

Adults and Health Committee

Agenda

Date: Monday, 27th March, 2023
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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

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

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

1. **Apologies for Absence**

To note any apologies for absence from Members.

2. **Declarations of Interest**

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

3. **Minutes of Previous Meeting** (Pages 5 - 12)

To approve as a correct record the minutes of the previous meeting held on 23 January 2023.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

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

4. **Public Speaking/Open Session**

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

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

5. **2022/23 Financial Update** (Pages 13 - 42)

To receive the financial update for the year 2022/23.

6. **Progress Report for All Age Carers Strategy 2021 - 2025** (Pages 43 - 156)

To receive an update on progress in delivering the Cheshire East All Age Carers Strategy since presenting the strategy to committee in March 2021.

7. **Market Sustainability Plan and approach to care fees** (Pages 157 - 196)

To consider a report which seeks approval for Cheshire East Council's Market Sustainability Plan for onward submission to the Department of Health and Social Care (DHSC) and publication on the Council's website.

8. **Scorecard Q3** (Pages 197 - 202)

To consider the key performance indicators/measures from Quarter 3, 2022/23.

9. **Local Safeguarding Adults Board Annual Report 2021/22** (Pages 203 - 222)

To receive the 2020/21 Annual Report of the Local Safeguarding Adults Board.

10. **Safer Cheshire East Partnership Annual Report (2022-23)** (Pages 223 - 250)

To receive the Safer Cheshire East Partnership Annual Report 2022-23.

11. **Gypsy, Roma, Traveller Report: Update on progress** (Pages 251 - 282)

To receive a report on the progress of the Council and its partner organisations in addressing the inequalities experienced by the Gypsy, Roma and Traveller communities within the borough.

12. **Minutes of Sub-Committee** (Pages 283 - 290)

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

Cheshire East Health and Wellbeing Board – 29 November 2022

13. **Work Programme** (Pages 291 - 292)

To consider the Work Programme and determine any required amendments.

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

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 23rd January, 2023 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

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

OFFICERS IN ATTENDANCE

Roisin Beressi, Principal Lawyer (Adults & Education)
Jill Broomhall, Director of Adult Social Care
Shelley Brough, Head of Integrated Commissioning/Acting Director of
Commissioning and Integration
Dan Coyne, Head of Service, Communities and Integration
Helen Charlesworth-May, Executive Director, Adults, Health and Integration
Stephen Kelly, Senior Communications Officer
Patrick Rhoden, Lead Finance Business Partner
Karen Shuker, Democratic Services Officer
Joanne Sutton, Acting Head of Integrated Commissioning
Rod Thomson, Public Health Consultant
Nichola Thompson, Director of Commissioning & Integration

49 APOLOGIES FOR ABSENCE

The Chair referred to the recent sad death of Councillor Steve Carter.
There was a minute's silent reflection in tribute.

Apologies for absence were received from Councillor S Gardiner,
Councillor B Evans and Councillor D Murphy.

Councillors L Wardlaw and D Edwardes attended as substitutes.

50 DECLARATIONS OF INTEREST

In the interest of openness, Councillor L Wardlaw declared that she was
the Chair of the Scrutiny Committee and had sought advice before
attending the Committee meeting.

51 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 21 November 2022 be approved as a correct record.

52 PUBLIC SPEAKING/OPEN SESSION

Charlotte Peters-Rock attended the Committee and spoke in respect of the Stanley Centre, Knutsford. The potential impact that any closure of this Centre would have on the community was outlined. The Committee were asked to protect its disabled residents and friends by ensuring that the Stanley Centre remains open for use.

The Chair advised that, should the proposal be accepted by the Corporate Policy Committee and Full Council, there would be a full consultation process.

53 MEDIUM-TERM FINANCIAL STRATEGY 2023-27 CONSULTATION

The Committee received a report on the Medium-Term Financial Strategy (MTFS) for 2023-2027 and the revenue and capital proposals contained within the MTFS relating to the Committee's responsibilities. As part of the consultation process the Committee was asked to provide comments and feedback to the Corporate Policy Committee on proposals related to the responsibilities of the committee.

The following comments were raised by Committee:

- *Proposal 8 Home First Strategy: Increased Care Home capacity* – Members raised concerns around the proposal to maximise the use of block booked beds and the potential impact this would have on relationships with care home providers, sustainability of the care market and carers.
- *Proposal 10: Learning Disabilities Future Service Development and Review* – Members raised concerns around the ability to achieve the savings associated with this proposal. Reassurance was sought that Cheshire East would not pick up any additional costs as a result of working in partnership with health colleagues on shared Continuing Health Care (CHC) funding.

Councillor Clowes referred to the capital addendum items put forward in 2020 which proposed to use Mountview and Bexton Court for the purpose of delivering extra care with the view of establishing improved facilities to incorporate Stanley House on the ground floor of that new facility. Councillor Clowes requested that those capital addendums, which were previously budgeted

for (Addendum items could be released by the portfolio holder and Chief Financial Officer subject to an appropriate business case, demonstrating how the proposals would be funded), were explored as an alternative to the full closure of Stanley House.

It was agreed that a written response would be provided by the Director of Adult Social Care to members in respect of Mountview and Bexton House.

- *Proposal 16: Direct Payment – Audit Recoveries* – Members felt that the £750k saving associated with this proposal was ambitious and may not be achievable.

It was agreed that a written response would be provided by the Executive Director of Adult, Health, and Integration in respect of the concerns raised by Councillor Clowes that people may not be receiving the right support and guidance on using their direct payments.

- *Proposal 20: Building Based Short Breaks* – Members raised concerns around the potential closure of buildings and the impact this would have on those being discharged from hospital. Members asked what could be delivered better and what could make the facilities used to their full potential and service their communities better. Councillor Clowes asked if it would be better to reconsider block booked contracts in the context of Learning Disabilities rather than close the facility. It was requested that consideration was given to expanding the role of the Shared Lives initiative.
- *Proposal 21: Adults and Health Non-Essential Commissioning/Contracts* – Members requested reassurance that the services that would not be renewed would not impact negatively on the organisations that would be relied upon to deliver other elements of the budget proposals.
- *Proposal 22: Building Based Day Services* – Councillor Clowes requested that this item be incorporated with earlier suggestions regarding Bexton Court and potential capital addendums.
- *Proposal 23: Day Care Review* – it was suggested that further consideration was given to this proposal to ensure that 1) the savings are not at the expense of further isolating elderly recipients and 2) that carers receive the right support. It was proposed that community hubs are explored further.

RESOLVED:-

1. That the Committee notes:-

1. The year-end forecast outturn position for 2022/23 as set out in Appendix 1 of the report.
 2. The financial context and proposals contained within the Executive Summary of the Medium-Term Financial Strategy (as set out in the MFTS report at Annex C, Section 1).
 3. The Revenue Grant Funding as set out in Appendix 4 to the report
 4. the Earmarked Reserves, as set out in Appendix 5 to the report
- 2 The Committee feedback be noted on the proposals within the MTFS, as related to the Committee's responsibilities, that can support and advise full Council in fulfilling its responsibilities to approve a balanced budget for 2023/23 in the following areas:
1. Revenue Proposals, as detailed in Appendix 2 to the report
 2. Capital Programme, as detailed in Appendix 3 to the report.

Councillor D Edwardes left the meeting and did not return.

54 LOCAL COST OF CARE

The Committee considered a report which set out the work that Cheshire East Council had undertaken to meet the Government's policy requirements on its position on market sustainability for providers of registered residential and nursing care for people 65+ and for registered domiciliary care for people over 18. Permission was sought to publish the outcome of that work in a report on the local cost of care, in line with Department of Health and Social Care (DHSC) requirements.

A question was raised in respect of the wording of recommendation 3.1 of the report. It was clarified by the Executive Director of Adults, Health, and Integration that recommendation 3.1 should read as

"Approve the publication of the cost of care reports attached at Appendices A and B of the report on the Council's website and submitted to DHSC".

The Committee thanked the team for their work in undertaking the exercise.

RESOLVED (Unanimously)

That the Adults and Health Committee:-

1. Approved the publication of the cost of care reports attached at Appendices A and B of the report on the Council's website and submission to DHSC.
2. Noted that a further report would be brought to Adults and Health Committee in March 2023 for approval of the final Market Sustainability Plan which would be informed by the cost of care findings and take account of the approved budget.
3. Noted the level of risk associated with the funding shortfall between the local Cost of Care and the confirmed and estimated level of Market Sustainability Fund allocations and the mitigating factors as set out in 8.6 of the report.
4. Delegated authority to the Executive Director of Adults, Health and Integration to make any changes to the report resulting from DHSC feedback prior to its publication on the Council's website.

55 CHESHIRE EAST PLACE DEMENTIA PLAN 2023 - 2027

The Committee considered a report which provided an update on the final version of the Cheshire East Place Dementia Plan. The engagement and co-production of the plan had continued since the draft version of the plan had been brought to Committee in January 2022.

Several gaps and issues had been identified in the plan and following the consultation process the draft plan had been amended. A positive proposal resulting from the consultation process was the training of Cheshire East Council staff and members. Those who had attended had found the training useful and informative.

Members raised concerns that the wording on page 14 of the Cheshire East Place Dementia Plan conferred blame, that if you got dementia it was due to the lifestyle factors listed. Officers confirmed that they would review the wording following members comments to ensure it was more user friendly.

Officers agreed that the revised plan would be circulated to committee members, and the fully costed implementation plan would come back to a future committee.

RESOLVED (Unanimously)

That the plan be adopted as the final version subject to the amendments outlined above.

56 ADULT SOCIAL CARE PERFORMANCE SCORECARD - QUARTER 2 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 2 of 2022/23.

It was reported that there continued to be some data issues in respect of Telecare numbers, and these were being addressed.

RESOLVED:

That the report be noted.

The Committee adjourned for a short break

57 NOTICE OF MOTION: COST OF LIVING

The Committee considered the report on the Notice of Motion relating to the Cost-of-Living Crisis which was proposed by Councillor Clowes and seconded by Councillor Tony Dean at the Full Council meeting on the 19th October 2022. The report outlined the Council's approach to the Cost-of-Living Crisis and the interventions that were underway. A further report around impact of interventions would be presented back to Committee at a later date.

The Committee had a full discussion on the matter and noted the content of the report. It was moved and seconded to accept the Notice of Motion in part, specifically the resolutions outlined on page 167 of the report.

The Committee thanked Dan Coyne and his team for all their hard work.

RESOLVED: (Unanimously) That:-

The committee acknowledged the work done to date by officers on the cost-of-living crisis, including:

- (1) The approach taken by Cheshire East Council (the Council)
- (2) How the Council have increased their reach
- (3) How the Council are monitoring the immediate increase in need
- (4) The interventions introduced and;
- (5) How the Council are the monitoring the impact the cost-of-living crisis is having going forward

RESOLVED: (By Majority) That:-

Cheshire East Council:

1. Work with the Government to ensure that it delivers the much-appreciated support to the residents of Cheshire East as quickly as possible.
2. Proactively identify those most in need of support in Cheshire East and ensure that they access all the Government support for which they are eligible.
3. Identify further local opportunities in Cheshire East for energy generation to help increase the supply of energy to further aid the long-term lowering of prices, support the Government's aim of domestic energy security and create local jobs.

58 **WORK PROGRAMME**

The Executive Director of Adults, Health and integration assured the committee that all forward business had been reviewed to ensure that anything that required a decision before the May elections would come to the March Committee. There would be further revisions made to the work programme once the budget had been finalised.

Following questions raised by Members officers reported that:

- The Market Sustainability Plan as part of the Local Cost of Care would be coming to the March committee.
- A date to bring back the evaluation of the 2022/23 Winter Plan would be confirmed.
- The learning Disability and Mental Health strategy was already underway so when it is reviewed by Committee there could be discussion in respect of the constituent elements of it to ensure transparency.

Following a suggestion by Councillor Kolker to establish a task and finish group in respect of the impact of the buildings closure it was reported that following the budget meeting in February there would be a full consultation process. This would include direct engagement with those individuals who use the services and ward councillors. This would be brought back as part of a report to committee if it was required.

RESOLVED:-

That the Work Programme be noted.

59 MINUTES OF SUB-COMMITTEE

RESOLVED:-

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

The meeting commenced at 10.00 am and concluded at 12.18 pm

Councillor J Rhodes (Chair)



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	27 March 2023
Report Title:	2022/23 Financial Update
Report of:	Alex Thompson, Director of Finance and Customer Services (Section 151 Officer)
Report Reference No:	AH/25/2022-23
Ward(s) Affected:	Not Applicable

1. Recommendations

That Adults and Health Committee:

- 1.1. Notes the report of the Finance Sub-Committee ([Agenda for Finance Sub-Committee on Wednesday, 8th March, 2023, 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 the delegated decisions relating to supplementary revenue estimates for specific grants coded directly to services in accordance with Financial Procedure Rules as detailed in **Appendix 1, Section 2, Table 3.**
- 1.2. Notes Appendix 1 and the following sections specific to this Committee:
 - Changes to Revenue budget 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) alex.thompson@cheshireeast.gov.uk
Appendices:	Finance Sub Committee 2022-23 Financial Update which includes: Covering Report Annex 1: Appendix 1 Adults and Health Committee.
Background Papers:	Medium-Term Financial Strategy 2022-26 First Financial Review, Item No.14 Financial Review 2022/23, Item No. 5 Financial Review Update 2022/23, Item No. 52 Medium-Term Financial Strategy 2023-27



Working for a brighter future together

Finance Sub-Committee

Date of Meeting:	8 March 2022
Report Title:	2022/23 Financial Update
Report of:	Alex Thompson: Director of Finance and Customer Services
Report Reference No:	AH/25/2022-23
Ward(s) Affected:	Not applicable

1. Purpose of Report

- 1.1. The report provides Members with an update on financial management for the year 2022/23.
- 1.2. The in-year forecasts remain the same as reported to the Finance Sub-Committee on 19 January 2023 as part of the draft Medium-Term Financial Strategy 2023-27, which was subsequently presented to Corporate Policy Committee on 9 February, and Council on 22 February 2023.
- 1.3. This report includes requests for formal approvals of various matters, including fully funded supplementary budgets, as required in line with the Constitution.
- 1.4. Members are being asked to note the on-going serious financial challenges being experienced by the Council, due to global/ national economic circumstances which are raising prices and demand for services, and where local needs are becoming increasingly complex.
- 1.5. Mitigating activity continues, to minimise the impact on services and the outturn position.
- 1.6. Reporting the financial forecast outturn 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 being an open and enabling organisation, and ensuring that there is transparency in all aspects of Council decision making.

2. Executive Summary

- 2.1.** The Council aims to operate a financial cycle of planning, monitoring and reporting. This update is part of the monitoring cycle providing the forecast outturn position and any impacts on planning for next year's budget. The issues raised in this report are also seriously impacting on the planning cycle of the Council.
- 2.2.** 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.
- 2.3.** 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.
- 2.4.** The provisional financial outturn for 2021/22 was reported in July 2022 and recognised emerging pressure within the final quarter of the year up to 31 March 2022. This was particularly linked to 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.
- 2.5.** National increasing inflation during 2022/23 is having a significant impact on the cost of Council services as well as on the cost of living for local residents.
- 2.6.** The Council's Medium Term Financial Strategy recognises that the Council has relatively low levels of reserves as funding is instead utilised to manage ongoing service demand. This means mitigation of spending pressures must come from a combination of activities, such as:
 - 2.6.1.** Additional use of grants and balances: Covid-19 grants to be fully utilised alongside appropriate application of Public Health Grants; integrated use of grants with Health Partners; drawing down from MTFS Reserve, General Reserves and specific service and company reserves where practical. Flexible use of capital receipts has also been reviewed, allowing eligible one-off revenue transformation expenditure by services to be funded from the proceeds of asset sales, in accordance with regulations.
 - 2.6.2.** Further efficiencies and income generation: Services are limiting all non-essential spending requirements; efficiencies will be sought beyond the current MTFS; project spending will be delayed where this is cost effective; charging will be reviewed to ensure discretionary services are properly funded.
- 2.7.** The report sets out details of the latest Financial Review of the Council's forecast financial performance for 2022/23:

Annex 1: 2022/23 Financial Update

- **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.

3. Recommendations

Finance Sub-Committee is asked to:

- 3.1.** Note the forecast adverse Net Revenue financial pressure of £7.7m against a revised budget of £328.3m, as previously reported to Finance Sub-Committee on 19 January 2023
- 3.2.** Note the forecast Capital Spending of £125.2m against an approved MTFS budget £185.2m.
- 3.3.** Note the contents of Annex 1 and each of the appendices.
- 3.4.** 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 6 Finance Sub-Committee, Section 3 Corporate Grants Register, Table 3.**
- 3.5.** Approve the drawdown from MTFS reserve for transport detailed in **Appendix 6, Section 5.**
- 3.6.** Note that Council will be asked to approve:
 - 3.6.1.** 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 1, Section 2 Corporate Grants Register, Table 2, Appendix 2, Section 2 Corporate Grants Register, Table 2 and Appendix 3, Section 2 Corporate Grants Register, Table 2.**
- 3.7.** Recommend to Service Committees to:
 - 3.7.1.** Note the financial update and forecast outturn relevant to their terms of reference.

- 3.7.2. Note the delegated decisions relating to supplementary revenue estimates for specific grants coded directly to services in accordance with Financial Procedure Rules as detailed in **Section 2 of each Committee Appendix**.

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.
- 4.5. Financial plans are predicated on robust estimates and supported by adequate reserves. The issues raised in this report present significant challenges to this assessment due to ongoing uncertainty about costs, achievement of actions and use of reserves. It is therefore important for ongoing effort to be put into achievement of the Action Plans and associated financial targets.

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

2022/23	Revised Budget	Forecast Outturn	Forecast Variance	Change since Second Review
(GROSS Revenue Budget £474.2m)	(NET) £m	£m	£m	£m
Service Committee				
Adults and Health	121.1	130.0	8.9	0.0
Children and Families	74.2	77.7	3.5	(0.5)
Corporate Policy	40.6	41.0	0.4	(0.0)
Economy and Growth	23.6	22.8	(0.8)	(1.0)
Environment and Communities	44.4	47.3	2.9	1.2
Highways and Transport	13.8	13.6	(0.2)	(0.7)
Sub-Committee				
Finance Sub	(317.7)	(324.7)	(7.0)	-
TOTAL	-	7.7	7.7	(1.0)

- 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 £328.3m, shows a potential net expenditure of £336.0m. This position is despite significant and challenging mitigation work by staff. All staff were issued with information on spending controls, with ongoing communication planned on this topic.
- 6.6.** In December a forecast outturn of £8.7m net overspend was reported at the Corporate Policy Committee. The make-up of the changes in the forecast position to £7.7m is outlined in the following paragraphs:
- 6.6.1.** Increased care commitments within Adults, Health and Integration are being offset by further income, for example, from direct payment reimbursements and external grants (no change).

- 6.6.2. Children and Families Directorate (-£0.5m) - Additional costs of home to school transport from increasing SEND demand, fuel costs and contract costs offset by charging additional amounts to transformation costs to capital receipts and additional underspending in Strong Start from holding vacancies. This forecast assumes that £1.6m of resettlement funding can be applied to costs incurred in 2022/23 and that piece of work is ongoing. Pressure remains on the DSG high needs block as a result of the growth in the number of pupils with an education, health and care plan. The Council holds an unusable reserve to manage DSG balances without impacting on the Council's General Reserves. The balance on the DSG reserve is forecast to be £45.6m deficit at 31 March 2023. That position is under review and may be under additional pressure.
- 6.6.3. Environment and Neighbourhood Services (£1.1m) - Company pay pressures of £1.4m are partially offset by a number of vacancies within the Planning service which will not be filled before the year end -£0.2m and lower waste tonnage and premises costs.
- 6.6.4. Growth and Enterprise (-£0.9m) - Cost reduction in Estates of £0.3m due to deferral of some non-essential maintenance work. £0.4m due to release of reserve for the ELENA project and £0.2m grant received relating to Reopening High Streets Safely.
- 6.6.5. Highways and Infrastructure (-£0.7m) - Improved position due to continuing high levels of income which is contributing a further £0.5m in 2022/23, costs of the RJ contract are predicted to be £0.2m lower than budget.
- 6.6.6. Increase in the forecast overspend within the Transactional Service Centre due to additional temporary staff in recruitment and pay, external consultants costs (Agylisis), and additional Governance & Support staff costs. Fall in the underspend being forecast by Customer Services due to test & trace final grant income no longer being received, and back pay costs for staff regrades in the newly formed continuous improvements team (£0.4m).
- 6.6.7. Confirmation of new burdens funding within the Elections Service and lower than previously forecast electoral registrations costs (-£0.2m).
- 6.6.8. Improvement within ICT due to the use of capital reserve for laptop replacement and an improved revenue contracts forecast decreasing the ICT Strategy overspend (-£0.2m).
- 6.6.9. No change in forecast for Central Budgets.
- 6.7.** General Reserve balances are risk assessed and it was highlighted in the MTFS that emerging risks such as inflation and particularly the DSG deficit, have no alternative funding. To address the issue of emerging financial pressure senior officers set up Action Plans, which continued to be

developed to identify activities required to bring spending back in line with the MTFS. Actions may be required in-year to provide financial stability for future years. Such decisions will be appropriately governed and communicated ensuring relevant consultation and impact assessments are addressed.

- 6.8. There is a clear ambition for each Committee to achieve spending in-line with the approved MTFS for all years. 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.
- 6.9. 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.

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. Financial plans are predicated on robust estimates and supported by adequate reserves. The issues raised in this report present significant challenges to this assessment due to ongoing uncertainty about costs, achievement of actions and use of reserves. It is therefore important for ongoing effort to be put into the achievement of the Action Plans and associated financial targets.
- 8.2.3. 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.
- 8.2.4. 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.
- 8.2.5. 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.
- 8.2.6. Forecasts contained within this update provided important information in the process of developing the Medium-Term Financial Strategy. Analysis of variances during the year identified 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. In setting the 2022/23 budget, an Equality Impact Assessment was prepared to show that proposals included positive and negative impacts in headline terms. Any equality implications that arise from activities funded by the budgets will be dealt within the individual reports to Members or Officer Decision Records to which they relate. These will be reviewed, as appropriate in the light of the mitigation actions referred to in this report.

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.

Access to Information	
Contact Officer:	<p>Alex Thompson</p> <p>Director of Finance and Customer Services (Section 151 Officer)</p> <p>alex.thompson@cheshireeast.gov.uk</p> <p>01270 685876</p>
Appendices:	<p>Annex 1 including:</p> <p>Section 1 provides information on the overall financial stability and resilience of the Council. Further details are contained in the appendices.</p> <p>Appendix 1 Adults and Health Committee.</p> <p>Appendix 2 Children and Families Committee.</p> <p>Appendix 3 Corporate Policy Committee.</p> <p>Appendix 4 Economy and Growth Committee.</p> <p>Appendix 5 Environment and Communities Committee.</p> <p>Appendix 6 Finance Sub-Committee.</p> <p>Appendix 7 Highways and Transport Committee.</p>
Background Papers:	<p>The following are links to key background documents:</p> <p>Medium-Term Financial Strategy 2022-26</p> <p>First Financial Review, Item No.14</p> <p>Financial Review 2022/23, Item No. 5</p> <p>Financial Review Update 2022/23, Item No. 52</p> <p>Medium-Term Financial Strategy 2023-27</p>



2022/23 Financial Update

March 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:

RandC@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 £336.0m against a net revenue budget of £328.3m, 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. Early in the year forecasts highlighted pressures due to demand, inflation and pay negotiations. The pressures affecting the medium term finances of the Council have been addressed 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 seven 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.

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	
Adults, Health and Integration	121.1
Children's Services	74.2
Place	81.8
Corporate Services	40.6
CENTRAL BUDGETS	
Capital Financing	19.0
Transfer to/(from) Earmarked Reserves	(3.2)
Transfer from MTFS Earmarked Reserve	-
Corporate Contributions / Central Budgets	(5.2)
TOTAL NET EXPENDITURE	328.3
Business Rates Retention Scheme	(49.1)
Specific Grants	(24.5)
Council Tax	(254.7)
Net Funding	(328.3)
NET (SURPLUS) / DEFICIT	-

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. In December a forecast outturn of £8.7m net overspend was reported at the Corporate Policy Committee (The full report can be found [Agenda for Corporate Policy Committee on Monday, 1 December, 2022, 10.00 am, Item 10 | Cheshire East Council](#)).
4. The outturn position is now forecast to be an overspend of £7.7m due to the following changes since the second review:
 - Increased care commitments, within Adults, Health and Integration, are being offset by income, for example, from direct payment reimbursements and external grants. This results in no net change to the forecast.
 - The Children and Families Directorate forecast has improved by -£0.5m. Additional costs of home to school transport from increasing SEND demand, fuel costs and contract costs is being offset by charging additional amounts to transformation costs to capital receipts and additional underspending in Strong Start from holding vacancies. This forecast assumes that £1.6m of resettlement funding will be applied to costs incurred in 2022/23. Pressure remains on the DSG high needs block as a result of the growth in the number of pupils with an education, health and care plan. The Council holds an unusable reserve to manage DSG balances without impacting on the Council's General Reserves. The balance on the DSG reserve is forecast to be at least £45.6m deficit as at 31 March 2023.
 - Environment and Neighbourhood Services forecast pressures have changed by £1.2m. Environmental services operational costs of £1.3m are partially offset by lower premises costs, and vacancies within the Planning service which will not be filled before the year end.
 - Growth and Enterprise forecast has improved by -£1.0m. Cost reduction in Estates of £0.3m due to deferral of some non-essential maintenance work. £0.5m due to release of reserve for the ELENA project and £0.2m grant received relating to Reopening High Streets Safely.
 - Highways and Infrastructure forecast has improved by -£0.7m. Continuing high levels of income is contributing a further £0.5m in 2022/23, costs of the Ringway Jacobs contract are predicted to be £0.2m lower than budget.
 - Increase in the forecast overspend within the Transactional Service Centre due to additional temporary staff in recruitment and pay, external consultants costs (Agyllis), and additional Governance and Support staff

costs. Fall in the underspend being forecast by Customer Services due to test and trace final grant income no longer being received, and back pay costs for staff regrades in the newly formed Continuous Improvements team (£0.4m).

- Confirmation of new burdens funding within the Elections Service and lower than previously forecast electoral registrations costs (-£0.2m).
 - Improvement within ICT due to the use of capital reserve for laptop replacement and an improved revenue contracts forecast decreasing the ICT Strategy overspend (-£0.2m).
 - No change in forecast for Central Budgets.
5. This forecast may be subject to variation in the final quarter, as budget managers will continue to take robust actions to control costs and reduce non-essential expenditure to improve this position further.
6. Individual pressures identified above are reflected in the MTFS for 2023/24 to 2026/27. Any betterment to the forecast outturn position should be utilised to replenish reserves in line with the priority of the Corporate Plan.

Table 1 - Service Revenue Outturn Forecasts

2022/23	Revised Budget	Forecast Outturn	Forecast Variance
(GROSS Revenue Budget £474.2m)	(NET)		
	£m	£m	£m
SERVICE DIRECTORATES			
Adult Social Care - Operations	117.5	126.1	8.6
Commissioning	3.6	3.9	0.3
Public Health	-	-	-
Adults and Health Committee	121.1	130.0	8.9
Directorate	1.0	0.6	(0.4)
Children's Social Care	47.0	49.5	2.5
Strong Start, Family Help and Integration	7.7	6.0	(1.7)
Education & 14-19 Skills	18.5	21.6	3.1
Children and Families Committee	74.2	77.7	3.5
Directorate	0.8	0.7	(0.1)
Growth & Enterprise	22.8	22.1	(0.7)
Economy and Growth Committee	23.6	22.8	(0.8)
Environment & Neighbourhood Services	44.4	47.3	2.9
Environment and Communities Committee	44.4	47.3	2.9
Highways & Infrastructure	13.8	13.6	(0.2)
Highways and Transport Committee	13.8	13.6	(0.2)
Directorate	1.4	1.3	(0.1)
Finance & Customer Services	12.5	13.1	0.6
Governance & Compliance Services	11.9	11.3	(0.6)
Communications	0.7	0.7	-
HR	2.4	2.2	(0.2)
ICT	9.8	10.5	0.7
Policy & Change	1.9	1.9	-
Corporate Policy Committee	40.6	41.0	0.4
TOTAL SERVICES NET EXPENDITURE	317.7	332.4	14.7
CENTRAL BUDGETS			
Capital Financing	19.0	19.0	-
Transfer to/(from) Earmarked Reserves	(3.2)	(9.2)	(6.0)
Corporate Contributions / Central Budgets	(5.2)	(6.2)	(1.0)
Finance Sub-Committee - Central Budgets	10.6	3.6	(7.0)
TOTAL NET EXPENDITURE	328.3	336.0	7.7
Business Rates Retention Scheme	(49.1)	(49.1)	-
Specific Grants	(24.5)	(24.5)	-
Council Tax	(254.7)	(254.7)	-
Finance Sub-Committee - Net Funding	(328.3)	(328.3)	-
NET (SURPLUS) / DEFICIT	-	7.7	7.7

Outturn Impact

7. It is planned that £5.2m will be used from the MTFs reserve to mitigate the overspend. The residual impact on General Reserves would be a reduction of £2.5m, decreasing the forecast closing balance of £14.9m to a potential closing balance of £12.4m, which is aligned to the risk assessed level of reserves for the 2023/24 Budget.
8. 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

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

Council Tax

10. 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.
11. 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.
12. 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.

13. 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.
14. 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 £315.6m.

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
Total	313.8

15. **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

16. The council tax in-year collection rate for the period up to the end of December 2022 is 82.9%. This is a small decrease of 0.5% on the previous year, indicating current cost of living pressures. Facilities are in place for residents to extend payments where needed and staff are engaging with residents who need additional support.
17. Council tax support payments were budgeted at £18.4m for 2022/23 and at the end of December the total council tax support awarded was £18.7m.
18. 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.
19. Council tax discounts awarded are £29m which is a slight increase in comparison to the same period in 2021/22. A small increase is attributable to work related to raising awareness of the discounts available to residents.
20. Council tax exemptions awarded is £7.7m which although broadly in line with previous years shows a slight increase due to reasons shown at 19.

Non-Domestic Rates (NDR)

21. 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.
22. 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.

23. **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.
24. The business rates in-year collection rate for the period up to the end of December 2022 is 80.8%. 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 2022/23 Financial Update

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March 2022

Appendix 1 : Adults and Health Committee

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Adults and Health Committee Extracts

- 1. Changes to Revenue Budget 2022/23 since Financial Review Update**
- 2. Corporate Grants Register**

Table 1: Adults and Health Committee Grants

**Table 2: Council Decision Additional Grant Funding (Specific Purpose)
over £1m**

**Table 3: Delegated Decision Additional Grant Funding (Specific Use)
£500,000 or less**

- 3. Debt Management**
- 4. Capital Strategy**
- 5. Reserves Strategy**

Appendix 1

Adults and Health Committee

1. Changes to Revenue Budget 2022/23 since Financial Review Update

	Second review Net Budget £000	Additional Grant Funding £000	Restructuring & Realignments £000	Revised Net Budget £000
Adults and Health				
Adult Social Care Operations	117,515	-	-	117,515
Commissioning	3,389	-	249	3,638
Public Health	-	-	-	-
	120,904	-	249	121,153

2. Corporate Grants Register

Table 1 – Corporate Grants Register

Corporate Grants Register	National Allocation 2022/23 £m	Revised Forecast 2022/23 £000
SPECIFIC USE (Held within Services)		
Adults and Health Committee⁽¹⁾		
Additional Better Care (for Adult Social Care)	2,039.256	8,706
Market Sustainability and Fair Cost of Care Fund	162.000	979
Market Sustainability and Fair Cost of Care Fund - topup	not available	0
Implementation support grant	15.467	98
Trailblazer support funding	0.805	162
Early assessment funding allocation Part 1	2.127	585
Discharge Fund	3,000	1,200
Multiply - Supported Employment	not available	462
Supported Internship Grant	not available	14
Syrian Resettlement Programme - brought forward	not available	39
Afghan Wrap Around support - brought forward	not available	146
Afghan Resettlement support - brought forward	not available	263
Homes for Ukraine Scheme	not available	9,450
Private Finance Initiative (PFI) credits	not available	4,125
Journey First and Parents First (originally provided by the European Social Fund but now DWP)	not available	2,500
COVID-19 Shielding Grant for the Clinically Extremely Vulnerable Cohort - brought forward	not available	485
COVID-19 Emergency Assistance Grant for Food & Essential Supplies - brought forward	not available	40
Total		29,254

Corporate Grants Register	National Allocation 2022/23 £m	Revised Forecast 2022/23 £000
SPECIFIC USE (Held within Services)		
Adults and Health Committee - Public Health		
Public Health Grant	3,417.400	17,405
CHAMPS TTCE contact tracer staff - ICT Workforce: Contract Extension Funding	not available	149
COVID-19 COMF & T&T - brought forward	not available	5,341
DHSC Additional drug and alcohol treatment funding allocations: 2022 to 2023	101.200	347
North West Probation Service funding for SMS rehabilitative and resettlement interventions	not available	77
CHAMPS Marmot Place Funding - encourage pregnant women to stop smoking	not available	21
CHAMPS SMS - inpatient detox	9.740	30
CHAMPS Mouth Care Matters programme - to be confirmed	not available	10
Total		23,380
GENERAL PURPOSE (Held Corporately)		
Adults and Health Committee		
Social Care Support Grant	2,346.368	11,341
Independent Living Fund	160.600	861
Local Reform & Community Voices	34.410	213
Social Care in Prisons	10.950	71
War Pension Scheme Disregard	12.000	56
Total		12,542
Total Adults and Health Committee		65,176

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.

3.3 **Table 2** shows additional grant allocations that have been received over £1m that Council will be asked to approve.

3.4 **Table 3** shows additional grant allocations that have been received which are £500,000 or less and are for noting only.

Table 2 – Note that Council will be asked to Approve Supplementary Revenue Estimates of Additional Grant Funding (Specific Purpose) over £1m

Committee	Type of Grant	£000	Details
Adults and Health	Discharge Fund	3,754	<p>The aim of the grant is to provide patients with faster access to emergency treatment by freeing up hospital beds through quicker discharge, which will also help reduce ambulance handover times. Local authorities and Integrated Care Boards (ICBs) will work together to agree on spending across their regions, introducing tailored solutions which speed up discharge and benefit patients in their area.</p> <p>£300 million will be given to ICBs to improve bed capacity and £200 million for local authorities to bolster the social care workforce, increasing capacity to take on more patients from hospitals.</p> <p>All of the Cheshire East Place money is coming to the Council and is being managed through the Better Care Fund.</p>
Total Specific Purpose Allocation for Council Approval		3,754	

Table 3 – Note Delegated Decision - Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Use) £500,000 or less

Committee	Type of Grant	£000	Details
Adults and Health	Shared Prosperity Fund. Multiply - Supported Employment	462	Multiply is a specific part of the Government's Shared Prosperity Fund. The Multiply element is specifically and only for numeracy courses for people aged 19 and over. UK Shared Prosperity Fund: prospectus - GOV.UK (www.gov.uk)
Adults and Health	North West Probation Service funding for SMS rehabilitative and resettlement interventions	77	Funding from the NWPS to enhance the existing Substance Misuse Service within Public Health.
Adults and Health	Supported Internship Grant	14	This grant is to support all Local Authorities to access, establish and/or develop SEND employment forums to improve the provision of Supported Internships across the country. Supported internships - GOV.UK (www.gov.uk)
Total Specific Purpose Allocations less than £500,000		553	

3. Debt Management

	Outstanding Debt £000	Over 6 months old £000
Adults and Health Committee		
Adults, Public Health and Communities	10,862	6,010
	10,862	6,010

4. Capital Strategy

Adults and Health													CAPITAL
CAPITAL PROGRAMME 2023/24 - 2026/27													
Scheme Description	Forecast Expenditure							Forecast Funding					Total Funding
	Prior Years	Revised Budget	Forecast Budget	Forecast Budget	Forecast Budget	Forecast Budget	Total Forecast Budget	Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Committed Schemes													
Adult Social Care													
Electronic Call Monitoring System	0	0	389	0	0	0	389	0	0	389	0	0	389
People Planner System	38	1	55	0	0	0	56	56	0	0	0	0	56
Replacement Care4CE Devices	65	0	28	0	0	0	28	28	0	0	0	0	28
Total Adults Social Care Schemes	103	1	472	0	0	0	473	84	0	389	0	0	473

5. 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	Notes
Adult Social Care Operations				
Adults Directorate	1,020	(450)	570	To support a number of widespread projects within the Adults and Health Directorate. Connected Community Strategy Developments activity has been delayed due to community team focussing on resettlement schemes. Transformation and Improvement of ASC and Care4ce New Model of Care anticipate phasing of appropriation will match the original business case.
DOL's Assessments	397	(397)	0	Reserve required due to delays in DOLs assessment processing. Anticipated to be fully utilised in 2022/23.
Public Health (LAC funding for 3 years/ Investment in Outcome 5 activities - Adults)	162	(162)	0	Reserve will be fully utilised by the end of 2022/23, matched off against LAC staff as per the original business case.
Adults Social Care Commissioning				
PFI Equalisation - Extra Care Housing	2,715	80	2,795	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009, and the anticipated gap at the end of the agreement.
NHB Community Grants Staffing	132	0	132	To support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects.
Public Health				
Public Health Reserve	3,220	(1,347)	1,873	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an innovation fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2022/23 to 2025/26.
ADULTS AND HEALTH TOTAL	7,646	(2,276)	5,370	



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	27 March 2023
Report Title:	Progress Report for All Age Carers Strategy 2021 - 2025
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health, and Integration
Report Reference No:	AH/27/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1.** This report provides the committees with an update on progress in delivering the Cheshire East All Age Carers Strategy since presenting the strategy to the committees in March 2021. This update will evidence how we have implemented the carer pathways through strong working partnership working with health, social care, commissioning, voluntary, community and faith sector organisations, and embracing carers across all age groups and disability groups.

2. Executive Summary

- 2.1.** The All-Age Carers Strategy 2021-2025 is the overarching plan to ensure all carers receive the right support at the right time. The strategy has been co-produced with adult carers, young carers, working carers, and older carers.

The All-Age Carers Strategy is the product of extensive engagement with carers and stakeholders which began in October 2020 and has included a carers forum, a stakeholder group, a public survey an engagement and consultation event for young carers and young adult carers. Feedback and ideas from the different interest groups has shaped the priorities and proposed actions in the strategy.

The strategy identifies six priorities to be taken forward over the next five years:

- **Health and Wellbeing** - We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well, active and to have fun.
- **Early Support for Carers** - We will work together to ensure access to co-ordinated services that provide the right support at the right time. Across all sectors social care, health, and communities.
- **Prevention – Carer breaks / Respite** - We will work with our providers and carers to look at how we can offer regular respite in different environments that are suitable to the carer and the cared for
- **Information / Access / Processes** - We will ensure that carers have access to good quality advice and support when they need it: a range of options are available to access information and advice to help build connections.
- **Employment, Education and Training** - We will offer support for working carers through carer friendly employment, promoted in collaboration with the national Employers for Carers Network.
- **Young Carers** - We will ensure that young carers are identified at the earliest possible opportunity, so they are able to learn, develop and thrive and to experience a positive childhood.

This report provides the committees with an update on progress in delivering the Cheshire East All Age Carers Strategy since presenting the strategy to the committees in March 2021. This update will evidence how we have implemented the carer pathways through strong working partnership working with health, social care, commissioning, voluntary, community and faith sector organisations, and embracing carers across all age groups and disability groups.

Effective support for unpaid, informal, or family-based caring arrangements remains critical to the sustainability of our health and social care system and the success of the all age carers' hub. Making Space, the commissioned provider of our all-age carers' hub, has and will play a pivotal role in this. Also, the hospital discharge to home initiative to support carers designed to further shift the focus from acute interventions to care and support delivered closer to home.

3. Recommendations

- 3.1. That the Adults and Health Committee and the Children and Families Committee note the progress in delivering the All-Age Carers Strategy 2021-2025.

4. Reasons for Recommendations

- 4.1. The All-Age Carers Strategy plays an important role in ensuring that the council meets its statutory duties under the Care Act and supports the choice and control of carers thereby increasing their independence, choice and control and allowing health and wellbeing and young carers to thrive and develop.
- 4.2. Cheshire East carers are a diverse group. Improving the wellbeing of carers in Cheshire East and ensuring that all are offered the right support at the right time is a cross cutting priority that requires a whole system approach.

5. Other Options Considered

- 5.1. Not applicable as this is an update report.

6. Background

- 6.1. The All-Age Carers Strategy 2021-2025 was published in September 2021 and is included at Appendix A.

6.2. Recommission of the All-Age Carers Service

- 6.3. Our Cheshire East carers played a significant role in choosing the all age carers service. The providers who submitted their application for the bid were requested to present and demonstrate how they would support our carers. Providers were interviewed by a cohort of carers on different days:

- Adult carer and working carer
- Parent carer
- Young carer and young person

The above carers then marked each provider once a question and answers session were concluded. Making Space were the successful provider and they have been working closely with commissioners and carers to mobilise the service which went live on 1 January 2023.

It was noted that the new provider will:

We will utilise our in-house fundraising team to access funding through grant applications. The team will support local projects by applying for opportunities such as Knutsford Fund – Small Grants Programme to source funding for wellbeing events.

Local recruitment

We target 75% of roles to be filled by local residents, achieved through local recruitment initiatives:

Volunteering

We are an Accredited Volunteering programme member (NCVO) and will

target 48 hours volunteering support towards NEETS cohort to aid with CV/career advice.

Work Placements

Target 3 unpaid/1 paid work placement from locality colleges e.g., Mid Cheshire College/Macclesfield College/Warrington and Vale Royal College (we have an established relationship Amy Yorke careers advisor), Health and Social Care students, including minimum 1 young carer student to build on their real-world experience away from education settings.

6.4. Development of all age carers forum

6.5. The all-age carers forum oversees the delivery of the implementation plan and scrutinises and challenges progress against the plan. There have been six carer forums held where updates have been shared.

6.6. The carers forum played an active role in the Learning Disability Conference held at Cranage Hall in June last year. The next carers forum will be held face to face at Sandbach Town Hall where the new all age carers service will attend to meet the carers and to celebrate Young Carers Week.

6.7. Young Carers Forum

6.8. There are 3 forums for young carers:

- All Hallows Catholic College
- Sandbach High School
- Alsager High School

6.9. These will be supported by the appointed young carer support officers within Cheshire East carers' hub and officers from children's services.

6.10. Information and Advice Workshop

6.11. The information and advice workshop was held on 4 October 2022. In attendance were carers, volunteers, health and social care professionals and commissioned services. Carers shared their experiences around information and advice and communication, which demonstrated that systematic changes need to be made to create better services and clearer pathways especially within the hospitals.

6.12. A map (please see Appendix B) was developed of all the information that is available for carers, which showed there is a lot of information. At the workshop it was clear that there was duplication in people doing the same

thing, receiving the same information, and sharing it with the same people. This is an area that the Cheshire East carers' hub will lead on improving.

- 6.13.** Health and social care are becoming integrated, which has resulted in some improvements, however, we need to maintain the momentum in raising of awareness for all carers, ensuring this is constant in both areas.
- 6.14. Identify Carers**
- 6.15.** Carers need to be identified as early as possible to ensure that appropriate support, advice, and information are offered. Often carers only seek or are offered support once they reach a crisis point. Early identification can support the carer with the tools, knowledge, and confidence to enable them to manage their caring role while still having a life of their own and maintaining their own health and wellbeing. We need to ensure that parent carers are identified as carers and their support needs are recognised and met.
- 6.16.** The NHS Long Term Plan Jan 2019-2023 outlines a revised health model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. Supporting carers is recognised as an important strand to this model.
- 6.17.** To investigate and challenge the above statement a bid was submitted to NHS England to deliver a project to develop, test and evaluate a hospital discharge pathway for carers and raise general carer awareness amongst staff. The project was a collaboration of Cheshire East Council, Cheshire West and Chester Council, and Mid Cheshire NHS Trust, with Cheshire East Council taking the lead.
- 6.18.** This took shape by engaging with key stakeholders to develop an integrated pathway that would identify carers prior to discharge and signpost them for advice and support in preparation for discharge
- 6.19.** We opted to test out a digital approach to supporting carers, to overcome the challenges faced with trying to recruit specific carer champion roles for wards and the restrictions imposed by COVID. Following research of digital support that was available, we teamed up with [Mobilise](#) who currently deliver 21 contracts across the UK commissioned by local authorities, NHS, and local carer support services. They provide online support and information for carers, empowering those that care to thrive.
- 6.20.** The online resources developed and provided by Mobilise for carers focused on the following:
- Information and advice from others who had been through this process.

- Emotional and bespoke support available in the form of an individual support call with a carers coach or via live chat on the website.
- The opportunity to 'ask anything' as it was likely that situations will be individual, and solutions may be specific to local circumstances.
- Signposting to local support.

- 6.21.** We identified a small number of wards at each of the three hospital sites where we could test out the new approach, focusing on those wards who supported older frail people, to identify and signpost carers for support in preparation for the person being discharged home.
- 6.22.** Key themes that came out of engagement with carers and staff were the lack of information and support available for carers, poor communication with carers, and carers not knowing what to do when things didn't go as expected.
- 6.23.** We developed a pathway to help guide staff through the process and know who and where to signpost carers to for support. Discharge co-ordinators from the identified wards shared the contact details for the Mobilise website with the carer, or if they are not digitally enabled, they could directly book them a telephone support slot with Mobilise or give them the number for their local carers centre. For people being cared for with dementia or cognitive impairment, the discharge co-ordinator would send the carer's contact details to the Alzheimer's Society, where an officer would follow them up with a phone call, offering to arrange a home visit or telephone appointment for an assessment, working with the carer to agree a support plan. They were also able to refer and signpost the carer and extended family to statutory services, voluntary services, Mobilise and to the relevant carers centre.
- 6.24.** In addition to the referral pathway, we explored training for staff and tested out an e-learning package to help staff better understand, involve and signpost carers for support.
- 6.25.** We had positive feedback on the Mobilise website from both carers and staff, with 225 people visiting the site over the four-week testing period. Ward staff have actively been using the support pathway and providing carers and people being cared for with signposting information.
- 6.26.** Learning that can be taken away from this project:
- It is essential to involve carers at the earliest opportunity in the discharge process.
 - The way that a person is asked the question about whether they are a carer is important, as many carers don't recognise themselves as

carers or as needing support, and don't reach out until they reach crisis.

- Carer awareness is essential for staff and should be a core part of their induction and training.

6.27. From a carer's perspective, we received the following feedback:

"Thank you so much for the website link it has been invaluable in learning about how to navigate mum's care in the UK from here!"

Daughter of Hospital Patient, living in Canada.

"Thank you, I have checked it out, could be useful if Dad ends up in hospital again."

Daughter/carer for Dad living at home.

"Thanks for the link, can never have enough information."

Carer/husband.

"It's good to know there are sites like this for when we feel lost, my daughters are helping me have a look through while my husband is in hospital."

Carer/wife.

6.28. The learning from this project will be shared across the other wards in the hospitals that care for older people and with community teams who support people at home following their discharge from hospital. Please also see the Trust Discharge Project Report at Appendix C.

6.29. Carer Awareness

6.30. The [Cheshire East all age awareness e-Learning module](#) has been co-produced with carers from Cheshire East. It consists of two modules, one for adults, and one for young carers. On completion, successful candidates can wear their carers champion badge with pride.

6.31. Most of the hospital discharge teams have completed the training as have frontline social work teams. They have used the training as part of their continuation of their registration status. Health and social care students have completed the e-learning and are carer champions.

6.32. Prompt cards have been devised to encourage junior doctors and other therapy teams, including social prescribers to ask the question 'have you identified a carer?'. There has been a 30% increase in carers being registered as a carer within their GP practice.

- 6.33.** Data on the carer awareness e-learning as at 2 February 2023 is included below:

	Leighton Hospital			Macclesfield Hospital			Countess of Chester Hospital			Education School/College		
	Not started	Incomplete	Passed	Not started	Incomplete	Passed	Not started	Incomplete	Passed	Not started	Incomplete	Passed
Carer Aware	30	15	59	14	4	39	1	2	1	7	1	9
Young Carer	37	11	56	13	6	38	2	1	1	7	2	8

- 6.34. Hospital discharge to home scheme / carers – October 2021 – present**

- 6.35.** Due to the current pressures within the NHS (including winter pressures) we needed to start exploring options to alleviate these and free up hospital bed capacity quicker, but more importantly reach out to our unpaid carers. We did this via the Carer Hospital Discharge to Home Scheme. Under this scheme, a one-off incentive payment can be paid to an unpaid carer (family or friend) to support them in their caring role on discharge. The aim of this scheme is to:

- Safely create space in the current care market
- Reduce delayed discharges and free up hospital bed capacity
- Help to reduce the need for formal care at home support and short stays.
- Support and recognise the carers of Cheshire East in their role by paying them a one-off incentive payment.
- Identify hidden carers in Cheshire East.

- 6.36.** The scheme is aimed at patients who are ready for hospital discharge but need some support to recover or recuperate, which could be met through informal care, either entirely or alongside reduced formal support. This has been a huge success and the numbers we have supported through the scheme to date are:

- **Leighton Hospital** - 14 hospital discharges
- **Macclesfield Hospital** - 7 hospital discharges
- **Community Rehabilitation Wards:**
Aston Ward Congleton – 3 hospital Discharges
Elmhurst Winsford – 1 discharge and 2 pending

As of 7 February 2023, there are a further 17 pending referrals where the scheme is looking at supporting a hospital discharge. For more information, please see Appendix C.

- 6.37.** Comments from carers and health professionals regarding the scheme:

“This scheme has been pivotal in supporting discharges from East Cheshire NHS Trust since it started in January. It provides a truly person-centred approach and offers support to carers so that they can continue

caring. Jill and her team are the driving force behind this and never miss an opportunity to promote this amazing offer!"

Debbie Burgess, Deputy Associate Director Community Services

"Thanks for getting in touch as it shows he has not been forgotten about and people have his interest at heart. The information provided by yourselves was a great help."

Carer for his dad, who was supported by the scheme

"I could cry, you really don't have to do that. It's been so hard and that's the nicest thing that's happened to me. I feel like I'm constantly battling with someone to get what my mum needs and it is exhausting."

Carer for her mum, who was supported by the scheme

"I don't know what you did or said but I feel like we have made great progress today. Thank you once again for your help - I can't tell you how much our family appreciate it. Oh goodness, this has helped, it is such hard work and I feel as if no one notices me. The care service has got back to me, I'm now registered with my doctor too."

Working carer for her mum, who was supported by the scheme

6.38. Working Carers

6.39. It is estimated that five million people juggle work and care in the UK - one in seven in every workplace - and this figure is set to increase. Given the stresses and strains that can result from balancing work and caring, it is unsurprising that one in six carers give up work or reduce their hours to care.

6.40. We have worked closely with the council's Human Resource team and have collated an information and advice section for our council working carers on the Centranet.

6.41. We are currently looking at the working carers policy to see if we need to enhance the offer we currently have. We have encouraged managers to reach out to working carers within their performance review conversations and supervision sessions.

6.42. We have developed a school's guide for working carers (Appendix E) which has been commended by our trade unions.

6.43. We held a support session for staff in September 2021 with over 30 officers including managers on the call. Another session is planned for June 2023.

6.44. Male Carers

6.45. More than four in ten (42%) of the UK's unpaid carers are male. The report '[Husband, Partner, Dad, Son, Carer?](#)' investigates the experiences and needs of male carers to help raise awareness of the fact that male carers may not be getting the support they need.

6.46. Employers and health and social care professionals need to be aware that male carers in employment are less likely to identify or describe themselves as a carer to others. Their need for support may not therefore be immediately obvious and might result in them missing out on vital help.

6.47. Awareness raising is needed of the caring role many employed men undertake and the support available to them. Employers need to have, and make sure all staff are aware of, policies to support carers at work.

6.48. Support needs to be developed in a practical, supportive, and non-stigmatising way for men taking on caring roles, particularly later in life, who may find aspects of domestic work difficult if they have previously been done by the person they now care for and for men providing intimate or personal care for women.

6.49. Within the council we have connected with some male carers, and they have shared their experiences. A working group has been developed and an opportunity for us to listen, hear and try and understand the pressures and concerns.

6.50. We have played an integral role in a two domestic homicide reviews where male carers have been at the centre of those situations

6.51. A Carer Passport

Is a record which identifies a carer in some way and leads to provision of support, services, or other benefits in response. The schemes could be based in hospitals, workplaces, communities, mental health trusts, schools, colleges, and universities

The Carer Passport scheme, is being designed and co-produced with carers and Cheshire East Carers Hub to address carers in recognising their caring role, connecting them to local support and enabling them receive discounts or local concessions in the community to make life a little easier. In employment Carer Passports provide a straightforward way to discuss and document the flexibility and support a business can give to enable employees to combine caring with work

6.52. Operations teams - Adults and Children's

The senior commissioning manager supports all the teams within social care, working and liaising where there are carers involved. Since October 2021 there have been 48 cases supported through the following:

- Face to face with the carer and client
- Attending care plan reviews
- Intervening where a carer is challenging
- Complaints
- MP enquiries
- Domestic homicide reviews.

6.53. Young Carers

6.54. As a result of consultation and engagement with young carers, the young carers' assessments will be brought back in house.

6.55. Changes to screening tools and pathways to include young carers is ongoing and Cheshire East carers' hub are working collaboratively with Cheshire Young Carers who work across 32 schools and offer school activities across Cheshire East during term time and school holidays. Young carers accessing A&E services with self-injurious behaviours will be identified and signposted for support. Young carers are included in pathways dealing with self-harm.

6.56. School nurses will be actively involved in the identification of young carers in schools and will be able to support and refer.

6.57. Cheshire East carers' hub has two young carer officers who will plan a timetable and work collaboratively with all schools and gain further knowledge from the educational leads who currently work with young carers e.g., Alsager School, so there is a joined-up approach. There will be thematic sessions planned for school assemblies to raise awareness for young carers.

6.58. Young carers forums will be led by the Cheshire East carers' hub and a lead officer from children's services. Young carer champions will be identified following the all-age carer awareness e-learning for all staff.

6.59. The All-Age Carers Strategy links and aligns with all the following strategies and workplans. Carers are the golden thread and link in everything we do.

- Assistive technology
- Live Well for Longer
- Learning Disability

- Dementia
- Direct Payments and PA's
- Care at Home
- Accommodation with Care
- Mental Health
- Autism
- Schools and Education

7. Implications

7.1. Legal

- 7.1.1.** The Care Act ensures that carers have as many rights for support as those they care for. For those assessed as having eligible needs, authorities are required to provide advocacy and personal budgets.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

- 7.1.2.** Local authorities must have regard to carer participation in education, training and recreation.

- 7.1.3.** The Care Act 2014 also makes specific provision for Young Carers in the transition from children to adult's services

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted 1.3.3>

7.2. Finance

- 7.2.1.** The all-age carers' hub is funded in full via the Better Care Fund.

7.3. Policy

- 7.3.1.** The all-age carers' hub provides a strategic approach to addressing the support and services for carers in Cheshire East.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment is available.

