

# Scrutiny Committee

## Agenda

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**Date:** Thursday, 14th December, 2023  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 interests, other registerable interests, and non-registerable interests in any item on the agenda.

3. **Public Speaking/Open Session**

There is no facility to allow questions by members of the public at meetings of the Scrutiny Committee. However, a period of 10 minutes will be provided at the beginning of such meetings to allow members of the public to make a statement on any matter that falls within the remit of the committee, subject to individual speakers being restricted to 3 minutes.

4. **Minutes of Previous Meeting** (Pages 3 - 10)

To approve as a correct record the minutes of the previous meeting held on Thursday 7 September 2023.

5. **North West Ambulance Service Update** (Pages 11 - 22)

To receive an update from the North West Ambulance Service on response times and patient outcomes.

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For requests for further information

**Contact:** Nikki Bishop, Democratic Services Officer

**Tel:** 01270 686462

**E-Mail:** [Nikki.bishop@cheshireeast.gov.uk](mailto:Nikki.bishop@cheshireeast.gov.uk)

6. **Prevent and Channel Guidance 2023** (Pages 23 - 30)

To receive an update on the revised statutory guidance for Prevent and Channel.

7. **Autism Strategy** (Pages 31 - 38)

To receive an update from Cheshire and Wirral Partnership NHS Foundation Trust on the Autism Strategy 2022-27.

8. **Community Services Accommodation** (Pages 39 - 46)

To receive an update from East Cheshire NHS Trust on the proposed relocation of community services.

9. **Right Person, Right Care** (Pages 47 - 58)

To receive an update on the implementation and roll out of the Right Person, Right Care operating model.

10. **Work Programme** (Pages 59 - 60)

To consider the Work Programme and determine any required amendments.

**Membership:** Councillors L Anderson, S Adams, J Bratherton, D Brown, B Drake, H Moss, J Priest, H Seddon, M Simon, J Smith, J Smith, R Vernon (Vice-Chair) and L Wardlaw (Chair)

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Scrutiny Committee**  
held on Thursday, 7th September, 2023 in the Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor L Wardlaw (Chair)

Councillors L Anderson, S Adams, J Bratherton, D Brown, B Drake, H Moss,  
H Seddon, J Smith, J Smith and P Redstone.

**VISITING MEMBERS IN ATTENDANCE**

Cllr M Beandland, Poynton West and Adlington Ward Member

**OFFICERS IN ATTENDANCE**

Shelley Brough, Director of Commissioning and Integration  
Richard Christopherson, Locality Manager Community Safety  
Sandra Murphy, Head of Adults Safeguarding  
Katie Small, Democratic Services Manager  
Nikki Bishop, Democratic Services Officer

**ALSO IN ATTENDANCE**

Paul Devlin, Deputy Director of Nursing and Quality – East Cheshire Trust  
Mike Caulfield, Nurse Consultant for Acute Care and Non-Medical Approved  
Clinician, Cheshire and Wirral Partnership NHS Trust  
Simon Goff, Chief Operating Officer – East Cheshire Trust  
Dean Grice, Thriving and Prevention Programme Lead – NHS Cheshire and  
Merseyside  
Mark Wilkinson, Cheshire East Place Director

**1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Margaret Simon.  
Councillor Patrick Redstone was present as substitute.

**2 DECLARATIONS OF INTEREST**

In the interests of openness and transparency, Councillor Wardlaw  
declared that she occasionally worked for the Cheshire and Wirral  
Partnership NHS Foundation Trust.

In the interests of openness, Councillor Seddon declared that she worked  
in an office-based role for AstraZeneca, a pharmaceutical company based  
in Cheshire East.

In the interests of openness, in relation to agenda item 9 (Proposed relocation of community services – Poynton), Cllr Adams declared that she was a patient at Schoolhouse Surgery, Disley and that she was also a member of the Patient Participation Group at the surgery.

Councillor Julie Smith, in the interests of openness, declared that was a pharmacy dispenser for Well Pharmacies.

### **3 MINUTES OF PREVIOUS MEETING**

#### **RESOLVED:**

That the minutes of the meeting held on Thursday 29 June 2023 be approved as a correct record and signed by the Chair.

### **4 PUBLIC SPEAKING/OPEN SESSION**

There were no members of the public registered to speak.

### **5 SAFER CHESHIRE EAST PARTNERSHIP OVERVIEW**

Richard Christopherson, Locality Manager – Community Safety, attended the Committee meeting and delivered a presentation which provided an overview of the Safer Cheshire East Partnership (SCEP). It was noted that the SCEP included a number of statutory partners including the Council, Police, Fire and Probation who co-produced a three-year plan to deliver against the identified Community Safety priorities.

The Committee was pleased that the priorities for SCEP included domestic abuse, exploitation, cybercrime, knife crime, fly tipping, gypsy and travellers, prevent and channel and substance misuse. The Committee queried knife crime statistics for Cheshire East and if this had improved over the last year. It was highlighted that whilst knife crime was not considered to be a significant problem in Cheshire East, there were six knife crime incidents in Crewe last year. Members noted that this led to the Knife Angel project undertaken earlier this year, the assessment of the impact that this has had on the community would be shared at the October SCEP meeting.

The Committee were pleased to note that all new and existing holders of Hackney Carriage/Private Hire Licences required completion of mandatory safeguarding training. Members queried the total number of non-Cheshire East licenced taxi drivers in the Borough, if the same sanctions applied to non-Cheshire East registered drivers and if all licences given out by Cheshire East for taxi services were to a Cheshire East registered supplier. Richard Christopherson committed to providing a written response.

The Committee highlighted that fly-tipping across the Borough was a problem and queried how many reports of fly-tipping in Cheshire East had resulted in a successful prosecution. Richard Christopherson committed to providing a written response.

The Committee discussed the partnership arrangements between Cheshire East and the Police. It was agreed that a training session for members on County Lines, delivered by senior Cheshire East officers alongside Police colleagues, would be beneficial. Richard Christopherson agreed to pursue this and ensure the Committee were kept informed of progress.

An update was provided on the SCEP membership and the previous suggestion for a member of Scrutiny be invited to join the SCEP. The Committee agreed not to pursue this in light of the conflict this would have on the Committee Members ability to scrutinise SCEP matters in future Scrutiny meetings.

**RESOLVED:**

1. That the update provided be noted.
2. Member training on County Lines to be progressed.

**6 OVERVIEW AND SCRUTINY OF THE DOMESTIC ABUSE HOMICIDE REVIEW**

Sandra Murphy, Head of Adult Safeguarding, attended the Committee meeting and presented the Domestic Abuse Homicide Review report regarding 'PAM'. The Committee noted that the Domestic Homicide summary report had been written by an independent author and had recently been approved and by the Home Office, and published on the SCEP website following a long-delay as a result of the COVID-19 pandemic.

The Committee noted that there were currently five domestic homicide reviews being overseen by Cheshire East and 'PAM' was the first review to be approved. Nationally, there had been 108 Domestic Homicide Reviews published in England in 2020/2021 with 14 of these taking place in the Northwest.

