risk Management**

- 8.6.1 In extending the current contracts for the maximum period possible, commissioners are seeking to mitigate the risk of the procurement being impacted by lack of market engagement as a result of the current pressures providers are experiencing. Legal risks are outlined above.
- 8.6.2 A risk register has been developed for the recommission and will be reviewed and updated throughout the commissioning process. The major identified risks are low interest in the tender opportunity due to a lack of

capacity throughout the social care sector. Additionally, social care providers face significant cost of living pressures.

## **8.7 Rural Communities**

- 8.7.1 People living in rural communities are at an increased risk of social isolation. The commissioning of any care at home service will seek to ensure that in the first instance that the residents of Cheshire East are not disadvantaged in accessing this service due to their postcode. A model that is more focused on maximising the use of neighbourhood assets will help to ensure that people living in rural communities receive the help and support they need.
- 8.7.2 In determining the pricing model for the service, commissioners will consider whether an enhanced ceiling price is required for delivery in rural areas of the borough using evidence from the cost of care exercise. This will support the additional challenges of recruiting staff in rural and more affluent areas of the borough.

## **8.8 Children and Young People/Cared for Children**

- 8.8.1 Although there is to be a separate recommission for children's care at home services, the adults service will be designed to facilitate a seamless pathway for young people transitioning into Adult Services.

## **8.9 Public Health**

- 8.9.1 The World Health Organisation defines Public Health as 'the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society'. The care at home service would meet the 'prolonging life' element of this definition. Living within one's own home for as long as possible has been proven to be more beneficial than living within a residential care setting. Therefore, in providing a service that promotes independence and a re-abling approach to care will allow residents to live within their own homes for longer. This recommission will also seek to ensure that providers adopt an approach that includes awareness of the resources within the community that those who they support could access.

## **8.10 Climate Change**

- 8.10.1 The main challenge that presents itself in this domain is that care at home delivery often requires the use of carbon fuelled transport. Providers do seek to offset this by developing 'walking' rounds where all calls are within relative proximity to one and other. However, the use of cars, scooters and motorcycles is often the most time efficient way to ensure that all those who require support receive it within a timely fashion.
- 8.10.2 Some providers are trialling the use of electrified transport namely bicycles with their staff teams. A potential green energy bonus or support to purchase

more carbon efficient transport may have a slight positive impact. However, current public transport infrastructure and the cost of purchasing electric vehicles present as barriers to becoming viable alternatives in situations where car travel is essential.

<b>Access to Information</b>	
Contact Officer:	Jane Stanley McCrave, Senior Integrated Commissioning Manager <a href="mailto:Jane.stanley-mccrave@cheshireeast.gov.uk">Jane.stanley-mccrave@cheshireeast.gov.uk</a>
Appendices:	Appendix – Equality Impact Assessment
Background Papers:	<a href="#">Care Act 2014</a> <a href="#">Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023 policy paper</a>

# EQUALITY IMPACT ASSESSMENT

**TITLE: Care at Home**

## VERSION CONTROL

Date	Version	Author	Description of Changes
01-12-21	1	Joanne Cliffe	Development of Care at Home EIA
28-01-22	2	Joanne Cliffe	Updates to Care at Home EIA

# EQUALITY IMPACT ASSESSMENT

## CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

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

<b>Department</b>	Integrated Health and Social Care Commissioning		<b>Lead officer responsible for assessment</b>		Jane Stanley-McCrave – Senior Commissioning Manager	
<b>Service</b>	Integrated Commissioning		<b>Other members of team undertaking assessment</b>		Joanne Cliffe – Commissioning Manager	
<b>Date</b>	01-12-21		<b>Version</b>		2	
<b>Type of document (mark as appropriate)</b>	<b>Strategy</b>	<b>Plan</b>	<b>Function</b>	<b>Policy</b>	<b>Procedure</b>	<b>Service</b> x
<b>Is this a new/ existing/ revision of an existing document (please mark as appropriate)</b>	<b>New</b> x		<b>Existing</b>		<b>Revision</b>	
<b>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)</b>  <b>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</b>	<p><b>Strategic aim within the Corporate plan:</b></p> <p>“A Council which empowers people”</p> <p><b>Priority:</b> Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services</p> <p><b>Care at Home</b></p> <p>This involves exploration of the options for the future of all Care at Home for adults and older people with care and support needs residing in Cheshire East , and service users with elements of Continuing Healthcare needs.</p> <p>This proposal is to ensure that this strategic aim is met, Commissioners are looking to build upon the lessons that have been learned from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p>					

## EQUALITY IMPACT ASSESSMENT

	<p><b><u>Purpose</u></b></p> <p>A Memorandum of Understanding (MoU) is being developed to promote effective working relationships between Cheshire East Council (CEC) and Cheshire Clinical Commissioning Group (CCCG) to help ensure that there is effective, co-ordinated, and comprehensive regulation under section 5 of the Care Act to promote efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals.</p> <p>This MoU is intended to support the following ethos:</p> <ul style="list-style-type: none"> <li>• Meeting responsibilities for the safety of service users</li> <li>• Make clear to one another from the outset their particular statutory responsibilities</li> <li>• To set out operational need</li> <li>• To prompt early decisions about the actions and investigation(s) thought to be necessary and a dialogue about the implications of these</li> <li>• To provide an efficient and effective approach to the management the Care at Home market in developing and strengthening partnership working</li> <li>• To prompt the identification of lead personnel to manage liaison between organisations</li> <li>• To ensure that the requirements of current data protection legislation are met by all parties</li> </ul> <p>As Cheshire and Merseyside Integrated Care Partnership, we will commission the Care at Home Service together. This will enable people with elements of Continuing Healthcare needs to be included within the Contract, allowing for further continuity of care for service users should their health needs increase to a level where elements of Continuing Healthcare are required, as they would not need to change the provider who may be going in to support them for their Social Care needs.</p> <p>The Children's component of the current Care at Home service has been taken out and is being commissioned independently.</p> <p>There will be an impact on some service users as some may need to have a different provider or care worker, as there</p>
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	<p>may be a loss of some providers via the Tender process</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p> <p>Whilst the transition period takes place (May 2023 until September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p> <p>Cheshire East Council will also be fully engaging and consulting with service users.</p> <p>Cheshire East Council have undertaken a Cost of Care fee review of Care at Home, Complex and Accommodation with Care providers.</p> <p>It is worth noting that whilst it is proposed to publish this EIA on the Council's web page as an "EIA under development". There has not yet been any consultation with Care at Home users or the Care Providers, therefore, we currently, have no information or data on which to make judgements about any unforeseen adverse effects on people from protected characteristic groups</p> <p>We will continue to update and review this EIA as the mobilisation of the new service draws closer</p>
<p><b>Who are the main stakeholders, and have they been engaged with? (e.g., public, employees, Councillors, partners, specific audiences, residents)</b></p>	<ul style="list-style-type: none"> <li>Existing and potential Care at Home Service Users (Including their families and Carers)</li> <li>All Members</li> <li>Current independent sector Care at Home Providers</li> <li>Cheshire Clinical Commissioning Group (CCCG)</li> <li>CEC Contracts / Commissioners / Quality Assurance Team</li> <li>CEC Adult Social Care Operational Teams</li> <li>Voluntary Community and Faith Sector</li> <li>Care Quality Commission</li> </ul>
<p><b>What consultation method(s) did you use?</b></p>	<p>There has not yet been any external engagement on this project as we are currently awaiting permission to proceed with the recommission before we can commence this.</p> <p>It is envisioned that external Providers and Service users will be invited to attend Task and Finish Groups to enable their feedback on the current service and identify areas of further good practice which may be required. They will also</p>



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	<p>be involved in the development of the Model ,Lots etc.</p> <p>Internal stakeholders have also attended Task and Finish Groups linking to the modelling and re-commissioning of the service</p>
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### Stage 2 Initial Screening

<b>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</b>	<p>All stakeholders listed above potentially.</p> <p>We will analyse feedback from Provider and Service User Task and Finish Groups (which will include what the proposed new model could look like etc.)</p>	Page 61
<b>Who is intended to benefit and how?</b>	<p>Service Users – Adults / Older People and those requiring elements of Continuing Healthcare should have a more personalised service which offers more choice and that better serves their needs.</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p> <p>As Cheshire and Merseyside Integrated Care Partnership, we will commission the Care at Home Service together. This will provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we will ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve.</p>	
<b>Could there be a different impact or outcome for some groups?</b>	<p>Yes – the service is aimed at vulnerable people who need extra support this includes, Adults, Older People, and Service Users with elements of Continuing Healthcare needs</p>	
<b>Does it include making decisions based on individual characteristics, needs or circumstances?</b>	<p>All social care services are offered based on assessed eligible need. This work does not change the basis of those individual assessment decisions, these are in care plans.</p>	
<b>Are relations between different groups or communities likely to be affected? (e.g., will it favour one particular</b>	<p>No</p>	

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group or deny opportunities for others?)																			
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?		No – all decision and solutions will be based on a fully personalised approach																	
Is there an actual or potential negative impact on these specific characteristics? (Please tick)																			
Age	Y		Marriage & civil partnership		Y	Religion & belief	Y												
Disability	Y		Pregnancy & maternity		Y	Sex	Y												
Gender reassignment	Y		Race		Y	Sexual orientation	Y												
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						Consultation/ involvement carried out													
						Yes	No												
Age		<p>The following data shows the percentage of age ranges for Service Users currently in receipt of a Care at Home service:</p> <table border="1"> <thead> <tr> <th>Age Band</th> <th>18-24</th> <th>25-64</th> <th>65-74</th> <th>75-84</th> <th>85+</th> </tr> </thead> <tbody> <tr> <td>% of Age Band</td> <td>1%</td> <td>22%</td> <td>15%</td> <td>27%</td> <td>35%</td> </tr> </tbody> </table> <p>The key characteristics of the people who use services will be adults, older people, and those requiring elements of Continuing Healthcare needs. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommissioning of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider. The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to</p>				Age Band	18-24	25-64	65-74	75-84	85+	% of Age Band	1%	22%	15%	27%	35%	<p>No – there will be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this</p>	
Age Band	18-24	25-64	65-74	75-84	85+														
% of Age Band	1%	22%	15%	27%	35%														

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	<p>carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		recommission.														
Disability	<p>The data below shows the percentage of Service Users currently in receipt of a Care at Home service who are deemed to be affected by the following Primary Support Reason (PSR)</p> <table><tr><th>PSR</th><th>Learning Disability</th><th>Mental Health</th><th>Physical Support</th><th>Sensory Support</th><th>Support with memory and cognition</th><th>Social Support</th></tr><tr><td>% of PSR</td><td>9%</td><td>8%</td><td>70%</td><td>1%</td><td>11%</td><td>1%</td></tr></table> <p>There may be people who use services who have a disability. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommission of the Care at Home service, the people who use services may have to move providers Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider. The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, due to TUPE, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>	PSR	Learning Disability	Mental Health	Physical Support	Sensory Support	Support with memory and cognition	Social Support	% of PSR	9%	8%	70%	1%	11%	1%	Yes	Page 63
PSR	Learning Disability	Mental Health	Physical Support	Sensory Support	Support with memory and cognition	Social Support											
% of PSR	9%	8%	70%	1%	11%	1%											

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<b>Gender reassignment</b>	<p>There may be people who use services who have reassigned. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommission of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>No – there will be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding the recommission.</p>
<b>Marriage &amp; civil partnership</b>	<p>There may be people who use services who are Married or in a civil partnership. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommission of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>No – there will be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommission.</p>
<b>Pregnancy &amp; maternity</b>	<p>There may be people who use services who are pregnant or on maternity leave. As such, the</p>		<p>No – there will</p>

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	<p>proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommission of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommission.</p>
<b>Race</b>	<p>There may be people who use services who are from ethnic minorities. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommission of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>No – there will be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommission.</p>
<b>Religion &amp; belief</b>	<p>There may be people who use services who have differing religions and beliefs. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommission of the Care at</p>		<p>No – there will be individual task and finish</p>

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	<p>Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommitment.</p>
<b>Sex</b>	<p>There are males and females who use services. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommitment of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>No – there will be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommitment.</p>
<b>Sexual orientation</b>	<p>There may be people who use services who have differing sexual orientations. As such, the proposals could have a potential negative impact of this protected group. This includes the fact that should some Care at Home providers not be successful on the recommitment of the Care at Home service, the people who use services may have to move providers. Service Users could also opt to take a Direct Payment and source their own care, but there could be instances where they</p>		<p>No – there will be individual task and finish groups set up for Care at</p>

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	<p>would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer</p> <p>The benefits of this process will be that there would be an improved offer to Care at Home users, as we have learnt lessons from the existing Care at Home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommission.</p>
<b>Carers</b>	<p>It is possible that a carer for a care at home user, with a current provider who subsequently decides not to re tender may be affected. For instance, the Care at Home users could also opt to take a Direct Payment and source their own care, if they did this the provider may not accept the Direct Payment rate, the carer / relative may need to pay a top up, if they are unable to afford a top up, then they could be disproportionately affected.</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer</p>		<p>No – there will be individual task and finish groups set up for Care at Home users and Care Providers.</p> <p>There will also be a survey which will be developed where Care at Home users can feedback regarding this recommission.</p>
<b>Socio Economic Status</b>	<p>It is possible that a care at home user who has a socio-economic status, with a with a current provider who subsequently decides not to re tender may be affected. For instance, the Care at Home users could also opt to take a Direct Payment and source their own care, if they did this the provider may not accept the Direct Payment rate, the care at home user, may need to pay a top up, if they are unable to afford a top up, then they could be disproportionately affected.</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those</p>		<p>No – there will be individual task and finish groups set up for Care at Home users and Care</p>

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	providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer			Providers.  There will also be a survey which will be developed where Care at Home users can feedback regarding this recommission.
Proceed to full impact assessment? (Please tick)	Yes ✓	No	Date	Page 68
Lead officers sign off		Date		
Head of service sign off		Date		

If yes, please proceed to Stage 3. If no, please publish the initial screening as part of the suite of documents relating to this issue



## EQUALITY IMPACT ASSESSMENT

### Stage 3 Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity, and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups?	Are there any positive impacts of the policy (function etc....) on any of the groups?	Please rate the impact considering any measures already in place to reduce the impacts identified	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>For people affected by dementia, the transition process may bring about additional anxiety. This will be factored into the support process during the transition period.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<b>Disability</b>	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Special consideration needs to be given to people with learning disabilities who may need support to understand the change. It is possible that people with mental ill health either as a primary or secondary disadvantaging condition, could face increased anxiety during the change which will need to be factored into the transition support</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<b>Gender reassignment</b>	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the</p>

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	<p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>Officers from Cheshire East Council.</p>	<p>need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<b>Marriage &amp; civil partnership</b>	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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	<p>provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>		
<b>Pregnancy and maternity</b>	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p><b>Race</b></p>	<p>Should some Care at Home providers not be successful with the recommissioning of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommissioning timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<p><b>Religion &amp; belief</b></p>	<p>Should some Care at Home providers not be successful with the recommissioning of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply,</p>	<p>Medium – there will be a transition period in place as part of the recommissioning timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p>

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	<p>occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>		<p>Cheshire East Council will also be fully engaging with service users.</p>
<b>Sex</b>	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>



## EQUALITY IMPACT ASSESSMENT

	continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.	back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.		
<b>Sexual orientation</b>	<p>Should some Care at Home providers not be successful with the recommission of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people who use services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<b>Carers</b>	Should some Care at Home providers not be successful with the	There should be no change to the services people who use	Medium – there will be a transition period in place as part	There needs to be a clear transition plan which includes

## EQUALITY IMPACT ASSESSMENT

	<p>recommissioning of the Care at Home service the people who use services may have to move providers, they can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with elements of Continuing Healthcare needs would not need to change providers.</p>	<p>services receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages and continuity of care as service users with low level Continuing Healthcare needs would not need to change providers.</p>	<p>of the recommissioning timeline</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by Officers from Cheshire East Council.</p>	<p>identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<b>Socio Economic Status</b>	<p>No impacts on this protected characteristic are indicated, there are no perceived impacts because of this policy. As such, the impact is deemed neutral on this protected characteristic</p>			
<p><b>Is this change due to be carried out wholly or partly by other providers? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g., tendering, awards process, contract, monitoring, and performance measures)</b></p> <p>No, however, all equality measures will be configured into new procurement procedures and subsequent contracts and monitoring</p>				



## EQUALITY IMPACT ASSESSMENT

### Stage 4 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 for most people who use services. However, there does need to be a robust transition plan in place for those people who either want to change providers or who do not want to take a Direct Payment to enable them to stay with their current provider. 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. Cheshire East Council will also be fully engaging with service users.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
The Council will organise a Task and Finish Group for Service Users as part of the consultation and engagement process of this recommission	Commissioning and Contracts staff	Joanne Cliffe	May 2022
Identification of possible people who use services who may be affected to be completed as a priority, from award of Contract etc.	Contracts Team / Operational Staff	Emma Eardley / Operational Team representatives	July 2023
Enough time must be planned into the mobilisation plan to ensure effective change over of providers and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team	Joanne Cliffe / Lindsey MacAulay and Emma Eardley	March 2022
<b>Please provide details and link to full action plan for actions</b>	Action Plan to be collated from above mitigating actions.		
<b>When will this assessment be reviewed?</b>	June 2023		
<b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b>	It is proposed to publish this EIA on the Council's web page as an EIA under development. There will be a note to invite feedback especially relating to people from protected characteristic groups. A dedicated email address will be set up and the inbox monitored for this purpose.		

## EQUALITY IMPACT ASSESSMENT

Lead officers sign off		Date	
Head of service sign off		Date	

Please publish this completed EIA form on the relevant section of the Cheshire East website



*Working for a brighter future together*

## **Adults and Health Committee**

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<b>Date of Meeting:</b>	21 <sup>st</sup> November 2022
<b>Report Title:</b>	Right to Food Report
<b>Report of:</b>	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
<b>Report Reference No:</b>	AH/40/2022-23
<b>Ward(s) Affected:</b>	All wards

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### **1. Purpose of Report**

- 1.1. This report, explores the issues of food poverty and insecurity in Cheshire East following a Spotlight Review Event on the 'Right to Food' and seeks approval to move forward with recommended actions.
- 1.2. The Spotlight Review<sup>1</sup> held on Thursday, 30<sup>th</sup> June 2022, followed the Notice of Motion submitted by Councillor Critchley to Full Council on the 22<sup>nd</sup> June 2021 that the 'Right to Food' be incorporated in to the 'National Food Strategy'. Having been referred to the Adults and Health Committee, the Committee on the 27<sup>th</sup> September 2021 it was agreed that the Council "should develop its own Right to Food Strategy that meets local anticipated need over the next 4 years which aligns to the Corporate plan; to include a spotlight review to develop the strategy".

### **2. Executive Summary**

- 2.1. This report presents the findings from key research plus evidence from the Spotlight Review and outlines the projections in relation to food poverty in Cheshire East together with a number of options to support a motion to end food insecurity.

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<sup>1</sup> Right to Food Spotlight Review Report ICE Creates

- 2.2 Right to food is a basic right<sup>2</sup>, yet food poverty affects 1 in 5 households. The use of food banks is predicted to increase as the cost of living is forcing many to choose whether to 'eat or heat'<sup>3</sup>. [Appendix 1] Right to Food Event – Spotlight Review Report by ICE Creates for Cheshire East Council July 2022.

### 3. Recommendations

- 3.1. To acknowledge and approve the Five [5] key strategic recommendations which have been made. [Appendix 1] Right to Food Event – Spotlight Review Report by ICE Creates for Cheshire East Council July 2022.
1. Establish a **working group** and co-create a '**Right to Food**' **strategy** with service users.
  2. Establish a referral **pathway and process**. Providing residents with long-term support to reduce the dependence on food banks.
  3. Utilise and upskill a **volunteer workforce** to advise, signpost and make referrals.
  4. In collaboration with the Food Network, provide a **social space** for information sharing.
  5. Collaborate with producers and manufacturers to **support a food surplus model of food procurement**.

### 4. Reasons for Recommendations

- 4.1. The recommendations were co-designed following the presentations and exploration of the current challenges experienced by our external and internal stakeholders. Reports of continuous high demand for food, combined with the sharp drop in donations is causing extreme pressure on services with food bank referrals increasing to as much as 150% over the recent months.
- 4.2. By establishing a working group and subsequent co-creation of a 'Right to Food' strategy allows for joined up working with Cheshire East Council and key stakeholders including the Voluntary, Community, Faith and Social Enterprise [VCFSE] sector. This approach promotes 'buy in' from the community and supports coproduction of outcomes reducing resource implications for Cheshire East Council.
- 4.3. Cheshire East Council, Communities Team has existing infrastructure to support with a referral pathway and process which would provide residents with long-term support to reduce the dependence on food banks.
- 4.4. Existing infrastructure exists within Cheshire East Council, Communities Team, Cheshire East Social Action Partnership (CESAP) and Community & Voluntary Services Cheshire East (CVSCE) and Cheshire Community

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<sup>2</sup> Right to Food Spotlight Review Report ICE Creates

<sup>3</sup> Right to Food Spotlight Review Report ICE Creates

Foundation (CCF) which can be used to utilise and upskill a volunteer workforce to advice, signpost and make referrals.

- 4.5. Engagement has taken place with CVSCE regarding the collaboration with the Food Network, provide a social space for information sharing and they are eager to be involved with this recommendation.
- 4.6. A jointly funded Food Poverty Coordinator role with Cheshire East Council and Cheshire Community Foundation [CCF] is in progress. The role specification will incorporate a number of the recommendations including establishing a working group and joining up existing food resources.
- 4.7. National action mirrors our recommended approach. According to the Trussell Trust which is the UK's largest network of food banks, involving food banks and people with lived experience in shaping the plan to end the need for food banks is a key requirement. The UK Government should harness the expertise and commitment in communities across the country to end the need for food banks. The plan should be development across UK Government departments, recognising the interconnected issues which drive people to food banks.

The APPG [All Party Parliamentary Group] on Ending the Need for Food Banks is undertaking a landmark inquiry to explore the most effective and dignified solutions to tackle the growing need for food banks across the UK and needs to hear from people with experience, knowledge, or informed opinions on the issues that the inquiry is looking into. [Appendix 4] [APPG Ending Food Banks - The Trussell Trust](#)

## 5. Other Options Considered

### 5.1. All Options Considered 3.1 Recommendations

Option	Impact	Risk
Do Nothing	Food poverty in Cheshire East will become exacerbated. The number of parcels distributed in Cheshire East shows an increase up to the twelve months ending 31/01/21. <sup>4</sup>	Risk to Cheshire East Council reputation due to coproduction of recommended actions undertaken at the Spotlight Review.  Also, additional strain on existing CEC resources. The Cheshire East Emergency Assistance

<sup>4</sup> Trussell Trust, End of Year stats 2021/22, (April 2022), available from <https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/End-of-Year-stats-2021-22-FOR-PUBLIC-USE.xlsx>, accessed June 2022.

		<p>scheme is currently a safety net for people in crisis.</p> <p>The number of claims increased 32% in the 12 months ending April 21 compared to the previous 12 months (from 1263 to 1670). The number of allowed claims grew by 50% (from 675 to 1018).<sup>5</sup></p>
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## 6. Background

- 6.1.** Cheshire East Council (CEC) organised a collaborative 'Right to Food' - Spotlight Review Event which brought together a range of stakeholders, including local councillors, council officers and representatives of community, voluntary and faith (CVF) sector organisations who support local people to access food. The key findings of the report are reflected in the recommendations. [Appendix 1 Food Poverty - Right to Food Event – Spotlight Review Report by ICE Creates for Cheshire East Council July 2022.
- 6.2.** Overall, the Spotlight Review and additional research identifies a projection of increased food poverty with the rise in UK inflation having a significant impact. In the year ending 31/03/22, more food parcels were distributed than in any year apart from the previous twelve months. The number of parcels distributed in Cheshire East also shows an increase up to the twelve months ending 31/01/21. The Consumer Prices Index including owner occupiers' housing costs (CPIH) rose by 7.8% in the 12 months to April 2022, up from 6.2% in March. The Bank of England has warned that this is set to rise to 10% by Autumn 2022 and the Monetary Policy Committee expects unemployment to rise from 3.6% to around 5% in 2024. [Appendix 2] Poverty – JSNA. Between 1 April 2021 and 31 March 2022, food banks in the Trussell Trust's UK wide network distributed over 2.1 million emergency food parcels to people facing hardship. This is an increase of 14% compared to the same period in 2019/20 and shockingly, 832,000 of these parcels went to children. [Appendix 3] State of Hunger – Building the Evidence on Poverty, Destitution and Food insecurity in the UK May 2021 The Trussell Trust
- 6.3.** The recommendations support interventions to reduce or mitigate the inequalities of food insecurity experienced by residents across Cheshire East.

<sup>5</sup> Source: Benefits Section, Cheshire East Council, (09/05/2022).

**6.4.** In Cheshire East there has been a sharp rise in the number of people accessing food banks, which a recent study explains is due to low incomes, unemployment, delays in benefit claims and mental health problems. It is likely that the current figures do not reflect the true extent of food poverty, as the stigma and shame attached to using food banks prevents many residents and families from using food banks and from getting the support they need. The Poverty JSNA first phase recently completed, identified these key messages: [Appendix 3]

- Nationally and locally, there is concern about increasing levels of poverty in recent months which is projected to continue and worsen.
- Although not a proxy for all food insecurity, there is evidence to demonstrate a general increase in food bank usage in Cheshire East, which matches the national picture.
- There is food bank provision across Cheshire East to support areas of deprivation and also less deprived localities.
- The cost-of-living crisis will drive more people to experience poverty who will not necessarily live in the most deprived areas of Cheshire East.
- Further work is required to develop greater understanding of poverty through the next phase of the deep dive review.

**6.5** It is recognised that food poverty will not be existing in isolation and that households facing food poverty will also be struggling to pay energy bill, transport costs etc. The working group preparing the Right to Food Strategy will take into account the other cost of living' issues as they undertake their work. There is also a parallel piece of work looking at the totality of the Cost-of-Living Crisis and creating an implementation plan to be clear on the Councils offer.

## **7. Consultation and Engagement**

**7.1.** Extensive engagement has taken place including the Spotlight Review which was attended by Adults and Health Committee members, Councillor Rhodes, Councillor Critchley and Councillor Clowes along with members of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and internal stakeholders.

**7.2.** The Spotlight Review – Right to Food rationale has been shared in key meetings such as the Winter Wellbeing Planning Meeting, Poverty Action Group Meeting and Food Poverty Network. Collectively these meetings are attended by CEC, VCFSE, private sector, NHS.

**7.3.** Following the Spotlight Review a number of external stakeholder workshops have taken place where a presentation was delivered on the strategic recommendations.

- 7.4.** The recommendations if approved would also lead into some planned Participatory Democracy work to discuss with residents about the impact Cost of Living Crisis which is being led by Public Health and the Director of Policy and Change.

## **8. Implications**

### **8.1. Legal**

- 8.1.1 Legal Services will provide advice and support to the working group and on the development of the suggested outcomes as may be necessary.

### **8.2. Finance**

- 8.2.1. The financial implications identified to date will be covered from existing budgets, for example, existing staffing resources. Should additional resources over and above those contained in current budgets be identified in the future these will be requested through future rounds of the Council's Medium Term Financial Strategy (MTFS).

### **8.3. Policy**

- 8.3.1 There are no Policy implications that can be foreseen to date.

### **8.4. Equality**

- 8.4.1. The Poverty - JSNA found ethnicity plays a role with food insecurity in the UK with 21% of Black households, 17% of Pakistani and 12% of Bangladeshi households were food insecure [Appendix 2] special focus is needed with engagement with this community.

- 8.4.2. An EIA will be completed as part of this work

### **8.5. Human Resources**

- 8.5.1 Cheshire East Council and Cheshire Community Foundation (CCF) are working in partnership to secure a role for a Food Poverty Coordinator to cover Cheshire East. This will be on full time post. CCF will secure a host organisation for this post.

### **8.6. Risk Management**

- 8.6.1. Risk mapping exercise would be completed with any significant risks being escalated for action where appropriate.

### **8.7. Rural Communities**

- 8.7.1. The recommendations will take into consideration the rural needs highlighted within the Rural Action Plan. Engagement of the rural areas will be an important principle. Engagement will take place with people from rural areas so they can inform the Right to Food Strategy.



## 8.8. Children and Young People/Cared for Children

- 8.8.1. Between 1 April 2021 and 31 March 2022, food banks in the Trussell Trust's UK wide network distributed over 2.1 million emergency food parcels to people facing hardship. This is an increase of 14% compared to the same period in 2019/20 and shockingly, 832,000 of these parcels went to children [Appendix 3] Evidence shows that food poverty has significant impact on children's physical health and wellbeing.

## 8.9. Public Health

- 8.9.1. There is strong evidence which links health inequalities to limited budget and low-income households often rely on strategic and complex shopping and budgeting practices to ensure that households are fed. Such strategies include skipping meals or reducing the amount eaten. This is often deployed by parents to cope with financial constraints in order to prioritise children's meals. This can result in nutritionally inadequate diets of more processed food, high in sugar and salt with very little fresh food resulting in poor physical health.

## 8.10. Climate Change

- 8.10.1. The recommendation "Collaborate with producers and manufactures to **support a food surplus model of food procurement**" will prevent food wastage.

Access to Information	
Contact Officer:	Kerry Ball <a href="mailto:Kerry.ball@cheshireeast.gov.uk">Kerry.ball@cheshireeast.gov.uk</a> 07929 842798
Appendices:	[Appendix 1] Food Poverty - Right to Food Event – Spotlight Review Report By ICE Creates for Cheshire East Council July 2022. [Appendix 2] Poverty JSNA – Public Health Intelligence Team [Appendix 3] State of Hunger – Building the Evidence on Poverty, Destitution and Food insecurity in the UK May 2021 The Trussell Trust [Appendix 4] <a href="#">APPG Ending Food Banks - The Trussell Trust</a>
Background Papers:	Notice of Motion at Full Council that was referred to the Adults and Health Committee. <a href="https://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=239&amp;MIId=8651&amp;Ver=4">https://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=239&amp;MIId=8651&amp;Ver=4</a>  Notice of Motion report that came to Adults and Health Committee on 27 <sup>th</sup> September requesting the Spotlight Review

	<a href="https://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=964&amp;MId=8691&amp;Ver=4">https://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=964&amp;MId=8691&amp;Ver=4</a>
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# Right to Food Event Spotlight Review

By ICE Creates for Cheshire East Council

July 2022

Crafted especially for you by team

ice

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## 2 Introduction

'Right to food is a basic right', yet food poverty<sup>1</sup> affects 1 in 5 households with at least one unemployed adult in the North-West.<sup>2</sup> The use of food banks is predicted to increase as the rising cost of living is forcing many to choose whether to 'eat or heat'.

In Cheshire East there has been a sharp rise in the number of people accessing food banks, which a recent study explains is due to low incomes, unemployment, delays in benefit claims and mental health problems<sup>3</sup>. It is likely that the current figures do not reflect the true extent of food poverty, as the stigma and shame attached to using food banks prevents many residents and families from using food banks and from getting the support they need.

In response to these challenges, Cheshire East Council (CEC) organised a collaborative Spotlight Review Event to bring together a range of stakeholders<sup>4</sup> including local councillors, council officers and representatives of community, voluntary and faith (CVF) sector organisations who support local people to access food.

As noted by Councillor (Cllr) Critchley in the opening speech, the lead up to this Spotlight Review started 12 months ago when Cllr Critchley submitted a motion to CEC to write to the national food strategy which was commissioned by the Government in 2019 requesting that a right to food was enshrined in the law. However, within two months submissions to the food strategy were no longer accepted and the motion became outdated.

Nevertheless, discussions between Cllr Critchley, Cllr Jill Rhodes, Cllr Laura Smith, officers of the Adult Health Committee and CEC Communities Team ensured that the issue was still on the agenda within Cheshire East.

Within this context the purpose of the Spotlight Review was to:

- Raise the profile of this increasing concern related to access to food.
- Understand the current challenges.
- Work together to create some tangible actions and next step to focus on.

To achieve these objectives, the Event was split into the following two activities:

1. Representative from CVFS organisations gave presentations about their current support provision and about the current challenges they face as well as the hardship of the people they serve.
2. ICE Creates, a behaviour change agency, facilitated a co-creation session to build on the presentations and explore the **current challenges**, create a shared **vision** for the future and to co-design the **first steps** needed to improve access to food for all.

<sup>1</sup> The inability of individuals/households to secure adequate and nutritious diet in socially acceptable ways.

<sup>2</sup> Department for Work and Pensions (2022), Family Resources Survey: financial year 2020 to 2021. <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021/family-resources-survey-financial-year-2020-to-2021>.

<sup>3</sup> Cheshire East Social Action Partnership, July 2021 - taken from JSNA report.

<sup>4</sup> Please see Table 1 in the Appendix for breakdown of attendees.

## 3 Key findings

### 3.1 Current provision

#### 3.1.1 LiveWell Emergency Assistance Scheme

Delivered by Cheshire East, this scheme was introduced in 2013 to provide a safety net for people in a crisis, with an annual budget of £220 000. Support is provided in the form of vouchers or goods, and applications are considered on a case-by-case basis, with the exception of requests for food. To benefit from the scheme, applicants must live in Cheshire East, or have connections to the area before moving here; and secondly, the applicant must agree to work with officers to resolve the issues they are facing if they are to receive the award.

In 2021/22 over 97% of the grants awarded were for furniture and white goods, this was followed by other expenses such as removals and rent deposits. Furthermore, individuals who receive the award are provided with additional support and signposted to appropriate services to ensure they are maximising their income and accessing all of the support available to them.

#### 3.1.2 Citizens Advice Bureau

Citizens Advice provide people who work and live in Cheshire with free impartial, independent, and confidential advice on most matters including employment, benefits, housing and debt. In the last 12 months, Citizens Advice Bureau in Cheshire North has supported 1,100 clients with debt issues, 360 of which were referred to food banks. Whilst working with clients, they have found that debts aside, a lot of clients are struggling to afford the basics and often prioritise paying for other things rather than food.

##### Real-life story

A single parent, had to buy a school uniform for his daughter who was starting a new school. He prioritised buying the uniform over food because he knew that his daughter would get fed at school, and he would not eat.

#### 3.1.3 Nantwich food bank

Unfortunately, representatives from Trussell Trust were unable to attend, however this short video (<https://vimeo.com/719012274/5c0bf195dd>) demonstrates the current challenges faced by the nation including Cheshire East.

#### 3.1.4 Silklife Foodbank Macclesfield

Silklife is a foodbank 'offering food, hope and dignity' through the provision of emergency food boxes containing nutritional and non-perishable food for 5 days for people in the neighbourhood who are temporarily unable to provide for themselves. They operate on the

basis of referrals. Prior to the Covid-19 pandemic they received an average of 60 referrals per month, this increased to 300 in December 2020 and is now currently sitting at around 150 referrals per month, which translates to about 300 people in need of food, mainly due to debt or poor mental and physical health.

This continuous high demand for food, combined with the sharp drop in donations seen in the first quarter of this year due to donations being redirected to support people affected by the war in Ukraine, has meant that Silklife have had to use their savings to go out and buy food to continue providing emergency food parcels. Furthermore, the increase in cost of living, raise in bill and fuel prices has resulted in the food bank itself struggling to meet their own needs.

Despite these challenges, they are continuing to operate, develop their relationships with local businesses and are working hard to help people in their local community. For instance, they work with a dietician to ensure the meals provided are nutritious and come with a meal planner for three meals per day. They also run an employability café which aims to address the reasons why people may be accessing the food bank in the first place and help them be able to meet their needs on their own.

#### Real-life stories

**Media freelancer** – This individual is a regular donor to the food bank, however during the pandemic they had no work, and with the increasing costs of living they had to use the food bank to access food to not go hungry.

**Domestic violence survivor and her child** were placed in emergency accommodation without any cooking facilities, or shops nearby over Easter weekend. Thus, they were provided with a 'kettle bag', which included food that you can make only using a kettle.

### 3.1.5 New Life Church

New Life Church operate a free, independent foodbank for people in extreme hardship situations to help them access food and meet their needs. They work closely with local businesses and supermarkets such as Greggs, Tesco, Aldi and more to receive donations in the form of food as well as other necessities such as nappies, cleaning and washing products and white goods. In addition to this, they provide holistic support to people through the food bank and church and provide people with opportunities to long-term solution to the challenges they face, such as debt advice and signposting them to grants and running job clubs to help people into employment and off benefits.

The majority of people (~80%) who access their food bank are referred to them from a range of organisations such as schools, mental health services, social care, NHS, midwives and many more, with the remaining proportion of individuals (~20%) self-referring to the foodbank.

Prior to the Covid-19 pandemic they used to feed around 100 people a month, however, this doubled during the pandemic as people became furloughed. They began to see more people using the food bank multiple times instead of just one off as previously noted and they often had to go and purchase food from supermarkets because they were running out of stock. Although they were able to meet the increased demand the pandemic brought, they noted that the food provided is not very sustainable and nutritious, and they infrequently receive fresh fruit and vegetables. This makes it especially difficult for some of their users who have special diet requirements due to health conditions to be able to meet those.

#### Real-life story

An **elderly couple** recently accessed the food bank as all of their finances are going to paying for taxis to their hospital appointments, leaving them with no money for food.

### 3.1.6 Lingua.GM

Lingua.GM, 'connecting human minds through culture, words and technology' are a not-for-profit professional local translating and interpreting service providing linguistic, mental health, and wellness services along with community engagement. Lingua.GM is comprised of bilingual mental health practitioners serving the local community to meet the needs of individuals from minority ethnic backgrounds who do not speak English. Currently there are over 20 different languages spoken in this area, and a significant proportion of these individuals are slipping through the system. Many are unable to access support because they cannot understand nor speak English. Thus, Lingua.GM is playing a key role in supporting minority ethnic communities by providing them with direct mental health support, shopping vouchers to spend at their local international shops on culturally appropriate foods and making food deliveries to their residence.

### 3.1.7 Cre8 – Project Grow

Cre8 is a charity based in Macclesfield that aims to empower local people. As part of their offer, they run Project GROW which encompasses a surplus food grocery, community garden and health and wellbeing activities. The surplus food grocery aims to reduce food waste and provide people with affordable access to food by offering them £20-£30 worth of food that is nearing the end of its self-life which has been donated by supermarkets, shops, other charities (Fairshare), partners (Silklife Foodbank, Neighbourly), suppliers in exchange for a £3 weekly membership fee. The membership is open to anyone and there no specific requirements nor restrictions, apart from allowing only one visit per week. Although they do not provide emergency food aid, Cre8 work closely with Silklife Foodbank and regularly signpost people in need to them. Nevertheless, they currently support 150-170 families per week and since joining Faishare have used 51 tonnes of food. This has largely been due to their investments in vans, and drivers, including a chilled van allowing them to pick up daily from Fairshare and local supermarkets and to work collaboratively with partners to deliver



food to people too. As the food supply is there and the demand is increasing, they are looking to increase the number of collection days and locations within Macclesfield to reach even more people in need, with a goal of becoming self-sustainable following the end of the national lottery funding in 2 years.

### 3.1.8 Plus Dane Housing

A housing association with a social purpose to support their customers and tackle social inequality. Plus Dane Housing recognise the current cost of living crisis with energy prices expected to increase by 98% in October this year compared to last year and the impact this is having on people, and they want to help. They have incorporated social values within all of their contracts with other organisations, making every contact count. Thus, if a plumber goes to fix a problem at one of their properties, they are also encouraged to provide some training or job opportunities to their tenants in need to support them out of hardship.

In addition, they provide their customers with a myriad of additional mental health support, resettlement support, crisis support and 360 support. As part of their crisis support, they provided people with 57 energy vouchers, allowing them to save some money for food and, during their winter campaign they supported 289 customers by providing them with shopping vouchers or food parcels. However, they expect numbers to double this year and they recognise that this is not a sustainable support nor a long-term solution to people's struggles. Thus the 360 support they also provide is aimed at making people more resilient, improving their mental health, and providing them with employment opportunities to create sustainable solutions and prevent people becoming dependent on emergency support.

Furthermore, they have set up a community shop selling surplus food from supermarkets at discounted prices for individuals on benefits to give them confidence and enable them to improve their situation and move away from relying on food banks. A community kitchen and a hub have also been created to provide social spaces for people, and offer them education, training and employment further contributing to their social progression and supporting them out of crisis.

### 3.1.9 Community and Voluntary Services Cheshire East (CVSCE)

The Food Network was started early in the pandemic by the CVSCE to bring together organisations, and allow them to share information, best practice, and resources, providing them with practical and logistical support where needed. Fifty-seven organisations were in regular contact and took part in a consultation with the Food Network: these included food banks, community pantries, community cafes and other services.

Similar to the challenges described by many other organisations, the Food Network reiterated that the increased demand for emergency food aid, reliance on donations and their decline, the current living crisis, combined with upcoming winter pressures are some of the pressures currently affecting organisations supporting people to access food.

Some other important challenges included:

- **Storage pressures for longer life goods** - having access to appropriate storage and the cost of that.

- **Shelf life of donated foods** - needs to be stored correctly and quickly given out.
- **Coordination of logistics** - transportation, bagging of goods, opening times, and geography of service provision across Cheshire East.
- **Repeat requests for service** – people fall into a pattern of accessing emergency food provision and it is very difficult to get out of it. The volunteers may not have the skills or connections with people to signpost them to relevant services and provide them with long-term support to break out of the cycle.
- **Reduction in volunteers** – people have less and less time and capacity to volunteer.

The Food Network also noted it is vital that service users are treated with dignity, in a non-judgemental way and are provided with wrap around support that is connected which removes any barriers to accessing further support and helps them break out of the cycle. In addition, organisations need to provide support for their volunteers, and recognise that their role is difficult and tiring and they need to also have a support network that keeps them going. They should also be provided with specialist training to be able to have a conversation with people who access their services and provide them with more holistic support rather than just giving out food.

On a more practical level, they reported that there was excitement about the food coordinator post providing strategic support and connection with other service delivery. Additionally, organisations wanted bags to be sourced centrally and to have a collective funding bids.

## 3.2 Understanding the current challenges

Building on the presentations, the key challenges facing providers and the people they serve were discussed.

One key challenge raised was that **‘we don’t know enough about the people using our services’**. Organisations make a lot of assumptions about why people are accessing emergency food aid, who they are and what their needs are.

Reduced donations brought to light the overreliance on supermarket donations and that more could be proactively done to ‘think outside the box’ and tap into other resources. Attendees concluded that there is in fact a lot of food that goes to waste on the journey from ‘field to fork’ that could be accessed by providers. Currently, a **very large proportion of food is wasted before it makes it to supermarkets** and a further proportion of food at the supermarkets that does not get sold is also thrown away. Thus, the concern that needs addressing is not how do we get more donations, but how do we reduce food waste and utilise all of the food that is produced? This can be difficult to achieve if the Food Network is not joined up and it does not include producers and manufacturers which will be key contributors to the new model of utilising food waste instead of mainly relying on donations.

Attendees also discussed that **current efforts are focused on providing people with access to emergency food provision ‘downstream’** rather than working ‘upstream’ to improve the food ecosystem and prevent people from getting into crisis in the first place. While the emergency food provision in Cheshire East is a vital form of support, many said that more needs to be done to develop a strategic response to food access. This would help prevent dependency on food banks and promote independence among service users, enabling them to be able to afford food without having to rely on emergency food aid. While there was an agreement in the room that this needed to happen, it was highlighted that the economic case for prevention and early intervention needed to be made.

In terms of the challenges facing service users themselves, it was highlighted that support to access food was ‘one part of the jigsaw’ and that many **people who experience food poverty also face wider challenges** related to debt, employment, benefits, housing, substance use and mental health. It was discussed that providers – and the staff and volunteers who work there – play a key role in signposting/ referring people to wider support and that more needed to be done to establish clear pathways across the system and to equip volunteers with the knowledge, confidence and skills to fulfil this role.

Moreover, there is a lack of education around cooking, budgeting and finances that needs to be addressed. A lot of the current users of emergency food aid, do not know how to cook, budget, and spend money correctly. Others may be suffering with mental health problems which impact their life and ability to work, which has a knock-on effect and leads them to requiring support to access food.

To close this discussion, attendees raised the question of **‘how do we measure success?’** Is it more people accessing services successfully because they are more aware of them and are more accessible, or is it less people accessing services because they do not need them? Attendees agreed that metrics need to be established to continually monitor progress and evaluate success.

### 3.3 Vision for the future – At its best

The second part of the afternoon discussion focused on creating a 'vision' for the future. Attendees were first posed with the question 'At its best, supporting people in Cheshire East to access food is like what?' However, the scope of the question was quickly changed at the start as attendees wanted to move away from a 'fixing' mindset to a more 'enabling' one, so the question was adjusted by attendees to 'At its best, Cheshire East's approach to food access is like what?'

At its best, attendees wanted to see a collective and co-ordinated approach to a sustainable food chain system. Currently, a lot of food banks and other organisations are working in silo, without consulting each other, not sharing knowledge, information, and resources. Thus, a more join-up approach where organisations work collaboratively, to reduce duplication and be more efficient is needed. For instance, if one organisation has access to a chilled van that is doing deliveries in a similar area to them, can both organisations work together and share the van?

Furthermore, producers and manufactures need to be brought into this conversation in order to be able to create a sustainable food chain system. This means working directly with local farmers to get any food that is past its sell by date/ doesn't meet the criteria to be sold and using it in food parcels and community shops. Additionally, schools, hospitals, coffee shops and other businesses can be connected with local farmers too who can sell to them milk or food that is near its use by date at discounted rates, reducing food waste and supporting local farmers and the community. Similarly, organisations should be working with local restaurants and hospitality staff to obtain any left-over food that would normally go to waste, which would not only take the pressure off food banks from mainly relying on donations, but it would also help the environment.

In regard to emergency provision and support, it was discussed that awareness needs to be raised so that people know about these services, especially food banks and community shops, and are not deterred from accessing them due to shame or embarrassment. Furthermore, a clear pathway of referral is necessary which will be able to support a person in crisis to get back on the path out of poverty. Similarly, a collaborative approach is required with these wider organisations and services to develop an early intervention flagging system. Thus, any individuals accessing wider support, such as for their mental health, can be assessed and if deemed at-risk of food poverty be referred to community shops or other appropriate services that can interfere earlier on before this individual has gone days without eating.

### 3.4 Co-creating tangible actions and next steps

For the third task of the afternoon, attendees were asked to write down answers to the question: 'What are the most important first steps we need to take?' Their responses are summarised below.

- The first step has been made today by bringing together key organisations, networking, developing relationships, identifying challenges, and developing the vision for the future.
- Next, we need collaborative and co-ordinated working between services across Cheshire East to share existing information and resources.
- Engage with wider services, organisations, and suppliers such as producers and manufacturers and work collaboratively with them to tackle food waste.
- Set up community food bank allotments and gardens.
- Explore existing volunteering driving services and collaborate with them, e.g. volunteers delivering medicines, could they also deliver food to rural areas on their way?
- Increase awareness of community shops, cafes and other services and ensure these are accessible to all including people who do not speak English as a first language.
- Engage with residents to gather their input and views on the strategy/plan – in order to co-design an approach with them and for them.
- Establish a tracking tool for referrals and decide on success criteria/ metrics.
- Develop a short-, medium- and long-term strategy.
- Include this agenda in the Shared Prosperity Fund.