7.5. Human Resources

7.6. Risk Management

7.7. Rural Communities

- 7.7.1.** We have linked closely with rural communities, and the hospital discharge to home scheme has assisted our carers who live in the rural areas of Cheshire East. The incentive has been able to support carers to reach out to their wider family and tap into support around carer respite. It is very difficult to find care at home providers that can offer respite within the home currently

7.7.2. Access to community-based support is particularly useful for carers in rural communities who may find it harder to access support networks and public transport. Cheshire East carers' hub has linked in with our rural communities to seek further support for our carers.

7.8. Children and Young People/Cared for Children

7.8.1. This is a progress report on all age carers – the impact on young carers is included within the report.

7.9. Public Health

7.9.1. Carers are a big solution in supporting the cared for and their loved ones. Public health offers the opportunity for carers and the public to obtain greater reassurance through knowing that there are some health and wellbeing programmes to support them. The hospital discharge to home scheme for carers automatically registers them with the carers hub and also with their G.P. these are the places that ensure all carers have that community wrap around support for them.

7.10. Climate Change

The forthcoming Social Care Green Paper will also include a focus on how society supports and recognises carers as a vital part of a sustainable health and social care system to ensure that they are properly valued, recognised, and supported to provide care in a way that supports their own health and wellbeing

While the Carers development plan is an important step in improving support for carers, we recognise that there is still more to do, and we remain committed to continuing to find new ways to support carers. The work we have done around the hospital discharge to home scheme has been commended both regionally and nationally.

Access to Information	
Contact Officer:	Jill.stenton@cheshireeast.gov.uk
Appendices:	Appendix A – All Age Carers Strategy 2021-2025 Appendix B - Carers Info Map Flourish Appendix C – Trust Discharge Project Appendix D – Hospital Discharge to Home Scheme / Carers Appendix E – School guide for working carers Appendix F – Delivery plan for adults Appendix G – Delivery plan for Young Carers Appendix H – Young Carers Delivery Plan Appendix I – Action Plan for Parent Carers

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Cheshire East Council

All Age Carers Strategy 2021-2025



Open

Fair

Green

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Developing the Cheshire East All Age Carers Strategy 2021-2025



Shaping the Cheshire East All Age Carers Strategy 2021-2025

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. Carers are the experts in caring for those they look after, so we we have developed this strategy together with carers in Cheshire East. This strategy aims to:

- adapt local services to identify and support carers in their caring role
- help adult carers live a life outside of caring
- support young carers to access meaningful respite that reduces the negative impact of their caring role.
- review our cared for services in conjunction with their carers.

It is important that decisions about how to improve support for unpaid carers across Cheshire East are shaped by and for carers. We really value the contributions carers have made in developing this strategy.

It has been jointly written by carers in Cheshire East, Cheshire East Borough Council and Cheshire Clinical Commissioning Group.

Foreword

Welcome to the All-Age Carers Strategy 2021 – 2025 for Cheshire East. This strategy has been written for and has the support of carers, partners and other key stakeholders across the partnership who want our aims and ambitions to be clear and succinct and offer all carers which include those who are adults, parents, working or young carers an opportunity to live, work, stay connected and be a vital part of their local communities.

The COVID -19 pandemic continues to have a monumental impact on unpaid carers' lives – not only because of the increased amount of care that many are having to provide, but because of the far-reaching effect that providing this level of care is having on many aspects of their lives: their relationships, their mental and physical health, their paid work and finances, and their emotional wellbeing.

Over the last 2 years we have tried to ensure that all carers are seen as a priority and that their needs are paramount. Within Cheshire East we know that there are over 40,000 carers but so many do not identify themselves as carers and therefore do not come forward for information and support.

At some point in our lives, we are more than likely to become a carer for somebody that we know and love. At the time we may not realise or recognise the role as such, but we want all carers to know that we as a local authority we have this strategy in place that will recognise you as a carer and will provide the vital support and information at the right time and in the right place.

We recognise that carer support needs to be localised where possible, within strong, inclusive communities, delivered in a way that helps carers to be happy and healthy. By working together with carers and key

organisations, we can ensure we are taking a 'whole systems approach' to supporting carers in Cheshire East. We will achieve this by strengthening the current pathway and reviewing our commissioned arrangements to ensure they are fit and appropriate for the future.

We will also increase efforts to identify carers who do not currently know what is available to support them, enabling them to access support and reducing their risk of carer breakdown. Carers make a tremendous contribution to their families, communities, workplace and society. It is important that we continue to recognise and value this contribution, and that we work "all together for carers" in the future.

Taking on a caring role should not mean that people have to give up work, and having to do so might lead to financial hardship and/or social exclusion. Carers should be supported in the workplace to maintain their employment status.

Where organisations have moved toward 'Carer friendly' employment practice they have been able to demonstrate strong business benefits such as significant savings made in unplanned absences and improved employee retention.

We as an organisation and our colleagues from health are committed to support our working carers.



Adults and Health
Committee Chair



Children and Families
Committee Chair

Introduction

Unpaid carers are our unsung heroes, and the COVID -19 pandemic amplified the importance this role has on society and public services. Most of us will become an unpaid carer at some point in our lives and it is essential that advice, information, guidance and support that is available is accessible, appropriate and timely for carers.

The Care Act 2014 defines a carer as:

'A "carer" is an adult who provides or intends to provide care for another adult (an "adult needing care")'
'A "young carer" is a person under 18 who provides or intends to provide care for another person.'

Carers play an integral role within their community by providing care which can have an impact in terms of their own health; education; ability to remain employed; relationships and social life. Legislation such as the Care Act 2014 and Children's and Families Act 2014 provides an opportunity to enhance our support to Carers as, for the first time, it places them on an equal footing with those they care for and recognises the importance of their own 'wellbeing'.

Research tells us that the number of family and unpaid carers who provide care and regular support to another individual will increase substantially over the next ten to fifteen years because people are living longer, including the cared for. This means that there will be an increase in the number of people who are carers. Therefore, they will be undertaking caring roles for longer periods of time. The physical and mental health conditions associated with the ageing process means that family and unpaid Carers will need a range of support to enable them to feel valued and manage their caring responsibilities alongside enjoying their own lives.

It is estimated that there are over 40,000 hidden carers residing in Cheshire East (this number is approximate for the size of Cheshire East's population. The statistics are difficult to estimate, as we know, but this is ranged between 1 in 8 adults and 1 in 6 adults.

Cheshire East Council recognise the diversity of the caring role and aim to offer the right support at the right time through a whole system approach through all its policies and strategies.

The All Age Carers Strategy has been co-produced by carers, statutory partners and voluntary and community sector partners who provide services or have an interest in carers.

It demonstrates our commitment to carers and seeks to respond to local issues, outlining how everyone across the system is working together to improve the lives of our carers and those that they care for.

This Strategy gives the context and background of national and local policy, using these to inform and shape Cheshire East priorities. We want to demonstrate how our priorities in Cheshire East have been created through the review of the data produced from the Carers Joint Strategic Needs Assessment (JSNA) and the review of our current provision which will be produced and aligned with this strategy. We also aim to draw on and reflect the lived experiences of Carers across Cheshire East and use these to help shape our priorities.

This strategy covers the general principles that apply to all adult carers. We want carers supported across the whole system, and for carers to be seen as everybody's business. In order to achieve this, the Carers Strategy seeks to take account of and link to other strategies. Equally, the expectation is that carers are reflected in all other system strategies, for example the Cheshire Palliative and End of Life Care Strategy; Dementia Strategy; Live Well for Longer Strategy; Learning Disabilities Strategy; and Physical Disabilities Strategy.

There is a significant number of young carers in Cheshire East—children and young people who provide support and/or care. We are committed to providing them with the support they need and to protect them from caring responsibilities that are inappropriate.

A recent consultation and engagement event, concluding with a report with our young carers and professionals considers the specific experience of young carers and the needs they present. We will commit to ensuring the support available to them is appropriate, tailored and readily accessible. With this document we want to create a truly all age approach.

National Legislation



The Care Act 2014

The Care Act replaces previous legislation regarding Carers and people being cared for and has the following provisions:

- All Carers have the right to an assessment when they appear to have needs
- All Carers have the right to support if they meet the eligibility criteria
- Local authorities have a duty to provide information to Carers
- Local authorities may arrange for other organisations such as charities or private companies to carry out assessments of need
- Local authorities have a duty to promote an 'individual's wellbeing' which includes protection from abuse and neglect.
- Local authorities must support carers to achieve the outcomes they want in day-to-day life
- Local authorities must have regard to whether the carer works or wishes to do so
- Local authorities must have regard to Carer participation in education, training, and recreation

The Care Act ensures that Carers have as many rights for support as those they care for. Duty for advocacy starts from initial contact and carers have advocacy e.g. during carers assessments, if they have substantial difficulty and no appropriate support.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Children and Families Act 2014

The Care Act replaces previous legislation regarding Carers and people being cared for and has the following provisions:

The Children and Families Act 2014 gives young carers the entitlement to the same help and support as adult carers. The legislation means that all young carers under the age of 18 are entitled to an assessment of their support needs. The Local Authority has to consider what services it can provide to meet these needs. Specific duties for Local Authorities under this legislation are:

- Taking reasonable steps to identify the extent to which there are young carers in their area with needs for support and, if so, what those support needs are
- Carry out an assessment for young carers upon request

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

The Children Act 1989

A Local authority in England must assess whether a parent carer within their area has needs for support and, if so, what those needs are. A local authority in England must take reasonable steps to identify the extent to which there are parent carers within their area who have needs for support.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

National Legislation

Young Carers

The Care Act 2014, and Children's and Families Act 2014, make specific provision for Young Carers in the transition from children to adult's services. A young carer is someone aged under 18 who helps look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. Young Adult Carers are young people aged between 16 and 25 who are caring for another child or young person, or an adult.

In relation to Young Carers, the Care Act requires that:

- Where it appears to a local authority that a Young Carer is likely to have needs for support after becoming 18, the authority must assess:
 - Whether the Young Carer has needs for support and if so, what those needs are
 - Whether the Young Carer has needs for support after becoming 18, and if so, what those needs are likely to be

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>



Assessments for Young Carers

The Care Act 2014 requires local authorities to consider the needs of Young Carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide care. In these circumstances the local authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education, and development.

Local authorities should ensure that adults' and children's services work together to offer Young Carers and their families an effective service, are able to respond to the needs of a young carer, the person cared for, and others in the family. This avoids the need for multiple assessments where children and adults find they are expected to give the same answers to professionals from different services, coming into their home at different times.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

National Policy

The Government's Carers Action Plan 2018 – 2020 'Supporting Carers Today'

This remains the current national policy for supporting Carers. The plan sets out the cross-government programme of work to support Carers until 2020. It is structured around the following themes:

- Services and systems that work for Carers
- Employment and financial wellbeing
- Supporting Young Carers
- Recognising and supporting Carers in the wider community and society
- Building research and evidence to improve outcomes for Carers

<https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>

National Legislation

The Prime Minister's Challenge on Dementia 2020

The Prime Minister's challenge on dementia 2020 sets out a vision to create a society where those with dementia, their Carers and families, receive high quality compassionate care from diagnosis to end of life across all settings: at home, hospital or care home. Carers of people with dementia provide a vital role and we know that the availability of appropriate care and support and the quality of services has a significant bearing on whether Carers feel able to take a break from their caring responsibilities. Providing Carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life.

<https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>



NHS England's Commitment to Carers 2014

This identifies eight priority areas for the development of increased support to Carers in Primary Care. These are:

1. Raising the profile of Carers
2. Education, training, and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

NHS Strategic Aims for Carers

- To secure better outcomes of care for patients, and for the millions of people who care, unpaid.
- To build a carer-friendly NHS to a greater extent than ever before.
- To start to build an NHS where no carer feels left alone, and that the NHS is there to support them in their caring journey
- To change things so that carers are better able to look after their own health and wellbeing, manage the care of the person being cared for and are less likely to go into crisis.
- To increase recognition of carers as a vulnerable community and caring as a social determinant of health

<https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

NHS Long Term Plan Commitment to Carers – Deliverables 2020-2024

- Identifying and supporting carers, particularly those from vulnerable communities
- Introducing best practice quality markers for primary care
- Adoption of best practice carer passport schemes and development/ introduction of quality markers in hospital settings
- Ability to share caring status with healthcare professionals wherever they present via electronic health record
- Carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it
- Young Carer “top tips” for general practice to include preventative health approaches, social prescribing, and timely referral to local support service.

This plan outlines a revised health model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. Supporting Carers is recognised as an important strand to this model, and in particular the following priorities are identified:

- Greater recognition and support for Carers in both primary and secondary care (including the implementation of Quality Markers for GP practices developed by CQC)
- Focus on supporting Carers in vulnerable communities
- A more proactive approach to identifying and supporting Young Carers
- Develop digitally enabled support
- Include Carers themselves in the development of Carer services

<https://www.longtermplan.nhs.uk/>



NHS Long Term Plan Commitment to Carers – Deliverables 2020-2024

NHS Care Quality Markers 2019

The NHS has introduced Care Quality markers that have been created through working in partnership with Carers Trust, Carers UK, and The Children's Society, and have been endorsed by the Care Quality Commission (CQC).

The markers consist of six questions that can be used by care services to demonstrate how effective they are in recognising and supporting Carers.

The questions have been based on what Carers, and their representatives, have told us matter most to them, and require the care service to show how they go about supporting Carers for each of the six themes identified. Each question is supported by a number of practical ideas that care services can put into place to help them develop the support they give to Carers. The care service completes an annual declaration as evidence of how it is supporting Carers and this evidence can be used for CQC inspections.

<https://www.england.nhs.uk/publication/supporting-carers-in-general-practice-a-framework-of-quality-markers/>

Social Care Institute for Excellence (SCIE) and Carers UK

Guidance was issued in June 2019 on providing and commissioning Carers' breaks, plus advice and information for Carers on how to get a break. Research by Carers UK shows 46 per cent of unpaid Carers were unable to get a break in the last five years, even though they wanted one. Evidence indicates that there needs to be a wider choice of breaks available, and to ensure they are accessible, personalised, and enjoyable for both the carer – and the person they care for.

<https://www.scie.org.uk/carers/breaks/adults/commissioning>

<https://www.scie.org.uk/news/mediareleases/carers-respite-press-release>

Integration of Health and Social Care

There is a drive 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 is driving hard on this agenda along with other partners to have an Integrated Care System (ICS). This will focus on the delivery of services in a local footprint. Promoting closer partnership working, these arrangements harness the potential of organisations that can link together to support carers and undertake their own action plans to align with the priorities in the strategy. There is a robust track record of health and social care working in partnership to envelop the support available to carers. However, we recognise that there is more to do, particularly to strengthen the governance that supports partnership work

Local Context & Demographics

From the 2011 Census, we know that 12,453 people in Cheshire East identified themselves as caring for 20 hours per week or more, with a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East. Caring for 50 hours or over has increased by nearly a third since 2001 to 8,014, with over 42% of them aged 65 or over Carers caring for 50 hours or more per week.

The 2021 Census is currently being evaluated.



All Age Carers Strategy 2021-2025

1 The Purpose of the Strategy

The All Age Carers Strategy for 2021-25 will support the shift in social care and health transformation, providing key messages for specific markets and carers. It will start with asking the following questions:

- Who are our carers – demographics
- What support and services are in place at the moment, and what is not available and should be?
- What carers tell us, including the accessibility and quality of services for carers and what they tell us is needed?
- What support and services the council think people will need in the future?

2 Our Vision

Health and social care work effectively in partnership with other providers of services to support carers of all ages in Cheshire East ensuring that their voice is centre stage and that their wellbeing and identified priorities

are at the heart of all decisions. To make this real for carers, all the partners work as a team to support them and their families, involving them in service and product design, delivery and evaluation.

3 Our Mission

We will ensure that carers within our community are recognised, valued and provided with timely and

appropriate support. We will listen, understand, and engage with carers and together design robust support for all.

4 Our Priorities

Carers have told us about the values they believe should underpin all action and we have put them at the heart of the strategy. They have also been shaped by contributions from our partnership of NHS and social care, children's services, and our education, voluntary, and community and faith sector, comprising many local charities and groups.

These values are important to enable carers to continue caring. They help carers to achieve a balance between caring and a life outside of their caring role, to maintain their wellbeing and determine how they manage their caring role. The values will protect young carers from undertaking inappropriate levels of care.

Cheshire East Carers Forum will continue to work together to support carers to achieve the outcomes that make a difference to them. Carers will be involved in all aspects of designing services and measuring how these services perform, and deliver.



All Age Carers Strategy 2021-2025

Carers have told us that our priorities should be



Health & Wellbeing

- We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well, active and to have fun
- We will ensure carers are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.



Early Support for Carers

- We will work together to ensure access to co-ordinated services that provide the right support at the right time, across all sectors social care, health and communities



Prevention – Carer breaks/Respite

- We will work with our providers and carers to look at how we can offer regular respite in different environments that are suitable to the carer and the cared for
- We will explore the range of community breaks available and offer emergency respite when required either in the carers own home or a place of their choice.



Information/Access/Processes

- We will ensure that carers have access to good quality advice and support when they need it: a range of options are available to access information and advice to help build connections.



Employment, Education and Training

- We will offer support for working carers through carer friendly employment, promoted in collaboration with the national Employers for Carers Network
- We will ensure that the right specialist resource is available to support social care staff to identify carers and to undertake carer's assessments as per their statutory duty
- We will ensure that staff who carry out assessments for an individual with care and support needs are fully supported and trained to recognise the needs and aspirations of the carer
- We will ensure that practitioners who carry out or contribute to carers' assessments have training and skills in that role and access to specialist advice
- We will ensure all staff are aware of the benefits of a carer receiving a statutory carer's assessment.



Young Carers

- We will ensure that young carers are identified at the earliest possible opportunity, so they are able to learn, develop and thrive and to experience a positive childhood
- We will offer a life course approach for those who go on to become Adult carers.



The **Carers Voice** is the golden thread in all that we do

All Age Carers Strategy 2021-2025

5 Our Aims

Will be to ensure that all carers:

- Are valued and respected by relevant stakeholders.
- Are feeling safe for the carer and cared for.
- Are identified and recognised by health, social care, employers, education settings and wider partners.
- Are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.
- Have access to good quality commissioned services.
- Are confident that they know who they can contact when they need information and advice.
- Have the time to take care of their own health and wellbeing needs
- Have a voice and are listened to.
- Have the right to be supported if they decide to stop caring or the caring role ends



All Age Carers Strategy 2021-2025

6 How the Strategy was developed

The co-production and consultation followed the principles of the council's **Together** guidance.

We consulted with carers, organisations, and stakeholders on the development of this strategy. We first engaged with carers to develop a draft strategy, and then consulted with carers on the draft strategy.

The consultation and engagement events revealed the positives learnt from the pandemic, and explored how we can build on these.

We consulted with carers, providers (including staff) and customers around what support can be offered to carers and how can they be identified and supported to relevant services to continue their caring responsibilities in a positive way.

A consultation document was shared with our providers onto the CHEST (this is an electronic portal that offers opportunities for partners and customers to seek further information and ideas around what is the local offer to support our carers and what ways can they as a provider support this).

A key part of consultation around the all age carers strategy was operational staff undertaking reviews and reassessment of individual needs, aspirations and outcomes, at the request of other strategies taking place including Cheshire East Connected Communities Strategy (what will be the offer for our carers from the VCFS).

We have consulted with the above stakeholders to develop and review services that support our carers.

To avoid engagement overload, we 'piggy backed' on the engagement activities of other services so we could ensure that carers are at the forefront of everything we do. We need to ensure that carers were fully engaged and assist in the co-production of services that support the carer and the cared for.

We also consulted with our colleagues and other stakeholders in other areas of the council to ensure that the All Age Carers Strategy works in conjunction and aligns with other strategies and ensures carers play an active role in the development of those services which in turn aligns to the All Age Carers service.



Work is progressing regionally and nationally, CEC commissioners are engaged in all national and regional developments some of which will inform the All Age Strategy for example:

- Carers Passport
- G.P. registration for carers
- Employment for carers
- Care Ambassadors in our schools
- NICE Guidelines.

All Age Carers Strategy 2021-2025

7 Our Journey So Far - 2014 to 2021

In 2014, Cheshire East health and social care came together as partners through the local Health and Wellbeing Board. One of the roles of the board is to look at our population and agree strategic plans that would support our citizens not just for carers but also the wider issues around social care and health.

Two transformation programmes were set up within Cheshire:

- South Cheshire 'Connecting Care'
- East Cheshire 'Caring Together'

Both programmes had a priority to identify carers and provide support.

This was the start of the consultation and engagement with carers, partners, and professionals in Cheshire East. During these consultation and engagement events carers told the council that they needed a single point of access, 24/7 helpline and help much earlier to prevent carers breakdown. The Children and Families Department identified the need to provide an individual young carers assessment. These comments and concerns were fed into the Cheshire East Carers Strategy 2016/18. Subsequently, the council in partnership with the Clinical Commissioning Groups tendered for an organisation that would provide the Cheshire East Integrated All Age Carers Hub.

The All Age Carers Hub Model

The integration of carers service through an 'Hub and Spoke' model refers to a distribution method in which everything is centralised, it will either originate in the hub or the hub will distribute to our customers. The Hub would coordinate early help and support for adult, parent, and young carers, and has provided a single point of access at any stage of a carers journey. **It also provided other many benefits, below is a snapshot of some of the All Age Carers Hub key activities:**

- Single point of access
- 24/7 Carers Helpline
- Peer Support, networking
- Access to early help services e.g. Living Well Fund and Take a Break, crisis support

- Community based support
- Online assessments via Live Well
- Reduce hospital admissions

The Integrated All Age Carers Hub to date (June 2021) has 5061 carers registered with the service and has been key in developing a single point of access and assessment for carers.

Re-design of Carers Respite services

Bed based Carer Respite and Community Respite

Carer Respite support was recommissioned in December 2018. At the time, it was recognised that despite people being allocated a number of "nights" in a residential care home environment in order to provide a much needed break for carers, some customers and their carers were not making use of the support they were allocated.

Consultation with them resulted in the service being re-designed. Market engagement with service providers took place and in response to feedback from customers, carers and key stakeholders, the model of support was extended to include community respite support.

It was apparent that the bed based support offered a lifeline for many, however, some customers and carers were telling us that they didn't want to go into a residential care home, even if only for a few days. However, carers still needed a break. Community respite was designed to enable the cared for person to access support in their own home and to look at other options.



All Age Carers Strategy 2021-2025

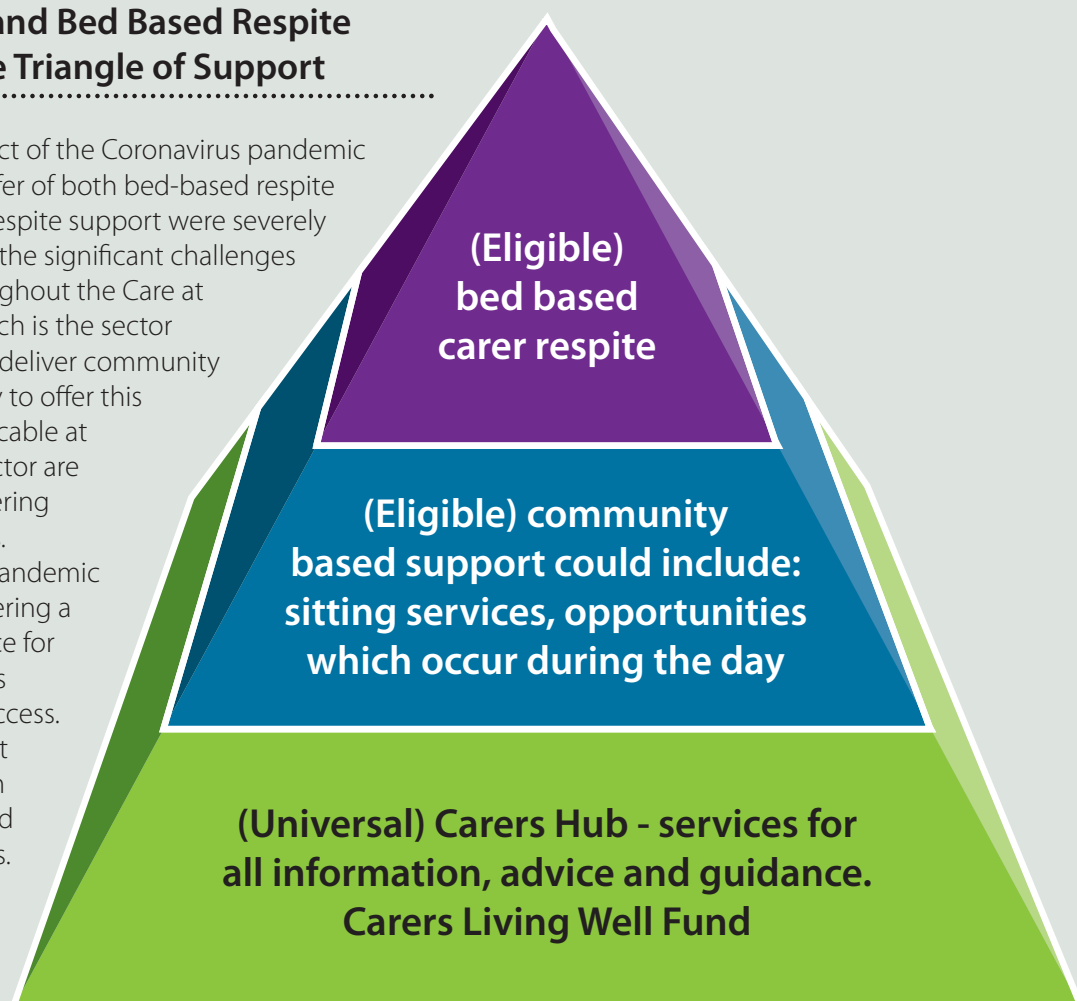
Carer Respite Scenario - Mrs Jones (the carer), has become socially isolated as she is the sole carer for her husband Mr Jones (the cared for person). Mrs Jones' emotional and physical wellbeing is deteriorating, Mr Jones is aware of this and it is exacerbating his condition as a result of the stress he is feeling. Both Mr and Mrs Jones are adamant that Mr Jones will not access bed-based respite support in a care home.

The community respite service could provide 6 hours of support every 4 weeks, to enable Mrs Jones to take a break and see her friends who she used to go walking with (improving both her emotional and physical wellbeing). Mrs Jones knows that Mr Jones is cared for in his own home and Mr Jones can receive the support he needs in an environment where he is comfortable.

The new model of carer respite support, incorporating both a community and bed-based offer of support was implemented between December 2018 and April 2019. The community respite provision is a less intrusive model of support, however, the take up of the Community Respite offer was fairly limited, possibly because it was a new way of facilitating support for carers. **The diagram below illustrates the model of support:**

Community and Bed Based Respite Support - The Triangle of Support

By 2020, the impact of the Coronavirus pandemic meant that the offer of both bed-based respite and community respite support were severely impacted. Due to the significant challenges being faced throughout the Care at Home sector (which is the sector commissioned to deliver community respite), the ability to offer this service isn't practicable at present, as the sector are focusing on delivering essential care calls. Throughout the pandemic we have been offering a take a break service for our carers. This has proved a huge success. We want to look at this in more depth with our carers and other stakeholders.



All Age Carers Strategy 2021-2025

Development of the Carers Forum 2021

The Cheshire East Carers Forum will facilitate two-way communication between carers and services used by all carers and their families in Cheshire East. The forum will work to provide feedback on services, offer constructive challenge to current services and input into decision making and planning for future service provision.

By working co-operatively and collaboratively with local service providers carers can contribute to improvements in the services delivered for carers:

- The carers forum will be a key group in terms of co-production and implementation of the delivery plan for the strategy in terms of holding us to account.
- Ensuring a diverse forum membership and representation of diverse views from carers from all backgrounds and sectors of the community.
- Promoting a reputation and image of the Cheshire East Carers Forum which reflects its aims and values.
- By establishing the Cheshire East Carers Forum, it will help facilitate health and social care commissioners to work in partnership with Carers to develop and evaluate innovative new ways in supporting Carers and their cared for.
- Coproduction is key, the carers forum will work together as equal partners to improve, develop, and deliver services towards a common goal for all our children, young people, families, and adults.
- Using the Together guide that has been coproduced together with children, young people, families and adults living in Cheshire East.



Engagement and Co-production

Commissioners continually engage and consult residents on our services and strategies. Some recent consultation and engagement activities include:

- Carers and their response to Day Opportunities Strategy
- Carers and their response to Assistive Technology charging policy
- Carers and their response to Dementia strategy
- Making Carers Visible CEC, NHS CCG and My CWA webinar – Carers supporting people living with dementia and Domestic Abuse
- Carers response to the autism strategy
- Transition Strategy
- Mental Health Strategy
- The End-of-Life Strategy
- Young Carers and professional engagement
- Engagement with a cohort of all age carers to review the digital offer for carers that will sit on all social platforms including GP practices, health, and social care. Including shared experiences of the pandemic and how they can share their message around protection of their cared for
- We are working with our Procurement and Consultation teams to share all relevant consultation and engagement materials related to carers to ensure we reach out to our providers that offer support to carers and the cared for.

Carers are the continuous link in all that we do - they are part of all the delivery plans with the above strategies and will continue to co-produce and consult with carers of all ages.

For everything we commission, recommission or decommission for the future there is a section within all our service specifications requesting information on 'what is their offer for carers, how do you identify a carer'?

All Age Carers Strategy 2021-2025

8 Where are we now?

Cheshire East are in a position where services need to continue to be aligned, not only to address the current financial climate and population growth, but also to ensure that services are streamlined to work closely together to provide the most effective service in a timely manner. This will benefit the carer and their families as the most appropriate service(s) will be offered.

The strategy will address the following elements, and these will be incorporated into the strategic intentions:

- Health and social care needs
- Value of carers
- Population growth
- Financial challenges
- Whole system approach (including recent strategies).
- Employment and carers
- Young Carers within schools / education

The carer remains at the focal point of this strategy and future commissioned services that will support this.

Figure 1: Elements of caring that need to be addressed



All Age Carers Strategy 2021-2025



Carers play such an important role in all that we do. The diagram above (Figure 1) shows that with every health and social intervention there is a carer involved. If we ensure that there are clear pathways for carers in all of the highlighted circles it will allow us to deliver the right support at the right time. For example, Young carers need to be identified as early as possible, so they receive the right support; e.g. a carer identified within their GP practice to ensure they receive the right support at the right time.

Carers are not a homogenous group; their circumstances are wide ranging in terms of the type of care they provide and the amount of their time they spend caring. Some may care for a few hours a week, yet others may care for over fifty hours per week.

Covid-19 has impacted on carers dramatically and we can see this by the high increase on carer referrals to the Cheshire East Carers Hub (over 500 new referrals in the last 9 months).

The COVID-19 pandemic continues to have a monumental impact on unpaid carers' lives – not only because of the increased amount of care that many are having to provide, but because of the far-reaching effect that providing this care is having on many aspects of life:

- Relationships
- Mental and physical health
- Work
- Emotional wellbeing
- Finances
- Education
- Loneliness and isolation
- Work life balance

There have been positive innovations in technology-based support for carers; though a vast majority of carers have found life significantly more difficult. A decrease in support and sometimes complete closure of local services alongside the increase in needs of individuals being cared for has led to most carers having to provide much more care.

<https://www.carersuk.org/for-professionals/policy/policy-library/caring-behind-closed-doors-six-months-on>

National Context & Demographics

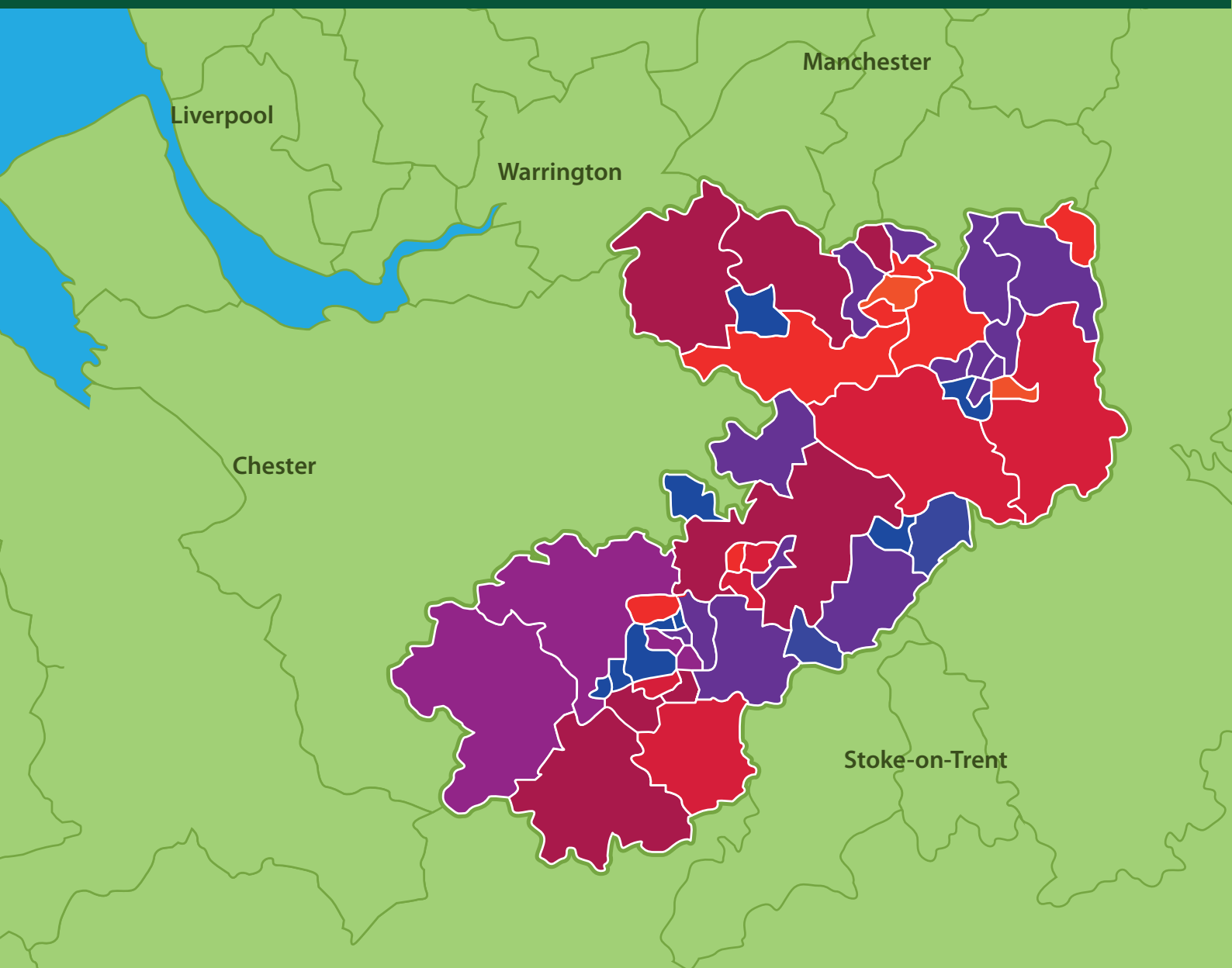
- **1 in 8 adults** (around 6.5 million people) are carers
- Every day another **6,000 people** take on a caring responsibility – that equals over 2 million people each year.
- **58%** of carers are women and **42%** are men.
- **1.3 million people** provide over **50 hours** of care per week.
- **Over 1 million people** care for more than one person
- As of 2020, Carers UK estimates there are around **13.6 million people** caring through the pandemic.
- Carers save the economy **£132 billion** per year, an average of £19,336 per carer.
- **5 million people** in the UK are juggling caring responsibilities with work – that's 1 in 7 of the workforce.
- However, the significant demands of caring mean that **600 people** give up work every day to care for an older or disabled relative.
- Carer's Allowance is the main carer's benefit and is **£67.25** for a minimum of 35 hours, the lowest benefit of its kind.
- People providing high levels of care are **twice as likely** to be permanently sick or disabled.
- **72% of carers** responding to Carers UK's State of Caring 2018 Survey said they had suffered mental ill health as a result of caring.
- **61%** said they had suffered physical ill health as a result of caring.
- **8 in 10** people caring for loved ones say they have felt lonely or socially isolated.

Key statistics

- 4 in 5 unpaid carers (81%) are currently providing **more** care than before lockdown.
- More than three quarters (78%) of carers reported that the needs of the person they care for have **increased** recently.
- There were up to **9.1 million** unpaid carers across the UK before the COVID-19 pandemic, providing everything from a few hours of support a week to intensive and complex round the clock care.
- The pandemic has resulted in millions of new carers - **4.5 million** new to caring since the start of the pandemic, 2.8 million of whom are juggling work and care.
- Most carers (64%) have **not been able to take any breaks at all** in the last six months.
- **More than half** (58%) of carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened.
- **11%** of carers reported that they had reduced their hours to manage their caring responsibilities, and 9% had given up work because of caring.



Carers caring for 50 hours or more per week by Cheshire East Ward



Provides 50 or more hours unpaid care a week (2011)

273 - 409

205 - 273

156 - 205

120 - 156

101 - 120

92 - 101

79 - 92

51 - 79

Health and Wellbeing

In Cheshire East there is a single point of access for carers to receive information, advice, and support through the Cheshire East Carers Hub. This is an all age service and supports young, adult and parent carers. At the end of March 2021 there were 5,061 carers registered with the Hub. 1,160 new adult carers and 124 new young carers accessed the service in 2020/21.

The Cheshire East Carers Hub also carries out statutory carers assessments on behalf of the council. Between April 2020 and March 2021, the Hub completed 589 adult carers assessments and 99 young carers assessments.

Cheshire and Merseyside Health and Care Partnership Plan

The Cheshire and Merseyside Health and Care Partnership Plan has committed to actions that need to be taken across Health and Social Care and considers a more joined up approach to supporting all age Carers.

Cheshire Clinical Commissioning Group Commissioning and Contracting Intentions 2020/21

The Cheshire Clinical Commissioning Group recognises the importance of Carers within their Cheshire Commissioning & Contracting Intentions 2020/21. Priority one is the development of a new service model to deliver person centred care for individuals and their Carer's.

The CCG wants to see:

- Increased number of people accessing support via social prescribers
- Increased focus on personalised care and people feeling empowered to self-care using digital options to make informed choices
- Reduced demand for appointments – GP, Hospital and Community Services
- Improved staff awareness of personal health budgets (PHB)
- Support Carers to maintain their caring role
- More people to access support to maintain their caring role
- Increased support to Young Carers
- Consistent offer for Carers across Cheshire



Health and Wellbeing

They plan to implement this by:

- Supporting the implementation of social prescribing link workers
- Continuing to expand on the personal health budgets offer and expanding this to children and young people and section 117 aftercare
- Community contracts to support staff development and training around person and patient centred care.
- Continue to build on programmes such as One You, Healthy You, and the NHS Long-term Plan
- To develop digital options for people to manage their own wellbeing
- Further developing an all age model to support Carers across Cheshire

<https://www.cheshireccg.nhs.uk/media/1782/cheshire-commissioning-and-contracting-intentions-2020-21.pdf>

This strategy aligns with these priorities.





Key Delivery Actions

To enable us to successfully deliver the All Age Carers Strategy for Cheshire East, several key delivery actions have been identified.

We will develop an outcomes-based approach to carers and their cared for. Where services are provided for a carer they will also achieve a set of results for the cared for.

We will deliver outcomes through working with the joint commission of the Carers Hub Service and by the development and co-production of the All Age carers Strategy:

- Identifying the outcomes that are expected to be achieved prior to making any referrals to services
- Contracting for services based on outcomes and then monitoring based on those outcomes e.g. joint commissioned carers service
- Work collaboratively with our health partners to ensure seamless pathways to support our carers

Delivery of the strategy will be overseen by the Cheshire East Carers Forum. The group is an effective mechanism to ensure that the support available to carers in Cheshire East is shaped by all partners – statutory agencies, voluntary and community sector organisations.

Useful Information



Local Need and Strengths (Assets)

<https://www.cheshireeast.gov.uk/pdf/jsna/carers-jsna-june-2018-final-v2.pdf>

Healthwatch data

<https://healthwatchcheshireeast.org.uk/wp-content/uploads/2019/10/Experiences-of-Unpaid-Carers-Registering-with-their-GP-Practice-in-Cheshire-Report-1.pdf>

Co-production together guide

<https://www.cheshireeast.gov.uk/pdf/livewell/together/together-our-coproduction-guide-and-definition.pdf>

Corporate Plan

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/corporate-plan-consultation.aspx

Social Value

<https://www.cheshireeast.gov.uk/pdf/business/procurement/cheshire-east-social-value-policy-nov-20.pdf>

Shorter version of The All Age Carers Strategy

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/770/Carers-Strategy-Sh>

Cheshire Young Carers Co-production and Engagement Recommendation Report

[CEC Young Carers Findings_Recommendations Report](#)

All Age Carers Survey 2021

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/769/All-Age-Carers-Survey>

Insights Report Exploring Young Carers Experience throughout the Coronavirus Pandemic

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/774/Young-Carers-and-COV>

Story of the challenges carers face and their covid-safe message

<https://youtu.be/8SrKTmCenJs>

For further information please contact:

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jill.stenton@cheshireeast.gov.uk



Appendix B

Implementation Plan - Phase Two Cheshire East All Age Carers Service

Responsible Persons	Key
Cath Magee - Head of Regional Operations	CM
Keri Smith - Head of Development	KS
Chris Mizzi - Head of IT	CMZ
Lisa Taaffe - Senior Development Manager	LT
Gareth Davies - Development Manager	GD
Thomas Atherton - Deputy Business Development Manager	TA
Jane Reeves - Service Manager	JR
Hester Pownall, HR Business Partner	HP
Anna Evans - Learning and Development Manager	AE
Pippa Penfold - Marketing Manager	PP
Joanne Priest - Adult Carers TL	JP
Cara Fullelove - Young Carers TL	CF
Sandra Curren - Purchase Ledger Coordinator	SC
Ian Griffiths - Management Accounts	IG

Version Control	Date / Version Number	Version Number
Implementation Plan - Phase Two - Cheshire East All Age Carers Service	05.02.23	V1
Implementation Plan - Phase Two - Cheshire East All Age Carers Service	06.02.23	V2
Implementation Plan - Phase Two - Cheshire East All Age Carers Service	09.02.23	V3

Implementation Plan - Phase Two
Cheshire East All Age Carers Service

Progress Tracking Key: Complete Scheduled Delayed

Milestones/KPI	Responsible Person	02.01.23	16.01.23	30.01.23	13.02.23	27.02.23	13.03.23	27.03.23	10.04.23	24.04.23	08.05.23	22.05.23	05.06.23	Incentive or Target	Prevalent Notes
Commissioner Contract Meetings	JR / LT / CM														
Internal Implementation Meetings	LT arrange / All responsible persons attend														
Incentivised Indicators															
Development and implementation of service pathways with Children's early help, education and youth services (list not exhaustive)														£10,000	
1. School outreach plan mapped out	JR / CF														
1a Use of reception videos and referral cards	JR / CF														
1b. Referral and communication plan documented	JR / CF														
2. Referral and communication pathway agreed with Children's early help	JR / CF														
3. Referral and communication pathways agreed with key Youth Services (tba)	JR / CF														
Track identification of hidden young carers. Achieving annual target of 'new' young carers referred into the service.	JR/CF											TBC By 31/12/2023		£5,000	
Development and implementation of service pathways with GPs, hospitals, hospices and social care (list not exhaustive).															
1. GP reception videos and referral cards rolled out by Social Prescribers (track progress)	JR / JP														
2. Outreach plan for surgeries that do not engage with video/referral card pathway	JR / JP														
3. Outreach plan for Hospitals - agree referral and communications pathway - document	JR / JP														
4. Outreach plan for Hospices - agree referral and communications pathway - document	JR / JP														
5. Engagement plan with all social care teams - document current referral/comms pathways	JR / LT														
Carers' engagement and co-production plan (including annual satisfaction surveys) to be produced and monitored at quarterly contract reviews												TBC By 31/12/2023		£5,000	Start circulating and collating responses Oct 23.
1. Annual Satisfaction Survey Adult & Young (by post / email / survey monkey / txt)	JR / JP / CF														
2. Engage at carers forums	JR / JP / CF														
3. Establish a Young Carers steering group	JR / CF														
4. Establish a Parent Carers steering group	JR / JP														
5. Establish an Adult Carers steering Groups	JR / JP														
6. Informal steering feedback to be collected at all groups/activities	JR / CF / JP														
Development and implementation of the Take A Break service suitable for all carers (adult, parent and young):												TBC By 31/12/2023		£10,000	
1. Previous providers used as a temporary measure to provide take a break now	JR														
2. Agree solution for Young Carers (clubs and groups incl.)	JR / CF														
3. GRI explored as an alternative area wide/all needs solution - pilot period to be carried out	HP / JR / JP														
4. Explore possibility of recruiting own staff	HP / JR														
4a. Process/procedure and responsibility would need to be agreed - if responses are received from job advert	JR / JP														
4b. Place job advert for bank workers to provide sit in service	JR														
5. Alternative Day Services sourced and utilised	JR														
KPIs - Numbers/volumes															
REVIEW BUDGET PERAMETERS FOR ALL ACTIVITIES / MARKETING TOOLS ETC	CM / JR / LT														
Awareness raising events / activities planned	JR / JP / CF													4	1 per qtr.
Approach in place to offer outcomes review to all carers with a support plan	LT / JR / JP / CF													90% per quarter	Report separately for adult and young
Approach in place to complete as many reviews as possible (intervals / approach / method - KEY Review items ONLY those outcomes 'scored/identified' at assessment)	LT / JR / JP / CF														
Approach in place to implement emergency / contingency plans (automatically generated as part of SNA)	JR / JP / CF														
Track/review the number of carers referred to Take a Break service	JR / CM														
Plan/track adult & parent carer sessions	JR / JP													16 per month	
Track the number of individual participants attending adult & parent carer sessions	JR / JP														
Plan/track young carers sessions delivered (young and adult)	JR / CF													16 per month, 12 per year	
TRACK - Cheshire Young Carers session provision (no. of events and attendees)	JR / CF														
Attempt to track No. of new informal support groups set up in the community	JR / Vol Coord														
Training courses delivered (either direct or via other organisations) - Immediate requirement for Dementia (DISC) and Meds training)	JR / CM													12 per year	3 per qtr.
Track the number of schools engaged with	JR / CF													15 different schools per year	
Plan/track the young carer awareness training delivered in schools engaged with	JR / CF													90% per year	13 of the 15 schools must have had yc awareness training (3-4 a qtr.)
Plan/track the schools that have a young carers champion of those we have engaged with	JR / CF													80% per year	12 of the 15 schools must have a young carers champion (3 per qtr.)
Service Support Quality															
Triage Process - parameters reviewed against data	JR / JP / CF														
Category/intensity of support - parameters reviewed against data	JR / JP / CF														
Modes of support - number by type reviewed	JR / JP / CF														
Intervention Types - number of each reviewed	JR / JP / CF														
Time/motion - review time allocated to each mode and intervention type	JR / JP / CF														
Outcomes - WEMW EBS Outcomes reviewed	JR / JP / CF														
Outcomes - SNA Outcomes measure reviewed	JR / JP / CF														
Outcomes - Needs review outcomes reviewed	JR / JP / CF														
Outcomes - Young carers outcomes reviewed	JR / JP / CF														
Experience Questionnaire - Outcomes reviewed	JR / JP / CF														
Groups - Review range offered and engagement levels	JR / JP / CF														
Activities - Review range offered and engagement levels	JR / JP / CF														
Carer training - Review range offered and engagement levels	JR / JP / CF														
Living Well Fund - Review use and link to outcomes (if possible)	JR / JP / CF														
Take a Break fund - Review use and link to outcomes (if possible)	JR / JP / CF														
Hospital Discharge fund - Review use and link to carers assessments (if possible)	JR / JP / CF														
Emergency Card - Review take up levels	JR / JP / CF														
Fundraising															
CCBT / CBT / COUNCELLING - For Young carers / Adult	LT														

Implementation Plan - Phase Two
Cheshire East All Age Carers Service

Progress Tracking Key:

Complete

Scheduled

Delayed

Milestones/KPI	Responsible Person	02.01.23	16.01.23	30.01.23	13.02.23	27.02.23	13.03.23	27.03.23	10.04.23	24.04.23	08.05.23	22.05.23	05.06.23	Prevalent Notes
Processes - Procedures LINKED TO Charity Log														
Charity Log built to collect all data required to report requirements of 'Performance Workbook' - SEE 'Software Work' tab	LT / CMZ													
Contract KPI's (collected/reported in CL - templates for when cant directly enter data) :														
Referral Template	LT / JP / CF													
Contact record template	GD / TA	Temp			Update versions									
Consent/privacy Template (led by when confidentiality is broken)	GD / TA	Temp			Update versions									
Adult CSNA template (matching Liquid Logic)	LT / JP				Review									
Adult Needs Review template (for those not having a SCNA)	LT / JP													
Young CSNA template (unique to Liquid Logic):	LT / CF													
1. CE still to confirm who is responsible for Young CSNA	LT													
2. In mean time agreed to continue CSNA (NOT contractual requirement)	LT													
Parent CSNA template (TBC with CE)	LT													
Adults Support Outcomes Monitoring Tool (Matching Liquid Logic):	LT / JP													
1. Agree with CE that score system can be used without need for other score mechanisms	LT													
2. Discuss Liquid Logic score system with CE - request change	LT / JP													
Young Support Outcomes Monitoring Tool (unique to Liquid Logic - remove PANOC)	LT / CF													Review when SNA clear
Support plan template (built out from Outcomes monitoring tool) Young and Adults	LT / CF / JP													
Young Carer Review template (for those not having a SCNA)	LT / CF													
Support Effectiveness Review template Young and Adults	GD / TA													
WEMWBS - Short version implemented	GD / TA													
Experience Questionnaire (5 light touch review questions) template - to be used at every opportunity	LT													
Contract Outcomes - collect items NOT recorded as part of outcomes measure / annual review / experience questionnaire	LT / JP / CF / JR													
Short and Long Term Report - Data set agreed with CE	LT													
MDS Client Dataset - Data set agreed with CE	LT													
Contract Demographics - Agree with CE to match the Short and Long term report requirements	LT													
Emergency Card brief to marketing	LT													
Emergency Card generated by marketing	JR													
Emergency Plan to accompany template created	GD / TA													
Risk Assessments:														
For home visits	GD / TA													For all
For groups/activity venues	GD / TA													For all
For co-location venues where one to ones are carried out	GD / TA													For all
For when someone shares information around risk to self	GD / TA													
For when someone shared information around risk to others	GD / TA	Temp												
Safeguarding/incidents record	GD / TA													
Review temporary approach for effectiveness	GD / TA													
Peninsula implemented with supporting template	GD / TA													
Attendance Log template for groups/events	GD / TA													
Service feedback form to use at ALL engagements/groups with carers (informal steering discussions)	LT / JP / CF													
Accurate list/account of all interventions provided	LT / JP / CF / JR													
Record of contact with referral partners/agencies	LT / JP / CF / JR													
Living Well Fund application	GD / TA													
Take a Break application	GD / TA													
Hospital Discharge record	JR						Review							
BACS transfer request sheets (provided by Finance)	LT / SC													
BACS failed query sheet (provided by Finance)	LT / SC													
Eligibility Criteria agreed for Living Well Fund (based on extent of needs identified during assessment)	LT / JP / CF / JR													
Eligibility Criteria agreed for Take a Break Fund (based on extent of needs identified during assessment)	LT / JP / CF / JR													
Volunteer / Peer / befriending approach	JR													
Volunteer chat line - reviewed and re-established - tbc	JR													
Service protocol complete in line with guidance for accurate use of Charity Log	LT													
Cheshire East Carers - SLA in place and performance monitored - MUST ensure all carers accessing are also registered with service	LT / JR / CF													
Free post address arranged	JR													
COMMUNITY REGIONS AND VENUES REVIEWED - MAPPED OUT 'NOW' AND 'TARGET' REGIONS	LT / JP / CF / JR													
Marketing														
Promotional material for Adults - updated	JR / JP / PP													
Promotional material for Parents - updated	JR / JP / PP													
Service Information Handbook														
Website - content managed	JR / JP / CF / PP													
Social media - content managed	JR / JP / CF / PP													
Branded banner etc. for events (Adult and Young)	JR / JP / CF / PP													
YOUNG CARER COMMS PLAN/PROJECT	KS / JR / CF / PP													
Schools video and cards created	JR / CF / PP													
Professional communications material/docs. created (referral partners - SEE Incentivised targets)	LT / JP / CF / JR													
Policies														
Risk Assessment Policy	JR													LOCATE AND SUBMIT
Business Continuity Management Plan	JR													TO BE DEVELOPED
Service User Consent	GD / TA													TO BE DEVELOPED/EXPANDED
Service Development	LT													PHASE 2 IMPLEMENTATION PLAN FOLLOWED BY ONGOING SERVICE DEVELOPMENT PROJECT PLAN REQUIRED

Implementation Plan - Phase Two

Progress Tracking Key:

Complete

Scheduled

Delayed

Cheshire East All Age Carers Service

Milestones/KPI	Responsible Person	02.01.23	16.01.23	30.01.23	13.02.23	27.02.23	13.03.23	27.03.23	10.04.23	24.04.23	08.05.23	22.05.23	05.06.23	Target	Prevalent Notes
Staff Related															
Staff Inducted / onboarded	JR / KS / GD / LB														
Recruit to gaps (Vol Coordinator)	JR														
Review of training record from N-compass	JR / AE														
Review of service training Matrix	JR / AE														
One to one for TL's - Roles and responsibilities / Job descriptions /performance targets etc	JR														
One to one for all staff - Roles and responsibilities / Job descriptions / performance targets etc	JR / JP / CF														
Training / CPD agreed for all staff	JR														
Team Targets (See KPI sheet)	Cheshire East Council														
Individual targets agreed based on hours worked	JR / JP / CF														
Continual assessment of targets for appropriateness	JR / JP / CF														
Equipment review - all staff access to hardware/software required	JR														
Team meetings	JR														
Weekly check ins	LT														
Office storage / organisation in place	JR					Review / new order									
Confidential waste in place	JR														
Notice boards up	JR														
Final Training Matrix confirmed	JR / AE														
Additional Office space in building - parameters of use	JR / CM														
COMMUNITY REGIONS AND VENUES REVIEWED - MAPPED OUT 'NOW' AND 'TARGET' REGIO	JR / JP / CF														

Implementation Plan - Phase Two

Progress Tracking Key:

Complete

Scheduled

Delayed

Cheshire East All Age Carers Service

Milestones/KPI	Responsible Person	02.01.23	16.01.23	30.01.23	13.02.23	27.02.23	13.03.23	27.03.23	10.04.23	24.04.23	08.05.23	22.05.23	05.06.23	Prevalent Notes
Charity Log and Data														
Review of N-Compass Data	LT / CMZ													
Identify incompatible N-compass Data	LT / CMZ													
Solution for staff to access all N-Compass data if not compatible with CL	LT / CMZ													
Core Data build (Demographics etc.)	LT / CMZ													
Review all data reporting req (SALT & Contract)	LT													
Confirm parameters for reducing duplication with CE	LT													
Work Flow build	LT / CMZ													
Outcomes build	LT / CMZ													
Groups/Activities Build	LT / CMZ													
Feedback/Review Build	LT / CMZ													
All drop down lists generated	LT / JP / CF													
Organisations list generated	LT / JP / CF													
Import Compatible N-Compass Data	LT / CMZ													
Staff training	CM / Dizions													
Trial Use	JR / JP / CF													
Back dated entried	TBC													
Liquid Logic														
Review new Assessment doc.	LT													
Agree use parameters with CE	LT													
Implement use of new Adults CSNA	LT / JP / Team													
Solution required for Young Carers SNA	LT													
Solution required for Parent Carers SNA	LT													
Feedback/review of use with CE	LT / JP													
Delegation process implemented	LT													TBC

Milestones/KPI	Responsible Person	02.01.23	16.01.23	30.01.23	13.02.23	27.02.23	13.03.23	27.03.23	10.04.23	24.04.23	08.05.23	22.05.23	05.06.23	Target	Prevalent Notes	CL
Social Value - Tracking																
Environment-local initiatives	JR													1 initiative per qtr	Run a minimum of 4 of our own initiatives per annum, over 16 hours and volunteer an additional 30 hours of staff volunteering time per annum to green space initiatives resulting in £778.78 time invested per annum (NT86). Provide narrative of steps taken.	
Environment- other measures	JR													Target 1 tCO2e	Provide narrative of steps taken	
Social- partnerships	JR													3 culturally appropriate activities/events per annum	Provide narrative of events provided	
Social- funding support	Fundraising Team													Provide narrative of grants applied for / awarded	Provide narrative of grants applied for / awarded	
Social- staff resources	JR													Target 12 hours staff volunteering time per annum, 3 per qtr	Provide narrative / update of engagement	
Social- provision of expert advice	KS													Commit a minimum of 5 hours of staff expert time per annum	Provide narrative response	
Economic- employee skill sets - training	JR & AE													Target 2 training weeks	Provide update using training Matrix developed for the service to show training provided - already includes SCIE Strengths based training	
Economic- employment opportunities														48 hours volunteering towards NEETS	Provide evidence	
														16 weeks 4 week per person	3 unpaid/1 paid work placement	
														52 weeks	1 Apprenticeship	
	JR & VOL COORD													Employ 1 carer per annum	Provide evidence	

Volunteering management project set up - Induction / active / resting / activity / reason for leaving etc

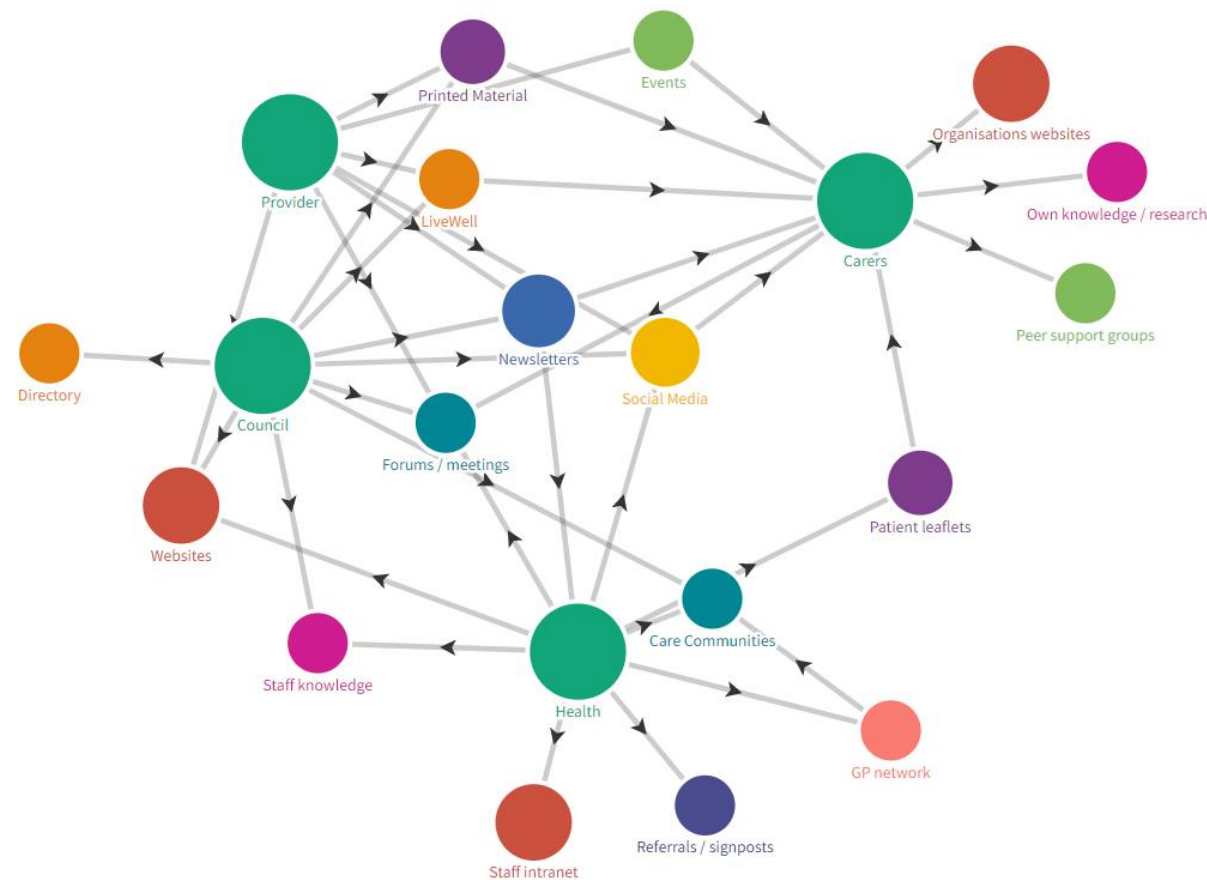
RISK Register

No	Description of Risk	Date identified	Impact	Probability	Mitigating Actions/Countermeasure (What we can do to stop it happening or having an impact)	Risk owner	Risk Assessment Post Contingency
			High	Very likely			
			Medium	Possible			
			Low	Unlikely			
1	Software not in place to record support provision from 01.01.23	03.01.23	Medium	High	Data from N-Compass not 'clean' for import. Reporting criteria needs to be reviewed before software complete. Reduce duplicate entries in CL and LL. MOST recording criteria collected manually for data entry later. Outcomes tools and measurements wont be as final 'tools' only just being confirmed.	LT	Low
2	Staff resistant to change.	03.01.23	High	Very likely	BUT not applicable to the whole team. Extent of impact being assessed as of 06.02.23. Performance management protocol deployed to either win hearts and minds or allocate responsibilities to staff able to implement what is required.	JR	Medium
3	Time taken to collect responses to the 17 page Adults SNA	28.01.23	Medium	Possible	Ongoing pro-active assessment of changes with CE and/or steps staff can take to reduce time taken	LT/JR	Low
4	Referrals received with expectations of a 'break' or access to the LWF as purpose for referral	28.01.23	Medium	Possible	Work with referral partners to clarify ideal message that carers should receive about the service and support offered	LT/JR	
5	Implementing an effective approach to completing reviews that Carers respond well to	28.01.23	Low	Possible	Implementing the use of experience questionnaire that allows the carer to provide feedback in a less formal approach.	LT	Low
6	Non intervention related tasks	28.01.23	Medium	Possible	Ongoing review of tasks and time taken for discussion with CE regarding value and contribution to achieving outcomes for carers	LT	Low
7	Young Carers SNA - if a continued need for the service what % of staff time will this take from other objectives/targets	28.01.23	Medium	Possible	Work with CE to agree best approach to both Young SNA as well as how/what to prioritise other KPI's for YC as a result	JR	Low
8	Confusion in Cheshire East about our offer compared with Cheshire Young Carers	28.01.23	High	Possible	Pro actively work with Cheshire Young Carers regarding their approach and offer in the CE community. Where we are sub-contracting groups create a joined up approach. Encourage for all activity in the region to be 'joined up' but we recognise there needs to be an appetite for that from CYC.	LT	Medium

Place a date in the field when the employee has completed that training	Service Manager	Team Leader	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6	SW 7	SW 8	SW 9	SW 10	SW 11	SW 12	SW 13	Vol Coord	SW 14	Vol 1	Vol 2	Date Personal Performance Plan Updated with record of individuals capabilities (at least every 6 months)
Induction Training including Service Model																					
Organisation Introduction (Including Governance Structure)																					
Service Model Understanding - Protocol/Processes/Pathways/Community based																					
Charity log																					
Outcomes Monitoring (SNA compliant)																					
Carers Assessments																					
Safeguarding Adults & Children																					
HSSE (Health and Safety - including fire awareness/safety)																					
First Aid - One day option																					
Equality and Diversity (including equal opportunities)																					
Lone Working and Risk Assessment																					
Risk Assessment to Self Assessment																					Best practice training sought from Psychological Therapies Dept
Risk to others Assessment																					Best practice training sought from Psychological Therapies Dept
Infection Control & prevention																					
Manual Handling / Moving and handling																					
Mental Capacity Act																					
Mental Health Awareness training																					
Communication Skills (Effective communications in line with individual needs - while demonstrating empathy, integrity and professionalism)																					On a needs basis
Service Key Performance Indicators - (Including the Accurate recording and reporting required information and Data Collection Tools)																					On a needs basis
Confidentiality/Data Protection (Information Governance)mandatory Information Governance training (NHS Toolkit level) covering: • Data security: Protecting Information • Introduction to Data Security Awareness • Breaches and incidents • Introduction to the Law																					
Report Writing/Keeping Accurate Records																					On a needs basis
SCIE - Dementia Training																					Course option decided appropriate to current level of knowledge/skills/quals
Effective Partnership Working																					
SCIE - Strengths Based Training, including:																					
Community Mapping																					
Risk Assessment																					
Positive Risk Taking																					
Person Centred Support Planning and review /Promoting and encouraging increased Independence (strengths and asset based)																					
Promoting healthy lifestyles and recovery for improved independence																					
Ongoing/Refresh Training within 12 months of Induction (Not All Mandatory)																					
Safeguarding Adults & Children																					
Positive Risk Assessment and management																					
Health and Safety																					
Service Key Performance Indicators - (Including the Accurate recording and reporting required information and Data Collection Tools)																					
Person centred Support / Promoting Independence (strengths and Asset based)																					
Multi-Disciplinary / Expert Training																					
Adult Early Help Team																					
Memory Clinic																					
CAHMS																					
Children's services																					
Social Care Locality Team																					
Cared for conditions (ALL)																					
CMHT's																					
Dietician																					
Council Safeguarding Training																					
Other																					
Continued Professional Development																					
Shadowing Internal Team																					
Management and Leadership Training																					

E-learning

Carers Information Connections



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Appendix D

NHS E&I Commitment to Carers Trust Hospital Discharge Final Project Report

Report writers: Jill Stenton & Louisa Thompson

Organisations: Mid Cheshire NHS Foundation Hospital Trusts
East Cheshire NHS Trust
The Countess of Chester NHS Foundation Trust

Date: 05/05/2022

Executive summary. Maximum 750 words.

Mid Cheshire NHS Foundation Hospital Trusts, East Cheshire NHS Trust and the Countess of Chester NHS Foundation Trust worked jointly to deliver a project to develop, test and evaluate a hospital discharge pathway for carers and raise general carer awareness amongst staff. The project was a collaboration between health, social care and the third sector, funding via the NHS England and Improvement Commitment to Carers programme.

The project involved engaging with key stakeholders to develop an integrated pathway, that would identify carers prior to discharge and signpost them for advice and support in preparation for discharge and once they were back home.

We opted to test out a digital approach to supporting carers, to overcome the challenges faced with trying to recruit specific Carer Champion roles for wards and the restrictions imposed by COVID. Following research of digital support that was available, we teamed up with Mobilise www.mobiliseonline.co.uk who currently deliver 21 contracts across the UK commissioned by Local Authorities, NHS and local carer support services. They provide online support and information for carers, empowering those that care to thrive.

The online resources (appendix one) developed and provided by Mobilise for carers focused on the following:

- Information and advice from others who had been through this process.
- Emotional & bespoke support available in the form of an individual support call with a carers coach or via live chat on the website.
- The opportunity to “ask anything” as it was likely that situations will be individual, and solutions may be specific to local circumstances.
- Signposting to local support.

We identified a small number of wards at each of the three hospital sites where we could test out the new approach, focusing on those wards who supported older frail people to identify and signpost carers for support, in preparation for being discharged home.

Key themes that came out of engagement with carers and staff were the lack of information and support available for carers, poor communication with carers, and carers not knowing what to do when things didn't go as expected.

We developed a pathway to help guide staff through the process and know who and where to signpost carers to for support (appendix two). Discharge Co-ordinators from the identified wards shared the contact details for the Mobilise website with the carer, or if they are not digitally enabled, they could directly book them a telephone support slot with Mobilise or give them the number for their local carers centre. For people being cared for with Dementia or

cognitive impairment, the Discharge Co-ordinator would send the carers contact details to Alzheimer's Society, where an officer would follow them up with a phone call, offering to arrange a home visit or telephone appointment for an assessment, working with the carer to agree a support plan. They were also able to refer and signpost the carer and extended family to statutory services, voluntary services, Mobilise and to the relevant carers centre.

In addition to the referral pathway, we explored training for staff and tested out an e-learning package, to help staff better understand, involve and signpost carers for support.

We have had positive feedback on the Mobilise website from both carers and staff, with 225 people visiting the site over the four-week testing period. Ward staff have actively been using the support pathway and providing carers and people being cared for with signposting information.

Learning that can be taken away from this project;

- It is essential to involve carers at the earliest opportunity in the discharge process.
- The way that a person is asked the question about whether they are a carer is important, as many carers don't recognise themselves as carers or as needing support, and don't reach out until they reach crisis.
- Carer awareness is essential for staff and should be a core part of their induction and training.

In terms of next steps, we are aiming to build upon the work already undertaken as part of this project as follows:

- Access to support via the Mobilise website will continue for the next six months, allowing us to build upon the success of the trial. We will promote the use of Mobilise more widely, scaling up from the initial testing that took place with one or two wards per hospital Trust, to include all wards as well as community teams supporting people who have recently been discharged from hospital.
- Roll out the carer awareness e-learning training to staff across the three Trusts, continuing to gather feedback/evaluations and look to get it included as mandatory training for certain staff groups.
- Continue to gather feedback from carers on the support available.
- Continue to regularly promote carer awareness and support via Trust comms.
- Continue to develop discharge process and protocols to include carers and promote Mobilise via discharge packs and letters.
- Explore opportunities for reaching out to and providing resources for carers and potential carers in advance of a hospital stay.
- Build and support a network of Carer Champions to support peers and aid the identification of informal carers across all settings.
- Develop as part of the discharge pathway, the one-off personal health budgets to support families and carers to access personalised care and support, when identified need cannot be met via commissioned services.

Method/Process. Maximum 500 words.

We established a project group that met fortnightly, to plan, develop and implement the approach. Representation was as follows:

- NHS Cheshire CCG

- Cheshire East Council
- Cheshire West and Chester Council
- Alzheimer's Society
- Mobilise
- East Cheshire NHS Trust
- Mid Cheshire NHS Foundation Hospital Trusts
- The Countess of Chester NHS Foundation Trust
- Central Cheshire Integrated Care Partnership

We identified the key stakeholders that we would need to engage and communicate with throughout the project, which included the following:

Organisation	Team/Role
Hospital Trusts x 3	Discharge Team (Matrons & leads)
	Discharge Co-ordinators
	Ward teams
	Dementia Advisor
	Customer Care Team
	Admiral Nurses/Safeguarding Team
	Memory clinic
	A&E
	Community Teams (Nurses & Therapists)
	Comms Team
Local Authority/Social Care	Discharge team
	Brokerage Team
	Home First Team
	Living Well team (Cheshire East)
	Commissioners
Third sector	Alzheimer's Society
	British Red Cross
	Cheshire East Carers Hub
	Carers Trust Cheshire & Warrington
	Audlem & District Community Action
Primary Care	Waters Green Medical Practice
	Social Prescribers

The original project proposal was to recruit three Carer Champions via a secondment opportunity for a period of four months, who would sit within selected wards at each hospital Trust, to help support carers upon discharge. Unfortunately, the timing for the recruitment of the Carer Champions was December 2021/January 2022, which coincided with the very busy Winter period for the hospitals, and the rapid spread of COVID via the Omicron variant. This meant that both health, social care and third sector organisations did not have the capacity to release staff who were interested in the secondment opportunity, and subsequently led to delays with starting the project. In order to deliver against the original outcomes of the project, it meant that we had to explore alternative approaches to deliver the project.

The project team carried out some research into digital support offers, which would allow us to work around the recruitment issue and avoid having to place additional staff on hospital

wards when Omicron was rife. Mobilise were one of the companies who we researched and met with to discuss the project. They were able to provide a solution that we could tailor to the needs of our project and work with us to achieve our original outcomes.

When designing the package of support for carers, we split the design phase into the following three activities, acknowledging the time constraints on carers, practitioners, and professionals.

1. Research and listening: Engagement took place with professionals and support workers via meetings to connect them with the project. We were able to learn about the opportunities and challenges that were being experienced in signposting carers, at the same time as sharing about the work of the project and reframing professional's thoughts about who carers are, broadening the scope to friends and family (who are often unidentified carers or about to begin a caring role).

2. Learning from carers' stories: An initial broad piece of content was used as a starting point "A carer's guide to hospital discharge" which drew on the wisdom and experience of carers who were already part of the Mobilise community. This was shared back with the community who were then invited to share their experiences of hospital discharge, including what they wish they would have known and what support they found helpful.

3. Design Workshop: The Mobilise team, with the support of an external design facilitator, held a half day workshop to bring together learning from the above activities and designed a framework of what a support platform could look like, and what should be included.

Working collaboratively across the three hospital Trusts resulted in agreement to pool the funding, to help distribute resources fairly and make payments via one route. Decisions were taken to the project board for approval, but there were challenges when setting up processes to commission providers, because although it was a joint project, there was still approval required from three project sponsors and funding to manage/co-ordinate from three Trusts. This led to delays with getting processes and approvals set up.

Another challenge was the lack of face-to-face contact with carers on wards due to COVID visiting restrictions, which limited our lines of communication. It did however allow us to test out digital communication approaches as part of this project.

Key findings. Maximum 2000 words.

The project had two key outcomes, which were:

1. The development of an integrated pathway to identify carers and to signpost them for support.
2. Development of a training package co-created with carers, health, social care and third sector.

The first outcome was achieved through the development of an integrated pathway, which identified carers upon the commencement of discharge and signposted them for support and advice across a wide range of local services, via a digital platform or via telephone support. The pathway has been developed with and includes support from health, social care and the third sector, making it a truly integrated approach.

The second outcome took a focus on developing a training package for staff, to raise awareness of carers and their needs. Research into training approaches and packages, led

to the testing of an e-learning package. Opting to deliver the training online has the advantage of it being easily accessible to a variety of staff, without the logistics associated with running face to face sessions. An existing e-learning package, which is already being used by a Local Authority elsewhere in the country was tested with 75 health and social care students at the University of Chester along with a number of local Social Prescribers. This evaluated well and has been commissioned for 12 months in the first instance, with a plan to roll out to 3,000 staff across the three hospital sites and community teams (1,000 per site).

The responses that Mobilise has gathered from carers across the country highlighted some common themes:

- Lack of information and support available for carers
- Poor communication with carers
- Carers not knowing what to do when things didn't go as expected

Mobilise website - In total 225 people arrived on the Mobilise digital platform over the four weeks of live delivery. Although people were not asked to register, they were able to complete a quick and easy online quiz style tool to direct them to resources appropriate to their situation. In this way we were able to learn more about them and focus the content on their current situation through the analytics gathered from the website. Further information can be found in appendix three.

Results show that we were reaching people at each of the key stages identified and that 72% were as a result of an emergency admission.

Of the carers who accessed support, the situation/location of the person who they cared for was that 35% were still in hospital, 32% were preparing to leave hospital and 32% had already been discharged home.

The split of carers accessing support broken down by hospital site was 45% from Macclesfield Hospital, 31% from Leighton Hospital and 24% from The Countess of Chester Hospital.

Alzheimer's Society support - There were four referrals to the Alzheimer's Society over the four-week trial period. One from Macclesfield hospital and three from Leighton hospital. Although the numbers were low, the use of the referral pathway was positive, and the process worked well.

Outcomes for the four referrals were as follows:

- Two carers took up the offer of community support with one accepting the offer of a telephone call assessment and a home visit. Clear actions and outcomes were noted during the home visit. Primarily the carer wanted to talk through next steps in the care for her husband. Previous interactions had involved contact with the local Carers' Hub where she received generic advice, but the need was for a conversation with someone with more dementia knowledge and expertise. Following the home visit, further dementia specific written materials have been provided by post and email.
- Two carers did not require support; one did not feel the need for it and the other was going to be supported by the residential care setting where the person they cared for had been moved to long term.

Social Prescribing - The link with Primary Care via the Social Prescribing Team resulted in changes being made to protocols in GP surgeries for identifying, recording and signposting

carers for support. The awareness raising that the Social Prescribers have undertaken has already increased identification and support of carer in medical practices.

Carer pathway – Carers are being identified on admission to the ward as part of the new pathway to support carers upon discharge. There is a clear process that staff can follow once they identify a carer and they know who and how support can be accessed. Staff feel more confident in the identification of carers and signposting for support. If they need help, they know where to go. Please refer to quotes in appendix four.

Supporting resources – Leaflets, posters, pull up banners, prompt cards and pin badges have been developed, with a branded logo co-created with carers (appendix five). The leaflets, posters and pull up banners have the contact details on for Mobilise and the two local carers hubs. They also have a QR code, text responder service and simple URL to streamline transition from offline leaflet to online services. This has the added benefit of allowing us to track how effective the different marketing materials. The leaflet is available in printed copy and e-flyer.

The leaflets are included in hospital discharge packs, which is helpful for those people who may want to look through it in their own time or access support at a later date.

Carer support notice boards have been put in place within a number of secondary and Primary Care settings.

Prompt cards have been developed for use by staff, to get them thinking about what actions they will take to include and support carers.

Carer Champions - Staff within various settings have been identified and supported to be a champion when it comes to identifying and supporting carers.

Carer awareness training – Awareness of the impact of caring has been raised amongst professionals in secondary, primary and community settings through various engagement opportunities. An e-learning training package has been sought and tested with students and will be rolled out to 3,000 staff over the next 12 months, to continue to build carer awareness across a variety of teams. Staff who complete the training will be given a 'carer champion' pin badge, with the aim of helping to build a network of staff who actively promote carer involvement and are visible to other staff and carers.

Learning that can be taken away from this project is that it is essential to involve carers at the earliest opportunity in the discharge process, allowing them to provide an inclusive plan for the cared for and preventing information overload upon the day of discharge. It also helps to ensure that service provision is in place, avoiding carer breakdown.

The way that a person is asked the question about whether they are a carer is important, as many carers don't recognise themselves as carers or as needing support, and don't reach out until they reach crisis point. More than ever people associate the word carer with a paid professional. Prior to hospital admission an individual may not have had anyone caring for them, so asking about family and friends who will be supporting them when they return home is more relevant. By reframing the way in which the question is asked, for example do you have someone help you with shopping, help you to prepare meals, or drive you to places etc, will help to understand whether someone is undertaking caring responsibilities.

Carer awareness is essential for staff and should be a core part of their induction and training. It needs to be short, flexible, interactive and accessible, recognising that staff are constantly busy.

The following benefits have been realised through the project:

- Better engagement with carers
- Better engagement with staff around carers
- Increased staff awareness and knowledge of the carer role and how to support them
- Clearer pathways to support and signpost carers
- Improved access to carer support and information locally

The indicative timescale was extended by a month from the end of March to the end of April, to take into account the difficulties experienced during the few two months of the projects with trying to recruit to a Carer Champion post. The extra month allowed us to develop the approach and test it out, with a full month of data to support the evaluation.

Conclusions. Synthesis. Maximum 750 words

Through engaging with a wide range of teams and services, we have been able to build strong links with a number of voluntary sector organisations who have previously struggled to reach out to the various hospital and community Health/Social Care teams. We have received positive feedback from carers, staff and the third sector.

The project has been able to link in family members who live out of area with local services and support via Mobilise. The use of a digital platform has allowed relatives such as sons and daughters who live at the other end of the country or abroad (Canada in one instance) to feel more involved in the care and support for their family member following hospital discharge.

All wards across the three hospital Trusts where older people are admitted to will benefit from this project. This will include the carer, the person being cared for and staff. The carer will have access to support and advice, tailored to their needs, which will give them the confidence and ability to undertake their caring role. This will ultimately benefit the person being cared for, who will have the support of a carer who feels equipped to manage their role. Staff will benefit from the expert input from the carer and will understand how to include carers in discharge planning in a meaningful way. It has given staff the confidence and a tool that allows them to better engage with carers.

From a carer's perspective, we have received the following feedback:

"Thank you so much for the website link it has been invaluable in learning about how to navigate mums care in the UK from here!"

Daughter of Hospital Patient, living in Canada.

"Thank you, I have checked it out, could be useful if Dad ends up in hospital again."

Daughter/carer for Dad living at home.

"Thanks for the link, can never have enough information."

Carer/husband.

“It’s good to know there are sites like this for when we feel lost, my daughters are helping me have a look through while my husband is in hospital.”

Carer/wife.

The learning from this project will be shared across the other wards in the hospitals that care for older people and with community teams who support people at home following their discharge from hospital.

Regular communication, engagement and awareness raising will help to raise the profile of unpaid carers and keep it in everyone’s mind.

The caring role in many cultures and communities is not always seen as an additional role. Using language such as “supporting someone who is coming home from hospital”, “family and friends” and removing the threshold of needing to “register” or identify as a carer before having access to helpful information and resources creates a more equitable service that could reach a more diverse population.

We underestimated the difficulties in recruitment due to timescales, this was exacerbated by the COVID crisis.

Work needs to continue to raise awareness of the carers and the possible negative impact when appropriate support is not in place. This needs to be across whole systems and where Carers can be added to existing pathways and protocols this results in achieving our goals without the need for additional work for busy staff. Staff need to be confident in the identification of carers and be able to signpost on for appropriate help but also feel supported themselves. Carers Champions in settings can contribute to this.

It is essential that Carers are involved in all aspects of the process and feel listened to, giving them choice and control. Feedback suggests they often feel too much information overload and so it’s vital the process is commenced sooner on admission if possible. Many relatives really struggle with self-identification “What is a carer”. Carers struggling need to know who to contact post discharge. Support is crucial to prevent carer breakdown.

Carers identified during the discharge process can then be registered via the GPs surgeries. This has enabled informal carers to access carers MOT healthcare checks, flexibility of appointment times. Carers can then access support ongoing via the Social Prescribers teams who can advise and signpost to a range of services allowing carers to protect their own health and wellbeing and thus supporting them to continue to care. This support helps to remove barriers to accessing healthcare and reduces the health inequalities of this vulnerable group.

Conclusions. Next steps. Maximum 750 words

Now that the Mobilise platform has been set up and tested, proving that it is able to cope with significant volumes of user traffic, we are in the position to be able to scale up the outreach to carers, to include all adult hospital wards and further follow up from professionals working in the community discharge situations.

Any carers connected to Mobilise as a result of the trial will have ongoing access to support through both the hospital discharge situation and their onward caring journey. An agreement has been made for an extension to the work. The Mobilise platform will be available for further carers to be signposted and receive support for a further six months so we can build

on the momentum of the project, collect longer term data and make updates to resources as required.

With the relaxation of COVID rules, carers, friends and family will begin to have increased access to hospital wards and face to face conversations with staff, there will be more opportunity to signpost to the Mobilise platform. There might also be other opportunities that take pressure away from busy healthcare professionals, such as heavy traffic areas like cafes, car parks and public transport may provide creative opportunities.

Action for the next 6 – 12 months include:

- Access to support via the Mobilise website will continue for the next six months, allowing us to build upon the success of the trial. We will promote the use of Mobilise more widely, scaling up from the initial testing that took place with one or two wards per hospital Trust, to include all wards as well as community teams supporting people who have recently been discharged from hospital.
- Roll out the carer awareness e-learning training to staff across the three Trusts (aiming to train 3,000 staff), continuing to gather feedback/evaluations and looking to get it included as mandatory training for certain staff groups.
- Continue to gather feedback from carers on the support available.
- Continue to regularly promote carer awareness and support via Trust comms.
- Continue to develop discharge process and protocols to include carers and promote Mobilise via discharge packs and letters.
- Explore opportunities for reaching out to and providing resources for carers and potential carers in advance of a hospital stay.
- Build and support a network of Carer Champions to support peers and aid the identification of informal carers across all settings.
- Develop as part of the discharge pathway, the one-off personal health budgets to support families and carers to access personalised care and support, when identified need cannot be met via commissioned services.

We will measure success in the following ways:

- The number of people continuing to access and be supported via Mobilise
- Referrals to the two Carer Hubs
- Referrals to Alzheimer's Society
- Hospital discharge surveys
- Number of Carer Champions trained across the three Trusts.

The evaluation report and key learning will be shared across the various Boards within the three hospital Trusts and via staff e-bulletins, newsletters and social media across health, social care and third sector partners. We also have plans to share the project findings and our collaborative approach with regional groups such as the Association of Directors of Adult Social Services (ADASS) North West Carer Networks, NHS Commitment to Carers 'Lunch and Learn' and Cheshire & Mersey Carer's Strategic Partnership Board.


Reflection. Not compulsory. Maximum 250 words.


Finding people across the health and social care system that are passionate about supporting carers has been key to the drive and energy needed for this work. Champions for both the project and carers in general in key locations has helped to build enthusiasm and gain buy-in from teams that are under considerable pressure. Demonstrating to

professionals how identifying and signposting carers could make their work easier and more effective, rather than being an additional burden, created a breakthrough.

Appendix One

Website link to Mobilise site www.mobiliseonline.co.uk/hospital





[Home](#)
[Help & advice](#)
[Cuppas](#)
[Blog](#)
[For organisations](#)
[More](#)
[Subscribe](#)

Are you supporting someone in hospital?

If you are supporting someone who is coming home from the hospital, we're here to help guide you through.

Take our simple quiz to receive the right support for you right now.



Take our simple one minute quiz to receive your pack

Which of these best describes the current situation for the person who is/was in hospital?




They're in hospital


They're preparing to leave hospital




We're already home

[Next](#)

powered by  involve.me






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[Help & advice](#)
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Help for Carers

Whether we're new to caring or been at it a while, having the right help as carers can really enhance our lives. Browse our A-Z guide which covers support for carers across the UK. Including the key practical, emotional and financial support for carers.

[Why do carers need help and support?](#)
[What help is available for carers?](#)
[How to get carer support?](#)
[Support for carers of dementia patients](#)
[Support for carers of mental health](#)
[Support for carers near me](#)
[Carer support and respite](#)






[Home](#)
[Help & advice](#)

Join other carers for a virtual Cuppa

The Mobilise online, or virtual, cuppa is a free 45 min video call where you can connect with around 12 other people who are also looking after a loved one.

[View our timetable](#)


We're entirely focussed on supporting unpaid carers, rather than the person they look after. Share a laugh or some tears, we've all been there and you won't find a more understanding group. Our cuppas and the community around them is created by carers, for carers.

It's just great to know others are there, to listen at least. Great to actually 'see' other carers as well as talk to them and share ideas

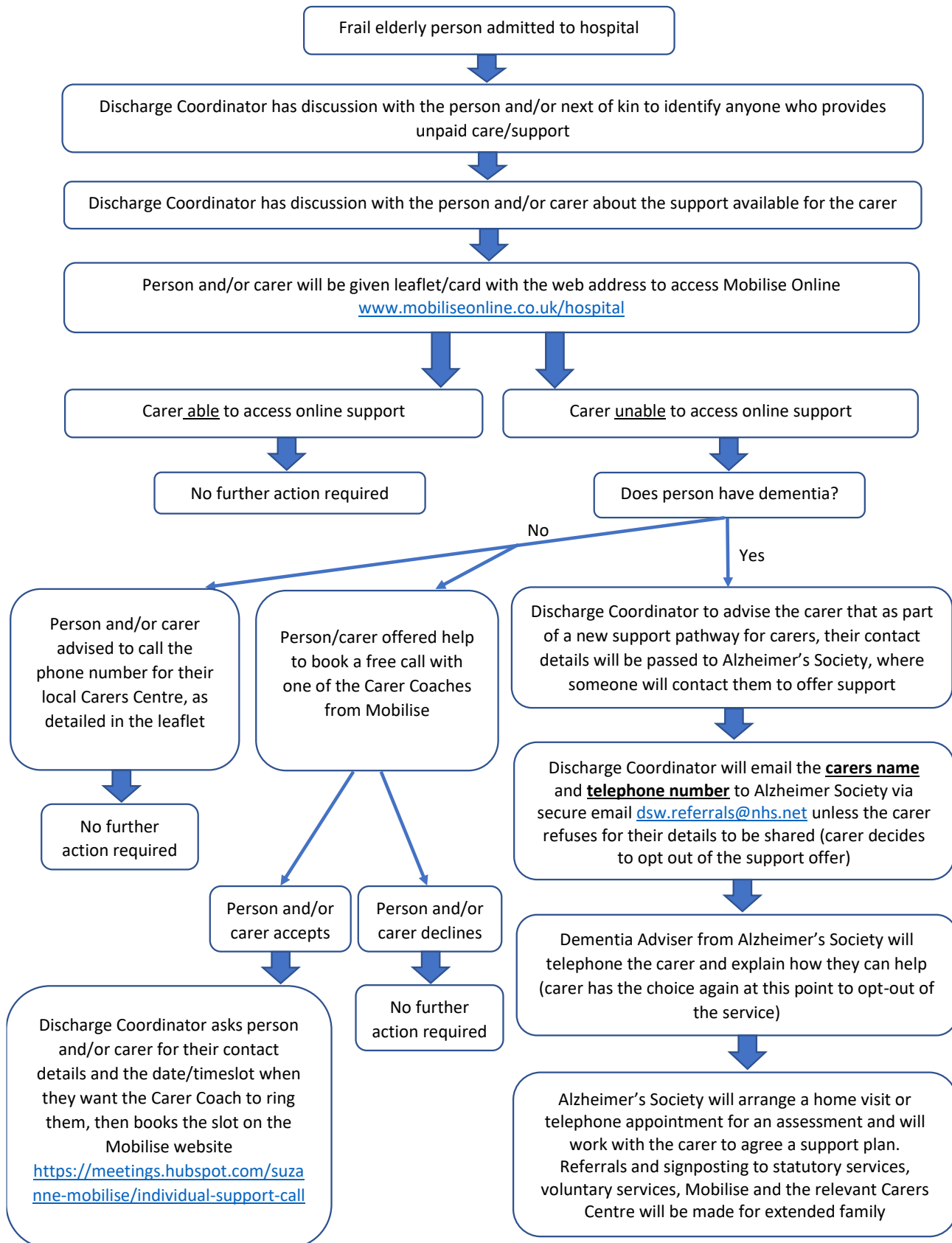
All you need to join is a device with access to the internet, a microphone and speakers. A camera is also useful but not essential. Most smartphones will work just fine.

With over 500 cuppas under our belt, we're experienced at facilitating a cuppa. Each of our cuppas has a theme and everyone gets a chance to express themselves.

Every unpaid carer is warmly welcomed to join us, simply choose a time to suit you from our timetable.



Appendix two

Carer Hospital Discharge Support Pathway

Appendix three – Mobilise data / Insights



Mobilise website insights

Data from the landing page created for this project.

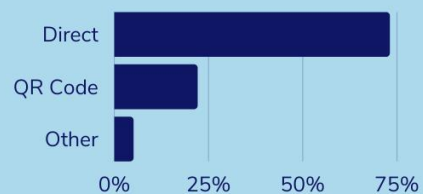
225
Visits to the Mobilise website

46% Conversion

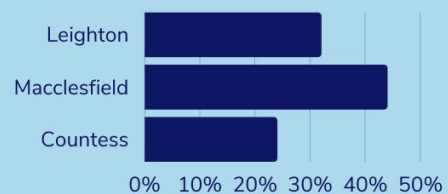
104
People start the quiz

68% Conversion

71
People finish the quiz

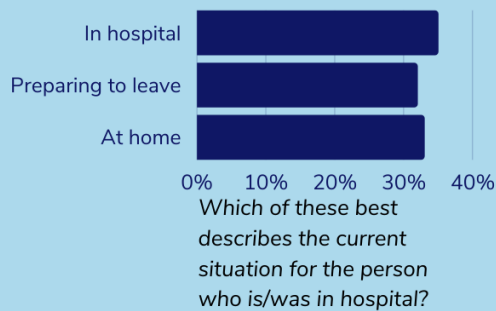


Breakdown of how people arrived at the website.

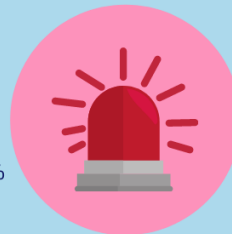
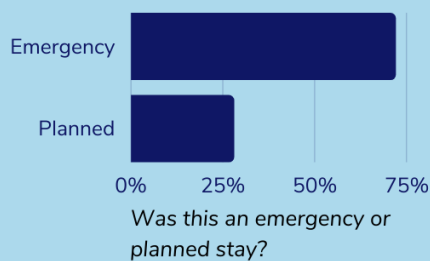


The hospital respondents said the person they care for is receiving treatment.

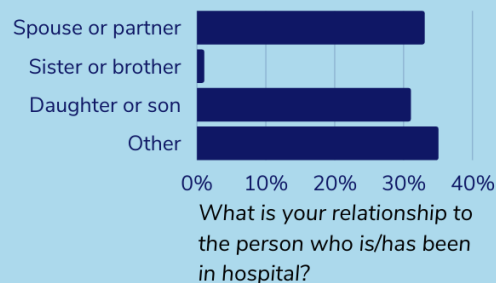
Mobilise quiz insights



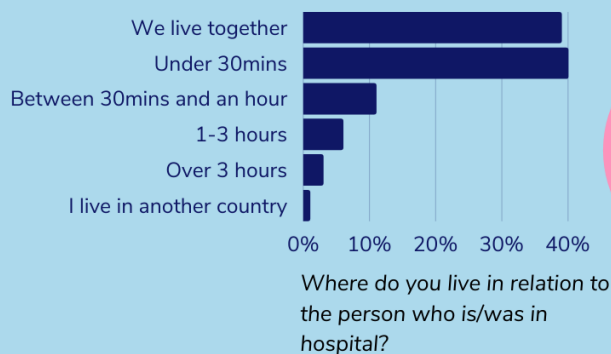
Those potentially being cared-for were found equally across all situations.



Most people who used the website did so as the result of emergency admittance.



Siblings are very unlikely to support a person in hospital. And more options are needed to determine what constitutes 'Other'



Very few of the respondents travel further than one hour to reach the person who might need care.

Appendix four – Quotes

Mobilise Feedback – Care hospital discharge pilot		
Healthcare Staff	Social Staff	Real Carers
Ever since it was shown to me I have told every single patient carer I have in contact with, it's always great to have something to help people feel less alone. <i>Social Prescribing Team Leader</i>	I found that the website is easy to navigate and seems informative and straight forward to use. <i>Social Worker</i>	Thank you so much for the website link it has been invaluable in learning about how to navigate mums care in the UK from here! <i>Daughter of Hospital patient (Living in Canada)</i>
This is a very helpful tool for patients' families/ carers. <i>Practice Manager</i>	I also found the briefing useful and have saved this in my resources folder <i>Social Worker</i>	Thank you I have checked it out, could be useful if Dad ends up in hospital again. <i>Daughter/ carer for Dad living at home</i>
Mobilise is a great tool to share with carers! I've told my patients families who haven't needed it yet, but they know it's there when they do. <i>District Nurse</i>	I have had a quick look and think it's great. The information is clear and easy to understand. <i>Cheshire East</i>	Thanks for the link, can never have enough information. <i>Carer/Husband</i>
Patients I have done care plans for have thanked me for including Mobilises leaflet as they know there is some extra information in with their important documents that might support their family if they are taken into hospital. <i>Care Coordinator</i>	There are so many professional staff that have been so helpful when SU have needed that extra support and reassurance. I would like to say Thank You and I would like this service to continue. <i>Social Care Assessor</i>	It's good to know there are sites like this for when we feel lost, my daughters are helping me have a look through while my husband is in hospital. <i>Carer/wife</i>
"I will take a look around the site to see what I can find that may be helpful because there is certainly a lot on here which is great. The site looks excellent!" <i>Care Coordinator</i>		Thanks for your advice I am guilty of not talking things through with my family as I don't want to burden them but will try to talk to them. Carer balancing work and care, via Mobilise live chat, prompted to have conversation with both line manager and wider family.

Appendix five – Resources

Are you supporting someone who is coming home from hospital?

Mobilise are here to guide you through.

You might be supporting your husband, wife or parent. It can be helpful to have guidance and information on what to expect through the process.



Get your free Mobilise Home-From-Hospital pack, which takes you step-by-step through the things that you need right now. It only takes a few seconds, no sign-up necessary.

Find out more:
text **CHESHIRE** to **88802**
or visit:
mobiliseonline.co.uk/hospital




Texts are charged at your normal network rate.




Are you supporting someone with Dementia or a potential dementia diagnosis?

If you are supporting someone with Dementia, or are concerned about early signs then additional support is available from the Alzheimer's Society too.

Telephone: 0300 369 0570
Email: cheshire@alzheimers.org.uk



If you prefer not to use online services...

Depending on where you live, you can also access support related to caring for someone and leaving hospital from your local carer centre.

If your council is Cheshire West and Chester get in touch with Cheshire & Warrington Carers Trust 0300 102 0008

Or, if your council is Cheshire East, get in touch with Cheshire East Carers Hub 03450 138 208



Are you supporting someone who is coming home from hospital?



We're here to guide you through.


You might be supporting your husband, wife or parent. It can be helpful to have guidance and information on what to expect through the process.



Get your free Mobilise Home-From-Hospital pack, which takes you step-by-step through the things that you need right now. It only takes a few seconds, no sign-up necessary.


Find out more:
text **CHESHIRE** to **88802**
or visit: **mobiliseonline.co.uk/hospital**

Texts are charged at your normal network rate.

Is there a carer?

Please refer to social prescribing team



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The Carers Hospital Discharge to Home Scheme is now live. Here's a look at the offer.

How To Make A Referral?

What is the scheme?

- Due to the current crisis within the NHS and with Winter Pressures we are exploring options and solutions to alleviate some of the pressures and free up hospital bed capacity quicker.
- Via the Carers Hospital Discharge to Home Scheme, a one off incentive payment can be paid to an informal unpaid Carer (family/friend) to support them in their caring role upon discharge.
- The scheme is aimed at patients who are ready for hospital discharge but need some support to recover or recuperate, which could be met through informal care, either entirely or alongside reduced formal support.

What will the scheme do?

- Help to reduce delayed discharges and free up hospital bed capacity.
- Help to reduce the need for formal care at home support and short stays.
- Support Reablement packages and help to reduce their input.
- Support the Integrated Placement of Care Hub (IPOCH) Team.
- Support unpaid Carers in their role by paying them a one off incentive payment.

How can we support your team?

- Offer another support pathway to enable patients to be discharged from hospital once ready.

Our initial vision

- To create space in the current Care Market, safely.
- To support the IPOCH Team and Hospital Discharge Teams at Leighton Hospital to free up hospital bed capacity.
- To support and recognise the Carers of Cheshire East.
- To identify hidden Carers in Cheshire East.

Who can refer?

- IPOCH Team, Hospital Ward Discharge Teams, Reablement Team, Hospital Social Work Team, Therapy Teams, Community Connectors, Carer self refer.

Email the team at carershospitaldischarge@cheshireeast.gov.uk with the key details (patient name, Liquid Logic number, ward location, information about the Carer(s), patient needs identified etc)

Please note below the **referral criteria:**

- Has to be a main unpaid carer(s) in place who is willing and able to support on discharge
- Has to be a Cheshire East Resident
- Has to be registered or willing to register with the Carers Hub (Carers Assessment required)
- Have to be on Pathway 0 or 1 and ready for discharge at Leighton Hospital
- Max of 6 weeks incentive payment

Meet The Team

Jill Stenton



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Tel: 07833 490822

Danni Stuart



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Tel: 01625 374207

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Working Carers Guide for Schools



Guide for Headteachers/Managers –

Bringing together information and advice available for working carers to help support you and your teams in schools

Purpose

We recognise that some staff have caring responsibilities which can be unpredictable and demanding, so aim to offer them as much support as reasonably practicable



This guide defines what a carer is and provides you (headteachers/managers) with resources to help signpost and support working carers in schools

What is a carer?



Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support ([Carers Trust](#))

Anyone can become a carer, and carers come from all walks of life, all cultures and can be any age. Many feel that they're doing what anyone would do in the same situation, caring for a mother, father, wife, husband, son, daughter or best friend, for example.

Key Facts



- Around 3 in 5 people will be carers at some point in their lives.
- 1 in 8 adults (around 6.5 million people) are carers.
- Every day another 6,000 people take on a caring responsibility – that equals over 2 million people each year.
- 58% of carers are women and 42% are men.
- 1.4 million people provide over 50 hours of care per week.

Your role as a Headteacher/Manager

If an employee comes to you to talk about their caring responsibilities and/or struggles, be supportive. **Listen to them, take the time to understand their situation and encourage them to be open** – often, having this kind of two-way dialogue will help uncover some solutions and help to support their needs.



External information and advice



- [careLinks and poster \(PDF, 1MB\)](#) - CarerLinks+ is a free service dedicated to supporting and understanding the needs of unpaid carers from the LGBT+community across Cheshire East
- [Skills for Care](#) - Information to allow employers to ask important questions around the prevalence of carers they employ, acknowledge the important role that carers play and suggests how carer's skills can be retained and developed
- [Carers UK](#) - National advice, support and information

External information and advice



- [Carers Trust](#) - Action, help and advice. Getting help, money and benefits, local carers centres and discussion boards
- [Employers for Carers](#) - Cheshire East Council is a member of the Employers for Carers scheme, which gives staff full access to their resources for advice and information, specific to working carers. For full access to this site you must first create an account via the link on the homepage. The Cheshire East membership code is: **#EFC1929**
- [NHS choices](#) - provides information from the NHS for carers and people who are planning for their future care needs, including details of the [Carers Direct Helpline](#)

External information and advice



[Macmillan Cancer Support](#) - Manager guidance - supporting staff with cancer or who are caring for someone with cancer

[Age UK](#) - provides sources of emotional, practical and financial support that are available to carers of older people.

[Alzheimer Research UK](#) - provides details of information, support and care services to people with dementia as well as their families and carers.

External information and advice

[Joint All Ages Carers Strategy 2021-2025](#) - this strategy is health and social care's response to the stated needs of carers



Internal information and advice

[Cheshire East Hub](#) A single point of access for all age carers in Cheshire East. The service is delivered by Making Space. They provide a range of support from 1:1 support, peer support groups, information and advice, carers breaks and statutory carers assessments.



Any employee of Cheshire East Council can contact the service for information, advice and guidance about their caring role. Where an employee lives outside of the Cheshire East boundary they will be provided with information and advice and supported to contact their local carers service.

Internal information and advice

E-learning course – Carer Aware

This e-learning course is available from the Astute eLearning platform, and takes approximately 50 minutes to complete. It gives helpful information regarding who carers are, problems that they face, carers and the law and meeting their needs. It can be accessed through the link below (you will need to self- register).

<https://cheshireallagecarers.astute-elearning.com/>



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Internal information and advice

Occupational Health Unit (OHU)

The role of Occupational Health is to assess the impact of 'health on work' and 'work on health' and to help maintain the health of the workforce. A host of services are available.



Discuss with the employee whether an OHU referral is appropriate – only you, as a headteacher/manager, can make the referral.

Policy and Guidance



There are various policies available to support carers at work, please see below for details of the model policies:

Flexible working policy and procedure- Working carers may benefit from flexible working in order to balance work and caring responsibilities. The request can cover changing hours, times or place of work. See policy and procedure for more information.

Leave and time off policy- Carers may want to use their annual leave for caring responsibilities or to take a break. Employees also have the right to take 'reasonable' time off to care for dependents (including immediate family or someone relying on you as a carer), in the event of an emergency. An emergency might be an accident at home or a breakdown in care arrangements.



Policy and Guidance



Ordinary parental leave policy - There will be occasions when working parents wish to take time off to care for or spend time with their child or children. The policy sets out a general outline of statutory rights and responsibilities to take up to 18 weeks' unpaid Ordinary Parental Leave in respect of each child.

Equality and diversity in employment policy - It is illegal to discriminate against a carer because of their responsibilities as a carer, or because of the individual(s) they care for. Equality is about treating people alike according to their needs. The policy details more about this.

Policy and Guidance

Wellbeing policy- Supporting someone else as a carer can impact physical and mental health. The school has a responsibility for the health and wellbeing of its staff. The policy sets out the approach to managing its obligations to support and enable staff to maintain their physical and mental health wellbeing.