Members queried the involvement of the Police and communication between partner agencies when a case of domestic abuse was reported. Members were concerned that domestic abuse incidents were often repeat offences in the same property, by the same individuals and asked at what point Cheshire East and other key agencies took action. It was confirmed that the Police completed a vulnerable person's accident form which would be shared with the Cheshire East Domestic Abuse Hub (a 24-hour service) where the level of risk would be assessed and appropriate action taken. It was highlighted that the responsibility of raising awareness of domestic

abuse was shared and not one single organisation/persons responsibility. Sandra Murphy agreed to share the link to the Domestic Abuse Hub with Committee members.

**RESOLVED:**

1. That the report be received and noted.

**7 QUALITY ACCOUNT 2022-23 - EAST CHESHIRE NHS TRUST**

Paul Devlin, Deputy Director of Nursing and Quality, attended the Committee meeting and delivered a presentation which provided an overview of the key challenges and achievements outlined within the East Cheshire Trust Quality Account 2022-23.

The Committee was disappointed to learn that the Trust had not met its cancer diagnosis and treatment targets (31 and 62 days) and queried what steps the Trust would take to improve this. It was reported that a detailed improvement plan had been developed to oversee improvements in practice and performance including additional capacity being delivered in breast services to support a reduction in the 2 week wait times and the maintenance of this standard. It was noted that the Trust Cancer Improvement Plan would be overseen by the Trust Cancer Board.

It was noted that the number of nursing vacancies had reduced during 2022-23 with 78 Registered Nurses being welcomed to the Trust however, safer staffing levels had remained difficult. The Committee were pleased that the Trust had employed a Head of Nursing for Safer Staffing and Workforce to work with clinical teams to ensure safe staffing levels were achieved.

The Committee queried how many patients were discharged into care homes (community beds) rather than being sent home from hospital. It was highlighted that this was often the result of a patient needing further rehabilitation and/or further social care assessment to identify an appropriate care package prior to being allowed home and that such support was best conducted within the community rather than in hospital. Paul Devlin committed to providing a written response on the number of hospital discharges to care homes.

**RESOLVED:**

1. That the update provided be noted.
2. Paul Devlin to share a list of acronyms with the Committee.

**8 SUICIDE PREVENTION UPDATE**

Mike Caulfield, Nurse Consultant for Acute Care and Non-Medical Approved Clinician, Cheshire and Wirral Partnership NHS Trust attended

the Committee meeting and provided an update on suicide prevention including the Cheshire and Merseyside 2022-27 Suicide Prevention Strategy which was overseen by CHAMPS. The Committee noted the aspirations of the C&M 2022-27 Suicide Prevention Strategy for the region to be a place where all suicides were prevented, where people did not consider suicide as a solution to the difficulties they faced and where people had hope for the future.

The Committee noted the work being undertaken to build suicide safer communities across Cheshire East and that postvention support was a key priority of the strategy, offering effective support services across Cheshire and Merseyside to those individuals affected by suicide.

Committee Members queried the role of various agencies in regulating information on social platforms. The Committee was pleased to learn that the Online Safety Bill would ensure platforms had systems and processes in place to deal with illegal and harmful content and their associated risk.

The Committee suggested that suicide prevention training would be helpful for all Cheshire East Members to support Members in raising awareness within local communities and with Town and Parish Councils. A number of free online training/resources were highlighted to the Committee, including the Hub of Hope, which Mike Caulfield agreed to circulate weblinks to following the Committee meeting.

**RESOLVED:**

1. That the update provided be noted.

**9 PROPOSED RELOCATION OF COMMUNITY SERVICES - POYNTON**

Cllr Hannah Moss left the meeting at 12.05pm.

Councillor M Beanland attended the Committee meeting and made a statement as a visiting member. Cllr Beanland highlighted to the Committee the impact that the loss of service in Poynton would have on the local community. Cllr Beanland stated that the local community and Poynton Town Council had not been consulted on the proposals. Provision available to ensure residents could travel to appointments was queried and the difficulties the proposals would have on the elderly population who were unable to drive to appointments was raised.

Simon Goff, Chief Operating Officer and Dean Grice, Thriving and Prevention Programme Lead – NHS Cheshire and Merseyside attended the Committee meeting to provide an update on the East Cheshire Trust proposals to relocate services from the Priorslegh Medical Centre to outside of Poynton from November 2023. It was highlighted that this was a temporary measure however consideration would be given for a long-term option.

The Committee raised a number of concerns in response to the proposal to relocate services and highlighted the impact this would have on the local community. The Committee questioned engagement with local Town and Parish Councils and highlighted that no engagement had taken place with Disley Parish Council. Simon Goff committed to engaging with all affected Town and Parish Councils going forward.

The Committee requested that Stepping Hill Hospital be considered as an alternative premise to Macclesfield District General Hospital as it was felt that this had better accessibility for patients.

It was reported that this the Trust would continue to work with the ICB and the local authority to understand any future risks to clinical accommodation as a result of a growing demand to expand the community estate. The Committee queried if the proposals and relocation of further services across the Borough should be considered as a substantial development or variation (SDV) of service as set out within the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, made under S244 NHS Act 2006. The Committee requested that a further update, following further assessments and investigations, be provided at the next Committee meeting in December.

**RESOLVED:**

1. That a further update on the proposal and any further risks to clinical accommodation across the borough be added to the Committee Work Programme for consideration in December 2023, at which point the Committee would consider whether this constituted as an SDV.

Cllr J Bratherton left the meeting at 12.25pm

**10 DELIVERY OF THE NEW INTEGRATED CARE SYSTEM**

Mark Wilkinson, Cheshire East Place Director, attended the Committee meeting to present a report which provided an update on the establishment of a Cheshire and Merseyside wide Integrated Care System with particular focus on work and implications in Cheshire East.

The Committee was pleased to learn that following a survey of patients who used primary care, general practice across Cheshire East was comparatively well rated by residents. The Committee requested a breakdown of the figures for the survey including the total number of respondents. Mark Wilkinson committed to providing a written response.

The Committee asked what had gone well since the implementation of the ICS and what needed further improvement. It was stated that the overall implementation of the new ICS had gone well, particularly as services continued to be provided through a difficult and challenging winter period and that further improvement was needed around addressing the backlog

of planned care treatment which continued to rise as a result of increased industrial action.

**RESOLVED:**

1. That the update provided be noted.

**11 EVALUATION OF 2022/23 WINTER PLAN**

**RESOLVED:**

That this item be deferred for a future Committee meeting.

**12 WORK PROGRAMME**

Consideration was given to the Committee Work Programme.

**RESOLVED:**

1. That an update on the proposed relocation of NHS community services across the borough be added to the Work Programme for December 2023.
2. That the Work Programme be noted.

The meeting commenced at 10.00 am and concluded at 12.45 pm

Councillor L Wardlaw (Chair)

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# North West Ambulance Service NHS Trust.