### 3.5 Commitment to action

The closing task was designed to prompt attendees to commit to action to gain buy-in beyond the Spotlight Review. Attendees were asked to make two statements: 'I will' and 'We will'. The following commitments were made:

**I will:**

- Ensure this is on the agenda of shared prosperity fund.
- Ensure residents know what is available in their locality – Foodbanks, social supermarkets.
- Campaign for local activity with friend, family, and community to volunteer support with food delivery.
- Ensure CRE8 continues to be part of those discussions/conversations.
- Engage and communicate actively and positively within the development to the strategy.
- Encourage the formation of a forum for the emergency providers.
- Ensure information and resources can be more accessible. Refer to services available.
- Review as wrap around services to gauge how we reduce repeat referrals.
- Endeavour to end food poverty.
- Support all providers in the VCFSE space to contribute to the conversation.
- Keep reviewing liaison and links with stakeholders for improved access to E.A Scheme.
- Raise awareness within my team and consider how we can identify opportunities as part of future connections between services and commissioning.

**We will:**

- Commit to support policy on this issue.
- Work towards a shared strategy that serves the whole community effectively and efficiently.
- Produce a strategy.
- Work together, sharing ideas and also process of what's working well, what isn't and how could it be improved.
- Work to develop good partnership links across the sector to improve the pathway of support for people.
- Keep raising awareness on poverty – under issues.
- Change the food eco system for the better.
- Develop an access to strategy that works (includes) everyone that lives/works in CE.

- Continue to work together.
- Develop systems to facilitate quick responses/solutions to emergency food need and, sustained solutions.
- Gather intel from residents to feed into the plan.
- Use today as a benchmark and starting point to work together, raise this issue and resolve it.

## 4 Strategic Recommendations

Informed by the insights, 5 key strategic recommendations have been made that can be used to guide the next steps beyond this Spotlight Review to influence policy and improve access to food in Cheshire East.

### 1. Establish a working group and co-create a strategy with service users.

A working group should be set up including key stakeholders who will share responsibility and take ownership of driving this agenda forward. Additionally, the strategy needs to be co-created with local residents, with an 'upstream' focus - how can individuals be identified and supported before they have to access emergency food aid?

### 2. Establish a referral pathway/process.

There should be a clear pathway and referral process for individuals who have accessed emergency food aid to be signposted to the appropriate services that will help them break the cycle of food poverty and poverty in general. Providing people with this long-term support will reduce the dependence on food banks and enable individuals to get back on their feet. Keeping track of where individuals are in the referral pathway and whether they are re-accessing emergency food aid can act as a measure of success of the changes being made and the support provided.

### 3. Upskill volunteer workforce to advice, signpost and make referrals.

Volunteers should be provided with the knowledge, confidence, and skills to provide advice to people who access their services, signpost them and make referrals to wider organisations (e.g. mental health services, debt advice etc.) as the challenge of food poverty cannot be addressed in isolation.

### 4. In collaboration with the Food Network, provide a social space for information sharing.

A clear need was identified by organisations to be able to share knowledge, information, and resources among each other. The Food Network is well placed to support this as it already has established relationships with local organisations. Sharing physical resources such as storage space and vans is another aspect which should be considered and implemented to reduce duplication and improve the efficiency of the current services.

### 5. Collaborate with producers and manufactures to support a food surplus model of food procurement.

Food banks, community shops and other organisations should establish relationships with local farmers to acquire food that does not meet the criteria to be sold or is near its use by date. This will reduce the demand for donations and create a more sustainable approach to food access both for the environment and for the organisations.



## 5 Appendix

Table 1: List of attendees, including their name and organisation/role (n=25)

Name	Organisation/Role
Dan Coyne	Cheshire East Council
Sharon Joynson	Cheshire East Council
Kerry Ball	Cheshire East Council
Cllr Rhodes	Cheshire East Council – Chair of Adults & Health Committee
Cllr Critchley	Cheshire East Council – Member of Adults & Health Committee
Cllr Cowes	Cheshire East Council – Member of Adults & Health Committee
Nina Gavin	ICE Creates – Facilitator
Katrin Georgieva	ICE Creates – Minute Taker/Live Theming
Dave Atkinson	Silklife Foodbank
Usman Ashiq	Plus Dane Housing
Jenny Priest	Plus Dane Housing
Graham Brown	CRE8
Chantelle Thomas	LiveWell Cheshire East Council – Systems Trainer & Support Officer
Jenny Owen	Citizens Advice North
Lisa Noakes	Citizens Advice North
Liz Shaw	Citizens Advice Cheshire East
Kathryn Sullivan	CVSCE
Helen Gerrard	Cheshire East Council - Head of Service – Customer Care
Liz Rimmer	Cheshire East Council – Benefits Manager
Melina Safari	LinguaGM
Dr Susie Roberts	Cheshire East Council – Public Health Consultant
Jo and Steve	New Life Church
Helen Clark	Cheshire East Council – Strategic Commissioning
Amanda Beech	Green Tree House

make  
better  
happen

ice

Head Office  
2 Abbots Quay,


Monks Ferry,  
Wirral CH41 5LH

+44 (0)845 519 3423

[ideas@icecreates.com](mailto:ideas@icecreates.com)

[www.icecreates.com](http://www.icecreates.com)

 @ice\_creates

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# Poverty JSNA: Spotlight review

Public Health Intelligence team

Slides prepared by Chris Lamb, Public Health Intelligence Analyst,  
Cheshire East Council in collaboration with  
The Cheshire East Poverty JSNA working group



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# Background and Methodology

- Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of the local community. – these are needs that could be met by the local authority, the NHS or the VCFSE.
- JSNA steering group approved “poverty” to be a priority deep dive review for 2022/23 JSNA work program.
- 6 month project
- Working group including representation from
  - Communities (co-content sponsor) (Cheshire East Council)
  - Research and consultation (Cheshire East Council)
  - Public Health (Cheshire East Council)
  - NHS
  - VCFSE
- Agreed scope for phase 1 (until spotlight review) and data sources available and proposed phase 2 scope.
- The working group supported in identification of key sources of national and local data, which have been triangulated by the Public Health Intelligence Team.
- Phase 2 to be agreed after discussion at spotlight review and review by the JSNA steering group.

# List scope for phase 1

- Initially proposed a list of readily available metrics across all areas of poverty.
- Change of approach to meet the needs of the spotlight review.
  - Phase 1: brief introduction in relation to poverty before focussing on issues relating to food poverty
    - National trends
    - Trends across Cheshire East

# Definitions of Poverty

## Poverty:

*“Living in poor quality housing, being exposed to poor quality environmental conditions, poor quality work and unemployment, not being able to afford nutritious food and sufficient heating for example all impact on health. Poverty is also stressful. Coping with day-to-day shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways.”* [1]

*“The state of being poor.”* [2]

*“When a person’s resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation).”* [3]

## Food Poverty:

“There is no widely accepted definition of ‘food poverty’, but a household can broadly be defined as experiencing food poverty or ‘household food insecurity’ if *they cannot (or are uncertain about whether they can) acquire ‘an adequate quality or sufficient quantity of food in socially acceptable ways’*.” [4]

**Absolute Poverty:** An individual is in *absolute poverty if they are living in households with income below 60% of the 2010/11 median, uprated for inflation*. By using an income threshold that is fixed in time, this measure looks at how living standards of low-income households are changing over time. [5]

Sources: [1] Institute of Health Equity, (2022), Health Equity in England: The Marmot Review 10 Years On, available from: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>, Accessed: June 2022.

[2] Oxford Dictionary, available from: [www.oxfordlearnersdictionaries.com](http://www.oxfordlearnersdictionaries.com). Accessed: June 2022.

[3] Joseph Rowntree Foundation, available from: <https://www.jrf.org.uk/report/definition-poverty>. Accessed: June 2022.

[4] House of Commons Library (30<sup>th</sup> April 2022), Food poverty: Households, food banks and free school meals, available from: <https://commonslibrary.parliament.uk/research-briefings/cbp-9209/>, Accessed June 2022.

[5] House of commons Library, Poverty in the UK: statistics, (13/04/2022), available from: <https://commonslibrary.parliament.uk/research-briefings/sn07096/>, Accessed June 2022.

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# Poverty across the UK

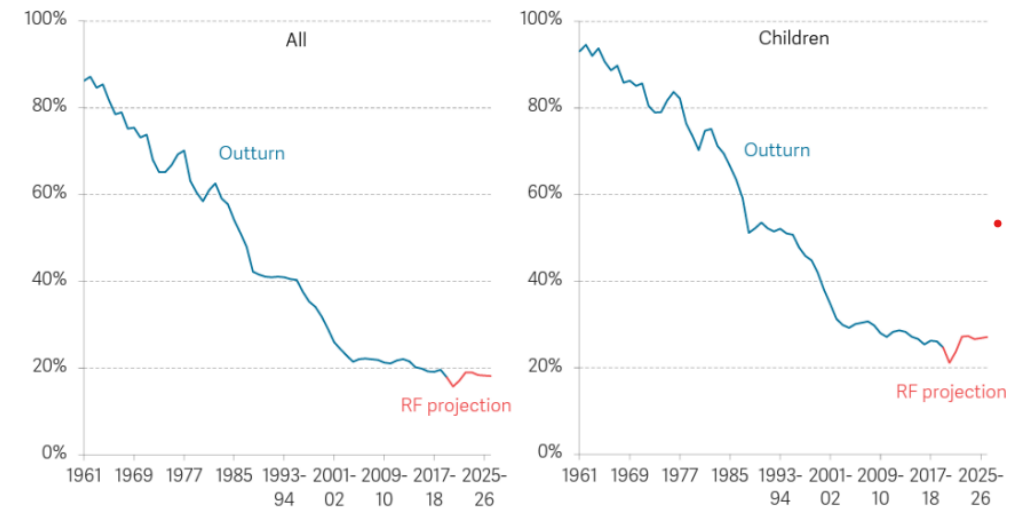
- Absolute Poverty **fell sharply for all people and children between 1961 and 2001**. After 2001, rates have declined more slowly.<sup>[1]</sup>
- The projection from the Resolution foundation is that absolute poverty in the UK **will rise by 1.3 million in 2022/23, including 500,000 children**. This is the largest rise for some time.<sup>[1]</sup>
- **Incomes are on course to be lower** at the next election (2024-25) than they were at the last (2019-20), with typical non-pensioner income projected to be 2 per cent lower.<sup>[1]</sup>

Sources: [1] Resolution Foundation, (24/03/2022), Inflation Nation putting spring statement into context, available from <https://www.resolutionfoundation.org/publications/inflation-nation/>, accessed: June 2022.

[2] House of commons Library, Poverty in the UK: statistics, (13/04/2022), available from: <https://commonslibrary.parliament.uk/research-briefings/sn07096/>, Accessed June 2022.

FIGURE 15: Absolute poverty is likely rising, and no progress is expected over this parliament as a whole

Proportion of people/children living in absolute poverty, after housing costs: GB/UK



NOTES: Data source changes in 1994-95. GB prior to 2001-02. See A Corlett & L Try, The Living Standards Outlook 2022, March 2022, Resolution Foundation for details of our projection methodology.  
SOURCE: IFS, Living standards, poverty and inequality in the UK; RF analysis of DWP, Households Below Average Income; and RF projection including use of the IPPR Tax Benefit Model, ONS data, and OBR forecasts.

Source: Resolution Foundation [Inflation Nation, Putting Spring Statement 2022 in context](https://www.resolutionfoundation.org/publications/inflation-nation/), 24 March 2022, Figure 15

# Inflation in the UK

- The **Consumer Prices Index including owner occupiers' housing costs (CPIH) rose by 7.8%** in the 12 months to April 2022, up from 6.2% in March.<sup>[1]</sup>
- The Bank of England has warned that this is **set to rise to 10% by Autumn 2022** and the Monetary Policy Committee expects **unemployment to rise from 3.6% to around 5% in 2024**.<sup>[2]</sup>
- Since the start of the pandemic, the unemployed claimant count has decreased but long-term unemployment has increased – **in Feb 2020 1,235 (38%) of the unemployed claimant count were out of work for more than 1 year, by March 2022 this had increased to 3,330 (71%)** of claimants.<sup>[3]</sup>
- The largest upward contributions to the annual CPIH inflation rate in April 2022 came from **housing and household services** (2.76 percentage points, principally from electricity, gas and other fuels, and owner occupiers' housing costs) and **transport** (1.47 percentage points, principally from motor fuels and second-hand cars).<sup>[1]</sup>
- **Food prices are starting to rise too** since the beginning of the year (see chart).<sup>[4]</sup>

Sources: [1] Consumer price inflation, UK: April 2022, (18/05/2022), available from:

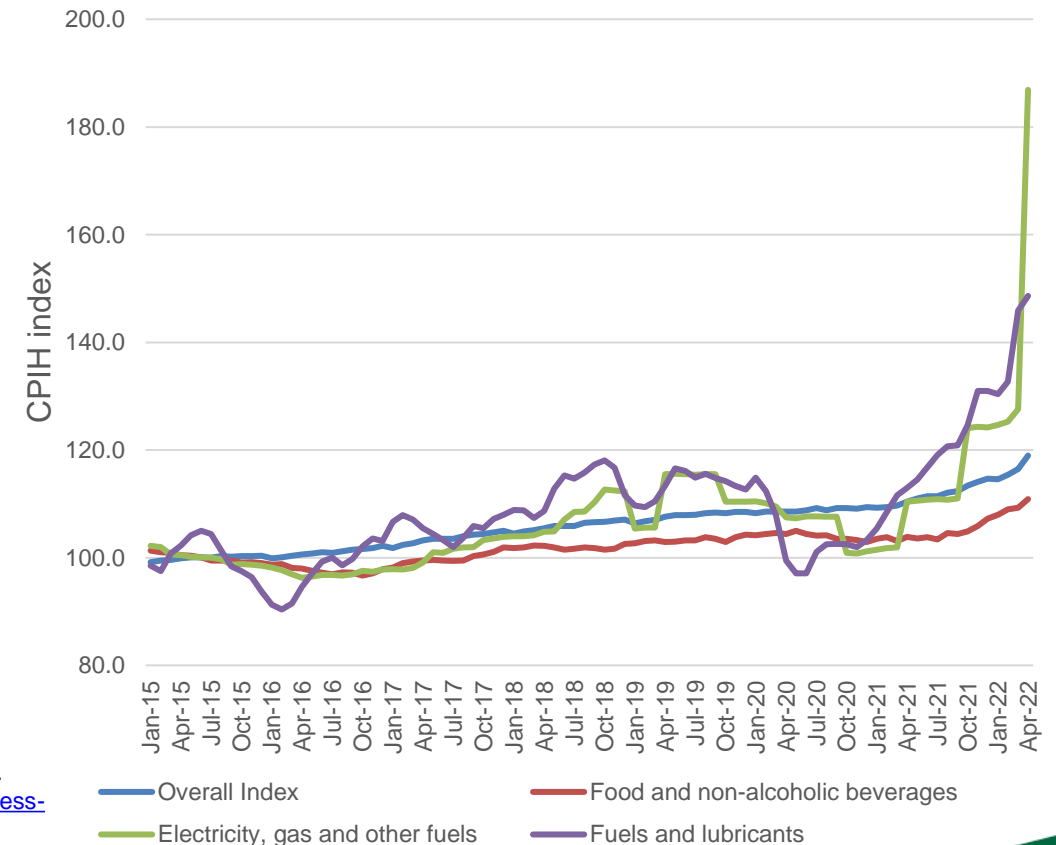
<https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/april2022>, accessed: June 2022.

[2] BBC news website, Warning of economic downturn as interest rates rise, (05/05/22), <https://www.bbc.co.uk/news/business-61319867>, accessed June 2022.

[3] DWP, DWP benefits statistics: February 2022, (25/02/2022), available from: <https://www.gov.uk/government/statistics/dwp-benefits-statistics-february-2022/dwp-benefits-statistics-february-2022>, accessed: June 2022

[4] ONS, Consumer Prices Index including owner occupiers' housing costs (CPIH), (18/05/2022), available from: <https://www.ons.gov.uk/datasets/cpih01/editions/time-series/versions/22>, accessed June 2022.

UK CIPH inflation, Overall Index and Selected Items<sup>[4]</sup>





# Poverty by household

- The DWP's Family Resources Survey is a sample of over 10,000 households taken between April 2020 and March 2021 They found that..

Gross weekly income of less than £200 per week

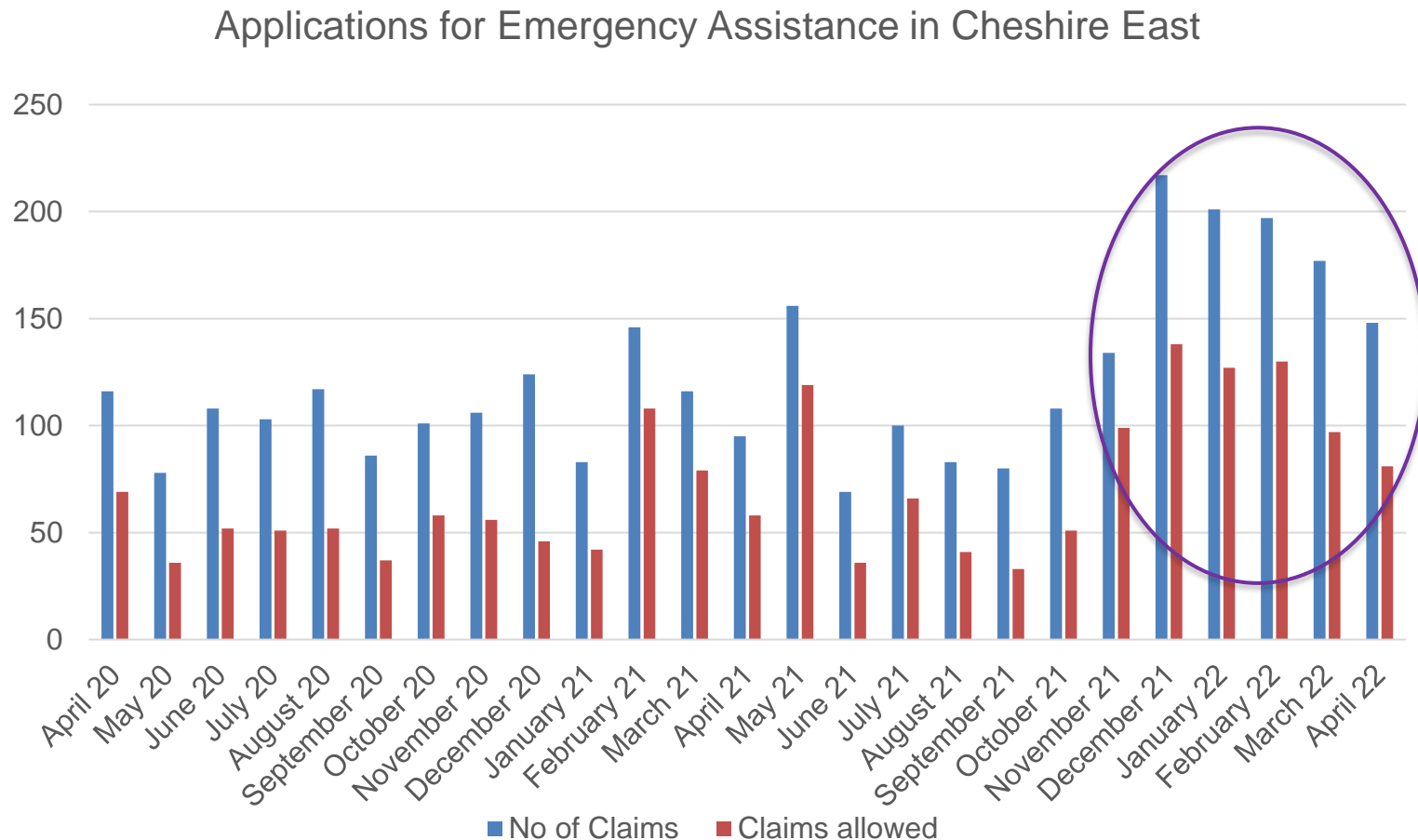
- **6% of all households.**
- **24% of households with one or more unemployed adults under state pension age.**
- Between **10-18% (depending on age and sex) of single adults in households without children.**

Gross weekly income between £200-£399 per week

- **19% of all households.**
- 39% of **households with a single adult and one child.**
- Between **31-53% (depending on age and sex) of single adults in households without children.**

Source: Department of Work and Pensions (31/03/2022), Family Resources Survey: financial year 2020 to 2021, available from: <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021/family-resources-survey-financial-year-2020-to-2021>, accessed: June 2022.

# Poverty in Cheshire East: Applications for Emergency Assistance in Cheshire East



- The Cheshire East Emergency Assistance scheme is a safety net for people in crisis.
- Residents of Cheshire East on benefits or a low wage **get help with rent deposits, essential furniture, some white goods, and emergency food.**
- The number of **claims increased 32%** in the 12 months ending April 21 compared to the previous 12 months (from 1263 to 1670). The number of **allowed claims grew by 50%** (from 675 to 1018).
- There has been a large rise in applications and claims since December 2021 (see purple ellipse).
- This rise in applications coincides with the rise in inflation (see previous slide).

Source: Benefits Section, Cheshire East Council, (09/05/2022).

# Focus on food poverty

- List of sources reviewed

National	Local
<p>Family Resources survey (DWP).</p> <p>National data from Trussell Trust (end of year briefing, end of year statistics, state of hunger report, end of year stories.</p> <p>House of commons Poverty in the UK report</p> <p>Inflation Nation, Resolution Foundation, Institute for Fiscal Studies, Living standards, poverty and inequality in the UK: 2021.</p>	<p>Data from Nantwich Foodbank, Data from Trussell Trust.</p> <p>LSOA data for Income, Income affecting Children and Income affecting Older People, IMD and employment, Applications for emergency assistance in Cheshire East council.</p> <p>CESAP Food Bank analysis 2021.</p>

# Food insecurity in the UK by personal circumstances

- According to the department of Work and Pension's Family Resources Survey, in the North-West, food insecurity was found in
  - **8% of all households**. This is slightly higher than the England average of 7%.
  - **19 % households with children where there was only one adult**.
  - **17% of households with one or more disabled adults under state pension age**.
  - **21% households with one or more unemployed adults under state pension age**.
  - The **age of the head of household affects food insecurity**. 14% of all households with the head of household aged 16 – 24 are not food secure.
- The **level of educational attainment is negatively correlated with food insecurity** – households with the head of household with a lower attainment were more likely to be food insecure.
- **Ethnicity also plays a role**. 21% of Black households, 17% of Pakistani and 12% of Bangladeshi households were food insecure.
- Households receiving any income related benefit had levels of **24% insecurity**.

# Stories from people using food banks in the Trussell Trust End of Year report

“I do [skip meals]. The kids don’t, but I do. [...] I can go three days without eating. [...] When I first started doing it, it was like, oh my God, I feel ill. Now, I’m used to it.”

“We will have to prioritise food so will be cold in our own home and I am eating less and less to ensure my daughter has what she needs as she is only 6. I already walk to work and back everyday [be]cause I cannot afford transport.”

“The cost of living has gone up and your social security payments haven’t gone up to cover it. It costs a lot to be disabled. It costs more. I’ve had to use food banks. [...] I have to rely on buses and trains and have to pay increased fares. Not having enough money for travel causes me to be isolated and excluded.”

Source: Trussell Trust, End of Year Stats 2021/22 Stories Report, (April 2022), available from:  
<https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/EOY-Stats-2022-Data-Briefing.pdf>,  
accessed June 2022

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# Trends in food bank use

Both the Trussell Trust and the Independent Food Aid Network (IFAN) reported **large increases in emergency food aid distribution in 2020-21 compared to 2019-20**.<sup>[1]</sup>

The Trussell Trust, is the largest food bank organisation in the UK and has highlighted through discussion of recent food bank use

- For the first time outside of the Covid-19 pandemic year (2020/21) food banks in the Trussell Trust network have distributed over 2.1 million food parcels in 2021/22.<sup>[2]</sup>
- This represents an **81% increase from the same period five years ago** and a 14% increase from 2019-20.<sup>[2]</sup>
- Food banks in the Trussell Trust network, overall, have experienced an **acceleration of need since October 2021**.<sup>[2]</sup>
- Reported that **food banks are running out of tools to prevent people from needing long term support**.<sup>[2]</sup>
- **“Food bank statistics should not be used as a proxy for poverty measurements**. The comprehensiveness and accuracy of food bank data, and the number of food aid outlets in existence, will affect food bank figures regardless of any changes or stability in poverty levels.”<sup>[1]</sup> However, “Use of a food bank is an indicator of severe financial difficulty.”<sup>[3]</sup>

Sources: [1] House of Commons Library, Food Banks in the UK (14.07/2021), available from: <https://commonslibrary.parliament.uk/research-briefings/cbp-8585/>, accessed: June 2022.

[2] Trussell Trust, Trussell Trust data briefing on end-of-year statistics relating to use of food banks: April 2021 – March 2022, available from: <https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/EOY-Stats-2022-Data-Briefing.pdf>, accessed: June 2022.

[3] Institute for Fiscal Studies, Living standards, poverty and inequality in the UK: 2021, (08/07/2021), available from: <https://ifs.org.uk/publications/15512>, accessed June 2022.

# Trends in food bank use (2)

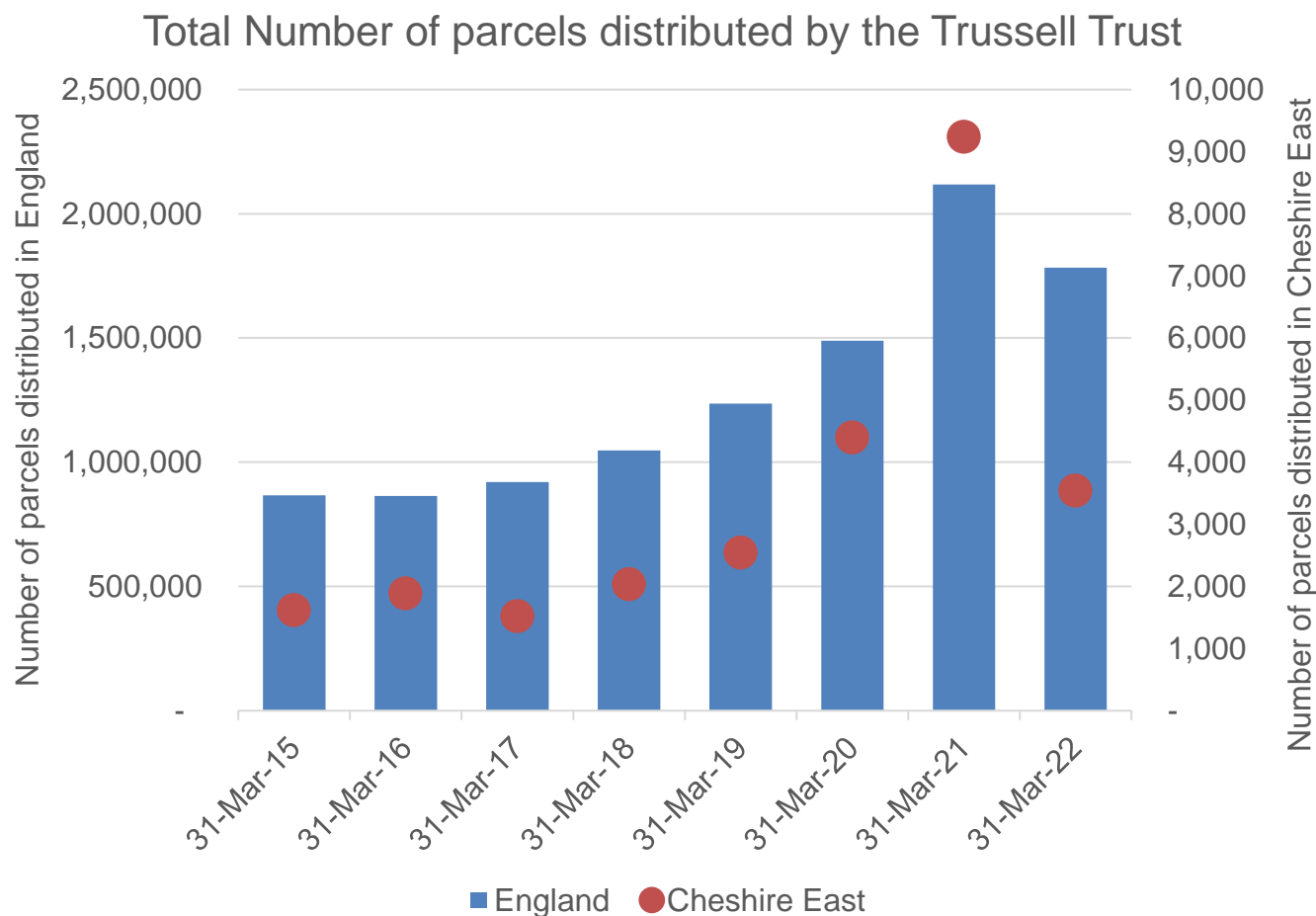
Notably, of those people who have been referred to a Trussell Trust food bank:

- Over **two-thirds had experienced a problem with the benefits system** in the year before they needed emergency food. In 43% of cases benefit problems were one of the main reasons for referral.<sup>[1]</sup>
- **94% were 'facing real destitution'**, unable to buy essentials to stay warm, dry, clean and fed. 23% were homeless.<sup>[1]</sup>
- **£50 was the average weekly income after housing costs**, while 20% reported no income at all in the month before.<sup>[1]</sup>
- **Over three quarters were in arrears, most commonly rent arrears, and 40% were repaying debts.**
- In the year prior to using a food bank 7 in 10 respondents reported at least one '**challenging life experience such as eviction or divorce**', while a large minority also reported having experienced an 'adverse work-related experience' such as losing a job or a reduction in work hours.<sup>[1]</sup>
- **22% were single parents** and nearly half were single person households.<sup>[1]</sup>
- **89% were born in the UK**, slightly above the 86% of the population as a whole.<sup>[2]</sup>

Sources: [1] House of Commons Library, Food Banks in the UK (14.07/2021), available from: <https://commonslibrary.parliament.uk/research-briefings/cbp-8585/>, accessed: June 2022.

[2] Trussell Trust, State of Hunger, A study of poverty and food insecurity in the UK, Trussell Trust, Nov 2019, available from <https://www.stateofhunger.org/wp-content/uploads/2019/11/State-of-Hunger-Report-November2019-Digital.pdf>, accessed June 2022

# Food parcels distributed by Trussell Trust in Cheshire East and England



- The Trussell Trust is the UK's largest network of food banks, accounting for over half of all food banks.<sup>[1]</sup>
- The number of food parcels given out by the Trust in **England** (blue columns) has **increased year on year up to the twelve months ending 31/03/21**.<sup>[2]</sup>
- In the year ending 31/03/22, more parcels were distributed than in any year apart from the previous twelve months.<sup>[2]</sup>
- The number of parcels distributed in **Cheshire East** (red dots) also **shows an increase up to the twelve months ending 31/01/21**.<sup>[2]</sup>
- In the year ending 31/03/22, there was a decrease in parcels distributed. It should be noted also that the number of distribution centres in Cheshire East decreased from 4 to 3 in this year.<sup>[2]</sup>
- In Cheshire East there are currently 25 organisations offering food banks, food parcels or food groceries. Only two are run by the Trussell Trust.<sup>[3]</sup>

Sources: [1] House of Commons Library, Food Banks in the UK (14.07/2021), available from: <https://commonslibrary.parliament.uk/research-briefings/cbp-8585/>, accessed: June 2022.

[2] Trussell Trust, End of Year stats 2021/22, (April 2022), available from <https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/End-of-Year-stats-2021-22-FOR-PUBLIC-USE.xlsx>, accessed June 2022.

[3] Cheshire East Social Action Partnership, Foodbanks in CE May 22, (22/05/2022)



# Reflections from food bank users

In 2021, Cheshire East Social Action Partnership conducted a survey to find the primary reasons for using the food bank. These were

- **low income**
- **delays in benefit claims (usually Universal Credit)**
- **mental health issues**

“A common feeling among participants was that **there is still significant stigma and shame attached to people asking for help**, particularly when it comes to food and people being able to feed their families.”

“Participants related **how greater understanding of geography and logistics is needed** for some referring organisations **as rural poverty and access to affordable transport can be an issue**.”

“A common understanding among participants was that **food poverty is not a stand-alone factor in people’s lives – it is ‘poverty’ of many levels**. Their experience was that people who approach the food bank have multiple complex needs which can cascade and lead to destitution. They reported that while some have lost jobs, face delays in accessing Universal Credit; others come from a growing number of people in work with very low incomes, **with an unexpected bill or financial commitment leaving them without enough money to buy sufficient food, or making a choice between eating and heating their homes**.”

Source: Food Bank Questionnaire and Deep Dive Interviews, Cheshire East Social Action Partnership, July 2021.

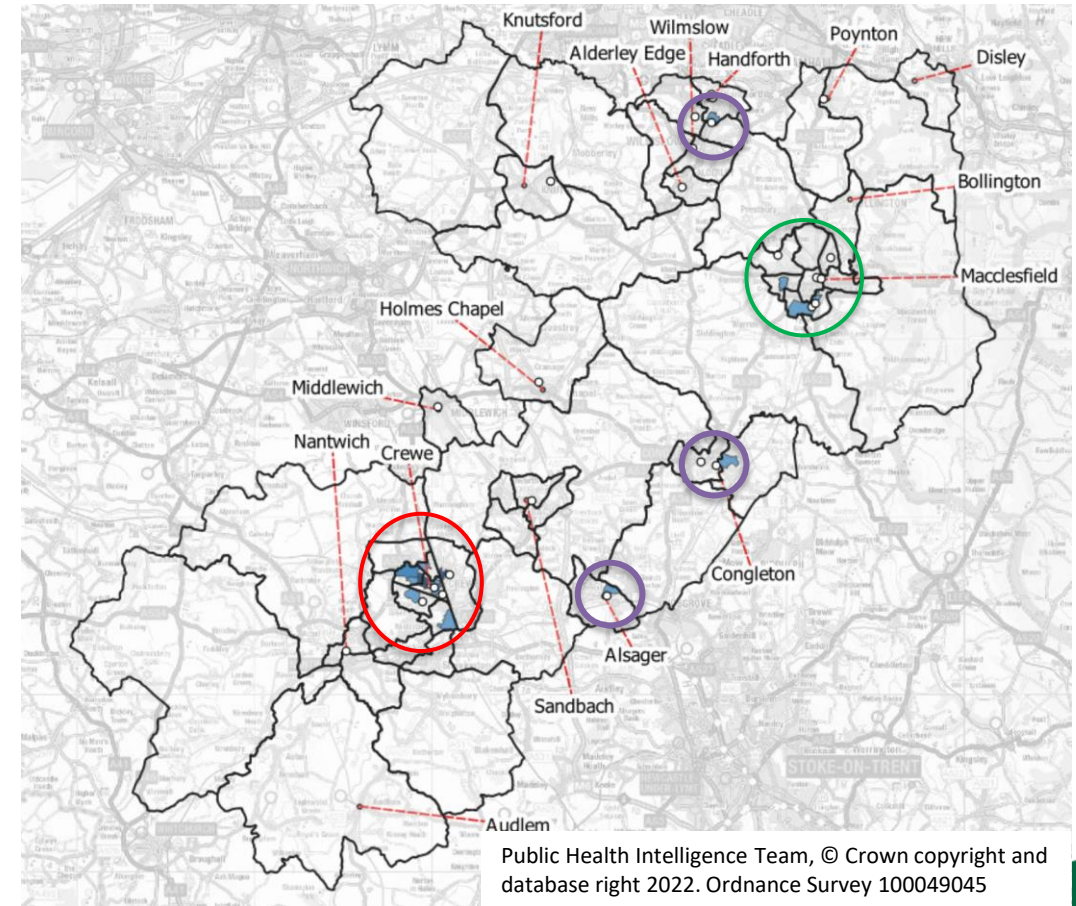
# Distribution of food banks across Cheshire East compared to distribution of residents with low income

- **LSOAs are small geographic areas of approximately 1500 people** produced by the ONS to enable reporting of small area statistics in England and Wales.<sup>[1]</sup>
- The **darkest areas show LSOAs with the lowest income in the decile**, lighter areas show LSOAs in the second lowest decile for income.
- Cheshire East is a relatively wealthy area but there are **7 LSOAs in Crewe in the lowest two deciles** (see red ellipse).
- **Macclesfield has 3 LSOAs** in low income (see green circle).
- **Alsager, Congleton and Handforth all have one LSOA** in the second decile for income (purple circles).
- The LSOAs with the lowest income deciles are well served by foodbanks.
- There are also food banks in less deprived areas of Cheshire East such as Holmes Chapel or Alderley Edge. This suggests that **food poverty in Cheshire East is not restricted to the lowest two deciles of income**.

Sources: [1] UK govt, (2018), Methods, data and definitions, available from <https://www.gov.uk/government/publications/health-profile-for-england-2018/methods-data-and-definitions>, accessed June 2022

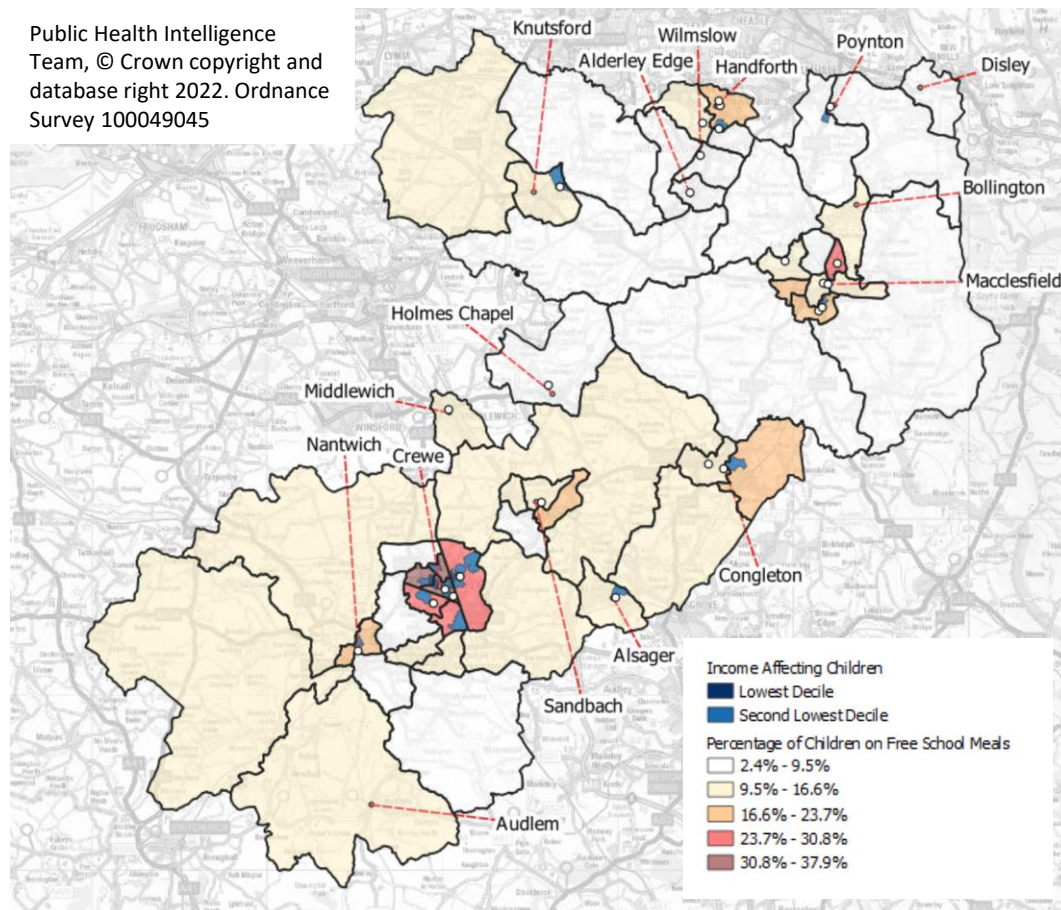
Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, available from: accessed: June 2022 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>, accessed June 2022.

Cheshire East Social Action Partnership, Foodbanks CE May 2022.xlsx, 23/05/2022



# Distribution of food banks across Cheshire East compared to distribution of children in families with low income and children receiving free school meals

Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045



- Crewe had a large number of children in families with low income.
- There are also LSOAs\* in the lowest two deciles for income affecting children in **Nantwich, Alsager, Congleton, Knutsford, Macclesfield and Poynton.**
- The council wards\* with the highest percentage of children receiving free school meals are around **Crewe and Macclesfield.**
- **Foodbanks in Cheshire East are well situated to serve families of children on free school meals.**
- **Less deprived** wards **such as those of Holmes Chapel and Alderley Edge** have a low percentage of children on free school meals. Nonetheless, both wards have a food bank suggesting some need is being met by the foodbank.

\* Income deprivation affecting children is measured at an LSOA level, data for Free School Meals is available at a council ward level.

Sources: Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>, accessed June 2022.

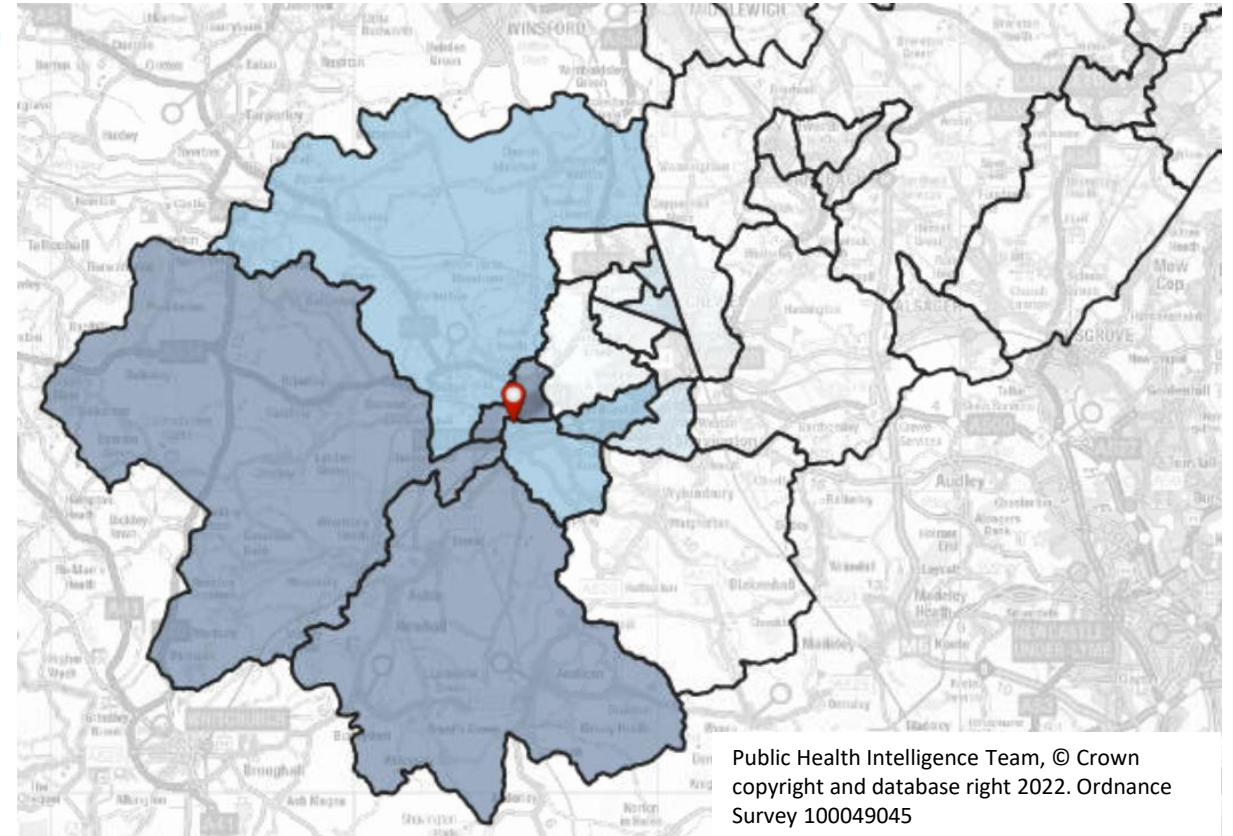
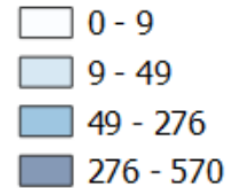
Free School Meals by Ward, Business change, Cheshire East Council April 2022



# Poverty in Cheshire East: Spotlight on Nantwich Foodbank

The Nantwich Trussell Trust Foodbank served most of its food parcels to people in the **Nantwich North and West, Nantwich South and Stapely, Wrenbury, Bunbury and Audlem wards**. Wrenbury has an IMD score of 18, Bunbury 15.7 and Audlem 13.1. The score for England is 21.7 and for the North West 28.1. This shows that demand for foodbanks is also in areas that are not very Also, some of these areas are a long way from the foodbank which might make it difficult for people to access.

Number of People Served (2021/22)



Source: Nantwich Foodbank Reports 2020/21 and 2021/22, Nantwich Foodbank, Trussell Trust, 2022.

OFFICIAL

Open

Fair

Green

# Key messages

- Nationally and locally there is concern about increasing levels of poverty in recent months which is projected to continue and worsen.
- Although not a proxy for all food insecurity, there is evidence to demonstrate a general increase in food bank usage in Cheshire East, which matches the national picture.
- There is food bank provision across Cheshire East to support areas of deprivation and also less deprived localities.
- The cost of living crisis will drive more people to experience poverty who will not necessarily live in the most deprived areas of Cheshire East.
- Further work is required to develop greater understanding of poverty through the next phase of the deep dive review.

# Recommendations

1. Building on understanding of food insecurity
  - a) More comprehensive picture of food bank use across Cheshire East
  - b) Understanding of holiday hunger
  - c) Understanding need in both areas considered “more” and “less” deprived
  - d) Learning from lived experience
2. Broader consideration of other poverty related issues
  - a) Fuel Poverty, Transport Poverty, Debt, Poverty and Safeguarding, Poverty and Crime, Employment and Training Opportunities, Economic Development, Housing and, Health
  - b) Learning from lived experience

# Proposed next steps

Approval of scope by Poverty working group and JSNA steering group.

Completion of analysis by end of September 2022 for onward approval.

Publication after formal approval through the Health and Wellbeing Board.

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# STATE OF **HUNGER**

## **BUILDING THE EVIDENCE ON POVERTY, DESTITUTION, AND FOOD INSECURITY IN THE UK**

**May 2021**



# BACKGROUND AND METHODOLOGY

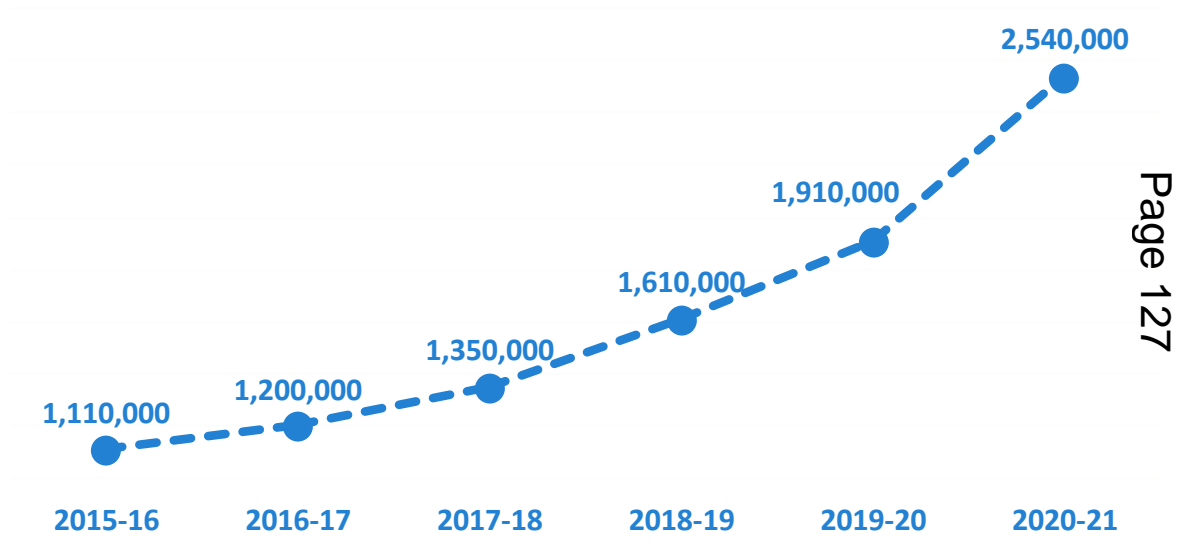
# BACKGROUND

The State of Hunger research programme arose out of growing public concern about the deteriorating financial positions of many people on low incomes in recent years.