Useful internal contacts



- Human Resources
 - Email: HRenquiries@cheshireeast.gov.uk
- Senior Commissioning Manager, Integrated Adult Commissioning
 - Email: Jill.Stenton@cheshireeast.gov.uk

Appendix G - Adults Delivery Plan



					Meetings Stauts			
Priority	Lead [s]	Organisation	Role	Contact Details	1	2	3	4
Support for families and carers	Jill Stenton	Cheshire East Council	Commissioning Manager	jill.stenton@cheshireeast.gov.uk		04/03/2021		
	Lesley Hilton	NHS	Senior Project lead	<a href="mailto:HILTON,Lesley(NHSCHESHIRECCG)<lesley.hilton2@nhs.net>">HILTON, Lesley (NHS CHESHIRE CCG) <lesley.hilton2@nhs.net>				
	Julie Roberts	Cheshire East Council	Commissioning Officer	julie.roberts@cheshireeast.gov.uk				
	Georgia Carsberg	Cheshire East Council	Public Health Data Analyst	georgia.carsberg@cheshireeast.gov.uk				
	Lisa Taaffe	Making Space - CE Carers Hub	Commissioned Provider - Business D	lisa.taaffe@makingspace.co.uk				
	Jane Reeves	Making Space - CE Carers Hub	Commissioned Provider - Service Ma	jane.reeves@makingspace.co.uk				
Assessment	Cheshire East Carers Hub							
Education	Lisa Carden-Dorey	Cheshire East Council	Cheshire East Childrens	<a href="mailto:CARDEN-DOOREY,Lisa<Lisa.Carden-Doorey@cheshireeast.gov.uk>">CARDEN-DOOREY, Lisa <Lisa.Carden-Doorey@cheshireeast.gov.uk>		03/03/2021		
Service Provision	Liz Smith	Cheshire East Council	Integrated Commissioning	<a href="mailto:<Liz.Smith@cheshireeast.gov.uk>"><Liz.Smith@cheshireeast.gov.uk>		26/02/2021		
	Kelly Brighthouse	Cheshire East Council	Integrated Commissioning	kelly.brighthouse@cheshireeast.gov.uk				
	Lesley Hilton	NHS	Project Lead	<a href="mailto:HILTON,Lesley(NHSCHESHIRECCG)<lesley.hilton2@nhs.net>">HILTON, Lesley (NHS CHESHIRE CCG) <lesley.hilton2@nhs.net>				

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref:
A11	Accessibility to information advice and support: Carers Week/Carers Rights Day/Young Carers Awareness Day Development of Carer Champions to increase awareness: Forensic Carers/Identification of carers/ Complementary work with Dementia Workers/Care Navigators Continued awareness with Health: Local Practices and Hospital/ Communities and neighbourhoods Peer Led Support: Being with liked minded people	1.1 Scope carer training being undertaken in organisations across education, health and care in Cheshire East, and identify any gaps - Work with health and Mobilise (digital provider supporting hospitals linked to carers)	Support & Training Working Group Lisa Carden-Dory Julie Roberts Jill Stenton			Various members collating specific details: SENDING in the News Commissioned Providers	
		1.2 Identify which staff groups need which level of training (e.g. describe local Tier 1-3) - similar to Safeguarding training approach	Support & Training Working Group: Julie Roberts - CEC Lisa Carden-Dory - CEC Lesley Hilton - health			Linked in with all schools vis LCD.	
		1.3 Devise the training offer for different tiers of staff	Support & Training Working Group: Task and Finish Group [including Learning & Group]			Link in with Mobilise E-learning package developed and available for staff in different settings	
		1.4 Review offers in other areas - what available, how managed	Jane Reeves, Cara Fullove, Graham Phillips (cheshire young carers)			Making Space training offers for carers hub staff - training matrix set up following TUPE & induction to review gaps. They will also look at training that can be offered to carers.	
		1.5 Contract and quality requirements agreed within Contract meetings	CEC Contract Management Kelly Brighthouse contract manager	Ongoing			
A12	Ensure that an e-learning programme or digital programme	2.1 scope what carer awareness sessions are out there. Work with schools to support teachers	Julie Roberts Jill Stenton - Adult carers			Review Scoping exercise review scoping from adults - provider	
		2.2 Identify (or develop) a mandatory e-learning module for Autism for all professionals across LA education and care professionals and Health professionals (where another mandatory e-learning is not already available within the organisation).	Support & Training Working Group: T&F group including Learning & Group				
A13	Develop Care Ambassadors in schools, hospitals a network of knowledgeable carer individuals, their families to promote consistency and clarity	3.1 Define the role of an Care Champion across Cheshire East	Jill Stenton				
		3.2 Identify which groups need/ have Carer Champions					
		3.3 Identify the named individuals within each sector and create a network that links care Ambassadors					
A14	Maintain the Live Well pages ensuring that there is clear transparent information for all carers	4.1 Ensure access to information for Adult, parent, older and young carers	Jill Stenton, Julie Roberts, web team			On-going updated. Session held with stakeholders to map information available and how/where/when carers can access it	
		4.2 Identify which Live Well Pages to be linked carers.	Jill Stenton, Web team			Scope inclusion of adults	
		4.3 Consult with Carers forum, children & young people and adults carers. what do they want to see reflected within the Live Well Pages e.g. providers, resources, training resources?	Julie Roberts and Jill Stenton			Develop a focus group around what carers want to have available on the live well site. Use the Ice creates report that gives solutions following the YC and professional event.	
		4.4 Ensuring Commissioned providers have accurate information on the Live Well Pages				Mobilise the digital platform provider re hospital discharge.	
A15	Ensure support and information is available for carers and their families to access as soon as it is needed	5.1 Recommissioning of the carers hub service to include innovative ways around communicating a including a digital offer	Liz Smith, Jill Stenton, Kelly Brighthouse			Service specification for recommission included need for digital solutions & dedicated website for information.	
		5.2 Refresh and circulate a comprehensive Carers Information Pack for carers within all settings. Ensure all current information for carers are available in hospital and health settings including G.P practices	CECH, Lesley Hilton			Check with providers that they are sharing the Information Pack	
		5.3 Revisit the tranisition around young carers	Julie Roberts and Jill Stenton			Existing hard copy Transition Pack is available	

Early support for carers

Our Strategy aims to ensure that carers are identified, supported, and empowered to manage their caring role, and are able to have a life outside of caring. When professionals understand the importance of carers and the role they play, the positive effects on the individual, their families, and carers can be immense

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref:
SU1	Embed Think Carer throughout services and Continue to strengthen Person Centred Planning	1.1 Ensure we are actively promoting the carer views, and that these have helped to shape the development of service specifications	Jill Stenton	Apr-21		Carers Forum - 5 sessions held. Next meeting to be face to face and will include intro to new provider Making Space	
		1.2 We all have appropriate mechanisms for identifying carers in primary and secondary care?	Jill Stenton	Oct-21		Template - GP's every carer is registered	
		1.3 Signposting to local support services and providing advocacy support to carers. Local and national organisations should continue to work in partnership to raise the profile of carers within their networks and use volunteers as a way to reach unidentified carers	Commissioned Service	Ongoing		Carers HUB	
		1.4 Work collaboratively with health to ensure a clear pathway is in situ for appropriate hospital discharge	Jill Stenton	Ongoing		Fragility team - working towards Carers Champions Hospital discharge pilot scheme - 15k from hospital discharge fund allocated to support. Scheme to be developed with dedicated team.	
		1.5 Emergency plan for the carer is completed and used and shared	Jill Stenton	Ongoing		Op Team / Commissioned Service/ Health / Carer. Emergency cards in development by new provider	
		1.6 The carer is registered on the G.P register and all information is formally inputted onto Emiss	Jill Stenton	Ongoing			
		1.7 All commissioned services ensure they recognise and support carers	Jill Stenton	Completed			
SU2		2.1 Work to ensure person-centred approach remains central to forward planning	Louisa Joyce			Statutory carers assessment redesigned and being used by carers hub - using to inform outcomes reporting	
		2.2 Ensure the voice of the carer informs ongoing treatment and care planning approaches throughout key points in transition between services	Operations / Jill Stenton / Provid	Ongoing		JS has supported operations with 58 cases where carer has been involved	
		2.3					
		2.4					
SU3	Promote Respite provision, develop a database of Respite requests	3.1 Work collaboratively with operations team and ensure they are aware of the respite offer	Commissioning	Ongoing		JS has supported operations with 58 cases where carer has been involved	
		3.2 Continue to update and ensure any changes to respite offers that informs all teams and services	Commissioning				
		3.3 Have a flexible respite offer - Carer Sitting Service	Jill Stenton	Dec-23		Take a Break service included in service specification - Making Space looking at options for delivery. Incentivised indicator in performance management framework	
		3.4 Promote e-brokerage for self-referrals for respite	Commissioning / Contracts			4 more officer: Dan Mc	
		3.5 Capture the views of the self-advocates and their carers on the respite offer to identify gaps / concerns	Jill Stenton	Complete Apr 21		Carers Survey: 31 March	
		3.6 Monitor and evaluate	Kelly Brighouse / Jill Stenton				
SU4	Development of a clear communication strategy for carers and their families	4.1 Clear communication pathways between services.	Jill Stenton	Apr-23		Pathways to be developed by Making Space - incentivised indicator in performance management framework	
		4.2 Availability of information and signposting to support needs of carers and individuals including information in multiple translations and formats to accommodate diverse needs	Livewell				
		4.3 Accessibility and improved user experience of Live Well website	Health version - link on CCG (Katy)			CQC - look at weblinks / Health Watch	
		4.4 When gaps in information and advice are identified, clear escalation and complaints processes are in place to support carers	CEC: Compliments				
		4.5 Availability of service delivery updates and changes to working patterns, e.g. Covid-19	Monitoring / Eval of commissioned Services	Ongoing		Within Contracts	
		4.6 Ensure right information and advice is updated and shared with all relevant stakeholders	Monitoring / Eval of commissioned Services	Ongoing		Updates for Livewell / E-brokerage / Commissioned Service / GP's	
SU5	Set standards of self-advocacy	5.1 Voice of the individuals and carers prioritised and invited to inform service development and co-production	carer awareness and support	Ongoing		Carers Forum - 5 sessions held. Next meeting to be face to face and will include intro to new provider Making Space. Making Space held pre-launch engagement event to hear carers feedback on previous delivery.	
		5.2 Emphasis on human rights and recognition of value and worth across all organisations and providers	Jill Stenton	Ongoing			
		5.3 Equal access to education and employment opportunities	Jill Stenton	Ongoing			
		5.4 Co-produce the carers strategy	Jill Stenton	Ongoing			

Ref	Aim	Actions to achieve this		Responsibility	When by	RAG	Notes	Action Log Ref:
AS1	Health & Wellbeing • We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well active and to have fun • We will ensure carers are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.	1.1	Agree in the recommission of the all age carers service there is a dedicated programme in supporting well being of carers. Revisit the purpose of the live well fund to prevent carer breakdown.	Jill Stenton, health, contract manager	Completed		All Age Carers Hub recommissioned July 22 - service specification included emphasis on carer wellbeing and prevention of carer breakdown. Carers invited to be part of evaluation panel and score presentations. Making Space awarded the contract and new service started 01/01/23.	
		1.2	Scope all carer networks across CE, ensure the Live well site is updated and offer current information				LiveWell updated with new service provider details	
		1.3	Carers will have access to MOT checks via GP.	Annual healthcheck/ Carers MOT via GPs	On request.		Informal Carers to be registered as such in each practice.	
		1.4	Working group to look into suicide amongst male carers	Jill Stenton, Adult Safeguarding	Ongoing		Scoping exercise - look at local, regional & national information. Meeting planned with Lorraine.	
AS2		2.1						
		2.2						
		2.3						
		2.4						
AS3		3.1						
		3.2						
		3.3						
AS4		4.1						
		4.2						
		4.3						
		4.4						
AS5		5.1						
		5.2						
		5.3						

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref
ET1	To have a fair and equitable offer for carers who wish to continue and thrive in their development and to ensure all employers understand and identify a working carer	1.1 Carer E Learning Programmes: Carer Aware for Young Carers and Adults	Cheshire East Council Front line Work Placement Officers	On-going		E-Learning module Cheshire All Age carer awareness for all health and social care staff based at the 3 hospitals. Further availability offered for social care staff.	
		1.2 Through discussion with employers in the Council-arranged Employable events. (Events focused specifically at raising awareness to employers about the positives of employing carers	HR department and CE employees	On-going		Working Carers Policy A presentation is being drafted to share at EDI group of the progress so far Coffee and chat with Lorraine planned for working carers on 7th March at Westfields	
		1.3 Through discussion with partner organisations in Cheshire East's Welfare to Work partnership to coordinate awareness raising to employers	HR	On-going			
Specific workshops for Carers to enhance well-being: i.e. Safeguarding workshops: Carer led							
ET2	Specific workshops for Carers to enhance well-being: i.e. Safeguarding workshops: Carer led	2.1 Links with Schools and Education		On-going			
		2.2 Collaborative Care Partnership: Carers Centre leading on developments to Carers to gain practical skills in their caring role:		On-going			
		2.3 Ensuring Carer provision is innovative effective and efficient		On-going		Working group to produce a toolkit to support staff and parent carers and their young adult around challenging / violent behaviour to wards their parents who have a SEND	
		2.4 Contribute to and influence the shaping of the local Carer Offer.	carers forum				
Recognition of Carers: Carers are listened to, valued and respected as people with lived experience.							
ET3	Recognition of Carers: Carers are listened to, valued and respected as people with lived experience.	3.1 Any commissioned provider will ensure that they have an offer for carer, a support mechanism to identify carers	HR, commissioners,			All Age Carers Hub recommissioned July 22 - service specification included emphasis on carer wellbeing and prevention of carer breakdown. Service offer includes more community based support, carer support worker to work across the two hospitals, as well as 1 to 1, peer support, carers assessments, breaks and training opportunities.	
		3.2 Carers partnership forum				5 meetings held - next meeting to be face to face at Sandbach Town Hall on 5/3 and will also celebrate YC week. Making Space to attend & introduce service.	
		3.3					
		3.4					
ET4		4.1					
		5.1					
		5.2					
		5.3					
ET6		6.1					

Prevention – Carer breaks/Respite

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref:
SP1	Engage with and stimulate the provider market to increase and enhance the range of available provision to support all carers and the cared for	1.2 Contribute and influence the CEC Commission Market Position Statement	LA and CCG Commissioning Teams				
		1.3 All carers are fully involved at all levels in both individual planning and planning for wider service developments. Work separately with our YC offer for respite and breaks				Carers were invited to be part of evaluation panel and score presentations during the recommission of the carers hub service. Making Space awarded the contract and new service started 01/01/23.	
		1.4 Devise an engagement and comms plan					
SP2	Explore the range of community breaks available and offer emergency respite when required either in the carers own home or a place of their choice.	2.1 Take a Break' included in new service specification for recommission	Commissioned service	Dec-23		Take A Break offer to be finalised by Carers Hub - currently looking into options available including previous pilot providers, using own supported living staff, employing specific staff to provide sitting service	
		2.2					
SP3	work with our providers and carers to provide a range of Carer breaks and respite opportunities. look at how we can offer regular respite in different environments that are suitable to the carer and the cared for	3.1 revisit the community respite offer	care at home commissioners				
		3.2 work closely with the care at home recommissioning	care at home commissioners				
		3.3 ensure local data and surveys are used to influence the decision making on carer respite offer	Jill Stenton , Julie Roberts				
		3.4 Young carers request a different offer - use the ice creates report following on from the YC and professional event	Julie Roberts				
SP4		4.1 Work collaboratively with operations team and ensure they are aware of the respite offer					
		4.2 Continue to update and ensure any changes to respite offers that informs all teams and services					
		4.3 Have a flexible respite offer - Carer Sitting Service	Commissioners				
		4.4 Promote e-brokerage for self-referrals for respite	Brokerage, health				

Further Additions		Further additions following consultation with carers and impact assessment review						
Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref	
Age	Information needs to be offered in a variety of formats other than digital and online.	Easy read format, to meet the needs of the individual.						
		Variety of language options on request.						
Marriage and civil partnerships	Limited information on the impact of the caring role on the relationship.	Further consultation work needs to be carried out through the carers partnership board to assess the impact of the caring role.						
		Respite options to be little and often.						
		Respite to be flexible.						
		Ability to take a break reduces risk of relationship breakdown.						
Race	The consultation has flagged that people from different ethnic minority groups may not seek the support they need. We need to offer information for carer support in an accessible format, tailored to the individual need. This is required to raise awareness.	Raise awareness of care support in these communities.						
		Information available in multiple different languages on request.						
		Further engagement with carer partnership board.						
Social economic status	The consultation flagged that the caring role can have an impact on life chances and presents substantial barriers and inequalities of access.	Flexibility for employment.						
		Support for employees and employers. Targetting advise and information is needed.					Further research on the impact of the carer responsibility.	
		Further work is needed for consultation. Impact on finances. Carers not supported in workplace, stress, mental health and finance issues.						
Mental Health	Explore the impact of COVID-19 on carers mental health. Awareness of the impact on carers mental health when the caring role ceases Mental health carers have feedback that the respite at present is inadequate	Healthwatch and the carers partnership board to review. Loss berevement and counselling.						
Faith Sector	We need to improve communication with faith groups. We need to reach out and raise awareness of carers issues and support available.	Carers awareness training to assist identification. Inform support available.						
Sex/Gender	Consultation tells us that women are disproportionately impacted by Covid due to the increase in their caring role. We require further information r.e age profiles, percentage split and male and female carers.	Further consultation is required, referral to wellbeing board. Carers Partnership Board.						
LGBTQ+	Consultation has raised awareness of the caring needs.	Training to be provided.						
Migrants, refugees and veterans.	Migrants, refugees and veterans need information and trained professionals to signpost.	Caring awareness training. Support for professionals						
Disabilites	Consultation has flagged lack of recognition on the impact of caring as age increases of the carer.	Information on a variety of format that is tailored to the individuals need. Support around end of life and palliative care and related impact on mental health. Further consultation on whether the carer has had to pick up futher workload due to COVID-19.						
Pregnancy and maternity	There is a need for awareness of caring roles in maternity services.	Further consultation is needed due to limited engagment with this group with carer partnership board Respite needs to be little, often and flexiable.						
End of life and palliative care	Carers need to be included in sharing of information and support. Seen as a member of the team carers to be involved in all aspects of the advance care planning, transition and discharge.	Access to finanical and benefit support Choice and control over the level of care Transport issues considered Understanding of the significant emotional burden Carers wish to be included earlier, need more information and help to make decisons Carers assesments, fast track access to mental health for life limited illness and links in to care for practitioners.						

Current Carer Offer			
Service	Main Aims	Funded by	Cost / Budget
1. Cheshire East Integrated Carers Hub (Delivered by Making Space).	Cheshire East Carers' Hub provides a single point of access for all Carers including both young and adult Carers. The hub will ensure that Carers of all ages will have access to information, advice and a wide range of support services. These support services are designed to help Carers continue in their caring role for as long as they choose and to reduce the impact the caring role can have on a Carer's own health and wellbeing. Support could include: <ul style="list-style-type: none"> Statutory Carers Assessments B-2-1 or group based support Beer support Support to take a break Information, advice and guidance Support to access community, health and wellbeing services Access to activities, training, living well fund and much more 	CEC/NHS/Better Care Fund	Core Budget 2022/23 - £751,000 (this includes the LWF breakdown below – points 1.2-1.5). Modification to include hospital discharge funding £15,000 and LD/A carers cost of living funding £21,000. Total for £22/23 £787,000
1.2 Carers Living Well Fund	The Carers Living Well Fund allows for innovative interventions and solutions that promote the health and well-being of the Carer as identified within their support plan. The Carers Living Well Fund will allow Carers to access activities and support that enable the Carer to have relief/ a break from their caring responsibilities. Options may include (but are not limited to) <ul style="list-style-type: none"> Short break; Leisure activities (may include access to sports and exercise facilities/ classes); Hobbies and interests; Accessing universal services; Motivistic, relaxation and alternative therapies; Time with friends/ family; Assistive technology and IT solutions. The Carers Living Well Fund may be used for individual, whole family or group based/ cohort interventions or solutions as identified within individual support plans.	Better Care Fund	2022/23 total (as allocated during tender) £110,854 - for both group & individual grants
1.3 Carers Living Well Fund Grants	The Carers Living Well Fund Grants are intended to enable Carers of any age to look after their own health and wellbeing and continue in their caring role for as long as they choose. If a Carer meets the eligibility criteria, up-to £350 could be awarded dependant on the Carers circumstances.	Better Care Fund	Included in above
1.4 Take a Break	Service for carers not eligible for social care respite support - to allow them to have a break with a support worker/carer looking after the cared for for a short period of time	Better Care Fund	2022/23 total (as allocated in tender response) £110,854
1.5 Hospital discharge	Grant support to carers identified as being able to support pathway D-1 patients and enabling hospital discharge	Better Care Fund (ICB hospital discharge funding)	2022/23 £15,000
2.0 Commissioning Staffing Costs	Senior Commissioning Manager x 2 Contract Manager x 1 Commissioning Officer x 1 (Temp Post)	Cheshire East Council	
3.0 CEC Carers Bed Based Respite		Cheshire East Council	£360,000.00 annually
4.0 CEC Community Respite		Cheshire East Council	£157,500 annually
5.0 Refresh of CEC Carers Strategy		Cheshire East Council	
6.0 Children's Short Breaks		Cheshire East Council	
7.0 Hospital Discharge Programme for Carers (An email course to support carers preparing for patient discharge, pre, during and, post-discharge)	Decrease in readmission rates (average cost £1,700 per admission) Increase in cost efficiency of existing carer support services (through increased usage) Increased carer wellbeing Increased patient wellbeing (reduction in readmission) Increased carer confidence in their caring role Improved communication with carers Increased carer identification		£30,000 (+ VAT) for delivery FEB 22 -APR 22. This includes: £8k tech costs, plus £17k staffing costs (Project management, implementation, training and awareness engagement, creation of resources and tech maintenance), £5,000 outreach and digital marketing.

Future Carer Offer

Service / Offer	Main Aims	Funded by	Cost / Budget
Integration with ICP / ICS			
Community Respite Offer (Delivered by the Carers Hub)			
Development of a Social Care Assessor role within the Carers Hub			
Carer Training for Social Care Staff			

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Young and Adult Carers Strategy



Our vision

To support Young and Adult Carers in Cheshire East ensuring that their voice is centre stage and that their wellbeing and identified priorities are at the heart of all decisions. To make this real for carers and their families we will involve them in service and product design, delivery, and evaluation.

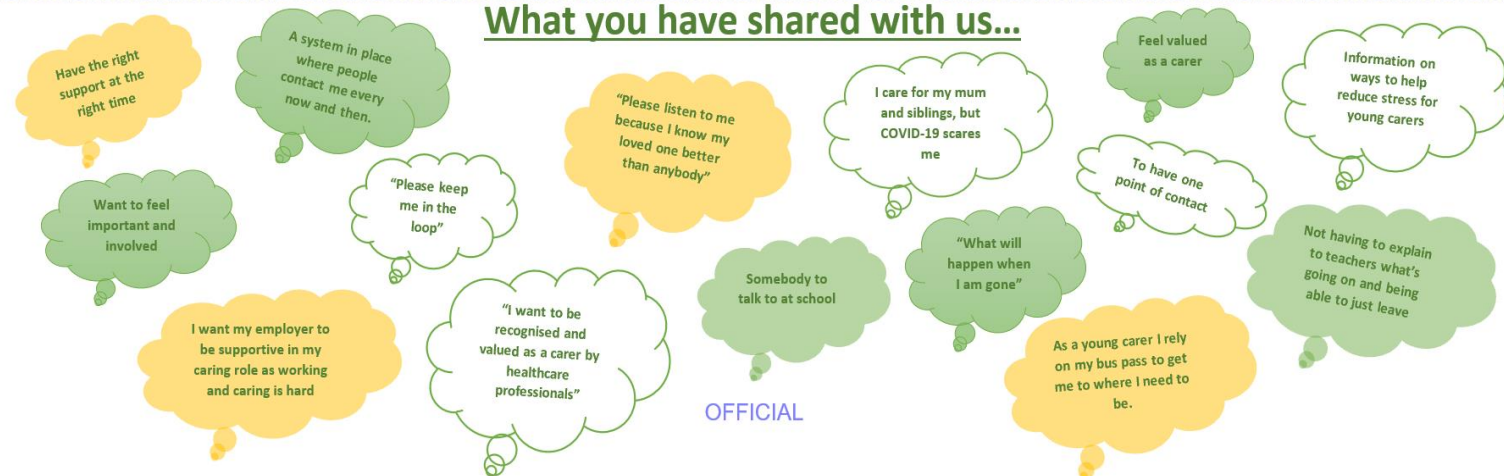
Your thoughts

- Better support for those who juggle both caring and work
- More support to improve health and wellbeing
- Better acknowledgement of young carers
- More support for carers in health care settings i.e., GP practices.
- Carers to be identified and referred to support services

Our Thoughts

- We will offer support for working carers through carer friendly employment
- We will ensure carers are supported to have a life outside the caring role
- We will ensure that young carers are identified at the earliest possible opportunity
- We will work together to ensure access to co-ordinated services that provide the right support at the right time
- We will ensure that carers have access to good quality advice and support when they need it

What you have shared with us...



OFFICIAL

					Meetings Stauts			
Priority	Lead [s]	Organisation	Role	Contact Details	1	2	3	4

Ref	Aim	Actions to achieve this		When by	RAG	Notes	Action Log Ref:
A11	Professionals will have received suitable Young Carers awareness training and be confident in the identification of Young people and referring for support/ assessment. Information regarding Young Carers will be accessible on line and will be influenced and inclusive of the young carers themselves.	E learning package to be promoted across Cheshire East to raise awareness of Young Carers.	Increased awareness training for professionals will result in identification of YC	JR to explore suitable E package. March22 .		Better informed professional on the challenges for YC will result in increased identification, assessment and support. Coventry package possibility.	
		Schools to partner with others to provide Young carer awareness sessions during school assemblies and PHSE.	Partnerships to be developed with voluntary sector to provide training and awareness for schools, team around the schools to support referrals, clubs ect.	Complete in some schools/ roll out.		School to be supported to be aware of YC challenges. Able to ensure YC opportunities to reach potential. Reduction in YC becoming NEET. YC registered within schools. Safe space for YC to be encouraged. Making Space (Carers Hub) working with Cheshire Young Carers around schools engagement & toolkit	
		Development of a network of Young Carer Champions across schools, health, Social care and community settings.	YC Champions assist in identification and support of YC providing point of contact. Able to refer via pathway, will be trained and supported in role.	Commissioned service. Complete in some schools/ roll out		YC will be better connected to the services they need and supported through reasonable adjustments. They will receive information to protect their own health and wellbeing.	
		Use of Social Media and Living well site to promote Young Carer awareness using real life stories.	Use of Apps identified at mode of choice. YC specific website to provide targeted information re support and services. Identification of YC by use of other yc life stories.	Digital platform to be commissioned for carers.		On line safety training required for this vulnerable group due to risk of grooming and exploitation.	
		Young Carer cards/ passports to be developed to promote the identification and recording of Young Carers.	Used within GPS practices, community pharmacies and acute healthcare to ID YC	Explored/Nwales options completed.		Young carers will be identified and included in care planning where they are main carer and be able to access support for their own health and wellbeing.	
	Yc mentors to promote awareness within school. Buddy other YC assisting Pastoral staff in schools young carers support clubs.	YC Mentors to be recruited, trained and supported in school to provide a point of contact . Peer support for Young carers will be available and encouragement to self refer for those hidden carers in school settings.	Increased awareness of issues of isolation and loneliness among YC. Named person for support in school. Friendly face at clubs and assemblies.	Complete in some schools/ roll out to all.		Mentors will require on going training and support in their role.	
				Mentors in some schools/ roll out to all.		Mentors will act as role models in schools and showcase the benefits of accessing support for YC. They will be able to use personal experience of being a YC to discuss range of support available.	
	Posters and information to be displayed in community settings to raise awareness and encourage self referral for support.	Posters and leaflets could be distributed via our YC champions and mentor, displayed in GPS practices, acute and primary settings, schools and community venues.	Posters could flag named Carer champion within settings displayed. Carer champions to be confident in referring on for further support fully aware of appropriate pathways.			Information to include links to appropriate services for identification, assessment and support.	
		Network of community navigators will support the identification and support of Yc across all settings.	School nurse comms team supported with Covid info.	Pin badge for staff Carer Champion. May 22		Photos of Carers champions in setting to aid identification for carers. Add to posters, leaflets.	
		Carers Posters in GP practices/ Primary and Secondary care settings.		Complete		Awareness posters in Secondary and primary care settings.	
	Young carers should have access to information and support and be confident in being able to access and navigate sites. Information should include signposts to service to support but also advice on Mental Health and wellbeing. Information should be in a variety of formats and include Apps for mobile devices. Information must be offered in a variety of formats to meet needs.	Living Well sites to be updated and feature young carers to promote the services on offer. Mental health providers to be made accessible to yc who due to barriers may need alternate ways of accessing support	Explore the use of QR codes to target information for YC. Could be used to inform re Covid. Load on to phone at assessment	JR contacted Adam Jan 22. Explore scope of QR		Young carers feel mobile Apps would work for them, no need of access to internet, laptop, this removing barrier to access. Lack of access to computer/ lap top flagged as an issue.	
		It is imperative that the first contact is a positive experience for YC. As they reach out for support it should be a seamless process in gaining that support. A negative response could result in the aYC remaining hidden.	Issues with initial contact discussed with contract manager Jan 22	01 January 2022		Information must be young person friendly. Adults providing the services signposted to must be YC aware and understand the potential negative impact of caring and barriers young carers face.	
		Reliable information regarding updates on Covid 19 are essential due to increased levels of anxiety experienced during Pandemic.	Links with school nurse leads developed. Info on vaccinations/ drop in shared with schools	Add to QR/ Apps Jan 22 JR DONE		75% of YC report not having access to the internet, quiet space for themselves and struggle with online forums during Covid 19.	AwaitingQR
		Ensure partners within the voluntary sector also have access to Carer awareness training and issues and barriers for our YC	Possible package identified for use with voluntary sector Jan 22 JR	Discussions ongoing.		YC tell us that its really important the person supporting them and giving the information really understands their situation and the barriers they face on a daily basis.	
	Support for Young people currently access other local authority services to be provided an opportunity to identify themselves as a Young Carer.	Social prescribers now trained to identify and support YCs.	Training ongoing across Cheshire East.	Complete			
		There is a link within childrens that delivers a MH toolkit to support YP, it has been agreed that this link will also capture information on YC as an interim	Explore further development of pathway to include question on YC during assessment process.	Action complete. MH tool kit adapted to encompass YCs		To catch up with Lisa Can Dorey to ensure this is action. Completed.	Done
		Information with colleagues in early help and Social Care to ensure YC referred to Hub for assessment and support.	Review of process and quality of assessment SC complete March.	Ongoing/ Numbers via hub.		Further meetings with Lisa to identify ways of adding YC to initial screening tool. Completed.	Done

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Risks
B	Social care will ensure that young carers are identified as part of the cared for assessments and considered in their own right for assessment. They will protect the YC from any inappropriate caring roles. They will identify Young carers needs as part of the whole family and sign post to support. Pathways within social care will include Young carers. Respite will be a consideration and YC offered a variety of options to meet their needs. Transition planning will ensure a smooth transfer onto adult service where this is appropriate.	Current systems of assessment for Young Carers to be reviewed to see if fit for purpose. Assessments to be carried out in a suitable time frame and to be inclusive of the YC views and wishes. Possible support for the family to be raised/ explored. Menu of options in terms of respite to be offered. Links with schools to ensure support within education and registered with Gp as appropriate.	JR & JS to follow up when reviewing the business case that the head of education CW is currently drafting 15/12/2021. Pathway links into MH schools established.	Commenced April 22		Review of assessment process ongoing with Claire Williamson to inform future commissioning of service. Intention to set up internal CEC YC team. Whilst being finalised Carers Hub will continue to carry out Carers Assessments.	Consideration with the new joint commission around assessments. There are areas of discussion required about the assessments for YC by bringing it inhouse. Consideration on reviewing the IT systems and the sharing of information
		Review need for Family support via Early help. Review possible need for CIN.	N Wales provides MST services for the families of identified YC for 3-5 weeks. Explore pros and cons from the team at A/C	15/ JR Meeting 2022		Young carers have expressed they wish to have a menu of options in terms of the respite offered. They wish to have choice and control of their breaks. Making Space setting up YC steering group for engagement.	Parental consent will be needed. If it was VCFS sector they would be confident to approach
		Appropriate level of assessment to be completed. YC not meeting criteria at present to be sign posted to supporting services.	Hub to offer outcome based support. Highlight need for reassessment at transition. Inform GPs/ Schools of YC	Raised as an issue with Kelly. Audit review flagged issues. Explore action plan/CYC.		Person centred approach for YC in accessing respite. YC tell us they would like a menu of choice to meet their needs not YC fitting in with provider. Consideration needs to be made re needs of cared for to reduce anxiety for YC. YC needs assessment to be looked at as part of YC being taken in house.	Need to consider needs flagged in recommissioning of assessment.
			Menu of options to be discussed in terms of respite and service.	Raised with recommission. Look to build capacity April 22 via action plan and partnership working.		Social care services between Childrens and Adults services need to be more to be joined up to prevent Gaps	Action plan to address issues and build capacity March 22.
		Transition planning for YC to be planned as part of a multiagency agency initiative to prevent NEET and support ADDITIONS.	Flag issues with CYC around need for SC referral for yc to prevent NEET.	Meeting 21 Jan. Action complete.		YC would love to do activities they cant do when with their cared for.	
		Explore Personal Health budget re cared for discharge. June 22	Schools/ colleges need to be made aware of YC and included in transition.	Action plan increase school liaison April 22		YCs to be flagged for transition support via YCs workers/ carer champion.	
	Professionals across acute and primary health settings will work to identify YC. They ensure they are recorded within GPs practices and offered self help information around their own health and wellbeing. YC should be included as part of pathway planning and where they are the main carer, included and listen to as part of care planning.	GPs to be aware of the disproportionate impact of Covid 19 on the YC population in terms of Poverty, isolation and anxiety.	School nursing teams to be included in review of YC services and included in pathway development. Info rolled out healthwatch/ EOLU/ March 22	Meetings arranged to discuss issues for YC with Healthwatch Kathryn Olliver JR		Young carers have told us they often feel ignored when meeting with Health professionals and their cared for, even when they are the main carer.	
		Promote the MOT for YCs and need for registration of carers on register. ID Code for YCs to be used in GP register due March 22. Healthwatch to promote.	YC writband/card explore to see if improves identification and access	JR JS Meeting 2022		YC describe themselves as feeling overwhelmed as usual support mechanism disapper.	
		Acute setting to recognise YC during discharge planning where they are the main carer. Support to be identified and request for assessment. Review pathway as appropriate.	Links developed with discharge team/ digital offers. Social prescribers increase awareness. Mobilise. Spring 22.	JR to find out the school nurses current role (TABOO conference) then YC to be added to their role and responsibilities		School nurses to be actively involved in the identification of YC in schools. To be able to support and offer. Pathways to be inclusive of YC.	
		Work with partners to identify YC who could experience hidden harm due to their caring role such as MH Substance abuse, domestic abuse.	Review commissioned services for opportunities to identify/ support YC>Contact CGL. JR. Meeting June 22	Jan/Feb 2022 Requested Meeting John Findlay CGL		During Covid 19 pandemic 73% of YC report feeling more anxious, isolated and lonely. They fear catching of the virus and passing on to family members Agreement to consider cross referral pathways May 22.	Support Hidden Harm provision to identify YC.
Young Carers to be identified when accessing Mental Health support and signposted to support	ICE CREATES		JS/JR, GC	Completed		Received report from ICE CREATES (24/22/21) to draft a report using the evidence presented by YC. This will align with the all age carers strategy. Completed	
	Behavioural insight		GC	Completed			
	Young Carers accessing A/E services with self injurious behaviours to be identified and signposted for support. Young carers included in pathways dealing with self harm.	Completed pathway adjusted to include YCs as vulnerable Feb22.	HayleyB and Lori have actioned this on our behalf. Lisa CD to include YC in initial screening tool for Mental wellbeing in schools			Joint working in school with Mental wellbeing allows for YC to be identified as part of initial screening.	
	Young Carers support staff must be made aware of correct pathways and flag barriers to them accessing a service.		JR	Links into EHS. Feb 22		Completed Jan 2022	
	Capacity issues with service can be addressed if LA informed.	Commissioner of service informed Feb22.				Capacity of services increased to support increased. March 22.	

Assessments for Young Carers.

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref:
	Young Carers will be able to access an assessment that looks at their caring role and uses a person centred approach in order to support them. They will have the opportunity to actively participate in its formation. This should then trigger referrals on their behalf to services that can support their health and wellbeing.	Commissioned services will complete YC assessment and associated referrals as part of the process. The YC views will be pivotal in the design of the support offered.	Assessment need evaluation to ensure identified outcomes are met.	YC Assessment & process to be reviewed as part of intention to bring in house		The assessment must dovetail into Liquid Logic. Outcomes identified with YC and reviewed.	
		Review of process to ensure YC can self refer for assessment easily and access support if needed.	Consideration for recommissioning as must be positive first contact for YC			Issued raised with contact review staff.	
		Assessment should reflect the need to protect the YC health and wellbeing and identify partners offering service.	Flag YC to GP, School nurse team and schools. Healthy school and mental wellbeing services.			Explore training to support the caring role.	
		Schools need to be informed of YC on their role in order to be able to support with education and school settings. This will allow an EIP plan to be provided and enhanced transition to be incorporated.	Yc assessment team. to complete referrals at assessment.			This needs to be an essential referral as part of the assessment process.	
	The family of Young Carers who receive an assessment will be offered support as part of an early intervention approach. This may be time but will provide an holistic package of support for the family and young carer.		Checs referral for family is need identified.				
		Referral to Early Help brokerage	The support offered will be time limited and designed to offer holistic support to the family thus indirectly supporting the carer.			This approach to be explored with Children services.	
			Impact of caring on financial aspect of the family can be addressed.			Assessment for the YC must be aware reflect an holistic view for the family as a whole. Whole family approach included in service specification for recommission.	
			Referrals for the cared for and suitable assessments sought if required.				
	Referral to the YC GPs practice should be made to ensure they are identified and recorded on the practice register.	Carers Champions will ensure YC are added to the practice register and supported to maintain their own health and wellbeing. Flexibility of appointment times will be offered to support their caring role.	Carers Champions to be rolled out in all health settings. Spring 22			Referral to GPs at assessment by commissioned service.. Addition to GP register of caring role.	
		Access to Carers mot in their own right.	Social prescribers/ practice team now aware and registering carers in their practices. Feb/ March 22				
		Young Carers could be offered training to support them in their caring role. This could mirror the expert carer program.	Mental Health first aider training identified via Visyon April 22			Explore group sessions/ possible St Johns/ youth service.	
	Young Carers will be offered a range of respite options to support them to take a break and have a life of their own. They will help in the co production of a support plan which meet their individual needs.	Yc worries around the cared for whilst they are on a break need to be address to provide value.	Link into cared for respite if needed.				
		Information on Take a Break options will be provided in a format that is easily accessible. A menu of activities will allow YC choice and control over their respite.	Explore App options.			There is a need to build capacity to meet this. Should provide for peer support along with active breaks. Evaluation of breaks by YCs. Co produce options.	
		Issues around transport need to be address to prevent barriers in accessing breaks.	Breaks must be accessible to all regardless of postcode.			Explore possible bus pass/ discount card. Completed May 22	
		Yc have identified the value of overnight and activity based breaks. These activities provide opportunity that otherwise would not be available with the family.	Action plan looking to build capacity through partnership working. March 22			Explore possible grant funding opportunities for Young Carers festival? Outward bound Duke of Edinburgh.	

Actions Identified by Young Carers Consultation:

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref:
	Young Carers have identified the importance of their caring role being recognised.	Increase awareness of YCs in all settings to increase identification	All		Green	e Learning package of all age carer awareness to be available to all settings.	
		Build links in schools/Carer champions/peer support.	Commissioned services.	Ongoing	Yellow	Needs to address current post code inequality. Action plan put in place. 13th May 22. Links into emotionally healthy school/ adaptation of screening tools completed. April 22. New commissioned service from 1/1/23 - linked in with Cheshire Young Carers re schools	
		Professional training on YCs awareness.	Commissioned services	Ongoing	Green	Needs to be rolled out across all settings. E-learning package for carer awareness available for different settings.	
		Health professionals to consider the role of YCs in pathway and support planning. Inclusivity needed.	Needs to be embedded into all appropriate pathways	YC Register code due March 2022	Yellow	Link into EOL Partnership and Comm Carer SG. Influence pathways to include YCs. Healthwatch to partner in raising awareness.	
	Young carers have identified the importance of taking a break from caring role.	Menu of respite options giving choice and control.	This action is included in action plan March 22		Yellow	This requires capacity building of breaks available and YCs to co produce and evaluate. Explore partnership delivery with service Dec 22. Initial engagement with YC by new commissioned service in Dec 22. YC Steering Group being set up.	
		Explore digital information to make access easy.	Digital platforms/ Apps/ QR codes all under review	Feb 22 complete	Green	Include in Comms and engagement plan when ready. Mobile available as pilot extended May 22 QR codes awaiting updated info re providers	
		Capacity build to expand available options. Longer breaks beneficial flagged	Commissioning team/ services.		Green	Explore possible match funding options/ grants. Making Space have a fundraising team - potential to raise extra funds for YC breaks / activities	
	Young carers need access to mental health support.	Consultation flagged support for Life limiting illness, palliative care support.	Needs addition of YCs to palliative pathways	Awareness raised March 22	Yellow	Need to build links into EOL services/YC awareness. Links made into EOL specialist nurses. Feb 22.	
		Consideration at end of caring role for bereavement support.	Commissioned services to be aware of YCs. Raised with Visyon May 22.		Yellow	Referrals to bereavement counselling via MH support	
		Recognition needed for the impact of Covid 19 on Mental Health and Wellbeing.	Emotionally healthy schools activity involved. Pathways amended to identify YCs Feb / March 22		Green	Referrals to appropriate support to mental health services is actioned.	
		GPS to support YCs to project their own Mental and Physical health.	Need for awareness/YC Champions. Social Prescribers trained and aware. April 22. NHS id code now available.		Green	Amber/ Explore with Healthwatch. Social Prescribers now trained re Carer awareness.	
ET5	Socio-economic impact on the YCs of families living in poverty and subsequent lack of aspiration, confidence and life chances>They feel they face significant barriers due to caring role.	Schools to be aware of YCs on roll, provide support, flexibility to enable achievement of potential.	Schools need support with identification.	Action plan March 22	Yellow	Robust transition arrangement involving multiagency teams. Links to Emotionally healthy schools/ screening for YCs April 22	
		YCs flag lack of understanding and support leading to underachievement. Need to raise awareness of YC issues and challenges within the setting.	Identification needs to lead to support.		Green	Support to achieve potential, improvement of life chances.	
		Support with finances to provide opportunities for F/E for the YCs. Review transport. Advocate for YCs with prospective colleges, employment. CAB/ DWP.	Transition plan, support and advocacy for YCs.		Yellow	Whole family approach may be needed to remove financial barrier to aspirations. Use of LWF to meet needs.	
ET6					Yellow		

Impact assessment highlight further actions for YCs.

Ref	Aim	Actions to achieve this	Responsibility	When by	RAG	Notes	Action Log Ref:
	Possible impact of life chances for the Young Carers.	Need to mitigate possible under achievement in school through identification and support	Commissioned services, schools, YC Champions.			Health also able to assist in identification.	
		Access to support, advocacy and flexibility.	Schools, commissioned services.				
		Building of confidence, self esteem. Reduce negative impact of MH on YCs.	Schools, Emotionally healthy schools program			Further referrals if required to Commissioned services re Mental Health. Share pathways for referral with providers of support. Identify Gaps YCs 5 up link into primary provision MH. CWP. Explore Healthbox?Happy minds.	
		Robust transition planning. Cared for reassessment. Trigger points for SC referral.	Schools/Social Care.			Emotional wellbeing support around transition/Healthbox.	
		Address impact on family finances of accessing further education. Access to transport	Commissioned services. Transition team.			DWP/CAB Financial review required.	
	Need for recognition of the Young Caring role.	Acknowledge the importance of taking a break for the Young carer.	All				
		Young Carers need a clear pathway to access the respite they need.	Commissioned services.				
		Information on Respite options and what they look like giving choice and control.	Living well. Commissioned services. PCP.				
	End of Life care.	Health providers will need to identify possible YC as sole care and provide advice, guidance and support.	Link into Social Care re support			Important that support for the YC is considered and appropriate breaks, practical and emotional help is given. Links into schools made for flexibility and understanding. Ensure protection against inappropriate caring role.	
		Young Carers to be included in discussions and EOL advance care planning as sole carer.				YCs wish to be recognised in their role and listen to and not dismissed. Many feel invisible in this situation.	
		Support for YCs emotional needs during and post caring.				Counselling made available re both EOL and living with illness.	
		Discharge planning to be inclusive of YC as sole carer. Need to listen openly to YCs views.	Raise awareness within discharge teams and EOL teams.				

Ref:	Item	Action	Who	By when	Update	Progress RAG
A/1	All professionals	Increased awareness and focus	Health/ Education.			
	Social prescribers	Completed Carer IT training.	GP practices	Apr-22	Completed	Green.
	Social Care students	Raised awareness / trained.				Green
	Secondary care discharge staff.	Raised awareness/ trained.	Cheshire East/west/chester.	22-Jan	Ongoing to be rolled out	green
	Health and comm settings	Poster/ Banner/ Badges for champions.	Across all settings	May-22	Ongoing across primary/ secondary settings	Green
	Schools	Action plan to increase schools engaged.	Comm service	Apr-22	Targeted focus needed.	
	Mental Health services	Awareness of YC to EHS staff. Increased identification as result.	Emotionally healthy schools	Feb-22	Pathways/ screening tools adapted.	Green
	Social media life stories	Jan 22. added to living well sites and shared.	Ice creates.	Jan-22	Shared across all settings in Health, education, SC and communities.	Green.
	Carers Champions/ Mentors	Recruited and trained across all settings including schools	All ongoing	Jan-22	Focus on Secondary, primary and education settings	Green.
B1	Review of YC assessment process	Statutory assessment process needs review.	Childrens head of service/ comm team	Feb-22	Ongoing meeting in process.Proposed new way of working to be confirmed.	Green.
	Transition planning raised	Multiagency group looking to address issues.	Education/ Social care and Comm services.	March 22.	Raised awareness need to continue to influence pathways	Green
	Pathways development	Changes to screening tools/ pathways to include Ycs.	All	Feb 22.	Changes to MH/SC/GPs already completed	Green.
	Social Prescribers	Now able to identify YCs and signpost for support.	All settings post training.	Mar-22	Carers Champions recruited across GPs practices.	Green.
	Access to digital platform	Mobilise available post discharge for support.	Secondary/ primary care.	Jan-22	Support inclusive of YCs as main carer.	Green.
	Links into CGL re hidden harm.	Raised as an issue with service.	CGL and Commissioners	May-22	Meeting now planned to consider join working/ pathway development.	Amber.
	YC Forums	Set up in Alsager, Sandbach High & All Hallows	Schools	Dec-22	Completed	Green
	Identifying YC in schools	Delivery plan around identifying YC in schools	Commissioners / Provider	Ongoing	New provider (Making Space) meeting with Children's & Cheshire Young Carers to look at CYC toolkit	Amber.
	Challenging behaviour	How to support staff and parent carers with challenging behaviours	Commissioners / Provider	Ongoing	Working group set up to look into toolkit	Amber.

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Appendix I

Evidence of the need

Parent Carers Quotes

“My 21 year old still has the odd outburst of aggression towards me. I called the police when he was 15 for help. They arrested him which did not help at all. He also runs off after an lashing out at me, I called the police as he was gone for ages and I was very worried because of the state he was in. Every time they say will refer us to someone for help and support but nothing ever happens. Since he's left school, most support has disappeared.”

“It's physically and mentally draining” “we are walking on eggshells so as not to upset my son, he's 11 and once he starts doors slam, things get thrown, people get either hit or something thrown at them”

“I get punched, kicked, pinched, hair pulled out and a lot more! It is so hard trying to stay in control and not let him know it hurts and breaks me every time it happens”

(mother of an autistic 6 year old)

Data

Space for Autism reported a huge increase in requests for support re managing challenging and violent behaviour since the pandemic. There have been 48 requests in the last 12 months for intensive support with behaviour, on top of this 15 have requested the Promoting Positive Behaviour Course that has been run. They also report seeing an increase in the request for therapeutic support, i.e. the counselling for carers to manage their child or for the child themselves. They are hearing more and more of the child being violent to the parent and or siblings. The Cheshire East People Helping People scheme during COVID had dealt with parents who were being challenged by their young person who have a SEN/autism (6 cases) This was so severe they were referred to childrens services.

MyCWA Data - 12 month period September 2021 to September 2022 we had 25 cases referred on for support. Out of this 25 – 7 were identified as on the ASD spectrum or under assessment. This equates to 28%

Principles

- Behaviour is an expression of an unmet need -
- Use of language - Terms such as ‘domestic abuse’ ‘abuse’ present a barrier for parent carers in accessing support
- Co-creation – the insight of those with lived experience are critical
- Whole family response – support for the parent/carers, for the child/young person themselves and for siblings and wider family

- No wrong door – regardless of where or how a family seeks help or support, there should be an easy, frictionless mechanism to get them the most effective support based on their specific needs and circumstances

Overarching aim	Actions	Owner	Timeframe
To cocreate a self-help resource for parent carers and their family	Review existing materials including – MyCWA resources and toolkit		
	Create a self help resource for parent carers (Note from Annette - Leaflet- we did a one page leaflet for the OP group and we feel the same could be done for this issue too. Katie Jones alongside Judith did the last leaflet so maybe Katie would help again?)		
	Agree language (ask parent carers) and review language used through the existing pathways to support		
	Create a VLOG of a parent carer talking through their own experience		
	Create an information and advice page linked to parent carers forum website – link to Livewell – short breaks, adults, DA pages		Launch at parent carers forum AGM?
	Direct support for the child/young person - mental health, self esteem, understanding and management of their condition		
Raise awareness of the specific issues and challenges faced by families experiencing violence from a child/young person with a SEND and challenge perceptions of judgement and blame towards families who are facing childhood behavioural difficulties, to create more compassionate	Awareness raising campaign linked to national campaigns		

understanding, support, and much needed acceptance.			
	A virtual awareness raising event (drawing on learning from the Dementia and DA ops group)		
Develop training/resources for professionals – initially aimed at Police, Childrens Social Care and Health	Create a One minute guide for professionals in adults and children to remind them to consider any safeguarding concerns for the whole family		
	Online training and awareness for professionals – promote through various Boards (Domestic abuse, Childrens safety partnership, adult safeguarding, SEND Partnership Board)		
	Agree target audience for training – include Police, Childrens social workers,		
	Provider toolkit- as a provider could be going into the parent carers home either because the parent carer has their own needs or the young person has, it would be worth revamping the toolkit we did for the OP group to make it relevant for this group which would help providers and other professionals recognise DA		
Improve pathways to support for those families in need of specialist intervention	Offer parent carers training/support sessions – include crisis responses and longer term strategies		
	explore a programme for young people that helps with understanding healthy relationships – Danielle has done some of this work in other areas		
Identify, or create, a risk assessment tool			

Identify gaps in current responses and make recommendations to relevant Boards about how to address these – (eg. Training for parents, programmes for children/young people)			

Partners

- Autism Inclusive
- S4A
- Cheshire Buddies
- School / educational settings
- ChAPs
- Visyon
- Just drop in
- Young carers (siblings)
- CE Carers Hub
- C & W Carers Trust

Learning from the Dementia and Da group

- 2/Leaflet- we did a one page leaflet for the OP group and we feel the same could be done for this issue too. Katie Jones alongside Judith did the last leaflet so maybe Katie would help again?
- 3/Guidance-as discussed in the OP group, we are due to review the DA and adult safeguarding guidance and even though we do have a carers section in there, we could add more about parent carers who have their own care and support needs

- 4/Provider toolkit- as a provider could be going into the parent carers home either because the parent carer has their own needs or the young person has, it would be worth revamping the toolkit we did for the OP group to make it relevant for this group which would help providers and other professionals recognise DA.
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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	27 March 2023
Report Title:	Market Sustainability Plan and approach to care fees
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	AH/42/2022-23
Ward(s) Affected:	All wards

1. Purpose of Report

- 1.1. The purpose of this report is to seek approval from Adults and Health Committee for Cheshire East Council's Market Sustainability Plan for onward submission to the Department of Health and Social Care (DHSC) and publication on the Council's website.
- 1.2. The Adults and Health Committee approved the publication of the local cost of care on the Council's website on 23rd January 2023 which was a pre-requisite for securing Government funding from the Market Sustainability and Improvement fund. The Market Sustainability Plan is the second requirement to securing funding and must be submitted and published on the Council's website by 27th March 2023.
- 1.3. The development of a Market Sustainability Plan is a new requirement placed upon all local authorities and is designed to demonstrate how the Council will use funding to make tangible improvements to Adult Social Care provision.
- 1.4. The plan has been developed using a template supplied by the Department of Health and Social Care and closely follows associated guidance.
- 1.5. The report contributes to the following aims and objectives in the Council's Corporate Plan which are also referenced in the Market Sustainability Plan.
 - Vulnerable and older people live safely and maintain independence within community settings.

- To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice.

2. Executive Summary

- 2.1.** In December 2021 (updated in October 2022 and January 2023) the Government published its policy position on market sustainability for providers of registered residential and nursing care for people 65+ and for registered domiciliary care for people over 18.
- 2.2.** Local authorities are required to develop, submit and publish Market Sustainability Plans to demonstrate how they will ensure that care markets for older people's care homes and domiciliary care are sustainable, as Adult Social Care moves towards reform.
- 2.3.** Underpinning the development of the Market Sustainability Plans are cost of care exercises which were submitted to the Department of Health and Social Care (DHSC) in June 2022 and published on the Council's website on 1st February 2023.
- 2.4.** Market Sustainability Plans must be submitted to DHSC and published on the Council's website by no later than 27th March 2023. DHSC has indicated that there is no leeway in this deadline and Members are asked to note that, should the recommendation to publish be approved, the plan will need to be published following the Committee meeting taking account of any amendments that members may wish to make.
- 2.5.** The submission and publication of cost of care exercises and Market Sustainability Plans are pre-requisites to the Council receiving an additional £2.4m Market Sustainability Funding in 2023/24. Funding from 2022/23 (£0.979m) is carried forward giving total Market Sustainability Funding for 2023/24 of £3.4m.
- 2.6** Grant conditions set out an expectation that the funding is used to make tangible improvements to adult social care, in particular, increasing social care capacity, reducing waiting times, increasing workforce capacity and retention and increasing fee rates to close the cost of care gap in an area. Local authorities are required to report on metrics against each of these target areas and to show demonstrable improvement in at least one of the target areas. It is expected that these metrics will be set out in further guidance.
- 2.7** The draft Market Sustainability Plan is attached at Appendix A. It takes into account the findings from the cost of care exercise and engagement with the care provider market and the Council's priorities as set out in the Council's Market Position Statement and other strategic policy documents.
- 2.8** The plan articulates how the Council plans to achieve its aims to prioritise a Home First approach to care provision and enable people to retain their independence, stay in their own homes and live well for longer. As such, it

proposes that all Market Sustainability Funding is invested in domiciliary care provision and a new three tier pricing model is introduced on the condition that care providers seek to grow their businesses to be able to prevent admissions to more institutionalised types of care provision and, in particular, in areas of the Borough that are not as well served as others.

3. Recommendations

It is recommended that Adults and Health Committee:

- 3.1.** Approve the Market Sustainability Plan attached at Appendix A for onward submission to the Department of Health and Social Care (DHSC) and publication on the Council's website in accordance with grant conditions;
- 3.2.** Note that the Market Sustainability Plan follows a format that has been prescribed by DHSC guidance.

4. Reasons for Recommendations

- 4.1.** It is a condition of Market Sustainability funding that the Council prepare, submit and publish on its website a Market Sustainability Plan by no later than 27th March 2023.
- 4.2.** The Department of Health and Social Care (DHSC) has advised that the deadline for publication of the Plan is 27th March 2023 and that no special dispensations will be considered to extend the deadline.
- 4.3.** Officers recommend the Market Sustainability Plan is approved for the following reasons:
 - 4.3.1** The Plan meets grant funding objectives and objectives and aligns with the Council's strategic direction of travel.
 - 4.3.2** Market Sustainability funding and additional funding to uplift care fees has been allocated in the Council's Medium Term Financial Strategy.
 - 4.3.3** The Council has a statutory duty to promote an effective and efficient care market including a duty to ensure that fees are set at a level that is sustainable and to promote an efficient and effective market.
- 4.4** The proposal to use the entirety of the Market Sustainability Funding to uplift care fees will have a positive impact on other sustainability targets including increasing workforce capacity and retention, reducing waiting times and supporting timely hospital discharge.
- 4.5** The proposal to invest the Council's allocation of the Market Sustainability and Improvement Fund in domiciliary care supports the Corporate Plan aims to support older and vulnerable people to lead independent lives within community settings and to prioritise a Home First approach for people leaving hospital.

5. Other Options Considered

- 5.1.** The development, submission and publication of a Market Sustainability Plan is a mandatory condition of receiving grant funding under the Market Sustainability and Improvement fund. If the Council chose not to submit or publish a Market Sustainability Plan the Council would not be eligible to receive Market Sustainability Funding for 2023/24 and 2024/25.
- 5.2.** This could have serious consequences for local care markets meaning that they would be unable to increase wages for care staff and compete for staff with other sectors. This in turn presents the risk that the Council is unable to source an appropriate level of care and support for people with an assessed need under the Care Act 2014 and that there is an adverse impact on the quality of care and support delivered.

Option	Impact	Risk
Do nothing	CEC unable to claim Market Sustainability Funding Barrier to implementation of charging reform Reputational damage with DHSC	Increased handbacks of packages of care Care market failure Increased waiting lists for care Increased quality concerns and safeguardings

6. Background

6.1. Care Act duties

- 6.1.1** Local authorities have a duty under section 5 of the Care Act 2014 to promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.

- 6.1.2** Section 4.31 of the Care and Support Statutory Guidance (Updated 19 January 2023) states the following:

“When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.

This should support and promote the wellbeing of people who receive care and support and allow for the service provider’s ability to meet statutory obligations to pay at least the minimum wage and provide effective training and development of staff. It should also allow retention of staff

commensurate with delivering services to the agreed quality and encourage innovation and improvement.

Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment. This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term.”

6.2. Market Sustainability and Improvement Fund

6.2.1 The Government announced a new Market Sustainability Fund on 16 December 2021. Originally, the primary purpose of the fund was to support local authorities to prepare their markets for reform and to support local authorities to move towards paying providers a fair cost of care. Since plans for charging reform have been delayed the purpose of the funding has been extended to address the priority areas set out in 6.2.6.

6.2.2 In total, £162 million was allocated nationally for 2022/23, £562 million allocated for 2023/24 and it is anticipated £842 million will be allocated for 2024/25.

6.2.3 Cheshire East Council was allocated £979,000 for 2022/23 and this funding was used to increase fees for Care at Home contracts. The Department has indicated that councils will continue to receive their 2022/23 funding allocations in 2023/24 regardless of whether they submit a Market Sustainability Plan. Grant announcements have confirmed an additional £2.4m allocation for Cheshire East subject to the submission and publication of a plan taking the total Market Sustainability Funding for to £3.4m for 2023/24.

6.2.4 Final guidance has yet to be issued for the funding, however an explanatory note sets out the revised expectations of DHSC into how the funding will be deployed. The funding is provided on the condition that every local authority allocates its full funding on adult social care. In order to evidence this, DHSC will compare the increase in the 2023/24 revenue account (RA) budget for adult social care with the 2022/23 budget, having assumed (unless the authority show otherwise) that the following will be allocated to adult social care:

- An appropriate share of the local authority’s additional Social Care Grant allocation for 2023/24, in line with aggregate use of this funding in previous years;
- The local authority’s share of the new 2023/24 discharge fund;
- The resources raised in 2023/24 from the adult social care precept.

6.2.5 Local authorities are expected to use the funding to make tangible improvements to adult social care. They will have flexibility to use the funding

to drive improvements across a range of priority areas, to best address local sustainability and improvement needs. The priority areas are:

- Increasing social care capacity
- Reducing waiting times
- Increasing workforce capacity and retention
- Increasing fee rates to close the cost of care gap in an area.