**Joanne Clague, Area Director  
Cheshire & Merseyside Area**

**John Collins  
Consultant Paramedic**

**Caroline Lloyd  
Operations Manager**



# About us.



- 5 counties.
- 5,400 square miles.
- 7.5 million population.
- 100 ambulance stations.
- 10 contact centres (999, PTS and 111).
- Part of Northern Ambulance Alliance.

1,019 vehicles



7,074 staff



£493m budget



**Paramedic Emergency Service**



**\*Patient Transport Service**



**NHS 111**



**Resilience**



**Corporate**

# Cheshire and Merseyside Resources and partners.

- 37 ambulance sites
- 132 ambulances
- 18 rapid response cars
- 63 active Community First Responders

Working with:

- 16 provider trusts, including
- 4 community/mental health trusts
- 55 primary care networks
- 374 GP practices

# Urgent & Emergency Care.

Cheshire and Merseyside activity data

	2022/2023	2023/24 8 mths to date
Calls received	556,865	340,531
Incidents attended	329,762	230,832
Hear & Treat	12.7%	13.5%
See & Treat	28.9%	27.0%
See & Convey (A&E)	51.3%	51.6%
See & Convey (Non A&E)	7.1%	7.8%



# Performance standards.

Our emergency performance is measured through the Ambulance Response Programme (ARP), which aims to make sure we are reaching patients as quickly as we possibly can based on the nature and priority of the call.

These performance standards are:

- **Category one** is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes.
- **Category two** is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes.
- **Category three** is for urgent calls. In some instances patients may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.
- **Category four** is for less urgent calls. In some instances patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.

# Performance

	2022/23		2023/24 to date	
	NWAS	C&M	NWAS	C&M
C1 (7m)	00.08.35	00.09.21	00.08.07	00.08.23
C2 (18m)	00.42.19	00.56.03	00.26.58	00.34.17
C3	03.08.11	03.32.54	02.10.05	02.21.59
C4	03.57.46	04.52.51	02.31.57	02.41.32
Patient Handover	00.35.15	00.41.09	00.27.51	00.37.57



# Community Pathway developments.

- Pathway has developed into an urgent care 2 hour rapid response team that has extended operational hours from Mon-Fri 08-17, to 7 days a week 08-20.
- Directly involved in a test of change (7 days no delays) to design a direct referral alternative to the Emergency Department pathway for NWS.
- Invited to be part of a Task and Finish Group to help develop a Cheshire Wide Same Day Emergency Care (SDEC) at Integrated Care System level.
- NHS Service Finder use expanding with continued national focus on alternative options to the emergency department, referral options for NWS patients are continuing to develop.
- Virtual seat at the AED&B to work collaborative with the CCGs, local acutes and Primary Care to improve See & Treat / and Hospital Handover.

# Making improvements.

- **Safety Culture**

In 2022/23 work has been undertaken to improve safety culture in the organisation. Building upon the results of the NHS staff survey, we have commenced and will scale up in 2023/24, safety culture surveys and qualitative conversations using the Manchester Patient Safety Framework to explore the detail of the information we received. Each area and sector will have their own bespoke improvement plan to improve safety culture within teams.

- **Patient Safety Incident Response Framework**

During autumn of 2023, NHS organisations will transition from the Serious Incident Framework (SIF) to Patient Safety Incident Response Framework (PSIRF) which is a fundamental change to the way to the way we manage and respond to Patient Safety Incidents for the purpose of learning and improving patient safety.

- **Speaking Up**

We are committed to an open and honest culture, maintaining high standards of patient care, continuously striving to act honestly and with integrity in our approach to the management of systems, processes, responsibility as an employer and protecting the people within the communities that we serve from harm.

# Achievements

- ✓ **British Sign Language interpretation for 999 calls** - A new video relay service available across our three control rooms to make accessing 999 easier for people who are deaf or hard of hearing.
- ✓ **Improving maternity care for patients** - Partnership with the region's maternity and obstetric teams and the introduction of our first consultant midwife to improve maternity care.
- ✓ **Educating the next generation** - Launched 'The Ambulance Academy' - a free learning resource to help guide children and young people on using our services.
- ✓ **Going greener** - We have added new electric vehicles to our fleet.
- ✓ **Streamlining our services into a single triage tool** – This brought significant benefits, including consistent patient outcomes regardless of which number they use to call us and increasing opportunities for our services to work more closely.
- ✓ **Digitising our frontline** - After issuing iPads to operational staff last year, work has been ongoing to include allowing clinicians to use them to view and record patient data and share this with the relevant NHS partners.
- ✓ **Supporting our Armed Forces** - We were proud to demonstrate our commitment to supporting the Armed Forces community by revalidating the Armed Forces Covenant.
- ✓ **Working to improve public health** - We are the first ambulance trust in the country to host public health registrars who have joined us on placements from Health Education England.

# Defibrillator Update.

- The Circuit – [www.thecircuit.uk](http://www.thecircuit.uk) is a new national database delivered by the British Heart Foundation (BHF) in partnership with the Association of Ambulance Chief Executives, Resuscitation Council UK and St Johns Ambulance.
- The aim is to register all defibrillators on the site.
- Defibrillator details will be available to us for dispatch purposes at the point of which a 999 call is received.
- Crucial that people call 999 first so we can tell them if the patient will benefit from use of a defibrillator and if so, the nearest one that is both rescue ready and accessible.
- In the coming months there will be a facility available for people to find their nearest defibrillator via a BHF web platform.
- BHF will be running a communications campaign to make people aware.

# Looking ahead.

- Introduction of PRISM (Pan Regional Information Sharing Mechanism) which provide the ability to view patient records between us and the regional Shared Care Record Systems; allowing improvements for direct patient care.
- The Emergency Services Mobile Communications Programme (ESMCP) is a national programme to replace the current Airwave Radio Network and its associated systems. The aim of the programme is to provide modern, data-centric technology, which meets the changing needs of the emergency services and enables future development and expansion.
- Body worn cameras will be rolling out across the trust in response to the rising numbers of violence, assault, and aggression-based incidents.
- Patient Safety Incident Response Framework - The PSIRF will replace the current Serious Incident Framework (2015). The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS.
- Estates – Liverpool HART that is currently located at a fire station, is to relocate to a brand new, green, and innovative HART station at the old Elm House site in Anfield.
- Completion of the Leadership Review Project which is establishing a new structure for urgent and emergency care.

# Comments or questions?

OPEN

## **BRIEFING REPORT**

**Scrutiny Committee**

**14 December 2023**

**Update on the PREVENT and CHANNEL  
Duty Guidance**

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**Report of: Helen CHARLESWORTH-MAY Executive Director Health,  
Care, and Integration**

**Report Reference No: SC/13/23-24**

### **Purpose of Report**

- 1 The purpose of this report is to provide an update to Committee regarding the revised Statutory Duty Guidance regarding PREVENT and CHANNEL which seek to protect people who are susceptible to radicalisation.
  - As a Cheshire East is a council which cares and seeks to empower people, the PREVENT and CHANNEL duties reflect the Councils vision to protect and support our communities and safeguard children, adults at risk and families from abuse, neglect, and exploitation.