The rapid growth in the number of charitable food banks had particularly captured public attention, as had the quantity of emergency food parcels they were distributing. Food banks in the Trussell Trust’s network distributed 61,000 emergency food parcels in 2010/11, rising to 2.5 million in 2020/21.

The State of Hunger project, carried out by Heriot-Watt University, was established as a major study to build a much clearer evidence base to underpin the recommendations of the Trussell Trust, and its wider sector of stakeholders, on how to address hunger in the UK.

Compared to this time five years ago, the need for food banks in our network has increased by 128%  
*Number of emergency food parcels distributed each year*



# METHODOLOGY – YEAR 2

A wide range of methodologies have been used to collect data to understand the scale of hunger in the UK, who is most affected, where, and the issues that drive people to need to use food banks. Sample sizes were smaller in Year 2 due to the pandemic.

This second report builds on the concepts, definitions, methods, and findings detailed in the first main report released in 2019.

This second report provides information on food insecurity in 2019/20 and in the opening stages of the Covid-19 pandemic. It provides socio-demographic information on people that were referred to food banks in the Trussell Trust network pre-pandemic in early 2020, and during the pandemic in June and July 2020.



**Surveys of people referred to food banks in the Trussell Trust network in early 2020 and mid-2020**



**25 interviews with people referred to a food bank in the Trussell Trust network in early 2020**



**Survey of 20 managers of food banks in the Trussell Trust network**



**Statistical modelling of drivers of food insecurity and need for food banks**



**Survey of 323 referral agencies in 16 localities across the UK who refer people to food banks in the Trussell Trust network**

# THE SCALE AND PROFILE OF UK HUNGER



# MEASURING HUNGER

To explore hunger within the UK, the State of Hunger focuses on household food insecurity and the number of parcels distributed by food banks in the Trussell Trust network. Hunger, measured as food insecurity, is detailed here as just one symptom of poverty.

Within the State of Hunger, both the scale and socio-demographics of household food insecurity, and need for food banks is explored.

# THE SCALE AND PROFILE OF FOOD INSECURITY

**2.7 MILLION**

(10%) households in England and Wales experienced food insecurity in the last 12 months in 2018.

**4%**

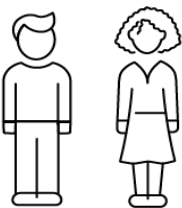
Of households in England and Wales experienced severe food insecurity in the last 12 months in 2018. A significant increase from 2016.

**1.5 MILLION**

(5.8%) UK households in July 2020 reported food insecurity in the previous week.

During the Covid-19 pandemic, some groups have been at higher risk of food insecurity than others. The food insecure population is generally similar to those who need support from food banks in the Trussell Trust network, with the exception of people who are aged 16-24 who are more likely to be food insecure but have low levels of referrals to food banks.

The risk of being food insecure was higher among:



**YOUNGER PEOPLE**



**SINGLE PARENTS**



**SOCIAL RENTERS**



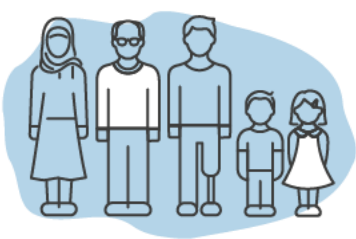
**ETHNIC MINORITIES**



**PEOPLE IN POOR HEALTH**

# THE SCALE OF NEED FOR FOOD BANKS

*In 2019-20 food banks in the Trussell Trust network supported:*



**370,000 UNIQUE HOUSEHOLDS**

28% increase since 2018-19



**520,000 ADULTS**

30% increase since 2018-19



**320,000 CHILDREN**

49% increase since 2018-19

## 1.5 MILLION UNIQUE HOUSEHOLDS

(5-6%) of all UK households were supported by a independent food bank or a food bank in the Trussell Trust network between April 2016 and March 2020.

## 700,000 UNIQUE HOUSEHOLDS

(2.5%) of all UK households were supported by a independent food bank or a food bank in the Trussell Trust network in 2019/20 alone.





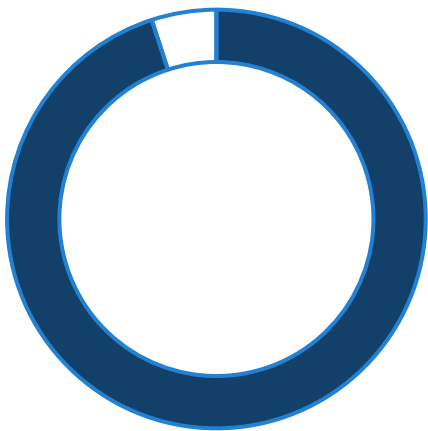
*[When reducing food intake] I feel very depressed..... Especially when you're used to working and not living like it. I feel like it drains me. It makes feel tired, like you're constantly thinking of the next way to get through it. Like your brain doesn't rest. It's like, right, what can I make tomorrow for it to go further? Or what can I freeze? You're always trying to save...*

**STATE OF HUNGER RESPONDENT**

# THE PROFILE OF NEED FOR FOOD BANKS

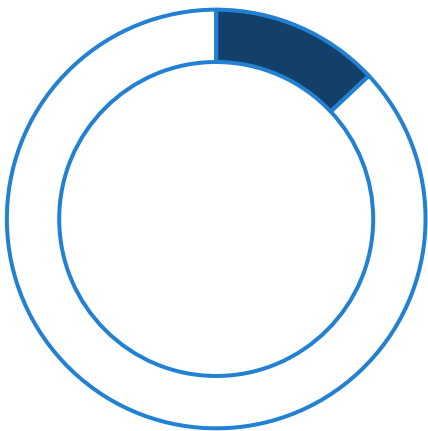
## Level of income

The evidence collected shows that people referred to food banks are a very deprived group. The vast majority are classed as destitute, meaning they can't afford the essentials in life. Three-quarters are severely food insecure and one in five were homeless. The majority experienced two or more types of deprivation.



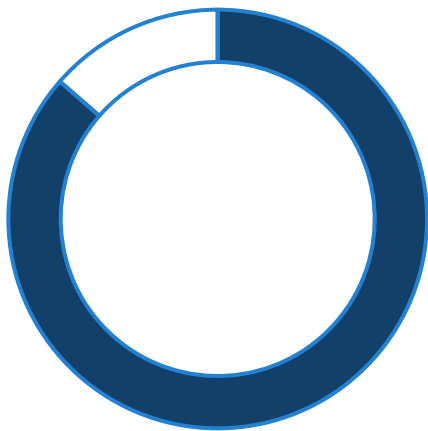
**95%**

of people referred to food banks in early 2020 were destitute, meaning they can't afford the essentials like heating and food.



**13%**

The average household income for people referred to food banks was just 13% of the national average.



**86%**

Of households referred to food banks were in receipt of social security. Just 16% of households had someone working.

# THE PROFILE OF NEED FOR FOOD BANKS

**Housing and households:** People referred to food banks in the Trussell Trust network were generally more likely to be renting or homeless than the UK population, with owners underrepresented. The most common household type for people referred to food banks was single people living alone. Single parents were significantly overrepresented against the UK population.



20%

Of households referred to food banks in early 2020 were homeless



42%

Of people referred to food banks in mid-2020 lived alone – almost twice the rate of the UK population.



18%

Of people referred to a food bank in mid-2020 were single parents – more than twice the rate of the UK population. Across the study, 84% of single parents were female

**Health and disability:** People referred to food banks in the Trussell Trust network are far more likely to be disabled than the UK population. They are also more likely to have more severe disabilities that limit their daily activities ‘a lot’.

62%

Of working age people referred to food banks in early 2020 were disabled, over three times more than in the general working age population.

51%

Of households referred to food banks in early 2020 had someone with poor mental health. See also slide 12.

# THE PROFILE OF NEED FOR FOOD BANKS

## What changed during the pandemic?

Overall the population of people referred to food banks in the Trussell Trust network during the pandemic was relatively similar to early 2020 with some key differences:

1. An increase in the proportion of people estimated to have No Recourse to Public Funds from **2%** in early 2020 to **11%** in mid-2020.
2. An increase in the proportion of **people aged 25 to 44**, from 54% in early 2020 to 62% in mid-2020. This reflects that this group were more likely to be in employment, and therefore be affected economically by the pandemic.
3. An increase in the proportion of couples with children from **19%** in early 2020 to **24%** in mid-2020.
4. An increase in the proportion of people reporting mental health problems from **51%** in early 2020 to **72%** in mid-2020.

# WHAT IS DRIVING HUNGER?

# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

People need support from food banks because of a fundamental lack of income; most people referred to food banks do not receive enough income to afford the essentials. The most immediate driver of these low levels of income is social security, more often than not due to the design of the system. Social security issues are also compounded by other ‘background’ factors – namely difficult life experiences and ill health, and a lack of local support.

## Factors driving need for food banks:

Social security	Life events & health	Local support
<div>1. Low levels of benefit income and deductions</div> <div>2. Other design issues, e.g. five-week wait for Universal Credit (UC)</div> <div>3. Administrative problems</div>	<div>1. Common challenging life experiences (e.g. becoming unemployed, homeless, divorced)</div> <div>2. High rates of ill health and disability</div>	<div>1. Lack of local support services</div> <div>2. No, or limited support from family or friends</div> <div>3. Limited social networks</div>

# IN-DEPTH MODELLING OF DRIVERS OF NEED FOR FOOD BANKS

The State of Hunger research includes **in-depth statistical modelling** of the **drivers of need for food banks** at the local authority level. This analysis uses data from the Trussell Trust's referral database across England and covers the period between 2011/12 and 2019/20.

The findings from this modelling support the findings on key drivers. Many elements of **benefit design** were found to have a **significant impact on food bank** provision - including the relative generosity of benefits rates, the roll-out of UC, sanctions, and the 'bedroom tax'.

Modelling found that the **increased number of food banks** results led to increased uptake because of **underlying unmet need**. In other words, food bank use in the Trussell Trust network in recent years is a manifestation of need and destitution. If there were no food bank to go to, that need would be unmet. While this is the case, the number of food banks in the Trussell Trust has remained largely static in recent years.

↑ 24

The number of additional parcels distributed in a typical local authority for every additional 100 **benefit sanctions**.

↓ 118

The decrease in parcels distributed in a typical local authority for every £1 increase in **UC/JSA/ESA/IS standard allowance**.

↑ 46

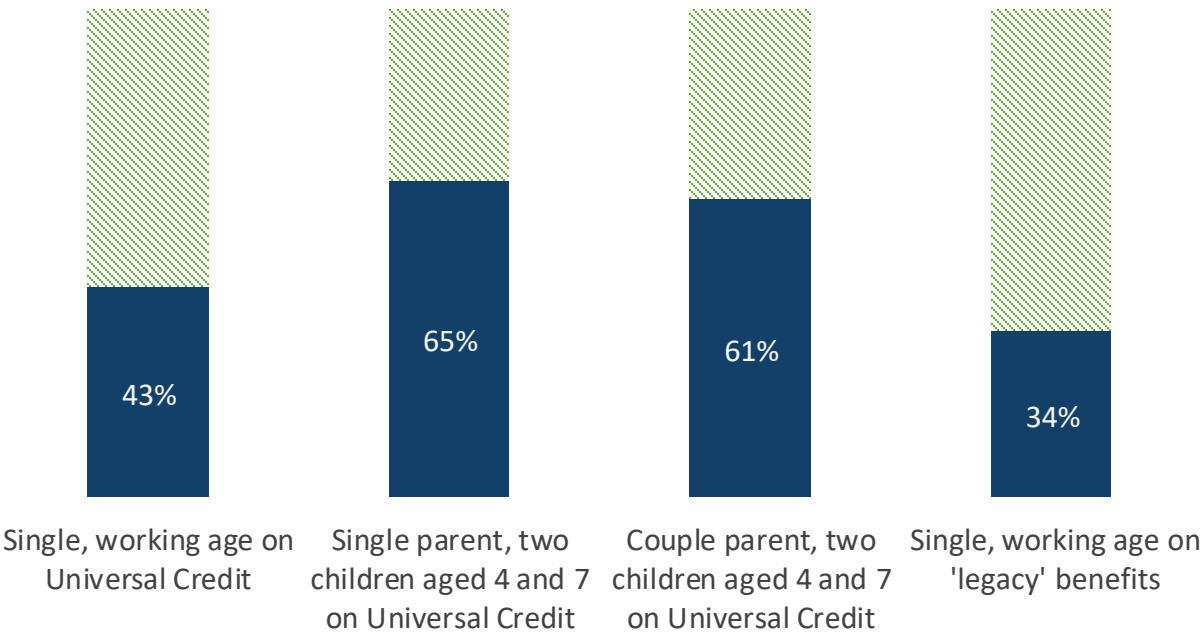
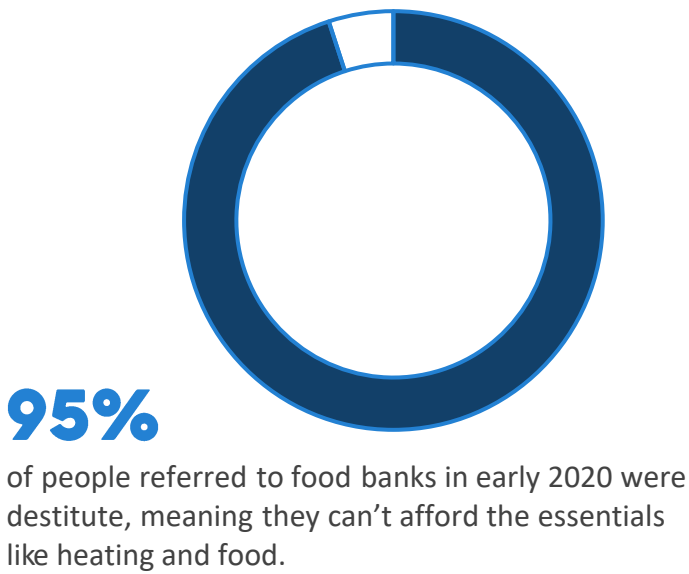
The number of additional parcels distributed in a typical local authority for every additional 100 households subject to the **'bedroom tax'**.

# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

## Policy in focus: Destitution and benefit income

People referred to food banks are a very deprived group, with most experiencing destitution. With 86% of households referred to food banks receiving social security this begs the question, **why are they destitute?** For many it is simply because their **income from social security is insufficient** for them to purchase the essentials. Analysis from the Joseph Rowntree Foundation shows that for the majority of households out of work benefits do not even cover 70% of the Minimum Income Standard (this is the income necessary for a minimum acceptable standard of living).

Percent of Minimum Income Standard met by social security as of March 2020 (JRF)







*It's not even enough to get essentials. When you think about it, out of £56 if I pay my £16 rent, I'm left with £40 a week, and that's supposed to, like you said, feed me, clothe me, buy all my essentials for washing and cleanliness and everything else.*

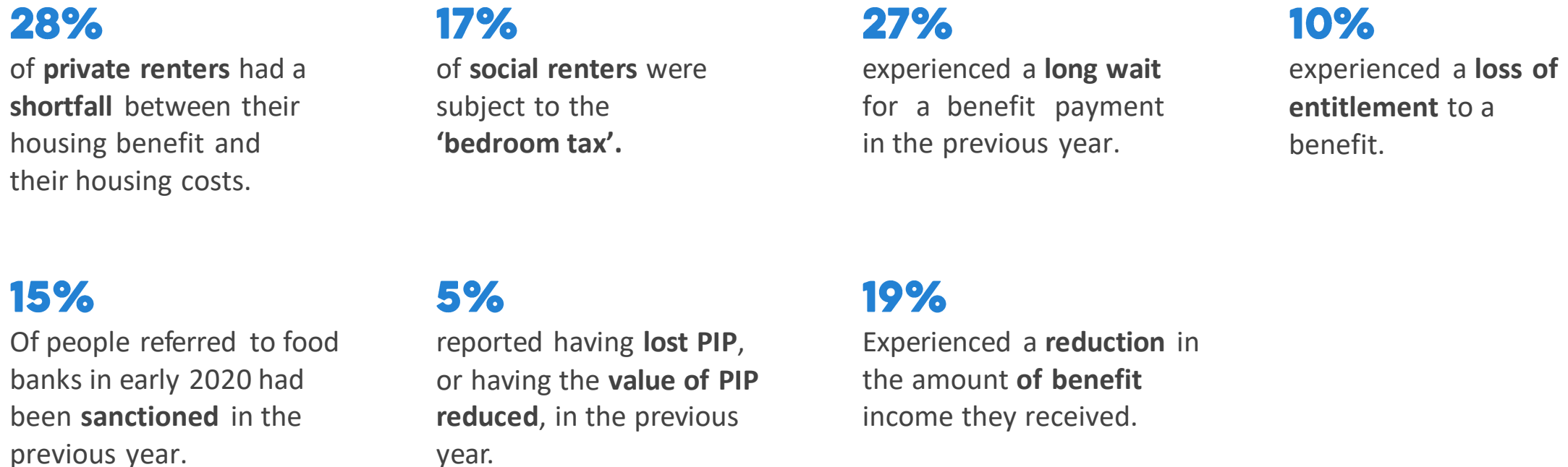
**STATE OF HUNGER RESPONDENT**

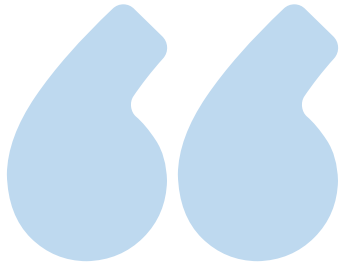
# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

## Benefit issues

Issues with the social security system – particularly its design – is the most immediate driver of insufficient income. These can include the level of payments (and recent cuts), eligibility for support, the timing of payments, and the five-week wait for UC.

*In early 2020 of people referred to food banks in the Trussell Trust network:*





*I think it's one of the PIP things, where they just no matter what, turn you down until you appeal it and gather more evidence, just to be persistent about it.*

**STATE OF HUNGER RESPONDENT**

# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

## Policy in focus: UC and deductions

People referred to food banks have very high levels of debt. In mid-2020, 6 in 10 households had arrears on bills and owed money on loans. This was many times higher than the equivalent figure for working age adults in the general population (6%). One of the most striking findings from this study is that during the pandemic **the DWP became the most common creditor** to people referred to food banks. Almost half (47%) owed money to the DWP. Data previously collected shows that this was most commonly because people were repaying advance payments.

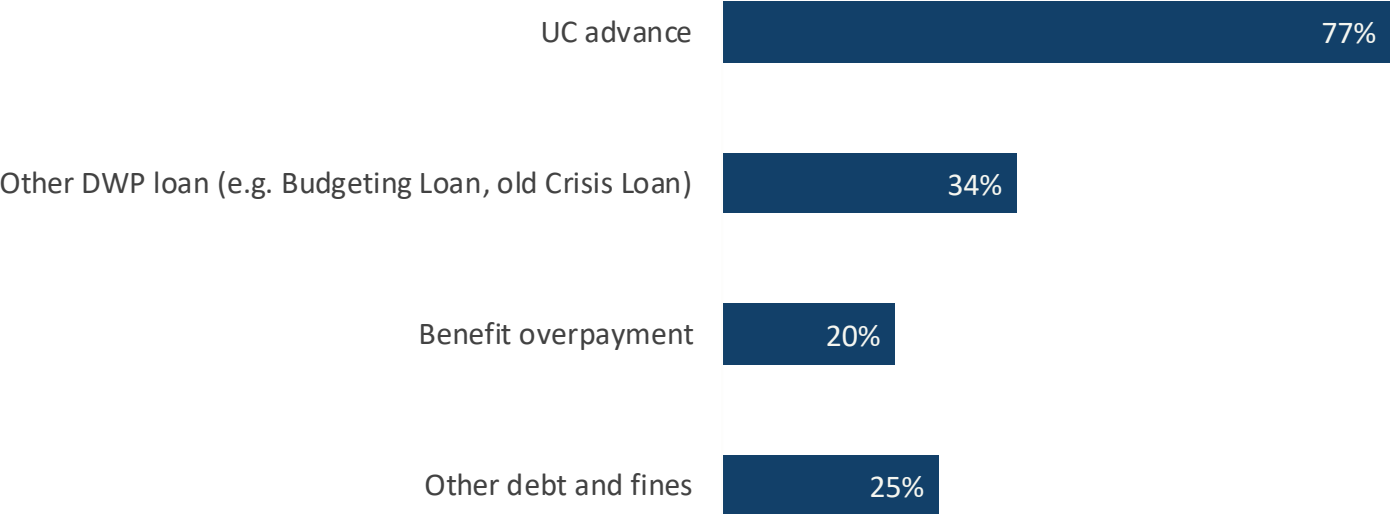


Chart shows source of debt for those referred to food banks in debt to the DWP in early 2020

# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

## Policy in focus: UC and deductions (the five-week wait)

The alternative to taking on the advance payment is to wait five weeks for the first payment of UC. Savings levels among low-income households are either low or non-existent, meaning that these households would have very little to tide them over during the wait. Analysis of 'Understanding Society' data collected in July 2020 suggests that these weeks of either waiting for UC, or just after receiving it are extremely difficult.

*In July 2020:*

**29%**

of people who **recently started receiving** their UC payments were food insecure.

**12.5%**

of people **waiting** for their first UC payment were food insecure.

**4%**

of people on **average** were food insecure.

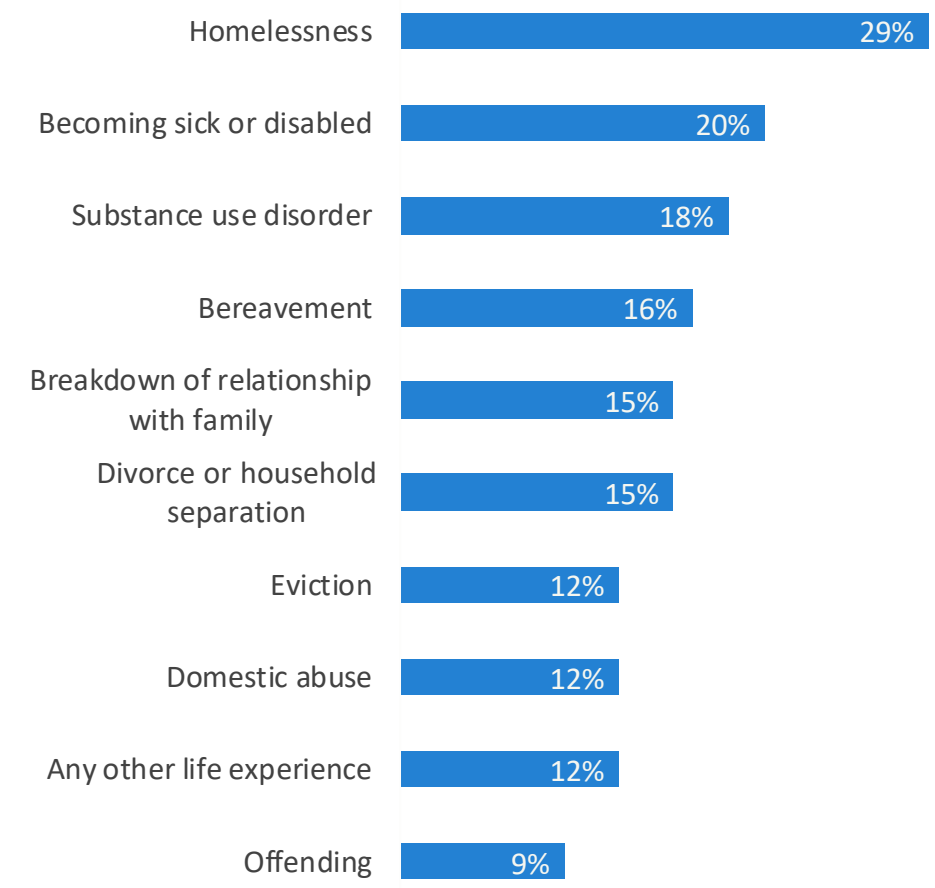
# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

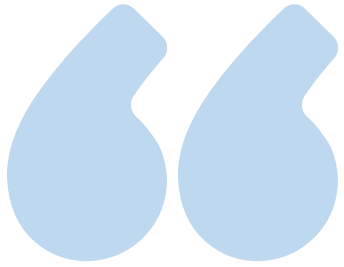
## Challenging life experiences or ill health

Living for an extended period of time on an extremely low income can drive ill health and make challenging life experiences more likely. In other ways, challenging life experiences and ill health can make people more likely to experience low income by making it harder to earn or engage with the welfare system without additional or specialist support or increasing their expenses.

In these ways, challenging life experiences or ill health can either compound existing issues or drive levels of food bank need. The evidence collected through the State of Hunger shows in early 2020 the majority (72%) of people referred to food banks had experienced a challenging life experience in the previous year.

Adverse work-related experiences were also common. Over one in three (37%) people referred to a food bank in early 2020 indicated an adverse work-related experience in the previous 12 months. Job loss was the most common experience (25%).





*I had to run from my ex-partner. I had to get away. I was homeless, and I was doing okay actually for a few months, and then my benefits changed to Universal Credit and that was just a disaster. I just couldn't cope financially.*

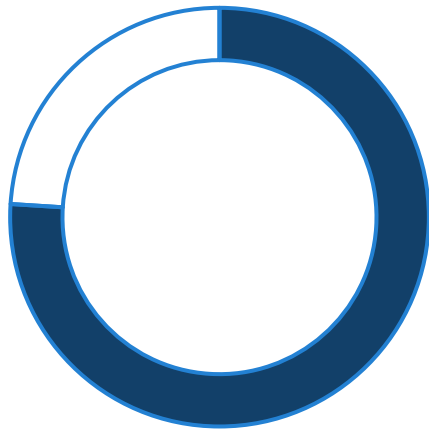
**STATE OF HUNGER RESPONDENT**

# WHY DO PEOPLE NEED SUPPORT FROM FOOD BANKS?

## Lack of local support

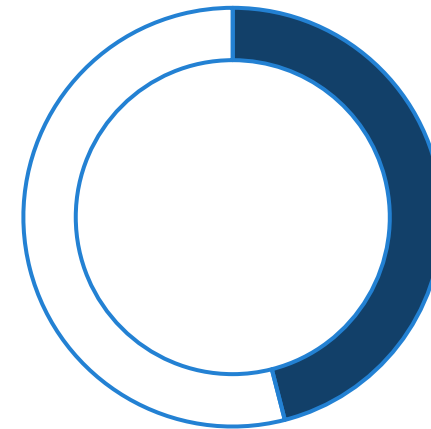
Many people experiencing destitution do not have people that they can rely on for support. For those that do, these support networks can be the difference between getting the essentials and going without. However, these links are often fragile. Any additional income shock can overwhelm these support networks. They can also be disrupted, through for instance a relation losing their job, dying, or moving away.

The impact of the pandemic has highlighted the fragility of these relationships. Analysis in the State of Hunger showed that during lockdown people who reported 'receiving less help from people who previously helped them' were 67% more likely to need to use a food bank than people without that experience.



**76%**

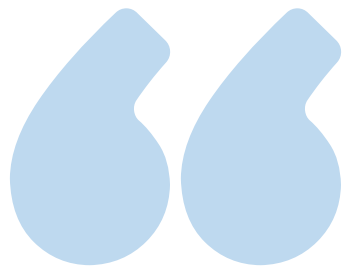
of people referred to food banks in early 2020 said that they couldn't receive help from friends or family because they had exhausted that support, they didn't have people they could ask for help, or their friends or family weren't in a position to help.



**46%**

of people referred to food banks in mid-2020 said that it was 'very true' that they needed to use a food bank because the support they relied on was more limited during the lockdown.





*I used to borrow money off my parents, but then my dad died, and then my mum really hasn't got enough to lend now.*

**STATE OF HUNGER RESPONDENT**

# WHAT NEEDS TO CHANGE?

# A PLAN TO END THE NEED FOR FOOD BANKS

We know we can change this. We need government at all levels to commit to ending the need for food banks, and to develop a plan to do so. For the UK Government, this plan should include a commitment to:

- **Ensuring our UK social security system provides everyone with enough to afford the essentials.** The UK Government should ensure no one has to rely on the distribution of emergency food by making sure benefit payments are sufficient, accessible, and responsive. This should start with making the £20 weekly increase to Universal Credit permanent and extending it to legacy benefits.
- **Ensuring local lifelines are available to get people the right support at the right time.** The UK Government should ensure people have immediate support to ensure a short-term crisis does not turn into long-term hardship by investing in cash-based grants and coordinated local support services. This should start with committing dedicated long-term funding for local welfare assistance schemes in England.
- **Involving food banks and people with lived experience in shaping the plan to end the need for food banks.** The UK Government should harness the expertise and commitment in communities across the country to end the need for food banks. The plan should be developed across UK Government departments, recognising the interconnected issues which drive people to food banks.

# STATE OF HUNGER

The link to the main report can be found [here](#).

The link to the press release accompanying the report can be found [here](#).

For more information on the State of Hunger or to get in touch with the Policy team at the Trussell Trust please contact Tom Weekes or Rory Weal.

[thomas.weekes@trusselltrust.org](mailto:thomas.weekes@trusselltrust.org) and [rory.weal@trusselltrust.org](mailto:rory.weal@trusselltrust.org)

The State of Hunger research programme is a three-year research project independently carried out by researchers at Heriot-Watt University.

ASDA's Fight Hunger Create Change partnership funded this study, enabling the Trussell Trust to better understand and tackle the root drivers of need for food banks.



*Working for a brighter future together*

## **Adults and Health Committee**

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<b>Date of Meeting:</b>	21 <sup>st</sup> November 2022
<b>Report Title:</b>	Living Well in Crewe – Report of the Cheshire East Increasing Equalities Commission
<b>Report of:</b>	Helen Charlesworth-May   Executive Director – Adults, Health and Integration
<b>Report Reference No:</b>	AH/39/2022-23
<b>Ward(s) Affected:</b>	Crewe South, Crewe West, Crewe Central, Crewe North, Crewe East and St Barnabas

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### **1. Purpose of Report**

- 1.1. This is a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who have considered what would help improve the health outcomes and life chances of the people of Crewe.
- 1.2. It considers the contribution of people's environment to their health and takes a life course approach from early years and education, to work and then to preventing illness through health services.
- 1.3. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".
- 1.4. This report provides recommendations for all partner organisations within Cheshire East on approaches they can consider to improve outcomes for residents of both Crewe and the whole of Cheshire East.

### **2. Executive Summary**

- 2.1.1 Life expectancy in every central Crewe ward is lower than Cheshire East overall with people dying over ten years earlier on average in parts of Crewe compared to the Cheshire East wards with the longest life expectancies. This report highlights opportunities for building healthy communities and raising healthy life expectancy.

- 2.1.2** We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs. A thriving Crewe will benefit the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.
- 2.1.3** We recognise that health and wealth are inextricably linked. Deprivation contributes to poor health outcomes and, conversely, better health and wellbeing leads to increased productivity and economic success.
- 2.1.4** There are tremendous opportunities to act in Crewe, leveraging the change we are already seeing through regeneration and capital investment, and the integration of health and social care services at place level. NHS services have new commitments around reducing inequalities and Cheshire East Council has committed to being an organisation that empowers and cares about people and to reducing health inequalities across the borough. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".
- 2.1.5** We collaborated through multi-organisation workshops (one for each of the six themes below) to bring together current programmes and projects in the public and the voluntary, community, faith and social enterprise (VCFSE) sectors that are already benefitting Crewe's residents. We explored the gaps in provision to inform our recommendations. We then undertook a programme of community engagement, speaking to over 100 residents as well as reviewing relevant engagement exercises from other recent programmes of work for health services and for children.

**2.2 Recommendations of the Increasing Equalities Commission to public sector organisations and partners**

- Important ideas emerged across several workshops and discussions and can have a positive impact across multiple themes.
- Put improving health and wellbeing and the reduction of inequalities at the heart of decision making – a Health in All Policies approach. Use power as employers, as providers, as commissioners of services and as purchasers to generate social value. Embrace proportionate universalism by creating an offer for all but with the greatest investment given to the areas with the greatest need.
- Continue to listen to residents and service users to co-produce solutions.
- Make the best of what we have, through improved information sharing and co-ordination of services.

- Select a small number of key metrics to tell us whether we are making meaningful change to residents' life chances.

### **2.2.1 Make Crewe a health-creating environment**

Our health is shaped by the environment in which we live, learn and work. Well-designed places promote and support good health by making the healthy choice the easy choice.

- Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to support active travel, provide green spaces and improve the food and drink environment.

### **2.2.2 Support strong communities in Crewe**

People are proud of Crewe, whilst also recognising that it could be a better place to live. Our VCFSE sector gives us strong foundations to build on and we can leverage the corporate responsibility agendas of local businesses and organisations to benefit local people.

- Use regeneration opportunities to develop community spaces. Facilitate intergenerational and intercultural engagement.
- Coordinate action to address poverty and the cost-of-living crisis.

### **2.2.3 Give every child in Crewe the best start in life**

The inequalities in life chances begin at an early age and often widen throughout a person's life. Parents and children in our most deprived areas, such as those in Crewe, are often those most in need of the help of high-quality ante-natal services, parenting support and early years services.

- Develop a clear and ambitious plan for supporting the vital First 1000 days of life. Use our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

### **2.2.4 Boost education and skills development in Crewe**

For regeneration and investment to benefit Crewe's residents, we need to support our young people to get the skills they need to take advantage of any new opportunities. On average, students in more deprived areas achieve poorer exam results than their peers and are more likely to experience school exclusion but schools in Crewe are already coming together to make strategic improvements to benefit their young people.

- Use The Pledge and the Institute of Technology programme to boost skills and employability.
- Continue to develop targeted support for those with special educational needs and those at risk of exclusion or involvement in crime.

### **2.2.5 Improve working lives in Crewe**

Crewe remains a centre for high-quality manufacturing but also has many important entry-level jobs. Regeneration will bring new opportunities, including in the cultural sector. We should ensure that pay and conditions are adequate to support wellbeing and that Crewe's residents are able to progress and access higher quality jobs.

### **2.2.6 Prevent ill health in Crewe**

All themes of the report contribute to a person's health and wellbeing and, consequently, their life expectancy and need for health and social care services. However, preventative and treatment services can also play a key role in narrowing the gaps we see. Further analysis is needed to understand the causes of the avoidable deaths we see and allow us to target our response.

- Establish governance for place-based prevention and the reduction of inequalities and implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient.
- Ensure primary care services in our most deprived areas are adequately resourced and are able to support prevention and proactive care.

## **3. Recommendations**

- 3.1.** For the Committee to note the contents of the Report
- 3.2.** For the Report to be used as a source document in the development of the Joint Health and Wellbeing Board Strategy

## **4. Reasons for Recommendations**

- 4.1.** The report will be presented to the Health and Wellbeing Board and partners will be asked to review the recommendations and progress those within their gift that are feasible and expected to be effective.
- 4.2.** Whilst the report focuses on the central electoral wards of Crewe, many of the recommendations would apply across the Borough and as such it will serve as a useful reference when developing the Joint Health and Wellbeing Board Strategy

## **5. Other Options Considered**

- 5.1.** Not applicable



## 6. Background

- 6.1.** In 2020, Cheshire East Health and Wellbeing Board established the Increasing Equalities Commission to lead and co-ordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough. The Commission quickly recognised that Crewe should be its initial focus.
- 6.2.** The report sections were originally taken from the “Marmot Report”, but these were later adapted to a Crewe context with a greater emphasis on the environment and communities. These changes reflect the importance of place for health and the opportunities we have through the regeneration of Crewe Town Centre.
- 6.3.** Workshops were held for each of the six main sections of the report. For each section, one or more co-authors were identified. Their contributions were invaluable in providing key reports and references, sense-checking recommendations and ensuring alignment with other workstreams. Workshop invitees included:
- Membership of the Increasing Equalities Commission
  - All members of Cheshire East Public Health Team
  - Third sector Organisations who operate within the Crewe area
  - Those whose job role related to the workshop
  - Membership of Crewe Town Council
  - Membership of South Cheshire Chamber of Commerce
- 6.4** **The report has been presented to:**
- Adults, Health and Integration DMT
  - Children and families DMT
  - CLT
  - Joint Directorate meeting (Adults, Health and Integration & Place)

## 7. Consultation and Engagement

- 7.1.** Cheshire East Council’s Communities Team led a programme of engagement in Spring 2022. The team met more than 100 people in Crewe to gather the experiences of residents.
- 7.2.** The team also reviewed relevant consultation and engagement exercises for other projects and included relevant findings and experiences as part of this report. Examples include engagement with young people around parks and green spaces and Healthwatch review of service provision in Crewe during the COVID-19 Pandemic.

## 8. Implications

### 8.1. Legal

- 8.1.1.** Each partner organisation will need to consider the legal implications of any recommendations it chooses to take forward.

**8.2. Finance**

- 8.2.1.** Many of the recommendations require changes in processes and prioritisation rather than new funding. Each partner organisation will need to consider the financial implications of any recommendations it chooses to take forward.

**8.3. Policy**

- 8.3.1.** The findings of the report should be considered when developing policies to ensure that health and the reduction of inequalities are considered at all stages.

**8.4. Equality**

- 8.4.1.** The report focuses on deprivation and addressing the inequalities seen in our most deprived areas in central Crewe. Whilst other protected characteristics are not explicitly addressed, there are implications for many groups.
- 8.4.2.** Age - A life course approach focussing on improving early years and giving residents the best start in life is a recommendation of the Marmot report to reduce inequalities. While it emphasises more investment earlier in life, this means people will be healthier as they age.
- 8.4.3.** Disability - Our most deprived areas tend to have a higher proportion of people with disabilities – both as cause and consequence of deprivation. We make specific recommendations around supporting young people with special educational needs and consider needs of those with disabilities as part of built environment and planning.
- 8.4.4.** Race - CHAWREC (Cheshire and Warrington Racial Equity Commission) are currently undertaking a specific project around race, ethnicity and access to services, which is reporting to the IEC. We are waiting 2021 census to better understand which of our residents identify as being from an ethnic minority group but previous results show that Crewe has a higher proportion of people identifying as non-white British than Cheshire East overall and partner organisations will need to consider the implications of any recommendations taken forward.

**8.5. Human Resources**

- 8.5.1.** There are no direct implications arising from this report.

**8.6. Risk Management**

- 8.6.1.** There are no direct implications arising from this report.

**8.7. Rural Communities**

- 8.7.1.** The report does not directly assess rural areas and focuses on Central Crewe. However, many of the recommendations would be valid across Cheshire East, including for its rural areas. A thriving Crewe will benefit

the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.

## **8.8. Children and Young People/Cared for Children**

- 8.8.1.** The report addresses giving children the best start in life and improving outcomes for looked after children, taking forward the actions in the Children and Young People's Plan, which is in development

## **8.9. Public Health**

- 8.9.1.** The report focuses on health outcomes in one of most deprived areas and recommends a place-based and preventative approach to improving health and life chances. This is a public health approach and the development was led by the public health team in Cheshire East Council.

## **8.10. Climate Change**

- 8.10.1.** The report makes recommendations about encouraging active travel and improving the energy efficiency of homes. While the report primarily addresses the health of residents, these actions would have the co-benefit of reducing carbon emissions and would thus contribute to the Council's climate change agenda.

<b>Access to Information</b>	
Contact Officer:	Dr Matthew Atkinson, specialty registrar in public health <a href="mailto:Matthew.Atkinson@CheshireEast.gov.uk">Matthew.Atkinson@CheshireEast.gov.uk</a> 01270 686008
Appendices:	Living Well in Crewe AHC 1.0
Background Papers:	

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# Living well in Crewe

## Executive summary

### Why Crewe

This is a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who have considered what would help improve the health outcomes and life chances of the people of Crewe and who should consider taking action.

In this report, we see how lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing. Life expectancy in every central Crewe ward is lower than Cheshire East overall with people dying over ten years earlier on average in parts of Crewe compared to the Cheshire East wards with the longest life expectancies.

We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs. A thriving Crewe will benefit the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.

We recognise that health and wealth are inextricably linked. Deprivation contributes to poor health outcomes and, conversely, better health and wellbeing leads to increased productivity and economic success.

### Why now

There are tremendous opportunities to act in Crewe, leveraging the change we are already seeing through regeneration and capital investment, and the integration of health and social care services at place level. NHS services have new commitments around reducing inequalities and Cheshire East Council has committed to being an organisation that empowers and cares about people and to reducing health inequalities across the borough. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".

### This report

We collaborated through multi-organisation workshops (one for each of the six themes below) to bring together current programmes and projects in the public and the voluntary, community, faith and social enterprise (VCFSE) sectors that are already benefitting Crewe's residents. We explored the gaps in provision to inform our recommendations. We then undertook a programme of community engagement, speaking to over 100 residents as well as reviewing relevant engagement exercises from other recent programmes of work for health services and for children.

### Recommendations of the Increasing Equalities Commission to public sector organisations and partners

Important ideas emerged across several workshops and discussions and can have a positive impact across multiple themes.

- Put improving health and wellbeing and the reduction of inequalities at the heart of decision making – a Health in All Policies approach. Use power as employers, as providers, as commissioners of services and as purchasers to generate social value. Embrace proportionate universalism by creating an offer for all but with the greatest investment given to the areas with the greatest need.
- Continue to listen to residents and service users to co-produce solutions.
- Make the best of what we have, through improved information sharing and co-ordination of services.
- Select a small number of key metrics to tell us whether we are making meaningful change to residents' life chances.

*1. Make Crewe a health-creating environment*

Our health is shaped by the environment in which we live, learn and work. Well-designed places promote and support good health by making the healthy choice the easy choice.

- Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to support active travel, provide green spaces and improve the food and drink environment.

*2. Support strong communities in Crewe*

People are proud of Crewe, whilst also recognising that it could be a better place to live. Our VCFSE sector gives us strong foundations to build on and we can leverage the corporate responsibility agendas of local businesses and organisations to benefit local people.

- Use regeneration opportunities to develop community spaces. Facilitate intergenerational and intercultural engagement.
- Coordinate action to address poverty and the cost-of-living crisis.

*3. Give every child in Crewe the best start in life*

The inequalities in life chances begin at an early age and often widen throughout a person's life. Parents and children in our most deprived areas, such as those in Crewe, are often those most in need of the help of high-quality ante-natal services, parenting support and early years services.

- Develop a clear and ambitious plan for supporting the vital First 1000 days of life. Use our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

*4. Boost education and skills development in Crewe*

For regeneration and investment to benefit Crewe's residents, we need to support our young people to get the skills they need to take advantage of any new opportunities. On average, students in more deprived areas achieve poorer exam results than their peers and are more likely to experience school exclusion but schools in Crewe are already coming together to make strategic improvements to benefit their young people.

- Use The Pledge and the Institute of Technology programme to boost skills and employability.
- Continue to develop targeted support for those with special educational needs and those at risk of exclusion or involvement in crime.

*5. Improve working lives in Crewe*

Crewe remains a centre for high-quality manufacturing but also has many important entry-level jobs. Regeneration will bring new opportunities, including in the cultural sector. We should ensure that pay and conditions are adequate to support wellbeing and that Crewe's residents are able to progress and access higher quality jobs.

- Introduce a Fair Employment Charter to improve pay and conditions and ensure that jobs promote health and mental wellbeing.
- Take a multi-agency approach to tackling long-term unemployment.
- Ensure new job opportunities are promoted locally and support local residents to access them.

*6. Prevent ill health in Crewe*

All themes of the report contribute to a person's health and wellbeing and, consequently, their life expectancy and need for health and social care services. However, preventative and treatment services can also play a key role in narrowing the gaps we see. Further analysis is needed to understand the causes of the avoidable deaths we see and allow us to target our response.

- Establish governance for place-based prevention and the reduction of inequalities and implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient.
- Ensure primary care services in our most deprived areas are adequately resourced and are able to support prevention and proactive care.

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## Introduction

In 2020, Cheshire East Health and Wellbeing Board established the Increasing Equalities Commission to lead and co-ordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough. The Commission quickly recognised that Crewe should be its initial focus.

In this report, we see how lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing. We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs, and a thriving Crewe will help the whole of Cheshire East as an attractive service town which brings investment into the borough.

We present the voices of the people of Crewe and call for co-production of plans to address their concerns and reduce the stark inequalities evident within the town.

Through this report, the Commission asks all public sector partners to use every lever available to improve health and wellbeing outcomes and to consider the reduction of inequalities in all decision making. This report outlines what the Commission believes will work to reduce inequalities in Crewe and across Cheshire East and builds on work already being undertaken. This will be an important source document for the refreshed Health and Wellbeing Strategy and an important next step will be for all partners to work together to identify priority areas for action, focusing on those interventions that will have the greatest impact.

As a system, we must act reduce the inequalities we see, as those in our most deprived areas who are living shorter lives will also spend more years in poor health, relying on our services. The planned update of the Joint Health and Wellbeing Strategy is an excellent opportunity for the local system to implement changes that will benefit the residents of Crewe and all in Cheshire East.

## Background

The planned **economic regeneration** of Crewe, the arrival of HS2 and the levels of capital funding allocated to invest in the town, all provide an opportunity to take a much more strategic approach, connecting the residents of Crewe with the opportunities that this investment offers over the coming decade and beyond. Through enhanced economic wellbeing we can create the conditions that allow for better health outcomes as well. Conversely, a healthier Crewe will boost productivity and generate economic success.

**The UK Government** has published its aspirations for Levelling Up the United Kingdom<sup>1</sup>. It recognises that, “While talent is spread equally across our country, opportunity is not.” The paper sets out “12 missions” to rebalance the regions and increase the “6 capitals”. See *Appendix 4 – Levelling Up the United Kingdom – 12 Missions and 6 Capitals*.

“It is equally critical that we improve productivity, boost economic growth, encourage innovation, create good jobs, enhance educational attainment and renovate the social and cultural fabric of those parts of the UK that have stalled and not – so far – shared equally in our nation’s success<sup>1</sup>.”

We have referenced these missions and capitals throughout the report and linked them to our priority areas.

**The Cheshire and Merseyside Health and Care Partnership** have placed the reduction of health inequalities as a key aim for our local system. It gave a commitment for the sub-region to become a “Marmot Community” – one in which the entire system is committed to tackling health inequalities throughout people’s lives, through a determined and joint effort across a number of sectors to achieve common goals.

<sup>1</sup> [Levelling Up the United Kingdom - GOV.UK \(www.gov.uk\)](https://www.gov.uk/levelling-up-the-united-kingdom)



Our **Primary Care Networks** have new responsibilities around reducing health inequalities and NHS bodies must consider the effects of their decisions on inequalities<sup>2</sup>.

**Cheshire East Council** has established fairness as one of the three core aims of its Corporate Plan (2021–2025)<sup>3</sup>.

“We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents<sup>3</sup>.”

The Council has committed to being an organisation that empowers and cares about people and one that will reduce health inequalities across the borough. The Corporate Plan echoes the themes in this report, from developing a “thriving and sustainable place” and working with “residents and partners to support people and communities to be strong and resilient”, to supporting “all children to have the best start in life”.

### Why Crewe?

“Poverty in Crewe has got worse over the last ten years”

Though Crewe remains a centre for advanced engineering and manufacturing, it has joined other towns in the north of England, where long-term economic decline has been associated with poor health and wellbeing among its residents. But Crewe is changing, with a programme to transform the built environment already well underway. This is a once in a generation opportunity to level-up Crewe and improve the life chances of all its people.