- 6.2.6** Local authorities will be required to evidence improvement in at least one of the target areas above using DHSC performance metrics and must provide an initial and final report on spend and progress against all target area metrics: capacity, workforce, waiting times and fee rates. Performance metrics will be set out in the final guidance.
- 6.2.7** Local authorities must submit an update to their Market Sustainability Plans ahead of winter 2023, which will include an additional section on adult social care capacity planning.
- 6.2.8** Through reporting DHSC will assure itself that the funding is being used in line with the grant conditions and, as a last resort, ultimately reserves the right to withhold future funding until satisfied that all fund conditions have been met.
- 6.2.9** On the basis of this allocation and the total Market Sustainability Funding for 2024/25, it is estimated that the Council can expect to receive a total of £5.08m for 2024/25.
- 6.2.10** As a condition of receiving funding, local authorities are required to:
- Undertake and publish cost of care exercises for 65+ care homes and 18+ domiciliary care. Cost of care exercises for Cheshire East were submitted to DHSC on 1 July in accordance with DHSC timescales imposed on trailblazer authorities and published on the Council's website on 1st February 2023;
 - Develop, submit to DHSC and publish a Market Sustainability Plan by 27th March 2023 and provide evidence of publication to DHSC via an email containing the URL. The plan should demonstrate how the Council will ensure local care markets for 65+ care homes and 18+ domiciliary care are sustainable as we move towards reform.
 - The Market Sustainability Plan must follow the template supplied by DHSC and should:
 - Take into account the results from the cost of care exercise
 - Consider the impact of future market changes over the next three years, particularly in the context of adult social care reform

- Set out an action plan for addressing the issues identified and the priorities for market sustainability investment.
- Include a commitment for how the local authority will move towards the cost of care calculated in the exercise as part of their 2023 to 2024 budget setting process.

6.2.11 Market Sustainability is defined by the guidance as one which operates in an efficient and effective way, indicated by:

- Sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market
- There being a range of high-quality services for people to choose from
- Sufficient investment in its workforce to enable the attraction and retention of high-quality care staff
- Evidence of innovation and service diversity in order to evolve and meet changing user needs
- Being attractive to new market entrants and able to manage and offset the impact of future market changes

6.3 Cost of Care exercise

6.3.1 The Council commissioned independent consultants to undertake a Cost of Care exercise with Care at Home, Accommodation with Care and complex care providers in November 2021 and draft reports containing recommended options were received for the three types of care in January 2022. These were updated in June 2022 following consultation with providers who were given a further opportunity to update their data or submit data if they had not already done so.

6.3.2 The results of the Cost of Care exercise were reported to Adults and Health Committee on 23rd January 2023 and are set out in the draft Market Sustainability Plan at Appendix A. The Committee approved the publication of the reports in accordance with the mandatory requirements of the Market Sustainability and Improvement fund which were published on the Council's website on 1st February 2023.

6.3.3 The Department of Health and Social Care has acknowledged publication of the reports. It is understood that DHSC has contacted a small number of local authorities where there are concerns over the content. This has not applied to Cheshire East.

6.4 Current market conditions

6.4.1 The cost of care exercise and subsequent provider engagement found that all providers are experiencing rapidly increasing cost pressures resulting from increased staffing costs due to an increase in agency use and the need

to compete with other sectors, inflation and increases in other costs such as energy and insurance premiums. This was exacerbated in April 2022 when increases to the National Living Wage and National Insurance took effect and will be further exacerbated by a 9.5% uplift to the National Living Wage in April 2023.

- 6.4.2** The recruitment and retention of good quality care staff has become increasingly difficult. The main reason given for this is competition from other sectors such as retail and hospitality which are able to offer higher salaries and better terms and conditions. For Care at Home there is the added pressure of higher fuel costs which are resulting in staff leaving for care homes where there is no burden of travel between calls or to other sectors.
- 6.4.3** All providers have experienced challenges resulting from the pandemic which have further exacerbated staffing issues including staff sickness and self-isolation, increased costs of agency staff and staff burnout resulting from outbreaks and the need to undertake additional hours to cover for staff who are sick or self-isolating. Over the last two years, care providers have been supported with increased costs by short term Government funding streams, however, these are no longer available.
- 6.4.4** As a result, sourcing an appropriate package of care in 2022 became increasingly difficult leading to increased waiting lists, service users placed in short term care while they await a package of care in their own home, increases in the number of packages of care handed back to the Council, providers exiting Cheshire East altogether and some providers unable to cover some calls at short notice due to staff sickness. The situation was exacerbated by care home closures due to outbreaks of Covid 19 and there has been an impact on the quality of care evidenced by an increased number of safeguarding and care concerns.
- 6.4.5** More recently, however, there have been indications that the care market is beginning to stabilise with fewer care packages handed back and a significant reduction in the number of people waiting for domiciliary care. It is thought that this is due to a combination of factors including a substantial fee uplift paid by the Council to domiciliary care providers in 2022/23, relaxations on the rules around international recruitment for carers, and improved processes in assessments for hospital discharge which have reduced reliance on traditional forms of care and an improvement in local recruitment more generally.

6.5 Market Sustainability Plan

- 6.5.1** In the context set out above the MSP sets out the strategic intent to continue to invest in Care at Home provision. Care at Home contracts are currently paid according to a tendered price. Current contracts were commissioned in 2018 and providers were asked to submit a tendered price between £14 to £18 per hour for at least the first three years of the contract.
- 6.5.1.2** Fees for Care at Home Prime and Framework contracts were uplifted by 14% in 2022/23. This was funded by Year 1 of Market Sustainability Funding (6%) and the Better Care Fund (8%).
- 6.5.1.3** The new maximum rate for Care at Home Prime and Framework contracts is £20.52 per hour. There is an additional premium of up to £2 per hour for care delivered in rural areas (F1 postcodes) funded by Better Care Fund. The cost of care exercise recommended an hourly rate of £22.50 per hour.
- 6.5.1.4** Given the importance of Care at Home services to the delivery of the Council's ambitions to prioritise a Home First approach and enable people to stay at home for longer, it is proposed that domiciliary care providers are encouraged to significantly grow their businesses.
- 6.5.1.5** This is so that people who may have previously been placed in a care home can remain in their own homes with the right level of care and support. While there will always be some people for whom care homes are the only option, for example, somebody in the advanced stages of dementia, a significant proportion of people may have been able to stay at home if there was sufficient capacity in the domiciliary care market to support them to remain at home. Not only is this in the best interests of the individual and their families, it offers a huge saving for the public purse at a time when finances are severely restricted and for individuals if they fund their own care.
- 6.5.1.6** Feedback from domiciliary care providers is that to do this the sector requires significant additional investment to enable providers to increase wages so that they are able to compete with other sectors and expand their operations.
- 6.5.1.7** The fee uplift awarded to Care at Home providers in 2022/23 has had a positive impact on waiting times for domiciliary care and some care providers have shown a willingness to expand their businesses through international recruitment programmes which has also had a positive impact on the Care at Home waiting list. However, the approach needed to divert care from care homes to domiciliary care requires a step change in market capacity. There are also some areas of the Borough where it remains difficult to source care and where there is a high use of care providers who are not on the Council's framework and who are often commissioned at a higher cost. This creates inequalities in access to care provision across the Borough.

6.5.1.8 To address these inequalities, the draft Market Sustainability Plan proposes introducing a three-tiered pricing model which offers a flat rate payment of either £20.52ph (the current maximum rate); £22.50ph (the local cost of care) or £24.50ph (local cost of care plus an enhancement of £2ph) based on proposed new geographical delivery areas for the new Care at Home commission. Under this approach, areas such as Knutsford and surrounding areas, Nantwich and Congleton/Holmes Chapel (where it is often difficult to commission care) would attract a higher rate while Crewe (where costs are less due to volume of hours and proximity of care calls) would receive the current maximum rate of care of £20.52 per hour.

6.5.1.9 In taking this approach, the Council will be aiming to meet all four of the funding objectives to increase social care capacity, reduce waiting times, increase workforce capacity and retention and increase rates to close (or in most cases either meet or exceed) the cost of care gap in the area.

6.5.1.10 This approach is not without risk, mainly, whether there are sufficient people who want to work in domiciliary care even at increased wages. The work can often be demanding, involve unsociable hours, be solitary and require own transport. For this reason, many carers prefer to work in care homes where they are not required to drive and have a support network of carers and managers on site. To mitigate this commissioning team will work with providers to develop their recruitment strategies including exploring opportunities for providers to transport staff from other locations to work in more rural locations.

6.6.2 Accommodation with Care Contracts

6.6.2.1 Accommodation with Care (care home) contracts are commissioned via a Dynamic Purchasing System (DPS). Care homes are required to apply to join the DPS via a robust procurement process and can then express an interest in individual care home placements as part of a call off process. The process allows care home providers to submit a price to deliver care for the expected life of the call off contract and there is no guarantee of inflationary uplifts. Having regard to these factors we do not propose any uplift in the standard contract rate for Accommodation with Care contracts.

6.6.2.2 It is, therefore, proposed that the funding is wholly invested in domiciliary care where it can have the most impact to help the Council to achieve its ambitions to support people to live independently as set out in the Corporate Plan.

7.0 Consultation and Engagement

- 7.1** Engagement with care providers was integral to the cost of care exercise. Providers were invited to participate via a survey which collected financial and cost information and via workshop sessions.
- 7.2** Providers were also engaged in the development of the Market Sustainability Plan via webinars held in February 2023 which were facilitated by external consultants.
- 7.3** Feedback from providers is set out in section 6.4 of this report and in the Market Sustainability Plan. Specifically, Care at Home providers highlighted the barriers to recruitment in rural areas of the Borough and to competition from other sectors. The approach as set out in the Plan will help to address these issues for this sector.

8. Implications

8.1 Legal

- 8.1.1** The Care Act places a duty on local authorities to facilitate and shape the whole publically-funded and self-funded care and support market. The legislation also requires authorities to provide choice that delivers outcomes and improves wellbeing. Relevant features of the Act include obligations on Councils to:
- Promote the efficient and effective operation of a market in services for meeting care and support needs;
 - Ensure sustainability of the market;
 - Ensure that sufficient services are available for meeting the care and support of adults in its area.
 - When commissioning services councils must assure themselves and have evidence that the contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
 - Understand the business environment of providers offering services in their area and seek to work with providers facing challenges and understand their risks.”
 - Not undertake any actions which may threaten the sustainability of the market as a whole, for example, by setting fees below an amount which is not sustainable for the provider in the long term.
- 8.1.2** The Care Act and the Statutory Guidance place an expectation on local authorities that the fees for all types of care should take account of both the actual cost of good quality care and the need to ensure a diverse provider market. It is clear that fees need to be set at such a level to allow providers to recover reasonable costs and remain competitive.

8.1.3 Adult social care charging reforms are now delayed until October 2025 which means that certain sections of the Care Act 2014 relating to cap on care costs are not yet in force. With regard to the section 18 duty to meet needs for care and support- this duty is in force except insofar as it imposes any duty on a local authority to meet an adult's needs for care and support by the provision of accommodation in a care home in a case where Condition 2 in section 18(3) is met as set out at 4.2 above.

8.1.4 The Council has a legal duty to ensure that it meets its duties under the Care Act 2014 . A failure to do so could result in the Council being judicially reviewed.

8.2 Finance

8.2.1 The Council has to publish its MSP in order to receive the associated MSF grant income, as this is one of the grant conditions.

8.2.2 The approved MTFS includes this grant income as part of the overall balanced position. To not publish or receive this grant income would therefore result in financial pressure.

8.2.3 Communications linked to the Market Sustainability Plan will need to be robust and help providers to understand the rationale for the Council's approach to fees particularly in light of the findings from the cost of care exercise.

8.2.4 There is no certainty of Market Sustainability Funding post 2024/25. If the funding is not continued this will represent a significant financial risk to the Council as care providers will expect funding levels to be maintained. In February 2023 the Council approved the Medium Term Financial Strategy which delivers a balanced budget. If Market Sustainability Funding is not available post 2024/25 this will create a significant pressure on the Council and savings will need to be found from elsewhere.

8.3 Policy

8.3.1 The recommendations in this report align with the Council's objectives to support people to remain as independent as possible for as long as possible and to prioritise a Home First approach for people who are discharged from hospital.

8.3.2 The revised pricing structure for Care at Home providers is conditional on them agreeing to significantly expand their operations in Cheshire East in order to divert care provision from bed-based services to services in the community. This will be implemented via contract modifications and will be incorporated into the specification and performance management framework of the new contract when the service is recommissioned in 2024.

8.4 Equality

- 8.4.1** An Equality Impact Assessment has been completed for this report and is attached as Appendix B.

8.5 Human Resources

- 8.5.1** There are no direct Human Resource implications for Council staff. However, the proposals contained within the Market Sustainability Plan will support the recruitment and retention of care staff with external care at home providers.

8.6 Risk Management

- 8.6.1** There is a risk that, having participated in the local cost of care exercise, care home providers will expect packages below the cost of care to be uplifted to the cost of care regardless of whether or not this is affordable from a local authority perspective or that the funding received from DHSC is not sufficient to pay the cost of care. The original intention of the funding was to support local authorities to move towards the cost of care, however, recent funding guidance suggests a broader scope of the funding as set out in 6.2.6 above. This will be reflected in communications with providers.

- 8.6.2** As set out in financial implications, there is no certainty of Market Sustainability Funding post 2024/25. If the fund is not continued this will represent a significant financial risk to the Council as care providers will expect funding levels to be maintained.

- 8.6.3** The Market Sustainability Plan proposes that the funding is allocated to fee uplifts for domiciliary care contracts which should have a positive impact on workforce, waiting times and hospital discharge. However, it leaves little room to accommodate demographic growth, ad-hoc increases to sustain key providers if needed or to cover the cost of rate creep in the care home sector. The approach proposed in the plan will take some time to come to fruition and will require a culture change in the assessment and commissioning of care home placements. In the meantime, officers will continue to challenge high bids for care home placements with a view to negotiating rates.

8.7 Rural Communities

- 8.7.1** Rural communities are disproportionately impacted by the current challenges in the care at home market due to lower numbers of residents in rural areas willing to work in care and the increased travel times between care calls which has an impact on fuel costs and, in some cases, wages as not all care providers pay for “downtime”.

8.8 Children and Young People/Cared for Children

8.8.1 Government guidance is that the Market Sustainability Plan should focus on care homes that cater for people aged 65 and over and domiciliary care providers that cater for people aged 18 and over. There are, therefore, no direct impacts on Children and Young People or cared for children.

8.9 Public Health

8.9.1 The recommendations in this report will have a positive impact on public health as the Market Sustainability Plan should improve the quality and availability of care services locally.

8.10 Climate Change

8.10.1 Efficient delivery of domiciliary care services requires the use of a vehicle for carers to travel from call to call. Some providers are trialling the use of more energy efficient transport e.g. electric bikes although these can present a challenge in the winter months.

8.10.2 Contribution to social value including environmental outcomes is measured as part of the commissioning processes.

Access to Information	
Contact Officer:	Joanne Sutton, Acting Head of Commissioning Joanne.sutton@cheshireeast.gov.uk
Appendices:	Appendix A – Cheshire East Market Sustainability Plan Appendix B – Equality Impact Assessment
Background Papers:	Market Sustainability and Improvement fund 2022 to 2023 guidance: https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023

Appendix A: Cheshire East Council market sustainability plan

Introduction

This plan is designed to set out Cheshire East Council's approach to sustainability of the local care market as required by the Department of Health and Social Care.

The plan aligns with priorities in the Council's Corporate Plan and Market Position Statement and has been developed through consultation with care providers via a cost of care exercise and Market Sustainability webinars.

Cost of care information contained within this plan should be considered in the following context:

- Cheshire East Council makes no assurances as to the accuracy of cost of care data since not all providers responded to the cost of care exercise. It should also be borne in mind that the exercise was completed following a worldwide pandemic and may not be reflective of how the market is currently operating.
- While the Council acknowledges that the cost of care is impacted by inflationary pressures since the data was collected, this is mitigated by the fact that the Council has not made adjustments to the data which would have the effect of reducing the cost of care.
- The cost of care exercise did not take into account all care settings and, therefore, is only a partial view of costs across the sector.
- The Council acknowledges its duties under the Care Act 2014. However, these cannot be viewed in isolation from other pressures on local authority resources, the duty on all Councils to deliver a balanced budget and the duty to obtain value for money as referenced in sections 4.27, 4.60 and 4.61 of the Care and support statutory guidance.

Section 1: Assessment of the current sustainability of local care markets**a) Assessment of current sustainability of the 65+ care home market**Market overview

Currently there are 54 care homes in Cheshire East (out of a total of 94) which exclusively support residents aged 65+ offering 2,633 beds. Of these 26 homes are residential and 28 offer nursing care. There is a fairly even geographical spread of homes across the Borough, however, there is a general need for more nursing home placements and homes offering male only dementia units and specialist bariatric beds.

Approximately 28% of homes are operated by large national organisations such as HC-One, Maria Mallaband, Bupa, Care UK and Minster Care with the remainder run by small, local care providers.

The care home market is characterised by a high proportion of self-funded placements (estimated to be 57%) with 1,227 care home beds commissioned by the local authority and 198 commissioned solely by Cheshire CCG some of which are block booked for Discharge to Assess or system resilience.

Commissioning arrangements

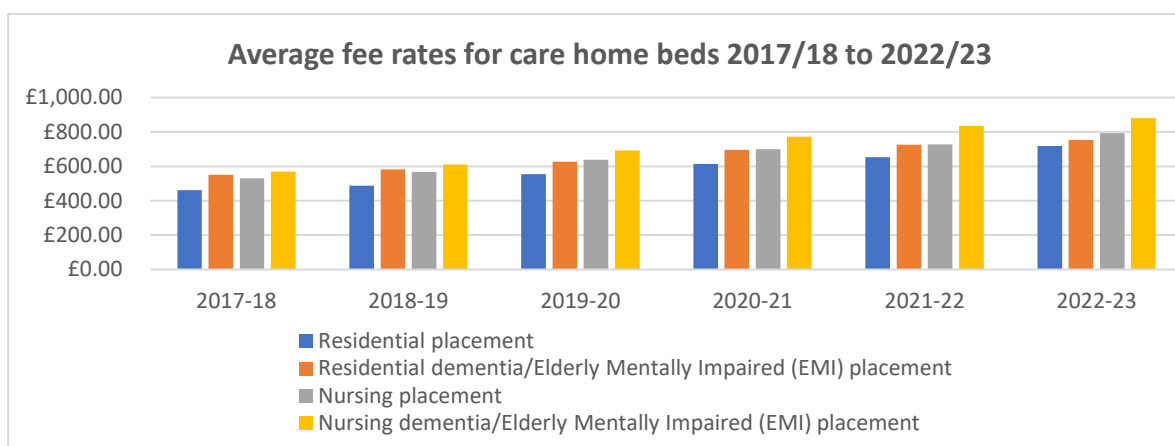
The Council changed the way it commissions care home beds in 2018 from spot purchase to a Dynamic Purchasing System (DPS) arrangement. The DPS allows providers to submit a price to deliver care for individual service users. As a result, the average price paid for the different categories of care home beds has increased as demonstrated in the table below which also shows the number of Council commissioned placements per bed type and the number of placements paid at standard contract rate. Of the placements in the table below 9.6% are short term placements, mostly commissioned due to a shortage of domiciliary care provision and the need to ensure timely hospital discharge. Standard contract rates were last uplifted in April 2021 when a 6% uplift was applied.

Bed type	Current council commissioned placements (long and short term)	Standard contract rates	Average rates paid – all placements (22/23)	Cost of Care (excluding FNC at £209.19)	Average rates – new placements over last 6 months
Residential	444	£489.53	£671.17	£852.15	£1,075
Residential dementia	349	£579.04	£777.45	£891.09	£942
Nursing	343	£533.18	£838.97	£825.57	£1,029
Nursing dementia	327	£550.41	£893.02	£925.62	£1,102

While average rates paid for all existing placements are close to the cost of care, it should be noted that fees for more recent placements exceed the cost of care as shown in the final column of the table above.

Analysis of current placements show that in total 44% of placements already exceed the cost of care, with over half of nursing placements exceeding the cost of care.

The graph below shows the trend in average fee rates since 2017/18.



Challenges for the sector

Like other local authority areas, care homes in Cheshire East were adversely impacted by the Covid 19 pandemic with, at times, up to a third of care homes closed to admissions due to a Covid 19 outbreak. This has led to a situation whereby providers are increasing costs to cover losses and potential losses related to the pandemic through bed vacancies as well as increases in insurance premiums. Vacancy levels across the Borough at the end of February 2023 were 237, however, nearly half of these were not immediately available for occupation either largely due to care home closures or staffing difficulties.

As with other sectors, care homes have struggled with recruitment and retention of care staff, nursing staff and ancillary workers such as cleaners resulting in a substantial increase in the use of more costly agency workers which can affect the quality of care delivered since agency workers are less familiar with the needs of residents and the policies and procedures in the home. There is evidence that the use of agency staff is starting to reduce with some domiciliary care providers reporting that their care staff are leaving to work in care homes due to the increase in fuel costs. Some providers have also started international recruitment with mixed success. They are reporting high initial costs and low retention rates, however the strategy is helping the overall recruitment picture.

Despite this, there has been only one care home closure in the Cheshire East since the pandemic began. This was an entirely private home (the Council did not commission care) that closed due to difficulties recruiting and retaining staff. Some larger providers have, however, reviewed their stockholdings and sold a proportion of their homes to other care providers.

The impact of the current inflationary pressures on the care home sector has been significant. To remain competitive in the recruitment market providers have increased wages by up to 10%. The National Living Wage (NLW) increase will have a further effect on this as the current average basic pay for carers is £10.20 as opposed to the £10.42 NLW from April 1st. The impact of this is larger than just the increase to carer wages as all other wages also will increase to maintain a differential between the other roles in care homes. Other key cost increases have been energy (over 100% average increase) and food (over 15% average increase). This has resulted in an overall increase to the cost of care of around

12% in the last year for providers. These increases are placing pressures on the stability of the market which are particularly experienced by small independent providers. There are also indications that national providers could divest from council areas that have lower fee rates, increasing competition in fees between council areas.

Quality

The quality of care homes is generally good with 77 homes out of a total of 94 rated either good or outstanding. There has, however, been a 21% increase in safeguarding and care concerns over the past 12 months which could be indicative of increased scrutiny since lockdowns ended and recruitment challenges, including an increased use of agency staff.

The Council, working in close conjunction with NHS and CQC colleagues, maintains close monitoring for care providers to address issues where identified and has a good track record of supporting homes to improve standards.

Future developments

The council has started to look at how to introduce new technology and innovation to improve choice and quality of care. This is in its early stages with initial work looking at care robots. This will be an area of focus and development over the next three years.

Delays to charging reforms have had little impact on CEC's ability to manage current pressures to market sustainability. Some providers are concerned about s18(3), but the delays have helped CEC to stabilise the market.

Conclusion

While there clearly are challenges in the care home sector and the Council has seen an increase in the number of providers approaching the Council for fee uplifts, the current commissioning arrangements are driving up fees and helping to sustain the market.

This is evidenced by low levels of market failure and the fact that Cheshire East remains an attractive proposition for new care home developments with four new care homes opening up since 2020.

b) Assessment of current sustainability of the 18+ domiciliary care market

Market overview

The local domiciliary market is made up of three types of providers: local owned and operated individual businesses; franchised branches operated as individual entities but part of a larger organisational infrastructure and branches owned and operated by large organisations.

Providers source of work is derived from 3 sources, local authority, health and private funding clients. Our local marketplace contains a very buoyant private funding marketplace meaning that providers are not solely reliant on the Council as a source of income. Some providers tell us that they only take on local authority

work as a way of sustaining the workforce and rely on Health and self-funded packages to sustain the business. Locally CEC and the NHS are working with one another to greater align the rates which are paid by both organisations as currently providers are seeking out health packages where they are not restricted by a fixed pricing structure.

Commissioning arrangements

Cheshire East Council currently operates a Prime and Framework model for domiciliary care services with 5 Prime Providers operating across up to a maximum of 3 out of 6 geographical areas of the Borough and 34 Framework providers able to operate across the Borough. The Council is in the process of preparing to recommission the service and has recently reopened the Framework to allow new entrants to the market and providers who are not currently on the Framework to apply. As part of the commissioning arrangements, additional delivery models are being explored to fill the gaps in some of the more rural areas of the Borough where it is difficult to source care, including the potential for micro-enterprises

When the services were commissioned in 2018, care providers were asked to submit an hourly rate of between £14 and £18 per hour to deliver care with the intention that the rate be fixed for the first three years of the contract. Inflationary uplifts could be applied at the Council's discretion when the contract was in the extension period. Subsequently an enhancement of £2 per hour was applied for those packages of care delivered in F1 rural postcodes to reflect the additional challenges of recruiting staff and additional travel time in these areas.

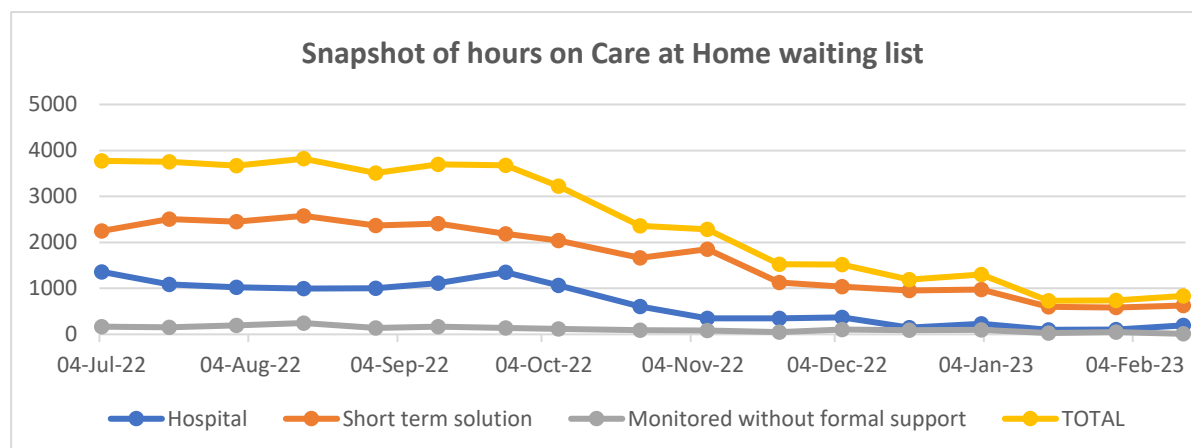
The Council uplifted fee rates for domiciliary care providers in April 2022, initially by 6% using funding from the Council's 2022/23 allocation of the Market Sustainability Fund. There was significant pushback from providers that this level of uplift was not sufficient to address the challenges they face as outlined below. As a result a task and finish group was established with a representative group of providers and agreement was reached with the NHS to use Better Care Funding as a short term funding source for 2022/23 to uplift fees by a further 8% taking the total fee uplift to 14%. The cost of this additional 8% in 2023/24 and beyond will need to be met by the Market Sustainability and Improvement funding.

Currently there is no flat rate and average fees are now £19.83 per hour with a maximum rate of £20.52.

Challenges for the sector

The first nine months of 2022 saw a natural restructuring of the Care at Home market with a number of providers ceasing trading or handing back contracts to the sector. This has enabled a small number of commissioned providers to grow their businesses through the transfer of staff and care packages.

However, evidence over the last six months demonstrates that the collaborative work between the council and providers has seen a reduction in waiting lists, a stabilisation in short term care home beds, a reduction in hand backs and a stabilisation in the gap between supply and demand for domiciliary care. This is further demonstrated by the chart below:



Nonetheless, it is clear that significant challenges remain. Feedback from providers at webinars and monthly meetings is as follows:

Providers are currently struggling to recruit and retain a suitably skilled workforce due to a combination of competition from other sectors which pay more for less demanding work, cost of living increases particularly in petrol costs, a negative image of working in social care and the emotional demands caused by the pandemic. The situation is exacerbated in more affluent areas of the Borough such as Knutsford where currently there are no commissioned providers operating and the Council often has no option than to spot purchase care from providers who are not on the Council's frameworks often at a higher cost. There are also gaps in provision in some of the more rural areas where recruitment is also difficult for providers and the cost of delivering care is greater.

Many of the larger providers have started or are on the process towards international recruitment. This is having a positive effect on the market, however providers are experiencing a high cost to this process with a relatively poor retention rate.

Most providers have had to increase wages to stay competitive and although many providers pay above the National Minimum Wage they are having to increase wages across the board to compete with other providers in the area and with care home providers who do not have the added burden of travel costs.

Providers are experiencing rapidly increasing cost pressures on other areas such as increases in NI contributions, pension contributions, insurance costs (which have doubled) and CQC registration fees. This has created an average increase of around 11% to their costs. Providers report that the factors listed above have created an unsustainable business environment. Over the last 12 months many of them have been actively increasing the percentage of self-funders they work with as they state they are making a loss for every hour they provide services for the council. They say this trend will continue, with some of the current framework providers stating they will not bid for council work in the future unless it is at a much higher rate than the current level.

It is evident the Care at Home market is facing significant challenges and that current fee levels are a contributory factor. The inflationary impact experienced by providers averages 11% over the last year with most of the increase attributable to increases in wages that are needed to stay competitive and recruit staff. The NLW increases from April 1st 2023 are not likely to impact on this further as the median basic care wage is already £10.54, higher than the NLW increase.

The challenges in sourcing domiciliary care in the first part of 2022 has led to an increase in the number of people in short term residential care either following a hospital discharge or adult social care needs assessment while they await a package of care. While these numbers are now reducing, for some people this has led to increased dependency and the need for a long term care home placement.

While there is a funding gap between the commissioned fee rates and the local cost of care, it is not clear whether provision of additional investment will fully address all the challenges faced. Cheshire East Council does not routinely collate data on staff turnover from external providers, however, anecdotally, providers inform us that the number of suitable applicants for care positions has reduced considerably, with many positions only possible to fill through international recruitment. In 2022 the Council facilitated two recruitment days for care providers in the Borough which were well advertised locally but unfortunately only one jobseeker attended at each session.

Quality

The quality of care delivered by community providers (including domiciliary care and complex care providers) is generally good with 89.3% rated Good or Outstanding.

However, difficulties with recruitment and retention have in some cases led to concerns over short calling as providers struggle to cover their rotas. This has manifested itself in an increase in reported safeguarding and care concerns and in the number of formal complaints and Ombudsman complaints.

Future developments

The Council is in the process of purchasing care robots to support the sector with low level care needs such as wellbeing, medication and nutrition prompts. The Council is keen to work with providers to explore other opportunities to enhance the offer through the use of assistive technology and will explore this through monthly provider meetings.

Delays to market reform have had little impact on the local market.

Section 2: Assessment of the impact of future market changes (including funding reform) between now and October 2025, for each of the service markets

The Cheshire East Joint Market Position Statement for 2021/25 sets out the population projections for the Borough. Based on ONS projections the number of over 65s in Cheshire East is expected to increase by 21% between 2018 and 2028. People aged 65 and over currently make up 23% of the Borough's

population, higher than the regional figure of 19% and national data at 18%. The largest predicted increase (30%) is in the number of people aged 80 and over from 11,769 in 2018 to 15,306 in 2028.

These population changes mean there are likely to be increased demand for care services of between 20% and 25% by October 2025. In real term this means a further 338 to 422 residential places and an increase of 3664 to 4580 hours of domiciliary care if the approach to commissioning and the percentage of self-funders remained the same. The plans to address the sustainability of the market described in section 3 of this plan are likely to change this balance.

The implementation of the Joint Council/ICB Home First strategy will create a likely reduction of the number of residential care beds needed. When the natural growth of demand is taken into account, this will create a total increase by October 2025 of 169 to 253 beds. There are currently 237 vacancies and plans for new homes to open. Therefore, future market changes for residential care are sustainable within the October 2025 window.

It is estimated that the Home First strategy will place a requirement to grow the domiciliary market by 52%. When future market changes are also added to this there will be a requirement of up to an additional 13,168 hours / week. This is a rise of 72% from the current level. This will create a major recruitment challenge for providers within a market where recruitment is already difficult.

Fee rates paid to providers will therefore need to be of a level that enables them to attract staff into the care industry as well as to maintain staff that currently work in care. Feedback from providers suggests that international recruitment will have to make up the majority of these hours due to current difficulties in the domestic market. A strategic approach to this between the council and providers will be needed to support the growth of providers in the delivery of this plan.

Inflation and the associated increases to the cost of living have impacted providers in a major way over the last 18 months with providers showing an average increase in costs of 11% for domiciliary care and 12% for residential care. This is likely to become a smaller problem over the period to October 2025. The Bank of England is forecasting interest rates to fall to 4% by the fourth quarter of 2023 while a recent report by investment bank Citi (22/02/23) is predicting inflation will drop to 2.3% in November 23 and 1.6% in December 23. This will slow down the increasing cost pressures on the market and should ensure any fee rises in 22/23 and 23/24 contribute to the ongoing sustainability of the market rather than providing short term economic respite for providers.

There are also economic predictions there will be an increase to the size of the UK labour market in 2023. PWC forecast over 300,000 British workers will rejoin the labour market following economic inactivity post pandemic. This combined with new immigrants from targeted international recruitment and from countries such as Ukraine, Afghanistan and Hong Kong is also increasing the number of economically active workers in the economy, creating a chance that the current recruitment and retention challenges in the care sector will also ease off over the period to October 2025.

That said, recruitment in areas such as Cheshire East, particularly the more rural areas, is likely to continue to be a challenge. An increase to the total number of economically active might not necessarily help the care sector as people are likely to continue to prefer other sectors such as retail that are more flexible, less stressful and often paid more.

Delayed Adult Social Care Reform

Cheshire East has a large self-funded market, estimated to be 1,800 65+ care home placements and around 2,400 18+ domiciliary care packages based on current estimates. These figures are based on ONS data and do not include Direct Payments, complex care, extra care housing or day care clients. In the main self-funders pay more for their care.

Cheshire East Council was a trailblazer for charging reform and, as a result, is well prepared for the proposed changes. We will take the learning from the work completed during this process to inform our next steps.

As described in this plan our priority is to support people, including self funders, to stay at home for longer. This will reduce the financial and market impact of the implementation of charging reform.

Section 3: Plans for each market to address sustainability issues identified, including how cost of care funding will be used to address these issues over the next 1 to 3 years

(a) 65+ care homes market

The plan for the 65+ care home market is to not apply any fee uplift but to allow the dynamic purchasing system (DPS) already central to commissioning to continue to allow the market to set the price. Council contracts for care homes do not include a guaranteed right to annual inflationary uplifts as providers are encouraged to submit a sustainable price for the anticipated lifetime of the call off contract. Price increases over the past six months provides evidence that providers are doing this.

As set out in section 1, the average rate paid is lower than the local cost of care rate, however, not substantially so and is in fact higher than the cost of care rate for many neighbouring councils. The Council applied no amendments and alterations for vacancy rates or return on operations on their cost of care analysis, unlike many other councils, resulting in a higher cost of care than some other authorities.

The high level of self-funders in residential care in Cheshire East means this strategy is unlikely to impact on the sustainability of the market. The analysis in section 2 demonstrates how over the next three years the increase in demand for beds closely matches the vacancy rates. This will improve the efficiency of the market and enable care homes to operate with high occupancy levels.

This approach will also support implementing the Home First strategy that looks to keep and place people in their own homes as the primary focus. Residential care

is an expensive option that can promote dependency and isn't always the best for service users.

Within its Corporate Plan the Council's priorities are:

- Vulnerable and older people live safely and maintain independence within community settings – this priority has a particular emphasis on provision of Extra Care Housing models of care as evidenced by the Vulnerable and Older Persons Housing Strategy (2020-2024) and People Live Well for Longer Commissioning Plan.
- To prioritise Home First for patients discharged from hospital as evidenced by Home First Strategy (2022-2024)

Taking the above priorities into account and due to the current commissioning arrangements, which allow care home providers to submit their own costs for delivering care we propose to primarily focus any additional resources from the Market Sustainability Plan on Care at Home with a small element used to increase the uplift to complex care providers.

Innovation

Moving forward the Council's ambition is to reduce reliance on residential and nursing care and support greater independence within community settings through expansion of community care models and the provision of additional extra care housing facilities in the Borough. To this end, the Council is engaging with potential developers via its Housing Development Framework and developing a prospectus to encourage the development of Extra Care Housing which is set out as a priority in the Corporate Plan, Vulnerable and Older Person's Housing Strategy and Market Position Statement.

(b) 18+ domiciliary care market

The plan for the domiciliary market is to introduce a new 3 tiered pricing model with conditions that providers grow their businesses by 20% in 2023/24 and 20% in 2024/25.

This will:

- Incentivise expansion of domiciliary provision
- Encourage provision in areas not well served by domiciliary care
- Reduce use of and spend on providers not on the Council's framework
- Allow people to stay in their own home for longer
- Provide a cost effective option of care delivery

The three tiers will be:

- **Tier 1** - £24.50/hr (high proportion of rural postcodes, high waiting list, high use of providers not on Framework)
- **Tier 2** - £22.50/hr (medium proportion of rural postcodes, medium waiting list, medium use of providers not on Framework)
- **Tier 3** - £20.52/hr (low proportion of rural postcodes, low waiting list, low use of providers not on Framework)

Cost of Care

The cost of care exercise found the cost of care to be as follows:

15 Minute*	£7.56
30 Minute	£12.55
45 Minute	£17.53
60 Minute	£22.50

*It should be noted that Cheshire East Council does not commission 15 minute care calls and currently pays calls of less than one hour duration at a pro-rated/flat rate.

As these figures show, the plan is to substantially increase the rates paid for domiciliary care, in most cases either in line with or above the hourly cost of care rate, in order to stimulate growth in the sector as part of the wider Home First strategy.

Changes to the current approach to commissioning domiciliary care will include:

- Introducing new geographical lots that enable enhanced fees to incentivise delivery where traditionally the market has struggled (primarily rural areas)
- Pay a flat rate as opposed to tendered rate
- Conditional on agreement to expand business by 20% in 23/24 and 20% in 24/25
- Expansion targets and incentives built into new contracts
- The local authority would reserve right to reduce funding if targets not achieved
- Commissioners would work with providers to help them expand including provision of short term funding when available
- Additional capacity would help to reduce use of providers not on Framework, reduce waiting list and reduce use of bed based provision

Assumptions, considerations and risks

Currently Cheshire East Council pays different rates for domiciliary care providers depending on their tender submission.

The cost of implementing the plan will be £3.557m assuming that current packages paid above these levels are reduced to new levels but rising to £4.338m if it is not possible to transfer packages of care from higher cost providers from day one of the new pricing model. However, the targets set of a 20% increase in provision in each of the first 2 years includes the demand for contracted providers to pick up these high cost hours over time to reduce the additional costs. This includes existing packages and waiting list. This will be funded by the Market Sustainability Fund and the Hospital Discharge Fund.

Risks and Mitigations

There are risks in the proposed approach, namely:

- Providers unwilling to grow business
- Providers unable to recruit staff to support growth
- Providers working in areas with lowest rates still facing increased costs

The key mitigations to these risks are:

- CEC reserve right to reduce fees or review position for providers unwilling to expand
- Improved pricing model in areas of difficulty; Work with providers and Skills for Care
- CEC already one of highest payers in NW for domiciliary care; sector has benefited from other short-term funding streams

The council has already started working proactively with the sector to support international recruitment as this is seen as a critical success factor for this plan.

Wider impact on services outside of scope

The impact of uplifting rates for domiciliary care to the cost of care has implications for other types of care which sit outside the scope of the Market Sustainability Plan such as Direct Payments, Complex Care, Supported Living and Rapid Response. The Council is also planning on increasing the Complex Care fee from £15.29 to £17.50 at a cost of £2.26m. This would be met by the Medium-Term Financial Strategy and the Market Sustainability Fund. It is seen as particularly important to consider Complex Care and Domiciliary Care together as fee changes in one area can have a direct impact on the other due to linkages in the recruitment market.

The Council also plans to uplift the Direct Payment rate for Personal Assistants and the rate paid for Shared Lives services, which will further enhance the community offer.

Proposals for domiciliary care

The recommissioning of domiciliary care offers an opportunity to consider additional care delivery models which reduce the reliance on traditional domiciliary care services, create capacity in the sector and offer more personalised, holistic services which focus on supporting service users to achieve their desired outcomes.

It is clear that there are significant issues and challenges in domiciliary care resulting from reduced workforce capacity and cost of living increases. As such it is proposed that any additional resources are invested primarily in domiciliary care to not only stabilise the care market, but to create a market dynamic that enables the delivery of the Home First strategy. The Council has already invested the local allocation from the Market Sustainability Funding 2022/23 to fund a 6% fee uplift for domiciliary care providers from April 2022 and additional funds have been identified from the Better Care Fund to increase the uplift to 14%. It is proposed that this uplift is not only sustained, but increased further in the ways described in this plan from any additional funding from the Market Sustainability Fund for 2023/24 and 2024/25 and that surplus funds are primarily invested in domiciliary care.

Innovation

Alongside the changes documented in this plan the council will look to support providers to bring about innovation and the use of new technology to improve efficiency. This will include further developing our work around care robots as well as actively identifying other new technological solutions and supporting providers

with their implementation. We will also provide further support to carers and micro-enterprise diagnostics to support filling gaps in challenging areas.

Funding summary table

The table below summarises the Council's plans in relation to total investment in the care market to support sustainability and also illustrates how the Council's 2022/23 Market Sustainability Funding has been spent:

Funding stream	Available funding	Care at Home (Domiciliary care)	Accommodation with Care (Care Homes)	Complex care
Market Sustainability Fund 2022/23	£0.979m	6% fee uplift	Prices set by market through DPS	
Market Sustainability Fund 2023/24	£3.4m	Introduction of 3 tier pricing model (£3.139m)		£0.261m contribution to 14.5% uplift
Medium Term Financial Strategy 2023/24	£2m			£2m contribution to 14.5% uplift
ASC Hospital Discharge Fund 2023/24	£1.2m	Introduction of 3 tier pricing model £1.199 (max)		
Total investment 2023/24	£6.6m	£4.338m		£2.261m

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EQUALITY IMPACT ASSESSMENT

TITLE: Market Sustainability Plan

VERSION CONTROL

Date	Version	Author	Description of Changes
01/07/2022	0.01	SAM/VC	Initial draft

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CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

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

Department	Integrated Commissioning		Lead officer responsible for assessment		Joanne Sutton	
Service	Contracts & Quality Assurance		Other members of team undertaking assessment		Sophie Middleton Victoria Caruana	
Date			Version			
Type of document (mark as appropriate)	Strategy	Project X	Function	Policy	Procedure	Service
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision	
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) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p>Market Sustainability Plan</p> <p>All local authorities are required to submit and publish a Market Sustainability Plan by 27th March 2023 which sets out how they will utilise Market Sustainability and Improvement Funding to improve and sustain care markets in their local authority area.</p> <p>The Market Sustainability Plan as required by the DHSC specifically deals with the care home market for those aged over 65 and care at home or domiciliary care for those over 18.</p> <p>The plan contributes to the following aims and objectives in the Council's Corporate Plan:</p> <ul style="list-style-type: none"> • Vulnerable and older people live safely and maintain independence within community settings • To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice. <p>It should be noted that the Care Act places an expectation on the Council that the fees for all types of care should take account of both the actual cost of good quality care and the need to ensure a diverse and competitive provider market.</p>					

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Who are the main stakeholders and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	Residential and domiciliary care providers. Employees of these care providers, delivering care in Cheshire East Cheshire East residents NHS Cheshire & Merseyside Health & Care Partnership Care England DHSC
Consultation/ involvement carried out.	YES
What consultation method(s) did you use?	<ul style="list-style-type: none"> Residential and domiciliary care providers were invited to participate in a Cost of Care Exercise via a survey and workshop sessions. Telephone support was also made available to care providers to allow them to feed into the exercise where possible. There have been significant increases to overheads since the original report was finalised, so the Council has since invited providers to update the information that was submitted to ensure a robust and accurate representation of provider costs were obtained and could be taken into account when formulating the Market Sustainability Plan. Providers were engaged in the development of the Market Sustainability Plan via a survey and a workshop session. Thirty care providers and Care England representatives attended a Provider Engagement Event on 08/06/2022. This included the ability to update information previously submitted (for the Cost of Care Exercise) to ensure a robust and accurate representation of provider costs were obtained. This has allowed for the increased cost of living and increased general running costs have been appropriately considered. Follow up Market Sustainability webinars were held in February 2023 with both Care at Home and Accommodation with Care providers.

Stage 2 Initial Screening

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<p>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</p>	<p>Residential providers providing services to people aged over 65 and domiciliary care providers who provide care to over 18s will all be affected by the Market Sustainability Plan. The Cost of Care Exercise demonstrated that the Council's current published rates for both residential and domiciliary care fall below the actual cost of providing this care. However, due to the way that CE commissions residential care, many residential care payments are higher the Council's rates and in addition, the average cost of care for CE's domiciliary care providers was not too dissimilar to the rates currently paid.</p> <p>Employees and potential employees of the above care providers will also be affected. Increasing payments to care providers to ensure that they are paid closer to the fair cost of care, should allow a fair level of remuneration, meaning that providers should be able to attract new employees and retain their existing workforce more easily.</p> <p>Service Users will benefit from a sustainable care market, where providers can recruit and retain more easily, meaning that care can be sourced when needed. The retention of staff and being able to attract new recruits into the sector should allow increased availability of care, continuity of care and enhance the quality of the care available.</p>
<p>Who is intended to benefit and how</p>	<ul style="list-style-type: none"> • Care at Home Providers The Council is creating a Market Sustainability Plan that shows how it plans to sustain local care markets. This plan must be submitted to the DHSC in order for the Council to be eligible for Government funding. The funding will help providers become more financially sustainable, allowing them to be more competitive with remuneration so that they can attract and retain staff more easily and to expand their business operations locally to enable more people to retain their independence and reduce the reliance on bed-based care. • Care provider employees By moving towards paying the fair cost of care, the Council will be facilitating more carers to be paid at the Real Living Wage (or above). This is extremely important to the industry, which already has a huge number of vacancies, and is struggling with recruitment. • Service Users A more sustainable care market, where employers can recruit more easily, should mean that service users will be more likely to be able to access a quality, sustainable care provision when they need it.

	Improving employee retention and reducing vacancies should help reduce the number of care concerns/safeguardings raised for short/missed calls. The plan contributes to the Council's Home First Strategy which aims to enable people to retain their independence for longer by ensuring they are able to live in their own homes with the right level of support.
Could there be a different impact or outcome for some groups?	Government guidance is that the Market Sustainability Plan should focus on residential care for people aged 65 and over and domiciliary care providers that provide services for people aged 18 and over. Therefore, services for children under 18, and those delivering services outside of the guidance (e.g. supported living, complex care, residential care, short stay and respite provision for under 65s) are excluded from the plan and subsequently benefiting from the Council's anticipated receipt from the Market Sustainability and Fair Cost of Care Fund.
Does it include making decisions based on individual characteristics, needs or circumstances?	All social care services are offered on the basis of assessed eligible needs. This plan does not change the basis of those individual assessment decisions.
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	<ul style="list-style-type: none"> • Availability of Residential Care for over/under 65s It is possible that providers might cease "all ages" care home provision and only provide for over 65s if the fees for over 65s are increased under the Market Sustainability Fund and other rates do not rise in line with them. • Service Users with disabilities and/or high/complex needs Increasing the rates for only some parts of the care sector may also force providers currently delivering care across multiple settings, for example Complex and Supported Living to withdraw from less financially beneficial packages to focus their attention on the more profitable packages. This could impact on the availability of services not included in the Market Sustainability Plan. It is possible that Service Users in receipt of care provision outside of the scope of the Market Sustainability Plan may be forced to pay 'top ups' to allow providers to meet the cost of their care. • Rural Communities Rural communities are already disproportionately impacted by the current challenges in the care at home market. Lower numbers of residents in rural areas are willing to work in care and the increased travel times between care calls impacts on fuel costs and, in some cases, wages as not all care providers pay for "downtime". This makes providing domiciliary care to rural communities less attractive (profitable) for providers and their employees (who may only be being paid for time spent delivering

		care). The Market Sustainability Plan aims to encourage Care at Home provision in rural and hard to serve areas by paying a higher hourly rate for care provision in these areas ensuring there is greater equality of access to care provision.					
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?		Proposed actions: <ul style="list-style-type: none"> • Inclusion of residential care for service users aged 18-64 in the services covered by the Market Sustainability Fund • Funding an uplift for complex care providers from budgets earmarked in the Medium Term Financial Strategy. • Tiered pricing structure for Care at Home providers which pays a higher rate in rural areas where care is more expensive to deliver. 					
Is there an actual or potential negative impact on these specific characteristics? (Please tick)							
Age	Y		Marriage & civil partnership		N	Religion & belief	N
Disability	Y		Pregnancy & maternity		N	Sex	N
Gender reassignment		N	Race		N	Sexual orientation	N

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	Some care home providers have expressed concerns that as Government guidance is directed at residential accommodation for over 65s that accommodation for under 65s will remain underfunded. This could lead to providers reducing the provision for under 65s.	Medium

Marriage and Civil Partnership		
Religion		
Disability	<p>Nearly half of the total packages currently provisioned by the Authority are outside of the scope of the Market Sustainability Plan.</p> <p>Supported Living, complex care provision, day services, rapid response and direct payments are all excluded from the Government guidance and are out of scope for the MSP, so people with disabilities may not benefit from the plans for working towards paying providers the Fair Cost of Care.</p> <p>The services that are not included in the scope may remain underfunded and struggle to attract and/or retain staff. There may be issues with availability and maintaining quality of care because of this and the market in these sectors may be less sustainable.</p>	<i>Medium</i>
Pregnancy and Maternity		
Sex		
Gender Reassignment		
Race		
Sexual Orientation		

Stage 4 Mitigation

Protected characteristics	Mitigating action <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>	How will this be monitored?	Officer responsible	Target date
Age	Care home placements for people aged 18-64 have been included in the modelling.	As part of MSP monitoring	Jo Sutton	As per project dates
Marriage and Civil Partnership				
Religion				
Disability	An uplift for complex care providers is planned from budget set aside in the Medium Term Financial Strategy. There will also be an ongoing review of sustainability of the care market, outside of the scope of the MSP.	As part of Market Sustainability Planning.	Jo Sutton	Ongoing

Pregnancy and Maternity				
Sex				
Gender Reassignment				
Race				
Sexual Orientation				

5. Review and Conclusion

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

The recommendations in this report will have a positive impact on public health as the Market Sustainability Plan should improve the quality and overall availability of care services locally.

The care market is currently facing unprecedented challenges resulting from increasing costs and workforce shortages. The Council is under constant pressure from the market to increase fee rates with some providers telling commissioners that delivering care in Cheshire East is no longer sustainable. There is, therefore, a need to take urgent action to support the care market through the provision of increased funding in the short term and through service redesign in the longer term. If the Council decides not to submit a Market Sustainability Plan it will not be eligible for additional funding to support the market. Given the current and increasing pressures in the market as highlighted by the cost of care exercise this could have implications for the Council's ability to meet its statutory duties under the Care Act 2014.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Inclusion of residential provision for under 65s	As part of MSP monitoring	Jo Sutton	As per project dates
Ongoing market review of all care provision outside of scope of MSP.		Jo Sutton	Ongoing
Provider Business Modelling	Ongoing review – estimates v actual	Jo Sutton	
Please provide details and link to full action plan for actions			

When will this assessment be reviewed?			
Are there any additional assessments that need to be undertaken in relation to this assessment?			
Lead officer sign off		Date	
Head of service sign off		Date	

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

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Working for a brighter future together

Adults and Health Committee

27th March 2023

Date of Meeting:

Report Title: Adult Social Care Performance Scorecard - Quarter 3 2022/23

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

Report Reference No: AH/26/2022-23

Ward(s) Affected: All Wards

1. Purpose of Report

- 1.1. To provide Adults and Health with an overview of performance against the core indicator set within the Adults Social Care service. This report covers a range of the corporate objectives under the overarching corporate priority of a fair authority.

2. Executive Summary

- 2.1 This report provides an overview of Quarter 3 performance for Adults Social Care services for the relevant indicators for the reporting year of 2022-23.

3. Recommendations

- 3.1. The Adults and Health Committee is asked to:
- 3.1.1 note the performance of Adults Social Care Services for Quarter 3
- 3.1.2 provide scrutiny in relation to the performance of Adults Social Care Services

4. Reasons for Recommendations

- 4.1. One of the key focus areas of Adults and Health Committee is to review performance and scrutinise the effectiveness of services for Adults' requiring Social Care support.

5. Other Options Considered

5.1. Not applicable.

6. Background

6.1. This quarterly report provides the committee with an overview of performance across Adult Social Care Services. This report relates to Quarter 3 of 2022-23 (1 October 2022 - 31 December 2022).

6.2. The performance scorecard includes 35 separate measures covering all areas of the Service and notable performance against Service areas are shown in the following sections. Each measure reported shows the Year End Outturn position at the end of 21/22 and the figure for 22/23.

6.3. The following indicators have been highlighted for consideration, please note the number below is the indicator number on the attached score card

1.2 – Compared to December 2021, the overall number of individuals aged 65+ in permanent residential/ nursing care has increased by 53 individuals. This is in part due to reviewing all those in short term care and where appropriate arranging for this to become a permanent placement.

1.3 - The number of individuals in short term residential/nursing care is inextricably linked with the ongoing capacity issues in the domiciliary care market. Significant work has been undertaken with providers resulting in increased capacity to support people in their own homes. In Q3 we have seen a positive reduction in the number of individuals being supported in short stay and compared to the same point Q3 in 2021/22 we have 2 less individuals being supported this way. This remains a national problem and Cheshire East continues with a proactive recruitment campaign in conjunction with providers to increase capacity.

2.1 – As at the end of Q3 we have received marginally less new case contacts to the service compared to the same period last year (down by around 2.5%). This is potentially an indicator that individuals are utilising the Live Well site in the first instance and accessing the range of services available.

2.8 – The number of contacts resulting in a referral has also slowed down and whilst at Q2 we were forecasting an increase of just over 1% by year end, the annualised rate is now showing a similar position to the 21/22 year end outturn. This will hopefully reduce the pressure slightly on teams and workloads. We continue to promote the use of self-assessment together with the self-help options available via Live Well

2.9 - The percentage of Clients who have received Long Term Support for 12 months continuously that have been reviewed continues to reduce and is now also beginning to have an impact on clients who have received long term support for 24 months who have been reviewed in the last 24 months.

Positively around 1 in 4 of these cases will have had other forms of contact that doesn't meet the formal definition of a review but nevertheless will flag should additional services be warranted.

3.4 – Although the percentage of clients who do not require an ongoing package of care after a period of community reablement support has dipped slightly from Q2 to Q3 it still remains at just over 6 in every 10 individuals not requiring continued support. Case studies show that where individuals go into short term residential/ nursing provision, before we can provide reablement in the community, there becomes an increased reliance on service and a reduction in independent living capabilities. As the numbers begin to reduce it is anticipated that there will be further improvement in Q4

4.6 - The mobilisation of the new telecare contract has resulted in some short-term data quality issues and is showing a reduction in the numbers of individuals being supported just by telecare. This continues to be addressed.

5.1 - 5.2 – Compared to the same period last year the percentage of Mental Health Act assessments completed has increased by almost 7%. This is a potential indicator of the increased complexity and vulnerability of the individuals we are supporting. This in turn is having an impact on the number of S117 clients we are supporting. This is resulting in increased pressure on the sufficiency of suitable placements and services in this specialist service area. In line with the pressures on the domiciliary care market this is forming the requirements for the local authorities commissioning activity.

7. Consultation and Engagement

7.1. Not applicable.

8. Implications

8.1. Legal

8.1.1. There are no direct legal implications.

8.2. Finance

8.2.1. Although there are no direct financial implications or changes to the MTFS as a result of this briefing paper, performance measures may be used as an indicator of where more or less funding is needed at a service level.