### **Executive Summary**

- 2 This report describes the Governments overarching CONTEST strategy in addressing terrorism and radicalisation, summarises the revised PREVENT duties for specified authorities in England and Wales and sets out how we are supporting people who may be susceptible to radicalisation in Cheshire East via the CHANNEL process.
- 3 The first CONTEST strategy was published in 2003. Its aim is to reduce the threat of Terrorism to the UK so that people can live their lives safely and freely. The strategy enables government departments, local authorities, and intelligence agencies to work together to combat

Terrorism, and is supported by a framework based on the four pillars - Prepare, Prevent, Protect and Pursue.

- 4 Between the 2018 edition of the CONTEST strategy and the latest version published in July 2023, nine terrorist attacks have occurred in the UK and 39 terrorist plots have been disrupted. The landscape is constantly changing, becoming more diverse and complex. It includes domestic threats which can be less predictable and harder to detect and investigate, persistent and evolving threats from Islamist terrorist groups overseas and advances in technology providing opportunities for online exploitation/radicalisation.
- 5 The current conflict in the Middle East will have an impact on the PREVENT agenda. However, at the time of writing this report, the current official threat level to the UK remains as “Substantial” This means an attack is “likely” according to the government’s definitions. Raising it to critical would mean that intelligence and security services regard an attack as “highly likely in the near future”.
- 6 There is an established multi agency CONTEST Board in Cheshire which provides strategic oversight of regional activity. The Board is chaired by an Officer from Cheshire Fire and Rescue Services, and Cheshire East is represented by the Director of Adult Social Care and the Senior Manager from Emergency Planning.
- 7 It is vital that Local Authorities understand and uphold the overarching CONTEST strategy and fulfil their statutory duties by working with central government and local partner organisations to protect individuals and build resilient communities. For example, Local Authorities can do this by supporting Government PROTECT initiatives such as Martyn’s Law, which when it becomes law, will provide a way to protect the public when gathering in large venues; by endorsing the Governments See it, Say it, Sorted Campaign; by promoting the Act Early Website which provides information and advice to families about how to seek support; and by ensuring there are robust multi agency PREVENT and CHANNEL forums in place.
- 8 In February 2023 the Government published the findings from the Independent Review of PREVENT. The review undertaken by William Shawcross considered the 3 objectives of PREVENT. IE (a) to tackle the causes of radicalisation, (b) to safeguard those most at risk of radicalisation by providing early interventions and (c) to divert and rehabilitate those people already engaged in terrorism.
- 9 The Independent Review made 34 recommendations. These have been incorporated into the revised PREVENT and CHANNEL Duty Guidance.

The remainder of this report will focus on some of the changes and implications for residents in Cheshire East.

## Background

- 10 The Counter Terrorism and Security Act 2015 outlines PREVENT duties for specified Authorities. The PREVENT Guidance is therefore statutory as outlined in Section 29 of the Act. The latest version comes into force on 31<sup>st</sup> December 2023. Other Authorities include Police, Health, Education, Police, and criminal justice agencies.
- 11 One of the recommendations in the PREVENT review proposed a change in terminology and language, and so the new Guidance refers to those people who may be “susceptible” to radicalisation, replacing the phrase those who may be “vulnerable” to radicalisation. This is because not everyone who is referred to PREVENT has a particular vulnerability in terms of age, disability etc.
- 12 The PREVENT delivery model as mentioned above, (paragraph 8) focuses on tackling the ideological causes of terrorism, early intervention, and rehabilitation/disruption. The ideological component is what sets it apart from other serious violence. The Review identified that the primary domestic terrorist threat comes from Islamist terrorism, followed by Right-Wing terrorism which uses terrorist violence to further their ideology. Whilst Islamist terrorism is usually found within organised groups, Extreme Right-Wing activity typically involves informal online communities. Other ideologies that may fall within the PREVENT agenda include antisemitism, misogyny, anti-establishment or anti LGBT grievances or mixed unclear ideologies. In practice the PREVENT Guidance highlights the importance of applying a consistent but proportionate threshold to PREVENT activity across all ideologies based on Risk. This may mean that most resources are allocated to the type of Terrorist activity presenting the highest risk.
- 13 In terms of Early Intervention, the Guidance advises Professionals to use the “notice, check and share” approach and to always use the national referral form. In Cheshire East this Form is hosted on the Safeguarding Adults Board Website and can be used to refer either an adult or a child. If a referrer is unsure, then best practice is to share information rather than to withhold it. For members of the Public, the ACT Early website provides advice and guidance.
- 14 From April 2024 the Police will be the lead agency for receiving PREVENT referrals, performing gateway assessments, information gathering and coordinating information. The DOVETAIL model, of which Cheshire East has been part of since 2017, will cease. The Home Office has made this decision based on cost and consistency. Clear distinctions will be made between those people who present with a

“terrorism susceptibility” requiring CHANNEL support and those who pose a “terrorism risk” requiring management by the Police.

- 15 The PREVENT guidance sets out the expectations and requirements for specified Authorities (including Elected Members and Senior Officers) to fulfil their duties. These are grouped under the themes of leadership and partnership working, capacity to understand and manage risk and share information, and the ability to reduce permissive environments (e.g., safe venue hire). A PREVENT Duty Toolkit for Local Authorities accompanies the Guidance and is a useful way of measuring compliance with Statutory Duties.
- 16 The Guidance emphasises the importance of robust Governance Arrangements. In Cheshire East, a Multi-Agency PREVENT Board was established in 2022. The Board provides strategic oversight of local activity, including receiving reports from the Cheshire East Channel Panel. The Local Authority will retain responsibility for Chairing Channel Panels. The Home Office will continue to monitor local activity and Cheshire East will be required to complete an annual Benchmarking Assessment.
- 17 In addition to the revised PREVENT duty guidance, the CHANNEL duty Guidance has also been updated and was published in October 2023. Local multi agency CHANNEL panels provide a voluntary “wrap around” offer of support to those people who have been identified as being susceptible to radicalisation. Individuals who are adopted by a CHANNEL panel also benefit from having access to 1:1 support from Intervention Providers who have been matched with them and are able to tackle specific ideologies. Specific CHANNEL duties are laid out in Section 36 and 38 of the Counter Terrorism and Security Act 2015.
- 18 The new CHANNEL Guidance includes changes to the assessment framework and professionals will be using a new assessment tool (PAF) which will identify relevant counter terrorism factors and the panel will be required to produce a support plan which specifically addresses each of those factors. The Guidance strengthens the processes around consent, as well as strengthening the exit pathways and identifying a lead professional and increasing the frequency of reviews. CHANNEL cases will remain open to the panel until the terrorism susceptibility has reduced, the terrorism risk has increased and is to be managed by the police or consent has not been obtained or has been withdrawn. CHANNEL panels will routinely request feedback from individuals who have received support and from families where relevant. CHANNEL chairs will be required to consider disclosure if an individual holds a Position of Trust and is subject to CHANNEL arrangements.