Whilst Cheshire East is a relatively affluent borough overall, Crewe contains some of the most deprived areas in England. People in these areas are not only living shorter lives but are spending more years in poor health. Health and wealth are inextricably linked, with those in so-called ‘Left Behind Neighbourhoods’ in England being nearly 50% more likely to die from COVID-19 and the poor health faced in these communities costing billions of pounds in health and social care costs and lost productivity<sup>4</sup>. These problems start early, and child poverty is a major contributing factor. There has been little improvement in recent decades.

“Areas are obviously deprived”

Crewe’s residents are on average younger than those in Cheshire East as a whole and households are more likely to be made up of single adults or lone parents than Cheshire East overall<sup>5</sup>.

Based on the latest available data (2015-2019), the average life expectancy at birth in Cheshire East was 80.3 for males and 83.9 for females. For both sexes, life expectancy in every central Crewe ward is lower than the Cheshire East average. It is lowest for both in Crewe Central, at 72.7 for males and 76.8 for females. On average, males and females in Crewe Central are dying 11.6 and 12.1 years earlier, respectively, than their neighbours in Wilmslow East<sup>6</sup>.

Crewe Central is in the top two worst wards across the whole of Cheshire and Merseyside for all-cause mortality under 75 and deaths from causes considered preventable<sup>7</sup>.

Crewe has the only ward in Cheshire East designated as a ‘Left Behind Neighbourhood’ by Local Trust – one in which the community suffers from the highest levels of combined social, cultural and economic deprivation<sup>8</sup>. This is associated not just with poorer health and shorter life expectancy, but more challenging working lives and a lack of

<sup>2</sup> [NHS England » Network Contract DES](#)

<sup>3</sup> [Corporate Plan \(cheshireeast.gov.uk\)](#)

<sup>4</sup> [New report shows almost £30bn health cost of England’s most deprived communities - The NHS A](#)

<sup>5</sup> Analysis of Acorn data for Cheshire East Council 2021

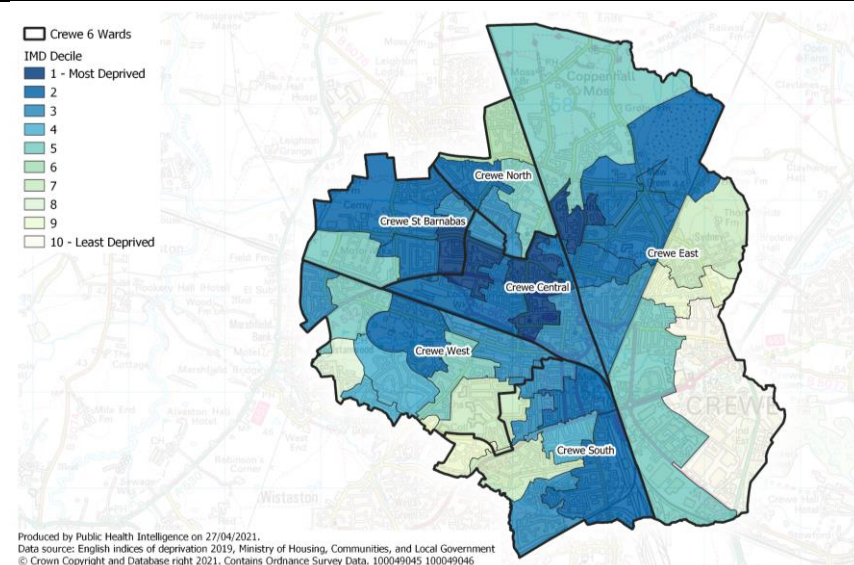
<sup>6</sup> Note that there is a level of uncertainty when calculating life expectancy using a relatively small number of deaths at ward level.

<sup>7</sup> [Partnership-Board-Agenda-Papers-Wednesday-28th-April-2021.pdf \(cheshireandmerseysidepartnership.co.uk\) – P.86](#)

<sup>8</sup> [‘Left behind’ neighbourhoods - Local Trust](#)

social infrastructure (the connections, organisations and spaces to meet that enable communities to make positive changes for themselves)<sup>9</sup>.

The **quotations in orange boxes** were taken from a programme of resident engagement described in *Appendix 3 – Engagement with Crewe residents 2022*.



Based on the Index of Multiple Deprivation (IMD), all the wards in central Crewe are amongst the most deprived in Cheshire East with three (Central, South and St Barnabas) being designated “priority wards” by the Cheshire and Merseyside Health and Care Partnership as health outcomes are even worse than might be expected for their level of deprivation<sup>7</sup>.

Figure 1 - Lower super output area (LSOA) deprivation for six central Crewe wards (IMD 2019)

However, the arrival of HS2 by 2033 will be a catalyst for growth and we have already secured a multimillion-pound plan for regeneration of the town centre, incorporating investment via the Future High Street Fund and the Towns Fund<sup>10</sup>.

“It’s a doughnut town – lots around the outside and nothing in the middle”

The true wealth of an area is the wellbeing of its people. We must use this moment to ensure that the changes benefit local residents by improving their environment and allowing them to reach their full potential and take advantage of the exciting opportunities incoming. A comprehensive and holistic approach is required that addresses the place and people’s individual circumstances.

<sup>9</sup> [Overcoming health inequalities in ‘left behind’ neighbourhoods - APPG for Left Behind Neighbourhoods](#)

<sup>10</sup> [Phase 2a: West Midlands to Crewe - High Speed 2 \(hs2.org.uk\)](#)

## Cross-cutting themes and recommendations

Work together to reduce the gap between Crewe and the rest of Cheshire East

Halve the gap in **life expectancy** between the six central Crewe wards and the wards with the highest life expectancy in Cheshire East within ten years.

Halve the gap in **healthy life expectancy** between the six central Crewe wards and the wards with the highest life expectancy in Cheshire East within ten years.

### Prioritising health and wellbeing

Public sector organisations should **put improving health and wellbeing and the reduction of inequalities at the heart of decision making**. We should **agree wellbeing and inequality indicators** against which progress can be measured. The entire local system shares responsibility for improving these outcomes and we should all work towards **becoming a Marmot Community**.

Public sector partners have tremendous power as employers, as providers, as commissioners of services and as purchasers. To **generate social value**<sup>11</sup>, we must recognise that spending money locally can generate long-term benefits, and these are more important than short-term savings. Local companies may need support to bid for local work.

To contribute to reducing inequalities, everyone from central government to frontline services should **embrace proportionate universalism** – creating an offer for all but with the greatest investment given to the areas with the greatest need.

### Listen to our residents

This strategy highlights issues and makes recommendations to partner organisations for how inequalities can be reduced, but partner organisations should **co-produce solutions to these issues with residents**.

Information and services must be **culturally appropriate and accessible to all, including those who don't have English as a first language**.

### Focus on Crewe

Crewe suffers from a mix of historic deprivation and poor health outcomes, but also has a tremendous opportunity for improvement through regeneration and health and care reorganisation. Place-based approaches should be supported, which means that **teams should be created with Crewe as their primary focus**. The Crewe Care Community and two Primary Care Networks provide strong foundations to build upon.

### Make the best of what we already have

Many great services already exist in Crewe and beyond. It is vital that information is in the hands of those that need it and that people access or are referred to both commissioned and non-commissioned services that will benefit them.

To do this, we should **review sources of information and referral pathways**, such as the LiveWell site, from the users' perspective and ensure they work for frontline practitioners and residents alike. This links to digital inclusion work to make sure services are accessible to all.

<sup>11</sup> [Social-Value-Charter.pdf \(cheshireandmerseysidepartnership.co.uk\)](https://social-value-charter.pdf(cheshireandmerseysidepartnership.co.uk))

### Measure and track a small number of key metrics

Deprivation is deeply entrenched in the centre of Crewe. While its residents have experienced poorer health outcomes than other local areas for many years, these have fluctuated in response to national policies and economic conditions, local actions, and external factors. We are used to seeing data that shows these inequalities but now must **select a small number of priority measures that will tell us whether we are making meaningful changes to residents' life chances.**

A more detailed breakdown of health indicators for all wards in Cheshire East can be seen in Appendix 5 – with a high-resolution version available online<sup>12</sup>.

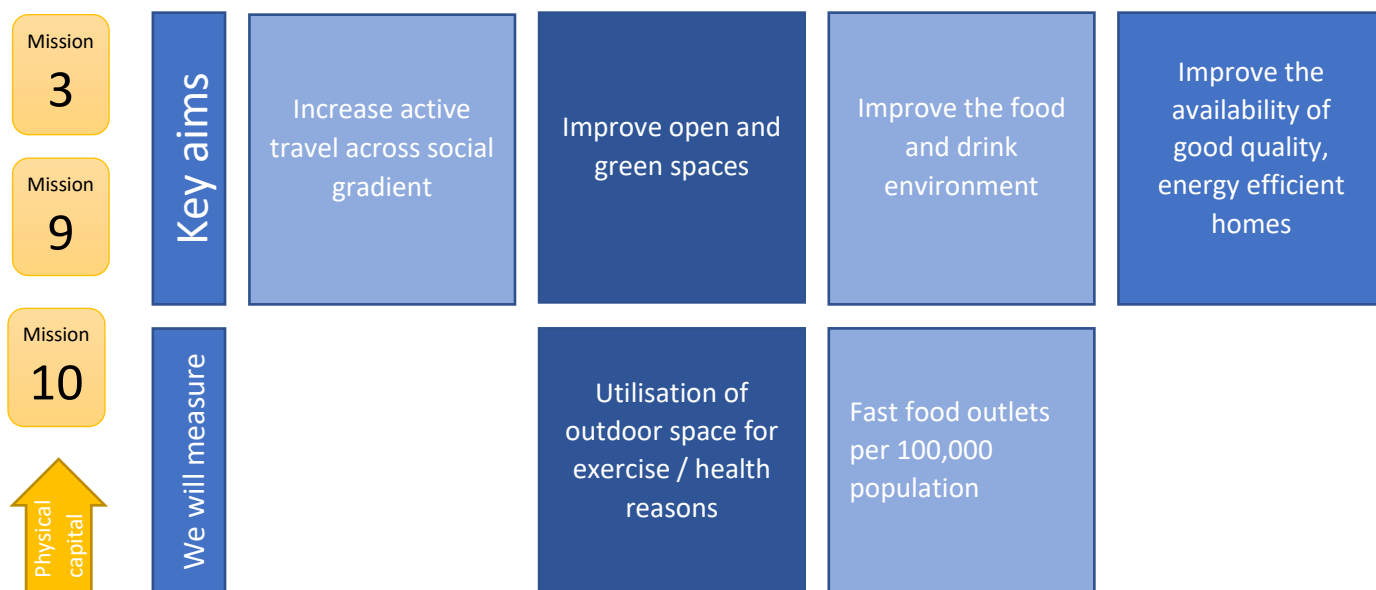
These metrics must be supplemented by ongoing engagement as, ultimately, the people of Crewe will tell us whether we have done a good job.

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<sup>12</sup> [Tartan Rug \(cheshireeast.gov.uk\)](http://TartanRug.cheshireeast.gov.uk)

Increase the proportion of people in central Crewe who are regularly cycling or walking for travel by 50% in ten years.

## Priority 1 – Making Crewe a health-creating environment



### Background

Our health is shaped by the environment in which we live, learn and work (see *Appendix 6 – The determinants of health and wellbeing in our neighbourhoods*). Well-designed places promote and support good health by making the healthy choice the easy choice.

While services are vital for supporting those in need, their effect on the overall health and wellbeing of a population is limited.

“Too many new houses, not enough infrastructure

“Pavements are unsuitable for wheelchair users... one young lady has been tipped out three times”

The planning of buildings, homes, and infrastructure to provide attractive and safe

### Current projects and services

#### Active travel

Travel	Strategic developments planned to encourage active travel through improved cycle and footpaths. Development of Crewe Railway Station, HS2 and the addition of a bus interchange.
Regeneration	Improvements to corridor between train station and town centre. Developing Valley Brook Corridor crossing town as a route for active travel with improved outdoor recreation facilities.

#### Open and green spaces

Cleaner Crewe	Reclaiming and cleaning the alleyways in and around Crewe.
Green infrastructure	Pocket parks programme to improve current play spaces for children and young people and add to the area with more plants and trees.
Leisure & sport	Re-development of parks and green space to make them more attractive to use.

neighbourhoods with access to green space and opportunities to exercise can dramatically influence the wellbeing of Crewe's people.

**“Nature is a sanctuary. If you feel like you can't relax and your kids are unsafe, it's not a sanctuary”**

Nearly a third of households in central Crewe do not have access to a car and so services and amenities should be convenient and accessible with provision made to support and

encourage active travel.

Consideration should be given to interventions that can improve both health and the environment. For example, shifts from private car use to active travel modes can increase exercise, improve air quality and reduce carbon dioxide emissions.

We invited the **Town and Country Planning Association** to lead a multi-agency workshop around creating compact and complete neighbourhoods that support health. Much of the work of our planning teams and the forthcoming regeneration work in Crewe use similar concepts and ideas and we are using development opportunities to connect and enhance key areas of central Crewe to improve walkability and promote wellbeing. A future challenge is to ensure all of Crewe's residents can access everything they need within a manageable walk or cycle from their homes.

Retail/commercial development	Use of empty retail space and improvements to the area's accessibility so that more people want to come and shop in Crewe and businesses want to set up in the town.
<b>Food and drink environment</b>	
Market Hall redevelopment	A social space for local business and residents redeveloped to give it a more welcoming and open feel.
Licensing	Broad programme of inspection and enforcement of food establishments and licensed premises.
<b>Quality homes</b>	
New homes	New housing developments within Crewe to encourage residents to stay in the area and for more people/families to choose Crewe as their home. Housing companies contribute to the New Homes Scheme, which benefits local projects and communities.
Guinness Partnership	Good quality social housing available.
Retrofitting	Planned energy efficiency improvements to existing homes
Planning	Article 4 directions introduced to require planning permission to convert properties to small houses of multiple occupancy (HMOs) in an area surrounding three streets in central Crewe.

Crewe regeneration plans<sup>13</sup>

<ul style="list-style-type: none"> <li>• A diversified town-centre offer for residents and visitors, with retail, commercial and leisure developments supporting 24-hour town-centre use and linked with thoughtful public realm improvements</li> <li>• An enhanced cultural offer around Lyceum Theatre, a History Centre, a youth zone, redevelopment of Flag Lane Baths into a Community Hub</li> <li>• Improvements to existing and new green infrastructure including tree-lined boulevards, children's play areas – Valley Brook Corridor connecting Queens Park to the Town Centre.</li> <li>• Rationalised and improved car parking, new bus interchange, improved walking and cycling links, improvements in and around Crewe railway station with significant improvements along the Southern Gateway (Mill Street between station and town centre).</li> <li>• Potential leisure and sporting developments</li> <li>• Technology and Digital Innovation Campus</li> <li>• New homes, warm and healthy existing homes</li> </ul>	<p>“Rejuvenated completely, no cheap crap shops like pound bakeries”</p> <p>“Lack of toilets limits the time we can spend in parks”</p> <p>“Children need equipment for all ages and abilities”</p> <p>“We want more safe cycling for commuting and leisure”</p> <p>“One time I [a child] fell off my bike and cut my lip on the broken glass”</p>
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<sup>13</sup> [Crewe Town Centre Regeneration Programme \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

## Recommendations

No.	Detail
1	Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to ensure new developments support active travel and provide green environments.
2	Maximise wellbeing gains to local residents in our capital projects and regeneration programmes. Capture Crewe's unique heritage and use signage, plaques or statues to link residents and visitors to places of interest.
3	Improve energy efficiency of housing across the social gradient <sup>14</sup> (this is to be part of the housing strategy).
4	Engage residents to ensure regeneration plans meet their needs. Involve them in decisions and ensure plans and current progress are communicated through multiple channels with dedicated communications resources for Crewe.
5	Support community-level schemes to introduce low traffic neighbourhoods or play streets.
6	Use all available powers to improve the food and drink environment to make the healthy choice the easy choice. This includes licensing of premises and limits on outdoor advertising of unhealthy products and services <sup>15</sup> .
7	Consider developing a selective licensing scheme and support increased housing and landlord enforcement to improve private rental housing standards. Monitor the impacts of Article 4 directions.
8	Map services and infrastructure to determine how compact and complete Crewe's neighbourhoods are.
9	Allocate revenue funding to properly maintain current active travel routes and public spaces. Design out crime with appropriate lighting, street furniture and use of CCTV.

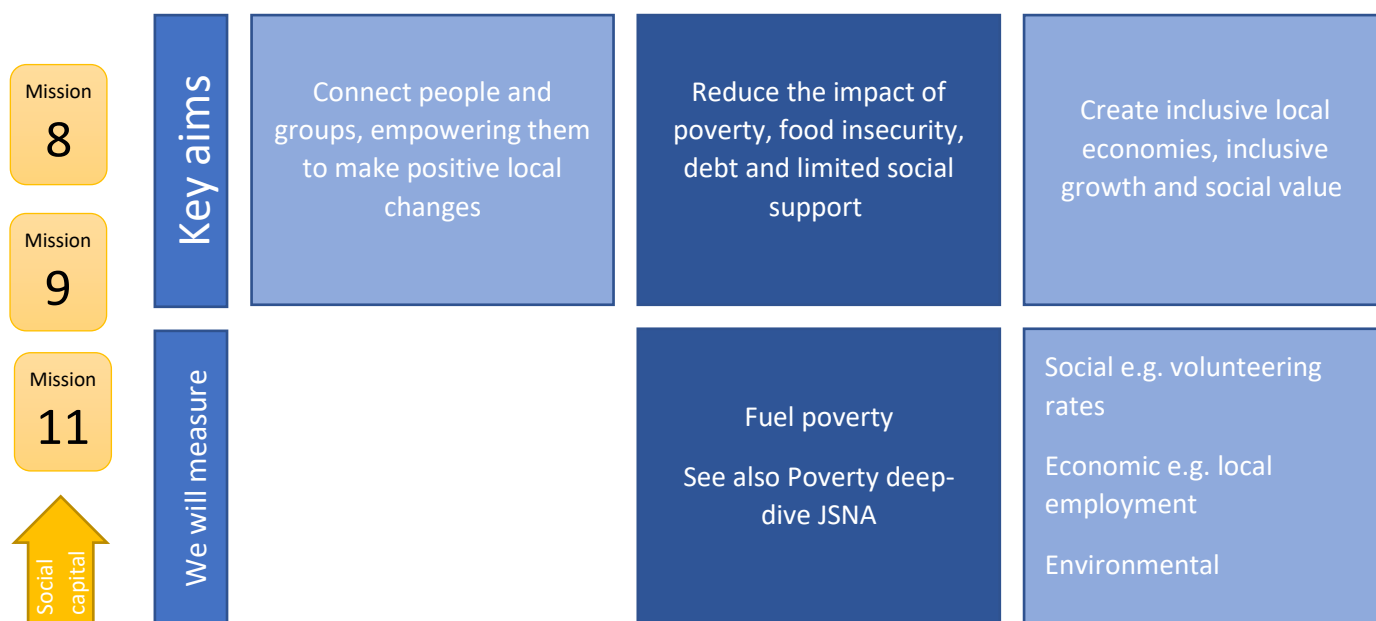
<sup>14</sup> SOCIAL GRADIENT – Rather than there being two opposing groups (the 'haves' and 'have-nots'), there is a social gradient in health that runs from top to bottom of the socioeconomic spectrum. Inequalities are experienced by most people and the lower someone's socioeconomic status, the poorer their health is likely to be. PROPORTIONATE UNIVERSALISM – interventions should help those across the social gradient, with most resources invested towards those with greatest need.

<sup>15</sup> [Taking down junk food ads | Sustain \(sustainweb.org\)](#)



Halve the proportion of Crewe's residents who regularly experience loneliness within ten years.

## Priority 2 – Supporting strong communities in Crewe



### Background

People are proud of Crewe, whilst also recognising that it could be a better place to live. Crewe is increasingly diverse, with the highest proportion of people identifying as non-White British in Cheshire East<sup>16</sup>.

Our Crewe community has strong foundations, many of which are led by our VCFSE sector<sup>17</sup>. This includes charities that provide a dedicated service, community groups that provide a safe haven for many, and individuals that look out for their fellow Crewe residents.

“I want more group activities or speakers for people my age [20s] as there's only pubs & football”

### Current projects and services

Hope Church Asylum Cafe	Hope Church provide a safe space for those who have sought asylum in the UK to interact, learn English, learn how to ride a bike and help to access relevant services such as primary care.
The Haven on North Street Café	A community café offering placements and volunteering options for those with additional needs, as well as providing a wide variety of activities, such as Tai Chi sessions, newbie Tuesdays and games events.
St Paul's Centre	Like many VCFSE organisations, St Paul's offers a broad range of support. They help adults with learning disabilities by providing personalised work opportunities, alongside repairing second-hand bikes, operating a food bank, offering skills workshops, provision of free shoes and selling household furniture at affordable prices.
Senior Forum	The forum based at St Michael's Church Hall provides essential social and community support opportunities for older Crewe residents. This has recently become even more crucial as the local pensioners' group, which provided trips out and

<sup>16</sup> [Ethnicity Cheshire East Summary | Insight Cheshire East \(arcgis.com\)](#)

<sup>17</sup> VCFSE – Third sector organisations comprising voluntary, community, faith and social enterprises

<p>With this strength comes a real opportunity to develop the conditions that help the community to flourish and promote the health and wellbeing of those living and working in Crewe.</p> <p>When we spoke to our residents, they wanted greater opportunities to connect with others like themselves and those from other nationalities and backgrounds. They wanted to retain the sense of history of Crewe and have more reasons to visit the town centre, which is currently missing its community spirit. Above all, they wanted to remove the barriers that stand in the way to community engagement and increase the number of positive activities that help them feel connected to their community.</p>		speaker events, folded in May 2022 due to lack of resource.
	YMCA Crewe	As a Connected Community Centre, the YMCA provides vital accommodation and support to those experiencing homelessness. They offer an academy which offers dedicated sessions to help those wanting to develop their independent living, relationship, gardening and sports skills, to name a few examples.
	Lighthouse Centre	Services and support for people experiencing homelessness, substance misuse, mental health disorders and social isolation.
	Chance. Changing Lives	Community Pantry and Saturday Kitchen to help those struggling to buy healthy food.

If we are to truly support our Crewe community, this support must be 'done with' and not 'done to' our residents. Co-production opens up the opportunity to find sustainable solutions that truly meet the needs of our residents.

"There's no integration of different nationalities & religions... if organisations existed that could introduce people, that would be good"

"The lack of buses later on is like a curfew if you don't have other transport options"

"It needs to be local – for some it can be a choice between heat or spending time in the community"

"The heart's gone from the town all together, we need to get it back"

## Recommendations

No.	Detail
10	Use regeneration opportunities to involve residents alongside promoting community and resident wellbeing.
11	Empower local people by engaging them in decision making at every level, from co-producing strategies to the design and delivery of interventions.
12	Facilitate and encourage intergenerational and intercultural engagement to rebuild the sense of community spirit that is inclusive to all.
13	Understand where we can begin to address poverty and the cost-of-living crises, for example through the poverty JSNA, the provision of fuel vouchers and housing improvements.
14	Ensure schools and public places lead through healthy food and beverage offers, and support community food infrastructure such as through urban agriculture.

15	Use all planning and enforcement levers to remove barriers and ensure that we are doing everything we can, in line with behavioural insights, to make the healthy choice the easy choice.
16	Use the purchasing and commissioning power of the Council and its public sector partners to invest in the local economy and prioritise social value.
17	Call on government to repair our social safety net by reforming Universal Credit and lifting statutory sick pay.
18	Support community use of spaces – e.g., open booking of Lyceum Square, schools and playing fields.
19	Engage local businesses to leverage corporate responsibility agendas to benefit local residents
20	Harness Crewe's heritage - organise events and activities to bring communities together, promote physical activity and aim to attract prestigious sporting events

Halve the gap in the percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception) between Crewe and Cheshire East's best performing wards within ten years.

### Priority 3 - Giving every child in Crewe the best start in life

Mission

5

Levelling up

Key aims

Maximise the health of mothers, babies and young children

Ensure the provision of high quality antenatal and maternity services, parenting programmes, childcare and early years education

Improve school readiness and reduce the inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills

We will measure

Smoking status at time of delivery

Reception: Prevalence of obesity

Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)

School readiness: Percentage of children achieving a good level of development at the end of Reception.

#### Background

Giving every child the best start in life starts with improving women's health and providing excellent ante-natal and maternity care. Support should be given around nutrition and breastfeeding. Parents should be given the backing they need through paid leave and parenting skills training. High-quality, affordable children's centres, childcare and nursery provision with a skilled and valued workforce can support a child's development, backed up by opportunities to learn and play in parks, libraries and homes.

#### National situation

Millions of British children live in poverty and fewer than half of those reach expected levels for English and maths by the end of primary school. In England and Wales, the public sector spends billions of pounds each year dealing with problems that start in childhood<sup>18</sup>. Looked-after children continue to

#### Current projects and services

##### Health of mothers and children

Child Health Hub project	Delivery via children's centre – an approach which is closer to home and accessible for parents.
CATCH App	Common Approach to Children's Health - Free NHS health app for parents and carers of children from pregnancy to age five.
Crewe Autism Inclusive	Support for those with autism (diagnosed or suspected) and other neurodiversity, and families.
Better Health website – Start for Life	Website offering trusted advice for pregnancy, babies and toddlers.
Maternity Voices Group	A group formed of women and their families who work alongside commissioners and providers to develop and improve maternity services.

##### Development and school readiness

Lifestyle Centre	Sensory room, Parent & baby swim sessions, toddler swimming sessions, play and stay sessions, dance for younger children.
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<sup>18</sup> [The cost of late intervention: EIF analysis 2016 | Early Intervention Foundation](#)

experience poor outcomes that persist throughout their lives.

As child poverty has increased, the funding for Sure Start and Children's Centres and other children's services has been cut, particularly in more deprived areas. Low rates of pay and qualifications in the childcare workforce are ongoing issues.

### Children in Crewe

The six central Crewe wards have rates of child poverty, hospital admissions for injury (age 0-4), emergency hospital admissions (0-4) and child development at age 5 that are all worse than the England average (See *Appendix 7 – "Tartan Rug" – Health profiles for electoral wards 2021*). A new Children and Young People's Plan is in development, co-produced with Cheshire East Youth Council and the Children and Young People's Trust.

"As a mum of two young children I want parks to be a community space - it can be isolating to be a stay-at-home parent"

Parenting Journey and 12 Stops Sessions	Delivered at Children's Centres. Starts from pregnancy up until your child begins school. Learn about your child's development all along the journey.
Library	Story Times, Baby Bounce, Rhyme Times, school visits.
Early Years speech and language therapy	Support of children and young people who struggle with feeding, swallowing, speech & communication, social interaction issues and stammering.
<b>Family support</b>	
South Cheshire CLASP	Support for single parent families.
Wishing Well Project	Children & Families service including parenting programme.
Motherwell Cheshire	Counselling services and mental health support, uniform hub, wellbeing walks.

### Recommendations

No.	Detail
21	Develop a clear and ambitious plan for supporting the vital First 1000 days of life, from conception to age two <sup>19</sup> .
22	Improve outcomes for children we care for utilising the priorities identified within the new Children and Young People's plan. <i>This recommendation T.B.C.</i>
23	Undertake a Joint Strategic Needs Assessment deep-dive review into Emotional and Mental Wellbeing in Children and Young People and take forward its findings. Ensuring there is clarity with other initiatives on this theme is essential.
24	Continue to develop and actively promote integrated family hubs in communities with the greatest need.
25	Advocate for increased national spending to reduce child poverty and support early years education and ensure allocation of funding is proportionately higher for more deprived areas. Advocate for increased pay and qualification requirements for the childcare workforce.
26	Target evidence-based support to help pregnant women become smoke free including incentivising quitting.

<sup>19</sup> [First 1000 days of life \(parliament.uk\)](https://www.parliament.uk/first-1000-days-of-life/)

27	Ensure early years staff are trained in special educational needs and early recognition of neurodevelopmental conditions.
28	Ensure support for infant nutrition and breastfeeding is accessible and sufficient.
29	Review services to prevent and support where there are Adverse Childhood Experiences. Ensure workforce are appropriately trained.
30	Support and expand parenting programmes.
31	Invest in training for early years workforce – ensure private providers have sufficient resources to attend training sessions provided.
32	Utilise our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

“My son had problems with chronic stomach pains and started being anxious about going to the loo. We were quickly referred to Eagle Bridge Health Wellbeing Centre’s Children’s Bowel and continence clinic<sup>33</sup>.”

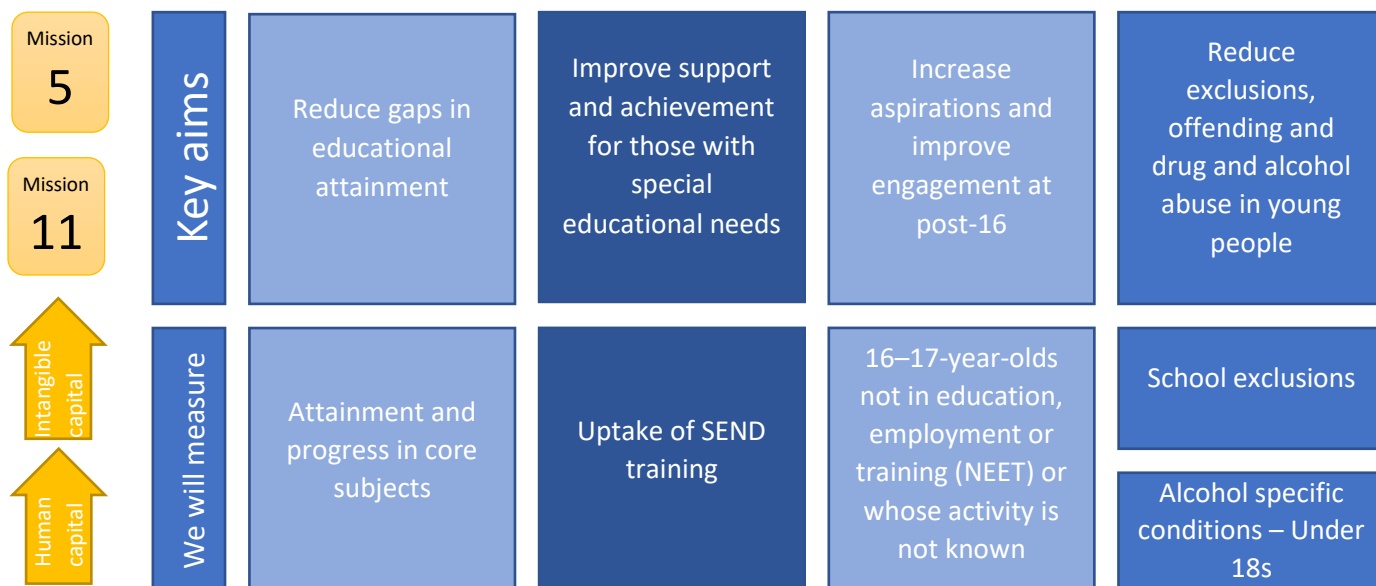
“[The hospital] does not have a good reputation with post-natal care<sup>33</sup>.”

“Have a toddler and it’s been hard in lockdown not being able to do the usual activities and meet up with other mums and children. Not sure what activities are taking place now and what is going on in the local area for families. Enjoy the swimming lessons for pre-schoolers at Everybody Leisure<sup>33</sup>.”

Halve the gap in exclusions and attendance between Crewe and the best performing areas in Cheshire East within ten years

Halve the gap in the proportion of pupils who achieve a level 2 and level 3 qualification between Crewe and the best performing areas in Cheshire East within ten years

## Priority 4 – Boosting education and skills development in Crewe



“We want more for young children to do, free or cheap so that all have a chance to go and keep the kids entertained”

“There is very little offered for teen and school-aged groups”

### Background

Nationally, there are persistent gaps at GCSE level between disadvantaged pupils and their peers, with a North-South divide evident. This gap is also experienced among pupils from ethnic minority groups, especially those who speak English as an additional language<sup>20</sup>. At age 16-18, those eligible for free-school meals are more likely to attend a further education college, rather than a sixth form school or college (where students are more likely to be studying for A levels)<sup>21</sup>. Regardless of institution type and prior attainment, those

### Current projects and services

#### Reduce gaps in educational attainment

Libraries	Provision of support for children and young people: homework help, Summer Reading Challenge, access to IT equipment, advice and support
Cubs, Brownies, Cadets, Duke of Edinburgh Award, Prince's Trust	Groups such as these give children and young people the chance to build friendships, confidence and skills. The Duke of Edinburgh scheme is internationally recognised allowing challengers to develop themselves through a range of experiences.

<sup>20</sup> [Covid-19 and Disadvantage gaps in England 2020 - Education Policy Institute \(epi.org.uk\)](https://www.epi.org.uk/covid-19-and-disadvantage-gaps-in-england-2020)

<sup>21</sup> [Going Further - Sutton Trust](https://www.sutton-trust.org.uk/going-further)

from more deprived backgrounds in further education are likely to have a lower income at age 28 than their counterparts.

School exclusions have been rising since 2010 and a child from a disadvantaged background is three times as likely to be excluded from school<sup>21</sup>. Youth services have been cut and violent youth crime has been rising. The COVID-19 pandemic disrupted education and home-schooling exacerbated inequalities. One in eight young people in Cheshire and Warrington don't have access to a PC or laptop and 1 in 20 don't have access to suitable Wi-Fi. Many would not have had a quiet place to work or additional support from parents or carers<sup>22</sup>. Young people have lost vital social interaction with a mental health impact likely.

Several areas of Crewe have high levels of income deprivation affecting children<sup>22</sup>.

Our primary schools perform well and achieve relatively good Ofsted results. Though some secondary schools perform well, Crewe has a lower proportion of secondary school places at good or outstanding schools as rated by Ofsted than Cheshire East overall. The Crewe and Nantwich constituency has Attainment 8 and Progress 8 scores that are lower than the England average, but this could be due to local deprivation as well as school quality. Over half (55%) of primary pupils in Crewe move to another area for secondary education, though schools and the College are working together to address this. Three Crewe secondary schools are now part of 'The Learning Alliance' (TLA) academy trust and are making strategic improvements to practice. Other primary focused academy trusts are also integrating their work to improve outcomes for younger pupils.

Making a Difference for Disadvantaged Pupils	11 Crewe primary and secondary schools joined the 2020/21 cohort to improve on high-quality teaching, targeted academic support and school-wide approaches and to develop and implement a Pupil Premium strategy fit for their setting.
Before and after schools' clubs	Local schools promote a range of initiatives including national tutoring programmes to secure better outcomes. Work needs to take place to evaluate the effectiveness of such initiatives and share best practice
<b>Support for health and those with special educational needs</b>	
SEND training	SEND Toolkit and evidence of impact of SEN training Offer.
SEND reviews	Several Crewe settings have already completed reviews of whole school practice to target improved outcomes for SEN learners
New SEN provisions	Planned new resource provision at Monks Coppenhall, Wistaston and Shavington High School. Enhanced mainstream provisions also available in local Crewe schools – e.g. Mablins Lane
Better Health – School Zone	Guidance on physical and mental health
<b>Increase aspirations and improve engagement at post-16</b>	
Post-16 education	Broad offer of apprenticeships, vocational qualification and A-levels can be tailored to student's abilities and aspirations e/g Cheshire College South and West; Crewe UTC
Inspiring the Future	Education and employers working together to build the skills needed for work.
<b>Reducing exclusions, offending and harm from substance misuse</b>	
Crewe Youth Zone	Zone to provide sports facilities, arts activities, café and social area for young people in and around Crewe.
CGL	Drug and alcohol services for young people

We are building on Crewe's past to boost civic pride through education. Crewe Town Council's heritage officer has provided local history packs to support the curriculum in primary and secondary schools.

<sup>22</sup> Young People, Learning and Skills in Cheshire and Warrington – Presentation to Cheshire and Warrington LEP



Crewe has a popular and varied post-16 offer, though Crewe has rates of progression to higher education that are amongst the worst 20% in England<sup>22</sup>. This progression to higher education is negatively associated with deprivation nationally<sup>21</sup>. It is important that education and skills training help prepare people for success in their careers, and we can use the successful Cheshire and Warrington Institute of Technology bid to catalyse this<sup>23</sup>.

“I used to let my kids go to the park quite happily. Wouldn’t dream of letting my grandkids go now”

“Want youth clubs with more safeguarding against bullying and intimidation”

### Recommendations

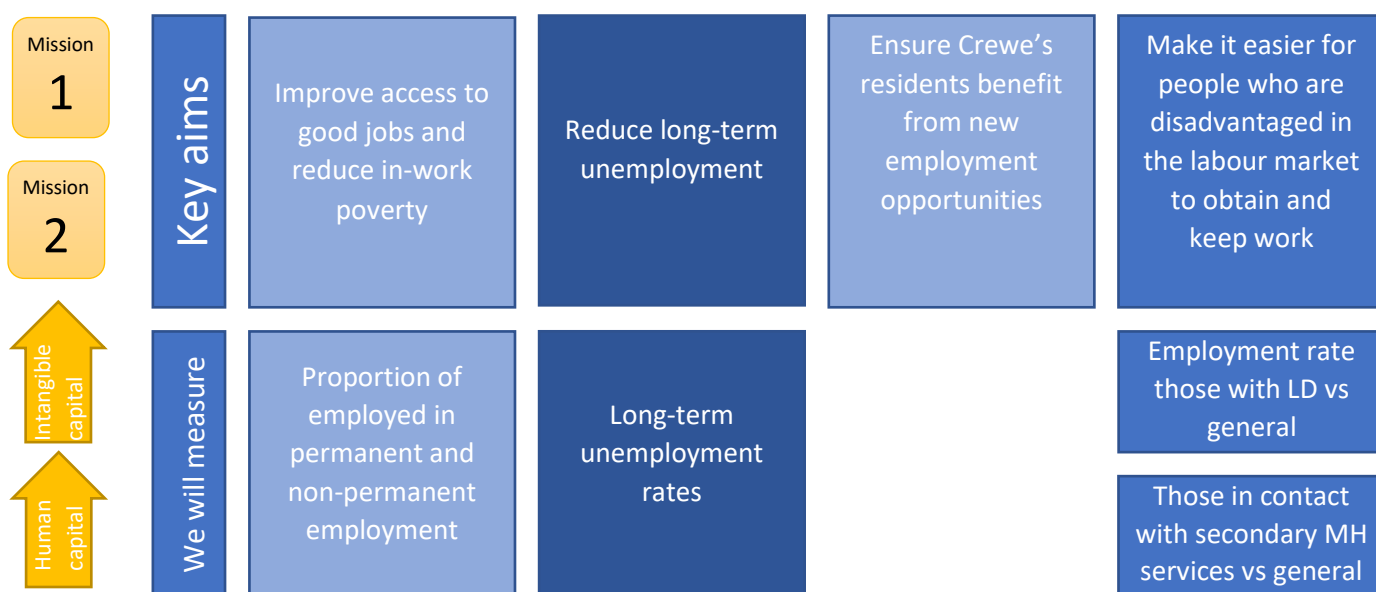
No.	Detail
33	To further implement a skills and employability initiative in Crewe coordinated through ‘The Pledge’ to help schools and colleges achieve the Gatsby Benchmarks
34	Review SEND toolkit and increase awareness in schools to support SEN children and develop a local response to the national SEND green paper <sup>24</sup> . Review uptake in training and compare to needs assessment requests to ensure schools with greatest need are benefitting from a bespoke training offer.
35	Review and clarify pathways for schools and colleges to access wellbeing and mental health support for pupils, students and staff through the DfE’s Wellbeing in Education programme and associated initiatives.
36	Continue support for improving school attendance, specialist support for excluded or at risk of exclusion or being victims or perpetrators of crime including the development of a targeted Youth Support offer.
37	Develop training offer to ensure our young people can benefit from new employment opportunities in Crewe. Use Institute of Technology programme to catalyse change and ensure curriculum offer meets need and maximises the opportunity for young people to access employment.
38	Advocate for equitable funding for primary, secondary and post-16 education, at least in line with 2010 levels, and quality life-long learning opportunities across the social gradient.
39	Develop and promote role models via an alumni programme.

<sup>23</sup> [Cheshire and Warrington are winners in the £120m Institute of Technology Competition – Cheshire College – South & West \(ccsw.ac.uk\)](https://www.ccs.ac.uk)

<sup>24</sup> [Summary of the SEND review: right support, right place, right time - GOV.UK \(www.gov.uk\)](https://www.gov.uk) SEND: special educational needs and disabilities

Halve the proportion of employees earning below the real living wage across Crewe within five years.

## Priority 5 – Improving working lives in Crewe



### Background

Crewe remains an important centre for high-quality manufacturing and engineering, with Bentley, Whitby Morrison and Bombardier Transportation in the area.

While there are high level jobs in Crewe with many skilled workers, many live elsewhere and choose to commute to their workplace. There are important entry-level jobs but these do not always offer the opportunity to progress. Some lower-paid roles, like care work, are vital for society and we should improve pay and conditions to attract and retain staff.

“Opportunities [for asylum seekers] around learning and jobs are targeted at non-educated or low skilled, but we need opportunities relevant to our skills and experience”

### Current projects and services

#### Good jobs

Regeneration	The development and progression of Crewe into an accessible and thriving space for business and life.
Technology & Digital Innovation Campus	Campus within the centre of Crewe – attract new talent and keep young people within the Town.
Rail projects	HS2 will cement Crewe's place as a vital transport hub. Its rich railway history and excellent location makes it the right place for the headquarters of Great British Rail.

#### Reduce unemployment

ESF Programmes	European Social Fund. To create employment opportunities and support local growth. E.g., Journey First – 12 months of support for those long-term unemployed to support education, training and work.
LEP (Local Enterprise Partnership)	Examining jobs, long-term unemployment, school engagement, strategic careers and enterprise.

Workshop participants described many barriers to entering work and local services are not seen as sufficient to overcome them.

There is a perceived lack of English as a second language classes and frontline services report poor adult literacy amongst those in poverty and undiagnosed learning difficulties may be an issue for some.

“The bus isn’t running when I finish some of my shifts”

#### Ensure Crewe’s residents benefit

Apprenticeships	Numerous businesses/services offer apprenticeships to young people as a way to get them started in employment.
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#### Access for disadvantaged people

IPS (Individual Placement and Support)	Supporting people with severe mental ill health into work.
CWP Access to Work scheme	
Supported Employment Services	Offering people with learning disabilities support to find and retain employment.

COVID-19 has exacerbated inequalities. Those who were out of work are now further removed from world of work. Some benefitted from homeworking, but this was not an option in public facing roles or in routine and manual occupations, who have been more exposed to COVID-19<sup>25</sup>. Overall, those in more insecure employment (often women and those from minority ethnic groups) experienced the greatest fall in earnings over the course of the pandemic<sup>26</sup>.

Many local businesses are small and medium-sized enterprises and have struggled during the pandemic and so are not taking on staff.

Whilst employment rates have risen over the previous decade, there has been an increase in poor quality or insecure work. Automation is leading to

“Wage doesn’t correlate with cost rises”

“Minimum wage is too low, especially with bills, kids and the house to pay for”

job losses, particularly for low-paid, part-time workers and the north of England will be particularly affected<sup>27</sup>. Though unemployment has fallen, pay has not kept pace with rising living costs<sup>28</sup>.

Support to individuals and businesses during the COVID-19 pandemic is discussed in Appendix 2 - COVID-19 and Crewe.

Acorn analysis for Cheshire East Council (Figure 2), where income, social grade of work and employment for those resident in the six central Crewe wards was compared for the other wards in Cheshire East, shows that Crewe residents are more likely to be on a low income and much less likely to be on a high income, that they are more likely to be in routine and manual occupations and also more likely to be unemployed (Index of 100 is equal, 50 is half as likely, 200 is twice as likely).

<sup>25</sup> [COVID-19 risk by occupation and workplace \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>26</sup> [Unequal impact? Coronavirus and the gendered economic impact - Women and Equalities Committee - House of Commons \(parliament.uk\)](https://parliament.uk)

<sup>27</sup> [The rise of the robots could compound Britain’s North/South divide – with 1 in 4 jobs at risk in cities outside the South | Centre for Cities](https://centreforcities.org)

<sup>28</sup> [UK Labour Market Statistics - House of Commons Library \(parliament.uk\)](https://parliament.uk)

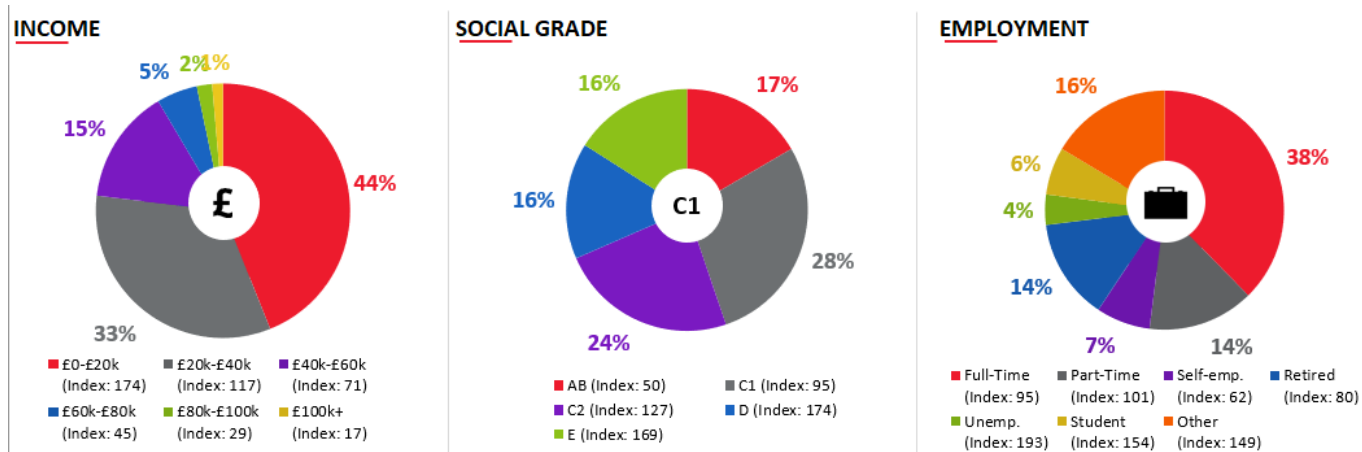


Figure 2 - Six central Crewe wards compared to all other wards in Cheshire East

Existing regeneration developments completed or in progress will deliver a small number of new jobs. More opportunities will be available in construction of major projects and the new infrastructure, and a more attractive, thriving and prosperous town will encourage more employers to invest in the area. Local partners collaborated on an excellent bid for Crewe to host the headquarters of Great British Rail in 2022.