8.3. Policy

8.3.1. There are no direct policy implications.

8.4. Equality

- 8.4.1.** Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable Adults.

8.5. Human Resources

- 8.5.1.** There are no direct Human Resources implications.

8.6. Risk Management

- 8.6.1.** There are risks associated with some performance measures, e.g. increases in demand and gaps in service provision.

8.7. Rural Communities

- 8.7.1.** There are no direct implications to Rural Communities however these areas can be more difficult to source sufficient community care.

8.8. Children and Young People/Cared for Children

- 8.8.1.** No direct implication to Children and Young People/Cared for Children

8.9. Public Health

- 8.9.1.** There are no direct implications for Public Health.

8.10. Climate Change

- 8.10.1.** This report does not impact on climate change.

Access to Information	
Contact Officer:	Bev Harding, Business Intelligence Manager Bev.Harding@cheshireeast.gov.uk
Appendices:	Adults Quarterly Score Card – Q3 2022-23
Background Papers:	None

Adult Service Score Card 2022-23

Indicator	Benchmarking Indicators	Year end 2021-22	Quarter 1 2022-23	Quarter 2 2022-23	Quarter 3 2022-23	Quarter 4 2022-23	Year to date 2022-23
1.1	Total number of individuals currently in permanent residential/ nursing care 18-64	186	182	173	174		174
1.2	Total number of individuals currently in permanent residential/ nursing care 65+	1,134	1,164	1,189	1,192		1,192
1.3	Total number of individuals currently in short-term residential/ nursing care	147	182	202	157		157
1.4	Weekly number of Domiciliary Care Hours	16,587	16,702	16,115	17,486		17,486
	Core Service Activity						
2.1	Number of New case Contacts	12,780	3,062	3,452	3,124		9,638
2.2	Assessments that result in any commissioned service (including long-term, short-term and telecare)	1,933	472	436	428		1,336
2.3	Number of Assessments completed in the period	2,427	591	576	572		1,739
2.4	Number of Support Plan Reviews Completed	3,866	874	851	857		2,582
2.5	% of all new contacts (other than safeguarding) where the Client had any other contact in the previous 12 months	36.8%	34.0%	34.8%	35.2%		35.2%
2.6	Number of service users in receipt of a community based service	4,748	4,619	4,563	4,569		4,569
2.7	Proportion of services users in receipt of a community based service	84%	79.2%	78.7%	78.7%		81.9%
2.8	Number of Contacts resulting in a New referral	8,837	2,130	2,355	2,102		6,587
2.9	% of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 months	90.7%	87.9%	87.6%	86.9%		86.9%
	Care4CE						
3.1	Number of community support reablement referrals received	1,152	295	200	214		709
3.2	Number of mental health reablement referrals received	2,703	648	725	714		2,087
3.3	Number of dementia reablement referrals received	1,111	282	225	240		747
3.4	% of community support reablement completed with no ongoing package of care	66.1%	56.9%	63.2%	60.4%		60.3%
3.5	% of mental health reablement referrals where individual engaged	73%	72%	73%	74%		73%
	Active Service Users						
4.1	Total number of individuals on the visual impairment register	2,021	2,147	2,209	2,258		2,258
4.2	Total number of Clients with an active service other than Telecare (18-25)	223	228	241	232		232
4.3	Total number of Clients with an active service other than Telecare (26-64)	1,338	1,335	1,336	1,351		1,351
4.4	Total number of Clients with an active service other than Telecare (65-84)	1,499	1,526	1,525	1,562		1,562
4.5	Total number of Clients with an active service other than Telecare (85+)	1,195	1,217	1,222	1,225		1,225
4.6	Total number of Clients only receiving a Telecare service	1,682	1,539	1,483	1,442		1,442
4.7	Total number of Clients receiving any service - including Telecare (65+)	4,274	4,183	4,137	4,135		4,135
	Risk Enablement						
5.1	Number of mental health act assessments completed	628	166	190	145		501
5.2	Number of S117 clients (includes Z65 MH Aftercare)	993	1,011	1,018	1,020		1,020
5.3	Number of Substantiated (including partially Substantiated) S42 Enquiries concluding with a 'Type' of Domestic Abuse	67	10	19	17		46
5.4	Number of new Safeguarding Concerns received in a period (events not individuals)	4,959	1,187	1,427	1,544		4,158
5.5	Number of new S42 Safeguarding Enquiries starting in a period	1,603	296	293	286		875
5.6	Number of new Other (non-S42) Safeguarding Enquiries starting in a period	215	20	24	28		72
5.7	S42 Enquires concluded in the period	1,514	248	312	275		835
5.8	S42 Enquires concluded for which the client expressed their desired outcomes	1,001	165	217	179		561
5.9	Of S42 Enquires completed that the client expressed their desired outcomes, the number that were fully achieved (not partially achieved)	634	86	147	92		325
5.10	Number of concluded S42 Enquires where outcome of enquiry was substantiated/ partially substantiated	904	154	196	170		520
	Finance Figures	Year end 2021-22	Periods 1-3	Periods 4-6	Periods 7-9	Periods 10-13	Year to date
6.1	All Costs Gross Actuals	£131,803,491	£32,278,284	£33,661,984	£34,527,066		£100,467,334
6.2	External Gross Costs	£123,192,550	£30,213,621	£31,512,825	£32,348,285		£94,074,731
6.3	Internal Gross Costs	£8,353,759	£2,048,329	£2,137,403	£2,152,362		£6,338,094
6.4	Other Gross Costs	£257,182	£16,334	£11,756	£26,421		£54,511

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BRIEFING REPORT

Adults and Health Committee

Date of Meeting:	23 rd January 2023
Report Title:	Cheshire East Safeguarding Adults Board Annual Report (2021-2022)
Report of:	Helen CHARLESWORTH-MAY, Executive Director, Adults, Health and Integration
Report Reference No.	AH/13/2022-23

1. Executive Summary

- 1.1.** This is the Annual Report of the Cheshire East Safeguarding Adults Board. The report provides a comprehensive overview of how Strategic Partners worked together during 2021/2022 to prevent and protect Adults at Risk of abuse during this time. It also describes the purpose, aims and priorities of the Safeguarding Adults Board and notes challenges and achievements during this year including the on-going impact of COVID and international issues influencing Adult Safeguarding responses in Cheshire East. Finally, the report includes 2 “stories of difference”, describing how the Strategic Aims of the Safeguarding Board are implemented every day by Frontline Practitioners and the impact and safeguarding outcome for Adults at Risk who are residents of Cheshire East.
- 1.2.** The purpose of the report is to enable the Safeguarding Adults Board to fulfil its Statutory Duty to produce and publish an Annual Report. This report also provides an opportunity to evidence how the Safeguarding Board is fulfilling the Councils priority to “Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation” as stipulated in the Councils Corporate Plan 2021-25. Finally, the report acts as a reminder that Safeguarding is Everyone’s Business and the importance of effective communication and partnership working.

2. Background

- 2.1.** The Safeguarding Adults Board consists of 3 statutory partners from the Local Authority, Police and Clinical Commissioning Groups (ICP's) but also Senior Representation from Housing, Probation, Cheshire Fire and Rescue, Mental Health Services, Prison Services, Voluntary and Faith Sector Groups. It has responsibility to lead adult safeguarding arrangements across the Cheshire East footprint and to oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
- 2.2.** The Care Act 2014 endorses the principles of Making Safeguarding Personal and the Safeguarding Adults Board should ensure that all partners work in a "person centred, outcome focussed" way. Moreover, assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Cheshire East.
- 2.3.** In addition to producing an Annual Report, the Safeguarding Adults Board also has a duty to produce a 3- year Strategic Plan which sets out the objectives of the Board and how they are going to be achieved. This plan is based on feedback from Partner Agencies regarding the effectiveness of the Board and aspirations for the future. Finally, the SAB has a statutory duty to commission Safeguarding Adults Reviews to enable learning where it is established that an Adult at Risk has died because of abuse or neglect AND agencies have not worked effectively together. During this year the Board published its first Statutory SAR concerning "Mervyn" and is referenced within the SAB Report.
- 2.4.** The Safeguarding Adults Board meets on a quarterly basis. However, there are many activities and subgroups which meet regularly throughout the year to support the work of the Board. A vital function of the Safeguarding Adults Board is to connect with other Partnership Boards and there are strong connections with the Safer Cheshire East Partnership, the Domestic Abuse Partnership, the Childrens Safeguarding Partnership, and the Early Help Board. Cheshire East is an active participant in the NW ADASS Safeguarding Network and the Independent Chair has established links with his Peers across the Cheshire footprint.

3. Briefing Information

- 3.1.** It should be noted that this Annual Report captures activity between April 2021 and March 2022, when the impact of COVID pandemic was still evident and staff were adapting to new ways of working. During this time our Statutory Adult Safeguarding duties under the Care Act remained unchanged, and staff have worked tirelessly and creatively during this time to respond to Safeguarding Adult Concerns. This briefing report would like to highlight key information contained in the Safeguarding Adults Board Annual Report.

- 3.2.** The Safeguarding Board has continued to meet virtually using Microsoft Teams and the Head of Adult Safeguarding has maintained effective communication with the Independent Chair of the SAB. The Board has continued to adopt a “themed approach” to Board meetings. This has enabled the Golden Thread of Adult Safeguarding to flow from Top to Bottom and vice versa, including case presentations to Board members by Social Workers and Practitioners. Key Themes during this year were Substance Misuse, Discriminatory Abuse, Mental Health and Criminal Justice Service response to Adult Safeguarding.
- 3.3.** Adult Safeguarding is not only about Protection but Prevention. During this year Cheshire East SAB joined with colleagues at the Ann Craft Trust as part of the national campaign to raise awareness during National Safeguarding Adults Week in November 2021. Secondly, the Boards dedicated Safeguarding Trainer, funded by a Lifelong Learning Grant, delivered basic Adult Safeguarding Training to 809 Non-SAB Board Partners and to 204 Statutory Partners. The total number of 1013 exceeded the target of 600 by 413. An excellent achievement. Thirdly, many SAB Board partners joined members of the Safer Cheshire East Partnership in December 2021 and March 2022 as part of the Serious and Organised Crime Boards Day of Action. These multi agency events aimed to raise awareness about Safeguarding and Community Safety and to hear how Cheshire East Residents may have been impacted by these issues.
- 3.4.** The Safeguarding Board has retained a supportive and encouraging role to organisations, providers, and practitioners during the pandemic, recognising the longer-term impact of COVID on all Front-Line Staff. The Board is planning to hold another Safeguarding and Dignity Award Event in 2023.
- 3.5.** The Annual Report evidences the number of Safeguarding Concerns submitted to the Local Authority during 2021/2022. Page 7 of the Report describes the key activity evidencing that Cheshire East received 5039 safeguarding concerns in 2021/2022 compared with 4252 the previous year. Each one is triaged to see whether at the Information Gathering stage, the concern should progress to a full Section 42 Enquiry, and it is noted that 1413 concerns did in fact result in a full Enquiry. Most referrals come from Care Providers, followed by NWAS and the Police. The number of referrals from Care Providers is attributable to increased awareness about identifying and reporting concerns, together with recruitment challenges and longer-term impact of COVID. It should also be noted that safeguarding enquiries are much more complex with key issues of substance misuse, trauma, self-neglect, and engagement being common themes.
- 3.6.** Finally, in last year’s Annual Report it was noted that Professor Michael Preston Shoot facilitated a Development Day for SAB Members. As a consequence of the Development Day and in response to an increase in the number of Safeguarding Adult Review requests, the SAB arranged a staff Conference. This focussed on how and when to undertake a Safeguarding

Adults Review, a Domestic Homicide Review or LeDer Review and considered learning from national SARs and DHRs. During 2021/2022 the SAB received 8 SAR referrals, 3 were deemed to meet the criteria for a statutory review and 2 for a Discretionary SAR and 3 did not meet either criterion.

- 3.7.** The report ends with personal case studies of Mike and Julie highlighting the impact of self-neglect on individuals. But more importantly how Social Worker's turned Making Safeguarding Personal into a reality and worked with each person to achieve their own outcomes and used the Complex Safeguarding Forum to ensure a multi-agency response to risk and trauma.

4. Implications

4.1. Legal

- 4.1.1.** The Safeguarding Adults Board Annual Report demonstrates compliance with the statutory duties under the Care Act 2014.

4.2. Finance

- 4.2.1.** **There are no financial implications or changes required to the MTFs because of this briefing paper.**

- 4.2.2.** The Safeguarding Adults Board is funded by a mixture of funding sources. The Better Care Fund contributes £52k per year and £10k pa is received from Cheshire Police, and there is a CEC base budget contribution of £23k pa.

- 4.2.3.** The funding supports the Independent Chair, the Safeguarding Board Manager and Administrator. The SAB is responsible for Commissioning Safeguarding Adults Reviews as they occur. The number of SAR requests continue to increase. The Safeguarding Trainer is funded externally each year.

- 4.2.4.** The Safeguarding Adults Board would like to be able to undertake more proactive preventative work and to also offer multi-agency training. This can only be achieved by additional funding if it is made available in the future.

4.3. Human Resources

- 4.3.1.** There are no Human Resources Implications. The Report will be published on the Safeguarding Board Website: www.stopadultabuse.org

Access to Information	
Contact Officer:	Sandra Murphy – Head of Adult Safeguarding Sandra.murphy@cheshireeast.gov.uk 07825 145 464
Appendices:	Cheshire East Safeguarding Adults Board Annual Report 2021/2022 Cheshire East SAB 3-year Strategy

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2021 – 22

Cheshire East Safeguarding Adults Board Annual Report



OFFICIAL

Welcome from Independent Chair



Welcome to Cheshire East's Adult Safeguarding Board's Annual Report and I hope on behalf of the Board that you find it interesting and helpful. Working remotely has become the new norm as we continue to meet as a Board via Teams with all the challenges that we all know and love! That said we have continued to have excellent attendance and engagement by all members and you will read further down about some of the topics that we have discussed and presentations that have been made to the Board. As the Independent Chair I have met weekly with the Adult Safeguarding Manager and have felt fully aware of all developments and I pay tribute to Sandra Murphy for her leadership of the team. All agencies have seen unprecedented demand on their services as the Pandemic progressed from wave to wave of outbreaks and adult safeguarding was no exception. The strong and effective partnership working across Cheshire East has enabled partners to work together and to find new ways of responding to the challenges and I commend them for their response to this rise in demand and their focus on supporting adults at risk and in need of action.

This last year has also seen the NHS (one of our statutory partners) prepare for a major reorganisation with the abolition of the CCG's and the creation of the new Cheshire and Merseyside Integrated Care Board (ICB) with a go live date put back from April 2022 to July. The new arrangements are underpinned by the objectives reducing health inequalities and improving population health and by integrating health and social care. There are nine Places (Boroughs) in Cheshire and Merseyside of which Cheshire East will be one. The principle of Primacy of Place should ensure that Adult Safeguarding will remain for us in Cheshire East and continuing to work with all our partners.

You will see further down that we have commissioned a number of Serious Adult Reviews and the Board had training on the whole process by Professor Michael Preston-Shoot, who is a leading authority on Serious Adult Reviews. His training was both insightful and helpful for all of us and he also was the author of one of the reviews. We are extremely grateful for his advice and expertise.

Finally I express on behalf of the whole board our thanks to Katie Jones our Board Manager and to Claire Faulkner our board administrator for their outstanding support and assistance

Geoffrey Appleton
Independent Chair

THE BOARD

Cheshire East Safeguarding Adults Board is required, under the Care Act 2014, to produce an annual report each year. The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Cheshire East

The work of the Board is driven by its vision that People in Cheshire East have the right to live a life free from harm, where communities:

- **Have a culture that does not tolerate abuse**
- **Work together to prevent abuse**
- **Know what to do when abuse happens**

What is Safeguarding? Safeguarding adults is about protecting adults at risk of harm from suffering abuse or neglect. It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe

Who are we?

The Cheshire East Safeguarding Adults Board (CESAB) is a statutory multi-agency partnership comprising of Cheshire East Council, Cheshire Police and the NHS Cheshire Clinical Commissioning Group. As well as the three statutory partners, the following organisations also are partners of CESAB - housing, local Hospital Trusts, Cheshire and Wirral Partnership NHS Trust, North West Ambulance Service, Cheshire Fire, the local prison plus probation trust, Healthwatch Cheshire East and the faith sector. The Board meets every 3 months and has a number of sub-groups.

The purpose of the Board

The overarching purpose of the board is to help and safeguard adults with care and support needs. CESAB ensure that locally abuse is prevented and that partners respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

Our aims

Working together and with adults at risk of abuse the board aims to ensure people are:

- safe and able to protect themselves from abuse and neglect.
- treated fairly and with dignity and respect.
- protected when they need to be.
- and able to easily get the support, protection, and services that they need.

Our annual report tells you:

What the Board has done in 2021-22

What the data for 2021-22 tells us about Adult Safeguarding in Cheshire East

Using case studies, tells you about some of the contributions of partners to adult safeguarding

Our priorities looking forward

This report will be published on our website www.stopadultabuse.org.uk for all partners and members of the public to access

As required by the Care Act, this report will also be shared with the Chief Executive Officer and Lead Member at Cheshire East Council as well as the Police and Crime Commissioner, Healthwatch Cheshire East plus Cheshire East Health and Wellbeing Board.

OFFICIAL

What has the board done in 2021-22? due to Covid-19 restrictions, CESAB continued to meet remotely over Microsoft Teams during 2021–22. The board met quarterly during this period and focussed on the following themes -

Quarter 1

Drugs and Alcohol Misuse:



The July Board focussed on the local issues surrounding Drugs and Alcohol misuse and the impact this has on local Adult Safeguarding arrangements. The Board were joined by Mark Whitfield from Liverpool John Moores University, who highlighted recent research in this area, and Jon Findlay from Change Grow Live, the local provider of Drug and Alcohol support services in Cheshire East

NEXT STEPS – The Local Authority’s Adult Safeguarding Team will link with Change Grow Live to organise further training to frontline multi-agency practitioners.

Quarter 3

Mental Health - A presentation was given from the Local Authority’s Mental Health Team and by the local Mental Health Provider, Cheshire Wirral Partnership NHS Trust. The presentations focussed on Mental Health and Adult Safeguarding during the pandemic.

NEXT STEPS – The Board made a commitment about education and raising awareness of the mental health act so that all agencies have a firm understanding of the act. The Quality and Audit Group will also do a review of the application of the Mental Capacity Act in Adult Safeguarding Cases

DISCRIMINATORY ABUSE

Quarter 2

The board were joined by the Gypsy and Traveller Liaison Manager from Cheshire East and received an update regarding discrimination faced by the Gypsy and Traveller communities in Cheshire East, and across the North West region. A discussion regarding the difficulties this community were currently facing during the pandemic was also held.



NEXT STEPS – It was highlighted that Gypsy, Roma and Traveller History Month takes place every year in June and raises awareness of the Gypsy, Roma and Traveller communities in the UK. The Board agreed to promote this month to Frontline Staff and the wider public via its social media platform and newsletters.

The Quality and Audit Group will also conduct a deep dive review focusing on Discriminatory Abuse in Cheshire East.

Criminal Justice – The Board received presentations from the local Probation Trust, the Police and the local Prison. The Criminal Justice Partners in Cheshire East gave assurance to the board and demonstrated using case examples how partners are committed to providing the most effective and appropriate safeguarding arrangements in order to protect adults at risk within the criminal justice system from abuse or neglect throughout the Pandemic.

NEXT STEPS – Partners are keen for the Criminal Justice Partners to report back post-Covid 19 to give the Board assurance of Safeguarding Practice post the pandemic



Quarter 4

Adult Safeguarding Training

Following a successful bid for funding to retain the post of Safeguarding Training Officer through to 31st August 2022 this report highlights the work I have undertaken during the boards reporting period 1st April 2021 to 31st March 2022.

With the continued recognition that the delivery of face-to-face training would still be restricted, the funding bid for the Academic year Sept 2021 to Aug 2022 (not yet completed) saw a target of delivering training to 600 learners from non-statutory partner organisations. This been set at the same rate as per the previous year.

The training landscape particularly within the care sector both care settings and domiciliary providers, remains extremely challenging for a myriad of reasons, not least due to staff recruitment and retention. That said it is still important to make a training offer to these organisations and we have focused the offer in an intelligence led way, taking information and concerns from both inhouse and external staff to focus my efforts on where hopefully we can make more difference.

This period also saw various restrictions still prevailing due to Covid and new variants emerging such as Omicron. Therefore, the training offer continues to be either face to face where safe to do so or live via TEAMS.

The training offered in the main has continued to be level one basic safeguarding and to address some of the issues in relation to access staff I developed a bitesize session which minuses staff abstraction, but which covers the key learning elements, to date this has been well received.

Recognising the huge risk to vulnerable adults a session has also been developed to raise awareness relating to scams and how to deal with them which is either delivered as a add on or standalone session.

In total during the period 1st April 2021 to 31st March 2022, I delivered my sessions to 809 non boards partners and 204 statutory board partners giving a total of 1013.

As a final note I am also pleased to say that whilst this reporting period is out of sync with the academic reporting period, I can report that I have met and exceeded the 600 target as mentioned which puts us in a healthy position to seek further funding for the academic year 2022/23.

P Broadhurst

Paul Broadhurst - Safeguarding Adults Board Training Officer



Complex Safeguarding Forum: A forum dealing with those individuals residing in Cheshire East with Complex Safeguarding concerns was launched in May. The Forum which is co-ordinated via the SAB Business Support Unit and is widely supported through a range of partners including Cheshire East Adults Social Care, Police, Fire, Health, Housing and Substance misuse representatives considers referrals received which require a multi-agency response to support those at risk of issues relating to self-neglect, hoarding and various types of exploitation. The forum has scheduled meetings on a 6 week cycle and agencies are encouraged to make referrals for those cases which identify individuals at high risk and require multi-agency involvement. A copy of the referral pathway is available on the website www.stopadultabuse.org.uk

Prevention and Public awareness: An important role of the SAB is to raise awareness so that communities play their part in preventing, identifying and responding to abuse and neglect.



Over 2021/22 CESAB produced regular newsletters and bulletin updates which were sent to all partners and posted on the website providing information on adult safeguarding. The Board are also producing more information in Easy Read format; this ensures it is easier for professionals, public and adults at risk to understand safeguarding, how to keep safe and how to respond when there is a concern. The Board continues to develop its social media presence across Twitter, Facebook, Youtube and Linked In



National Safeguarding Adults Week



CESAB were proud to support National Safeguarding Adults Week in November 2021. This event is co-ordinated by the [Ann Craft Trust](http://www.anncrafttrust.org.uk). This year's theme centred around 'creating safer cultures'. Due to Covid 19 restrictions, CESAB hosted a number of [free online lunch and learn events](#) during the week. These events were well attended with over 120 attendees logging into the online discussions throughout the week. CESAB are planning some face to face events for 2022

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Links with other Boards: In 2021/22 the SAB continued to establish effective working relationships between the other key partnership boards that have oversight of work undertaken to support residents of Cheshire East. Over the last year we have worked closely with the three other SABs within the Cheshire area as well as local multi-agency partnerships in Cheshire East such as the Community Safety Partnership, the Safeguarding Children's partnership, the Domestic Abuse Partnership and the Health and Wellbeing Board. The Chairs from the local partnerships have met quarterly throughout the year and the pan Cheshire Business Managers Group also regularly meet, this has resulted in a clearer understanding of respective roles and responsibilities, improve joined up working between partners, reduced duplication, and developed collaborative efforts to improve the resilience of Cheshire East communities, families, and individuals. The four SABs across Cheshire are working together to look at the national recommendations around Safeguarding Adult Reviews and the learning regionally from our local reviews.

CESAB Support the Cheshire East Adult Social Care Conference – OCTOBER 2021

Cheshire East Adult Social Care hosted its Annual Conference in October 2021. In order to help everyone to understand the purpose and process of facilitating Safeguarding Adult Reviews and Domestic Homicide Reviews, delegates were joined by keynote speakers Prof Preston-Shoot, John Doyle and Dez Holmes. Each gave an inspiring message to promote the importance of Reflective Practice and key messages about the use of Professional Curiosity, Multi Agency Meetings, shared decision making, and comprehensive mental capacity assessments. Whilst also recognising complexity and promoting individual's wellbeing. Katie Jones, CESAB Business Manager also gave a presentation focusing on the Safeguarding Adults Review process in Cheshire East

Afghan Refugees: Cheshire East have like many local authorities supported the Home Office by welcoming Afghan nationals who had to leave their country because of the Taliban taking control of the country. The authority has provided safe accommodation for many families whilst they await a move to permanent accommodation. As part of the settlement process, during 2021, the SAB's Safeguarding Training Officer, Paul Broadhurst, has visited the families and talked to them about a wide variety of subjects, such as child safety, road legislation, scams, hate crime. Paul is pictured here with some of the Afghanistan nationals during one of the sessions.



Performance and activity Information 2021-22

Safeguarding Concerns

5039

*referrals received between April 2021 – March 2022



Ratio of concerns recieved

FEMALE
60%

MALE
40%

HIGHEST CONCERNS IN 18-64 AGE BAND
32% LACKED CAPACITY

Of which **1413** were section 42 enquiries.

An **enquiry** is what needs to be looked at to confirm a person is safe



MSP Outcomes

In **83%** of concluded section 42 safeguarding enquiries people had been asked to express their outcomes.

Of those, **62%** fully achieved their outcomes. A further **34%** partially achieved their outcomes.

Completed enquiries (S42)

The most prevalent abuse types were **Neglect/Acts of Omission (31%)**, **Physical Abuse (16%)** and **Emotional/Psychological abuse (15%)**

Most prominent location of abuse is own home, followed by care home settings

Crewe and Macclesfield had the greatest number of referrals

Data comparisons to the North West England figures for 2021/22 available on request



Care Concerns 2021-22



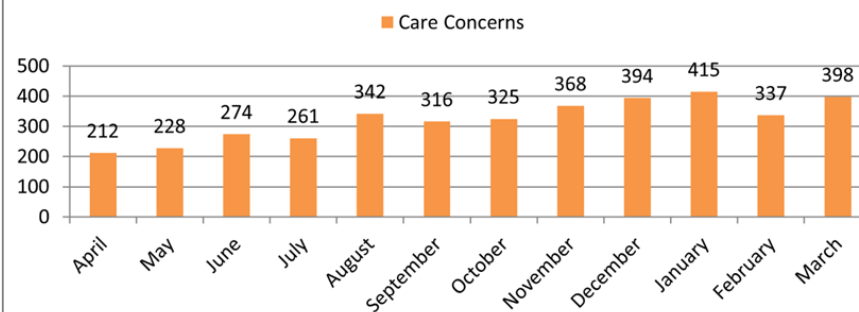
Analysis of a full year of care concern submissions

Care Concerns
3870

Care Concerns received between April 2021 and March 2022

275 providers were using the care concern process as at 31st March 2022

Care Concerns



Being able to look in detail at low level concerns has been beneficial in highlighting where small changes can have a larger positive impact on

There are 19 areas of concern

Falls are most common (21%)

Followed by medication Errors (19%)

Unexplained bruising is the third most common area of concern (17%)

OT referrals

Changes to support plans

Helping people to remain as independent as possible

OFFICIAL

What is a Safeguarding Adult Review (SAR)?

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a factor, Cheshire East Safeguarding Adults Board (CESAB) may need to review what has happened. This is called a Safeguarding Adults Review. There are two forms of review, a Statutory Safeguarding Adults Review (SAR) and a Discretionary Safeguarding Adults Review (D SAR). A Discretionary SAR takes place when only part of the criteria/conditions for a Statutory SAR have been met but the Safeguarding Adults Board feel there are multi agency learning opportunities. These reviews are to see whether any lessons can be learned about the way organisations worked together to support and protect the person who suffered harm.

Local update:

3 STATUTORY SARs

The Board received 8 referrals for a SAR over the last year; these were reviewed by our Serious Case Group that is chaired by Cheshire Police. The group concluded that three cases did meet the threshold for a full Statutory SAR. Two of these cases are currently still being reviewed and will be reported in the 2022/23 Annual Report, however one case is now published. This case was following the death of Mervyn, a hoarder who sadly died in a house fire. The full report can be found on the SAB Website, in addition to a video from Prof Michael Preston-Shoot, author of the review: [Safeguarding Adult Reviews in Cheshire East \(stopadultabuse.org.uk\)](https://stopadultabuse.org.uk) Findings from this Statutory Review are outlined on page 11 of this report

2 Discretionary SARs:

CASE 1 – focused on the welfare of a lady that self-neglected and misused alcohol. She also failed to engage with services

CASE 2 – focused on the self-neglect and the mental health of a young adult.

Both discussed included the impact Covid-19 was having on the ability of staff to monitor Self-neglect as closely. The cases also highlighted the importance of joint working in cases of self-neglect. Recommendations from these Discretionary SAR helped to inform the pathway for the new Multi-agency Complex Safeguarding Forum

Due to the pressures with the Covid-19 situation, CESAB issued a SAR Statement in April 2020 stating how SAR's will be conducted during the pandemic this included taking steps such as online meetings with slight extensions in timeframes. A full statement can be found on the website. This was reviewed by the Business Management Group in April 2021 with an agreement to carry forward into 2021/22 whilst the post pandemic impact on Safeguarding Services can be measured.

Key Findings from Mervyn SAR and Comments from the Independent Chair and Councillor Rhodes -

01 Background

- 'Mervyn' died in hospital from serious burns sustained in a fire at his home. He was aged 86 and was White British. The inquest recorded a verdict of accident.
- Cheshire Fire Service investigation found evidence of significant hoarding. The only heating was an electric fire that was hazardous in the context of his living situation.
- Cheshire Fire Service had attempted to complete fire safety checks on six occasions from 2008. "Mervyn" when seen would not allow access to the property. When there was no answer, a calling card was left.
- His home was privately rented. His landlord raised concerns about his living conditions, which resulted in brief contact with Adult Social Care. "Mervyn" declined assessment and support. His case was closed.
- He had some contact with primary care for medication reviews but plans to follow-up some concerns were not followed through.

07 Community Awareness

'Mervyn' was socially isolated. The conditions in which he was living were barely known, other than to the landlord. Cheshire East SAB are raising community awareness about socially isolated people who may be at risk of abuse and neglect (including self-neglect). This includes engaging with the local authority's Communities Team, and, private & social housing landlords, to ensure the local community, including the public, have an understanding of adult safeguarding and knowledge of referral pathways

Complex Safeguarding

The 'Mervyn SAR' highlighted the need for a whole system approach, including information-sharing and use of multi-agency meetings to agree responses to risk, including from non-engagement/Self-Neglect/compulsive hoarding.

ChESAB have launched the Complex Safeguarding Forum. Complex Safeguarding is an approach/term to describe working with adults at risk to address non-traditional safeguarding issues such as Self-neglect, and, exploitation issues such as cuckooing, slavery and human trafficking etc.

Further Guidance and referral process - www.stopadultabuse.org.uk/pdf/multi-agency-complex-safeguarding-policy-and-guidance.pdf

06



Further Guidance - <http://www.stopadultabuse.org.uk/pdf/coronavirus/north-west-policy-v5.4.pdf>

UNCLASSIFIED

... Mental Capacity

02

As with the 'Mervyn' SAR, self-neglect cases often raise complex challenges relating to assessment of mental capacity. In cases of self-neglect, the capacity to make some decisions may remain intact. However, the capacity to identify and extract oneself from harmful situations, circumstances, or relationships may be diminished. A key ethical and clinical branch point in identifying self-neglect involves determining whether the individual can both make and implement decisions regarding personal needs, health, and safety

For further guidance on self neglect and mental capacity -

www.scie.org.uk/self-neglect

Cheshire East SAB will now regularly include case law updates in future newsletters

03

Professional Curiosity

The 'Mervyn' case highlighted a need for professional curiosity in safeguarding adults with care and support needs.

Professional curiosity explores what is happening within an adult at risks life rather than making assumptions or accepting things at face value. It requires practitioners to:

- think 'outside the box', beyond their usual professional role, and consider circumstances holistically
- show a real willingness to engage with adults and their families or carers.

Further info: <https://www.researchbureau.co.uk/en-gb/infographic/what-is-professional-curiosity-in-social-care/>

Legal Literacy

The 'Mervyn' SAR highlighted issues around Legal Literacy.

Legal literacy has three key components:

1. Sound knowledge of the legal rules and understanding of their relevance to practice.
2. Strong engagement with professional ethics.
3. Respect for principles of human rights, equality and social justice

Social Workers within Cheshire East are encouraged to make full use of the 'Legal Gateway' meetings for complex cases.

Ripfa have produced a Legal Literacy Practice Tool [Making Safeguarding Personal practice tool: legal literacy \(local.gov.uk\)](#)

04

Care Act

It was clear from the data presented during the Mervyn SAR that the majority of referred adult safeguarding concerns around self-neglect do not progress to an enquiry under Section 42 of the Care Act (2014).

In Mervyn's case it is arguable that there was a missed opportunity to refer an adult safeguarding concern when he declined the Social Worker's offer of care and support assessment.

Section 42 Care Act 2014 -

A local authority is under a duty, by way of section 42, to make enquiries (or cause to be made) if they reasonably suspect that an adult in its area has needs for care and support and is experiencing, or is at risk of experiencing abuse or neglect.

05

The 7 Point Briefing on the left highlights the key messages from the 'Mervyn' Safeguarding Adults Safeguarding Adults Review.

Councillor Jill Rhodes, Cheshire East Council's chair of adults, health and integration

committee, said: *"This is a very sad case that highlights the serious risks to individuals who suffer from social isolation and self-neglect. I extend my sincere condolences to those who knew this gentleman. He was 86 and died alone in a house fire. He was a known hoarder, and this presented a serious risk in the event of a fire. It is a tragic case. The review, which has been carried out by the Cheshire Safeguarding Adults Board, has provided an important opportunity for all the agencies involved, including police, fire service and health service, to analyse the circumstances leading to his death, to look at what could have been done differently and explore opportunities to improve the way in which agencies work together to protect people at risk. In complex cases, it is essential that those agencies work together effectively, sharing information and supporting the individual to minimise the risks of harm to themselves. This review has helped identify key opportunities for improving our multi-agency approach and our own internal processes. Cases of social isolation and self-neglect are, sadly, on the increase and that, in turn, raises the risk of harm for individuals".*

Geoffrey Appleton, independent chair of Cheshire East Safeguarding Adults Board, said:

"Firstly, I want to pass on my thanks to everyone who contributed to the review and pass on my condolences to those who knew this gentleman, who we have referred to as Mervyn, which is not his real name. The aim of this review is not to apportion blame but to promote effective learning and improvement to prevent future death or harm and to improve how agencies work singly and together to achieve positive outcomes for adults and their families. The report recognises the challenges that complex cases can present. There has been an increase in adult safeguarding referrals where hoarding and self-neglect are the primary causes of concern. These were identified as factors in this case. A number of agencies had varying levels of contact with Mervyn over a period of years. Recommendations include reinforcing a whole-system approach through multi-agency training and procedures, and auditing cases on a system-wide basis. It is also important that we collectively raise public and community awareness of the risks relating to social isolation, self-neglect and hoarding, and how to raise concerns. The Cheshire East Safeguarding Adults Board has a key role to play in coordinating the implementation of the review's recommendations. I would like to add that anyone worried about themselves, or who knows anyone in need of help in this way to contact us."

CASE EXAMPLES

Mike is a 67 year old man with a mild learning disability. He has always lived with and was cared for by his parents until they both died over the last 3 years. He now lives alone in the former parental home. The kitchen floor is always wet from a leak in the roof. The house is dirty. The house is cluttered with possessions and litter discarded on the floor such that it is difficult to walk through the house. Mike is incontinent, his legs are ulcerated and weeping. Mike refuses to let family and professionals visit the home, but he does allow the Fire Service to come into his house and do a routine Safety check. The Fire Service refer Mike to Adult Social Care. The Local Authority decided there is reasonable cause to suspect Mike meets the criteria for section 42 enquiry under the Care Act (2014) because there is reasonable cause to suspect that Mike has needs for care and support, is at risk of self-neglect, and there is reasonable cause to suspect Mike is unable to protect himself from self-neglect or the risk of it. The safeguarding enquiries leads to some care provision and short term nursing input to help Mike manage his incontinence and keep clean. This also leads to ongoing involvement with a voluntary sector organisation who are able to link Mike with a volunteer who identifies some interests he has. Through work with the social worker, Mike has built a better relationship with his family and now allows his brother to visit him and help support him with maintenance and repairs

Julie is a 33 year old woman, who attends the Accident & Emergency Department at the local hospital on a regular basis due to accidents and injuries caused by drug and alcohol misuse. she has had numerous referrals to the Substance Misuse team from her GP and housing manager due to falls, being at risk whilst misusing substances, risk from assault, being a danger to herself, plus she had been the victim of break-ins to her accommodation and robbery. Julie was at risk to losing her accommodation due to anti-social behaviour from others that regularly visited and frequented the property.

Julie was referred to the Complex Safeguarding Forum by her housing manager. Joint visits were arranged between the substance misuse team with her family, housing manager and with adult social care. By working closely with Julie and with the support of her mother, she has been able to continue with the leasehold on her accommodation. The housing risk factors identified have been greatly reduced from partners working jointly with Julie. Julie continues to receive regular support from the Substance Misuse Team, but her use of substances is declining, and she is engaging with all agencies on a more regular basis and is no longer regularly attending the Accident and Emergency Department

**Names and details in both cases have been anonymised, to protect identities*

FUTURE PLANS

Our priorities 2022-23: The Board recognises more can be achieved by working together in partnership and has committed to the following areas for the year ahead, based on feedback, learning and analysis of current strengths.

Three Year Strategic Plan: Safeguarding Adults Boards have a statutory duty under the Care Act (2014) to produce and share a three year strategic plan. The previous plan expired at the end of 2021. The Board will work with its partners and the community to plan ahead for the next three years and publish a plan for 2022 – 2025. This plan will detail how we will work in the future to keep people safe. It will also reflect on the lessons learnt through the Safeguarding Adults Reviews the SAB has conducted and the quality audits the board has overseen.

The Cheshire East Safeguarding Adults Board will continue to protect and prevent adults with care and support needs from the risk of abuse, or neglect and support and promote their wellbeing, with all partners working together effectively, ensuring that the safeguarding system is always improving through shared learning.

It will achieve this by

- Promoting person centred safeguarding (putting adults at the centre of our work)
- Strengthening system assurance (ensuring that organisations are working well together to support adults)
- Embedding improvement and shaping future practice (helping the organisations we work with to keep getting better)

All CESAB partners are dedicated to working collaboratively towards achieving the priorities set out by the board. CESAB will also involve service users and carers throughout our work so that our work is always informed by their experience and views.

What do you do if a bad thing is happening to you or someone else?

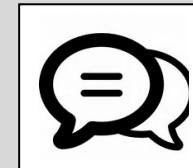
Abuse is wrong. Tell someone.

Call Cheshire East Adult Social Care

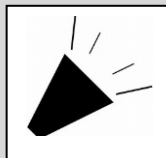


0300 123 5010 (8.30am - 5pm)
0300 123 5022 (at all other times)

If you are hearing or speech impaired, you can use **Text Relay**



If someone is hurt or it is an **emergency, please **ring 999****



If you are scared, **tell someone you trust who can report it for you.**

Cheshire East Safeguarding Adults Board, First Floor - Macclesfield Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA.

email: lsab@cheshireeast.gov.uk



www.facebook.com/CheshireEastLSAB



[@CheshireEastSAB](https://twitter.com/CheshireEastSAB)



www.stopadultabuse.org.uk



Working for a brighter future together

BRIEFING REPORT

Adults and Health Committee

Date of Meeting:	27 th March 2023
Report Title:	Safer Cheshire East Partnership Annual Report (2022-23)
Report of:	Helen Charlesworth-May, Executive Director, Adults, Health, and Integration
Report Ref No.	AH/43/2022-23

1. Executive Summary

- 1.1.** This is the Annual Report of the Safer Cheshire East Partnership (SCEP). (Appendix 1) The report provides a comprehensive overview of how Strategic Partners worked together during 2022/2023 to reduce crime and increase reassurance to members of the public across Cheshire East. The report also describes the purpose, aims and priorities of the Safer Cheshire East Partnership and evidences activity, challenges, and achievements during this year including reference to any on-going impact of COVID influencing Crime and Disorder responses in Cheshire East. Finally, the report includes a number of examples of how impact has been measured as part of its core business and project delivery, providing information describing how the Strategic Aims of SCEP have been implemented and how financial support provided by the Police and Crime Commissioners Office is directed to support identified priorities agreed by SCEP Partners.
- 1.2.** The purpose of the report is to evidence the Safer Cheshire East Partnership is undertaking its statutory responsibilities. This report also provides an opportunity to evidence how SCEP is fulfilling the functions to protect and support our communities and provide the reassurance that Cheshire East is a safe place to both work and live.

2. Background

- 2.1.** SCEP is a statutory partnership under The Crime & Disorder Act 1998 and brings together 5 statutory partners (Cheshire East Council, Police, Fire and Rescue Service, Probation and Health) to understand and address Community Safety issues. Further Senior representation is also provided from Housing, Voluntary and Faith Sectors and other agency invites subject to agenda topics i.e. Prison Service. It has responsibility to lead Community

Safety arrangements across the Cheshire East footprint and to oversee and coordinate the effectiveness of SCEP work and of its member and partner agencies.

- 2.2. SCEP reports to both CE Leaders Board and provides information to CE Scrutiny Committee on areas of key activity. In addition, SCEP will take reports through the CE Committee process to provide information and/or seek approval on key areas of work.
- 2.3. In addition to producing this Annual Report, SCEP also has a duty to produce a 3-year Strategic Intelligence Assessment (SIA) which uses data, intelligence, and analysis to identify SCEP priorities. Key priorities this year identified Violence Against Women and Girls (VAWG), Serious and Organised Crime (County Lines) and the exploitation of children and adults, Fraud and Anti-Social Behaviour. (Appendix 2 'Executive Summary of the SIA).
- 2.4. A Funding and Commissioning Plan exists to performance manage projects being delivered against SCEP priorities with regular quarterly reports provided at SCEP meetings.
- 2.5. Multi Agency Subgroups also have been established to focus on specific work areas directed through government i.e. Channel Panel, Combating Drugs Partnership and Serious Violence Duty.
- 2.6. The report also references a wide range of internal departments within Cheshire East Council who are responsible for areas of Community Safety as their core business and regularly contribute to SCEP agenda items and are represented in the subgroups delivery to impact on identified priorities.
- 2.7. SCEP has a statutory duty to commission Domestic Homicide Reviews (DHR's) where it is established that a death has occurred resulting from Domestic Abuse for agencies to consider the circumstances and where learning can be identified to mitigate the risk of similar incidents occurring in the future. During this year SCEP has reported on an unprecedented 4 DHR's.
- 2.8. SCEP meets on a quarterly basis. However, there are many activities and subgroups which meet regularly throughout the year to support the work of the Board. A vital function of SCEP is to consistently work with other Strategic Partnership Boards and there are strong connections with the Adults Safeguarding Board, the Domestic Abuse Partnership, the Children's Safeguarding Partnership, and the Early Help Board.

3. Briefing Information

- 3.1. It should be noted that this Annual Report captures activity between April 2022 and March 2023, though there is reference to an overlap where funding allocated during 2021-2022 in which some projects were unable to commence until this year due to the impact of the COVID pandemic.
- 3.2. SCEP has continued to meet virtually using Microsoft Teams though a 'face to face' meeting in October 2022 was arranged at Safety Central which included a tour of the Cheshire and Fire Rescue facilities for partners ahead of the meeting. The Board has continued to adopt a consistent approach to agenda setting for Board meetings. This has enabled key information on all

areas of Community Safety to remain focussed and topical to keep members informed of any emerging themes, risk, or threats. It has also allowed to take account of changes in legislation or new directions of work identified by the Home Office.

- 3.3. It is significant that within Cheshire East Council, Community Safety is located within Adult Safeguarding and whilst this appears to be a unique arrangement across Cheshire LA's does provide a natural fit to support a number of work areas directly linked to exploitation. Evidence of this professional relationship can be evidenced through the referrals received into the Adult Safeguarding arena with Channel Panel, Fraud, Exploitation of Adults, learning from DHR's and Training to raise awareness of Community Safety concerns to name just a few. As an example, during National Safeguarding Adults Week in November 2022, (*referenced in the Annual Report*) SCEP funding secured the delivery of bespoke training around Exploitation and Extremism to a targeted group of front-line staff from Cheshire East including Library Staff, Environmental Health, and Housing Officers along with guests from external partner agencies. In addition, the Boards dedicated Safeguarding Trainer, has a dedicated role supporting Community Safety and includes within presentations issues relating to Human Trafficking, On-Line Safety, and other forms of Exploitation.
- 3.4. A number of SAB Board partners joined members of the Safer Cheshire East Partnership in March and November 2022 as part of the Serious and Organised Crime Boards Day of Action. These multi agency events aimed to raise awareness about Safeguarding and Community Safety and to hear how Cheshire East Residents may have been impacted by these issues.
- 3.5. SCEP has retained a supportive and encouraging role to organisations, providers, and practitioners during the pandemic, recognising the longer-term impact of COVID on all Front-Line Staff.
- 3.6. Finally, this is the first SCEP Annual Report which has been produced to evidence the work of all partners across Community Safety and as part of Adult Safeguarding the desire to be consistent with other Annual Reports provided.

4. Implications

4.1. Legal

- 4.1.1. SCEP is a statutory partnership under The Crime & Disorder Act 1998

4.2. Finance

- 4.2.1. SCEP is supported by an annual funding allocation of £147.566 provided by the Police and Crime Commissioners Office with strict funding guidance processes in place for partners of SCEP to complete timely applications for consideration.
- 4.2.2. The Annual Report provides a breakdown of the PCC funding allocation and provides a summary of where funding has been approved and directed by SCEP partners. A process is in place for SCEP and the PCC to receive regular quarterly performance reports relating to delivery, progress and more importantly impact on how funds are being utilised.

4.2.3. The funding supports a range of projects which meet the priorities identified in the Strategic Intelligence Assessment and consistent with those identified through the PCC Crime Plan.

4.2.4. The PCC does not usually accept funding applications to support SCEP administration and this resource should be provided by the Local Authority.

4.3. Risks

4.3.1. The work of SCEP relies heavily on the contributions of partner agencies and it is evident how an increase in workloads has placed additional pressures on SCEP partners. It should be highlighted, therefore, the risks associated in being able to maintain these required levels of support.

4.3.2. Examples are demonstrated in the Report of two new areas of work which have been directed through the Home Office this year. Namely the Combating Drugs Partnership and Serious Violence Duty. These are examples of where additional resources will be required as spotlight will be placed on SCEP partners to meet the demands to changes in legislation.

4.3.3. An increase in the number of Domestic Homicide Reviews whilst has an increase on partner capacity serves as an indicator as to the conditions currently being experienced within local communities.

4.3.4. These examples increase the levels of risk being managed within SCEP and there is a requirement to communicate these and similar issues raised in SCEP with other Strategic Partnership Boards and with Senior Managers within the Council.

4.3.5. Within the current Governance arrangements SCEP reports through the CE Health & Social Committee to highlight issues of main concern and for decisions relating to resource implications.

4.4. Human Resources

4.4.1. Linked to the risks highlighted in 4.3, the increase in demands will have a direct impact on the capacity of officers working within Cheshire East responsible for SCEP workloads.

Access to Information	
Contact Officer:	Richard Christopherson – Locality Manager – Community Safety Richard.Christopherson@cheshireeast.gov.uk 07921 87 22 86
Appendices:	Safer Cheshire East Partnership Annual Report 2022/2023 Strategic Intelligence Assessment 2022-25 'Executive Summary'
Background Papers:	None.

SAFER CHESHIRE EAST PARTNERSHIP

(SCEP)

Annual Report

2022-2023



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»»»

SAFER

Cheshire East

Partnership

OFFICIAL

1. Introduction

The Safer Cheshire East Partnership (SCEP) is a statutory partnership under The Crime & Disorder Act 1998. It brings together the following responsible authorities who must work together to understand and address community safety issues in their area:

- Cheshire East Council
- Cheshire Police
- Clinical Commissioning Group / ICB
- Cheshire Fire & Rescue Service
- National Probation Service

There are a number of other organisations who attend the SCEP and contribute to its work but are not under the same statutory duty. They include:

- Cheshire Youth Offending Service
- Public Health
- The Office of the Police & Crime Commissioner
- Cheshire Domestic Abuse Services

The terms of reference for the SCEP describe its role, working practices and the duties the partnership is required to carry out. They include:

- Producing a Strategic Intelligence Assessment (SIA), using intelligence, data and indicators to identify root causes, areas of risk and identify emerging themes and challenges for the Community Safety Partnership for the next 12 months.
- Managing and monitoring an annual Funding and Commissioning Plan
- Engaging and consulting with communities about community safety issues in the area.
- Allow partners to share relevant information and support the work of other Strategic Boards to address issues and concerns.
- Conducting Domestic Homicide Reviews (DHR's).

This, the first Safer Cheshire East Partnership Annual Report provides details relating to the work carried by its partners to address concerns and evidences the progress and impact delivered against those Community Safety priorities agreed through the provision of the SIA 2022-2025.

The report references information on the role of SCEP and the sub groups of SCEP specifically established to address concerns, including the reporting structures in place to keep partners informed of activity and progress. The report also focusses on the funding made available to SCEP by the Police and Crime Commissioners Officer and how this resource is being used to deliver a range of workstreams to impact on agreed priorities.

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2. The duties of SCEP

Strategic Intelligence Assessment (SIA) - Completed for 2022/25 and signed off by the SCEP in December 2022, the SIA is compiled using intelligence data and analytical evidence to identify Community safety priorities. Priorities have been identified to inform SCEP plans. (Further details are included in this report about the SIA on page 13) – Appendix 1 SIA ‘Executive Summary’



Strategic Intelligence
Assessment (SIA) FIN.

Funding Management – The provision of annual funding made available to SCEP by the PCC to impact on Community Safety priorities is the management responsibility of SCEP including adherence to the funding application process and performance management of activity. (Further details are included on pages 9-20 of this report)

Community Engagement and Consultation – SCEP maintains a website providing members of the public of with information of Community Safety offering guidance, support and services which can be obtained. The website also includes details of any consultations undertaken locally along with a copy of the ‘Executive Summary of the SIA’. The website also shares summary reports of any Domestic Homicide reviews completed for a period of 12 months from publication.

Information Sharing Agreement – The Crime and Disorder Act 1998 imposes a duty on Chief officers to share information with Crime and Disorder Reduction Partnerships where appropriate. In addition sub groups of SCEP have information sharing agreements in place for specific pieces of work.

Domestic Homicide Reviews – In line with statutory guidance, the SCEP currently is managing 4 DHR’s. Progress, activity and management of DHR, including agreed ‘Action Plans’ to inform the learning from cases is formally monitored by the SCEP at its quarterly meetings.

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3. Addressing priority concerns

The SCEP is provided with crime statistics and receives presentations and reports from partners at each of its quarterly meetings to agree strategic direction, identify issues, emerging risks, threats and to assess performance. Although police statistics help guide partners' discussion and response, they do not, in themselves, provide a completely accurate picture of issues. Changes in Police recording practices impact figures significantly making it difficult to assess trends over a long period of time. Positive action taken by partners can also influence trends. For example, an increase in domestic abuse crimes is likely to be partly due to work undertaken to raise awareness and encourage and enable victims to report issues. Given these factors, rather than take crime statistics at face value, the SCEP aims to undertake further research and analysis, within the resources available to it, to develop the best possible picture of what's happening so it can put the most effective solutions in place.

'Task and Finish' groups have been created within SCEP to undertake SCEP plans, mitigate risk, provide support, impact on outcomes and increase public confidence and awareness. SCEP receives **quarterly reports** from these workstreams to keep partners informed and to approve reports and invite the opportunity for questions and scrutiny.

During 2022-23 the following sub-groups have been established:

PREVENT & Channel Panel

To provide an update on the progress of the work undertaken in PREVENT & Channel Panel to work with partners in a multi-agency setting to reduce the risk of those identified within CE becoming involved in terrorism. The CHANNEL Duty Guidance was updated in November 2020. All Local Authorities have a duty to own and deliver CHANNEL arrangements.

Integrated Offender Management (IOM)

IOM cohort members may cause serious harm and impact on Community safety. IOM Management in Cheshire East report any issues to SCEP arising from local and regional governance groups and introduce the latest Police scorecard indicative of levels of offending in the current cohort.

Domestic Homicide Reviews (DHR's)

A multi-agency review occurs when someone has been killed because of domestic abuse. Professionals who have not been involved in the case must review what happened and identify what needs to be changed to reduce the risk of it happening again.

Domestic homicide reviews (DHRs) came into effect on 13 April Under section 9 of the Domestic Violence, Crime and Adults Act (2004), they were established on a statutory basis (2004). The Safer Cheshire East Partnership is responsible for establishing domestic homicide reviews within Cheshire East. After completing a domestic homicide review and approval from the Home Office, Quality Assurance Panel the SCEP is required to publish the anonymised executive summary and action plans.

Get Safe On-Line

The group was established to meet the challenge that on-line scams present. The group is able to share information on the current risks and threats, to raise the awareness, improve education to mitigate the risk and provide organisational efficiency to minimise duplication, whilst supporting agencies following initial referrals to Trading Standards from Adult Safeguarding.

Serious and Organised Crime (SOC)

The SOC multi agency Strategic and Operational Groups meet regularly bringing together partners from across the Cheshire East footprint. The work by partners concentrates on the main risks, threats and harm identified in communities affected by SOC behaviour across the 3 Neighbouring Policing Units of Crewe, Macclesfield and Congleton. Partners share important information to create disruption to criminal gang activity and address areas of work in adherence to the Home Office 4 P's Policy to Prevent, Pursue, Protect and Prepare.

Gypsy, Roma and Travellers

An operational group was formed to share information with partners from a range of agencies to consider working practices and an introduction of measures to improve the health, social and educational opportunities for the Gypsy and Traveller community and encourage the accessing of services for this diverse community group.

Road Safety Partnership

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Partners including Police, Fire Service and Cheshire East review the Road Safety Plans for Cheshire East which aims to reduce road casualties through speed management, enforcement, engineering, emergency response and education.

4. The Role of Council Services

Cheshire East Council plays a key role in helping co-ordinate partnership effort to keep residents safe and increase public reassurance, a range of its services directly impact on addressing a wide range of Community Safety issues.

Examples include:

Housing Services investigating the use of licencing schemes for Houses of Multiple Occupation and ensuring minimum security standards are being met.

Licencing to ensure licenced premises are complying with their responsibilities.

Trading Standards investigate persistent and/or serious criminal activities and civil law breaches, in particular those involving unsafe goods, fraud, illegal and unfair practices, counterfeiting and illicit goods, scams, doorstep crime (rogue traders) and persistent consumer detriment.

Adult Social Care – working with partners to ensure Adults at Risk are enabled to live independent lives free from abuse, neglect or exploitation.