- 19 CHANNEL panels will also continue to complete an annual self-assessment which is submitted to the Home Office each year.
- 20 The Home Office may facilitate a PREVENT learning review where terrorism offences or incidents of serious violence have occurred to identify national learning and drive system improvement. PREVENT learning reviews may run in tandem with other statutory reviews.

### **Briefing Information**

- 21 The Home Office produces a Counter Terrorism Local Plan (CTLTP) for every Local Authority each year which is sent to the Chief Executive of the Council and is shared with members of the PREVENT Board.
- 22 Cheshire East has a live Situational Risk Assessment which is based on the CTLTP and is monitored by the PREVENT Board. In addition to this the Police share a monthly dashboard with the CHANNEL panel, which includes referral data, referral source, ideology, gender and age details. Whilst it is not permitted to share this information in the public domain, it should be noted that numbers of PREVENT and CHANNEL referrals is low in Cheshire East compared with other Regions.
- 23 A local CHANNEL panel Annual Report captures local activity, training, achievements and most importantly “stories of difference” from those people who have received support from CHANNEL.
- 24 Cheshire East also has a live PREVENT Action Plan which is based on the Home Office Benchmarks. It captures evidence of activity for example training, communications, policies, and procedures. This is monitored via the PREVENT Board and is shared with the Home Office.
- 25 It should be noted that the Home Office feedback from the 2022-2023 Benchmarking Assessment rated Cheshire East as “exceeding” and we are pleased to be recognised as a very effective partnership. However, there is always areas to improve, and Cheshire East will continue to strive to implement best practice and learn from other organisations and it should be noted that our local policies will need to be updated to reflect the changes in the revised national guidance.
- 26 During the period of transition from the DOVETAIL model of delivery to the POLICE led model 2023-2024, Officers from Cheshire East have been provided with regular updates from Cheshire Police. Delays in recruitment and Police vetting procedures have meant the handover timeframe has had to be extended. However, this will be fully operational by April 2024. It is hoped that information sharing, and coordination will continue to be effective to reduce any risks to individuals or communities.

- 27 Finally, Cheshire East would like to express their appreciation to the DOVETAIL Coordinators who have worked consistently and professionally to provide an excellent service to those people who have been susceptible to radicalisation.

## Implications

### *Monitoring Officer/Legal*

- 28 Full details of the PREVENT and CHANNEL statutory guidance can be found in the Information Section of this Report. However, the legal status is found in the Counter Terrorism and Security Act 2015. To note that the updated CHANNEL Guidance continues to stipulate that consent should be obtained from Parents or Guardians for those young people who are under 18. This may be open to challenge in the future as there is a conflict with the Mental Capacity Act 2005, which is applicable to everyone aged 16+.

### *Section 151 Officer/Finance*

- 29 There are no financial implications to this report.

### *Policy*

- 30 The Statutory Guidance is applicable to Cheshire East as we are regarded as a specified authority.

<b>An open and enabling organisation</b>  <b>(Include which aim and priority)</b>	<b>A council which empowers and cares about people</b>  <b>To protect and support our communities and safeguard children, adults at risk and families from abuse, neglect, and exploitation.</b>  <b>Work together with our residents and partners to support people and communities to be strong and resilient.</b>	<b>A thriving and sustainable place</b>  <b>A great place to live, work and visit</b>  <b>Welcoming, safe and clean neighbourhoods</b>
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### *Human Resources*

- 31 There are no changes to Human Resources. The statutory guidance sets out requirements for Channel Panel Chairs and Prevent Board Chairs. Cheshire East is compliant with the Guidance.
- 32 Administrative support is provided by the Adult Safeguarding Service.

### *Risk Management*

- 33 The Counter Terrorism Local Plan is created by the Counter Terrorism Police. A live Risk Management Plan is in place which is monitored by the PREVENT Board. Whilst every effort is being made to reduce the risk of Terrorism, it is recognised that risks cannot be completely eradicated.

### *Rural Communities*

- 34 The Guidance is applicable to all communities in Cheshire East.

### *Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

- 35 Young people are susceptible to radicalisation. Education providers are compliant with Prevent Training and refer appropriately to Channel Panel. Everyone who is adopted by Channel, regardless of age, will receive an individualised support plan to address the bespoke factors. Childrens Services are very proactive in the Channel Decision making processes.

### *Public Health*

- 36 People who are referred to PREVENT or CHANNEL sometimes have specific needs which make them susceptible to radicalisation. This may include mental, emotional, or physical health difficulties. By providing targeted interventions it is hoped that this will have a positive impact on the health and wellbeing of those individuals, families, and communities – particularly young people who are seeking identity and meaning in life.

### *Climate Change*

- 37 There are no implications for Climate Change linked to this report.

<b>Access to Information</b>	
Contact Officer:	Sandra Murphy – Head of Adult Safeguarding

	<a href="mailto:Sandra.murphy@cheshireeast.gov.uk">Sandra.murphy@cheshireeast.gov.uk</a> 07985145464
Appendices:	None.
Background Papers:	<a href="#">Counter-terrorism strategy (CONTEST) 2023 - GOV.UK (www.gov.uk)</a> <a href="#">Prevent duty guidance: England and Wales (2023) - GOV.UK (www.gov.uk)</a> <a href="#">Prevent duty toolkit for local authorities - GOV.UK (www.gov.uk)</a> <a href="#">Channel Duty Guidance: Protecting people susceptible to radicalisation (publishing.service.gov.uk)</a>