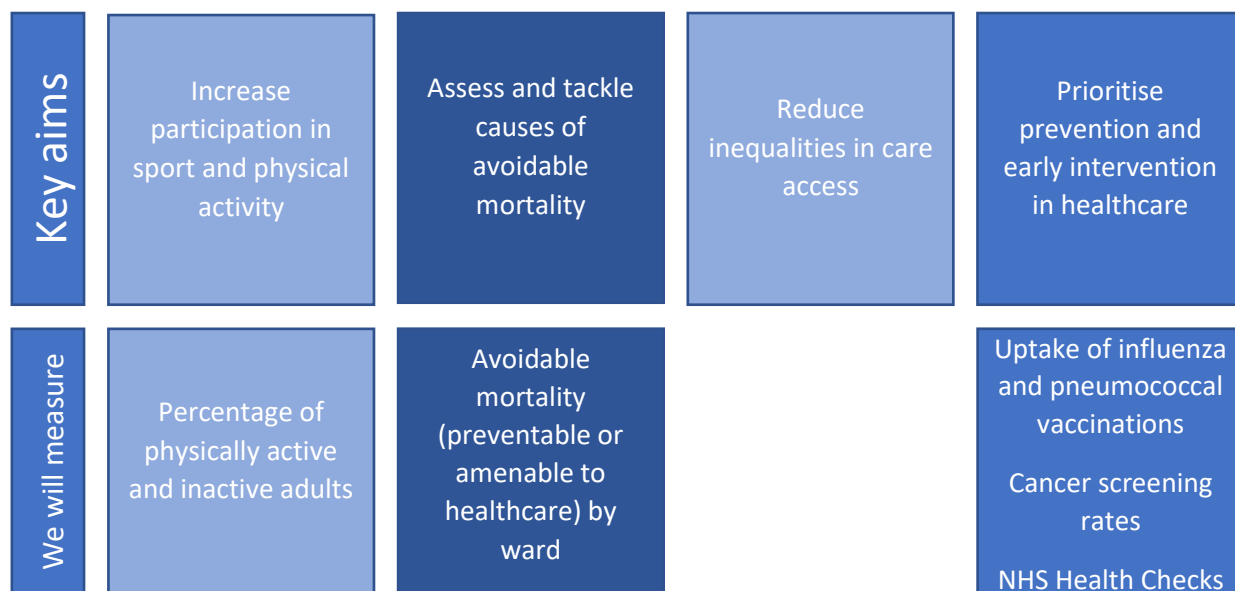
## Recommendations

No.	Detail
40	Focus on improving employees' mental health and adapt jobs to make them suitable for those facing barriers to employment.
41	Procure and commission locally so that spending and investment benefits Crewe.
42	Work with partner organisations across Cheshire and Warrington to support good quality employment in the subregion
43	Upskill local people to take advantage of regeneration and HS2 and work with incoming investors to ensure that job opportunities are promoted locally.
44	Work with LEP and local partners to tackle the long-term unemployment which has been exacerbated by COVID.  Examine replacement models such as ESF Journey First working alongside the Job Centre to match young people to appropriate jobs.
45	Work with partners such as Citizens Advice to ensure adequate legal advice and support for those with issues around work. Advocate for reduced conditionalities and sanctions in benefit entitlement, particularly for those with children.
46	Support Lyceum powerhouse development to provide career connections. Develop skills, co-create local activities and events (mentoring and skills development). Amplify opportunities for local residents to take up jobs in culture.
47	Create an innovation centre - TADIC (Technology and Digital Innovation Centre) to support (incubate) start-ups and small businesses.

Increase the proportion of physically active adults in Crewe by 50% within ten years.

Halve the gap in avoidable mortality rates between Crewe and Cheshire East's best performing wards within ten years.

## Priority 6 – Preventing ill health in Crewe



We come to prevention and treatment services at the end of the report intentionally. “The NHS we all value and rely on was never meant to go it alone. It was supposed to be part of a wider system supporting people from cradle to grave; with decent jobs, pay, homes and education. To make sure the NHS can keep helping us in the way it was intended to, we need a broader system of support that can help all of us to thrive.”<sup>29</sup>

However, many causes of illness and poor wellbeing can be modified through public health programmes or by proactive and preventative care in health services. We know that the environment shapes people's choices and behaviours but there is an awareness amongst Crewe's residents of the role lifestyle plays in health.

“Good health is a lifestyle choice”<sup>33</sup>

Mission 8 of the Levelling Up paper references improved wellbeing. Moving beyond physical health to a more holistic concept of health and wellbeing, we should consider the Five Ways to Wellbeing in our work<sup>30</sup>:

1. Activity – physical and mental improvement due to increased exercise
2. Connectivity – a sense of belonging and purpose
3. Mindfulness – sensory experiences, reduced stress, better mental health
4. Education and learning – health literacy, awareness and increased ownership, new skills
5. Giving back to the community – increased participation and enjoyment

<sup>29</sup> [How to talk about the building blocks of health - The Health Foundation](#)

<sup>30</sup> [5 steps to mental wellbeing - NHS \(www.nhs.uk\)](#)

GPs in the centre of Crewe are seeing patients with multiple health issues, complex social issues, communication difficulties and people who may not have English as their first language. Nationally, practices in more deprived areas have less funding per patient once the increased need is adjusted for<sup>31</sup>.

“I would like to say that my GP practice has been amazing. I've had long term problems with a shoulder injury and have been very well looked after, being referred for physiotherapy and the musculoskeletal service and eventually surgery<sup>33</sup>.”

COVID-19 led to delayed access to non-urgent healthcare, with those who were poorer or had existing health conditions most affected<sup>32</sup>. According to Healthwatch research in Cheshire East, many in Crewe struggled to access face-to-face GP appointments. Telephone and virtual appointments were accessible and convenient for some, but there is a definite perception that in-person appointments are missing and would be valued. However, others praised the work of GP surgeries, pharmacies, hospitals and care homes during the incredibly difficult and disruptive period<sup>33</sup>.

“We want GPs to be seeing people<sup>33</sup>”

Further information on the effects of, and response to, COVID-19 can be found in Appendix 2 - COVID-19 and Crewe.

## Current projects and services

### Health improvement and community services

One You Cheshire East	Supports residents to eat well, move more and be smoke free. They also have family wellbeing programmes and falls prevention classes for older residents.
Community Pantry	Free fruit and vegetables available – encourage healthier lifestyle. Members can also receive support on a variety of issues including mental wellbeing.
Reading Well	Book collections within libraries to support a variety of physical and mental health conditions.
Bikeability	Courses ran within schools teaching children bike safety. There are also more inclusive courses for those with mobility issues. All run by Everybody Leisure. Further courses will be available to encourage active travel with improved town infrastructure too – making it safer and more accessible to bike and walk.
Saturday Kitchen	Support for the Homeless Community within Crewe. Food and essentials are available as well as access to services. Further developments to include a dental service.
Water Fluoridation	Fluoride added to the water to improve dental health.
Social Prescribing	Accessible from most GP surgeries the social prescriber deals with the wider determinants of health and will support patients who are struggling with debt, loneliness and social isolation as well as those looking to improve health through weight loss and exercise.
Crewe Lifestyle Centre	A hub within the centre of Crewe to encourage good physical and mental wellbeing through various activities and areas including a gym and pool. A library and café/social space is also located here.

<sup>31</sup> [Level or not? - The Health Foundation](#)

<sup>32</sup> [COVID-19 and disruptions to the health and social care of older people in England - Institute For Fiscal Studies - IFS](#)

<sup>33</sup> [Crewe-Healthwatch-Across-Cheshire-Report-Sep-Nov-2021.pdf \(healthwatchcheshireeast.org.uk\)](#)

Walking for Health	Walks delivered in the local area. Organised by the Canals & Rivers Trust and Everybody Leisure and Wishing Well.
Mental Health Support/Suicide Prevention	Crisis cafés, IAPT service and tailored Mental Health support for Men within Crewe (Twelfth Man Project). Suicide Prevention training offered via Cheshire East Council Health Improvement Team for any frontline service including more recently schools.  CHAMPs suicide prevention board and specific services like 24/7 SHOUT and AMPARO
<b>Prevention in health and care services</b>	
Crewe Care Community	A closer look at ill-health prevention through the encouragement of patient self-care. Raising awareness of key conditions such as high blood pressure. Re-development of Patient Participation Groups within Crewe.
CURE Project (Leighton Hospital)	Smoking Cessation therapy offered to inpatients who smoke – prescribing the correct Pharmacotherapy and encouraging abstinence whilst in hospital and upon discharge.
NHS Transformation	A new integrated, place-based system for care.
NHS Health Checks	Offered to residents who are 40 to 74 with no known heart disease. A physical health assessment delivered by the GP surgery with a view to detecting health issues – such as high cholesterol – early.
MECC (Making Every Contact Count)	Training of front-line staff to encourage lifestyle change and refer residents to appropriate services.

## Recommendations

No.	Detail
48	Implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient, e.g., focussing on alcohol reduction and obesity programmes across the social gradient, and taking forward the recommendations in the Khan Review to make smoking obsolete <sup>34</sup> .
49	Establish governance for place-based prevention; build on the localities model and localities JSNA. Ensure primary prevention (tackling risk factors before a disease occurs) is a priority for the Crewe Care Partnership.
50	Primary Care Services to be reviewed and made more easily accessible within the most deprived areas of Crewe.
51	Undertake “deep-dive” on Crewe as part of the JSNA process, this will identify key priority areas for ill health prevention.

<sup>34</sup> [Making smoking obsolete: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674442/making-smoking-obsolete-summary.pdf)

52	Provide MECC training <sup>35</sup> for all frontline services and ensure that culture, leadership and systems are in place to make the interactions meaningful and effective.
53	Support GP practices to become Active Practices using the Active Practice Charter.
54	Focus core efforts of public health departments, and wider commissioned programmes, on interventions to improve the determinants of health.
55	Advocate for increased healthcare funding to deprived areas, especially in primary care.
56	Create neighbourhood hubs to keep care accessible and local.

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<sup>35</sup> [Training in MECC \(makingeverycontactcount.co.uk\)](https://www.makingeverycontactcount.co.uk)



## Appendix 1 – About this report

This report was developed by a subgroup of the Cheshire East Increasing Equalities Commission. It was led by Dr Matthew Atkinson (Specialty Registrar in Public Health at Cheshire East Council) with project support provided by Rebecca Jackson.

The report sections were originally taken from the “Marmot Report”, but these were later adapted to a Crewe context with a greater emphasis on the environment and communities. These changes reflect the importance of place for health and the opportunities we have through the regeneration of Crewe Town Centre.

Workshops were held for each of the six main sections of the report. For each section, one or more co-authors were identified. Their contributions were invaluable in providing key reports and references, sense-checking recommendations and ensuring alignment with other workstreams.

In the report we use data and narrative to create a sense of urgency, engage subject matter experts and the IEC to build a coalition and create and communicate a vision for a Health in All Policies approach.

### Workshops method

Across the 6 workshops we have had 67 individual delegates, many of whom attended multiple workshops.

Attendees were invited based on the following criteria:

- Membership of the Increasing Equalities Commission
- All members of Cheshire East Public Health Team
- Third sector Organisations who operate within the Crewe area
- Individual’s job role and its purpose in relation to each workshop
- Membership of Crewe Town Council
- Membership of South Cheshire Chamber of Commerce

*(See appendix for details of organisations and Cheshire East Council Teams)*

These individuals were identified via the following methods:

- Cheshire East phonebook
- Research into Crewe and active community groups within the area
- Requests to other invitees to pass invitations on to any relevant colleagues

Individuals were invited via email and provided with an overview of the IEC and the themes of the workshop in question.

Workshops were started with an introduction and presentation from Matthew Atkinson (Public Health Senior Trainee), around the current situation within Crewe and included an overview of the work of the Marmot Community.

Following on from the initial presentation the group was split into 2 breakout rooms. This was completed manually to ensure a good mix of individuals, organisations, and job roles.

Within the first breakout room, the group were asked to consider the following:

- What is happening now?
- What’s planned?
- What are the opportunities?
- What are the threats?

After approximately 15 minutes, the group reconvened in the main room and fed back results from discussion.

A short presentation followed, after which the theme for the second breakout room was given prior to going back into the same group as previously.

The group were asked to now consider:

- Are we meeting the needs?
- What are the gaps
- Who needs to be involved?
- What do we wish to be different at a national level?
- What do we wish we could do locally?

Again, the breakout rooms were used for approximately 15 mins, before reconvening and feeding back findings to the wider group.

The chat from both rooms, and Facilitator notes, were captured and saved.

## External organisations represented at workshops

Central Cheshire Integrated Care Partnership  
[Central Cheshire Integrated Care Partnership: Cheshire and Wirral Partnership NHS Foundation Trust](#)  
[cwp.nhs.uk](http://cwp.nhs.uk)

Healthwatch  
 Cheshire East  
[Home - Healthwatch Cheshire East](#)

Chance Changing Lives  
 11-13 Coronation Crescent  
 Crewe  
 CW1 4EJ  
[Chance Changing Lives | Homeless Charity | Social Supermarket Crewe](#)

MotherWell Cheshire CIC  
 156 Nantwich Road  
 Crewe  
 CW6 6BG  
[Motherwell CIC](#)

Cheshire Halton & Warrington Race & Equality Centre  
 17 Cuppin Street  
 Chester  
 CH1 2BN  
[Cheshire Halton & Warrington Race & Equality Centre](#)  
[chawrec.org.uk](http://chawrec.org.uk)

South Cheshire Chamber of Commerce  
 Couzens Building, Manchester Metropolitan University,  
 Crewe Green Road, Crewe CW1 5DU  
[South Cheshire Chamber of Commerce | SCCCI Community](#)

Child Health Hub  
 Oak Tree Children's Centre  
 Newcastle Street  
 Crewe  
 CW1 3LF  
[Oak Tree Children's Centre \(cheshireeast.gov.uk\)](#)

Standguide Ltd  
 Cecil House  
 Samuel Street  
 Hightown  
 Crewe  
 Cheshire  
 CW1 3BZ  
[Homepage - Standguide Group](#)

Crewe Town Board  
[Meet the board - We Are All Crewe](#)

Crewe Town Council  
1 Chantry Court  
Forge Street  
Crewe  
CW1 2DL  
[Crewe Town Council](#)

Wishing Well Project  
156 Nantwich Road  
Crewe  
CW2 6BG  
[Home - Wishing Well Project](#)

CVS Crewe  
1A Gatefield Street  
Crewe  
CW1 2JP  
[CVS Cheshire East | Supporting Voluntary, Community  
and Faith Organisations across Cheshire East  
\(cvsce.org.uk\)](#)

Everybody Sport & Leisure  
Moss Square  
Crewe  
CW1 2BB  
[Crewe Lifestyle Centre - Everybody Sport & Recreation](#)

## Appendix 2 - COVID-19 and Crewe

“People living in more socio-economically disadvantaged neighbourhoods and minority ethnic groups have higher rates of almost all of the known underlying clinical risk factors that increase the severity and mortality of COVID-19, including hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart disease, liver disease, renal disease, cancer, cardiovascular disease, obesity and smoking<sup>36</sup>.”

COVID-19 revealed and exacerbated inequalities. Our multi-agency approach sought to mitigate the harms to the most vulnerable groups and support businesses, and we have learned many lessons which will be useful in future situations.

Cheshire East recorded a high number of cases, with 1,825 daily cases being recorded at the most recent peak in January 2022<sup>37</sup>. The pandemic has had widespread impacts on Crewe’s residents beyond the direct effects of the disease. Mental health has deteriorated, with increased loneliness and social isolation. Financial hardship has led to worry about the ability to support a family and the Council has worked hard to minimise the economic hit experienced. More than a quarter of our COVID-19 main and discretionary support payments since September 2020 have been to Crewe’s residents.

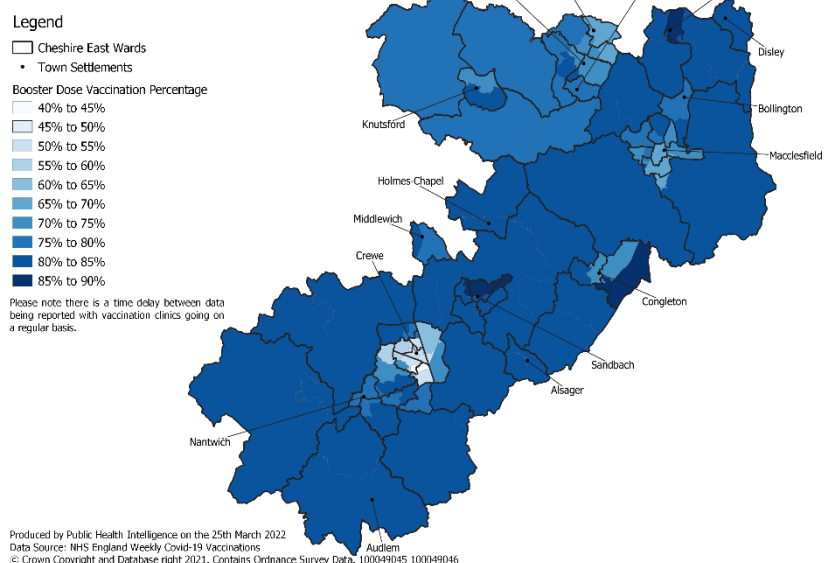
“COVID is being used as an excuse, when things around Crewe were bad beforehand”

### Supporting vaccination uptake:

Some areas of Crewe have the lowest vaccination rates across Cheshire East, with one of the lowest uptakes being in our Eastern European migrant communities. These communities were testing and getting vaccinated at a much lower rate compared to the rest of the Cheshire East population. This therefore puts these communities at a greater risk of contracting and transmitting COVID-19.

Local partners recognised the need for fixed clinics at GP practices, pharmacies, and mass vaccination centres. However, we quickly learnt that we needed a hyperlocal approach in our more hard-to-reach communities.

**Cheshire East: Booster Dose Vaccination Percentage (18+) as of 25/03/2022 by MSOA (Ward overlayed)**



*Figure 3 - COVID-19 booster vaccination coverage for Cheshire East (lighter areas in Crewe show poorer uptake of vaccination)*

This approach included:

- Engaging with Voluntary Faith Sector Organisations and key local messengers to help encourage uptake.
- Local clinics in accessible locations and a vaccination bus as well as clinics in hotels housing refugees.
- We have worked closely with employers who have Eastern European employees to encourage uptake.
- Plans in development for other communities such as the Gypsy, Roma and Traveller, and boating communities.

<sup>36</sup> [Health inequalities: Deprivation and poverty and COVID-19 | Local Government Association](#)

<sup>37</sup> [Cases in Cheshire East | Coronavirus in the UK \(data.gov.uk\)](#)

## COVID-19 and Schools

Crewe childcare and education settings have reported over 3000 cases of COVID-19, more than 1 in 7 of the cases reported across the whole of Cheshire East. The COVID team gave expert advice when outbreaks and situations occurred and proactively engaged settings with higher numbers of reported cases.

## COVID-19 and Businesses:

COVID-19 restrictions had huge impacts on the business community. Requirements were often complex and, in some cases made opening unviable. Crewe's businesses adapted where they could, with hospitality businesses increasing takeaway offers and others moving to online business models.

Cheshire East gave plainly written translations of legislative changes, and businesses were contacted directly, when necessary, backed up by online information and a single point of contact for queries. Working with the Public Health team made it possible to offer onsite testing opportunities and links to vaccination to a number of businesses and these relationships have been maintained beyond the lifting of restrictions.

The pandemic has been particularly tough for small and medium-sized employers who might not have wider organisational support or the financial resilience to cope with huge disruptions to their operations. Over the past two years Cheshire East Council co-ordinated support to many local businesses by distributing 36,924 payments totalling over £166.5m through a number of different grant schemes. More than a quarter of this total went to businesses in Crewe, and this has helped businesses survive through the pandemic, to reopen safely and support growth.

## Lessons learnt:

- Understand local people and stakeholders to find key partners and credible messengers
- Generic communications will largely only be effective for the 'engaged majority', and while this is a large and important group, targeted engagement will be more effective for engaging minority groups.
- The Communities' team play an essential role in developing a hyperlocal approach that engages all groups.
- Go where the people are to make services convenient and accessible. Take opportunities to address wider health and wellbeing issues.
- Maintain and strengthen new relationships between Council teams, businesses, services and other settings. We can leverage these to address a wide range of health and wellbeing issues in the future.
- We must consider different ethnicities and languages, as well as considering the cultures in other countries. For example, Eastern European Migrants were more heavily informed and engaged by the media from their own countries than that in the UK.
- The Council is not always the most appropriate messenger, particularly in relation to young people. Work closely with young people and let them influence each other and others such as families and older persons.
- While the Youth Support Service offered online and phone support, detached teams were out weekly to ensure young people who were on the streets were informed and supported. Joint work was undertaken with the police to support the dispersal of groups of young people. This visible presence is vital.
- We must build resilience in Crewe to effectively respond to disruptive events.
- We must be solution focused and not problem focused. A slight shift in mentality makes a huge difference practically

"The pandemic has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in the wealthiest. Recovery needs to prioritise creating opportunities for good health – a vital asset needed to 'level up' and rebuild the UK economy<sup>38</sup>."

<sup>38</sup> [Unequal pandemic, fairer recovery - The Health Foundation](#)

## Appendix 3 – Engagement with Crewe residents 2022

Cheshire East Council's Communities Team led a programme of engagement in Spring 2022. Many thanks to the Swab Squad who were out meeting more than 100 people in Crewe to gather the experiences of residents. The team also reviewed relevant consultation and engagement exercises for other projects. Of those engaged specifically for this strategy:

### Gender

45% were female

55% were male

### Age

Approximately 60 children were engaged with as part of the Crewe Pocket Parks project which feeds into the green spaces section

26% were aged 20-39

38% were aged 40-59

36% were aged 60+

### Ethnicity

19% were from ethnic minority groups

81% were white

Healthcare related quotations may reference a separate piece of community engagement undertaken by Healthwatch Cheshire East – these are indicated by numbered footnotes<sup>39</sup>.

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<sup>39</sup> [Our Reports - Healthwatch Cheshire East](#)

Appendix 4 – Levelling Up the United Kingdom – 12 Missions and 6 Capitals<sup>40</sup>

12 Missions	
Mission 1	By 2030, pay, employment and productivity will have risen in every area of the UK, with each containing a globally competitive city, with the gap between the top performing and other areas closing.
Mission 2	By 2030, domestic public investment in R&D outside the Greater South East will increase by at least 40%, and over the Spending Review period by at least one third. This additional government funding will seek to leverage at least twice as much private sector investment over the long term to stimulate innovation and productivity growth.
Mission 3	By 2030, local public transport connectivity across the country will be significantly closer to the standards of London, with improved services, simpler fares and integrated ticketing.
Mission 4	By 2030, the UK will have nationwide gigabit-capable broadband and 4G coverage, with 5G coverage for the majority of the population.
Mission 5	By 2030, the number of primary school children achieving the expected standard in reading, writing and maths will have significantly increased. In England, this will mean 90% of children will achieve the expected standard, and the percentage of children meeting the expected standard in the worst performing areas will have increased by over a third.
Mission 6	By 2030, the number of people successfully completing high-quality skills training will have significantly increased in every area of the UK. In England, this will lead to 200,000 more people successfully completing high-quality skills training annually, driven by 80,000 more people completing courses in the lowest-skilled areas.
Mission 7	By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
Mission 8	By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.
Mission 9	By 2030, pride in place, such as people's satisfaction with their town centre and engagement in local culture and community, will have risen in every area of the UK, with the gap between top performing and other areas closing.
Mission 10	By 2030, renters will have a secure path to ownership with the number of first-time buyers increasing in all areas; and the government's ambition is for the number of non-decent rented homes to have fallen by 50%, with the biggest improvements in the lowest-performing areas.
Mission 11	By 2030, homicide, serious violence and neighbourhood crime will have fallen, focused on the worst-affected areas.
Mission 12	By 2030, every part of England that wants one will have a devolution deal with powers at or approaching the highest level of devolution and a simplified, long-term funding settlement.
6 Capitals	
Physical	Buildings (including housing), machinery, equipment
Intangible	Software, databases, R&D, branding, art, training

<sup>40</sup> [Levelling Up the United Kingdom: missions and metrics Technical Annex \(publishing.service.gov.uk\)](#)

Human	Knowledge, skills, competencies
Financial	Loans and financial mechanisms needed to fund activity
Social	Personal relationships, social network support, civic engagement, trust and co-operative norms
Institutional	Leadership and local governance, autonomy, relationships between organisations



## Appendix 5 – Proposed indicators in Cheshire and Merseyside Marmot Community

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)-	Yearly	LA	IMD	Active lives survey

41

<sup>41</sup> <https://www.instituteofhealthequity.org/resources-reports/all-together-fairer-health-equity-and-the-social-determinants-of-health-in-cheshire-and-merseyside>

## Appendix 6 – The determinants of health and wellbeing in our neighbourhoods

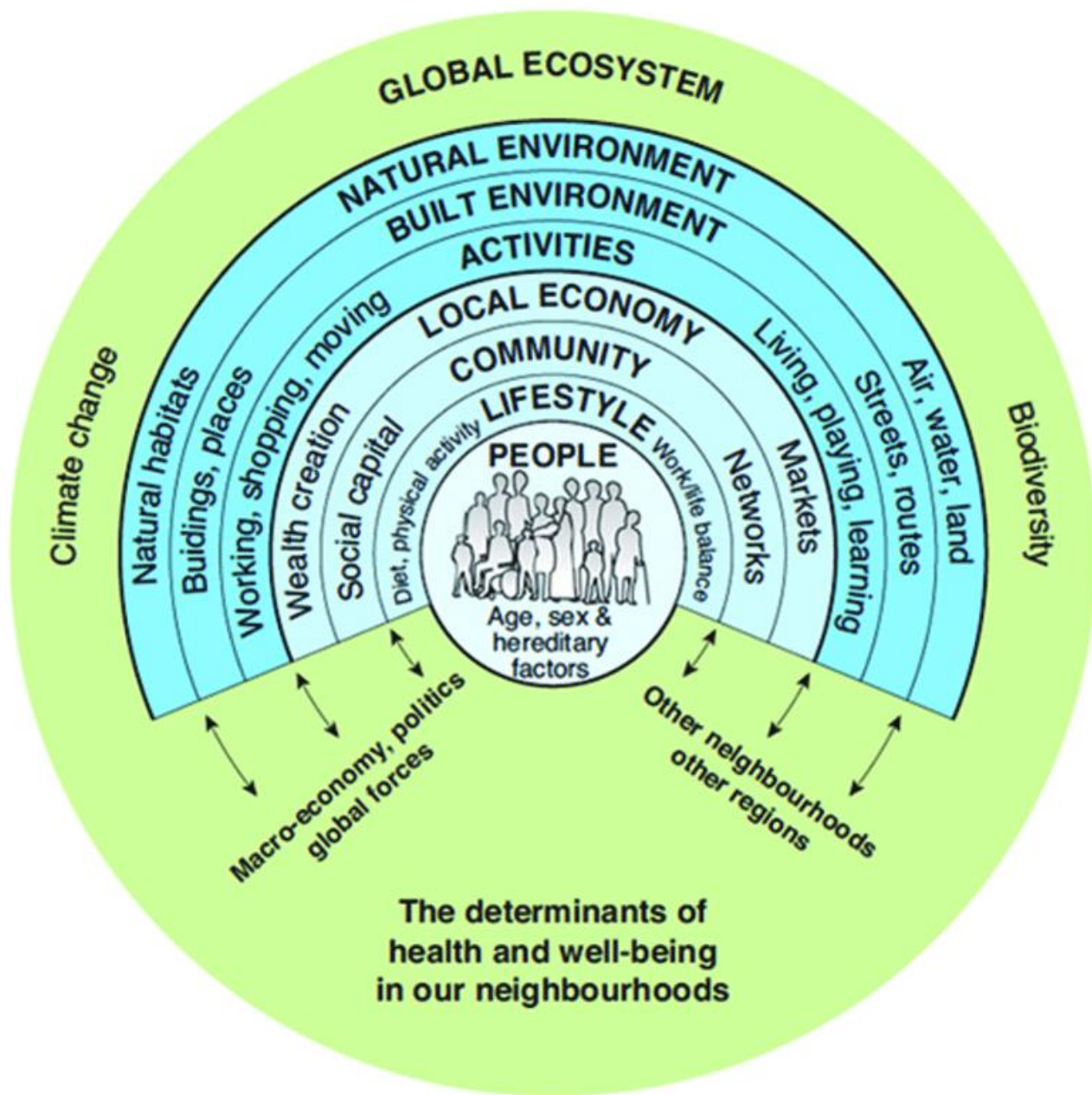


Figure 4 - Neighbourhood determinants of health and well-being<sup>42</sup>

Appendix 7 – “Tartan Rug” – Health profiles for electoral wards 2021<sup>43</sup>

See final page

<sup>42</sup> [Spatial Planning for Health: an evidence resource for planning and designing healthier places \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90000/spatial-planning-for-health-evidence-resource.pdf)

<sup>43</sup> <https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-cec.pdf>

The chart below shows how the health of people in Cheshire East compares with the rest of England

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*Working for a brighter future together*

## **Adults and Health Committee**

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<b>Date of Meeting:</b>	21 November 2022
<b>Report Title:</b>	Adults Social Care Local Account 2021/22
<b>Report of:</b>	Helen Charlesworth May, Executive Director of Adults, Health and Integration
<b>Report Reference No:</b>	AH/18/2022-23
<b>Ward(s) Affected:</b>	Cheshire East

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### **1. Purpose of Report**

- 1.1.** The Adults Social Care (ASC) Local Account 2021/22 illustrates the positive contribution that ASC services provide for people in need of social care support, it also includes Performance, Finance information and how ASC contributes towards delivering the Council's priorities.

#### **Priorities – Adults Social Care**

- Work together with our residents and partners to support people and communities to be strong and resilient.
- Reduce health inequalities across the borough.
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Increase the opportunities for children, young adults and adults with additional needs.
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.

### **2. Executive Summary**

- 2.1** The Local Account 2021/22 provides contextual information, demographics, Corporate and Service priorities and how they link, the vision for ASC and how this could be achieved plus progress against priorities. There are comments from people who use services and a range of articles with illustrations describing these services and their aims. The main headings within the service illustrations are: Early Intervention and Prevention, Neighbourhood Partnerships, Active and Supportive Communities and Safe and Supporting/Risk Prevention. The report ends with ways to contact ASC

and how to get involved or get help. Following Committee the report will be added to the CEC website: [Cheshire East Local Account](#)

### **Recommendations**

3. The ASC Local Account 2021/22 is for Committee to note only.

#### **4. Reasons for Recommendations**

4.1. See above

#### **5. Other Options Considered**

5.1. The ASC Local Account 2021/22 is for noting only.

Option	Impact	Risk
Do nothing		

#### **6. Background**

6.1. N/A

#### **7. Consultation and Engagement**

7.1. N/A

#### **8. Implications**

##### **8.1. Legal**

8.1.1. N/A

##### **8.2. Finance**

8.2.1. N/A

##### **8.3. Policy**

8.3.1. N/A

##### **8.4. Equality**

8.4.1. N/A

8.4.2. N/A

##### **8.5. Human Resources**

8.5.1. N/A

##### **8.6. Risk Management**

8.6.1. N/A

**8.7. Rural Communities****8.7.1.** N/A**8.8. Children and Young People/Cared for Children****8.8.1.** N/A**8.9. Public Health****8.9.1.** N/A**8.10. Climate Change****8.10.1.** N/A

<b>Access to Information</b>	
Contact Officer:	Louise Egan, Business Consultant, Business Intelligence. <a href="mailto:Louise.egan@cheshireeast.gov.uk">Louise.egan@cheshireeast.gov.uk</a> Mobile: 07810636447
Appendices:	Adult Social Care Local Account 2021/22
Background Papers:	N/A

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# Cheshire East Council Local Account for Adult Social Care 2021/22

[cheshireeast.gov.uk](https://cheshireeast.gov.uk)

Working for a **brighter future** together



OFFICIAL



## Foreword

### Welcome to Cheshire East Council's Adults Social Care Local Account 2021/22

First, I want to thank everyone who has welcomed me to the Borough. Since joining the Council during 2021 I have been impressed with the beautiful county, the friendliness of the communities and the dedication of the staff. I am delighted to present the Local Account for the year.

On 23<sup>rd</sup> March 2020 the government announced that the UK would be sent into 'lockdown' in an unprecedented step to attempt to limit the spread of Covid 19. The pandemic impacted on over 190 countries; and in the UK it presented us with the biggest challenge our health and care system had ever faced.

Across Cheshire East services were already contending with significant challenges including difficulty recruiting and retaining staff, increasing demand for care and support, and growing financial pressures; and yet in responding to the pandemic our health and care services transformed in an extremely short space of time. This year's Local Account reflects the challenges faced by services during that difficult period, and the ongoing and increasing pressures we are experiencing as we look towards recovery and reset for Adult Social Care.

Adult Social Care makes a significant and distinctive contribution to residents living across Cheshire East by ensuring that adults with additional needs are supported to live complete lives which they are able to share with their families and friends. Adult Social Care responds to a wide range of needs, helping people to live as independently as possible, whilst supporting people during times of crisis and helping them to make good decisions balancing rights and risks.

We have a vision for people in Cheshire East where every day is the best it can be. Where people live happy, healthy and safe lives; where people live in the place they call home with the people and things that they love, in communities where they look out for one another, doing the things that matter to them. When more help is needed, it starts with a conversation about what makes a great day for individuals, then builds upon the things in their life which enables them to live happily at home, help is arranged in ways to suit them by caring people. Where individuals, communities and local organisations work together to build on our collective strengths to reduce inequality and to improve health and wellbeing.

The year of 2021/22 has seen a significant rise in the number of people seeking support and the amount of support each person requires is also increasing, often as a result of the social, physical and emotional isolation during the difficult previous year. Our staff have worked tirelessly to improve outcomes and to offer help and support required as this account demonstrates.

As we look forward to the coming year, we are an early implementer council for charging reforms including the cap on care costs. We must also prepare for the new national approach to the cost of care and national programme of assurance, which will be carried out by the Care Quality Commission (CQC). They will consider: How we work with people; How we provide support; How we keep people safe; and our Leadership and workforce.

With the emerging Integrated Care Systems (due to come into being from 1<sup>st</sup> July 2022) we will see the development of integrated services move at a more rapid pace as we work

ever closer with our health colleagues. We can expect to see a continuing focus on hospital discharges as the NHS focuses on its programme of recovery.

As I look back on 2021/22, I would like to acknowledge the challenges we have all faced and the difficulties, and in some cases, the tragedies faced by families and citizens. I would like to pay tribute to our unpaid carers, including our young carers, who worked tirelessly in supporting their loved ones and I would like to thank all of the volunteers who came forward to offer help and support to those individuals who were confined to their homes and required not only physical assistance but emotional support. You have helped us through this past year. Thank you.

Next year will be a challenge but I have no doubt that the dedication of our staff and the commitment of our voluntary and independent providers alongside our unpaid carers and families will see us through this coming year.

Helen Charlesworth-May  
Executive Director of Adults, Health and Integration



## The Corporate Plan 2021- 2025

The Plan is based around a key vision of being open, fair and green, leading to the following strategic priorities:

- An open and enabling organisation
- A council which empowers and cares about people
- A thriving and sustainable place

Our vision is for a more open, fairer, greener Cheshire East

### Open

We will provide strong community leadership and work transparently with our residents, businesses and partners to deliver our ambition in Cheshire East

### Fair

We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents

### Green

We will lead our communities to protect and enhance our environment, tackle the climate emergency and drive sustainable development

## Our Values

We are  
**flexible**

We  
**innovate**

We take  
**responsibility**

We deliver  
the **service**  
that customers  
need

We use  
effective  
**teamwork**

### Adults Social Care links to Corporate Plan:

#### An open and enabling organisation

- Ensure that there is transparency in all aspects of council decision making
- Listen, learn and respond to our residents, promoting opportunities for a two-way conversation
- Support a sustainable financial future for the council, through service development, improvement and transformation
- Look at opportunities to bring more income into the borough
- Support and develop our workforce to be confident, motivated, innovative, resilient and empowered
- Promote and develop the services of the council through regular communication and engagement with all residents

#### A council which empowers and cares about people

- Work together with residents and partners to support people and communities to be strong and resilient
- Reduce health inequalities across the borough
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.

### Cheshire East, the people

Our borough is home to 380,800 residents and more than 175,000 households. It contains the major towns of Crewe, Macclesfield, Congleton and Wilmslow (with populations above 20,000). There are also a number of other significant centres of population (over 10,000) in Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager.

Whilst most residents enjoy a good standard of living, there are pockets of deprivation, which impact on the quality of life and opportunities for some people. Average life expectancy varies from 74 years in the most deprived areas to 83.3 years in the most affluent.

Whilst the population is predominantly White British (93.6%), Cheshire East is becoming an increasingly diverse borough due to its proximity and continually improving transport links to Manchester, Birmingham and London. It is also the home of choice for many migrant communities from across the world.

Understanding our residents and communities is at the centre of everything we do and ultimately our decision making. We use a range of information to guide support and inform our policies and initiatives but recognise there is always more to do. As our borough grows and changes, we want to be at the forefront of working together with all our communities, to do this we need to be bolder, have a meaningful two-way conversation, and continue to strive to understand what will make a difference.

An ageing population comes with its own challenges and, following national trends, we see increasingly complex needs across all age ranges.  
(Corporate Plan 2021-2025)

### A council which empowers and cares about people



89% of Adult Social Care users say our services have made them feel safe and secure



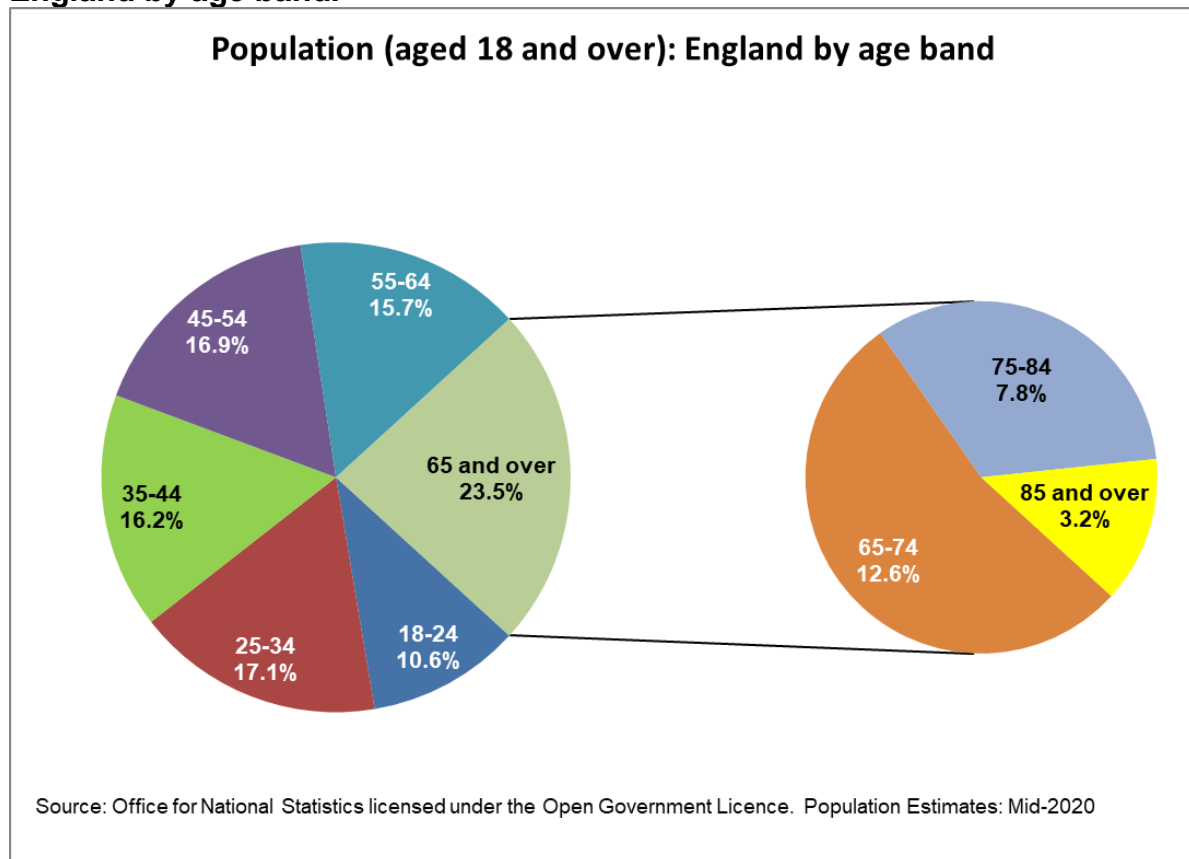
60% of the council's net budget is spent on providing support for People based services

### Priorities – Adults Social Care

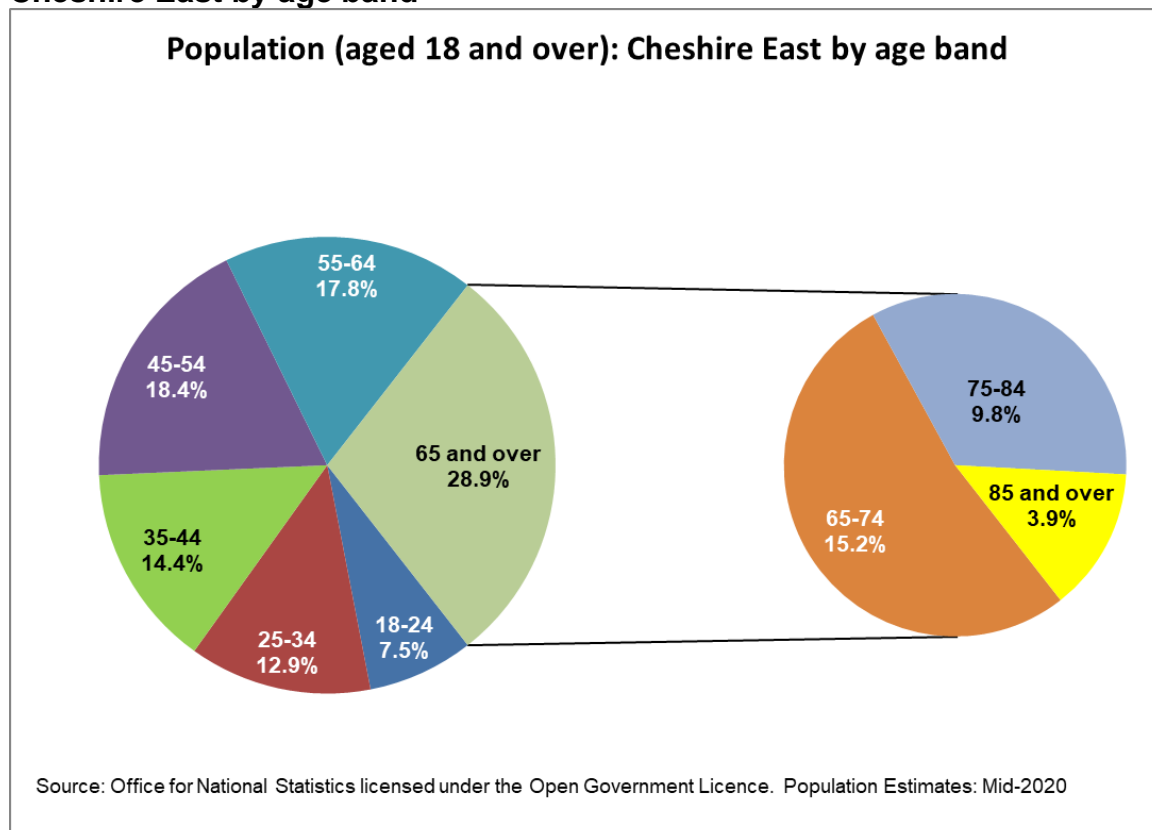
- Work together with our residents and partners to support people and communities to be strong and resilient.
- Reduce health inequalities across the borough.
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Increase the opportunities for children, young adults and adults with additional needs.
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.

The following charts gives a more detailed age breakdown of the Cheshire East population compared to that of England.

### England by age band.



### Cheshire East by age band





**Equality and Diversity**



Our aim is to make equality an integral part of the way the Council works by putting it at the centre of everything we do.

We recognise that promoting equality and diversity will improve public services for everyone. We want Cheshire East to be an area of equal opportunity, where everyone has a fair chance and people from all backgrounds take part in community life.

To do this it is important to consider all individuals when carrying out day to day work. Services do this by providing evidence in the form of an Equality Impact Analysis form that they have considered the effect of their work on different groups protected from discrimination by the Equality Act 2010.

The Equality Impact Analysis (EqIA) process ensures that services consider if there are any negative consequences for each of the 'protected characteristics' as detailed in the Equality Act 2010. These are age, disability, gender reassignment, marriage and civil partnership, maternity and pregnancy, race, religion or belief, sex and sexual orientation.

An EqIA is carried out on:

- All new functions, policies, procedures and services as they are developed
- Significantly altered functions, policies, procedures and services
- On existing functions and policies.

For all of the budget proposals an EqIA has been carried out where appropriate. For some of the proposals presented it is recognised that these are still very much at a concept stage, therefore for these an initial screening has been carried out with the expectation that a full and detailed EqIA will be completed in due course.

## Adults Social Care

### The Vision for Adults, Health and Integration in Cheshire East.

Happy, Healthy and Safe Lives - We have a vision for people in Cheshire East where every day is the best it can be. Where people live happy, healthy and safe lives; Where people live in the place they call home with the people and things that they love, in communities where they look out for one another, doing the things that matter to them. When more help is needed, it starts with a conversation about what makes a great day for them and builds upon the things in their life which enable them to live happily at home and is met in ways to suit them by caring people. Where individuals, communities and local organisations work together to build on collective strengths to reduce inequality and to improve our health and wellbeing.

Adult Social Care relates to the Cheshire East Council's priority of 'A council which empowers and cares about people' by offering a service of support designed to maintain and promote the independence and well-being of disabled and older people, and informal carers.

Our work covers assessment and commissioning by a Social Worker, for people felt to be in need according to eligibility criteria. As a result of this assessment, commissioned care provides face-to-face support, including accommodation and care in care homes, supported activity in the community, and care at home. This may be provided by our inhouse Care4ce Service, contracted directly, or may be purchased by the cared-for person themselves with a personal budget provided by the council, or independently from the council if they have been financially assessed as able to meet the costs themselves. This is provided by companies and voluntary agencies registered as competent, with the Care Quality Commission, the front-line staff are often employed as care assistants.

A key role within Adult Social Care is the protection and safeguarding of Adults at Risk. An Adult at Risk is defined as a person who, for any reason, may be unable to take care of themselves or protect themselves against significant harm or exploitation. Safeguarding adults at risk involves reducing or preventing the risk of significant harm from neglect or abuse, while also supporting people to maintain control of their own lives.  
(ASC Business Plan 2021)

**Priorities working towards 2025 within the Adults Social Care Business Plan 2021 include:**

**Working with People and organisations to prevent and stop the risk** and experience of abuse and neglect, whilst promoting the well-being of Adult's with care and support needs. Achieved through raising awareness, supporting Adult's at risk to make choices and have control about how they want to live and address what has caused the abuse, neglect or exploitation, working within legislation and promoting best practice.

**Supporting Carers** so that they are able to continue in a caring role for as long as they want to. Focus includes identifying and offering support to Carers as part of the assessment process, access via the Carers Hub to request help and provide information.

**Prioritising Home First** for patients discharged from hospital, where possible patients are discharged to a home of their choice. Action includes expanding and developing the Home First service to support people to stay at home longer and also support Carers in their caring role, through developing integrated Health and Social Care teams and increasing the use of technology to digitally enable people.

**Ensuring that Adults receive quality assessments of need and support planning** and good quality services to keep them safe and maintain their physical and mental wellbeing. Through continued development of the Cheshire Adult Safeguarding Board. Implementing high quality social work practice, maintaining and improving the quality of care and support services and ensuring that more people experience high-quality, person-centred care, now and in the future.





## **Adults Social Care mid-year progress 2021-22 linked with the Cheshire East Corporate Plan**

**In support of equality, freedom and fairness** - a suitable Traveller transit site has been agreed, a single point of contact created with translation tools and the Council has a dedicated post to support refugees into work. There is regular engagement with BAME, Gypsy, Roma and Traveller and veteran communities to ensure these groups inform service development. Social Value is being embedded through a project group and through developing a policy which will maximise Social Value opportunities and reduce avoidable health inequalities.

**In support of community cohesion and resilience** – evidence based early intervention and prevention services delivered with local community facilities being ‘go to’ places for people to find out about services, volunteer or start up a new project.

