

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date: Thursday, 7th March, 2019
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 foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making and Overview and Scrutiny 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**

2. **Minutes of Previous Meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 7 February, 2019.

3. **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.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

For requests for further information

Contact: Joel.Hammond-Gant

Tel: 01270 686468

E-Mail: joel.hammond-gant@cheshireeast.gov.uk with any apologies

5. **Public Speaking Time/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Proposed Changes to Specialist Orthodontic and Oral Surgery Services Provided by East Cheshire NHS Trust in Macclesfield** (Pages 9 - 12)

To consider a report submitted by East Cheshire NHS Trust and NHS England as the respective provider and commissioner of specialist orthodontic and oral surgery services in Macclesfield, outlining the proposed changes to the provision of said services.

7. **Working Together Across Cheshire** (Pages 13 - 32)

To consider a report on the convergence of the clinical commissioning groups in Cheshire.

8. **Forward Plan** (Pages 33 - 40)

To give consideration to the areas of the forward plan which fall within the remit of the committee.

Click [here](#) to access the most up-to-date version of the forward plan.

9. **Work Programme** (Pages 41 - 78)

To review the current work programme.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 7th February, 2019 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor S Gardiner (Chairman)
Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, E Brooks, L Durham,
S Edgar, C Green, G Hayes, L Jeuda, B Walmsley and J Rhodes

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor J Clowes, Portfolio Holder for Adult Social Care and Integration
Councillor L Wardlaw, Deputy Leader and Portfolio Holder for Health

OFFICERS IN ATTENDANCE

Linda Banner-Perry, Commissioning Manager, (NHS South Cheshire CCG)
Jill Broomhall, Director of Adult Social Care
Karen Burton, Commissioning Manager Urgent & Emergency Care, (NHS
Eastern Cheshire CCG)
Linda Couchman, Acting Strategic Director of Adult Social Care and Health
Nichola Glover-Edge, Director of Commissioning
Fiona Reynolds, Director of Public Health
Linda Couchman, Acting Strategic Director of Adult Social Care and Health
Jill Broomhall, Director of Adult Social Care
Nichola Glover-Edge, Director of Commissioning
Sarah Vaneeathan, Integrated Discharge Matron, Mid Cheshire Hospitals
NHS Foundation Trust
Linda Banner-Perry, Commissioning Manager, NHS South Cheshire CCG

89 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors C Andrew, D Mahon and A Moran (substituted for by Councillor B Walmsley.)

90 MINUTES OF PREVIOUS MEETING**RESOLVED**

That, subject to the addition of the time the meeting concluded, the minutes of the previous meeting be approved as a correct record and signed by the Chairman.

91 DECLARATIONS OF INTEREST

No declarations of interest were received.

92 DECLARATION OF PARTY WHIP

No declarations of a party whip were received.

93 PUBLIC SPEAKING TIME/OPEN SESSION

No members of the public expressed an interest in speaking.

94 HEALTHWATCH CHESHIRE EAST - OVERVIEW AND UPDATE

The committee received a presentation from Louise Barry, Chief Executive Officer of Healthwatch Cheshire, which demonstrated the role of Healthwatch, the work that it had undertaken to date in 2018/19, and the key pieces of work planned for the future.

Members asked where Healthwatch Cheshire had received its funding from, and whether additional funding would be received if Healthwatch Cheshire worked with the NHS to support the engagement of its NHS Long-Term Plan.

RESOLVED

That the update be noted.

95 DELAYED TRANSFERS OF CARE UPDATE

The committee considered a report and presentation submitted jointly by officers from Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group (CCG) and NHS South Cheshire CCG on performance relating to delayed transfers of care (DToC).

The update focused on the work undertaken by the organisations since the committee undertook a spotlight review on DToC in June 2017.

Officers emphasised the importance of establishing and maintaining successful joint-working arrangements to ensure improvements can continue to be made in relation to transfers of care.

Members asked questions and made comments in relation to:

- whether the reduction in DToC was attributed to a decrease in A&E attendances, or to the collective work of the health and social care partners involved, or both;
- how the new ICT infrastructure installed at Leighton Hospital had supported the work undertaken to improve patient transfers of care, and

- whether any particular strategies had been put in place to support the council and health partners to meet key performance targets, if the pressure from A&E attendance rates remains the same or increases.

RESOLVED

1. That a further performance report be presented to the committee in approximately one year.
2. That the supplementary report specifically responding to how effectively the recommendations made by the committee in its published spotlight review report had been taken on board and had contributed to the improved performance.
3. That officers provide the Scrutiny Officer with the verified cost of the new ICT system installed at Leighton Hospital, Crewe, to be circulated to the committee for information.

96 EVERYBODY SPORT AND RECREATION PERFORMANCE REPORT 2017/18

Pursuant to Minute No. 78 and 79 (Health and Adult Social Care and Communities Overview and Scrutiny Committee 2018/19,) the committee considered the annual performance report of Everybody Sport and Recreation (ESAR) for 2017/18, which provided details of the strategic and financial aims and performances in the last municipal year.

The Chairman declared that he and the ESAR Board Chairman both sit on the board of directors for Civica. No action was required.