Anti-Social Behaviour Team – work in partnership to prevent incidents of ASB and support those at risk of causing ASB. Within the team are the Community Enforcement Officers responsible for the Enforcement and removal of Abandoned Vehicles, Vehicles for sale on the highway, Enforcement of Litter and Dog Fouling, Issue of Fixed Penalty Notice (including PSPO's)

Commissioning Providing important contracts to support domestic abuse services and substance misuse that meet needs and provide flexibility around future provision.

Cheshire East Highways – Maintaining and improving the road network across the borough with a focus on locations involving motorists and pedestrians seriously injured or killed.

Children's Services working with partners to identify and respond to vulnerable children at risk of exploitation

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5. Police and Crime Commissioner (PCC) Funding

Partners of SCEP are able to consider financial support during two funding windows each year (1st April to 30th June and 1st September to 30th November) to the Police and Crime Commissioner to deliver specific projects or pieces of work to impact directly on an agreed priority identified in the SIA.

In 2022-23 an annual allocation of £147,550 was made available with guidance and criteria for funding bids set out by the PCC. It is worth noting that due to a number of factors (in particular the Covid Pandemic) funding applications made to the PCC through SCEP in 2021-22 could not commence until this year will these also feature in this report.

In addition, contributions from the annual allocation of funding can also be agreed to support sub regional Community Safety work or projects the PCC have identified which require financial contributions from each of the 4 Cheshire Local Authorities. SCEP agreed an annual contribution of £10k in 2020 along with the other Cheshire LA's for a dedicated Police Analyst at Police headquarters and this was approved by the PCC again for 2022/23.

Once the current DHR joint funding budget is used, SCEP will be able (if they so wish) to use this PCC funding application process to fund future DHR's which meet the threshold within Cheshire East.

A £25k contribution was approved by SCEP to support a wider PCC funding bid to central government for Safer Streets 4 which was successful. The £1.5 million for Cheshire was made up of two bids worth £750,000 each, and projects supported resulting from this money will benefit the entire county.

The money secured by the Commissioner will support measures to protect people within the Night Time Economy (NTE),

- 'Operation Street Safe' – This will create community crime prevention groups, made up of paid and volunteer recruits who will be trained to spot dangerous behaviour and to intervene to keep people safe.

- New 'Safety Buses' which will provide safe spaces for those out at night in areas with a busy night time economy. These buses, manned by community safety partners and volunteers, will provide a safe haven and support. They will also have safety equipment such as defibrillators.
- Development of a safety app for Cheshire, where people will be able to see the support services available to them, all in one place. Victims of domestic abuse and sexual violence will also be able to plot their location and routes, adding reassurance to those out alone.
- An educational behaviour-change programme in high schools across the county, teaching young people about how to spot harmful behaviours when out at night and intervene in certain situations.

The SCEP has consistently and successfully bid for the full allocation of PCC funding and during 2022-23 the following applications were approved.

1st April to 30th June 2022

	£
Safer Streets 4 contributions	35,000
19,738	
Regional Analyst	10,000
4,000	
UK Scams – Aftercare Project	8,881
36,500	
Get Safe On-Line	15,000
Poynton / Crewe ASB	9,500
Domestic Abuse World Cup	3,040
PSPO – Macclesfield	3,500

1st September to 30th November

	£
Knife Angel	19,783
Dementia and Domestic Abuse Training	4,000
Domestic Abuse	38,000

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The PCC published its latest Police and Crime Plan in January 2023 with priorities consistent with those identified by SCEP including Protect vulnerable and at-risk people.

6. SCEP Funding 2022-23 - (Delivery, Outcome and Impact)

Violence Against Women and Girls (VAWG) – Safer Streets 4 Contribution £35k

Following the tragic murder of Sarah Everard Cheshire East Council took a proactive lead to improve conditions for women feeling safe. A survey carried out across the borough asking 'How Safe Women Feel in Cheshire East'? The survey ran from the **17th June to the 4th July 2021**. Despite the limited time period, the survey attracted 503 responses, 445 of which were females. Responses to the survey clearly indicated that large proportions of females did not feel safe, particularly in Town Centre areas of Crewe and Macclesfield and this was especially the case in the hours of darkness.

Based on the findings, SCEP designed a multi-agency Action Plan to address both the concerns raised from the survey and to link themes captured in any Strategies released to include projects or pieces of work which would likely reduce incidents of VAWG. The Action Plan was aligned to the Cheshire Constabulary Strategy to **VAWG** and supports their key 5 principles highlighted below:-

- Violence, abuse, and intimidation against women and girls in any form is not acceptable and will not be tolerated.
- Every public space and education establishment should be a safe place for all women and girls.
- Women and girls should feel confident to report their experiences of harm to the police directly or indirectly, safe in the knowledge that they will be taken seriously and that they will be treated with dignity and respect.
- The lived experiences of women and girls will be heard and their opinions respected.
- Our actions to tackle violence against women and girls will be open and transparent to external scrutiny.

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The funding provided by the PCC to SCEP in 2021-22 was directed to the work on VAWG with the main impact and outcomes are highlighted below:-

- Extension of mobile CCTV in Crewe Town Centre
- Provision of mini torches and personal alarms to keep women and girls safe
- Distribution of over 3500 'Stop Tops' to reduce the risk of drink spiking to pubs and clubs across the borough
- *Operation Empower - To provide a high profile presence to provide reassurance during the night time economy (8pm to 4am)
- SCEP data and analysis report 2022 – Stalking and Harassment – decrease
- Implementation of safety bus staffed Police/My CWA/DAFSU/Street pastors to provide support to victims
- *Behaviour Change workers provided by MyCWA located in Custody Suites to increase levels of engagement and conversation with perpetrators of offences with Women and Girls [New scheme launched in Cheshire's custody suites to prevent domestic abuse re-offending - YouTube](#) – Positive media reaction and interest from other Police forces in the UK, including HMIC who recognised as innovative practice introduced by SCEP partners.
- *Increase of use of IDVA's to support specialist DA Police officers to provide support to DA victims. (Including additional DA Police Cars supported by IDVAS during World Cup matches additional £3,040 from 2021/22 budget allocation)
- Production of 5 short videos focusing on Community safety support in the Night Time Economy
- [Message to perpetrators](#), [Keeping women safe](#), [Good Sam App](#), [Reporting crimes](#), [Safety Bus](#), [Measures in place at bars](#)
- Production of Video to promote awareness of Domestic Abuse, safely report and signpost to agency support.
- 'Safeguarding Training' commenced January 2023 to include all CE registered taxi drivers
- Allocation of £35k contribution from SCEP in 2021-22 to enhance the successful **Safer Streets 4** funding bid by the PCC to deliver a range of additional activity to be spent by Sept 2023 on the VAWG agenda including:
- Op Guardianship – Empower the Community to keep people safe – Street Pastors, Taxi Marshals, Bespoke training with staff of pubs and clubs to keep women and girls safe, Behaviour Change programmes in schools across secondary schools in Crewe, free self-defence courses, Sexual Liaison officers within schools, Education and Training within business and higher education, with a focus on hairdressers, beauty salons and nail bars. Extending roll out of Good SAM, procurement of an enhanced Safety APP licenses to be provided by the most vulnerable victims.

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*Indicates an extension to provision following further funding secured through Safer Streets 4

Regional Analyst - £10k

Regular meetings take place between the Managers responsible for Community Safety in the 3 other Cheshire Local Authorities along with the PCC office throughout the year. As part of these conversations, consideration is given to areas where the Community Safety Partnerships can work more collaboratively and improve their delivery to impact on priorities.

SCEP initiated the conversation in 2019 for each Cheshire LA to commission a service for a dedicated resource employed within Cheshire Police to provide data and analysis to inform priorities and report to the quarterly meetings and advise of any emerging risks or threats.

This resource has become invaluable and funding has been agreed again this year to maintain the service. In addition to the quarterly reports, additional request for data can also be made to support separate pieces of work each of the 4 LA's may have to confirm the accuracy of criminal activity or perhaps provide evidence to support further funding applications.

Regular contact with the Force Intelligence Bureau within Cheshire Constabulary has enabled work towards providing a consistent reporting process to SCEP members which has been delivered either by the Analyst or a Senior Police Officer.

This year saw the need for SCEP to produce a new Strategic Intelligence Assessment (SIA) for 2022-2025 to provide information about Crime and Community Safety in Cheshire East and is part of the evidence base which supports community safety partners to plan and target their work. The role of the dedicated analyst is pivotal in the contribution of much of the information within this document supported by contributions from other SCEP partners.

An 'Executive Summary' of the SIA is available on the SCEP Website. – link below:-

[Safer Cheshire East Partnership](#)

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Priorities identified for 2022-2025 (to be reviewed annually)

Violence Intimidation Against Women and Girls (VIAWG) • Exploitation of adults and children (The manipulation and exploitation of vulnerable people to gain power and control often for financial gain) Examples include, County Lines gangs and Home Invasion • Cybercrime • Serious and Organised Crime • Domestic Abuse • Knife Crime • Road Safety

UK Scams – Aftercare Project £8,881.00

As the Cheshire Police and Crime Plan highlights, Cyber-crime is now the fastest growing crime in Cheshire. This is consistent with the information within the SCEP Intelligence Assessment 2022-2025 which identifies Fraud as one of its main priorities. Fraud has now become a borderless crime and Cheshire East communities are vulnerable to doorstep crime and rogue traders with older people in our area of benefit facing the same issues as their peers across the UK.

Due to the withdrawal of high street bank services and with people spending more time at home during the pandemic, there has been a heavy reliance on online services, which has put older and more vulnerable people at higher risk of online fraud. People can be scammed at any age, but the average age of a scam victim is 75. This means older people who are defrauded have less opportunity to recoup their financial loss through re-earning. Those who are defrauded are often forced to continue working for longer, to recoup some of the money.

To address these concerns the work carried out within this project has been extremely beneficial to both warn people of the potential scams and provide direct support to those who have regrettably fallen victim to the fraudsters.

Positive outcomes:

- **Delivered 73 one-to-one intensive aftercare support sessions** to older people who have been a victim of fraud or have had a near miss.
- **Shared printed information with over 1000 delegates** at scams awareness sessions, to help them avoid becoming a victim or repeat victim of fraud.
- **One-to-one sessions** – 27 individuals have accessed victim support one-to-one sessions. They report that they are now more scam aware and less likely to become a repeat victim of fraud

- **Scams awareness support to older people through delivery of printed bulletins** – Around 600 monthly bulletin updates, older people are regularly reminded of how to avoid becoming a victim of fraud.
- **Printed information for delegates at awareness-raising talks and one-to-one sessions** – The funding allows every delegate to have a goody bag of scams awareness information. It includes information from Age UK national, AUKCE and Trading Standards. Having the information pack to take away means older people can refer to it long after the awareness session they attended.
- **Project User Group** – This group of stakeholders meets quarterly. The group provides a current overview of how scams affect their service users, so that project can be shaped to provide what's needed for older people to avoid becoming victims or repeat victims of fraud.
- **Trading standards** – The project has been a success thanks to the partnership working with CEC Trading Standards Team. They provide intelligence, information, joint visit support and manage referrals for the one-to-one sessions for victims. They liaise with referring agencies for further information.
- **Adult Social Care** – The project is seeing more referrals from CEC Adult Social Care. They also provide the project with information about activities for clients accessing the one-to-one aftercare sessions, to help them re-engage with their community.
- **Cheshire Police Economic Crime Unit (ECU)** – The project relies on referrals from the ECU. They work in conjunction to provide the right support by the right agency at the right time.

Stories of difference

The information below captures just 2 examples of where the impact of the project has been recognised by those it is designed to support by providing advice, reassurance and safeguards against further crimes being committed.

Scams Bulletin response

“One family member commented, “Thank you so much for sending out the scams awareness documents – it’s invaluable to know what scams are out there and I feel my parents are more protected being aware of them.”

Cheshire East case details

Client B, fell victim to a safe account banking fraud. They contacted the project again, as the fraudsters had contacted them again (some 8 months later). The fraudsters were drawing the client in to a courier fraud. The client went to the bank and withdrew the requested cash. However, they then called the project for advice, remembering they had received support previously. The project advised the client not to hand over the money and contacted the police on their behalf. This

prevented the client losing £5,000.

The project then worked with Cheshire Police Economic Crime Unit for a call blocker to be installed. At the project's next visit to the victim (jointly with CEC Trading Standards) they reported a dramatic drop in the number of calls received. In fact, they were not receiving any calls except from people they know.

Get Safe On-Line

£15,000

On Line safety, fraud prevention has been a priority area of Community Safety for a number of years. This service was initially commissioned in 2019-20 to produce material to raise awareness of potential fraud risks and to provide information to members of the public at 'live' events and also deliver training to community groups.

Due the impact of the Covid 19 Pandemic, delivery of live events and training provided by this commission were unfortunately restricted, though the offer was carried forward. However, the regular material shared with partners to highlight changing themes and trends linked to fraudulent activity continued to be provided.



(above) Get Safe On Line providing information to new students at Reaseheath College, Nantwich during Freshers week 2022.

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As we have emerged from the Pandemic, in the last year, 2 live events have been organised in which Get Safe On Line have directly engaged with members of the public to talk with the about the types of fraudulent activity. This has been supported by a number of on-line training events to members of the public. Get Safe On Line have also been a training resource to provide material for the use of partners in their delivery of raising awareness around this topic.

Evidence of impact

The Safeguarding training officer for CE has embedded a session on fraud within safeguarding training specifically to empower carers, voluntary workers, housing employees etc to identify potential fraud risks for vulnerable service users and to be able to react and provide appropriate reactive advice.



Paul Broadhurst (Safeguarding Training Officer) delivering On Line and Romance fraud training to an audience representing the Faith Sector during Adults Safeguarding Week in November 2022.

Poynton / Crewe ASB

£9,500

Area within Crewe and Poynton have been identified locations for incidents for 'Hot Spots' of Anti-Social Behaviour. Work commenced in each area to focus on intervention and prevention opportunities to create conditions to reduce incidents of ASB.

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The strategy was to attract the attention of younger members of the community to concentrate their minds on positive activities and hold their interest to prevent them becoming involved in ASB.

Poynton Town Council teamed up with Stockport Football Club and sourced local venues to run regular weekly football training sessions. The ages of those young people enrolling have ranged from 9 to 17. The benefits have been evidenced by those who ordinarily would not have had the funds to pay for coaching have attended and parents have commented “how wonderful” it is for their children to have the opportunity to engage in these activities.

The Police and Town Council can also look to the improved communication between a number of young people and their officers resulting from the provision. Whilst the football training was attended by boys and girls, an additional project was funded to entice young girls to enrol in dance classes. These also have proved very popular with 20 to 30 attending each week. The final provision in Poynton was provided during the October Half Term in 2022 with a BMX Bike provision in a local park which attracted around 50 young people during the day.

In Crewe the local PCSO’s created working closely with Crewe Alexandra Football Club created County Games with sporting activities being provided during each of the school holidays at Easter, Summer and October half term using school and leisure centre venues across Crewe, Sandbach and Holmes Chapel.

Engagement was secured following promotion through secondary schools with a focus by the police to work with those young people who had come to their attention for involvement in ASB. The activities were followed up with an awards evening held at Crewe stadium where young people involved collected awards for their achievements with parents being invited to join in the celebrations.

	No. ASB Incidents
	Crewe
1 st January – 31 st December 2021	2,790
1 st January – 31 st December 2022	1,625
1 st – 29 th January 2022	136

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The above data evidences a significant reduction in ASB across Crewe during the period of interventions.

Stories of difference

A 14 year old diagnosed with ADHD was one of the young people attending the course and during a session caused some concerns in relation to his aggressive attitude. The coaches talked to him and have since built up a positive relationship. His mother has been so grateful for the opportunity and support provided to her son and reported he is far better behaved from having a new friends and a weekly focus to do something he enjoys which otherwise she could not have afforded.

Public Space Protection Order (PSPO) – Macclesfield Town Centre

£3,500

PSPO's replaced gating orders, dog control order and can be used to control behaviours which are having, or are likely to have a detrimental effect on the quality of life of those in the locality. Behaviours can be controlled through restrictions within the borough or specific areas within the borough or positive requirements can be placed within the Orders to make them effective.

SCEP funding provided the purchase and erecting of signage to support a Public Space Protection Order for Macclesfield Town Centre which came into force on 18 July 2022 and is in place for 3 years. The Council exercised its power under section 59(4) Anti-Social Behaviour, Crime and Policing Act 2014 and this Order requires the following:-

- A person in the Restricted Area is to hand over any containers (sealed or unsealed) which are believed to contain alcohol when required to do so by a police officer or Authorised Officer to prevent public nuisance or disorder.
- A person in the Restricted Area shall not urinate and/or defecate on or within Land to which this Order applies.

Knife Angel - Crewe

£19,738

Knife Crime has been identified as a priority in the new SCEP SIA for 2022-25. During the period April 2021 to March 2022, there were 112 incidents involving weapons recorded. The aim is for Cheshire East is for Crewe to host the Knife Angel: the emotive sculpture is formed of 100,000 knives all collected via a national knife amnesty (pic below). Over the past two years the Knife Angel has toured the UK raising awareness of violence, aggression and knife crime. It has proved to be a catalyst for meaningful engagement, dispelling myths, strengthening community relationships with police and agencies and driving forward a step change.



Whilst the sculpture forms the platform, planning has already started with partners from Crewe Town Council, Cheshire East Council, local community groups, charities and other partner agencies including Domestic Violence and Violence Against Women and Girl agencies to develop and deliver a 28 day programme of intensive activity including community, schools and businesses to

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engage in programmes bespoke to the Crewe community addressing 'knife crime' together with a comprehensive process of evaluation.

Domestic Abuse - Co-Location

£36,500

My CWA plan to locate specialist practitioners at targeted partner agencies on specific days of the the week to make reciprocal arrangements for staff from partner organisations at My CWA bases.

The project will fully embed this co-location model in targeted agencies across Cheshire East and to maximise its effectiveness.

My CWA practitioners will be able to co-locate within important targeted service areas as a result of the project, and they will be able to work on all domestic abuse-related tasks, including those involving victims, children, and those that harm.

Partner organisations initially identified for this co-location programme include the YMCA, Space 4 Autism, CAMHS, CGL, Children's Centres, and Youth Justice. Five specialised agencies will be the subject of co-location agreements being set up throughout Cheshire East.

Working in Partnership

The success of the work undertaken by the SCEP relies on close partnership working, whether it be through sharing information, committing resources, providing equipment or the use of accommodation. During 2022-23 SCEP a range of methods have been provided to ensure partners are both informed and given the opportunity to become involved in delivering projects, raising awareness or simply to benefit from training opportunities for their staff.

Community Engagement and Consultation

SCEP plans include the process to incorporate the views of the public in the development of its work and this can be evidenced in work undertaken within VAWG and the delivery of 'Days of Action' completed in both Macclesfield and Congleton within the last year as part of the work relating to Serious and Organised Crime. The focus is placed on residents completing questionnaires providing a rich source of community intelligence. In addition, the direct engagement allows residents to be reassured of the work being carried by partners out to reduce crime and be given information on how to receive support and access services.

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Training

Funded through SCEP in 2022-23 a number of training opportunities have been provided to partner agency staff to enable them to upskill and go about their jobs with more confidence. In November during Adult Safeguarding week, training was provided to around 100 staff to raise awareness and identify the signs of both Exploitation and Extremism to frontline officers. The event specifically targeted attendance from those staff who would not normally attend this type of training and included library staff, Leisure Centre staff, Environmental Health, Trading Standards together with police and colleagues from Health and the Fire Service.

In addition, Cheshire East dementia/carers and domestic abuse project group are utilising the successful funding bid to develop an empowering and educating workshop to both inspire and challenge the audience and help them identify the signs of domestic abuse when working with people living with dementia and their carers and how to support them to feel safe.

The dedicated Safeguarding Training Officer has commenced training in January 2023 with the support of staff from CE licensing which will eventually include every taxi driver registered in Cheshire East to complete Safeguarding Training in order for them to obtain their licence.

New Responsibilities

The Strategic direction of SCEP will often require the need to inform partners of changes in legislation or new ways of government thinking which will impact on resources and the need to deliver workstreams set against national policy. Within the last few months two areas of work which will require Cheshire East cooperation are as follows:

Combating Drugs Partnership (CDP)

In June 2022 the Government launched its 10 year drugs strategy, 'From harm to hope', which relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention.

Underpinning the drugs strategy was the principle that combatting drug use and harm is a priority for all of Government working as a single team and as such every area is required to set up and establish a Combatting Drugs Partnership (CDP), providing a multi-agency approach to addressing shared challenges related to drug-related harm based on local context and need.

Serious Violence Duty

In 2021, the Police, Crime, Sentencing and Courts Bill was laid before Parliament and proposed a Serious Violence Duty requiring specified authorities to work together to reduce and prevent serious violence. The Serious Violence Duty is to commence in January 2023.

Crest Advisory has been commissioned by the Home Office to reach out and work with the organisations specified in the Serious Violence Duty and their local partners to both enable and assess readiness nationally and to provide tailored support to specific local areas to develop readiness and compliance.

Throughout 2023, and until the duty is established, members of SCEP will be working to embed the SV duty and establish local engagement on behalf of the Home Office.

SAFER
Cheshire East
Partnership

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	27 March 2023
Report Title:	Gypsy, Roma, Traveller Report: Update on progress
Report of:	Dawn Taylor: Cheshire & Warrington Traveller Team Manager (CWTT)
Report Reference No:	AH/44/2022-23
Ward(s) Affected:	All in Cheshire East

1. Purpose of Report

- 1.1. The purpose of this report is to raise awareness, and update Committee on the progress of the Council and its partner organisations in addressing the inequalities experienced by the Gypsy, Roma and Traveller communities within the borough. As well as sharing the ambitions for future work and engagement with the communities.
- 1.2. The report fits in well with the Council's aim to reduce inequalities, promote fairness and opportunity for all and support the most vulnerable residents. It is also in line with the Council's priority to be a council that empowers and cares about people.

2. Executive Summary

- 2.1 Currently the only policy the Council has around, Gypsy, Roma, Travellers, is the management of unauthorised encampments. Meanwhile the inequalities experienced by those communities have grown and been exacerbated the recent pandemic.
- 2.2 The We Are Still Here report highlighted the voices of the communities and the issues it faces on a daily basis; the very same communities served by the council and its partners.
- 2.3 The council saw this as an opportunity to start working with its partners in addressing the inequalities, and ensuring services were accessible and welcoming to these communities.

- 2.4 The starting point was the setting up of a multi-agency operational group that could carry out this work.
- 2.5 We are at the beginning of this journey and need to make certain we are working with the communities and involving them throughout the processes. At the same time, we are taking services and staff along with us, enhancing staff training to cover issues particular to Gypsy, Roma, Traveller communities. This will lead to a better understanding for all, and increased satisfaction in services from those communities, and a reduction in inequalities; as well as giving the communities a voice.

3. Recommendations

That Adults and Health Committee:

- 3.1. Note the ongoing work of the multi-agency operational group and support the development of a framework.
- 3.2. Agrees that an update will be brought back to Adults and Health Committee at a future date.

4. Reasons for Recommendations

- 4.1. To ensure that members and colleagues are aware of all the work currently been undertaken by the multi-agency group, and how these link the councils strategic aims and objectives.

5. Other Options Considered

- 5.1. 'Doing nothing' is not an option, the inequalities experienced by Gypsy, Roma, Traveller communities will only be exacerbated by that approach.

6. Background

- 6.1. In 2006, Cheshire, Halton & Warrington Race and Equality Centre (CHAWREC) commissioned a piece of research to establish an evidence base to demonstrate the need for and aid the development of a Gypsy/Travellers network across Cheshire. The research was innovative and participative, engaging people from the Gypsy/Traveller communities from the start. The work was co-designed, co-conducted, co-produced and co-presented. The result was the 'Here To Stay: An Exploratory Study into the Needs and Preferences of Gypsy/Traveller communities in Cheshire, Halton & Warrington.'
- 6.2. Through the Cheshire Strategic Partnership, it was agreed to fund an updated research project, in partnership with CHAWREC and Irish Community Care. All the Cheshire authorities, through their Public Health departments, Cheshire Police and contributions from the John Moores Foundation and the Big Lottery funded the research.

- 6.3. 'We're Still Here' began gathering information through a consultation process with Gypsy and Travellers in February 2018. Data was collected over a 10-month period September 2018 to July 2019. The guiding principle of the research was to fully engage with the communities by employing members of those communities. A consultant was commissioned to train the community-based researchers to design and conduct the research into the needs of their communities.
- 6.4. The principles and methodology used in the first research were highly successful and were duplicated in the second project; engaging community members to carry out the research, enabling community members to be involved at every stage, encouraging ownership and empowering the communities.
- 6.5. A report was then presented to Health and Adult Social Care and Communities Overview and Scrutiny Committee in December 2020 (Appendix 1). This highlighted the 13 recommendations from We Are Still Here, under 3 headings;
- **Trust:** a very important commodity with any community. Many need, mainstream services but there is a lack of trusted navigators, as well as trust in services.
 - **Training:** empowering members of the communities to deliver training for example to, mental health teams, GPs and health workers, so they have a better understanding of the culture; *'nothing about us, without us!'*
 - **Hate Crime/discrimination:** This causes great mental distress to the communities, making people feel very isolated and can be seen in the number of suicides within the communities.
- 6.6. Members were very keen to see work develop to focus on providing access to a range of services and opportunities to raise awareness of the Gypsy, Roma, Traveller communities.
- 6.7. The Multi Agency Gypsy, Roma, Traveller Operational group was set up as a direct result of the impact of We Are Still Here report. The group first met on 22 September 2020, and is made up of representatives from, council services, health providers and the volunteer sector, as well as the police and the Romani community. The purpose of the group is to establish a clear and consistent approach to working with Gypsy, Roma, Traveller communities and to help address inequalities.
- 6.8. Significant progress has already taken place;
- an increase in interest in the group from council services and partners
 - redesigned webpages dedicated to Gypsy, Roma, Traveller communities

- the launch of Pride of Romani (24th June 2022) -a newly constituted group supported by SCEP funding.
- Work towards the development of a framework to improve inequalities within Gypsy, Roma, Traveller communities, as well as support staff working with the communities.

6.9. The framework is a work in progress and is in its early stages of development, with 5 cross cutting themes.

- Increase awareness & understanding of the communities
- Ensure the communities are aware of services & how to access them
- Improve data collection locally
- Tackle discrimination
- Build strong partnerships

7. Consultation and Engagement

7.1. Throughout the development of the framework, the operational group has taken the lead, and agreed the processes and the way forward. Pride of Romani are part of this group and the decision making.

8. Implications

8.1. Legal

8.1.1. The council needs to have robust policy's and procedures in place for working with Gypsy, Roma, Traveller communities in line with Equality legislation and its Public Sector Equality Duty (PSED).

8.2. Finance

8.2.1. May have implications for individual teams budgets around training for staff.

8.3. Policy

8.3.1. The development of a Framework will see improvements in policy's and outcomes for Gypsy, Roma, Traveller communities.

8.4. Equality

8.4.1. Gypsies, Roma, Travellers are all protected under equality legislation, and the Council has a Public Sector Equality Duty

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between those who share a protected characteristic and those who do not share it; and
- Foster good relations between those groups.

- 8.4.2.** The Corporate Plan's vision reinforces the Council's commitment to meeting its equalities duties, promoting fairness and working openly for everyone. Cheshire East is a diverse place and we want to make sure that people are able to live, work and enjoy Cheshire East regardless of their background, needs or characteristics.

8.5. Human Resources

- 8.5.1.** none

8.6. Risk Management

- 8.6.1.** none

8.7. Rural Communities

- 8.7.1.** none

8.8. Children and Young People/Cared for Children

- 8.8.1.** The work undertaken by the group, especially the development of a framework will have both direct and indirect implications for children and young people. Our ambition is that it will work towards decreasing the inequalities experienced by Gypsy, Roma, Traveller communities, and give better life chances for its children and young people.

8.9. Public Health

- 8.9.1.** Our ambition is that it will work towards decreasing the inequalities experienced by Gypsy, Roma, Traveller communities, and give better life chances for its children and young people.

8.10. Climate Change

- 8.10.1.** none

Access to Information	
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Appendices:	Appendix 1 – Gypsy and Traveller Report: We Are Still Here
Background Papers:	None

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We're Still Here

A follow up study to 'Here to Stay', research into the needs and preferences of Gypsy/Traveller communities in Cheshire, Halton and Warrington

Report compiled by
Dr Corinne Thomason

Report commissioned by
Cheshire, Halton & Warrington Race & Equality Centre
and Irish Community Care

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FOREWORD

This report was due to be launched in April 2020 but was delayed because of the coronavirus pandemic. We have decided that rather than wait for a physical launch, which may be many months away, we will launch virtually with a follow up workshop later in the year. However, it would remiss of us not to include information that we have received during this pandemic from Gypsy and Traveller communities. It has been widely reported that BAME communities are being disproportionately impacted by the virus, and we have anecdotal evidence that this reaches into our Gypsy and Traveller communities too. We are told that sites are becoming hot spots and concerns have been expressed about the mortality rate. There are also worries about the financial impact, with literacy rates being low and high levels of self employment making Gypsy and Traveller communities even more vulnerable. Unfortunately, we did not have the time or resources to follow this up for the launch of this report, but we would urge that further research is undertaken into the impact of Covid 19 on Gypsy and Traveller communities as a separate group.

Fourteen years ago we launched the first ever research completed in Cheshire looking at the needs of Gypsies and Travellers – Here to Stay. It was the obvious next step as there had been a number of high profile racist incidents aimed at Gypsies and Travellers and there remained serious concerns about the lack of accommodation and the ongoing divisions between them and the wider settled community. At the time half of our casework load was from Gypsies and Travellers and we saw first hand the level of discrimination faced by these communities.

The research started out as a method to ask Gypsy and Traveller communities about development of a network that would advocate and support them. It was about what they wanted from a network, but we soon realised that it was an unmissable opportunity to ask a whole host of other questions that would give agencies a better understanding of what their services could do differently to support Gypsies and Travellers. The research was met very positively and has continued to be used up until today as the only reliable data.

Both ourselves and Irish Community Care were keen to see the data be brought up to date and so we began our search for funding to support a second research report, but this time working in partnership. I would like to thank both Win Lawlor at Irish Community Care and Dawn Taylor, Traveller Team Manager for being the driving forces behind securing funding to make this a reality. Their enthusiasm, commitment and drive are the key reasons we can present this report today. We were also delighted that we secured Diverse Solutions, the original research company to undertake the refresh. Corinne's previous experience, combined with her

empathy and understanding of the community barriers were crucial to the success of the work.

Doing it a second time around we suspected would be different; we are all operating in a very different environment with fewer resources. CHAWREC's links with the Gypsy Traveller communities had been much diminished as a consequence and we saw this as an opportunity to re-engage and reassure communities that we are still here for them. Having Irish Community Care on board was a key part in the success of the research this time around, and especially the involvement of Maya Stoddart, who put a significant amount of time and energy into encouraging participation.

Having been involved in both sets of research it has been very interesting to see the difference. I noticed more division within the Traveller community itself, but also an increased openness about some of the issues we struggled to discuss previously. I heard some heartbreaking stories from individuals, and it is very clear that in some ways although there has been progress, there is still so much more to be done. Gypsies and Travellers still face discrimination daily. So I would urge you to take away this report and make sure everyone in your workplace is aware of it – consider how you can make things better for Gypsy and Traveller communities and take action. Finally, I would like to say a huge thank you to the community researchers without whom we would never have secured so many interviews, and the individuals themselves who gave their time and confided their experiences to us; we trust that hearing their voices will make a difference.

Shantele Sutherland

DIRECTOR | CHESHIRE, HALTON & WARRINGTON RACE & EQUALITY CENTRE

1 INTRODUCTION

1.1 Study context

In 2006, Cheshire, Halton & Warrington Race & Equality Centre commissioned a piece of research to provide an evidence base to demonstrate the need for and aid the development of a Gypsy/ Traveller Network across Cheshire. The work was funded by 'Change Up'.¹ The research was innovative and participative engaging people from Gypsy and Traveller communities from the start so that the work was co designed, co conducted, co produced and co presented.

The research was published by CHAWREC: **'Here to Stay: An Exploratory Study into the Needs and Preferences of Gypsy/Traveller Communities in Cheshire, Halton & Warrington'** and to date contains the only comprehensive information on Gypsy/ Traveller communities in the Cheshire, Halton & Warrington areas. Thirteen years on the 2006 report is still being used to inform service providers of the needs of Gypsies and Travellers. It is, however, out of date.

1.2 National Context

The most recent evidence about the life chances of these communities suggests that they are still disadvantaged across a spectrum of life needs. A recent House of Commons briefing paper points to the continuing inequalities faced by Gypsies and Travellers in the UK. (Cromarty:2017) It argues that they experience some of the worst outcomes of any group across a wide range of social indicators and that their life chances have declined since an earlier review in 2010. They cite specifically the findings of the Equality and Human Rights Commission (EHRC:2010 and 2015) and the Ministerial Group tasked with reducing and tackling these inequalities: 2012 and 2014.)

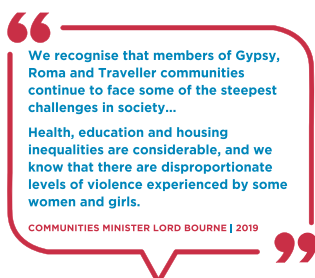
The EHRC argues that a number of factors may be contributing to growing inequality: deprivation, social invisibility, stigma and stereotyping but on a positive note argue that greater evidence on the experiences of these groups will help to diagnose and address these inequalities (EHRC webpage quoted in Cromarty 2017:16).

1.3 Local context

Locally, Irish Community Care (ICC) with researchers from Praxis undertook an in-depth analysis of 12 individuals over 4 days, through the winter of 2014-15, highlighting again significant issues relating to health, discrimination and access to services in the Ellesmere Port area of West Cheshire (ICC:2016)

In addition local community agencies have given evidence to the Ministerial Group about progress towards the 28 commitments made by the Government. These contributions provide valuable 'on the ground' evidence about the impact of policy change on peoples' lives and can highlight improvements and sometimes detrimental impacts on the lives of these communities (Lawlor: 2017)

The recent Women and Equalities Committee Report (House of Commons: 2019) and also the New National Strategy to tackle inequalities in the communities (Gov UK: 2019) also acknowledge that these communities face the worst outcomes of any ethnic group and that those outcomes are worsening.



Collating updated evidence about the needs, preferences and experiences of these communities lies at the heart of this research and multiple agencies across Cheshire, Warrington and Halton are therefore keen to inform their service delivery with updated knowledge about the communities and the lives of individuals within it. These agencies are therefore funding **'Here to Stay 2.'**²

¹ A National Infrastructure Programme

² John Moores Foundation, Cheshire Constabulary, Cheshire West & Chester Council, Public Health - Cheshire West & Chester, Cheshire East, Halton & Warrington and contribution in time from Big Lottery funded project

2 THE RESEARCH

2.1 The Design

A guiding principle of the 2006 research was to fully engage the community by employing community-based participative researchers. Gypsies and Travellers can be very suspicious of outsiders unknown to them, particularly when being asked personal information about health, benefits, housing and other key issues. A Consultant was commissioned to train members of the Gypsy and Traveller communities to design and conduct research into the needs of their communities. The process was eased by the input of a well known Gypsy trainer and by the involvement of Community Leaders.

The 2006 project:-

- Up-skilled members of the Gypsy and Traveller communities to become community researchers devising and conducting participatory research in their own communities.
- Developed a piece of community participative research which gathered data about the needs of G&T communities and the ways in which they interact with public services and public services interact with them.
- Enabled G&T communities to be involved at every stage with the project to encourage ownership and to empower communities.
- Applied the principles of community participative research to move towards evidence-based culturally sensitive and appropriate services.

This methodology was highly successful and therefore we planned to proceed in this same vein, training a small cohort of people from Gypsy and Traveller communities to design and administer questionnaires to members of their communities. Co researchers and interviewees would be recompensed for securing interviews and for their time. The design was informed by the belief that research trained community members were better placed to gain information about their community than researchers from the non Gypsy and Traveller world.

This time, however, we struggled to attract community researchers even with the help of well trusted Irish Community Care staff and four well advertised consultation days. Indeed it became clear that concerns about privacy also now apply to other members of the Gypsy and Traveller communities - **a finding in itself.**

This major hurdle slowed the work down considerably. In addition work was delayed by a number of events which impacted the communities we were researching and made it inappropriate for us to continue work. Finally, death, grief, illness, work load, the extended nature of the work and other pressures affecting co-researchers themselves have caused some delay.

In the event, the data has been collected by four community researchers, an Advice, Advocacy and Support Worker from ICC; two Gypsy and Traveller advocates and the Lead Researcher herself. In terms of profile there were two male and five female researchers. Their ages ranged from mid twenties to early sixties. The data has been collected by visiting people's homes and meeting interviewees at the weekly drop in service hosted by Irish Community Care and held in the Ellesmere Port Council building. The consultation phase lasted 8 months from February 2018 and the data was collected over a 10 month period (September 2018 - July 2019).

An unexpected outcome of the delays and difficulties documented above and the resultant changes to the data collection strategy has been a deeper appreciation of the prevalence and impact of the issues mentioned above and the racism the community experience first - hand from site visits and researcher presence in drop - in services. In the 2006 research the Lead Researcher operated in a more distanced way offering research methods training, support and guidance to the co researchers but being less involved in the day to day lives of the communities. This added dimension has offered increased insight into the lives of what are still little understood communities and is, on balance, an asset for the collection, analysis and interpretation of the data.

2.2 Points of comparison

Just as the work to engage the communities commenced, both the wider Gypsy and Traveller communities and local members experienced an increase in suicides and traumatic death. This impacted the whole of the research period and opportunities to engage. During the 12 month time frame of the research all ICC service users in Ellesmere Port were affected by suicide. In total this involved 97 adults and nearly 200 children. Also in routine mental health monitoring of people involved with ICC services in 2018, ICC's data identified increases in PHQ2 to all Service Users,

2 THE RESEARCH

with low level concerns for monitoring mental health with all 43 adults and 88 children seen over that quarter.

When this work was commissioned it was hoped that it would embrace, where possible, the unique opportunity offered by the earlier work to revisit the same people who were interviewed 13 years previously to see how things had changed in their lives and bring the research up to date.

In the event, the work cannot be comparative in the sense of interviewing the same people as most have died, moved on or were unwilling to participate. However there are comparative elements such as family connections and some of the same locations. Interviewees have also reflected on their changing communities. Wherever possible these softer reflections and comparisons have been reflected in the work.

We planned to undertake some comparative work on a sub sample in an area where the population had remained quite static but sadly the Community Leader linked to this stable community became ill and died which made it inappropriate for us to continue this work.

There are some other points of comparison however. The questionnaire has been designed to incorporate many of the same questions. In addition, and in response to changes in society and issues raised by community members in our consultation events we have included some sensitive issues which we were advised not to broach 13 years ago.

We also planned to address some of the gaps in the 2006 sample; these being the lack of younger men, the small number of highly mobile Travellers and to increase the number of Irish Travellers through Irish Community Care's involvement.

2.3 Reflections on the Sample

On a positive note, the final sample is a strong one. We interviewed 125 people: 46 men and 79 women. The interviewees range in age from 16 to 83. Of particular note and value is the increased number of young men in our sample. Men under the age of 40 comprise one fifth of the sample which was a dimension missing from the work in 2006. (Tables 3-5).³

We also have a good spread of interviewees from across Cheshire, Halton and Warrington and across domicile type, ethnicity and belief. Most importantly, through the consultation process, we have been able to include questions about changing society which we had previously been advised by the researchers would be considered taboo in Gypsy and Traveller communities; subjects such as domestic violence, family breakdown, alcohol and drug abuse and suicide. The community were integral in the design and framing of the questions, and the majority of interviewees have been happy to talk about these issues and additional issues affecting their communities, which is a very important outcome for this research.



³ All tables can be found at the end of the report



3 EVALUATING THE PROCESS AND COMPARING THE SAMPLES

3.1 Evaluation of the design

In terms of sampling there is very little statistical information available relating to Gypsies and Travellers in the Cheshire area, primarily because the local data often does not include Gypsy or Travellers as ethnic classifications. However, it is widely accepted that the Gypsy and Traveller population is the largest of all minority groups. There are currently 299 authorised pitches and using the ODPM average of 4.5 people per pitch this would suggest on sites alone that there are in the vicinity of 1345 people, plus more residing in bricks and mortar accommodation. There is the additional problem of gaining access to participants.

We continuously reviewed the sample to look for an even spread across gender, age, location, domicile type, faith and ethnicity and made adjustments to target characteristics and community profiles if they were absent. We positively targeted young men and Irish Travellers for example as they were not well represented in the earlier research.

3.2 Assessing interview quality

Researchers were asked to evaluate the interviews they had conducted by rating them on a scale of 1-10, 10 being the best it could be. This rating had to be done within an hour of the interview taking place. Table 1 documents the frequency with which different points on the scale were selected 92 of the interviews were rated 5 or above which suggests that researchers considered most interviews went relatively well.

Researchers were also asked to consider two statements about each interview to gauge the level of participation of interviewees. Almost two-thirds of interviewees were assessed as fully engaging in the interview process. (Table 2)

3.3 Comparing the samples

Figures 1-8 and the comparison matrix in Table 46 clearly demonstrate how the 2019 sample differs from the 2006 sample. To begin with some points of similarity. There are still more women in the sample than men although that imbalance has been addressed a little.

Figure 1 Gender 2006

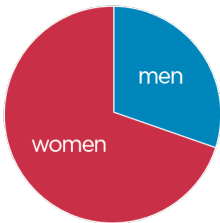


Figure 2 Gender 2019

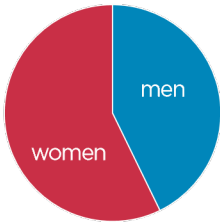
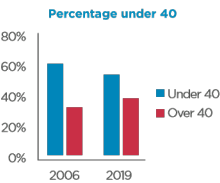


Figure 3 Compare sample under 40 2006/2019



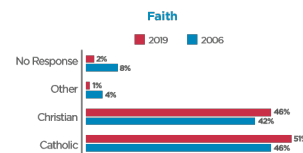
3 EVALUATING THE PROCESS AND COMPARING THE SAMPLES

The biggest change in the characteristics of the sample is the ethnic mix. In 2006 the sample was light on Travellers. The involvement of Irish Community Care as a partner in this work has assisted the recruitment of Irish Travellers and as a result the proportions have reversed and Travellers account for 61% of the 2019 sample. The different cultural norms of Travellers and Gypsies are likely to impact on the outcome of this work particularly with regard to mobility, and the make-up of local Gypsy and Traveller accommodation is also significant.

Figure 4 Compare Ethnicity in 2006/2019

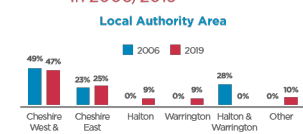


Figure 5 Compare faith in 2006/2019



The housing location types are in similar proportions with more respondents living on sites. We have interviewed roughly the same proportions of people from Cheshire East and West, although the Widnes sample was reduced as a result of the death of a Community Leader there.

Figure 6 Compare Local Authority area in 2006/2019



[Note that the 2006 sample showed a collective figure for Halton and Warrington]

Figure 7 Compare domicile location in 2006/2019

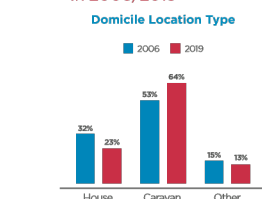
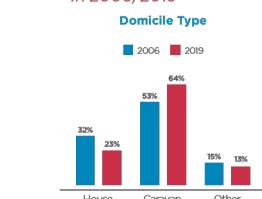


Figure 8 Compare domicile type in 2006/2019



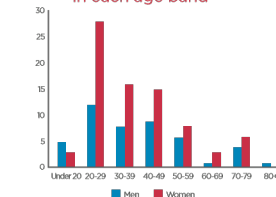
4 WHO ARE THE INTERVIEWEES?

4.1 Age and gender

One hundred and twenty-five people were interviewed. Tables 3-5 show the age and gender profile of the respondents. There were almost twice as many women as men. As Tables 4 and 5 reveal the sample is young overall with 58% under the age of 40 and 77% under the age of 50.

The youngest participant in the study was 16 and the eldest 83. The most frequently represented was the 20-29 band with almost a third of interviewees in this category (12 men and 28 women.) Figure 9 shows this diagrammatically.

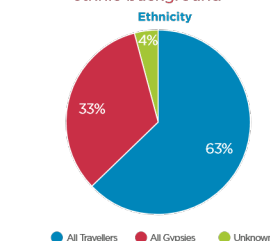
Figure 9 Numbers of men and women in each age band



4.2 Ethnicity

In terms of ethnicity people identified themselves in 9 different ways (Tables 6 and 7). Irish Traveller was the biggest single category (n=41). All Travellers totalled 79 and all categories of Gypsy (49). Seventy one (57%) people said they would identify themselves as a Gypsy / Traveller on a monitoring form but a significant number would not.

Figure 10 Percentage of respondents by ethnic background

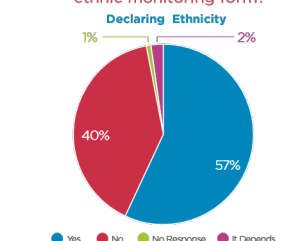


Box 1 Declaring Ethnicity

Reasons for not completing the box

- Get treated differently
- No- I try to blend in
- No- I have suffered racism all my life and I feel I am treated differently if people know I am a Traveller
- No - I feel I get treated worse
- Rather not. It makes people look at you different and not in a good way
- I don't think it helps me only gets people to look at me suspiciously in my opinion
- No- sometimes it's easier to stop people staring
- No as would not want to be discriminated against

Figure 11 Declaring your heritage on an ethnic monitoring form?

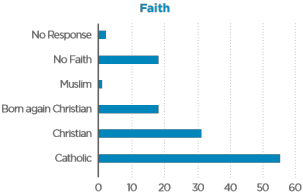


4 WHO ARE THE INTERVIEWEES?

4.3 Faith

One hundred and five people identified themselves as following a faith and 4 different faiths were cited (Table 8). The Catholic faith was the most heavily represented n=55.

Figure 12 Percentage of Respondents by Faith



5 WHERE DO PEOPLE LIVE?

5.1 Location

Tables 9 and 10 contain information on the location of interviewees homes and the number and percentage by Local Authority area. There are 10 interviewees from North Wales which is a good indication of the way in which people travel in and out of the area to stay with friends, stay on site as visitors or as residents and then move back to the Cheshire area. Six of the interviewees from North Wales were there because they could not get a place on a site in Cheshire.

Figure 13 Percentage of respondents by area

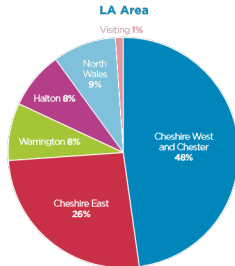
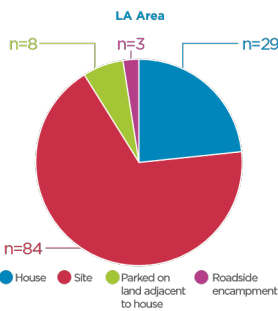


Figure 14 Number of respondents by location type



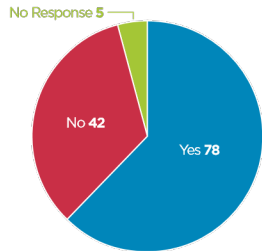
5.2 Domicile type

As Figure 14 and Table 11 show for the majority of those interviewed their homes were on sites (84%). Fifty-eight per cent of those sites were private and the remainder council owned. It was more difficult to secure interviews with people who were travelling and we only managed to capture the views of three people living roadside. However we did interview others who were highly mobile and had only been resident for under a month. The most popular type of home for participants was a caravan (80). Only 29 respondents said they lived in houses. (Figure 14)

5.3 Permanence

The notion of permanence is different in the Gypsy/Traveller Community. There is a cultural leaning towards 'moving on'. Thirty five per cent of the sample identified themselves as not having a permanent address and yet some of those respondents had had an association with where they were living for over 10 years (Tables 12 and 13). Most interviewees did not consider themselves as being permanently settled even when they had a long-standing association with the area as they still travelled for part of the year.

Figure 15 Do you have a permanent address?



5 WHERE DO PEOPLE LIVE?

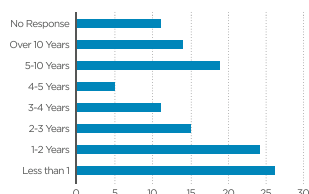
Many people described their residency in ways which do not suggest permanence.

**“I’ve been here on and off for 8 years
We’ve been here 12 years, mostly in the Winter”**

Over half, 51% of the sample (n=64) said they still travelled and 8 respondents described themselves as highly mobile

We asked an additional question about the new definition of Gypsy and Traveller for planning purposes and whether this was a factor in determining their travel patterns. No-one said that this was relevant to them.

Figure 16 Number of years at current address



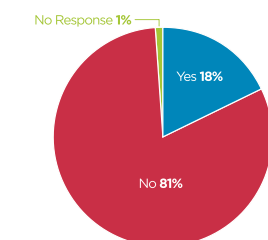
The majority of respondents (80) had lived at their address for less than 5 years. Forty nine people had been there for less than 2 years. The shortest residence was 2 days and the longest over 40 years. Thirty one people had been in their residence over 5 years.

There are some other indicators of permanence which can help us to consider the roots that people have in an area even though they still see

themselves as ‘moving on’. Being on the Electoral Roll for example or registration with Doctors and Dentists or children enrolled at local schools and local correspondence addresses.

Only 22 people said they were on the Electoral Roll. More people were registered with local Doctors and Dentists although a small number were registered with Dentists in the south of England or other towns (Section 7). Seventy-six families had children enrolled in local schools (Section 8). All correspondence addresses given to researchers were local. This additional data suggests a high level of permanence in the local area regardless of whether interviewees considered themselves to have a permanent address.

Figure 17 Percentage of total on Electoral Roll



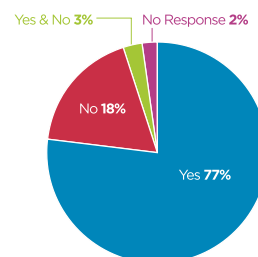
5.4 Who do people live with?

We asked people who they lived with. The most prevalent household type was spouse and children comprising 41% of the sample. 14% (n=17) lived with their spouse only and 9% (n=11) alone (Tables 14-16).

Interviewees were more likely to live in households with 3 or 5 residents and least likely to live in households with more than 6 residents. There were approximately 175 children under the age of 19 linked to the interviewees in the sample. The majority of families had fewer than 4 children, the average (median) number of children per family under the age of 19 being 2.

5.5 Satisfaction with living location

Figure 18 Percentage of people happy where they live



We asked people if they were happy where they were living, 96 respondents said they were happy where they lived. Four people were ambivalent in their response (Tables 17 and 18).

Box 2 Ambivalence about domicile location

The house gives me security but I miss being on site for the company

[it is a] lovely place but transport is a problem and there is nothing to do to occupy us. We should have Bingo. I’m lonely but I do have family around

[I] want to move to site because of isolation. I lived in a house for 23 years. The family I was living with was ill so needed to be in a house. I also moved away from domestic abuse

Illness forced us into a house. When we moved in, the community started a petition to get us to move. My grandson lives in a caravan in the backyard

We want to live on a site so we can mix with our own people

Reasons for being unhappy - The reasons given by those who said they were unhappy fell into 5 broad categories: No or poor facilities, overcrowding, relationship problems with cohabiters, wanting autonomy and to follow own rules, site is isolated. Box 3 contains examples of lived experiences.

Box 3 Reasons for being unhappy

[I] hate Ellesmere Port [it is] miserable and [there is] poverty

No proper facilities. No hot water or electric

We are overcrowded I want to be in my own home

Lonely and facilities not good

Bad memories and want a garden for the children

Applied for a site because of isolation. Prefer to be back with the Community but not enough help from the Council

Want a house for health reasons but scared to bid in some areas because of racism

I am visiting from London. I’m in a council flat which was supposed to be temporary when I was caring for my Father. I am unhappy because people don’t understand the culture. I have difficulty applying because I get depressed

I want my own plot. I’m tired of my Mother-in-Law

I did apply for a house 20 years ago but never heard anything back. I just got ignored

This is only temporary as we are waiting for a proper site

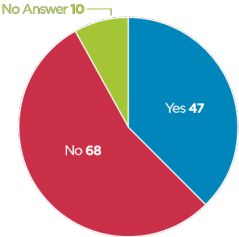
The pitch I am on has too many vans so I must leave in 4 weeks. I have nowhere to stay. My partner is in prison and I am pregnant.

5 WHERE DO PEOPLE LIVE?



We asked people if they had ever applied for a house or a site. Forty seven people said they had. Respondents gave a number of reasons why they had applied (Table 18).

Figure 19 Number of people who have applied for housing or a site



Just over a quarter of those who had applied (13) identified difficulties with the process. Examples included the process being too complicated, not having enough help, not having a guarantor and racism.

Box 4 Reasons for applying

The worker helped me to get away from my partner
I was in a house for 7 years in Wrexham
I wanted a change as I have lived here all my life
I need a bigger place
I have no water, electric or toilet
I miss fellow Travellers
I applied for a house in Liverpool because there was racism in Crewe
I prefer a trailer but I have to be in a house at the moment
I want to be on a proper site. There are never any empty plots
I want to live in a trailer there aren't any sites they need to build some
Yes many years ago when we were free stopping
My husband has tried to find a site for us as we would like to live in a trailer
We settled because of the children
I got help with the rent
Applied for council housing but that far down the bidding property was useless. Also had rented property but was evicted as Landlord found out I was a Traveller
Years ago when we were free stopping and we needed somewhere to live

Box 5 Reasons for not applying

Sometimes the sites are full
[I'm OK]The Council helped me to get this one
I don't like the site it is noisy and full of drama
Never gone through it. It is too complicated
I would like to apply for housing but would struggle to privately rent as I have no guarantor

6 WHAT DO PEOPLE DO FOR A LIVING?

6.1 Employment

We asked people what they did for a living (Table 19). Self employment was still the most prevalent work status although Caring for Children was also a frequent response. Together they accounted for almost 2/3rds of responses.
When asked if they had any difficulties finding work responses fell roughly into 2 categories: Those attributed to race and secondly those concerned with lack of education and experience. Examples are documented below in Box 6.

Box 6 Comments about Employment
To do with Race

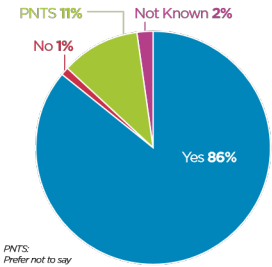
Who the f*** is going to take a Traveller on?
I keep looking but I can't get anything because of my address and my criminal record
I just work for myself because no-one would employ me when they find out I'm a Gypsy.
I have a problem because I am a Traveller but I also struggle because being self employed I don't earn enough
To do with lack of education/ experience
It's difficult because I've got no education or qualifications
[I've] got no previous experience
[I've] never applied anywhere, just been offered things

Many saw these difficulties as intractable but one respondent used the following strategy to overcome these difficulties:
'I can change my accent and people don't know I'm a Traveller'
We asked an additional question about the impact of changes in the law relating to hawking, scrap metal and horse passports. Most people did not respond to this question. Just a couple said they disregarded the law on hawking;
'I know about it but I just hawk anyway'
A few others just referred in general to how difficult things had become to earn a living.