**To reduce health inequalities across the borough** – we are working with partners to address issues of poor housing, poverty, employment and education through the Cheshire East Health and Care Place Partnership and Health and Wellbeing Board. The One You Cheshire East Service delivers healthier lifestyle programmes that support residents to be more active, lose weight and stop smoking with positive results. A network of food poverty providers has been developed who aim to support the sustainability and coordination of activity that is preventing food poverty from escalating. To improve the Mental Health of all people working and living in Cheshire East a mental health peer support tool kit is being co-produced, this will keep people connected and supported through peer-to-peer support.

**To protect and support our communities and safeguard adults at risk from abuse, neglect and exploitation** - we are working with people and organisations to raise awareness, identify and address the cause of abuse, neglect or exploitation, working within legislation requirements and promoting best practice. Through an established Multi Agency Complex Safeguarding Forum and Channel Panel, ways to protect vulnerable people are agreed with organisations such as Health and Police. A whole housing approach enables earlier identification and intervention, reducing the number of people rendered homeless due to domestic abuse, and enabling survivors to remain safely in their own homes where they choose to do so, or keep their tenancy status if they relocate.

**To enable people to live independently within the community** - leisure life and employment opportunities have been developed and engagement and participation promoted. Over the last 12 months, 6 supported living schemes, providing 55 units of accommodation were made available for people with mental health problems and people with a learning disability. There is also a short breaks scheme for adults with a learning disability. Both these provisions allow adults to be supported to live independently within their local communities. The Welfare to Work partnership co-ordinates employment support to vulnerable groups including joint working to engage with employers and creates a directory of all available services. During the pandemic innovative ways of reaching vulnerable people were created with activity and support groups made available by moving online.

**Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities including dementia services** – a steering group with partners has been set up providing oversight for the development of accommodation for vulnerable and older people. A revised business model for in-house provider Care4CE has been created, enabling Care4CE to trade and be sustainable long-term. Adult Social Care teams are linked with Health teams and work well together with multi-disciplinary meetings taking place. Our new Tech Enabled Care service is being re-commissioned with partners including Health and will explore support at home using additional technology such as apps, tablets and mobile phones to digitally enable people helping them to remain safe in their own homes and communities.

(From Corporate Plan Mid-year Review)



## Terms explained

We have tried to make this document as jargon free and easy to read as possible, we have not shortened any words and will explain any terms that we use. Here are some that you will see:

### People

When we use the word **People** in this document, we are talking about people who need care and support who access services.

### Adults Social Care

When we talk about **Adult Social Care** we are talking about the care and support to people so they can remain independent longer.

### Residents

When we talk about **Residents**, we are talking about everyone who lives in Cheshire East.

### Safeguarding

When we talk about **Safeguarding** People, we are talking about the Council Policy to ensure people can live safely, free from harm and abuse.

### Commissioning

When we talk about **Commissioning** we are talking about how the Council decides to use resources in meeting people's needs for care and support.

### Public Health

When we talk about **Public Health**, we are talking about the Councils responsibility to ensure that the health needs of Cheshire East residents are understood and supported.

### Clinical Commissioning Group (CCG)

When we talk about **Clinical Commissioning Group (CCG)** we are talking about the commissioners who work for the National Health Service and who are responsible for contracts for health services.

### Advocacy

**Advocacy** means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. Someone who helps you in this way is called your advocate.

Ref - Mind

## What is adult social care?

Adult Social Care covers a range of services to help people who have support needs arising from age, learning, physical or sensory disabilities or physical or mental health conditions and those in vulnerable situations.

The diagram below shows examples of some of the outcomes that the Adult Social Care Service seeks to achieve for service users and their Carers with some of the services that Cheshire East Council commissions to help achieve these outcomes:



## Think Local Act Personal

The goal of Think Local Act Personal (TLAP) is for people to have better lives through more choice and control over the support they use, often referred to as "personalisation". Cheshire East Adults Social Care staff work in a personalised way ensuring that the individual is at the centre of social care support if this is needed.

### TLAP Domains:

**Information and Advice:** *having the information I need when I need it*

**Active and Supportive Communities:** *keeping friends, family and place*

**Flexible Integrated Care and Support:** *my support, my own way*

**Workforce:** *my support staff*

**Risk Enablement:** *feeling in control and safe*

**Personal Budgets and Self Funding:** *my money*

## Comments from people supported by Adult Social Care

Hello, thanks for the update. I visited my Dad on Wednesday and one of the carers was there at lunch time. I was pleased and impressed with the care, kindness, friendliness and professionalism shown to both my Dad and myself. Thank you so much for all you have done for my Dad to facilitate his good care.

*Thank you for the information. I would like to thank you for your help and support over the past months. I know you worked very hard to ensure that XXX got her wish to stay at home, where she wanted to be. All the best for the future and please take care of yourself in these difficult times. All the very best*

Thank you for extending our care it has been much appreciated and thank you to everyone of the kind and thoughtful ladies who brightened our mornings during this gloomy winter.

Many thanks for the update. I really cannot thank you enough for your valued input with this lady and the efficiency with which you have responded to her needs.

## Adults Social Care Outcome Framework (ASCOF) 2021/22 Results

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

ASCOF Measure	Cheshire East 2018/19	Cheshire East 2019/20	Cheshire East 2020/21	Cheshire East 2021/22	England 2021/22
1A - Social care-related quality of life (score out of 24)	19.4	19.8	-	19.5	18.9
1B - Proportion of people who use services who have control over their daily life	82.0%	83.1%	-	80.8%	76.9%
1C(1A) - Proportion of adults receiving self-directed support	99.8%	96.9%	100.0%	100.0%	94.5%
1C(1B) - Proportion of carers receiving self-directed support	70.3%	50.5%	48.2%	34.5%	89.3%
1C(2A) - Proportion of adults receiving direct payments	24.5%	21.1%	17.4%	17.8%	26.7%
1C(2B) - Proportion of carers receiving direct payments for support direct to carer	70.3%	50.5%	48.2%	34.5%	77.6%
1D - Carer-reported quality of life (score out of 12)	7.0		-	7.3	7.3
1E - Proportion of adults with learning disabilities in paid employment	11.9%	11.5%	12.0%	10.6%	4.8%
1F - Proportion of adults in contact with secondary mental health services in paid employment	9.0%	9.0%	13.0%	5.0%	6.0%
1G - Proportion of adults with learning disabilities who live in their own home or with their family	88.9%	86.0%	86.6%	85.0%	78.8%
1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support	41.0%	43.0%	54.0%	17.0%	26.0%
1I(1) - Proportion of people who use services who reported that they had as much social contact as they would like	50.9%	54.4%	-	47.2%	40.6%
1I(2) - Proportion of carers who reported that they had as much social contact as they would like	25.4%		-	25.5%	28.0%
2A(1) - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	18.8	7.3	5.9	11.4	13.9
2A(2) - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	681.8	761.2	500.3	640.5	538.5
2B(1) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	75.6%	74.6%	-	84.5%	81.8%
2B(2) - Proportion of older people (65 and over) offered reablement/rehabilitation service on discharge from hospital	3.0%	1.9%	-	2.8%	2.8%
2C(1) - Delayed transfers of care from hospital per 100,000 population	11.2	13.6	-	-	-
2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	3.4	4.7	-	-	-
2D - Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	90.4%	92.4%	91.9%	91.5%	77.6%
3A - Overall satisfaction of people who use services with their care and support	68.1%	69.2%	-	64.5%	63.9%
3B - Overall satisfaction of carers with social services	35.4%		-	36.0%	36.3%
3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for	65.8%		-	60.3%	64.7%
3D(1) - Proportion of people who use services who find it easy to find information about services	72.8%	69.4%	-	70.4%	64.6%



ASCOF Measure	Cheshire East 2018/19	Cheshire East 2019/20	Cheshire East 2020/21	Cheshire East 2021/22	England 2021/22
3D(2) - Proportion of carers who find it easy to find information about services	59.9%		-	58.0%	57.7%
4A - Proportion of people who use services who feel safe	71.1%	74.6%	-	71.8%	69.2%
4B - Proportion of people who use services who say that those services have made them feel safe and secure	89.2%	92.6%	-	88.7%	85.6%

## Early Intervention and Prevention



### Cheshire East Partnership brings five-year plan to life

The Cheshire East Partnership five-year plan sets out how Local Authority, Health, care and other public sector and voluntary sector organisations are working together to enable people to live well for longer, to live more independently and to enjoy the place where they live. The aim is to create and deliver safe services that meet people's needs by the best use of all resources available and enabling people and their communities to be involved. Demand for services will increase as the population continues to grow over the next few years. The arrival of HS2 will bring more working age families to the region, and the fact that people in general are living longer, means that health and care services are needed more than ever. The new video explains how the partnership is prepared to face challenges and make good use of its assets, buildings, equipment and dedicated staff.

[Cheshire East Partnership.](#)

### Social Action Partnership



Cheshire East Social Action Partnership is a long-term partner of Cheshire East Council aimed at improving Cheshire East resident's health and wellbeing through social action, supported by a thriving Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector. The Social Action Partnership Service has assisted the Cheshire East Council People Helping People project with their response to the pandemic, including the establishment of a virtual network of volunteer coordination points. Wider services include supporting VCFSE engagement and representation, providing funding advice and

promoting social value. The Partnership develops and distributes regular ebulletins that focus on the work and related activities of the VCFSE sector across Cheshire East, as well as important information regarding grants, training and consultation.

## World Social Work Week



World Social Work Week – was an opportunity to celebrate Social Workers in Cheshire East. With the introduction of the Care Act 2014, Social Workers have been empowered to work in different ways. Mainly to work with people to prevent, reduce and delay the need for formal care and support, to help people identify, establish and build on their strengths and existing support networks, and to support them in meeting their outcomes and make positive changes to their lives. The role of Social Worker can be described as - an expert in listening, making connections, maintaining human rights and building lasting relationships. A Social Worker needs a high level of professionalism, skills, knowledge and practice to work with people to promote the positive changes that they identify.

## Sexual Abuse and Sexual Violence Awareness Week (7-13 February 2022)



The week was an opportunity to join a conversation with thousands of others, amplifying the voices that should be heard and signposting people to support services. The national charity, SurvivorsUK supported the week, with an aim to break down the silence and taboo surrounding rape & sexual abuse. Many survivors are faced with years of silence about their experiences, potentially preventing them from seeking vital support. It is important that everyone has the ability help break down barriers and show willingness to listen to the people affected by sexual violence. Our Safer Cheshire East Partnership, carried out a survey asking 'How safe do women feel in Cheshire East? Over 500 responses were received which clearly indicated that a large proportion of women did not feel safe, particularly in the town centres of Crewe and Macclesfield in the hours of darkness. An action plan which supports Cheshire Police's strategy to tackle violence and intimidation against women and girls is now in place supporting the following five key principles:

OFFICIAL





A multi-agency action plan is underway which includes a high-profile Police presence in the local community and providing reassurance during the hours of traditional night-time economy (8pm to 4am). If you or anyone you know has been affected by sexual abuse and sexual violence you can get help via the Cheshire and Merseyside Rape and Sexual Abuse Support Centre – more details can be found on our [Livewell pages](#)

### **MyCareView wins national award**



Cheshire East Council's online health and wellbeing system MyCareView achieved national recognition by winning two awards. The collaborative project with Cheshire CCG and the Cheshire East Partnership won in the category of 'Patient Facing Digital Solutions' at the Health Tech Awards 2021. The system achieved further national recognition in the form of the Gold Award at the iESE Public Sector Transformation Awards 2022 for the 'Best Use of Digital and Technology'. The award is recognition of the app's 'innovative use of digital tools and technology that lead to an improved outcome and build dynamic local public services'. MyCareView is a patient-first initiative, which is available through the NHS App giving people access to the healthcare services and data held about them in primary and secondary care. MyCareView provides health and wellbeing resources from local and national sources, all in one place. The patient portal within this gives individuals, and their families or care network, direct access to information and the ability to communicate and share information securely with their chosen contacts or clinical teams from multiple organisations. More information about MyCareView can be found by visiting the [Live Well section](#) of the council's website and through the NHS App.

### Best Use of Digital and Technology

This award is for the innovative use of digital tools and technology, from remodelling existing services, to creating totally new and dynamic services that lead to improved outcomes.

### Integration of Health and Social Care

There is an initiative throughout England for Healthcare, Social Care, District and Borough Councils and the Voluntary, Community and Faith sectors to develop integrated approaches to designing and delivering services. Cheshire East along with other partners is working to have an Integrated Care System (ICS) with a focus on the delivery of local services. Promoting closer partnership working, this initiative will link organisations together to support people who need support and their Carers, enabling them to contribute to their own action plans.

#### Cheshire CCG



#### Cheshire East Council



### Neighbourhood Partnerships

#### Two new mental health crisis cafes for Cheshire East



The two new mental health crisis cafes opened in February 2022 in Crewe and Macclesfield as a result of a partnership between Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Cheshire East Council, Independence Supported Living (ISL) and East Cheshire Housing Consortium (EHC). Crisis cafes form a vital part of improving peoples' experience of urgent mental health care as non-clinical, warm and welcoming, safe spaces for people seeking support whilst in mental health distress. They are also a way for people to get help from trained staff and peers on coping with or preventing future mental health crisis. Crewcial will be open 1pm-10pm, seven days per week, people aged 18+ will be able to self-refer into the service by simply turning up on the day or by referral from a Health or Social Care professional. The Weston Hub, Macclesfield will be open from 10am to 10pm, seven days per week and can be accessed by referral from Health and Social Care professionals, as well as through other Voluntary Organisations. The aim when developing both cafes was to work together with people who use mental health

services, families and communities as well as the Police, Health and Social Care professionals to ensure that people get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.

### Volunteers Week 2021



Volunteers have always been instrumental in helping Cheshire East communities, but over the past 12 months they made an outstanding contribution and a real difference, ensuring the delivery of vital supplies and support to residents emotionally, through the People Helping People scheme.

To summarise the work of Volunteers provided:

- Over 1500 volunteers.
- Over 80,000 volunteer hours given (excluding those given to support the vaccination programme).
- Over 10,000 phone calls made.
- Over 16,000 shopping trips completed.
- At least £1.2M worth of Volunteer support given to the community.

### Coming Together on White Ribbon Day



On White Ribbon Day– the international day for the elimination of violence against women, Cheshire East Council hosted a virtual event to tackle domestic abuse. The event involved representatives from the Police, Health and the Community, Voluntary and Faith sector, MyCWA and the Rape and Sexual Abuse Support Centre, to say 'no' to violence against women. Over 140 attendees, heard from survivors of domestic abuse about their experiences and were asked to dare to care, challenge and commit to keeping people safe in homes, relationships, and in the community.

Messages included:

Domestic abuse remains everyone's business and it is only by working together that we can hope to develop our understanding, approach and response in a way that increases the life chances of everyone.

Responding to domestic abuse has always been a priority in Cheshire East, and today's event demonstrated the strength of commitment across all our partners and the determination to support and change lives. Since the Covid pandemic, with the additional pressures people will have experienced, it is more important than ever.

I am a proud Romani woman and want to make a better world for my children, so they don't have to suffer the racism and prejudice I have. Barriers such as fear, a sense of shame and not knowing that there is someone out there to help can prevent people from my community coming

Using community members like me, who are willing to help and who the Gypsy Roma Traveller community can trust can help to change things for those who are suffering from domestic abuse.

If you, or someone you know is in a relationship that doesn't feel right, speak to someone about it. You can get help and advice and access self-support services at: [openthedoorcheshire.org.uk](http://openthedoorcheshire.org.uk) or call 0300 123 5101. Anyone with any concerns regarding domestic abuse can call 101 and, in an emergency, always ring 999.

### **All Age Mental Health Partnership Board**

Continues to meet on a bi-monthly basis and has a strong membership from across Adult Social Care, Children's Services, Health, the Voluntary Sector, Housing, Public Health, Police and people with lived experience. The vision of the Cheshire East All Age Mental Health Partnership Board is:

**To improve the Mental Health and Wellbeing of people who live in the borough of Cheshire East.**

During 2021 priorities around early intervention, prevention and crisis were agreed with sub-groups working on different actions. A Mental Health, Wellbeing and Social Prescribing Sub-Group was established to tackle early intervention with the group focusing on a baseline review of social prescribing services across the care communities, improving access and signposting so people can better access support. A Prevention Sub-Group was established to improve partnership working across preventative services through a Peer Support Project looking at providing help and assistance to wider support groups across Cheshire East, also promotion of physical activity to promote the benefits of exercise and movement for wellness and happiness. Each of the sub-groups regularly report progress to the Partnership Board, with feedback also being provided to the sub-

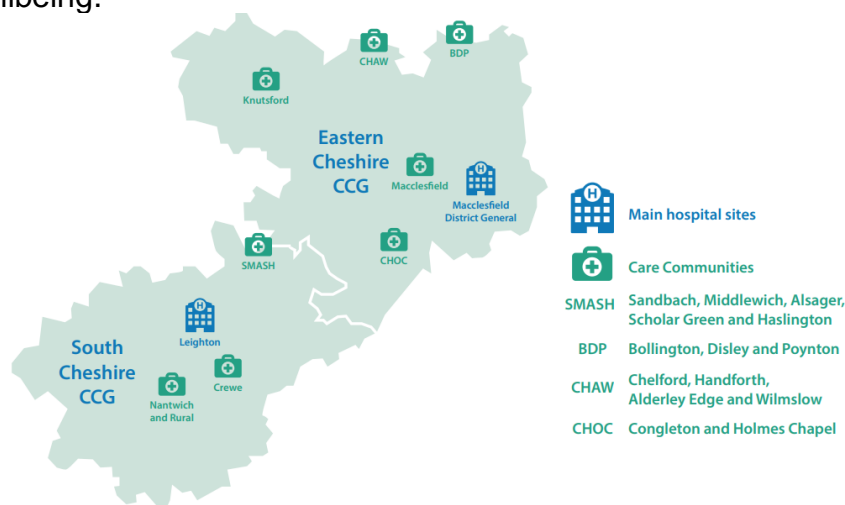
groups from Partnership Board members. If you would like to be involved please contact: Mark Hughes [mark.hughes@cheshireeast.gov.uk](mailto:mark.hughes@cheshireeast.gov.uk)



## Active and Supportive Communities

### Our Care Communities

Cheshire East Council has created eight Care Communities across the borough, with staff from GP practices, community and acute services, Social Care, other public sector organisations and the Community Voluntary and Faith sector to work together effectively. Care Communities will work closely with the newly established Primary Care Networks to identify people at high risk of needing services so that support is available quickly to prevent their situation worsening. Supporting people in the community to maintain their health and wellbeing will be the number one priority, with increased numbers of staff working closely with the community and voluntary services to address the wider elements of health. All health and care staff will take responsibility for positively promoting lifestyle and behaviour change, helping people to understand what they can do to improve their health and wellbeing.



### Carers' Hub

Following #CareDay, Cheshire East Council worked with Carers from different backgrounds such as a working adult, older person, parent and young carer and the All-



age Carer Service to talk about their journey as a Carer and the impact that COVID-19 had on them. The picture below illustrates their message around the pandemic.



Carer's feedback was made into an insightful video and can be found [via this link on YouTube](#).



Since the start of the pandemic, it is estimated an additional 2.8 million workers have taken on caring responsibilities for family members or friends. With 1 in 7 employees in every workplace estimated to be a working Carer before the coronavirus outbreak, this is a large increase of people juggling caring responsibilities with work, study and other family commitments. A balance that can often leave Carers feeling they need to give up work or at least reduce their hours. A Carer can be anyone who looks after a family member, partner or friend, who needs help because of illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they provide is unpaid and it can often be hard for them to separate their caring role from their personal relationships with those they care for.



## Carers Rights Day

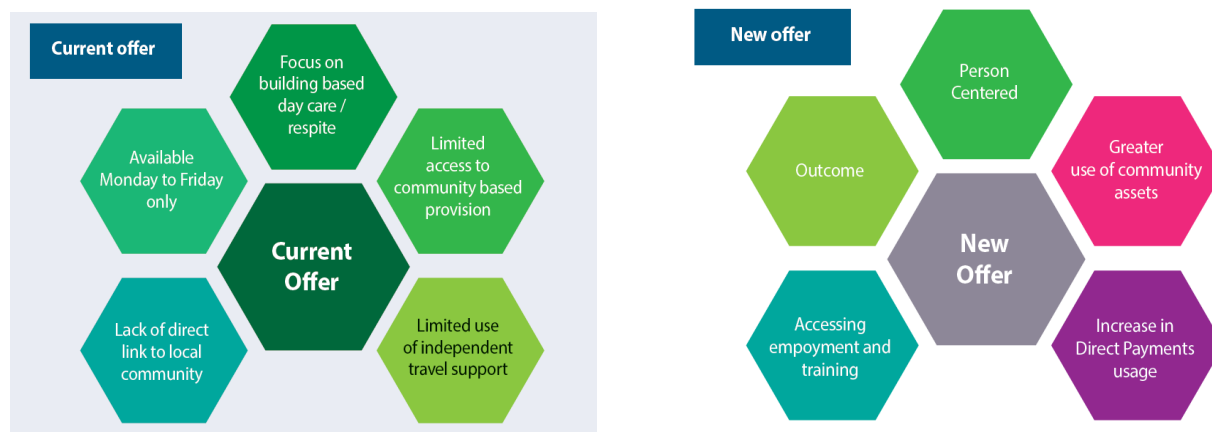


Carers Rights Day is an annual national awareness campaign organised by the charity Carers UK, which aims to reach as many of the 6.5 million Carers in the UK as possible, with information about their rights and the financial and practical help they are entitled to. This includes benefits such as Carer's allowance, breaks, and access to equipment and technology which can help them in their caring role. For 2021 the Carers Rights Day campaign focused on raising awareness of the rights that unpaid Carers have. Cheshire East Council held an online event in November 2021 for Carers who are currently in employment. During the session information was available on where to go for support, practical advice was given about navigating the challenges of being a working Carer and signposting to help Carer's access information about their rights as an unpaid Carer. Caring for a family member or friend, unpaid, is a vital, valuable and important contribution to the delivery of Adult Social Care and Health services. We recognise that Carers are the experts in those they look after, and value the contributions Carers across Cheshire East make.

## Day Opportunities Strategy 2022-2027

Day opportunities are valued 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 disabilities, and for people with mental health support needs. In 2022 a Day Opportunities Strategy 2022-2027 was written with engagement from providers, individuals and Carers. They considered current services and how they could be improved as well as examples of good practice at a local level which need to be built on. The Strategy summarises contributions and actions to support further development of day

opportunities in Cheshire East. There is a considerable way to go to close the gap between the current service offer and the proposed vision of the future, and through this Strategy it is proposed to address that gap through a set of actions.



## Connected Communities Centres Phase 2



Connected Communities Centres (CCCs) are a social franchise model for community centres across Cheshire East. Each CCC offers a range of activities and support services for residents in their local area, with the objective that services are tailored for the needs of the community. There are coffee mornings, computer classes, exercise groups and social activities. The COVID-19 pandemic highlighted the importance of community development and further development of Connected Communities Centres. Some of the developments could include the offer of free room hire for new groups and services and the ability for services to engage with visitors at each centre. This may include pop-up stalls at community cafés, hiring a suite for engagement events and larger meetings, or holding surgeries/one-to-one meetings in a private room in a community setting.

## Journey First Programme



Journey First is an employment and training support programme which offers one-to-one engagement with young people and adults. Funded by the European Social Fund, Journey First delivers a tailored social intervention programme and is designed to help young people and adults who are not in work, education or training. Working with Cheshire West

OFFICIAL



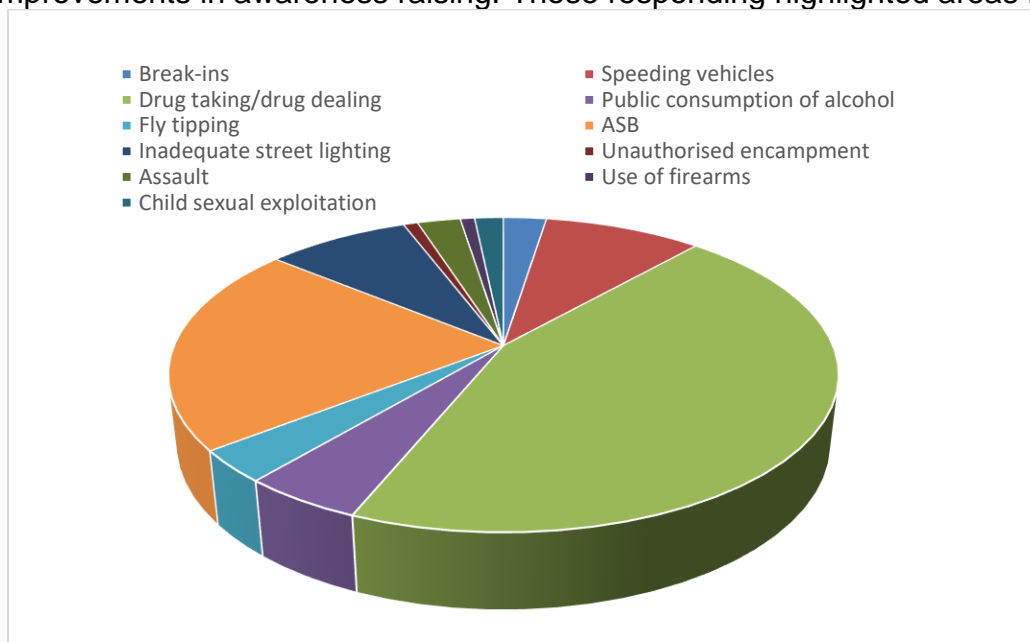
and Chester Council and Warrington Borough Council, the project's employment support workers are on hand to give targeted individual support and advice designed to help participants achieve their goals and aspirations.

### Safe and Supporting/Risk Prevention



### Serious and Organised Crime Day of Action

Cheshire has a strong track-record in tackling serious and organised crime. Often, criminals who are involved in serious and organised crime commit 'low level' offences, which can create a climate of fear in local communities. The main threat from organised crime in Cheshire comes from county lines drug activity, where professional criminals target areas in Cheshire to expand their trade through exploiting and forcing vulnerable people into selling drugs. The Safer Cheshire East Partnership (SCEP) brings partners together including Cheshire East Council, Police, Cheshire Fire and Rescue Service, Probation Services, Police and Crime Commissioner (PCC), Health and the Voluntary Sector to provide strategic leadership to reduce crime and provide reassurance to communities that Cheshire East is a safe place to live and work. The Partnership helped with the running of a Serious and Organised Crime Day of Action which took place in December 2021. People completed questionnaires about how safe they felt in their communities and what they knew about county lines crime and made suggestions about improvements in awareness raising. Those responding highlighted areas for concern:



Following the day of action, the Cheshire East Serious and Organised Crime Board will meet to discuss the outcomes/feedback day and actions arising.

## Scam awareness project wins national recognition



A partnership between Cheshire East Council and Age UK working on a project which combats fraudsters who prey on the vulnerable, was awarded a Chartered Trading Standards Institute (CTSI). The Older People Scams Awareness and Aftercare Project, funded by the Garfield Weston Foundation and the National Lottery Community Fund, raises scams awareness with people aged 50 and above across Cheshire East and supports older victims of fraud to get back on their feet. Cheshire East Council worked with Age UK Cheshire East and scams awareness champions who volunteer to raise awareness in their communities, to protect older residents from unscrupulous scammers, who seek to take advantage of their vulnerability, especially during the current Covid-19 pandemic.

## Dementia and domestic abuse services for Carers



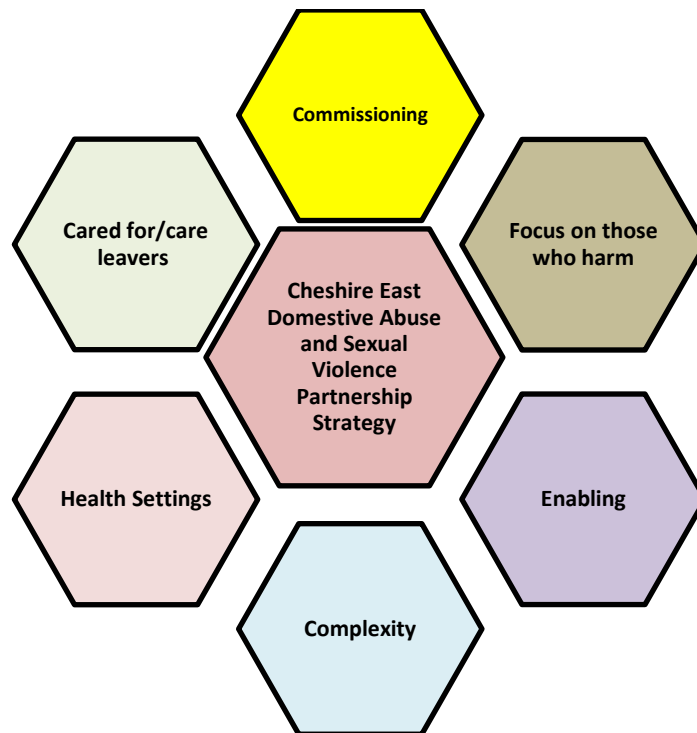
Carer's week is an annual campaign to raise awareness of caring, highlight the challenges unpaid Carers face and recognise the contribution they make to families and communities. For Carers week in June 2021 the theme was 'Make Caring Visible and Valued' and to support the campaign, Cheshire East Council joined with partners to host a virtual event to raise awareness of the challenges and issues faced with domestic abuse by those living with dementia and their Carers. There are over 42,000 hidden Carers in Cheshire East and we'd like them to know there is support available and feel comfortable and confident to reach out. During the online session there were discussions and presentations about the links between dementia and domestic abuse which helped Carers to identify if they are experiencing unintentional harm or abuse and then for Services to offer support and guidance.

## Council welcomes £647k grant to implement new Domestic Abuse Act

Cheshire East Council works with the Cheshire East Domestic Abuse Partnership, using the £647,000 grant to help victims, providing support and helping them and their children into safe accommodation. Cheshire East Council and its partners welcomed the grant to support the new Domestic Abuse Act which was signed into law at the end of April 2021. This places a duty on all Councils to ensure victims and their children can access life-saving support in safe accommodation. The money will be spent supporting victims and their children into safe accommodation, and survivors are helped to remain safely in their homes where it is their choice to do so, or to keep their tenancy status if they relocate. The grant will help to reduce the number of people becoming homeless due to domestic

abuse. The Partnership and Cheshire East Council are developing a three-year Strategy to focus developments.

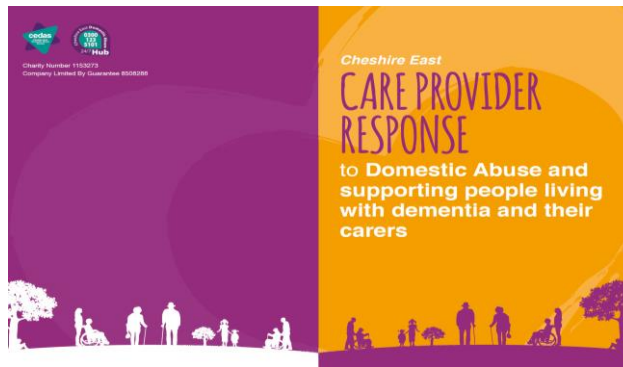
There are six key workstreams in the Strategy:



Access help and advice or self-support services at: [openthedoorcheshire.org.uk](http://openthedoorcheshire.org.uk) or call 0300 123 5101. In an emergency, always ring 999.

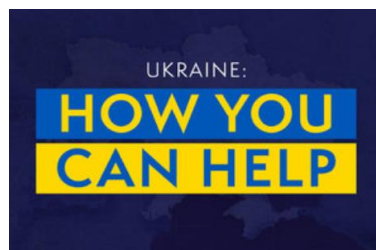


Development of a guide and checklist for providers to aid identifying domestic abuse. A pilot of the older people's risk assessment has been implemented and roll out has been agreed across the Cheshire footprint.



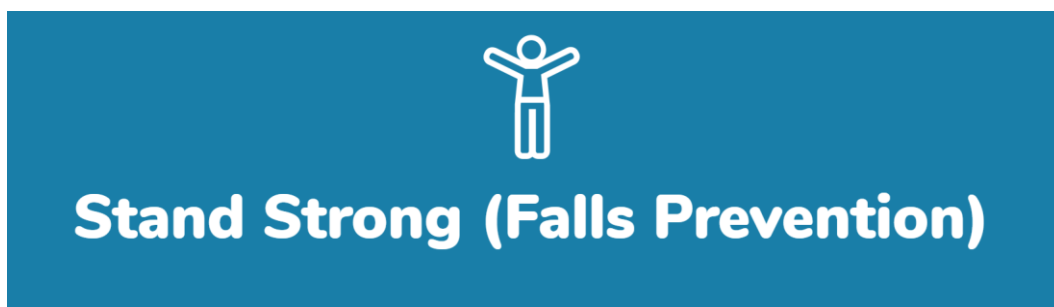
### Ukrainian Support and Asylum Seekers

Cheshire East people have responded positively to the tragic circumstances witnessed in the Ukraine. A large number of Cheshire residents have offered accommodation to support those fleeing from the war. As part of the support, processes have been developed across the Council including safeguarding checks to ensure guests are safe when being matched to sponsors. A number of hotels have also been identified for use by the Home Office in Cheshire East to temporarily accommodate those wishing to seek asylum. This includes families from Afghanistan who have also been supported through Safeguarding training to highlight them of the risks associated with Modern Day Slavery and on-line scams.



### Fall Prevention

Falls account for the greatest proportion of safeguarding care concerns (21%) reported between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022. An analysis of care concerns in relation to falls provided data that helped to reduce the number of preventable falls across Cheshire East via the Safe Steps project. Safe Steps is a secure, digital falls prevention app which can be configured for a range of different care and support settings. It can help to manage risk and reduce the occurrence of falls through looking at the causes and outcomes of falls. Safe Steps is currently being used by several care and support providers across Cheshire East, including those providers reporting the highest proportions of falls. Use of the Safe Steps app is already helping to reduce the number of preventable falls, which then reduces pressure for other areas Health and Social Care, for example, reducing ambulance callouts to care homes.



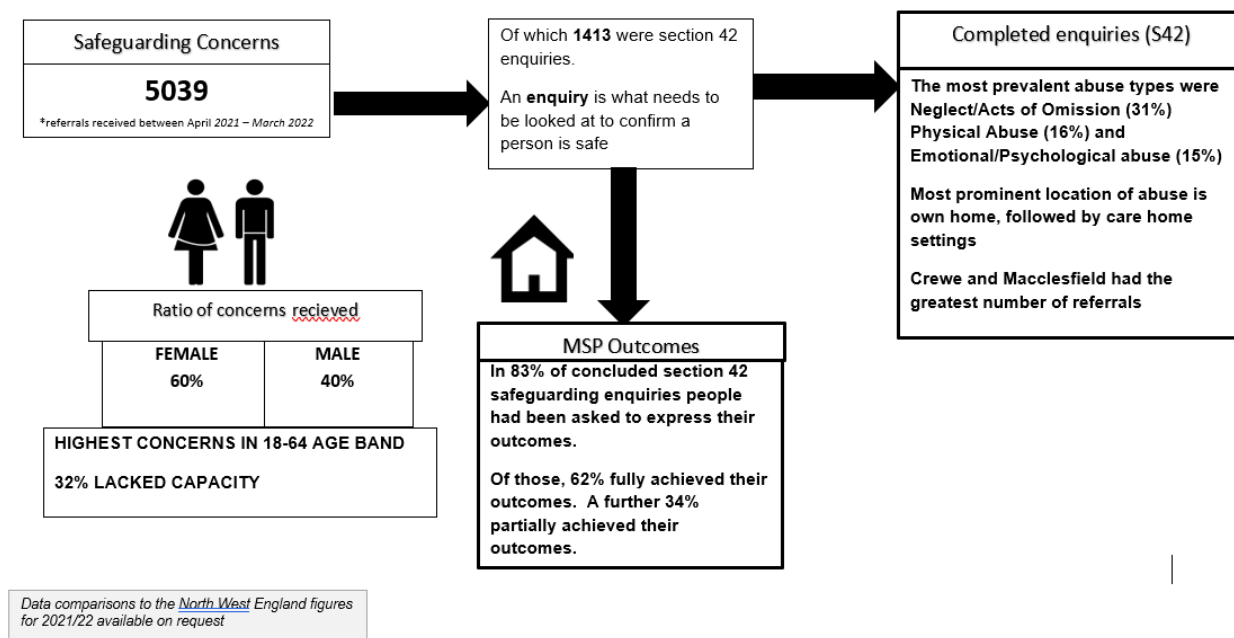
## Forced Marriage

Cheshire East Council helped when a safeguarding concern was received from a daughter concerned about her older father, who has dementia, marrying a lady he had known as an acquaintance for thirty years. The Social Worker and colleagues gathered information swiftly to ascertain concerns about coercion and a potential forced marriage. They acted quickly to complete a mental capacity assessment and found that he lacked capacity to consent to marriage. Effective multi-agency working took place between the Faith Sector, GP, Police, Forced Marriage Unit and Cheshire East legal team to stop the forthcoming marriage and safeguards were put in place to alert other local churches and registry offices. A professionals meeting was then held to look at the longer term safeguarding plan for this gentleman to ensure he remained safe. He has now moved closer to his daughter.



## Safeguarding Facts and Figures 2021/22

### Performance and activity Information 2021-22



### Complaints and Compliments

Complaints are a welcome source of information they can inform how services perform and can highlight recurring issues so that improvements can be made. Learning from complaints can be considered with other performance measures, for example customer satisfaction surveys, as a means of preventing future problems and improving the customer's experience.

I would like to thank the mental health reablement team for their support and invaluable information. All the advice and encouragement that was received during their visits was so beneficial to me.

Just a short email to express my gratitude to your social worker, for their outstanding work in dealing with my brother. They were very professional and respectful and went to extreme lengths to help both myself and my husband in the care of my brother, they are without doubt a credit to your department.

The Adult Social Care Service routinely uses a Complaints Action Plan based on the areas of learning identified by Adults Social Care managers, this helps to identify the cause of complaints, record the learning from complaints and logs the action which has been taken to prevent issues recurring in the future.

### Facts and Figures 2021/22

**121 Complaints received**

**82 dealt with in 10 day timescale**

**24 dealt with 20 day timescale**

**10 comments received**

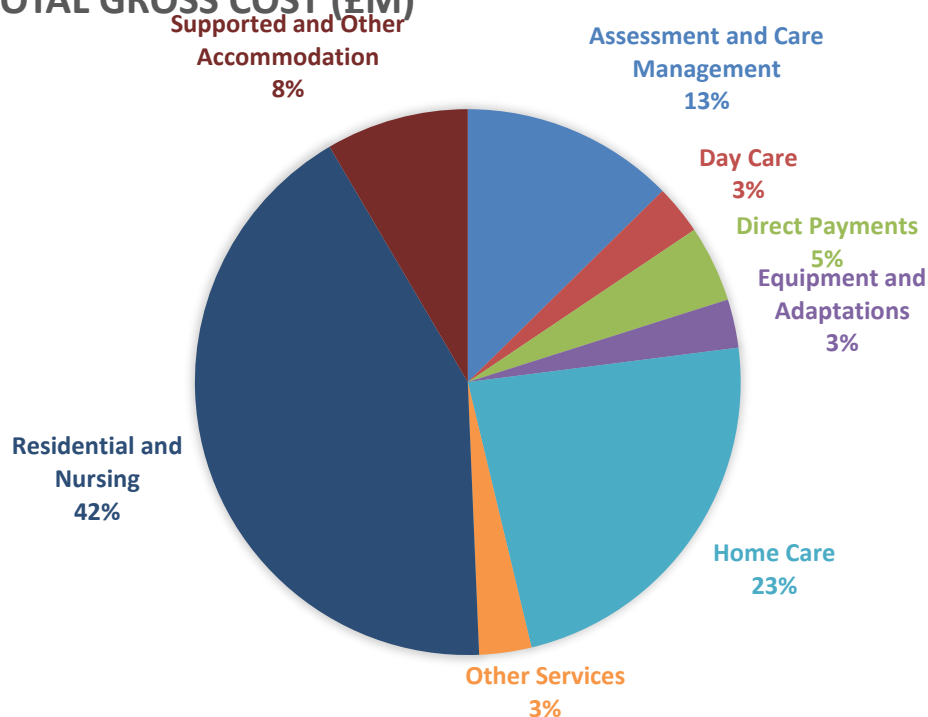
**87 compliments received**

## Finance 2021/22

### Corporate overview (from Statement of Accounts 2021/22)

#### Where the money goes:

#### 2021/22 TOTAL GROSS COST (£M)



2021/22	Expenditure (£ms)
Assessment and Care Management	22.9
Day Care	5.3
Direct Payments	8.2
Equipment and Adaptations	5.2
Home Care	42.1
Other Services	5.6
Residential and Nursing	76.4
Supported and Other Accommodation	15.3
<b>Grand Total</b>	<b>181.0</b>



## Useful Links

### Joint Strategic Needs Assessment

The JSNA is a piece of research that every local authority has to undertake, which ‘tells the story’ of local people’s needs).

[https://cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/jsna/jsna.aspx](https://cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx)

### Health and Wellbeing Board

Cheshire East Health and Wellbeing Board will work together to make a positive difference to people’s lives through a partnership that understands and responds to the needs of the population now and in the future

[https://cheshireeast.gov.uk/council\\_and\\_democracy/your\\_council/health\\_and\\_wellbeing\\_board/health\\_and\\_wellbeing\\_board.aspx](https://cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx)

### Live Well Cheshire East

Provides people with greater choice and control for services they need. There is useful information and advice on a range of subjects, and an easy to use directory of over 3000 services and activities in local areas people can choose and across Cheshire East.

<https://www.cheshireeast.gov.uk/livewell/livewell.aspx>

## Contacting Us

### Contacting your local adult social care team

During normal office hours you can contact the team in your area by calling: **0300 123 5010** or Cheshire East Information Line: **0300 123 5500**. You can also write to Adult Social Care or visit our offices at:

- **Congleton** – Ground Floor, Westfields, Middlewich Road, Sandbach, CW11 1HZ
- **Crewe** – 2nd Floor Delamere House, Delamere Street, Crewe, CW1 2LL
- **Macclesfield**–Macclesfield Town Hall Market Place, Macclesfield, SK10 1EA
- **Wilmslow** – Macclesfield Town Hall Market Place, Macclesfield, SK10 1EA

### Emergency Out of Hours Social Care

Phone **0300 123 5022** for emergency social services (for both Adults and Children) outside normal office hours.

The emergency out of hours service operates between 17:00 and 08:30, and 24 hours at the weekends and bank holidays.

Adults Safeguarding <https://www.cheshireeast.gov.uk/livewell/staying-safe/keeping-adults-safe/what-is-adult-abuse.aspx>

### For information about adult social care and finding services

You can find information about getting help from adult social care and services available by visiting our website at <http://www.cheshireeast.gov.uk/livewell/care-and-support-for-adults/care-and-support-for-adults.aspx>

Here you will find information and factsheets about getting help. You can also search our directory of care services.

### How to make a complaint or compliment

The Complaints Manager can be contacted by telephone on **0300 123 5038** by completing the form on the Cheshire East website:

[https://www.cheshireeast.gov.uk/council\\_and\\_democracy/customer-services/complaints\\_and\\_feedback/social\\_care\\_compliments\\_and\\_complaints.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/customer-services/complaints_and_feedback/social_care_compliments_and_complaints.aspx)



You can also write to us at:

Compliance & Customer Relations Team Cheshire East Council  
Westfields - 1st Floor  
c/o Municipal Building  
Earle Street  
Crewe  
CW1 2BJ

**To find out about and get involved in shaping our services**

Please visit our website for information on current and forthcoming consultations at

[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/consultations/consultations.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/consultations.aspx)

You can also contact **Healthwatch Cheshire East**, an independent organisation that exists to use the experiences and feedback of the public to help improve health and social care services.

Web: <https://healthwatchcheshireeast.org.uk/>

Phone: 0300 323 0006

Online form: <https://healthwatchcheshireeast.org.uk/contact/>



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*Working for a brighter future together*

## **Adults and Health Committee**

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<b>Date of Meeting:</b>	21 November 2022
<b>Report Title:</b>	Adult Social Care Winter plan 2022/23
<b>Report of:</b>	Nichola Thompson, Director of Commissioning & Integration /Cheshire East Council Associate Director Transformation & Partnerships /Cheshire & Mersey ICB Cheshire East
<b>Report Reference No:</b>	AH/19/2022-23
<b>Ward(s) Affected:</b>	All wards

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### **1. Purpose of Report**

- 1.1. This report seeks to inform Adults and Health Committee of the winter schemes and activities which are being deployed through 2022/23 to support the additional pressures being faced by Adult Social Care.

### **2. Executive Summary**

- 2.1 The following report sets out the schemes, activities and actions which are being deployed through 2022-23 to address winter pressures. Over the last few months there have been significant emerging pressures in the social care market. The report covers: the wider context and how the adult social care winter plan forms part of the wider system winter plan, a breakdown of schemes and activities to help reduce demand, winter scenario planning and communications to support the work being undertaken.

### **3. Recommendations**

- 3.1. That the Adults and Health Committee notes:
- The wider system winter plan as noted in Appendix 1 & 2.
- 3.2. In addition, that the Adults and Health Committee notes and approves:

- The schemes/activities being deployed as part of the Adult Social Care Winter plan including winter scenario planning and communications.

#### **4. Reasons for Recommendations**

- 4.1.** This report supports the strategic aims of the Council's Corporate Plan 2021-25. One of the council's strategic aims is that it empowers and cares about people.
- 4.2.** The winter schemes noted in this report supports the specific actions noted in the corporate plan which are; To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice and that Vulnerable and older people live safely and maintain independence within community settings.

#### **5. Other Options Considered**

- 5.1.** This section is not applicable.

#### **6. Background**

- 6.1.** The following section sets out: the requirement for having a winter plan, how joint planning has been undertaken, the aim of our adult social care winter plan, the areas of focus to be addressed, the key communications over the forthcoming months, winter scenario planning and a breakdown of the council's winter schemes/activities.
- 6.2.** Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period. In addition, there is a requirement that plans have been developed in partnership with Cheshire East system partners across the place. The Adult Social Care Winter Plan which includes schemes 1-23, winter scenario planning, communications noted in this report forms part of the overall system winter plan.
- 6.3.** Across the place partners have come together to jointly develop winter plans. The local system has developed a joined-up approach - Warm Up for the Winter Plan – The planning group is to track the progress and fully understand each system partner plans on the approach to winter and what will be in place covering all areas of urgent care across Acute, Mental Health, Primary Care and Social Care services. The purposes of the planning meetings is to focus on operational concerns and emerging risks recognised as a system challenge and to identify any practical solutions that could be implemented ahead of winter.
- 6.4.** This is an established forum made up of system leaders from Health & Social Care who will then be responsible for briefing their own organisations on the progress of the system Winter plan. In readiness for winter planning the ICB recently completed a winter readiness self-assessment. The council as part

of the local system has developed a plan to focus on a number of priorities across adult social care in readiness for winter. The schemes cross the following areas: Care homes, voluntary sector, Mental health, Substance misuse, poverty and the cost of living, Direct payments, Domiciliary care, fire service and carers.