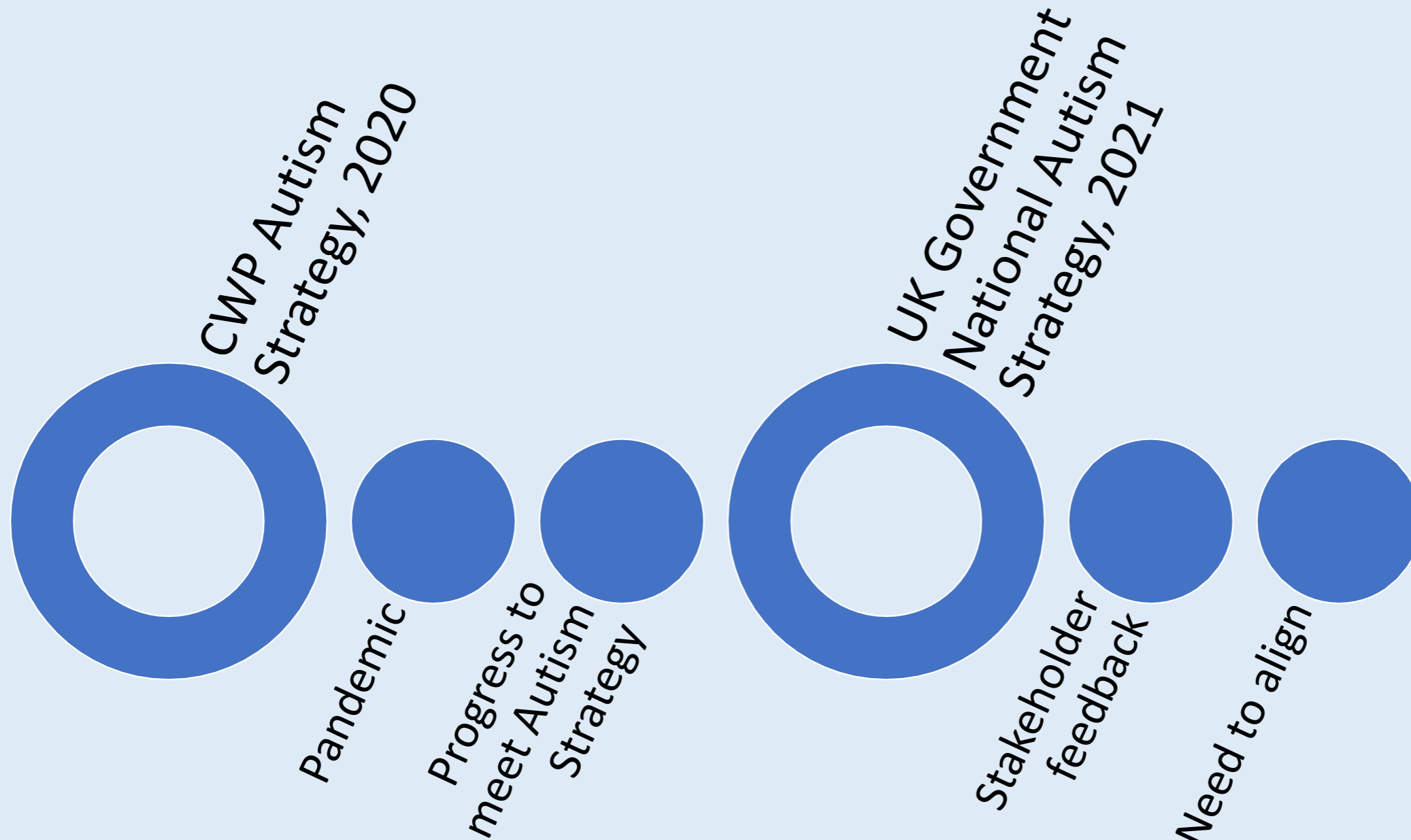
# CWP's Autism Strategy

December 2023

Helping people to be  
**the best they can be**



# Why review?





**Our Changed Vision is**  
*to deliver a positive experience for  
all autistic people  
whether they are accessing our  
services or working in our  
organisation*

# Our Aims



1. improving understanding and acceptance of autism within society
2. improving autistic children and young people's access to education, and supporting positive transitions into adulthood
3. supporting more autistic people into employment
4. tackling health and care inequalities for autistic people
5. building the right support in the community and supporting people in inpatient care
6. improving support within the criminal and youth justice systems

# Milestones and Metrics in 2026

<b><i>Workforce development</i></b>	<b><i>Quality of service provision and delivery</i></b>	<b><i>Working with partners/ stakeholders</i></b>
<p>All clinical services will have a Level 3 Autism Specialist.</p> <p>Clinical services with a high volume of complex autism patients will all have a Level 4 Highly Specialist Expert.</p> <p>CWP will contribute to training at local, regional, national, and international levels</p>	<p>We will have significantly improved the experience of autistic people accessing care and treatment from our services, moving toward our vision that all autistic people will have a positive experience of care and treatment.</p>	<p>We are leading the training, education and development of autism services across Cheshire and Merseyside.</p> <p>We will support other health and care organisations to improve standards and services for all autistic people, including will include research, training and development work to reduce and ultimately eliminate premature morbidity and mortality from physical and mental health conditions.</p>

# Key impacts to date

<b><i>Workforce development</i></b>	<b><i>Quality of service provision and delivery</i></b>	<b><i>Working with partners/ stakeholders</i></b>
<p>Growing recognition of volume of autistic people accessing universal services across CWP and need to adapt to meet their needs, supported by Oliver McGowan Level 1</p> <p>Autism Ambassadors (68) and Autism Champions (34) across all Care Groups in corporate services, supported by Trust-wide Autism Clinical Specialist and Training Lead</p> <p>Clinical staff attending the PG Certificate in Neurodevelopmental Disorders at Chester University</p>	<p>Autism Advice sessions (for teams, about individuals patients, for line managers and staff)</p> <p>Reasonable Adjustments checklists (picked up by HEE)</p> <p>Waiting times remain significant due to rising demand/ commissioned capacity</p> <p>Focus on pre-diagnostic support and developing the CYP and adult diagnosis pathways</p> <p>Better experiences around inpatient transition/ inpatient stay</p> <p>Improved engagement with lived experience advisors</p>	<p>On-line External Autism Hub – set of resources</p> <p>On-line internal Autism Hub</p> <p>Autism Hubs in the Community</p> <p>Autism awareness for EDs</p> <p>Forensic LDA Skills development project</p>

# Resourcing the strategy

<i>Workforce development</i>	<i>Quality of service provision and delivery</i>	<i>Working with partners/ stakeholders</i>
<p>Greater awareness of autism and understanding leading to positive engagement from staff</p> <p>The Autism Clinical Specialist and Training Lead role (part-time) has been pivotal in supporting individual cases and teams</p> <p>Oliver McGowan training – remains a challenge to finance this programme</p>	<p>Pro-active feedback</p> <p>Waiting lists – commissioned capacity vs demand</p> <p>Supporting autistic people following diagnosis</p>	<p>On-line Autism Hub – set of resources</p> <p>Autism Hubs in the Community</p> <p>Autism awareness for EDs</p> <p>Forensic LDA Skills development project</p>



Discussion/Any Questions?

[www.cwp.nhs.uk/AutismStrategy](http://www.cwp.nhs.uk/AutismStrategy)

# Community Services Accommodation



**East Cheshire**  
**NHS Trust**

# Community Services Accommodation

- Background
- Public Engagement
- Interim Solution
- Cheshire East PCN Estate
- Cheshire East Place Estates Plans

# Background

## Scenario:

Middlewood Partnership issued notice of accommodation lease to East Cheshire NHS Trust in November 2022. This occurred as a result of the expansion of the ARR (additional role reimbursement scheme) roles at Priorslegh and Mcllvride practices - consequently more space was required for ARRs at Mcllvride and Priorslegh surgeries.

## Impact:

East Cheshire NHS Trust had to look at relocating seven of their community services – working alongside partners to explore suitable alternative locations within the area.

## Challenging task due to a number of factors:

- physical environment of the premises which may need to be adapted for clinical use and have CQC registration
- potential impact of sharing space with private providers and the associated conflict of interest
- potential impact of sharing this with other services that may not be clinical.
- lease restrictions of the building need to be considered – for example the length of lease and viability of returning the property to its original state.