6.2 NINO

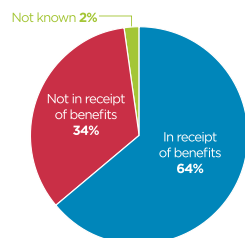
We asked people whether they had a National Insurance Number (Table 20 and Figure 20), about their work status (Table 19) and if they had experienced any difficulties whilst looking for work (Box 6). Interviewees were more forthcoming about this aspect of their lives than they were in 2006. Eighty-six per cent of the sample said they had a number.

Figure 20 Percentage of sample with a National Insurance Number



6.3 Benefit income

Figure 21 Percentage in receipt of benefits



We asked respondents if they were in receipt of benefits (Table 21). Sixty four per cent of the sample (n=80) said that they were. In 2006 the discussion of money was seen to be a no go area when we were developing the research but in this research people were more willing to discuss this. The gathering of information about type of benefit was much more haphazard however and a little misleading to report as it is such a partial picture. The overall impression though is that more people are accessing what they are entitled to.

The difficulties respondents were having accessing benefits though are very illuminating and can be seen in Box 7.

Box 7 Problems applying for benefits

Systemic problems

I do not claim IS part of Carers allowance as I will need to claim Universal Credit and don't want to as [I] cannot cope with monthly pay

I struggle with Universal Credit once a month payments. I have to keep asking my family for food and money

I think I should have the higher rate but scared to appeal in case I lose what I have
Universal Credit is stressful and causing anxiety for my daughter

I can't get housing benefit because of my savings but these are for a new van

PIP and ESA medicals have been really bad experiences

Problems with ill health and inability to navigate the system

Benefits are stopped because of [my] mental ill health

[I] needed help to claim

Missing appointments due to depression

Debt worry from Housing Benefit

When the worker from ICC was made redundant I missed my appointments because I can't read. My benefits stopped. I was a year without my main ones until she came back

54 I am lucky I can read and write or I would have had problems

Benefits are too hard we need help

Problems with mail and NFA

When travelling using places as care of address and if I don't get the mail in time I miss appointments

Problems claiming when you have no permanent address



7 HEALTH AND WELFARE

7.1 Registration with GPs and Dentists

We asked people if they were registered with a Doctor and a Dentist (Tables 22 and 23). Ninety-three percent of respondents said they were registered with a GP and almost 3/4 of these said they were travelling 2 miles or less to see them. Fewer people were registered with a Dentist (80%), however this is a huge improvement on the position in 2006 when only 40% were registered. However respondents travel further to see a Dentist with only 56% travelling 2 miles or less. 16 % are travelling over 5 miles and 4 people are registered with Dentists who are very distant (Essex, London, South Wales).

When asked about difficulties experienced with GP and Dentist registration respondents on balance felt it was easier now than in the past to register with a GP but that being removed from lists of registrants for infrequent attendance, waiting lists and books closed to NHS registration still made it difficult to register with a Dentist three people who were not currently registered were on waiting lists and one had been on the list for 2 years.

'Years ago it was virtually impossible to see a Doctor without a permanent address'

Four had never been registered and 6 said they had only been registered as a child. Registration was still difficult for those who did not have a fixed address.

7.2 Service use

When respondents were asked to rate their levels of satisfaction with health related services hospitals and doctors attracted some of the highest satisfaction scores.

We asked people if they had used any other health services in the last 12 months. 105 people said that they had. Table 24 lists these by service type and as a percentage of total responses. By far the most prevalent response accounting for almost half of all responses was the use of Walk in clinics. The majority of these attendances were for children when the Doctor's surgery was closed or there were no GP appointments.

Men were more likely to use A&E when they were travelling for work. Work injuries like dealing with breaks, cuts or falls were common.

'I was very pleased with the treatment when I cut myself at work and they treated me'

Appointments with Specialists and the use of specialist mental health care accounted for a fifth of all responses. Four people were also accessing counselling services.

Six per cent had used private health care explaining that the main reason for this had been long NHS waiting lists. Two people had paid privately for dental care because they could not get registered with a Dentist.

We also asked people to consider what other types of health advice they would be likely to call on in their everyday lives. The responses are documented in Table 25. Family advice was the most frequently cited response accounting for almost a third of all answers (32%). Advice from the Chemist (24%) and advice from friends and neighbours (15%) were also important sources for our respondents. The use of herbal remedies and self care were also important, often as a first course of action.

'I try to treat things myself for the first 24 hours but get extra help if it goes on longer.'

7.3 Health conditions

We gathered data about health conditions, disability and caring in a number of different parts of the questionnaire.

Twenty-seven people identified themselves as ill or disabled for the purpose of work status and four people said they were carers in answer to the same question. However, when asked about any benefits claimed 21 people said they were claiming disability related benefits.

We asked people if they had any disabilities or illnesses or lived in close contact with anyone else who had. When talking about themselves 113 interviewees cited health conditions which are listed in Table 26. Problems with mental health were cited by 61 people, accounting for over half of all responses. Muscular-skeletal problems was the second most prevalent answer, things such as back and neck problems and joint pain.

7 HEALTH AND WELFARE

When asked about the health of people close to them, 56 respondents mentioned health conditions experienced by family members (Table 27). Mental health conditions accounted for 75% of these responses.

In response to concerns expressed about poor mental health in consultation sessions we asked some specific questions about mental health asking people to score their mood and well being levels which are recorded in Tables 28 and 29 and discussed below. It is worth considering therefore that the additional focus on mental health may have influenced the responses of some interviewees when asked about health conditions which may explain mental health accounting for the high frequency rates cited above. However, there is no doubt from speaking to the communities that mental ill health is extremely common.

We asked respondents if they or any family members suffered with mental ill health. 47 people (38%) said that they did.



7.4 Mental health self assessment

We then asked respondents to think about their own mental health and well being over the past week and position themselves on a scale of 0-3. We used two commonly applied public health questions for assessing mood and well being, known as PHQ2. We used these to avoid the medical terms which could affect or impact upon response rates and information shared.

In terms of engagement in daily life 37% recorded a score of 2 or 3 meaning that they were experiencing a suppressed interest in daily life for more than half of the week.

In terms of feeling low 36% recorded scores of 2 or 3 meaning that they were experiencing some level of depressed mood for more than half of the week.

Sometimes poor living conditions, multiple health problems and poor mental health are woven together.



I have depression, anxiety, mobility problems, I can't walk very far and have panic attacks. I live on a private site where I have been on and off for a few years. There is no water, electric or toilet. I get DLA but no help from my family or mental health services. I live alone in bad conditions and travel. I see Specialists and I am registered with a GP but not with a Dentist as I have a phobia. I suffer badly with depression and anxiety.

Although people mentioned family mental illness there was a general lack of knowledge about mental health services or who helped their relative. This lack of knowledge also became apparent when we asked people to score their satisfaction level with a range of services. Mental health services was an area that people did not have knowledge about which is of concern.

8 EDUCATION

8.1 Current involvement with education

Table 30 and Box 8 document the data collected from interviewees about their experiences of education.

We were interested to know if interviewees had children of their own or as part of their extended family who attended playgroups, schools or colleges and what their views were of these establishments as well as what their personal experiences of education were. Sixty one per cent had current experience of local educational services.

Box 8 Difficulties finding schools for children in their family

It isn't fair. In the past we have been turned away

We had problems to begin with because there are limited places

When the children were young we were travelling so it made it impossible. They never went

School is too far. They gave our place away and so kids are in different schools

Have applied but there are no places



Box 9 Perceived quality of education

Very pleased. Excuse about being over-subscribed initially

I was fined for taking the kids out of school when my sister-in-law passed away so I feel the School Board do not have an understanding [of culture]. I felt targeted.

We don't like dope, drugs and knives

Primary is good but don't want them to attend High School. There is racism and a boy was killed

I believe in education

There is a problem with bullying. It is good to primary level

It is important for kids

They are treated well by the teachers and they love going. We used to struggle with places

High school is brilliant and he is doing well but there was bullying at primary school

Very good they have a good understanding with sex education as our children are not taught it

8.2 Former involvement in education

We asked interviewees if there was anything they wished to tell us about their own educational experience. Seventy per cent of the sample (n=88) made some comment about their own experiences. Sixty five people told us in detail about their education and Table 31 records this.

Of these 27 had never been to school and a further 24 left school before secondary education. In terms of literacy 19 people told us they could read and write. (Table 32).

Eight people told us the reason for not going to school or for bad experiences in school (Table 32). Being bullied/discriminated against was the most prevalent response.



Box 10 Comments about respondents education

I really enjoyed my schooling

I didn't do much in school. I was bullied and called fat and stupid

I never went but my children are teaching me to read and write

Too late for me but want it to be better for the kids

Education was non-existent

I didn't have one [education]. Better for kids these days

Too old, I didn't have one but very important these days

Important for kids

We don't really believe in it. I attended primary and can read a little

I didn't have a lot of education. I wish things were different

I didn't go to school. It is something I would have loved to do

I never had one but I want it for my kids

9 SENSE OF BELONGING AND INVOLVEMENT

We asked respondents to consider how involved they felt in their own communities and then to consider the wider community and how involved they felt there. We asked them to consider this using a scale of 1-10, ten being the most involved you could feel (Table 33).

9.1 Involvement in the Gypsy and Traveller communities

Perhaps not surprisingly interviewees felt more involved in their own communities than with the wider community. Ranking responses the most popular answer was 10 which indicates the highest level of involvement (n= 35). Eighty four people ranked their involvement as being from 6-10. This is consistent with the high level of satisfaction recorded with neighbours where 91 people said they were satisfied (Table 35).

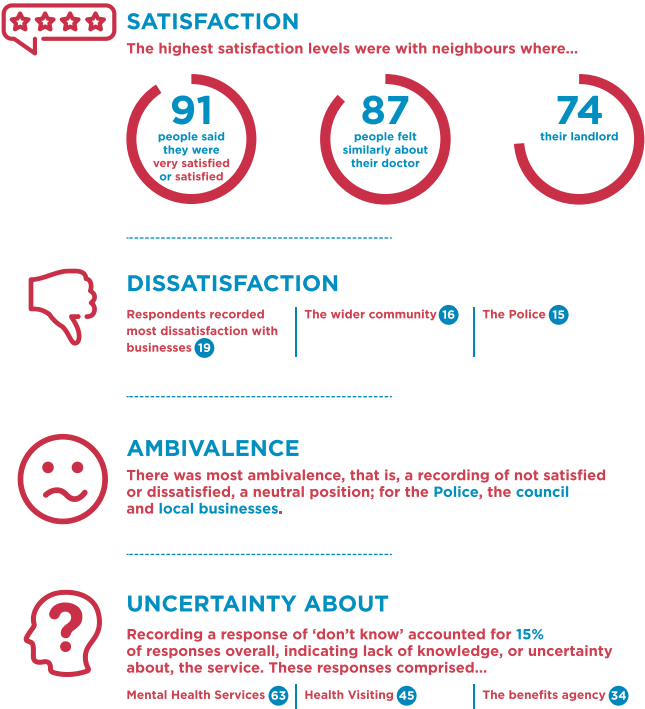
9.2 Involvement in the mainstream community

The responses for the wider community indicate a much lower sense of involvement. The most prevalent response was a score of 5 recorded by 27 people. The majority of respondents rated their involvement at the lower end of the spectrum between 1 and 5 (88). This is consistent with the dissatisfaction recorded with the wider community (see Table 34-ranking second). Some respondents indicated that how involved they felt with the wider community depended on acceptance. A Mother commented that for some activities like boxing they felt very involved because the children were accepted into the boxing community.



10 SATISFACTION WITH SERVICES

We asked people to rank their satisfaction with a range of services (Table 35). The results are recorded by satisfaction level.



11 CONCERN ABOUT COMMUNITY ISSUES

An important outcome for this research is that we have been able to include questions about changing society which had previously been considered taboo in Gypsy and Traveller communities and we were advised not to ask in the 2006 research: Issues such as domestic violence, family breakdown, alcohol and drug abuse and suicide. In our earlier consultations members of the community expressly asked us to include these topics as they were concerned about them and the majority of interviewees have been happy to talk about these issues and some additional issues affecting their communities, which is an important difference to the position 13 years ago. The responses indicated real concern about the impacts on the community and confusion about why some issues were now so prevalent. The high suicide rate was of deep concern to many. (Table 36).

When asked about these issues, there was most concern about drug and alcohol abuse and suicide (64 in each category) domestic violence (50) and family breakdown (38). Additional issues raised were grooming and sexual exploitation, loss of heritage and homophobia.

We asked people to say why they were worried. Some responses revealed general concern...

Box 11

General concern about issues in the Community
Our community is more at risk as we are more likely not to get support so can suffer from all of these
All of these issues are a worry because they are so common within the community
Because it is so common within the Travelling community
The young people just take drugs and they get drunk. They don't realise how dangerous it is
You hear a lot about these things
Drinking is such a curse on most Travellers and too many young men are taking their own lives. Something must be done
There are too many young men killing themselves over not earning enough money
There is a rise in these problems. I think it is scary
So many things but lots of young men committing suicide or having themselves sectioned either because of the pressure to keep up with the Jones or because of their sexuality
Too many suicides in young people in the last few years. It's very sad
Young girls being groomed by other Travellers then being forced to sleep with lots of different men
Lots of things are going on but my wife and son are my only worries

11 CONCERN ABOUT COMMUNITY ISSUES

For others concern came from a more personal perspective because their family had experienced the issues first hand.

Box 12 Concern because of personal experience

Too many young people destroying their lives and I have young children and I don't want them messing with drinks and drugs

I know lots of young people who still drink and take drugs and they are always fighting and arguing causing families to split and this has led to suicides

Our nephew hung himself we are all still grieving

I still keep in contact with some of the community and drug abuse is terrible and so is sexual exploitation of both young boys and girls sometimes leading to suicide

My own son does not mix at all with the Gypsy/Traveller community but I worry for my wider family

I have seen families torn apart by some people abusing themselves using drugs and alcohol as an escape from the drudge of things

My brother has had problems with addiction



12 DISCRIMINATION

A man called me Gypsy Tramp and Pikey Scum at the Cinema in May this year and also threatened to beat me up. My wife and children were present as well as staff members of the cinema. The police were called but took no action.

The experience of the respondent above encapsulates the encounters that many of our respondents wanted to tell us about-unfair and unpleasant treatment which goes unchallenged when people are out with their families engaged in everyday activities.

We asked interviewees to reflect on their experiences of discriminatory treatment in three ways. First a general question about being treated unfairly because of their racial background; secondly, any experiences of abuse or physical attack and how often they experience this and thirdly whether any of these incidents had happened in the last year.

Sadly, these questions were the most comprehensively completed sections of the form with plenty of supplementary information.(n=120) They reveal that almost without exception community members face exclusion, verbal abuse and differential treatment wherever they go. Most never seek support or help for this as they have not been supported in the past.

12.1 Unfair treatment

Ninety three per cent reported that they had been treated unfairly at some time in their life because of their ethnic background. The most prevalent form of unfair treatment cited was to be treated differently in shops, restaurants and pubs and when using other services in the community. Many of the instances referred to would amount to either a hate crime or discrimination under the Equality Act 2010. (Tables 37 and 38).

Box 13 Examples of unfair treatment

People not wanting to sit next to you in doctors. Jobs being cancelled when they find out you're a Gypsy. Being pulled over by the police for no good reason. Not being served in pubs and restaurants for being a Gypsy/Traveller

Funny looks in the doctors or at the children's school. Being treated differently in shops and banks

I used to get bullied at school and when I left officially at 16 I started working in a factory. It was the same

Followed around shops by the store detectives and people move away in the doctors

People view us with suspicion and this is everywhere

Education and public services

When I lived in a trailer I felt I was treated less equal when they saw the caravan site address

When trying to get work or be in some restaurants I have been singled out as a Traveller

All the time. If customers realise I am a Gypsy they will either cancel the job or they ask me not to call again

From being bullied in school to being followed around shops by store detectives to being stopped for no reason by the police

In school, work and shops. I have been removed from shops for being a Traveller

When I was younger. That's why I don't let on I'm a Gypsy

I was bullied at school- been bullied while out working and called racist names- I've been treated differently at the Doctors and Dentist but its life

Felt when looking for a house I was not getting one as landlords knew I was a Traveller

In the GP surgery I cannot get an appointment. Got accused of not paying in a restaurant. Going to the shop the staff following me all the time thinking I am shop lifting

Too many times to count and we've weddings and christenings cancelled just because they've found out were Travellers

12 DISCRIMINATION

Of those who said they had not experienced unfair treatment (n=9) three respondents had explanations for this.

'it's because I don't act like a Traveller'

'it's because I don't go out much because of my health'

'it's because people know me'

These explanations are consistent with responses which suggest that individuals perceive that there has been a lessening of incidents as they have become older or more settled in an area (see Box 14 below).

Box 14 Respondent theories on why unfair treatment has lessened

Things aren't so bad now I'm older

Not so bad now as I don't go out much

Discrimination law has made it better. It is much better in School now they come down on racism very hard

Knowing our rights we can challenge more

There has been less since we've been in the house

12.2 The impact of discrimination

Whilst relaying their experiences of discrimination respondents also inevitably talked about the impact these events had on their lives and the lives of their families. Events like the experience at the Cinema mentioned at the beginning of this section impact not only the person being abused but also those with them in this case the family. Respondents used vivid vocabulary when they recounted events and described experiences as awful and terrible or upsetting and very hurtful.

Respondents also mentioned the lasting impact abuse had had on them:

My Mum was attacked as a child. She was very scared and never forgot that experience

I've been called some disgusting things. It's something that always sticks with you'

The event left my lad crying

One respondent said it had an adverse effect on him going out:-

It was terrible during my school years and because of that I didn't go out much and when I started driving I was always being stopped

I don't like to complain but we get treated like third class citizens, it's horrible

12.3 Experience of abuse or attack

The next most common form of abuse, accounting for 14% of responses was physical attack. These incidents included beatings, being spat on, sprayed with air freshener, threatened with violence and frightening images on Facebook (Pride in the Port) where Caravans are being torched and racist language used (Tables 39 and 40).

We asked interviewees if they had ever experienced abuse or attack. Almost three quarters of the sample had with the most common form of abuse being verbal, accounting for over 70% of all incidents. Box 12 records just some of the verbal abuse recounted by participants. Many respondents recorded that name calling was common place and displayed a type of acceptance of this as being 'par for the course.'

Name calling, however, was often a precursor to incidents which led to respondents being 'put out' or excluded from facilities or being threatened with or actually experiencing physical violence.

Box 15 Examples and frequency of name calling

In the Indian restaurant got called racist names- said Travellers belong in dog kennels

Too many times to list

Too many times to list. Just the other day I overheard my neighbours calling us Gypsos

We always get called bad names. It isn't very nice to be treated so bad

Being called Gypo and Pikey is something that happens most days

Getting called Pikey is the usual thing

If I had a pound for every time someone has called me a dirty Gypo

Pikey seems to be the favourite word

We have been called Pikey, Gypo, scum but now we are in this house it isn't as bad

Name calling happens all the time especially when we are moving around looking for work

I think wherever we go we get called names and given bad looks

Getting called Gypo and Pikey happens at least once a week

People muttering racial terms or being followed around shops

Lots of different occasions. I have been called disgusting things. It's something that always sticks with you

Box 16 Examples of physical abuse

Name calling, threatened with violence

Called names and got beaten up when I was younger

Name calling and when I was younger we once had a petrol bomb thrown at us it was very frightening

Racist name calling and a few years ago I was beaten up with my two friends

I've been called racist names and when I challenged one person they pulled a knife on me

When my daughter was at school she experienced name calling, bullying and physical violence

I once had a bottle thrown at me and was called awful abusive names

Petrol bomb

I get called Pikey and get hit because I am a Traveller. It hasn't happened in the last few months but it was all the time

I have been stoned before

In school I was hit and called names by other children and staff members

The settled community throw stones at us when on encampments

Name calling is a big one and I've been stoned in the past while travelling

Called names and attacked by a security guard who didn't like Gypsies. The security man was sacked

Pride in the Port- all over the internet and on Facebook..inciting racial hatred

Experienced physical attack by settled community and also another family member has been killed

12 DISCRIMINATION

12.4 Response to discrimination

We asked interviewees if any of the incidents they reported had happened recently, within the last year. Just over half of the sample (53%) reported that they had. The most common form being verbal abuse or reactions like moving seats in waiting areas. This category accounted for over half of all incidents. Being followed in shops constituted the second most highly recorded action (almost a quarter of all incidents). Physical abuse occurred in 1 in 10 cases and included murder of a family member, knife attack, being spat on and sprayed with air freshener and the threat of physical violence. More far reaching, however, was the threat of violence which included intimidation, incitement to violence and violent imagery delivered through social media, the Pride in the Port website quoted by many respondents as an example of this (Tables 41 and 42)

Box 17 Examples in the last year

Name calling whilst walking my dog like Pikey Scum
We get called Pikey all the time
Just the name calling and people moving seats
Name calling and being refused service
Name calling and being spit at
I was called Pikey and Scum while out shopping
Children racially abused in the park
Name calling
Name calling and being spit at
A year ago a family member was killed and we received name calling from the community
At school
Not being able to get a house
Went into a shop and the woman behind the counter got a tin of air freshener and sprayed it all around me
In shops and my family were put out
At the hairdressers

Box 18 How do people respond to these events?

Some minimise the importance of verbal abuse by using language which normalises it.

Just name calling

Just the name calling and people moving seats

Others react by not taking action...

.....My husband suffers abuse but mostly lets it slide

My son had an incident at school and I get several incidents every week but I mostly don't bother

Name calling but I usually try to challenge them and ask why they are being nasty and hurtful

Yes...that's why I don't use the local shops and garages or pubs

12.5 Reporting

When asked a general question about reporting incidents 27 respondents cited reasons for not so doing. These are cited in Table 44. The notion of not being listened to, that no-one would care or that it would be a waste of time were the most frequently cited responses accounting for 59% of answers. Of the people who had experienced an incident in the last 12 months (94) only 16 said they had reported it to anyone.

When asked to consider who they would report an incident to from a range of options, the Police, Church, School and Family were the most prevalent responses (Table 45). Of those who had reported incidents, 14 people said they were dissatisfied with the outcome of their complaint.

12.6 Stop and search

We asked people about their experiences of stop and search. Forty-three people said that they had experience of this and 20 people said it had happened to them in the last year. In a separate question covering all experience of Stop and Search we asked people if they had received a clear explanation of why they were being stopped. Thirty-four people responded to this question.

Box 19 Peoples' experiences of Stop and Search

If your motor is registered to a site they treat you worse than a dog

Too many to list. Usually the reason given is there's been a robbery and you fit the description given

I have been stopped at work, going to work, looking for work, any excuse for them to check you out

Feel police pull us over all the time for no reason

Stopped many times because I am a Traveller

Better now because all the paperwork is on my phone and I can show it straight away



13 COMPARING THE 2006 AND 2019 RESULTS

In 2006 the main driver for the study was to establish a knowledge base for the development of a Gypsy and Traveller Network. As a starting point we engaged community members and up-skilled them to collect information about the lives of Gypsy and Traveller communities and to understand more about their needs and preferences.

The data proved to be important to a range of agencies then and for years to come as there were few other similar sources of information. This study was commissioned to update this knowledge base and to understand how the experiences and day to day needs and preferences of Gypsies and Travellers have changed or perhaps remained the same 13 years on.

This work aimed to address some of the gaps in the 2006 study by engaging more men, particularly young men. We have also interviewed more Irish Travellers through the connections offered by Irish Community Care. We were not successful in interviewing more people in Roadside Encampments, in part because Travellers are finding it increasingly difficult to find places to camp by the roadside. However we have interviewed a number of people describing themselves as highly mobile.

Perhaps most importantly we have been able to address some taboo subjects which we knew about in 2006 but were unable to talk about because of their sensitive nature. In this study community members urged us to include these topics in the questionnaire and the majority of respondents talked about them at length. Earlier when examining the characteristics of this sample the 2006 and 2019 samples were compared. In addition the comparison matrix (Table 46) compares, in summary, a range of study domains. Comparing the samples and the findings it is useful in the first instance to examine what has changed and what has remained the same.

13.1 What's Similar

There were still more women than men in the sample but the differential was reduced. The number of interviewees from different locations and location types were roughly similar and it was still the case that the majority lived on sites. The age structure was also similar but the median age was slightly older. Registration with a GP remains high. Similar numbers said that they were happy where they were living. The same proportions said they were ill and unable to work. The proportion of carers was also similar. Similar proportions of people experiencing incidents of abuse had reported it to someone but this was still low at less than one fifth of incidents.

13.2 What's different?

- It was much harder to engage people as community researchers this time but the community were interested in being involved in the work.
- Interviewees seemed more open to speaking to non-Gypsies when accompanied by people they knew and trusted, and willing to talk openly about a range of sensitive issues. Concerns about privacy seemed to be more about their neighbours not knowing what they had said rather than the settled community. The sample is therefore 34% bigger.
- The ethnic mix of the sample has changed. There are now more Travellers than Gypsies, a reversal of the position in 2006. Travellers accounted for 61% in the current sample compared to only 14% in 2006.
- Dental registrations have improved by 42%.
- There was a 30% increase in the number experiencing unfair treatment when the number in 2006 comprised only one fifth of the sample. The experience of abuse was more prevalent in 2019 cited by 40% more people.

- Benefits: 31% more people are claiming Health & Social Care Benefits. The proportion of the sample who said they were self employed has also doubled.
- Residency at the same address for more than 5 years fell by 18% and the average family size (mode) was bigger in this sample.
- More of the sample has an association with education with a 20% increase and almost twice as many people were willing to divulge information about their own education.
- A fifth more said they were still travelling in the 2019 sample than in 2006.
- More people told us they had been subject to Stop and Search by the Police.
- Literacy was much poorer in this sample than in 2006.

13.3 What's new in 2019?

We have important perspectives on a range of sensitive issues which we were unable to collect in 2006. There is clear evidence that offering a trusted community engagement service increases inclusion and willingness to share information. ICC have been working in Cheshire West for over 19 years and have built a reputation which is highlighted by the fact that 46% of all respondents came from the Cheshire West area, and many were engaged through the regular Drop In Service.



14 DISCUSSION

In 2006 high stress levels and a possible under-claim of benefits were raised as areas of concern. The position regarding benefits has improved and services such as the Gypsy and Traveller Drop in Service hosted by ICC and held in the Council Offices in Ellesmere Port have undoubtedly helped with this. However, there are still considerable obstacles to claiming entitlements, in the form of receiving and being able to read and understand letters, navigating new systems and managing monthly pay dates. Providing up to date self employment records and dealing with over payments and penalties were key problems.

As many respondents confided - it is just too complicated.

In 2006 3/5ths of the sample recorded feelings of stress and the majority scored themselves towards the high end of the spectrum. We did not ask a strictly comparative question but the results in 2019 reveal mental health concerns in almost half of the sample and debilitating symptoms of depression in 2/5ths of these respondents. In addition respondents indicated their worry and concern about the rising suicide rate in the community and problems with substance abuse.

The very high incidence of racist abuse and differential treatment is of serious concern. The lasting impact on those abused and their families makes for uncomfortable reading as well as the almost normalised retelling of racist incidents in daily life and the accompanying low expectation of securing a mainstream job or enjoying hassle free shopping or family time in the cinema or in a restaurant. In addition the impact on the family and the enduring frightening nature of events was hard to hear. The link between high levels of racist abuse and differential treatment and mental ill health needs to be more fully explored.

In connection with this the low level of incident reporting and the drop in cases being taken has damaged connections between Gypsies and Travellers and the settled community. Many of the lived experiences mention not being listened to or not being believed and the feeling that no one cares. These notions were commonplace in questionnaire responses.

There is some sense that everyday abuse is to be expected and an acceptance of discriminatory treatment as part of everyday life. In some areas of life there is very little expectation of achieving what many people have- a mainstream job for example. Abuse and disadvantage is in part normalised.

The separateness of communities and the isolation from the mainstream feeds differential treatment. One respondent described this as a 'ripple effect.'

“People view us with suspicion because of the way we dress and speak. People make assumptions about us and follow us in shops and ask us to pay upfront for services. We are all tarred with the same brush, it is shameful. There is a ripple effect: the settled community make assumptions about us and we, because we have these experiences, make assumptions about the settled community.”

This isolation and hostility from the settled community means that people are very dependent on their own communities, which makes it very hard to leave when there is a problem. All aspects of their lives are lived through the lens of ethnicity. The expectation (and experience) is that when their ethnicity is uncovered they will be stopped and searched, or lose the job they had secured or be asked to pay up front or leave the restaurant, or be unable to get an appointment.

15 RECOMMENDATIONS

- Mental ill health continues to be a serious problem for Gypsies and Travellers. Alcohol and substance abuse, the misuse of over the counter medications and the rise in suicides of people in all age groups is an urgent unexplained problem. This work can speculate on the pressures faced by community members but they themselves do not fully understand the complexities of why this is happening. Further work is urgently needed here to understand this phenomenon and culturally appropriate and culturally aware support for those in crisis needs to be available and publicised.
- This research did not actively collect data on the use and impact of social media on people's lives and their mental health. The negative impacts of social media on what have been traditionally private communities and a private way of life did emerge as a problem in terms of mental distress and exposure to ideas and lives outside Gypsy and Traveller communities. In addition the use of social media as a vehicle for bullying and propagating racial hatred is also of concern. The impact of this societal change on communities needs to be further explored.
- The high incidence of mental distress and the lack of knowledge about mental health services need to be addressed. Health workers who understand the different way of life and the pressures that people face may be able to offer more targeted help that people will accept.
- Training for GPs and Mental Health Teams which can help them understand Gypsy and Traveller communities and the difficulties they face will be an important first step to developing services which can reach these groups.
- In addition community events involving mental health teams and the communities will facilitate understanding on both sides and help to build bonds.
- High levels of differential treatment and abuse are shocking and worse than 13 years ago. Gypsies and Travellers feel unsupported and that no one cares about what is happening to them. Lack of funding has meant that Cheshire, Halton & Warrington Race & Equality Centre is less able to engage with Gypsy Traveller communities to encourage reporting of racist incidents. At one point over 50% of Cheshire, Halton & Warrington Race & Equality Centre's discrimination casework clients were Gypsies and Travellers; a testament to the trust developed through its community development work as well as a number of successful cases. Investment is needed to drive up reporting of discrimination and hate crime in the Gypsy and Traveller communities through specialist organisations like Cheshire, Halton & Warrington Race & Equality Centre and Irish Community Care. Without successful cases the community will continue to face discrimination and abuse without justice and remain unsupported.
- A specialist reporting hot line might be a useful tool. This exists nationally through Report Racism GRT but is not currently within the North West.
- Further explore the impact of the high incidence of discrimination and abuse on the mental health and well being of the community offering services that can build resilience.
- The ripple effect articulated by one of the respondents needs to be addressed. A team of Gypsies and Travellers who would spend time educating in schools and agencies about their way of life might go some way to opening people's minds from both mainstream and Gypsy and Traveller communities.
- Community cohesion work is required with all Services receiving training, and anti-discriminatory messages clearly publicised throughout localities, and via Chambers of Commerce and other community forums.

15 RECOMMENDATIONS

- Short films can be a good way to spread a message. The types of discrimination that people face is frequent and impactful. A film with people telling their stories would be particularly hard hitting.
- It is clear that services like the drop in at Ellesmere Port run by Irish Community Care are a very important resource for communities but is very over -subscribed. This service needs to be sustained and expanded.
- Trust is a very important commodity when engaging with any community. Services which can assist Gypsies and Travellers have engendered trust because of their actions. Lack of funding and recognition of the importance of this relationship within public and other community services has meant that this interaction is impaired. It is important that austerity does not negatively affect bonds between communities further as many members of the community are in need of the services the mainstream community can provide, but cannot reach without trusted navigators. Further work needs to be done to repair these bonds through events, consultations and projects which engage Gypsy and Traveller communities.
- There is a lack of recognition of the strengths within Gypsy and Traveller communities and all who wish to engage would benefit from recognising the communities assets, and work from a place of positive community empowerment and inclusion.



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FREQUENCY TABLES

Table 1 Quality of information collected at interview as assessed by interviewer

Score	Number
10	13
9	25
8	25
7	23
6	16
5	13
4	5
3	4
2	1
1	0

10 = best it could be, 1 = worst it could be, n=125

Table 2 Interviewer perceptions of engagement as a percentage of all respondents

Participation level	Number	Percentage
Little to say	46	37%
Plenty to say	79	63%

Table 3 Age and gender profile of interviewees

Age category	Men	Women	Total
Under 20	5	3	8
20-29	12	28	40
30-39	8	16	24
40-49	9	15	24
50-59	6	8	14
60-69	1	3	4
70-79	4	6	10
80 and over	1	0	1
Total	46	79	125

Table 4 Proportion of respondents in sample compared by gender and age threshold

Age band	Total sample	Men	Women
Under 30	38%	37%	39%
Under 40	58%	54%	59%
Under 50	77%	74%	78%
Under 60	88%	87%	89%

Table 5 Number and percentage of sample in each age band

Age band	Number	%
Under 20	8	7
20-29	40	32
30-39	24	19
40-49	24	19
50-59	14	11
60-69	4	3
70-79	10	8
80 and over	1	1
Total	125	100

Table 6 Self-reported Ethnicity

Ethnic category	Number
Irish Traveller	41
English Gypsy	36
English Traveller	19
Gypsy	11
Traveller	6
No response	3
Travelling man/woman	2
Roma Gypsy	2
Welsh Traveller	1
British Traveller	1
Total	122

N = 122

Table 7 Would you tick the Gypsy and Traveller box on an ethnic monitoring form?

Yes	No	Depends	No response
71	50	2	2

Table 8 Self reported Faith of Respondents

Catholic	Christian	Born again Christian	Muslim	No faith	No response
55	31	18	1	18	2

FREQUENCY TABLES

Table 9 Number of respondents by location

Location	Number of interviewees
CW 10 and Middlewich	30
Winsford	20
Ellesmere Port	19
Widnes	10
Chester	7
Walton	7
Elton	6
Wrexham	4
Helsby	2
Queensferry	3
Warrington	3
Buckley	2
Northwich	1
Mold	1
Backford	1
Croydon	1

N = 117

Table 10 Respondents by Local Authority area

Council area	Number	Percentage
Cheshire West and Chester	56	47
Cheshire East	30	25
Halton	10	9
Warrington	10	9
North Wales	10	9
Visiting	1	1

N = 117

Table 11 Number of respondents by location type

Location type	Number
House	29
Site	84
Parked on land adjacent to house	8
Roadside encampment	3

Table 12 Do you have a permanent address?

YES	%	NO	%	No response
78	65%	42	35%	5

Table 13 Are you on the Electoral Roll?

Yes	No	No response
22	101	2

Table 14 Number of cohabiting children under the age of 19

Children under 19 per family group	Number of families	Projected number of children associated with this sample
No number specified	5	Unknown
1	24	24
2	15	30
3	13	39
4	10	40
5	4	20
6	1	6

Table 15 Number of respondents living in different size households

Household size	Number of respondents	% in household type
1	12	10%
2	20	16%
3	22	18%
4	19	15%
5	22	18%
6	16	13%
7	3	2%
8	9	7%

Table 16 Size of household ranked by frequency

Household size	Frequency	%
3	22	18
5	22	18
2	20	16
4	19	15
6	16	13
1	12	10
8	9	7
7	3	2
Unknown	2	1

Table 17 Are you happy living here?

Yes	No	Yes and no	No response
96	22	4	3

FREQUENCY TABLES

Table 18 Application for house or site

Yes	No	No answer
47	68	10

Table 19 What is your work status?

Work status	Number with that status	% of total sample
Self employed	39	31%
Caring for children	36	29%
Unable to work/ ill health	19	15%
Retired	10	8%
Carer	4	3%
Houseperson/Homemaker	9	7%
Unemployed	6	5%
Student	1	1%
Unknown	1	1%

Table 20 Do you have a National Insurance Number?

Yes	No	Prefer not to say	Not known
107	1	14	3

Table 21 Are you in receipt of benefits?

In receipt	Not in receipt	Not known
80	42	3

Table 22 Number of respondents registered with a doctor or dentist

	Number	Percentage
Doctor	116	93
Dentist	100	80

Table 23 Distance travelled to visit doctors and dentists

	Less than a mile	1 mile	2 miles	3 miles	4 miles	5 miles or more
Doctor	14	26	34	25	2	15
Dentist	17	16	23	26	2	16

Table 24 Health services used by respondents in the last 12 months

Service type	Number	Percentage
A&E	22	21
Walk in	49	47
Private care	6	6
Advice from specialist	11	10
Midwife/health visitor	6	6
Specialist mental health services	11	10
	105	100

40



Table 25 Other health advice sought by respondents

Advice type	Number	Percentage of all responses
Family advice	79	32
Friends and neighbours	37	15
Herbal remedies	29	12
Advice from chemist	59	24
Self care	25	10
Priest or other religious person	12	5
Health helpline	1	0.5
Internet	1	0.5

N = 243

Table 26 Disability and health conditions cited by interviewees about themselves

Condition	Number	Percentage
Mental health conditions	61	53
Learning disability	6	5
Respiratory problems	7	6
Diabetes/ digestive problems	8	7
Heart condition	3	3
Muscular skeletal problems	19	17
Cancer	4	4
Neurological problems	5	5
	113	100

Table 27 Disability and health conditions cited by interviewees about family members

Condition	Number	Percentage
Mental health conditions	42	75
Learning disability	3	5
Diabetes/ digestive problems	7	13
Muscular skeletal problems	4	7
	56	100

Table 28 Little interest or pleasure in doing things

Point on scale	0	1	2	3
Number of responses	49	29	27	18
Ranking	1	2	3	4

Table 29 Feeling down, depressed or hopeless

Point on scale	0	1	2	3
Number of responses	57	22	22	23
Ranking	1	3	3	2



41

FREQUENCY TABLES

Table 30 Numbers of respondents who currently have family members in education by education type

Education type	Number
Awaiting place	3
Children too young	11
Pre -school	6
Primary	34
Special education	1
Home schooled	12
High school	7
College	2

Table 31 Type of Education Experienced by Respondents

Educational Experience of Respondents	Number
High school/apprenticeships and college	7
Education until age 11	24
Home schooled/ bus to site	3
Not accepted in school	4
Not education/ not much	27
No response	37

Table 32 Reasons for bad experiences or not going to school

Reason	Number
Bullied /discriminated against	6
Always moving	2

Table 33 How involved do you feel in your Community?

Scale point	1	2	3	4	5	6	7	8	9	10
Number of responses	4	3	3	6	15	11	6	16	16	35
Ranking	9	10	8	6	4	5	6	2	2	1

Table 34 How involved do you feel in the wider Community?

Scale point	0	1	2	3	4	5	6	7	8	9	10
Number of responses	2	13	18	16	12	27	15	5	6	0	3
Ranking	10	5	2	3	6	1	4	8	7		11

Table 35 Ranked level of satisfaction with a range of services

	V Satisfied	Satisfied	Neither nor	Dissatisfied	V Dissatisfied	D/K
Neighbours	2	1	3	5	6	4
Wider community	4	2	1	3	4	6
Landlord	3	1	2	5	5	4
Police	6	2	1	4	5	3
Local schools	4	1	2	5	6	3
Local hospitals	4	1	2	6	5	3
Businesses	5	2	1	3	4	5
Refuse collections	5	1	2	3	6	4
Benefits agency	5	3	1	4	6	2
Health visitor	4	2	3	5	5	1
Council	5	2	1	4	6	3
Doctor	2	1	3	5	6	4
Mental health services	4	3	2	4	6	1
Local shops	5	1	2	4	6	3

1 = highest ranking

Table 36 Concern about issues in the Community ranked by frequency

Issue	Number concerned	Ranking
Drug abuse	64	1
Alcohol abuse	64	1
Suicide	64	1
Domestic abuse	50	4
Family breakdown	38	5
Grooming	6	6
Heritage dying	1	7
Mental health	1	7
	1	7
Sexual exploitation	1	7
Homophobia	1	7
Lack of sites	1	7

Table 37 Unfair treatment

Yes	No	No response
111	9	5

Table 38 Categories of unfair treatment

Examples of unfair treatment	Number of examples given
Treated differently	62
Name calling	42
Refused entry or asked to move	23
No access to services or refused appointments	6
Jobs cancelled	5

FREQUENCY TABLES

Table 39 Ever suffered abuse or attack?

Yes	No	No response
102	18	5

Table 40 Categories of abuse and attack experienced

Type of abuse	Number citing this
Called names	75
Attacked	15
Abused	8
Refused	2
Asked to leave	2
Different treatment	4

N = 106

Table 41 Numbers experiencing incidents in the last year

Yes	No	No response
63	56	6

Table 42 Number of incident types in last year

Incident type	Number reported
Verbal abuse/moving seats	34
Turned away/no service	15
Being followed	7
All of the above	7
Physical abuse	6

Table 43 Incidents reported

	Number	Percentage
Yes	16	17%
No	78	83%
Total	94	100%

Table 44 If not why not?

Reasons	Number	Percentage
Given up	1	4%
Not taken seriously	1	4%
No-one cares	5	19%
Useless there's no support	2	7%
It's a waste of time	4	15%
Nothing gets done	3	11%
Sort it out myself	1	4%
Will take the other side	2	7%
Not believed	1	4%
Not listened to	7	25%
	27	100%

Table 45 Who would you report it to

Agency	Number	Percentage
Community group	1	4%
Police	9	35%
CAB	2	8%
Church	4	15%
School	4	15%
Solicitor	1	4%
Landlord	0	0%
Facebook	1	4%
Family	4	15%
	26	100%

FREQUENCY TABLES

Table 46 Results comparison

DOMAIN	2006	2019
Number in sample	93	125
CHARACTERISTIC	PERCENTAGE 2006	OF SAMPLE 2019
Catholic	38%	44%
Christian	36%	39%
Men	30%	37%
Women	70%	63%
Traveller	14%	61%
Gypsy	77%	39%
Under 40	63%	58%
Lives in a house	32%	23%
Lives on a site	61%	67%
Lives roadside	5%	2%
Lives in Halton	Combined figure for	8%
Lives in Warrington	H&W 28%	8%
Lives in East Cheshire	23%	24%
Lives in Cheshire West and Chester	45%	45%
Most prevalent family size	1 or 4 19% lived alone	3 or 5 both at 14%
Registered with doctor	91%	93%
Doctor less than 2 miles away		75%
Registered with dentist	40%	82%
Dentist less than 2 miles away		56%
Satisfaction with health	69%	70%
Mental health problem for interviewee or family member	Not collected in 2006	38%
Mental health scores (we used different measures in 2019)	59% reported stress and 85% of these were ranked towards the top of the scale	47% said they or a family member suffered with mental ill health. 37% said they had little interest in everyday life for more than half the week 36% said they felt depressed for more than half the week
Current association with education	40%	61%
Talked about own education	33%	70%
Has NINO	76%	86%
Self employed	15%	32%

CHARACTERISTIC	PERCENTAGE 2006	OF SAMPLE 2019
Unable to work	14%	15%
Caring for children	19%	30%
Is a carer	4%	3%
Has a disability	15%	22%
Benefits	33%	64%
Happy where you live	73%	77%
At address over 5 years	43%	25%
Still travels	29%	51%
Treated unfairly	60%	92
Suffered abuse	47%	85
Have reported incidents to someone	16%	17%
Been stopped and searched	25%	34% (16% in last year)
Received clear explanation why	25%	29%



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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 29th November, 2022 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT**Voting Members**

Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Mark Wilkinson, Cheshire East Place Director

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Claire Williamson, Director of Strong Start, Family Help and Integration
Deborah woodcock, Executive Director of Children's Services

Cheshire East Officers and Others

Neil Evans, Associate Director of Strategy and Collaboration; NHS Cheshire and Merseyside ICB
Mark Hughes, Senior Commissioning Manager
Guy Kilminster, Corporate Manager Health Improvement (attended virtually via Microsoft Teams)
Sue Pilkington, Designated Nurse Safeguarding Children Cheshire and Merseyside ICB

Dr Susie Roberts, Public Health Consultant
Karen Shuker, Democratic Services Officer
Emma Storey, Domestic Abuse & Sexual Violence Development Lead Advisor

24 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Lorraine O'Donnell, Dr Patrick Kearns, Dr Steven Michael, Dr Andrew Wilson and Superintendent Claire Jesson.

25 DECLARATIONS OF INTEREST

There were no declarations of interest.

26 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 27 September 2022 be confirmed as a correct record.

27 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

28 CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM STRATEGY

The board received an outline of the Integrated Care Partnership (ICP) Strategy which was due to be published by December 2022. The strategy would be updated during 2023 - 24 to reflect updated Strategic Needs Assessment (JSNA) information and revised national guidance which was expected in June 2023.

The Strategy would be used to inform priorities which would have clear implementation plans aligning to community engagement activities between Place plans, HCP Strategy and ICB Forward View.

The draft strategy would be circulated to all stakeholders for comments and feedback which would help form an interim document which would be considered by the HCP Board at the end of December.

Board members provided comments and feedback in respect of

- Tackling the wider determinants of health – Board members felt that these should include unemployment, mental health and housing.

RESOLVED:

- 1) That the Cheshire East Health and Wellbeing Board endorses the approach taken to developing the Cheshire and Merseyside HCP Strategy.
- 2) Feedback will be provided on any material changes recommended to the draft strategy document, in order that the HCP Board can approve publication of the Strategy on 22 December.

29 WINTER PLANNING UPDATE

The board received a winter planning update which detailed the plans that had been put in place to manage the increased activity during the Winter period. The plans been developed in partnership with Cheshire East system partners across the place and considered the impact and learning from last winter, as well as learning from the system response to Covid-19 to date.

The key elements of the winter plan included:

- Business intelligence modelling and forecast planning

- Operational resilience
- Contingency planning
- Mitigations to address identified gaps
- Escalations triggers and appropriate oversight and assurance
- Modelling and Numbers
- Monitoring Performance
- Capacity and Investment

Members provided feedback and comments in respect of:

- Alert system discharge – could it be more effective in alerting the public as it does affect people's behaviour
- A longer-term plan in changing the offer to the public
- The need to communicate to the public what is meant by virtual wards, care at home and positive experiences
- The focus on stopping people going in to hospital is welcomed

RESOLVED:

That the Winter Planning update be noted.

30 CHESHIRE EAST HEALTH AND CARE PARTNERSHIP UPDATE

Mark Wilkinson, Cheshire East Place Director provided the board with an update on the Health and Care Partnership (HCP) and NHS Cheshire and Merseyside's team in Cheshire East.

The HCP board had met in early November and would continue to meet bi-monthly. A recruitment process was underway to appoint a chair for a twelve-month period. The board was making progress on its structures with a significant number of staff expected to be slotted into teams towards the end of December. Since the last meeting of the Health and Wellbeing Board Dr Andrew Wilson had been appointed as Place Clinical Director.

The key issue discussed was the reintroduction of maternity services to Macclesfield District General hospital which had been suspended at the start of the pandemic. The risks identified with this included staffing levels and beds, which had been used for other patients since the maternity provision had been closed.

It was noted that there was more work ahead to push for maximum delegation of responsibilities to places. The Health and Wellbeing Board would play a crucial role for setting the vision at the Cheshire East level and addressing the wider determinants of health.

RESOLVED:

That the update be noted.

31 CHESHIRE EAST DOMESTIC ABUSE AND SEXUAL VIOLENCE PARTNERSHIP - HEALTH PATHFINDER TOOLKIT

The board received a report which provided an update on the key priorities within the Domestic & Sexual Abuse Strategy that related to:

Health Settings – Applying the Health Pathfinder toolkit;
Complexity – The establishment of a strategy, including shared resources, to tackle the most complex cases across substance misuse, mental ill health and domestic abuse.

There had been a gap identified within the Health Pathfinder toolkit in respect of the lack of provision for the IRIS programme, a specialist domestic violence and abuse (DVA) training, support and referral programme for GPs.

IRIS had been positively received elsewhere and board members would welcome and support this model in Cheshire East to address the existing gap in provision.

RESOLVED: That:-

The Health and Wellbeing Board endorse implementation of the Pathfinder Toolkit and delivery of the recommendations outlined in the report.

32 LIVING WELL IN CREWE

The board received a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who had considered what would help improve the health outcomes and life chances of the people in Crewe. The report included recommendations for all partner organisations within Cheshire East on approaches which could be considered to improve outcomes for residents of both Crewe and the whole of Cheshire East.

Board members provided comments and feedback in respect of:

- There were much wider implications other than health to be considered, for example, in the Place directorate, and should be taken on board by all partners who work in Crewe.
- Whilst the recommendations were clearly supportable it was felt that they were quite generic and could be more specific, and that this plan should be seen as a launch pad.
- Whilst it was felt that Crewe was a good place to start, other areas did need to be looked at.
- Whilst life expectancy was a clear indicator so were the years people spend in poor health.

- Whilst the plan was evidence based it was not a plan for action and implementation, so the next step needed to be incorporating it into the priorities and actions of the Health and Wellbeing Strategy Delivery Plan.
- Resources needed to be identified to enable the actions to be delivered.
- Sought assurance that the Health and Wellbeing Board would have confirmation that the evidence base had been tracked and mapped.

Dr Atkinson and the team were thanked for the comprehensive report and the board looked forward to seeing actions being put in place.

RESOLVED: That the Health and Wellbeing Board:

1. Note and support the recommendations within 'Living Well in Crewe' report.
2. Agree that the report be used as a source document in the development of the Joint Health and Wellbeing Board Strategy

33 CHESHIRE EAST JOINT OUTCOMES FRAMEWORK

The board received a report which outlined the multi-phased approach to developing a Cheshire East Joint Outcomes Framework. This would be used in conjunction with the Joint Strategic Needs Assessment (JSNA) and relevant integrated Care system and national tools to:

- Inform and monitor health and care transformation towards closer integration and summarise progress in relation to the Place Plan through a Joint Outcomes Framework
- Optimise primary, secondary and tertiary prevention and wellbeing
- Address inequalities

At Cheshire East Place level considerations included:-

- Phase one - Health and Wellbeing Strategy refresh and Place Plan – focusing on the mid to long term outcomes.
- Phase two - Development of a Place-level delivery plan aligning with the proposed care models.

Consensus was that the Joint Health and Wellbeing Strategy 2018-2021 priorities remained appropriate and that the additional priority relating to children, which was outlined in the Cheshire East Place Plan 2019-2024, should be added. Therefore, the priorities for the Joint Health and Wellbeing Strategy refresh would be:

- Create a place that supports health and wellbeing for everyone living in Cheshire East
- Ensure that children and young people are happy and experience good physical and mental health and wellbeing

- Improve the mental health and wellbeing of people living and working in Cheshire East
- Enable more people to Live Well for Longer in Cheshire East.

A consensus building event would be arranged to finalise a list of ten key indicators which would take place in the new year.

The board agreed that the approach was a good way forward and although there were challenges ahead if it was done right then it would drive forward prioritisation.

RESOLVED: That the Cheshire East Health and Wellbeing Board:

1. Considered the proposed multi-phased approach to developing a Cheshire East Joint Outcomes Framework.
2. Considered the range of indicators proposed for Phase 1 of the framework (Appendix C) and would contribute to a consensus building event to finalise a list of ten key indicators.
3. Noted that shift in the Phase 1 indicators, which focus on very high-level outcomes, is likely to be very gradual.

34 CHESHIRE EAST SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT 2021-2022

The board received the report which provided an update on progress against the Cheshire East Safeguarding Children's Partnership priorities and its plans for 2022/23.

The annual report presented covered the period from April 2021 to March 2022 and related to the progress made against partnerships priorities prior to a recent joint area targeted inspection (JTAI). Following the inspection, the outcomes were published in a letter in September 2022. Key findings and priority actions were included, along with the strengths of the partnership. The Partnership accepted the findings and had publicly apologised for the gaps in the collective work to protect children and young people.

One area highlighted for improvement which had been identified as a strategic oversight need was in respect of exploited children. An independent person had been appointed to review the partnership arrangements and make recommendations for improvement. An independently chaired improvement board had also been established to be responsible for the partnership's written statement of proposed action, scrutinising challenge, and improvement work.

The report highlighted the priority areas which included neglect, emotional health and wellbeing and child exploitation. It was acknowledged that there was a requirement for a fresh and more dynamic report and specifically the voice of the children and young people needed to be stronger.

RESOLVED:

That the report be noted.

35 CHILDREN AND YOUNG PEOPLE'S PLAN 2022-26

The board received the Children and Young People's Plan 2022-26 which had been developed with Cheshire East Youth Council and the Children and Young People's Trust which included representatives from children and young people, and staff from a range of agencies across the partnership. The plan set out the partnerships' ambition to improve outcomes for children and young people over the next four years.

The board heard that following feedback that early help and prevention was important to children and young people, an additional outcome had been added to the plan.

The board welcomed the report and agreed that the voice of the children ran through the report.

In respect of Members comments and feedback officers reported that

- The next action for the Children's Trust Board which was co-chaired with young people would be to refresh the terms of reference to review how to articulate, demonstrate, monitor how it is held accountable for its actions and outcomes. An action plan would be developed which would be brought periodically to the Health and Wellbeing Board.
- The young people's voice on physical health would be taken back as a recommendation
- The plan would align to the overall Health and Wellbeing strategy, but as a standalone chapter.

RESOLVED:

The Health and Wellbeing Board endorse the Children and Young People's Plan, 2022-26.

36 CHESHIRE EAST MENTAL HEALTH PARTNERSHIP BOARD UPDATE

The board received a progress update on the activities of the Cheshire East All Age Mental Health Partnership Board which included a pre-consultation survey and face to face forums. Initial feedback from those events focused on the wider determinants of mental health such as employment, physical health, housing, and the cost of living.

Some of the key themes in relation to mental health services that arose included more accessible, better information and promotion of services,

entry criteria for some of the services, waiting times, more flexible service offers, and crisis support around children and young people.

A draft strategy plan would be developed next year and would be brought back to the Health and Wellbeing Board to be endorsed. There was a request that the pressures as well as the positives be included in the report.

RESOLVED:

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 4.10 pm

Councillor S Corcoran (Chair)

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	Is this a Significant decision Y/N?
TBC	September 23	A review of the Learning Disability Conference initiatives	TBC	Director of Adult Social Care	TBC	TBC	TBC	TBC	N	N
AH/24/2022-23	September 2023	Cheshire East Place - Learning Disability and Mental Health Plans	To approve the onward journey of the Cheshire East Place - Learning Disability and Mental Health Plans to Adults and Childrens Committee	Director of Commissioning	N	Y	N	Fair	N	N
AH/41/2022-23	September 23	Complex Needs Commissioning	To seek approval to establish a shared marketplace for the future procurement of care and support services across both health and social care for individuals with complex needs, including those individuals in transition to adulthood who have a learning disability and or mental health support needs.	Director of Commissioning	N	Y	N	Green	N	Y
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	Director of Commissioning		N	Y	A council which empowers and cares about people	N	N

			opportunities							
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	N
AH/06/2022-23	TBC	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	Y
AH/23/2022-23	TBC	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	Y
TBC	TBC	Evaluation of the 2022/23 Winter Plan	TBC	Director of Commissioning	TBC	TBC	TBC	TBC	TBC	N