**6.5.** The joint winter planning groups noted previously developed the following overall aim for joint winter plans. The aim is to ensure: A Good Winter will be delivered by supporting people to remain well and as healthy as possible at home, having responsive effective services that offer choice, and a system that is resilient, resolution focused and has a shared vision to deliver meaningful positive Health and Wellbeing outcomes for the population of Cheshire East. System partners will support this through the following methods:

- High uptake in the flu and covid vaccinations boosters with the 65+ year.
- Effective wellbeing & support for staff.
- Ability to access community provision unhampered by covid or other viral infections & Infection -Prevention Control restrictions.
- Utilisation of winter capacity provision to be 85% or above with high level throughput/flow..
- Patients deemed to no longer meet the criteria to reside in hospital have clear exit and support routes out.
- ED attendances reduced and no ambulance delays.
- Increased use of Voluntary Community Faith Sector
- Robust governance and system oversight

**6.6.** A Winter Wellbeing campaign has been developed which has the aim of reducing excess winter deaths in Cheshire East, reduce the number of people who become so ill that they require admission to hospital and to provide information and advice to people on how to stay safe, well and warm during the colder weather. This will run from September/October 2022 – February 2023. Areas of focus will be;

- The cost-of-living crisis – food and fuel poverty and accessing benefits (September/October)
- Warm banks (September/October)
- Flu (November)
- Avoid being scammed on Black Friday (November)
- Preparing your home for winter (late November weather dependent)
- Ensuring you are accessing appropriate winter-related benefits to help pay for heating bills etc (November)
- Being a good winter neighbour including social isolation (November)
- 12 scams of Christmas (Early December)
- Using services appropriately (December)
- Staying Warm, including energy efficiency (January)
- Staying active (January)

- Nominated neighbour scheme (TBC)
- 6.7.** In addition to the annual Winter Wellbeing Campaign, the council's Stay Well Squad (formally Swab Squad) will be undertaking a tour of Cheshire East offering a range of information, advice and guidance with a focus on 'Winter Wellbeing' during the 2022-23 autumn/winter period. The tour will take place between October 2022 – February 2023. This will involve working with a range of partners with expertise in certain areas.
- 6.8.** Each year the council implements a winter plan in coordination with partners, the adult social care winter plan comprises of a number of schemes which will provide support through the following areas:
- Care homes
  - Voluntary sector
  - Mental health
  - Substance misuse
  - 0-19
  - Poverty/ cost of living
  - Public health campaigns
  - Carers
  - Direct payments
  - Domic care
  - Fire service support
- 6.9.** The local authority is undertaking winter scenario planning, this process includes reviewing possible scenario's which could take place over winter: provider failure, increased demand, staff shortages, cost of living crisis and identifying action plans/mitigations which could take place in the event of them happening. Through this process a number of actions are underway which also include things such as: exploring how voluntary services could support the domiciliary care sector to provide low level support to clients, how and if students could be recruited and opportunities around additional dedicated care settings.
- 6.10.** The adult social care winter schemes for 2022/23 are as follows:
- 6.11. Scheme 1 Care homes - designated setting** - Establish a designated setting to assist with increased pressure as a result of winter and COVID. The designated setting will assist with hospital discharge.
- 6.12. Scheme 2 Care homes – IPC** - Work with Infection Prevention Control teams to see what support that will be providing over the winter period to support care homes. This scheme will ensure that care homes remain open during the winter period and any disruption is minimised.
- 6.13. Scheme 3 Care homes – dehydration** - Its noted that if care home residents are dehydrated they are at greater risk of falls, infection etc, recently a scheme to improve hydration in care homes in Staffordshire was

implemented. The aim of this scheme is to increase hydration in care homes and in doing so reducing the number of falls, admissions to hospitals.

- 6.14. **Scheme 4 Care homes - pressure ulcers** - Service users who may have mobility issues may be at increased risk of pressure ulcers, there has been a recent campaign 'react to red' to increase awareness of pressure ulcers and to help reduce grade 4 ulcers from occurring. The local authority will ask the hospital trusts to lead on increasing awareness of this campaign in care homes.
- 6.15. **Scheme 5 Care home – falls** - A number of business cases have been prepared for the public health SMT to help reduce the number of falls happening. The lead will progress the business cases to see if they are approved and can be implemented.
- 6.16. **Scheme 6 Voluntary sector – transport** - Transport plays a key role in ensuring a person returns home from hospital this scheme will aim to ensure there is adequate transport provision in place to support people throughout the week through winter.
- 6.17. **Scheme 7 Voluntary sector - supermarkets & cleaning** – This scheme will seek to partner with a supermarket to assist with getting meals/food delivered to those service users who have that need met through domiciliary care. Try to partner with a cleaning company who can provide cleaning to people who have that need met through domiciliary care.
- 6.18. **Scheme 8 Voluntary sector - community and hospital discharge** - Data suggests increasing numbers of the over 50 population are retired and could be in a position to provide voluntary support to help people return home from hospital, this could be free or paid care.
- 6.19. **Scheme 9 Mental health - A&E support** - Establishing the correct level of mental health support to A&E to ensure where possible hospital admission is avoided.
- 6.20. **Scheme 10 Mental health - bed capacity** - Ensure that there is the correct level of mental health bed stock which can be accessed as step-up or step-down to support hospitals.
- 6.21. **Scheme 11 Mental health - provider engagement** - Engagement with the market to articulate the key themes through winter but to also identify how providers can support through the winter period.
- 6.22. **Scheme 12 Mental health - community support** - Identify what support people with mental health needs require when returning home to ensure they feel supported and settled.
- 6.23. **Scheme 13 0-19-cost of living crisis- new mothers may encounter difficulty with feeding new borns/infants** - The cost of living crisis will impact new mums and may in turn impact the ability to feed their babies. This



scheme will aim to identify whether this is will be an issue and will put in place support to help meet this potential need.

- 6.24. **Scheme 14 Substance misuse - hospital frequent flyers** - Work with hospital trusts to identify and work with potential frequent users of hospitals/A&E as a result of substance misuse. The aim of this scheme is to highlight the services available to hospital trusts and gp's through the winter period. Recent data suggests increased admissions and attendance at hospital for patients aged 0-4, this work will look to identify the size of this problem and will work with hospitals trusts to put in place mitigating actions.
- 6.25. **Scheme 15 Poverty - cost of living** - Residents are facing a number of pressures over the winter period this includes cost of living crisis. This scheme will identify what links can be made with GP surgeries to help support, highlight services and signpost.
- 6.26. **Scheme 16 Poverty - cost of living** - Develop and advertise the offer around cost of living crisis for residents and staff, this would include: warm spaces (libraries, council buildings) which can be accessed to stay warm during winter, access to warm blankets through community development officers, food banks, winter heating schemes, £10,000 of funding for staying warm.
- 6.27. **Scheme 17 Public health campaigns** - A number of public health schemes and campaigns operate throughout winter, this scheme will seek to bring forward promotional campaigns to increase awareness and uptake of schemes such as flu and COVID jabs.
- 6.28. **Scheme 18 Direct payments - bank of personal assistants** - This scheme will seek to increase the pool of available personal assistants, partnering with a suitable organisation to operate and organise the bank of personal assistants which could then be accessed, this in turn would increase capacity within the community.
- 6.29. **Scheme 19 Direct payment – carers** - Identify and support carers out of hospital through the use of direct payments.
- 6.30. **Scheme 20 Domiciliary care - provider reviews** - Establish a process for domiciliary care providers to review any packages which they believe are excessive and could be reduced. Within this also look at whether any alternative support could be offered for example a 'just checking' phone call to make sure the person is safe.
- 6.31. **Scheme 21 Domiciliary care - review of waiting list** - There are a number of people waiting for domiciliary care services, in advance of the winter period the number waiting will be reviewed and identified and a target of 50% will be applied to reduce the wait list.
- 6.32. **Scheme 22 Fire service support - home support** - A number of people are awaiting for elective surgery, once they have had surgery its important that they can return home and that home is a suitable environment. This scheme will seek to explore whether the fire service can support with the home checks



to make sure the home is ready for the person to return to following surgery. Links through the fire service representative of the HWB will be utilised.

- 6.33. Scheme 23 Carers - winter support** - Develop and articulate the offer for carers over winter and then advertise and make carers aware, this would include: winter wellbeing programme, carer breakdown offer, access over winter, take a break crisis phone line, and the mobile bus being deployed.

## **7. Consultation and Engagement**

- 7.1.** Winter plans have been developed by Cheshire East System partners which includes representation from all local system key winter leads. These groups have been instrumental in developing key elements of the winter plan which has included: Operational resilience, Contingency planning, mitigations to address identified gaps, Escalations triggers and appropriate oversight and assurance.

## **8. Implications**

### **8.1. Legal**

- 8.1.1.** Any commissioned services will be subject to compliant procurement exercises. Any amendments to those contracts, or additional contracts that are proposed in response to the findings of and suggestions in this report will need to comply with the Public Contracts Regulations 2015 and the Council's own internal rules.

### **8.2. Finance**

- 8.2.1.** The schemes 1-23 noted in the body of the report represent a number of no additional cost solutions which are being deployed through the winter to support adult social care.

### **8.3. Policy**

- 8.3.1.** As noted this report supports the strategic aims of the Council's Corporate Plan 2021-25. One of the council's strategic aims is that it empowers and cares about people.
- 8.3.2.** The winter schemes noted in this report supports the specific actions noted in the corporate plan which are; To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice and that Vulnerable and older people live safely and maintain independence within community settings.

### **8.4. Equality**

- 8.4.1.** The scheme 1-23 noted in this report are conversant and complaint with the Equality Act 2010.

**8.5. Human Resources**

- 8.5.1. The winter scenario planning activities have sought to understand a range of possible alternatives and how they could impact adult social care providers and workforce during the winter period. The same planning exercise has also sought to identify mitigating actions.

**8.6. Risk Management**

- 8.6.1. Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans have been developed in partnership with Cheshire East system partners across the place.

**8.7. Rural Communities**

- 8.7.1. There are no direct implications for rural communities.

**8.8. Children and Young People/Cared for Children**

- 8.8.1. There are no direct implications for children and young people.

**8.9. Public Health**

- 8.9.1. The public health campaign is noted as part of scheme 17 in the report. Separately actions being taken by public health are also referenced in the system wide winter plan.

**8.10. Climate Change**

- 8.10.1. Scheme 16 notes the use of warm spaces to ensure residents have access to a place where they can stay warm, this scheme will ensure greater use of public facilities and in doing so help to reduce energy consumption more generally.

<b>Access to Information</b>	
Contact Officer:	Alex Jones, BCF Programme manager Alex.t.jones@cheshireeast.gov.uk 07803846231
Appendices:	Appendix 1 - Executive summary system wide winter plan Appendix 2 - System wide winter plan
Background Papers:	Not applicable.

# Cheshire East Health and Care Partnership Board

Cheshire East Place  
System Winter Plan 2022-23



Date of meeting:	2 <sup>nd</sup> November 2022
Agenda Item No:	
Report title:	Cheshire East Place System Winter Plan 2022-23
Report Author & Contact Details:	Daniel McCabe <a href="mailto:Daniel.McCabe@cheshireeast.gov.uk">Daniel.McCabe@cheshireeast.gov.uk</a>
Report approved by:	

Purpose and any action required	Decision/ → Approve		Discussion/ → Gain feedback	X	Assurance →	X	Information/ → To Note	X
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#### Committee/Advisory Groups that have previously considered the paper

Distributed to the “Warm up for Winter” System Operational Group in October 2022 for comments and feedback on the proposed draft plan

#### Executive Summary and key points for discussion

Please see below:

#### Recommendation/ Action needed:

Please see below:

#### Which purpose(s) of the Cheshire East Place priorities does this report align with?

Please insert ‘x’ as appropriate:

1. Deliver a sustainable, integrated health and care system
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

X

Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e. date, method, impact e.g. feedback used)
	Financial Assessment/ Evaluation		x		
	Patient / Public Engagement		x		
	Clinical Engagement		x		
	Equality Analysis (EA) - any adverse impacts identified?		x		
	Legal Advice needed?		x		



	Report History – has it been to other groups/ committee input/ oversight (Internal/External)	x			“Warm up for Winter” System Operational Group - October 2022
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<b>Next Steps:</b>	The Winter Plan will be subject to the following scrutiny at: Cheshire East Council Corporate Leadership Team Cheshire East Council Adult Social Care & Health DMT Cheshire East Operational Delivery Group Cheshire East Place Leadership Group
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<b>Responsible Officer to take forward actions:</b>	Nichola Thompson – Director of Commissioning & Integration at Cheshire East Council and Associate Director of Transformation & Partnerships (C&M) Dan McCabe – Associate Director of Urgent and Emergency Care
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<b>Appendices:</b>	
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## Cheshire East Place System Winter Plan 2022-23

### 1. Executive Summary

- 1.1 This paper sets out a high-level summary of resilience plans across Cheshire East for this winter covering the following key elements: Winter plans for East Cheshire NHS Trust, Mid Cheshire Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire East Council, Primary Care, and key system partner's wide plans.

Demand and capacity modelling data has been produced considering potential surge. Forecasts have been produced for October 2022 to March 2023 for:

- Non-elective admissions
- Non-elective admissions of over 65s
- Total discharges
- A&E attendances
- Ambulance transfers
- Bed occupancy

Winter communications strategy and key targeted areas of focus have developed in line with the national campaign and with input from lead communications Officers from Cheshire & Merseyside NHS & Cheshire East Council.

Appropriate Oversight and governance structures are in place to ensure robust system oversight with clear escalation steps to follow.

Financial Investment and system risks have been considered and mitigating actions will continue to be monitored

## 2. Introduction / Background

2.1 Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans have been developed in partnership with Cheshire East system partners across the place.

2.2

The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from November 2022 to 31 March 2023.

Our system plans ensure that local systems are able to manage demand surge effectively and ensure people remain safe and well during the Winter months.

The planning process considers the impact and learning from last Winter, as well as learning from the system response to Covid-19 to date. Plans have been developed on the basis of robust demand and capacity modelling and system mitigations to address system risk.

## 3. Current Position

3.1 Winter plans have been developed by Cheshire East System partners which includes representation from all local system key winter leads. These groups have been instrumental in developing key elements of the winter plan which has included:

- Operational resilience
- Contingency planning
- Mitigations to address identified gaps
- Escalations triggers and appropriate oversight and assurance

3.2 The plan has been developed in line with the national Key Metrics as outlined by NHSE and regional guidance.

3.3 The plan will continue to evolve and be refined in accordance with partners feedback and any supplementary information that will strengthen the existing proposed plan.

#### 4. Recommendations

4.1 The Cheshire East Health and Care Partnership Board are asked to:

- Note and minute the proposed plan
- Review the content of the Cheshire East Place System
- Winter Plan 2022-23
- Provide feedback on areas that may require additional information or assurance
- Support the onward Governance approval process in line with Organisational requirements





# Cheshire East Place System Winter Plan 2022/2023

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4	Key Deliverables	22	8. Workforce	43	Cheshire Fire & Rescue
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6	Local System Drivers	24	10. Operational Management & escalation	45	East Cheshire NHS Trust – Assurance checklist
7	Demand Forecasting	25-26	11. Capacity and Flow (Discharge)	46-47	East Cheshire NHS Trust – 100 day Challenge
8	Demand Forecasting	27	12. Mental Health	48-55	East Cheshire NHS Trust – Winter Plan
9	Performance Management & Escalation	28	13. Primary Care	56	Mid Cheshire NHS Foundation Trust – Assurance checklist
10	System Oversight & Response	29	14. Elective Care, Cancer, Diagnostics & Children & Young People	57-58	Mid Cheshire NHS Foundation Trust – 100 Day Challenge
11	Monitoring, Oversight and Governance Structure	30-31	15. Communications	59-61	Mid Cheshire NHS Foundation Trust Winter Plan
12	Operational Intelligence Hub – Urgent Care	32	16. New variants of COVID-19 and respiratory challenges	62	North West Ambulance Service
13	Cheshire & Merseyside Areas of Focus	33	Third Sector – Cheshire East Community offer	63	West Midlands – Non Emergency Patient Transport Service (NEPTS)
14	1. Cheshire & Merseyside Integrated Care Board	34	Financial Investment	64	Falls Prevention
15	2. NHS111 Performance	35	Central Cheshire Integrated Care Partnership (CCICP)	65	Independent Care Providers Support Mechanisms
16	3. Ambulance service Performance	36-37	Cheshire & Wirral Partnership Mental Health Winter Plans	66	Indicative C&M Winter Planning Timeline
17	4. High Intensity Users	38-39	Cheshire East Council – Adult social Care Winter schemes		
18-19	5. Alternative Acute & Community Pathways	40	Cheshire East Council - Public Health & Infection Prevention Control		
20	6. Emergency Departments	41	Cheshire East Council - Household Support Fund		

Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans have been developed in partnership with Cheshire East system partners across the place.

The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from November 2022 to 31 March 2023

Our system plans ensure that local systems are able to manage demand surge effectively and ensure people remain safe and well during the Winter months.

The planning process considers the impact and learning from last Winter, as well as learning from the system response to Covid-19 to date. Plans have been developed on the basis of robust demand and capacity modelling and system mitigations to address system risk.

***Our system ambition is to ensure a good Winter is delivered by supporting people to remain well and as healthy as possible at home, having responsive effective services, and a system that is resilient, resolution focused and has a shared vision to deliver meaningful positive Health and Wellbeing outcomes for the population of Cheshire East.***

# Key Deliverables

Our ambition is to have a consistent and improved offer for our people, deliver improved outcomes and a better experience of support, whether that is by assistive technology, in the Community and when necessary, in Hospital for our local population.

The delivery of a quality, safe, effective and sustainable services to support people requiring health and social care, in order to manage flow and prevent people deconditioning in hospital, this will be measured through the delivery of the following;

- 4 hour emergency standards
- Local and National waiting time targets
- Bed Occupancy
- Operational Pressures Escalation Levels (OPEL)
- System Escalation Management and Oversight
- Delayed discharges / Long Length of Stay
- Criteria to Reside
- System Capacity – Acute & Community
- Access to Community Services
- Surge Management and Demand
- Mutual Aid Requests
- Maximisation of Community voluntary sector capacity
- Prioritising workforce Health and Wellbeing

In conjunction with these deliverables, system partners will continue delivery of the Elective care recovery and restoration trajectory.



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# National System Drivers



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## NHS England 9 Winter Priorities 2022-23

### New variants of COVID-19 and respiratory challenges

#### Demand & Capacity

- Bed based resource
- Virtual wards
- High intensity user services
- Community 2 Hour response
- Primary Care
- Mental Health
- Cancer referrals
- Elective care

### Discharge (reduce delays/LLOS)

### Ambulance service performance

### NHS 111 performance

### Preventing avoidable admissions

### Workforce

### Data and performance management

### Communications

## UEC Objectives

- 1 Prepare for variants of COVID 19 and respiratory challenges
- 2 Increase capacity outside acute trusts
- 3 Increase resilience in NHS111 and 999 services
- 4 Target category 2 response times and ambulance handover delays
- 5 Reduce crowding in A&E departments and target the longest waits in ED
- 6 Reduce hospital occupancy
- 7 Ensure timely discharge
- 8 Provide better support for people at home

# Local System Drivers



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## Cheshire East Winter Ambitions

To meet a fluctuating demand and maintain flow with safe and responsive Health & Social Care services

Ability to access community provision unhampered by covid or other viral infections & Infection Prevention

To protect, expand and retain a healthy and resilient workforce

To support and improve access to Primary Care

To promote Self-Care and help our population to 'Choose Well' when contacting Health Care Services

To maximise the transformation momentum and current resources to construct a sustainable model of Home First delivery

Increased use of Voluntary Community Faith Sector

To attain performance recovery as agreed with NHSE/I and achieve favourably amongst Cheshire & Merseyside peers  
A&E attendances reduced and no ambulance delays

High uptake in the Flu and COVID-19 vaccination boosters

Patients deemed to no longer meet the criteria to reside in hospital have clear exit and support routes out.

Robust governance and system oversight

# Demand Forecasting



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**Demand & Forecast modelling detail: [BI Demand Modelling Oct to Mar 2023](#)**

Forecasted demand (October 2022 to March 2023) for A&E attendances, non-elective admissions and total discharges, for Cheshire East registered patients attending an NHS trust in England. These forecasts are reported for all providers, for Mid Cheshire Hospital NHS Foundation Trust and East Cheshire NHS Trusts, and for all other trusts excluding East and Mid.

## A&E attendances

Forecast month	All	East	Mid	Other
Oct-22	9,700	3,610	4,940	1,960
Nov-22	8,920	3,330	4,620	1,790
Dec-22	8,720	3,220	4,530	1,720
Jan-23	8,660	3,220	4,600	1,680
Feb-23	7,970	2,970	4,280	1,550
Mar-23	9,180	3,300	4,760	1,830

## Non-elective admissions

Forecast month	All	East	Mid	Other
Oct-22	3,630	980	2,050	660
Nov-22	3,500	940	1,990	650
Dec-22	3,430	910	1,950	640
Jan-23	3,390	900	1,950	620
Feb-23	3,140	850	1,800	570
Mar-23	3,500	950	1,990	660

## Total discharges

Forecast month	All	East	Mid	Other
Oct-22	5,110	1,090	2,820	1,270
Nov-22	5,000	1,070	2,750	1,260
Dec-22	4,830	1,040	2,670	1,200
Jan-23	4,720	1,010	2,640	1,160
Feb-23	4,510	950	2,510	1,140
Mar-23	5,150	1,090	2,830	1,330

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## Pathway 0 discharges

Forecast month	All	East	Mid	Other
Oct-22	4,440	910	2,380	1,140
Nov-22	4,340	890	2,320	1,130
Dec-22	4,200	870	2,250	1,080
Jan-23	4,110	840	2,230	1,040
Feb-23	3,932	800	2,110	1,020
Mar-23	4,500	910	2,390	1,190

## Pathway 1 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	68	170	55
Nov-22	290	67	170	54
Dec-22	280	65	160	52
Jan-23	270	64	160	50
Feb-23	260	60	150	49
Mar-23	300	69	170	57

## Pathway 2 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	59	190	42
Nov-22	290	58	190	42
Dec-22	280	56	180	40
Jan-23	280	54	180	38
Feb-23	260	52	170	37
Mar-23	300	59	190	44

## Pathway 3 discharges

Forecast month	All	East	Mid	Other
Oct-22	160	51	76	33
Nov-22	160	50	74	33
Dec-22	150	49	72	31
Jan-23	150	47	71	30
Feb-23	140	45	68	30
Mar-23	160	51	76	35

# Demand Forecasting



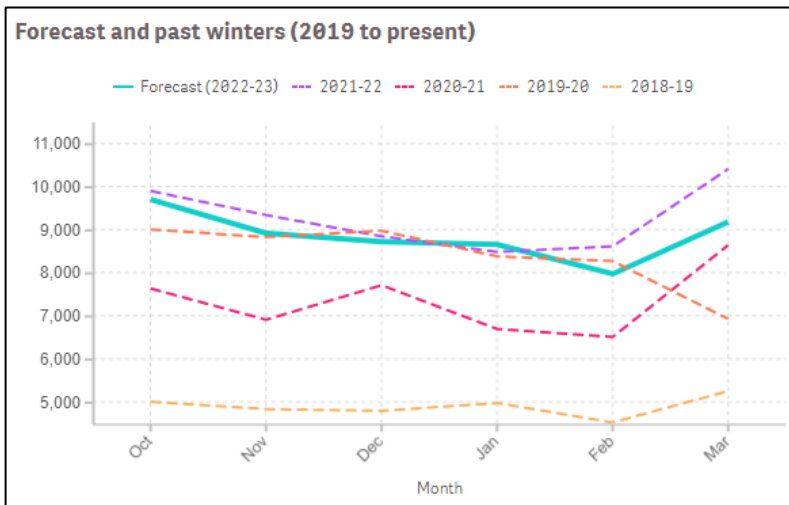
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Each of the provider splits (all, East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other) have been forecast separately to capture specific yearly patterns and long-term trends, and as such the all-provider forecast is not always equal to the sum of the East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other provider forecasts.

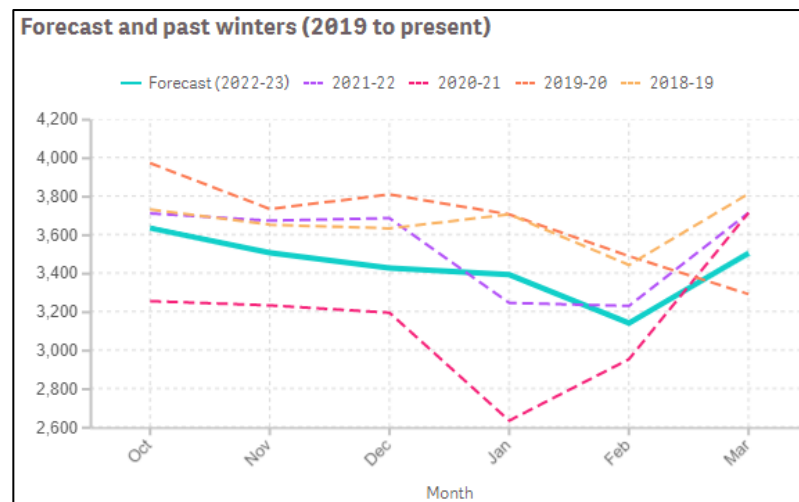
## Generating Forecasts

- Historic data on demand metrics was used to create models of yearly patterns and long term trends, using the Facebook Prophet algorithm.
- These models were used to forecast monthly demand figures for winter 2022-23.
- Data on demand in the periods of 2020 and 2021 impacted by COVID-19 was included in the modelling to help inform yearly patterns. The models used are able to separate these yearly patterns from sudden changes in trend driven by COVID-19 through comparison with other years of training data.
- The latest overall trends in demand are determined by data from winter 2021-22 onwards, not by data from the periods of 2020 and 2021 impacted by COVID-19.

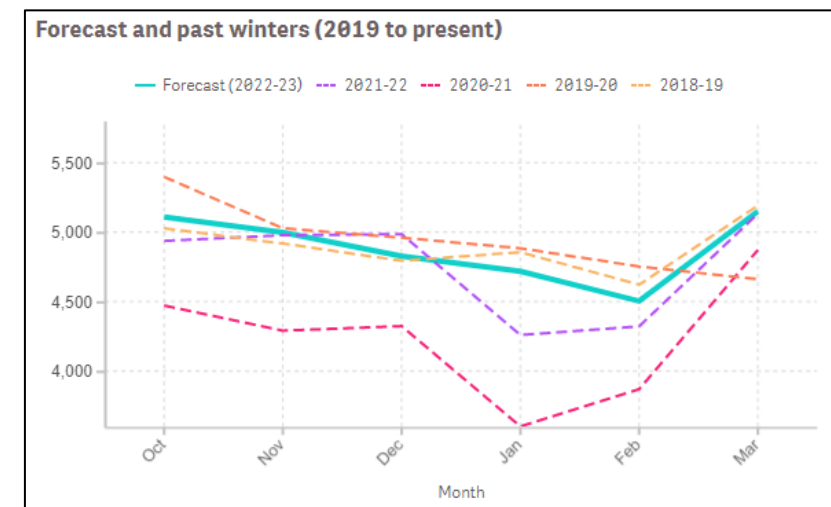
## A&E attendances (all providers):



## Non-elective admissions (all providers):



## Total discharges (all providers):





# Performance Management & Escalation



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## Cheshire East Assurance:

- ✓ Daily Multi Disciplinary Team meetings
- ✓ Weekly Capacity Dashboard – System understanding of current capacity issues and risks
- ✓ Patient harm reviews, reflective learning and measures and controls implemented to reduce harm – Quality & Safety Forum
- ✓ Monitoring of key improvement initiatives to demonstrate system impact and effectiveness
- ✓ Outcomes for individuals
- ✓ Review accuracy of Emergency Clinical Data Set (ECDS) submissions and utilise data to target admission avoidance activities
- ✓ Review and utilise A&E forecasting tool
- ✓ Realtime system monitoring – NHS A&E wait times app includes East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust
- ✓ Cheshire East Operational Delivery Group
- ✓ Winter System Oversight call
- ✓ System escalation calls to monitor capacity and flow
- ✓ Cheshire East Council Covid Operational Group
- ✓ Primary Care APEX System

Our Local System Governance is in place which ensures oversight of System and Capacity Monitoring. There are 3 key domains to our Oversight and Governance approach, which is:

1. Operational Delivery Group
2. Monitoring Performance impact and effectiveness
3. Senior Leadership oversight

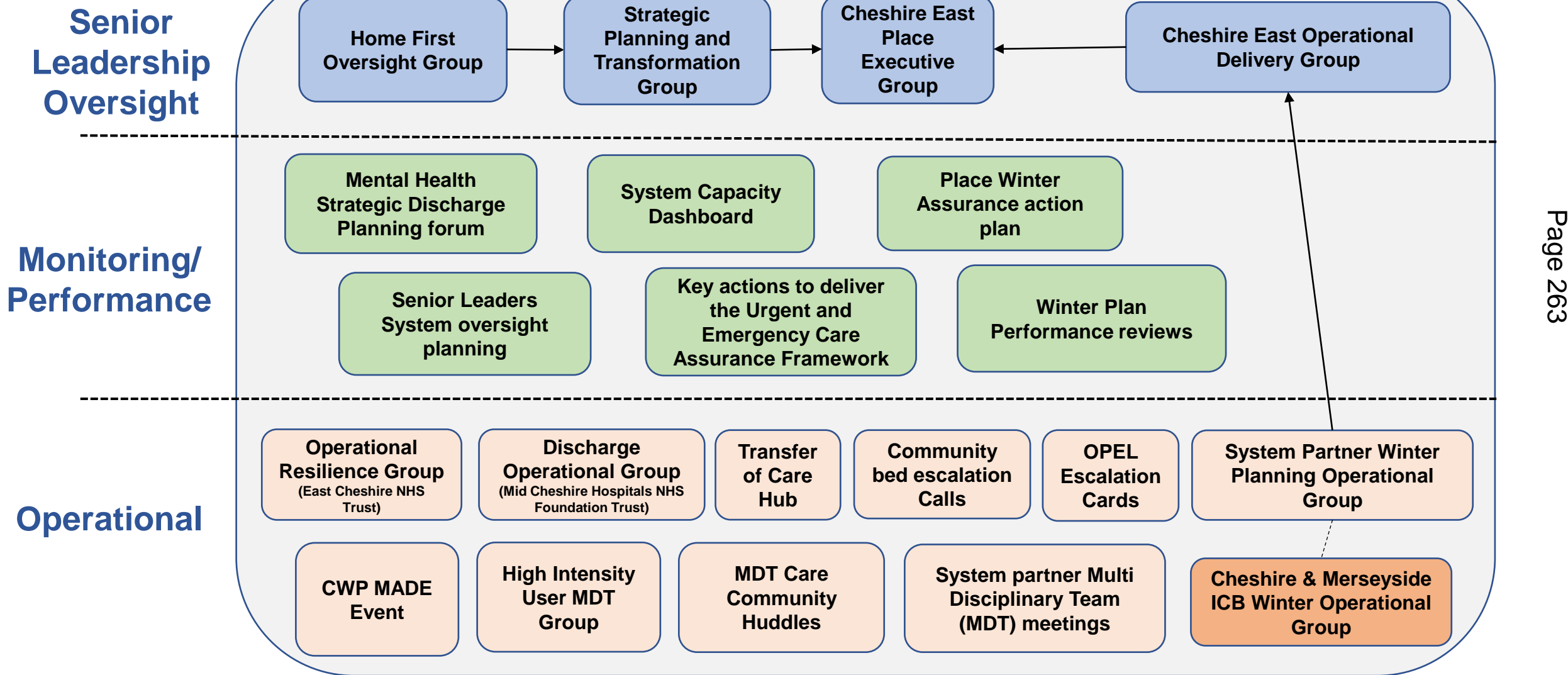
The Operational Delivery Group identifies critical points of emerging risks and significant operational barriers.

Its role is to recommend remedial actions where required, coordinate responses and mutual aid and escalate issues through Emergency Preparedness Resilience and Response (EPRR) or other appropriate routes.

# Monitoring, Oversight and Governance Structure



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# Operational Intelligence Hub – Urgent Care

There is work underway with Cheshire and Merseyside Health and Care Partnership to develop an Operational Intelligence Hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand at ICS, Provider and Place level to further inform system management and assist with operational delivery.

## Operational Intelligence Hub for Urgent Care: Content



# Cheshire & Merseyside “Better than Before” Areas of Focus and supporting information

1. ICB Assurance
2. NHS 111
3. Ambulance
4. High Intensity Users
5. Alternative Acute & Community Pathways/Services (AAP)
6. Emergency Department
7. Treatment in Emergency Department (TiED)
8. Staffing
9. Urgent Treatment Centres
10. Operational Management & Escalation (OME)
11. Flow
12. Mental Health
13. Primary Care
14. Elective Care
15. Communications
- 16 Preparation for variants of COVID19 and respiratory challenges



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[Link to the](#)  
[Cheshire East Assurance Framework](#)

# 1. Cheshire & Merseyside Integrated Care Board

Integrated Care Boards take responsibility for oversight of UEC recovery, improvement and transformation through the implementation of robust governance arrangements across the ICS and place based systems

## The Integrated Care Board aims to:

Add value  
Be a delivery partner  
Address long standing issues  
Lead on UEC improvement and assurance  
Operational Intelligence hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand

## ICB Cheshire East will also:

- ✓ Seek system wide assurances of winter planning through the Cheshire East Winter Planning Board “Warm Up for Winter a Joint Approach”
- ✓ Coordinate Cheshire East Winter Plans
- ✓ Coordinate Operational Performance Escalation Level (OPEL) contacts and action cards
- ✓ Coordinate a Cheshire COVID Board
- ✓ Coordinate a Cheshire Flu Strategic Group
- ✓ Cascade national communications and provide a Winter Communications Strategy
- ✓ Explore escalation plans in place to support with redeployment of staff

## 2. NHS 111 performance

Patients are signposted to the most appropriate services for their need every time, all the time



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### Cheshire East assurance:

Within the Cheshire footprint there are three Clinical Assessment Services – 1 in Cheshire West & 2 in Cheshire East provided by Cheshire & Wirral NHS Partnership Trust, Central Cheshire Integrated Care Partnership and East Cheshire NHS Trust.

24/7 service to review NHS111 calls destined for ED, they have an excellent rate of diversion:

- ✓ Recently implemented resilience to support each other at times of high demand
- ✓ Recently implemented programmes to allow direct booking into GP Practices, this is expected to release capacity
- ✓ Additional staff resource has been difficult to obtain despite service investment
- ✓ Cheshire & Wirral Partnership NHS Foundation Trust (CWP) operate a Mental Health Crisis Line which now receives electronic referrals from NHS111, CWP now phone back the caller. NHS 111 Option 2 to connect directly is still a work in progress.

Outcome: Increase 111 & 999 Resilience  
Cheshire East Metric: 111 Call abandonment  
Cheshire East Metric: Mental Health Crisis line activity



### 3. Ambulance service performance

Patients receive timely emergency and urgent ambulance care and conveyance, with minimal delays

#### Cheshire East Assurance:

##### Ambulance Handover

- ✓ East Cheshire Hospitals NHS Trust (ECT) and Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) have implemented NWS guidance regarding handovers
- ✓ East Cheshire Hospitals NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust are committed to all patients being offloaded into the department and no patients being kept in ambulances
- ✓ Cheshire East Capacity Dashboard monitoring of handover delays and hours lost
- ✓ North West Ambulance Service Sector Manager attends weekly Silver Command (ECT & MCHT) to report on performance. The Sector Manager is also a member of the Cheshire East Operational Winter Board – Warm Up for Winter a Joint Approach

Outcome: Increase 111 & 999 Resilience

Metric: Mean 999 call answering times, Category 2 ambulance response times, Average hours lost to ambulance handover delays,





## 4. High Intensity Users

Patients receive consistent care at all times, minimising the need to access acute and emergency services unless clinically needed

### Cheshire East assurance:

- ✓ High Intensity Users (HIU) pre planning call winter system preparation with key partners 4/10/22
  - ✓ East Cheshire NHS Trust – Multi Agency HIU focused meeting in place to focus on proactive early interventions that will support a reduction of attendance at ED
  - ✓ Mid Cheshire Hospitals Foundation Trust – Multi Agency HIU focus Group to be stood up
  - ✓ Cheshire & Wirral Partnership Foundation Trust in collaboration with the British Red Cross have developed and provide 3 HIU posts located in the three Cheshire A&E Departments
- 
- ✓ Link to High Intensity User Group Action Tracker  
[High Intensity User Group - Action Tracker](#)

Outcome: Reduce crowding in ED and target longest waits  
Metric: Adult G&A occupancy; Longest waits

# 5. Alternative Acute & Community Pathways – Hospital Avoidance



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## Cheshire East assurance:

### Directory of Services (DOS)

- Reviewed monthly with clinical service leads
- Promote better use of the DOS by clinicians
- Dispositions not diverted are regularly reviewed for alternative pathways

### Same Day Emergency Care (SDEC)

- Improve Acute Frailty services (8-8, 7days, assessment within 30mins)
- Mid Cheshire Hospitals NHS Foundation Trust Frailty Service MDT assessment – Partially implemented
- East Cheshire NHS Trust Frailty Team 8 till 8 7 days a week
- None Emergency Patient Transport Services
- Robust in-hours services
- Confirm Acute Trust commissioned GP out of hours services

East Cheshire NHS Trust Acute Visiting Service – robust process with a Single Point of Access for paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Mid Cheshire Hospitals NHS Foundation Trust Acute Visiting Service - paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Same Day Emergency Care Pathways	
East Cheshire NHS Trust	Mid Cheshire Hospitals Foundation Trust
Medical: Atrial Fibrillation Cellulitis DVT Headache Hypertension Suspected PE  Surgical abscess Surgical Haemorrhoids	Urology Orthopaedics All GP referrals through Single Point of Access NEW for Winter Medical

## 5. Alternative Acute & Community Pathways – Hospital Avoidance continued

Alternatives to ED attendance and hospital admission Inc. direct access from community and ED. Patients are treated in the right care setting at the right time by the right person



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### Cheshire East Assurance:

- ✓ Home First Programme: Hospital prevention, which includes the Community 2 Hour Response, Virtual Wards, Falls Prevention (slide 64), Rapid Home Care and Community Voluntary Sector support
- ✓ Community Step up Care Home beds
- ✓ Transformation projects in place to increase and monitor Virtual Wards
- ✓ Robust Home Oximetry and MABS in place which continues to be promoted to the public
- ✓ Transformation project in place to increase and monitor Community 2Hr Response and Frailty Wards
- ✓ Falls pathway available on the Directory of Services (DOS)
- ✓ Reduce A&E attendances for coughs/colds/flu/covid/respiratory infections through self management/escalation packs

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside acutes

Metric: Adult G&A occupancy; Hours lost to ambulance handover delays

Local metrics: C2HrR

## 6. Emergency Departments

Patients with an emergency need will be managed in a timely manner within the ED



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### Cheshire East assurance:

Confirm plans to alleviate ED congestion currently caused by:

- Limited ED streaming capacity
- Limited overnight medical assessment, particularly at the weekends
- Waits for bed requests dependent on hospital flow or capacity to staff escalation areas without disrupting elective care schedules
- Non standard Urgent Treatment Centre provision
- Mid Cheshire Hospital NHS Foundation Trust (MCHFT) – Consultant Management
- MCHFT – Acute Frailty services
- East Cheshire NHS Trust (ECT) – Speciality and acute call down within 1 hour of referral
- ECT – ED Granted one way referral rights
- ECT – All minor illness streamed to GPs
- ECT – Cubical capacity & short stay emergency patient area

Outcome: Reduce crowding in ED and target longest waits;  
UEC ED metrics: Average hours lost to ambulance handover delays

## 7. Treatment in Emergency Departments

Clinical care and treatment will be delivered on time, aligned with best practice. Safety is never compromised.



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### Cheshire East Assurance:

East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust share the ambition for clinical care and treatment to be delivered on time, aligned with best practice. Safety never to be compromised.

Each Hospital will continue to:

- Continue to rollout NHS 111 First & Directory of Services (DOS) development
- Optimise 'Streaming' to other services
- Sign post to the virtual ward model

Outcome: Reduce crowding in ED and target longest waits;  
UEC ED metrics: Average hours lost to ambulance handover delays

## 8. Workforce

Staff will be in the right place, at the right time with the appropriate skills to care for patients and keep them safe



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### Cheshire East Assurance:

- Wellbeing - ICB to sustain, develop & promote staff Mental Health Hubs in line with guidance.
- A phased workforce Capacity & Demand modelling project will focus on the system understanding of staff vacancies, recruitment, retention and bank availability
- Organisations are reviewing enhanced payments for peak periods and bank holidays. CEC Uplift for providers on the Home Care Framework via the Better Care Fund
- Workstream to review integrated workforce opportunities to increase cross system staff capacity
- Escalation plans for redeployment of staff
- Community volunteers can support services and improve patient experience - Helpforce Volunteer plan to be implemented
- NHS (central) volunteers, Hospital volunteers, Community responders
- Staff sharing arrangements and maximising collaboratives banks
- Embed reservist model in each ICS to increase capacity and capability to respond to surge and major incidents
- Develop and launch managing attendance challenge toolkit
- International Support to support UEC recovery plans - identify shortages for key roles & skills and implement recruitment programme targeting towards shortages to support UEC and winter pressures
- Vaccination Programme underway to deliver this autumn's COVID-19 and flu vaccination programme.
- Care provider oversees recruitment underway with a selection of Care Home and Care at Home Providers
- Staff wellbeing programmes are in place within each organisation

**Outcome:** Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;  
**Local metrics:** staff absence rates, staff vacancy rates, length of recruitment times



## 9. Urgent Treatment Centre

Patients with urgent and minor ailments/illnesses will be managed in Urgent Care settings every time, at all times

### Cheshire East Assurance:

Applies to Mid Cheshire Hospital only:

- Maximise use and promoting use of the Urgent Treatment Centre via system partners being fully appraised of this resource
- Increase the number of referrals from Ambulance services and care homes.
- Consider staffing availability for the Urgent Treatment Centre and explore system opportunities to enhance where possible

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside trust.  
UEC ED metrics: treatment times



## 10. Operational Management & Escalation

Patients on an urgent and emergency care pathway are managed in the right care setting at the right time to maximise their health outcomes with operational processes in place to deliver this

### Cheshire East assurance:

Assurance handover framework, site meetings, full hospital protocol,

- ✓ Cheshire East Dashboard provides oversight of the UEC capacity
- ✓ Operational Delivery Group in place who will monitor impact and effectiveness of the Winter Plan
- ✓ Cheshire East has an Operational Performance Escalation Level (OPEL) system of contacts and actions.
- ✓ The OPEL action cards have been reviewed and updated in preparation for Winter
- ✓ Key Contacts reviewed and updated and shared with system partners every bank holiday
- ✓ Scenario Planning meetings in place
- ✓ Effective inpatient management procedures in place across each hospital
- ✓ Infection Prevention Control measures and operating protocols in place
- ✓ COVID-19 early warning system in place and managed by Public Health

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;  
Local metrics: UEC metrics



# 11. Capacity and Flow (Discharge)

No patient will reside in an acute hospital bed once their clinical care has been completed



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## Cheshire East assurance:

### Transformation programme – Home First: Discharge to Maximising Care at Home Services and Hospital

The agreed short term system priorities that have been agreed are as follows:

**1. Discharge to Assess (D2A) – *We create a more centralised approach to step down/rehabilitation and identify facilities to acquire and staff from NHS/LA***

Supporting people out of hospital: To develop an Options Appraisal which will enable the Integrated Care System to adopt a preferred approach to delivering Discharge to Assess community beds to provide high quality, sustainable local care to meet gaps in future need. The preferred option for the long-term sustainable plan will then be developed into a full business case for approval. The interim plan (short/medium term) will be developed, resources will be identified and aligned to meet the objectives of the long-term plan. The preferred option for the short/medium-term plan (recommendation) for the Discharge to Assess community bed base inclusive of Mental Health provision will be implemented as part of the Winter planning process for 2022/23.

**2. Maximising Care at Home services and Hospital Prevention :** The objectives of the of this proposal is to enhance our workforce, build in additional system resilience, create capacity by way of sharing staffing resource and available service capacity , design an infrastructure that provides daily operational contact between the identified service and agree an operating model in preparation for Winter pressures and a more long-term sustainable model thus providing improved outcomes for the Residents of Cheshire East. This proposal will be implemented in a staged approach as follows:

- **Stage 1:** Care4CE Reablement, Central Cheshire Integrated Care Partnership, General Nursing Assistants , Rapid Response Care (Routes Health Care & Evolving Care) , Voluntary Community Faith Sector, Assistive Technology and Equipment Services.
- **Stage 2:** Urgent Crisis Response, Hospice at Home, Mental Health Reablement, Care4CE Mobile nights, Out of Hours District Nursing

**3. Mental Health Prioritise**

- To work with Care at Home providers and develop an offer that supports people with Physical and Mental Health needs.
- Develop an all-male specialist unit within Borough that supports people with complex behaviours
- Increase bed base capacity and community support options for people living with Autism and Mental Health needs
- Identify service gaps and develop service specifications that can be shared with care providers to develop the market

**4. Here and Now Prioritise**

- Building on the GNA service create a joint health and care workforce employed by health to provide capacity to support people in their own homes
- Invest to save- to meet current priorities
- Primary Care is critical - work with primary care to develop potential opportunities.

## 11. Capacity and Flow (Discharge)

Winter Schemes	Timescales
Hospital support scheme family and friends - to enable family and friends to provide informal care and payment for up to 6 weeks	Operational
Community Connectors positioned in the two Transfer of Care Hubs promoting the Community Voluntary Sector services	Operational
Personal Health Budgets to support Rapid Hospital Discharge	Operational
Help Force volunteer Programme	November 2022
Housing pathway agreed for rough sleepers	December 2022
Increase of the General Nursing Assistant service capacity	Dec / Jan 2022
C/o locate Care4CE Mobile Nights service and East Cheshire Trust Out of Hours District Nursing Teams thus increasing night time care, support and resilience	November 2022
Additional 200 hours per week, Rapid Response Care linked to East Cheshire Trust Frailty team. November to March 2023	Nov / Dec 2022
Capacity for Pathway 1 – 36 System resilience beds	Operational
Capacity for Pathway 2 – 39 block beds are funded via the ICB up to 31st March 2023	Operational
Supported Living – Mental Health step down self contained apartments x 6	December 2022
Complex Dementia 18 Step up/step down beds	Nov / Dec 2022
Nursing Dementia beds x 6	November 2022
ED In reach support for Mental Health patients	November 2022

System Resilience Beds funded via BCF Up to 31/03/23	
Care Home	Block Contract Beds
Mayfield House, Crewe	1
Leycester House, Mobberley	5
Turnpike Court, Sandbach	4
Elm House, Nantwich	4
The Elms, Crewe	3
Corbrook Park, Audlem	3
Brookfield House, Nantwich	8
Cypress Court, Crewe	3
Twyford House, Alsager	5
<b>Total</b>	<b>36</b>

Additional Capacity, ECT Hospital Footprint Pathway 2 up to 31st March 2023	
Care Home	Block Contract Beds
Prestbury House, Macclesfield	5
Priesty Fields, Congleton	4
The Rowans, Macclesfield	4
The Willows, Mobberley	4
<b>Total</b>	<b>17</b>

Additional Capacity, MCHFT Hospital Footprint Pathway 2 up to 31st March 2023	
Care Home	Block Contract Beds
Clarendon Court, Nantwich	8
Lawton Manor, Church Lawton	3
Newton Court, Middlewich	2
Richmond Village, Nantwich	5
Telford Court, Crewe	4
<b>Total</b>	<b>22</b>

## 12. Mental Health

Patients receive timely services and treatment as needed, with a greater focus on early intervention services that can prevent mental health crisis

### Cheshire East assurance:

- ✓ Cheshire East have a 12 hour breach multi partner group which resolves issues, particularly
- ✓ around mental health delays in Emergency Department.
- ✓ Current Place of Safety is East Cheshire NHS Trust A&E Department
- ✓ Mental Liaison within the Emergency Departments at East Cheshire NHS Trust & Mid Cheshire Hospitals Foundation Trust
- ✓ Community crisis cafes in Maclesfield and crewe open 7 days per week. Yes transformation work continues at the front end of the crisis I pathway .
- ✓ 27/7 First Response Service

Brief for Winter Plan: [CWP Winter Plan 2022/23](#)

Key Lines of Enquiry Mental Health: [Key Lines of Enquiry Mental Health](#)

**Find the right support for you**

**Mental health services in Cheshire East**

**IAPT - talking therapies self-referral**

IAPT (Improving Access to Psychological Therapies) services are for adults and older people, with mild, moderate-to-severe symptoms of anxiety or depression. People can self-refer through the CWP website. You can also find your local IAPT service at [www.nhs.uk/help](http://www.nhs.uk/help)

**Shout mental health support text 'BLUE' TO 85258**

Are you feeling anxious or stressed and need support? Text 'BLUE' to 85258 to start a conversation, via text, with a trained volunteer, who will provide free and confidential support. Open 24/7

**Crisis Cafes**

safe spaces for people struggling with emotional distress who consider themselves to be in a self-defined crisis

**The Weston Hub**

01625 440700  
Open 10am-10pm

**Crewceial**

07516 029050  
Open 1pm-10pm

**24/7 Urgent mental health crisis line**

0800 145 6485

The East Cheshire Housing Consortium (ECHO) provide the service and it is located at: The Weston Centre, Earlsway, Macclesfield, Cheshire, SK11 8RL

The service is operated by Independence Support Living (ISL) and is located at: 3 Partridge Close, Flat 2, Dunwoody Way, Crewe, CW1 3TQ

If your mental health gets worse and you feel you are unable to cope, this is a mental health crisis. It is important to access support quickly. The CWP urgent mental health crisis line supports people to access the help they need and is here to help 24/7

## 13. Primary Care

Ensuring primary care have extended hours for evenings and weekends



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### Cheshire East Assurance:

- Primary Care Network led Extended Hours for evening and Saturdays
- Robust and resilient General Practice Out of Hours service including Acute Visiting Service.
- Business case underway to extend Primary Care Assessment Unit
- The nationally commissioned Community pharmacy consultation service (CPCS) as this will have a potentially bigger and synergistic impact with the Pharmacy First minor ailments service on lower acuity conditions. CPCS takes referrals from general practice and NHS111, while Pharmacy First provision also takes walk ins
- Primary Care resilience and activity data
- Exploring initiatives to enhance the falls prevention programme, including access to falls exercise classes and care home work (System)
- Health & Well being services for Asylum seekers and Refugee communities
- Full implementation of the Primary / secondary care interface recommendations

## 14. Elective Care, Cancer & Diagnostics; CYP services; Protecting services



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### Cheshire East Assurance:

- The main pressure on elective care normally comes in terms of the re-purposing of the Orthopaedic inpatient elective ward for urgent & emergency care (UEC) pressures. Contingency plans in place to find an alternative ward location for this service.
  - Mid Cheshire Hospitals FT capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March 2023.
  - East Cheshire NHS Trust has no further escalation provision therefore the only option to support UEC pressures is cancelling elective activity
- Cancer remains clinically prioritised amongst other demands
- Children and Young People services have additional ward nursing to help manage the rise in winter admissions for paediatrics and appropriate pathways are in place
- Diagnostic services will be Business As Usual with not specific schemes to support them over winter but, with support to restore services following the Covid pandemic.