Until August it was looking positive that the Trust would be able to relocate all its clinical services to a vacated osteopathic building next door. Upon assessment these premises required changes to the estate that were cost prohibitive – c.£250k.

**As a result, some services have subsequently been temporarily relocated, however the challenges above still exist and are still significant blockers to a long-term solution.**

## Public Engagement

The public engagement ran from the 29<sup>th</sup> September to the 3rd November.

### 219 responses



60 via post



159 online

### Most popular modes of transport

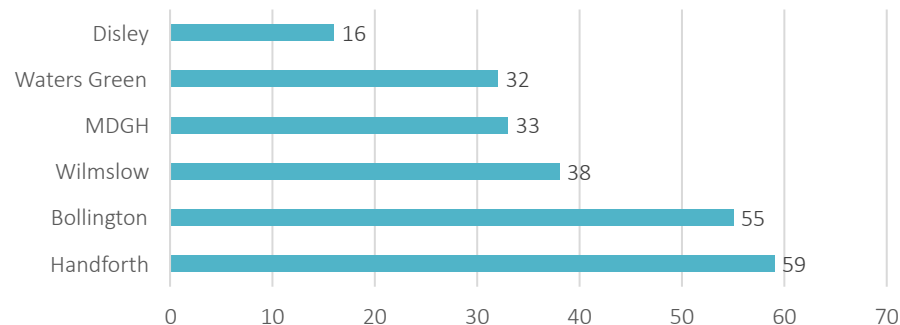


119 respondents



75 respondents

### Alternative 'convenient' locations



### Key Themes from the responses included:

- Accessibility of travelling further afield for people who can't drive.
- Concerns about the cost of travel and the lack of public transport.
- The availability of parking at alternative locations.
- Patients missing their appointments because of unreliable travel options.

# Public Engagement

## Public Engagement

In response to the feedback to the public engagement, the following actions have been taken:

- Further engagement with all key stakeholders via public meetings and individual communications.
- Liaison with voluntary organisations about support available:
  - Good Neighbours scheme @ Disley
  - Open Hands @ Poynton
- Information is being shared by:
  - Clinicians with patients at appointments,
  - Sign-posting on the Trust web-site to voluntary transport organisations,
  - Posters in key locations.

# Interim Solution

Service	Location pre-November	Interim relocation	Frequency of clinics/ sessions per week	Number of patients affected (pts with BDP addresses attending BDP clinics)	Number of patients affected per year (pts with BDP addresses attending BDP clinics)
MSK	Priorslegh	Waters Green, Knutsford, MDGH	6	38	455
Dietetics	Priorslegh	Handforth, MDGH	2	8	93
Podiatry	Mcllvride	Priorslegh	10	17	201
Midwifery	Priorslegh	Poynton & Handforth Childrens Centres	2	15	177
Paeds SALT	Pavilion House ***	Pavilion House, Macc	N/A	1	6
Paeds Audiology	Mcllvride	Health Hub Macc	1	9	98
Adult Audiology	Mcllvride	Health Hub Macc	1	2	21
*** Services already relocated. Pre-consultation services were at Priorslegh					

# Cheshire East PCN Estate

Primary Care Network (PCN)	Estates Displacement Concerns
Chelford, Handforth, Alderley Edge and Wilmslow (CHAW)	No displacement concerns identified at the current time.
Congleton and Holmes Chapel (CHOC)	No displacement concerns identified at the current time. Community Services utilising Congleton War Memorial Hospital site (plus some District Nurses based at Holmes Chapel Health Centre).
Crewe Eagle Bridge	No displacement concerns identified at the current time.
Crewe GHR	No displacement concerns identified at the current time.
Knutsford	No displacement concerns identified at the current time. Community Services utilising Knutsford and District Community Hospital site.
Macclesfield	No displacement concerns identified at the current time.
Middlewood	A number of Community Services have been displaced from the GP Practice estate in Poynton to allow Primary Care service expansion. Cheshire East Council Overview and Scrutiny Committee aware.
Nantwich & Rural	No displacement concerns identified at the current time.
Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH)	Potential for some Community Services redesign in the SMASH area. Currently under internal review by CCICP (the Community Services provider for South Cheshire). Ashfields Primary Care Centre in Sandbach currently reviewing their building arrangements but it is not felt that this will impact on any services.

# Cheshire East Place Estates Plans

## Current Position

- Primary Care Network (PCN) Estates Plans being generated across all of the Cheshire and Merseyside ICB PCNs, being led on by the ICB Estates Team. This is due to be published during December 2023 (provisional date). These PCN plans will facilitate an Estates Plan for each of the nine Places within Cheshire and Merseyside.
- For Cheshire East Place this is being led on by Dawn Murphy (Cheshire East Place, Cheshire and Merseyside ICB) and Justin Pidcock (Cheshire and Wirral Partnership NHS Foundation Trust).
- Cheshire East Place estates planning will form part of the wider Cheshire East Place strategic planning currently under way (known as our Place Blueprint Workshops) and already involving Cheshire East Council colleagues.
- The Cheshire and Merseyside ICB Leadership Team will then look to prioritise estates developments across the region accordingly as and when NHS estates funding becomes available.
- There is a current ongoing review of existing NHS estates provision in Knutsford. This will be reviewed as part of the wider ICB strategic prioritisation work and is pending the results of the latest local assessment, which the ICB will be receiving over the next few months.

# Right Care Right Person (RCRP)

Implications for Local Authorities

# Background to RCRP

- ❑ Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.
- ❑ At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents
- ❑ The threshold for a police response to a mental health-related incident is
  - to investigate a crime that has occurred or is occurring; or
  - to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm
- Taken from DHSC/Home office policy paper [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/national-partnership-agreement-right-care-right-person-rcrp)

# RCRP

- ❑ Right Care Right Person is a national programme to recalibrate Police involvement in Mental Health related calls
- ❑ Cheshire Constabulary is one of three early adopter forces and is supported by the Home Office and NPCC national team to implement and evaluate RCRP
- ❑ Developed initially in Humberside – the implementation period took 4 years
- ❑ Main areas of current activity which the police aim to change the threshold include:
  - ❑ Welfare checks
  - ❑ AWOL mental health patients
  - ❑ People who leave health facilities
  - ❑ Police use of s135 and s136
  - ❑ Police support to voluntary mental health patients

# The MHA Code of Practice

- ❑ Media reports especially in the light of the approach of the London Metropolitan Police could lead to the view that the police will no longer be involved with any mental health related matter.
- ❑ **This not True!** The Police will continue to play a part in responding to mental health calls – what is changing is the threshold for police involvement not the fact that they continue to have an important role in responding to mental health referrals.
- ❑ This is reinforced by the MHA Code of Practice where it says:

**14.47** *Everyone involved in an assessment should be alert to the need to provide support to colleagues, especially where there is a risk of the patient causing physical harm. People carrying out assessments should be aware of circumstances in which the police should be asked to provide assistance, in accordance with arrangements agreed locally with the police (see paragraph 14.48), and how to use that assistance to maximise the safety*

# Police Powers Explained

The Police still have statutory responsibilities under the Mental Health Act which include:

- ❑ S135 warrant to enter, search for and remove a person who appears to be suffering from a mental disorder and take to a place of safety
- ❑ S136 power to remove a person who appears to be suffering from a mental disorder found in a public place and take to a place of safety
- ❑ S18 S137 and 138 allow a police officer to take a detained person into custody and take him to or back to a hospital.
- ❑ This power includes people subject to Guardianship to the Local Authority who have absconded from where they are required to live

# Current Demand on Cheshire Police

- ❑ In 2022 the police received 75 concerns for welfare calls. This has increased by 6% since 2020
- ❑ In 2022 the police received on average 23 calls per day of a 'missing person'. This has increased on average by 10% each year since 2020
- ❑ In 2022 the police spent 17,464 officer hours deploying to missing or absent reports across the county.
- ❑ Based on current averages per month the police expect to undertake 348 s136's across the constabulary area
- ❑ The police spend on average 13hours with patients before they are either discharged or admitted to hospital

# Concerns Reported by ADASS

- ❑ Whilst most health and social care professionals support the principles of RCRP the following concerns have been reported by AMHPs nationally
- ❑ Increased difficulty in securing police attendance for execution of s135 warrants (“You try first”)
- ❑ Police declining to attend situations in which there is an element of mental health present – even where risk thresholds are met or a crime is evident.
- ❑ Control room staff in areas not implementing RCRP advising callers that this is now in force and police won’t be attending mental health related incidents.
- ❑ People displaying high risk behaviours being left at s136 suites or A&E without police remaining to support
- ❑ Officers advising they have no authority to act or be present in situations where the MHA does provide this
- ❑ Reduction in safeguarding alerts, due to a lack of officers responding to concerning situations

# Concerns Reported by ADASS

Leading to overall concerns about the risk of:

- ☐ people with Mental health diagnosis being excluded from receiving the same level of support as others.
- ☐ Situations in which relevant organisations are present or involved already, but concurrently police support also being needed and not provided.
- ☐ Situations that meet the threshold for police attendance but it being declined due to poor knowledge by call agents of the nuances of the law, agreements and duties or over-zealous application of the strategy
- ☐ Some LA's have reported a decrease in referrals from the police of vulnerable adults leading to them being presented at a later date where the situation has deteriorated.

# Actions for the Local Authority

- ❑ Cheshire Police have stated their aim to introduce RCRP in partnership with health and local authority partners. This is a very welcome statement of intent from the police.
- ❑ Local authorities need to fully engage with the police to develop joint working agreements in relation to MHA practice.
- ❑ Jointly review working practice and policy in relation to reporting and acting on concerns for welfare – to develop alternative contingency actions
- ❑ Develop a clear escalation agreements between partners
- ❑ Develop a systematic log and review of case examples, incidents and near misses
- ❑ Establish a communication plan for ensuring awareness of policy and practice changes between health, social care and the police

# Final Reflections 1

- ❑ RCRP aims to save police time so that their resources can be devoted to matters associated with crime, keeping the peace and protecting life and property.
- ❑ But this will create real resource issue where health and social care workers will need to undertake work that they previously relied on the police to undertake
- ❑ If improperly implemented there could be an enhanced risk to life and limb. This will require not only extensive consultation but also training of health and social care staff, especially at the first point of contact.

# Final Reflections 2

- ❑ Cultural issues will need to be overcome to ensure appropriate compliance from both police and health and social care staff.
- ❑ Absence of police support could put health and social care staff at elevated risk if the known facts associated with the call do not convince the police that they have a legitimate role in supporting staff.
- ❑ Independent and third sector providers need also to be fully engaged in RCRP. Walk-outs in the literature on RCRP concentrates on health facilities but is equally relevant to nursing and care homes
- ❑ We still rely on A&E as a place of safety for people detained under s136. A&E is regarded as an inappropriate facility for people experiencing mental distress. An urgent mental health care centre is being developed in Chester but will not be available until 2025.
- ❑ There is no plan for a similar care centre for Cheshire East.

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## Scrutiny Committee Work Programme 2023-24

Report Reference	Scrutiny Committee	Title	Purpose of Report	Lead Officer	Consultation	Equality Impact Assessment	Corporate Plan Priority	Part of Budget and Policy Framework	Exempt Item
SC/04/23-24	14/12/2023	North West Ambulance Service	To receive an update from the North West Ambulance Service in order to understand the impact of ambulance response times and patient outcomes.	Director of Commissioning and Integration	No	No	Open	No	No
SC/11/23-24	14/12/2023	Right Care, Right Person	To receive an update on the implementation and roll out of the Right Care, Right Person operating model.	Director of Adult Social Care	No	No	Open; Fair	No	No
SC/13/23-24	14/12/2023	Update from East Cheshire NHS Trust on the proposed relocation of community services	To receive an update from East Cheshire Trust on the proposal and any further risks to clinical accommodation across the borough.	Director of Commissioning and Integration	No	No	Open	No	No
SC/13/23-24	14/12/2023	Update on the new PREVENT and CHANNEL Guidance 2023	The purpose of the report is to provide an update on the revised Statutory Guidance for PREVENT and CHANNEL.	Director of Adult Social Care	No	No	Open; Fair	No	Yes
SC/09/23-24	14/12/2023	Autism Strategy	To receive an update from the Cheshire and Wirral Partnership NHS Trust on the new Autism Strategy.	Director of Commissioning and Integration	Yes	No	Open	No	Yes
SC/01/2022-23	14/03/2024	Update on Flood Risk Management	To receive an update on flood risk management from the LLFA and external agencies including the Fire Authority, United Utilities and the Environment Agency.	Head of Highways	No	No	Open; Fair; Green	No	No
SC/06/2023-24	14/03/2024	Macclesfield District General Hospital Intrapartum Maternity Services: Post Implementation Review	To receive the findings of the post implementation review of the return of intrapartum maternity services to Macclesfield District General Hospital.	Director of Commissioning and Integration	No	No	Open; Fair	No	No
SC/06/23-24	26/06/2024	Sustainable Hospital Services Programme - East Cheshire NHS Trust	To update the Committee on the proposed major service redesign at East Cheshire Trust.	Director of Commissioning and Integration	No	No	Open; Fair	No	No

## Scrutiny Committee Work Programme 2023-24

SC/14/2022-23	TBC	Fire Safety Presentation	To receive a presentation on fire safety across Cheshire East. # meeting to be held at Safety Central.	Director of Adult Social Care	No	No	Open; Fair	No	No
SC/21/2022-23	TBC	Future of Congleton War Memorial and Knutsford Cottage Hospital	TBC	Director of Commissioning and Integration	No	No	Open; Fair	No	No