## 15. Communications



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### Cheshire East Assurance:

**Our system winter campaigns will be based around the following ‘key pillars’**

- 1. Prevention:** Reducing avoidable hospital admissions by helping people stay well – with a focus on people with respiratory illnesses, frailty and mental health. This includes the flu and Covid vaccination programmes.
- 2. Signposting:** Reducing inappropriate attendances by helping people choose the right service, linking to the national Help Us Help You campaign, pharmacy, GP access, emergency dental care, NHS 111, Urgent Treatment Centre’s and other urgent care services.
- 3. Self-care:** Messages in relation to the promotion of pharmacies to get expert advice, gastrointestinal illnesses, with hand washing/hygiene advice, respiratory illness and common childhood illnesses.



## 15. Communications (Continued)

Winter Wellbeing communication campaigns in Cheshire East will provide information and advice to people on how to stay safe, well and warm during the colder weather.

### **Areas of focus will be;**

- The cost of living crisis – food and fuel poverty and accessing benefits (September/October)
- Warm banks (September/October)
- Flu (November)
- Preparing your home for winter (late November weather dependent)
- Ensuring you are accessing appropriate winter-related benefits to help pay for heating bills etc (November)
- Being a good winter neighbour including social isolation (November)
- Using services appropriately (December)
- Staying Warm, including energy efficiency (January)
- Staying active (January)
- Nominated neighbour scheme
- Winter ailments: Covid/Flu/Pneumonia
- Physical and Mental Health during winter
- Walking stick repairs/winter proofing

## 16. New variants of COVID-19 and respiratory challenges



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### Cheshire East assurance:

#### COVID-19 Escalation plans

- ✓ Acute Trusts internal escalation plans, including designated wards and Infection Protection Control guidelines
- ✓ Potential designated community setting at Eden Mansions Care Home
- ✓ Confirm system resources e.g. masks, Lateral Flow Tests etc
- ✓ Acute Trusts Infection Prevention & Control plans to avoid Void beds
- ✓ Primary Care Networks signed to deliver COVID vaccinations, mix of Patient Group Directions (PGD) & National Protocol. Some sites whilst using predominantly registered Healthcare professionals have opted to use with National Protocol as this gives flexibility to used non registered vaccinators should the need arise

#### COVID & Flu Vaccination campaigns

- ✓ Two strategic Cheshire wide oversight groups with two robust campaigns interacting where possible
- ✓ Weekly monitoring of vaccination uptake in the public and staff
- ✓ CQUIN in place to incentivise health organisations to improve workforce flu vaccine uptake

#### Infection Prevention & Control guidelines [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)

- ✓ Robust processes are already in place with Public Health Cheshire East and Cheshire West to maximise discharges to closed care homes where appropriate and minimise vacant beds
- ✓ Priority work load framework

#### Respiratory Care for children

- ✓ CATCH app promoting self-care for respiratory conditions to parents and pregnant women
- ✓ Plans to promote the flu vaccination to pregnant women via CATCH
- ✓ Primary Care education session has been organised with a Paediatrician on Bronchiolitis

Outcome: Reduce hospital occupancy

Metric: Adult G&A Occupancy



# Third Sector – Cheshire East Community Offer – Responding to local need & supporting our communities to recover in 2022/23

Welcome to your guide to our recently funded Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Cheshire East.

During 2021/2022 Cheshire East Council have relied on grants to ensure they can support the VCFSE sector. This enabled an environment where we can work together to meet the needs of our communities through extremely challenging times and at speed. We want to build on the last two rounds of grant funding and the amazing response to the objectives we set, by giving the opportunity for our VCFSE sector organisations to showcase their services and demonstrate the real differences that they make to our residents.

We want to enhance relationships and connectivity between organisations and create the opportunities for collaborative working, making sure that together we meet the needs of our residents by delivering services that they need and also ensuring that they are more accessible.

This document can be shared and used by anyone for self-referral or referral by an organisation. The project information included is only a small part of what the organisations do and also timescales vary for each organisation, so please contact them directly to discuss how they can support you or a client.

To make your search for services easy, we have used a key to show geographic delivery area and theme for each organisation. You can also click on the organisation logo to go to their websites where available

Area	Description	Theme	Key
BDP	Bollington, Disley & Poynton	Food provision	MD = Meal delivery FP = Food provision
Macc	Macclesfield	Mental Health/emotional support	A = Adult YP = Young People
Knuts	Knutsford	Practical tasks	
CHAW	Chelford, Handforth, Alderley Edge & Wilmslow	Befriending/isolation	T = Telephone F = Face to face
CHOC	Congleton & Holmes Chapel	Hard to reach groups	L = Language support available
SMASH	Sandbach, Middlewich, Alsager, Scholar Green & Haslington	Carer support/dementia	C = Carer support D = Dementia support
Crewe	Crewe	Digital inclusion	
Nant	Nantwich & rural area	Money advice/form filling	MA = Money advice FF = Form filling
		Community transport	
		Supporting Community Links	
		OOH Hospital discharge	
		Social activity/loneliness	
		Fuel poverty	



[Further detail is available in the Link to Third Sector Grants Brochure Cheshire East Grant Brochure 2022](#)

# Financial Investment

Provider	Scheme title	Brief description	Type of scheme	Beds	Lead in period	Expected start date	Revenue cost
<b>East Cheshire Trust</b>	Prestbury House/Various (Bed Cost)	Additional beds and management of	Community service	13	With immediate effect	Oct-22	£ 474,501
<b>Mid Cheshire Hospital Trust</b>	Vaccination Centre	8 additional escalation beds.	G&A beds	8	1	Oct-22	£ 320,000
<b>Mid Cheshire Hospital Trust</b>	Telford Court Care Home	Care home beds with therapy and GP support.	Community service	4	1	Oct-22	£ 157,297
<b>Mid Cheshire Hospital Trust</b>	Newton Court Care Home	Care home beds with therapy and GP support.	Community service	2	1	Oct-22	£ 78,648
<b>Mid Cheshire Hospital Trust</b>	Clarendon Court Care Home	Care home beds with therapy and GP support.	Community service	10	1	Oct-22	£ 432,350
<b>Mid Cheshire Hospital Trust</b>	Richmond Village Care Home	Care home beds with therapy and GP support.	Community service	5	1	Oct-22	£ 190,103
<b>Mid Cheshire Hospital Trust</b>	Lawton Manor	Care home beds with therapy and GP support.	Community service	6	1	Oct-22	£ 212,325
	<b>TOTALS</b>			<b>48</b>			<b>£ 1,865,224</b>

## SUMMARY

- ✓ Urgent Community 2 Hour Crisis Response – Directory Of Services developed & focus on communications with ED, Wards and Care homes to maximise utilisation.
- ✓ Housebound Vaccination programme – COVID/Flu
- ✓ Home Intravenous expansion – additional posts to enabling patients to step down from hospital
- ✓ Integrated Placement of Care Hub - new temp role/ project – Long Length of Stay practitioners to focus on early identification & planning
- ✓ Integrated Placement of Care (IPOC) – General Nursing Assistant expansion supporting bridging, Urgent Community Response & Palliative Care in Partnership (PCIP) to maintain flow and offer step up capacity.
- ✓ Temporary funding - Remote monitoring service to support Long Term Conditions – promotion with Primary Care to support step up.
- ✓ Temporary funding to deliver MABS for eligible Covid patients
- ✓ Temporary funding to jointly deliver Long Covid service
- ✓ Continue to provide the Home Oximetry Service dependent on funding
- ✓ Virtual Ward implementation

# Cheshire & Wirral Partnership Mental Health Winter Plans



Cheshire and Wirral Partnership **NHS**  
NHS Foundation Trust

Actions taken and planned to increase capacity in acute/ community service

The established bed base across Cheshire and Wirral Partnership NHS Foundation Trust is 164 (excluding rehab/eating disorders/secure)

## Number of beds available

Wirral	
Lakefield	20
Brackendale	20
Riverwood	6
Brooklands (PICU)	10
Meadowbank (Organic)	13
Meadowbank (Organic)	13
<b>Total</b>	<b>82</b>

West Cheshire	
Beech	22
Juniper	24
Willow (PICU)	7
Cherry (organic)	11
<b>Total</b>	<b>64</b>

Cheshire East	
Mulberry	26
Silk	15
<b>Total</b>	<b>41</b>

# Cheshire & Wirral Partnership Mental Health Winter Plans



Cheshire and Wirral Partnership **NHS**  
NHS Foundation Trust

Actions already taken			Aims to be achieved
Additional crisis support (admission avoidance)	Improve quality and focus on Discharge/ Flow through Acute	Support earlier intervention in the community	
Created Crisis line for patients 24/7 access – divert from ED/earlier intervention	Reviewed and relaunched Trust acute care standards (in line with best practice)	Community transformation schemes – ARRS roles in primary care, team redesign in process of implementation to support more patients in the community. Public engagement process ongoing at present on new model of care	Reduction in DTOC to improve inpatient flow
Opened Crisis café's in all four localities – divert from ED/earlier intervention – suicidal for same day response	Engaged with all NHSE Acute groups and discharge groups.	Crisis Cafes in Crewe & Macclesfield open 7 days a week. Operated by third sector colleagues with wraparound from CWP's crisis resolution home treatment teams. Individuals who present or are referred and are suicidal they receive a same day response from the team. To commence a learning review process for each admission so that themes can feed into CMH transformation.	Reduction in LOS due to high acuity to improve patient flow
Created a First Response service – divert from ED and inpatients – currently carry increased caseloads circa 25% more	Monthly meetings with LA and commissioners re strategic approach DTOC's and discharges	24/7 First response team. Triage by the crisis line individuals (inc those who are suicidal) will be seen at home. Developed place-based alliances with 3rd sector to offer earlier well-being support and intervention.	Repatriation of out of area patients with private providers
Provide in-reach support to ED when patients delayed admission (3rd sector provider) this funding comes to an end September 2022	Run MADE events in 3 localities weekly – support operational actions to enable discharges	To help and support frequent attenders in Emergency Departments	
After a person is discharged the community mental health teams check in & follow up patients discharged within 72 hours ( highest risk period for suicide post discharge)	Escalation to Place based meetings – e.g., ED Boards	Community Teams also facilitate early discharge into home treatment from acute inpatients. This Team has access to community crisis beds as a less restrictive option.	

**For Urgent Mental Health Support**

If you have an immediate, life threatening emergency, you should still call 999 or attend A&E

- 24 hours a day
- 7 days a week
- All ages

**0300 303 3972**

This helpline is the first port of call for urgent mental health help - it is operated by people in your local area who will know best how to support you.

For non-urgent help and wellbeing advice, please visit the CWP website: [www.cheshire-nhs.uk](http://www.cheshire-nhs.uk)  
For children and young people there is also a dedicated site: [MyMind.org.uk](http://MyMind.org.uk)

Launched by Cheshire and Wirral Partnership for residents of Cheshire West, Cheshire East and Wirral who need urgent mental health support

# Cheshire East Council – Adult Social Care Winter Schemes - 1

Number	Scheme	Summary	Potential KPI's
1	Care homes - designated setting	Establish a designated setting to assist with increased pressure as a result of winter and COVID. The designated setting will assist with hospital discharge.	Waiting list for care home placement.
2	Care homes - IPC	Work with Infection Prevention Control teams to see what support that will be providing over the winter period to support care homes. This scheme will ensure that care homes remain open during the winter period and any disruption is minimised.	Number of home closures throughout the year in comparison to winter.
3	Care homes - dehydration	It's noted that if care home residents are dehydrated, they are at greater risk of falls, infection etc, recently a scheme to improve hydration in care homes in Staffordshire was implemented, public health through Matt Tyrer was also leading on a similar piece of work before COVID. The aim of this scheme is to increase hydration in care homes and in doing so reducing the number of falls, admissions to hospitals.	Number of falls taking place in care homes, information could be gathered through safeguarding information.
4	Care homes - pressure ulcers	Service users who may have mobility issues may be at increased risk of pressure ulcers, there has been a recent campaign 'react to red' to increase awareness of pressure ulcers and to help reduce grade 4 ulcers from occurring. The local authority will ask the hospital trusts to lead on increasing awareness of this campaign in care homes.	Number of reported incidences of grade 4 pressure ulcers.
5	Care home - falls	A number of business cases have been prepared for the public health SMT to help reduce the number of falls happening. The lead will progress the business cases to see if they are approved and can be implemented.	Number of falls in care homes. Number of falls in the community. Admission to hospital.
6	Voluntary sector - transport	Transport pays a key role in ensuring a person returns home from hospital this scheme will aim to ensure there is adequate transport provision in place to support people throughout the week through winter.	Number of older people transported home, with winter performance compared to the rest of the year.
7	Voluntary sector - supermarkets & cleaning	Try to partner with a supermarket to assist with getting meals/food delivered to those service users who have that need met through domiciliary care. Try to partner with a cleaning company who can provide cleaning to people who have that need met through domiciliary care.	Number of current shopping calls as provided by domiciliary care Number of cleaning calls as provided by domiciliary care.
8	Voluntary sector - community and hospital discharge	Data suggests increasing numbers of the over 50 population are retired and could be in a position to provide voluntary support to help people return home from hospital, this could be free or paid care.	Number of newly enlisted volunteers aged 50+.
9	Mental health - A&E support	Establishing the correct level of mental health support to A&E to ensure where possible hospital admission is avoided.	Hospital Admissions Avoided due to enhanced community support - Via Mental Health Crisis beds, Via Mental Health Crisis Café, Via Mental Health A&E In Reach.
10	Mental health - bed capacity	Ensure that there is the correct level of mental health bed stock which can be accessed as step-up or step-down to support hospitals.	The number of mental health Step Up/Down beds in use and the occupancy of those beds.
11	Mental health - provider engagement	Engagement with the market to articulate the key themes through winter but to also identify how providers can support through the winter period.	The number of people discharged from hospital in to step down provision, Mental Health Crisis Beds, MH Step Down Beds.
12	Mental health - community support	Identify what support people with mental health needs require when returning home to ensure they feel supported and settled.	Readmission rate to hospital following discharge from hospital to home, Via MH Reablement, MH Floating Support and any other schemes that are commissioned to support people back into the community.

# Cheshire East Council – Adult Social Care Winter Schemes - 2

Number	Scheme	Summary	Potential KPI's
13	0-19-cost of living crisis- new mothers may encounter difficulty with feeding new borns/infants.	The cost-of-living crisis will impact new mums and may in turn impact the ability to feed their babies. This scheme will aim to identify whether this is will be an issue and will put in place support to help meet this potential need.	The number of incidents being reported in relation to this cohort.
14	Substance misuse - hospital frequent flyers	Work with hospital trusts to identify and work with potential frequent users of hospitals/A&E as a result of substance misuse. The aim of this scheme is to highlight the services available to hospital trusts and gp's through the winter period. Recent data suggests increased admissions and attendance at hospital for patients aged 0-4, this work will look to identify the size of this problem and will work with hospitals trusts to put in place mitigating actions.	The number of frequent flyer visits prior to and after intervention. Admissions to hospital for children aged 0-4 before and after intervention.
15	Poverty - cost of living	Residents are facing a number of pressures over the winter period this includes cost of living crisis. This scheme will identify what links can be made with GP surgeries to help support, highlight services and signpost.	Referrals for support received from GP surgeries .
16	Poverty - cost of living	Develop and advertise the offer around cost-of-living crisis for residents and staff, this would include warm spaces (libraries, council buildings) which can be accessed to stay warm during winter, access to warm blankets through community development officers, food banks, winter heating schemes, £10,000 of funding for staying warm.	The number of contacts made where people have requested support.
17	Public health campaigns	A number of public health schemes and campaigns operate throughout winter, this scheme will seek to bring forward promotional campaigns to increase awareness and uptake of schemes such as flu and COVID jabs.	Flu jab number/% uptake for the health and social care sector.
18	Direct payments - bank of personal assistants	This scheme will seek to increase the pool of available personal assistants, partnering with a suitable organisation to operate and organise the bank of personal assistants which could then be accessed, this in turn would increase capacity within the community.	The number of personal assistants prior to and after the intervention The number of people receiving a direct payment prior to and after the intervention.
19	Direct payment - carers	Identify and support carers out of hospital through the use of direct payments.	Number of new direct payments issued to carers.
20	Domiciliary care - provider reviews	Establish a process for domiciliary care providers to review any packages which they believe are excessive and could be reduced. Within this also look at whether any alternative support could be offered for example a 'just checking' phone call to make sure the person is safe.	Volume of calls provided prior to and after the intervention.
21	Domiciliary care - review of waiting list	There are a number of people waiting for domiciliary care services, in advance of the winter period the number waiting will be reviewed and identified and a target of 50% will be applied to reduce the wait list.	The number of users waiting for domiciliary care service prior to and after the intervention.
22	Fire service support - home support	A number of people are waiting for elective surgery, once they have had surgery its important that they can return home and that home is a suitable environment. This scheme will seek to explore whether the fire service can support with the home checks to make sure the home is ready for the person to return to following surgery. Links through the fire service representative of the HWB will be utilised.	Number of home checks carried out . Readmission to hospital following elective surgery .
23	Carers - winter support	Develop and articulate the offer for carers over winter and then advertise and make carers aware, this would include: winter wellbeing programme, carer breakdown offer, access over winter, take a break crisis phone line, and the mobile bus being deployed.	Carer breakdown prior to and after the intervention.



Public Health prioritise over the winter period will be as follows:

1. Flu and COVID-19 booster vaccinations
2. Supporting National messaging to increase uptake and deploy regional teams to the areas of lowest uptake to make vaccination accessible with wrap around services through outreach
3. Completing multi-disciplinary Infection Prevention and Control (IPC) Risk Assessments for the safe reopening of Care Homes / commission bed placements, where an outbreak of COVID-19 is ongoing.
4. Providing free Influenza vaccination to all Cheshire East Council staff - promoting regularly to front-line teams to boost protection over the winter months
5. COVID-19 early warning data analysis audits

Winter Wellbeing Campaign:

Health and Wellbeing Bus – Cheshire East Council is offering FREE wellbeing checks across Cheshire East October 2022 to February 2023.

Links to Bus locations:

[1.Stay Well Bus Dates & Locations](#)

[2. Stay Well Bus Dates & Locations](#)

Infection prevention controls are as follows:

- Infection Prevention & Control Link Worker meetings [IPC Link Workers](#)
- Assisted medicines taking good practice guide [Assisted medicines taking good practice guide](#)
- Winter Preparedness Webinars:
  - Outbreak management procedures
  - Staff training, education and advice
  - Communicating updated Infection Prevention Control guidance



## ✓ **Household Support Fund**

Cheshire East Council with the help of a wide range of partners are distributing vouchers worth £2.2 million on behalf of the Department of Work and Pensions to support the most vulnerable households across the county with food, utilities and other essentials.

The fund is available to support vulnerable households who need additional financial support. Support for children via the grant will be delivered in line with the previous household Support Fund and COVID Support Grants

❑ [Household Support Fund](#)

✓ The areas of focus will be:

- ❑ Winter ailments: Covid/Flu/Pneumonia
- ❑ Physical and mental health during winter
- ❑ Fuel poverty
- ❑ Food poverty
- ❑ Warm banks
- ❑ Accessing benefits
- ❑ Job hunting and CV writing advice
- ❑ Walking stick repairs/winter proofing

✓ Cheshire East Council will also be sharing information and advice on the **Help Us to Help You NHS 111 campaign and GP access campaign** their social media channels using campaign toolkits

# Care Communities

- ✓ Delivery of urgent community response across the Place to support people at home and avoid ED attendances or admissions
- ✓ Provision of 5 care community wards with East Cheshire NHS Trust footprint i.e. crisis support, rehabilitation, palliative care, complex care and pressure ulcer prevention to coordinate and monitor patient care
- ✓ Development of speciality virtual wards for frailty and respiratory patients in partnership with secondary care offering specialist guidance and advice
- ✓ Working with system partners to build resilience in local communities with particular reference to mental health e.g. mental health awareness training, link with drop-in centre, warm places and health and well-being bus.
- ✓ Continued development of priority workstreams i.e. cardio-vascular, respiratory, mental health and paediatrics
- ✓ Implementation of agreed Business Continuity Plan
- ✓ Focus on staff Health and Wellbeing actions in response to staff survey results
- ✓ Social Prescribers - taking a holistic approach focusing on individual need

- ✓ Working with partners Cheshire East Council and the NHS to look at ways to prevent some of the consequences of Winter Pressures, particularly with the added pressure of the energy price increases.
- ✓ Safe and Well visits
- ✓ “Keep warm” packs with a number of other agencies, given out during a Safe and Well visit
- ✓ Promotion of ways to keep well and warm during winter via our comms channels and community engagement
- ✓ Reminder of flu vaccine offer to over 65’s during Safe and Well visits
- ✓ Safe and Well offer for residents who may use unsafe fire practices to heat themselves/homes

- ✓ October – Operation Treacle – additional officers out over Halloween offering reassurance
- ✓ November – World Cup – targeted work around the matches with additional patrols out for Night Time Economy and Domestic Abuse cars supported by the Independent Domestic Advisor's
- ✓ November – 'Day of Action' targeted work by partner agencies Include Police, Cheshire East Council, Cheshire Fire and Rescue, the local NHS and local housing association. Bromley Farm Congleton. Engagement with 800 households to include addressing support needs for cost of living crisis
- ✓ December – Night Time Economy over the festive period, safety buses and additional patrols in the town centres to keep people safe

# East Cheshire NHS Trust – Assurance Check List 30/09/22 ‘Good Practice Basics’



**East Cheshire**  
NHS Trust

Out of Hospital		
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Partial
3	111 clinical contact > 50%	Yes
4	Abandoned 111 call rate	Yes
5	Ambulance conveyance to ED <49%	Partial
6	Virtual wards in place that support admission avoidance and length of stay reduction	Partial
7	Ensuring primary care have extended hours for evenings and weekends	No
8	Urgent community response within 2 hours	Yes
Site/Operational Discipline		
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Partial
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Partial

Emergency Department		
16	Streaming of all patients who could be appropriately managed by a co-located urgent/primary care service in place at times matching the demand.	Partial
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Yes
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	No
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap shouldn't be in place.	Yes
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	No
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
Emergency Department Environment		
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	No
27	CDU adjacent or equivalent short stay Emergency patient area	No
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
Emergency Department IT		
29	ED system in place to enable patient flow against national standards	Yes

Inpatient Management		
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	Yes
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
Discharge		
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	Partial
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Partial
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Partial
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

System and Trust Oversight		
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Yes
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform future ways of working.	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

# East Cheshire NHS Trust – 100 Day Challenge

Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
1	Identify patients needing complex discharge support early	Discharge commences on admission. Information leaflets designed to help inform patients of their discharge. Nursing assessments include any support required on discharge and current “home” provision in place	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas. When am I going home campaign in progress.
2	Ensure multidisciplinary engagement in early discharge plan	Multidisciplinary teams attend board rounds. Transfer of care hub includes Social Care, Intermediate Discharge Team, therapies and nursing.	Information for patients being reviewed by matron -re discharge planning from admission.	Daily MDT discussions related to pathways 1 to 3.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	EDD’s inputted into Extramed on admission however these are not reviewed an updated Daily reporting demonstrates that there isn’t consistency with data input	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
4	Ensuring consistency of process, personnel and documentation in ward rounds	Different wards approach the board and ward rounds differently,	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home ECT need to develop a clinical vision of flow and ensure internal escalation triggers at ward level are in place	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
5	Apply seven-day working to enable discharge of patients during weekends	Limited Therapies and IDT cover over a weekend ?? Laura can you expand please. No IDT substantive at weekends. Frailty 6 days.	Scope out the requirements to support 7 day working for core elements of service provision	
6	Treat delayed discharge as a potential harm event	Daily in put of Criteria to Reside with national reporting to the system	Maintain risk register log	There is not a specific incident logged for every delayed discharge but reported to the system daily.

# East Cheshire NHS Trust – 100 Day Challenge

Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
7	Streamline operation of transfer of care hubs	Transfer of care hub in place on site involving IDT, Social Care, brokerage, Independent transfer of care coordinator and third sector e.g. Red Cross.	System wide leadership model to be developed	
8	Develop demand/capacity modelling for local and community systems	No local capacity and demand modelling undertaken however there is clearly a deficit of all pathway 1 – 3 patients given the number of No Criteria to reside %	ICB modelling to commence	
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges		Pursue home first principles and the amalgamation of teams to form a single approach	
10	Revise intermediate care strategies to optimise recovery and rehabilitation	Intermediate care is embedded in care communities with access to community beds and therapy at home. Limited access to domiciliary care and reablement due to capacity challenges		

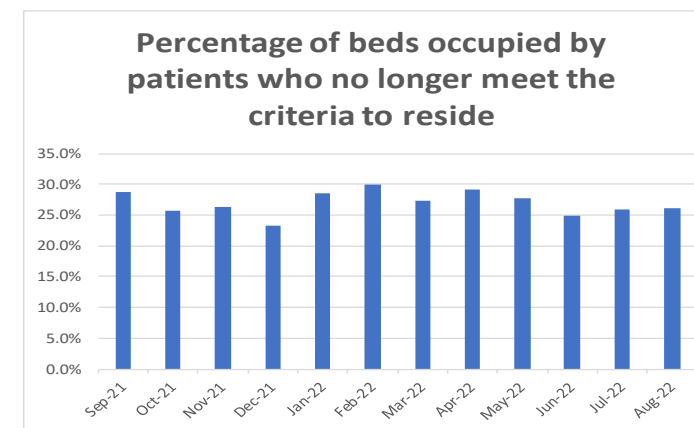
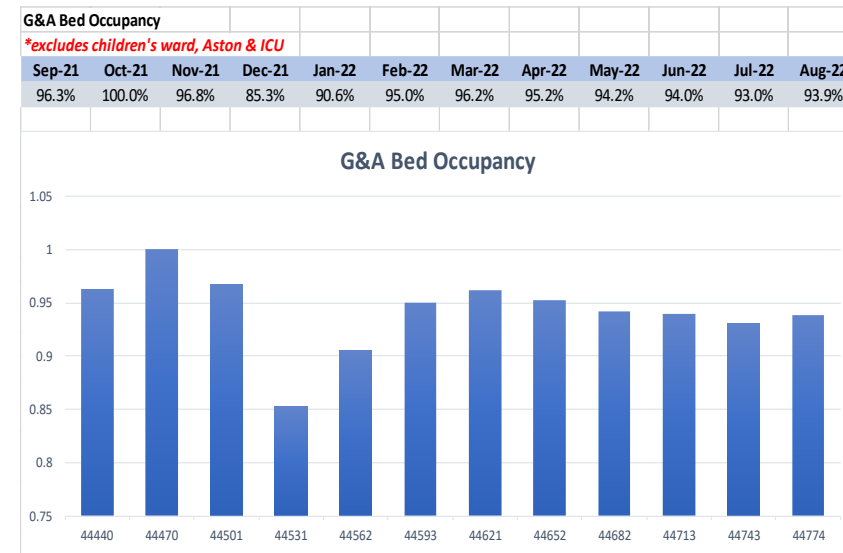
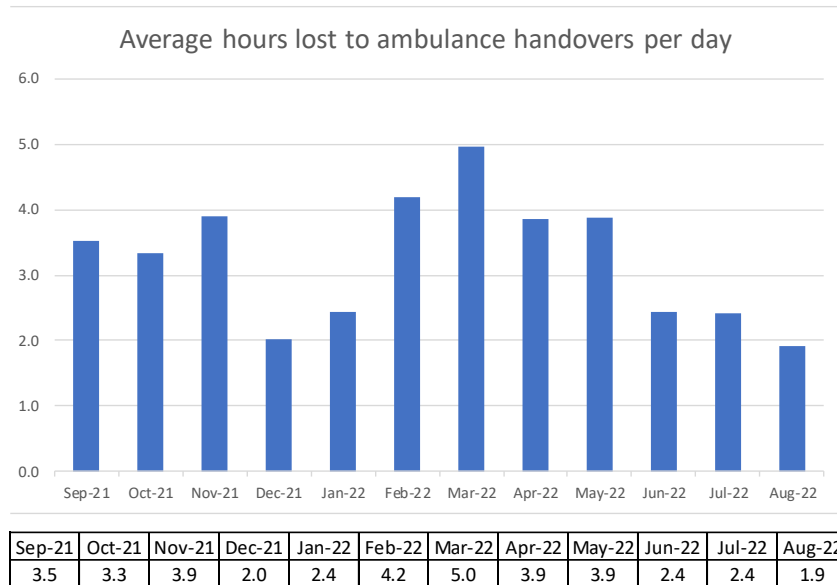


East Cheshire Trust

# Winter Preparedness



# How are we doing against the metrics last 12 months?



Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
28.9%	25.7%	26.3%	23.3%	28.5%	30.0%	27.4%	29.2%	27.8%	25.0%	26.0%	26.1%

# Prepare for variants of Covid-19 and respiratory challenges

- 5 week Covid-19 and flu vaccination programme
- Increase in community workforce to deliver house bound vaccinations
- Consideration as to how Ward 11 is used for respiratory infections and utilising the 10 side rooms to support acute respiratory illness conditions and maintenance of Infection Prevention Control standards

# Increase capacity outside Acute trusts

***Whilst plans include the following there is a risk that the capacity will not materialise due to workforce and financial constraints.***

- Increase in domiciliary care provision (General Nursing Assistant provision Congleton via Central Cheshire Intergrated Care Partnership)
- Increase in pathway 2 & 3 bed based provision (Wilmslow Manor)
- Cheshire East Place Home First - Alignment of Care at Home Services
  - To enhance the workforce, build additional system resilience, create capacity by sharing staffing resource and available service capacity, design an infrastructure that provides daily operational contact between the identified service and agree an operating model.
- 2 hour Urgent Community Response Provision
- Community and Specialty Virtual Wards
- Community Ward model
- East Cheshire NHS Trust has no further escalation provision therefore the only option to support is cancelling elective activity

# Target Category 2 response times and ambulance handover delays

- Private Transport Provider to support pre noon discharges
- Increase in ED Nurse staffing to support surge / triage
- ED Escalation Policy
- ED Standing Operating Procedure for review of patients waiting in ambulances

# Reduce crowding in A&E departments and target the longest waits in ED

- Workforce – Adequate nursing workforce to maintain safety and quality care
- Streaming Audit – 15<sup>th</sup> September 2022
- Criteria to Admit Audit – 22<sup>nd</sup> September 2022
- Additional Post Take Consultant
- Crisis Response Inreach
- Review of GP Out Of Hour's and Acute Visiting Service
- Escalation Capacity (44 beds already open)

# Reduce hospital occupancy / Ensure timely discharge

- Ward / Board round principles – Test for Change planned for October
- Home First
- Transfer of Care Hub (Occupational Therapy funded post & Connected Community Coordination)
- Frailty @ the front door – Test for Change planned for October
- Virtual Wards
- Urgent Community Response
- Review of Step Up Capacity and Provision at Aston
- Point Prevalence Study

# Provide better support for people at home

- Monitoring/support of patients via community wards – crisis, rehabilitation, complex and end of life
- Monitoring/support of patients via step-up to speciality advice for frailty and COPD patients using virtual ward approach.
- Pathway 2 weekly multi-disciplinary team reviews of patients in community beds
- Continued development of transfer of care hub to target home care support appropriately, including expertise of occupational therapist

# Mid Cheshire Hospitals NHS Foundation Trust – Assurance Check List 30/09/22 ‘Good Practice Basics’



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26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	Yes
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28	GIRFT data should be used to effectively plan against demand and capacity	Partial
	<b>Emergency Department IT</b>	
29	ED system in place to enable patient flow against national standards	Yes

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47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes



# Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge

Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
1	Identify patients needing complex discharge support early	Optimal Flow	Evidence of delay in relaying patient needs to the IDT	Training needed about when to activate IDT and how to decide what pathway a patient is on	Training needs analysis is incorporated into the length of stay plan, link to DOG workstreams continue to report via Optimal flow and UEC
2	Ensure multidisciplinary engagement in early discharge plan	Optimal Flow	Variation in approach currently on wards some have MDTs other Huddles. Recent changes in pathways for discharge still need embedding	No standard approach Training needed across the MDT regarding the pathways	Incorporated into the ward process work proposed in the LOS plan. This work will work alongside wards to co design a standard approach for discharge planning.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	Optimal Flow	Baseline audit to be conducted as part of CLD work		Await findings but likely will need to form part of ward-based work under LOS plan
4	Ensuring consistency of process, personnel and documentation in ward rounds	Optimal flow	Ward round frequency and construct currently varied	No standard approach	Potentially could be added to the CLD and ward level work would need to link to the wards overall process for managing flow.
5	Apply seven-day working to enable discharge of patients during weekends	N/A	7 day working is not embedded across all clinical and non clinical support services	No standard approach	Out of scope for UEC
6	Treat delayed discharge as a potential harm event		Not currently in a scope of a work stream	No standard approach	Currently out of scope although the possibility is being explored with the Quality Governance team.
7	Streamline operation of transfer of care hubs	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Established links with third sector and looking to build links with wider sector such as housing Mapped out triage process to identify areas for improvement and streamline where possible (out of area referrals, completion of STTF, safeguarding process, daily 1pm MDT meetings). Benchmarking undertaken against ToCH Good Practice guide	Not all stakeholders fully aware of the pathways and processes to access the hub	Reviewing roles and responsibilities within the hub Developing directory of services for the hub, outline of offer, key contacts and referral routes Pathway processes (1, 2 & 3) are being reviewed, streamlined and clearly defined to ensure they can be easily understood and followed by staff Standardising processes across East and West i.e., accessing care and accessing brokerage

## Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge (Continued)

Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
8	Develop demand/capacity modelling for local and community systems	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Acute and Community Gateway used to monitor demand and bed availability in the community. Brokerage dashboard developed and is being reviewed on a fortnightly basis for people going into short term nursing or residential placements		Additional reports will be accessible from the end of August 2022, which will allow closer monitoring of the outcomes and associated with D2A Linking in with a wider piece of work being undertaken around demand/capacity modelling at place level Capacity and utilisation of D2A beds in the community currently being reviewed
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Workforce capacity will be better understood following the Home First trial and once the demand/capacity modelling is complete		Looking at therapy offer in each of the pathway 2 settings
10	Revise intermediate care strategies to optimise recovery and rehabilitation.	Transfer of Care hubs/ Pathway 2	Planning to trial a Home First model of D2A with Ward 19 (end of July), in collaboration with British Red Cross. This will help to inform future strategies to optimise recovery and rehab.	Not currently in project plan	Incorporate into UEC or DOG workstream



The plan is intended to provide additional resilience in the hospital system to support an increase in demand on urgent and emergency care services and to also recognise and respond to the operational context described above. The plan recognises, however, that the level of operational resilience required is likely unachievable, due to financial, workforce and other constraints. It is important therefore that the plan is ambitious but deliverable. The focus of the plan and the funding available is therefore around improving flow and discharge.

The full plan is available via the following link

<https://westcheshireway.glasscubes.com/share/s/j1a51i39u31s7vug79bui62385>

The UEC pressures faced by the Trust over the coming months are likely to continue to test the resilience of services and our staff. To ensure the organisation is as prepared as it possibly can be, the Trust has developed a winter surge plan. The key components of the plan are summarised in the below table.

Bed based capacity	<b>Ward 9</b> – repurpose the orthopaedic ward to a medical ward with 18 beds
	Open <b>James Cross Unit (JCU)</b> with 8-12 beds
	Open <b>Ward 24</b> with 11 beds for either medical patients or to continue with the delivery of the orthopaedic elective programme. Operational pressures will determine which option is enacted.
	<b>Critical Care (4-7 beds)</b>
	The unit already has physical capacity to escalate from the baseline 11 to 18 beds. The staffing and costs of these escalation beds have not been factored into the plan – see below.
	Points to note:
	<ul style="list-style-type: none"> <li>• The plan assumes that the current bed capacity including the escalation beds remain open throughout winter, the financial consequences of which are already factored into the Trust’s financial plan.</li> <li>• This plan is based on additionality not already operational and open</li> <li>• The modelling described above requires a maximum of an additional 56 beds.</li> <li>• The winter plan identified a maximum of 41 additional beds, exc. critical care but would result in a significant impact on the orthopaedic elective programme however it would protect the urgent/cancer elective programme.</li> </ul>



CCICP	<b>GNA / Domiciliary Care</b> Additional funding of £281k for between 8-10 WTE staff for the General Nursing Assistants (Service).
	<b>Virtual Ward</b> Current bid for System money for an additional 44 beds at a cost of £1.4m. A system decision of funding this capacity is still awaited.
	<b>Complex Patients / Long Length of Stay (LOS) Review</b> Additional LOS Coordinator and Discharge coordinator to review all patients who are 'Not Ready for Discharge', with a LOS over 14 days, to ensure timely progression of care plans. Cost £86k.
Hospital Services (Non-Bed-Based Services)	<b>Discharge Lounge</b> Mon-Fri service to create bed capacity earlier in the day, by supporting the progression of discharge plans for patients in a separate location.
	<b>Paediatric Nursing</b> Additional Registered Nurse on nights to support acuity increases in winter.
	<b>Transport Extra Discharge Vehicles</b> Additional daytime (Mon-Fri) vehicle to reduce delays of patients awaiting discharge
	<b>Additional Out of Hours Site Support</b> Additional SMOC or CSM during the evenings and at weekends to support the management of the site and staff issues.
	<b>Pharmacist Support</b> Additional pharmacy support in ED and on AMU to support more timely discharges in these areas.
	<b>Therapy Support</b> Additional therapy support on the core wards and to support flow via a Discharge to Assess model.
	<b>Trust Wide Discharge Coordinators</b> Additional staff to support the progression of discharge plans for patients on core wards covering weekends and annual leave/ sickness.
	<b>Additional Transfer Team</b> To support patient moves later in the day to support flow of DTA patients out of the Emergency Department.
Elective service resilience	<b>Orthopaedic Elective Inpatient Service (Ward 24)</b> The capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March.



<b>Staff Health &amp; Wellbeing</b>	<p>The organisation has provided a significant amount of health and wellbeing support to staff over the last 2-3 years during Covid-19. Most of the support, along with additional offers, will continue to be available as the Trust considers the health and wellbeing of staff a priority. The support being provided can be categorised in to four buckets:</p> <ul style="list-style-type: none"> <li>• Psychological wellbeing</li> <li>• Social wellbeing</li> <li>• Physical wellbeing</li> <li>• Financial wellbeing</li> <li>• The Trust will continue, especially throughout the winter, listen to staff about what further we could offer to support them from a health and wellbeing perspective.</li> </ul>
<b>Vaccination</b>	<p>1. The vaccination of our workforce and eligible patients will be a key undertaking to provide greater resilience and protection to people during the winter. The vaccination of staff is underway, and the ambition is to provide most staff (&gt;90%) with the Covid-19 booster vaccination and 70-90% off staff with the flu vaccination. This will protect staff and keep them well.</p>
<b>Cheshire West and Cheshire East PLACE Plan</b>	<p>The Trust has engaged with the development of the wider PLACE winter plan to increase and provide greater operational capacity and resilience across the full breadth of care services, particularly out of hospital services. At the time of writing this paper, the winter plan for Cheshire West PLACE and Cheshire EAST PLACE was not available.</p>
<b>COVID-19</b>	<p>The organisation will need to adopt an agile approach to planning for Covid-19 and will need to adapt plans based on circumstances at the time of any spikes or future waves. The Trust will continue to comply with relevant IPC guidelines including the ongoing separation of suspected symptomatic patients that attend ED and will continue to test only symptomatic patients in line with national guidelines. The Trust will continue to implement national guidance in relation to the management of Covid-19 and take a risk-based approach to decision making to keep both patients and staff safe during spikes in Covid-19. To protect staff and prevent the spread of Covid-19 in hospital, the Trust has already made the decision that patients and staff will be expected to wear a facemask in all clinical areas until March 2023.</p>



- ✓ The North West Ambulance NHS Trust (Nwas) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The link to Strategic Winter plan is included below

[North West Ambulance Service - Strategic Winter Plan 2022 v2](#)

# Non Emergency Patient Transport Service

## In Hours

- Non means tested, eligibility criteria dependent on medical requirement
- **Winter Plan due October**
- prioritise patient discharges
- Increased support around bank holidays



**Out of Hours – Details of transport Services organised by  
East Cheshire Trust  
Mid Cheshire Hospital NHS Foundation Trust**

## Mental Health

- Cheshire and Wirral Partnership NHS Foundation Trust commissioned Independent Support Living (ISL) contract in place in reach support to mental health patients in A&E
- ICB funded secure transport - utilise Response 365 to ensure quality & value

# Falls Prevention

Working together to reduce falls, promote independence and reduce the number of admissions into hospital will be supported by the following:

Falls Pick Up Service delivered by Rosscare / Millbrook who provide a falls pick up service 24/7 through the assistive technology contract.

One You Cheshire East stand strong classes: 26 week strength and balance training programme to improve strength, balance and mobility.

Urgent Community Response: The Urgent Community Response services provided by Central Cheshire Integrated Care Partnership and East Cheshire Hospitals NHS Trust operate 12 hours a day, 7 days a week, is a multidisciplinary service which responds to falls within 2 hours of referrals.

Falls Prevention Specialist Therapists: Two integrated falls prevention specialist therapists who will operate across Cheshire who will provide falls prevention specialist care in the community and including clinic settings.

Assistive Technology and Community Equipment inclusive of falls sensors and detectors that link to a monitoring centre that will raise alerts to a carer or monitoring centres



## Independent Care Providers Support Mechanisms

- ✓ Maximising Flu & COVID-19 vaccinations amongst residents and staff (monitored by national capacity tracker)
- ✓ Flu outbreak preparations and support via Infection Prevention control and Public Health
- ✓ Mutual aid calls for care at home and care homes
- ✓ React to red (pressure ulcer) Webinar
- ✓ Capacity Tracker training offered to all Care Homes
- ✓ Care Homes who have highest hospital admissions, a targeted review and additional support package being worked up
- ✓ Working Group to increase weekend discharges into care homes and wrap around support
- ✓ Public Health and Cheshire Infection Prevention & Control guidance in place to support discharges into Care Homes
- ✓ Enhanced Health in Care Homes programme of work underway
- ✓ Urgent Community Response
- ✓ Cheshire Infection Prevention Control Winter webinar for Care Homes
- ✓ End of Life Partnership training

# Indicative C&M Winter Planning Timeline

When	What	Who
24 August	Convene inaugural winter plan operational group (WPOG) to develop and oversee production of local and system winter plans, based on local and national objectives and areas of focus, and informed by national winter letter issued 12/08 (frequency weekly)	Anthony Middleton
29 August	ICB to feed into regional return on 29/08 on progress on delivery of additional capacity plans (c. £15m for C&M)	Anthony Middleton
14 September	C&M ICB Winter Planning Event, with a focus on: <ul style="list-style-type: none"> <li>• Touch point for sharing learning and best practice</li> <li>• Place led review of self assessments against local and national criteria</li> <li>• Identification of key risks and areas of focus for mitigating actions</li> </ul>	Hosted (clinically led) and facilitated by ICB Places
Mid-Late September	Continued development of winter plans based on self assessments and learning from C&M event	WPOG
Late September	NW regional winter event, date TBC	NW Regional UEC Team
<b>w/c 26 September</b>	<b>Return of Operational Self-Assessment Good Practice Checklist</b> <b>First return of national tracker against winter assurance framework, monthly thereafter</b>	<b>Anthony Middleton</b>
29 <sup>th</sup> September	National UEC system flow event around winter preparation. North-based event will be held on Thursday 29th September in Manchester.	WPOG members and other relevant leads as identified
29 <sup>th</sup> September	Update to ICB Board if required	Anthony Middleton, Chris Douglas, Rowan Pritchard- Jones
October	Continued development of winter plans Engage with national/regional assurance process, timelines and outputs TBC	WPOG, NW Regional UEC Team, relevant systems
November	<b>Full implementation of winter plans</b> <b>Winter room arrangements stepped up to seven days no later than 01/12/2022</b>	All

## 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/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/37/2022-23	23 January 2023	Social Care Reform Update	To receive an update on Social Care Reform	Executive Director for Adults, Health and Integration	N/A	N	Y	A council which empowers and cares about people	N
AH/07/2022-23	23 January 2023	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/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	Second Financial Review Report.	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/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-	27 March	Social Care Reform	To receive an update on Social	Executive Director for	N/A	N	Y	A council which	N

23	2023	Update	Care Reform	Adults, Health and Integration				empowers and cares about people	
AH/11/2022-23	27 March 2023	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
TBC	Sept 23	A review of the Learning Disability Conference initiatives	TBC	Director of Adult Social Care	TBC	TBC	TBC	TBC	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
TBC	TBC	Fair Cost of Care	TBC	Director of Commissioning	TBC	TBC	TBC	A council which empowers and cares about people	TBC
AH/06/2022-23	TBC (moved from Nov cttee)	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/23/2022-23	TBC (moved from Jan 23)	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

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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