The committee put questions and comments in relation to;

- how the advertisement and awareness of the small grants scheme could be improved;
- how the £74k surplus in 2017/18 had been managed;
- not all services that had been provided to date had met the needs of people in areas of greater deprivation in the borough;
- whether any work had been undertaken to analyse where there are gaps in provision;
- why the financial strategy of the [not-for-profit] organisation was to establish and maintain a reserve figure;
- whether the organisation receives third party investment; and
- if it would be possible for future annual reports to include more information on how ESAR is working to tackle and improve the prevalence of mental health issues across the borough.

RESOLVED

That the committee consider the 2018/19 performance report of Everybody Sport and Recreation at the earliest opportunity in the municipal year 2019/20.

97 PERFORMANCE SCORECARD - Q2

The Director of Adult Social Care and Director of Public Health updated members on 2018/19 Quarter 2 performance information relating to adult social care and public health matters, respectively, that fell within the committee's remit.

Members asked for explanations as to why performance in certain areas had dipped during the last quarter.

RESOLVED

- 1 That the performance scorecard be noted.
- 2 That the 2018/19 Quarter 3 performance scorecard be submitted to the 11 April 2019 meeting.

98 FORWARD PLAN

The committee considered the council's Forward Plan for the four month period ending 30 April 2019.

RESOLVED

That the Forward Plan be noted.

99 WORK PROGRAMME

The committee considered its work programme and noted the items expected to be submitted to its next meeting on 7 March 2019.

The Chairman confirmed that the item on 'Deprivations of Liberties Situation' on 11 April 2019 would be undertaken as a more informal training session to enable the members of the committee to learn about the matter in greater detail.

A short break was taken and the committee welcomed Tom Knight, Head of Primary Care for NHS England North, to answer members' questions and provide further detail on the planned changes to specialist oral surgery and orthodontic services provided from Macclesfield General Hospital.

RESOLVED

1. That the ESAR annual performance report for 2018/19 and DToC performance report be added to the work programme to be considered in November 2019 and February 2020, respectively.
2. That the proposed changes to specialist oral surgery and orthodontic services presently provided at Macclesfield General Hospital, be treated as a Level 3 'Significant Development or Variation'.
3. That East Cheshire NHS Trust be asked to attend the next meeting of the committee on 7 March 2019 to present a more detailed report on the proposed changes, the potential impacts to patients in the short-term and the longer-term plan for the delivery of these services in Cheshire East.

The meeting commenced at 10.00 am and concluded at 12.37 pm

Councillor S Gardiner (Chairman)

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Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 07 March 2019

Report Title: Position Statement Relating to Specialist Oral Surgery and Orthodontics services at East Cheshire Trust

Author: Tom Knight - Head of Primary Care NHS England North (Cheshire and Merseyside)

1. Introduction and Policy Context

- 1.1. This report provides the Health and Adult Social Care Communities Overview and Scrutiny Committee with an updated position statement on the East Cheshire NHS Trust decision to cease to provide Oral Surgery and Orthodontic Services. The service has not been de-commissioned and the situation has been created by a set of exceptional circumstances that the Trust and Commissioners have been managing together in the interests of patients. Staff at the Trust should be commended on their efforts during this difficult period in terms of their commitment to the provision of additional clinics, support to patients and in ensuring that those patients whose treatment can be completed and also in the onward clinical transfer to new providers.

2. Background

- 2.1 East Cheshire NHS Trust services will be ceasing because of significant workforce challenges. It is expected that the service will be re-provided as part of a larger clinical network of consultants which will strengthen resilience and sustainability of the service in the longer term. In the meantime, the Trust has been working with NHS England to agree a process of hand over for care and treatment of existing patients.
- 2.2 Notice on the Orthodontic services and Oral Surgery was served to NHS England North (Cheshire and Merseyside) by East Cheshire NHS Trust in

September and October 2018, for cessation on 6th March and 17th April 2019 respectively.

- 2.3 Commissioners and the Trust have been working together closely in circumstances underpinned by the workforce challenges faced by the Trust.
- 2.4 These circumstances have not allowed commissioners to re-procure a new service in such a short timescale. A normal procurement can take from between 9 months to 12 months and an up to date needs assessment is required prior to any procurement commencing. The priority has been to identify alternative providers for these services and to minimise disruption to patients as much as possible. As an interim measure any referrals made to the service whilst the re-procurement process is undertaken, are being redirected to other suitable local providers through the current electronic referral system introduced by NHS England. These other suitable providers may in some cases be closer to home for patients who may as a result not have to travel as far as previously required.

3. Impact on Service Users

- 3.1. Within Orthodontics there are patients who will be in a longer-term treatment plan and will require on-going care. The Trust are working with NHS England commissioners to identify and transfer these patients smoothly to an alternative provider. The table below gives details of the number of patients for transfer for East Cheshire residents.

New Provider Area	Validated no. of patients	Agreed point of contact site to transfer
Cheshire and Merseyside	26	Countess of Chester
	5	Warrington Hospital
	38	TBC

- 3.2. Within Oral Surgery there are a small number of patients who require follow up outpatient appointments beyond the closure of the service who have been identified for transfer to an alternative Oral surgery provider. There are also a number of patients who require day case surgery. These patients will be listed for surgery in order of priority in terms of wait on the 18-week pathway. East Cheshire Trust will maximise where possible the numbers it can undertake however, there is insufficient capacity to undertake all surgical procedures and discussions have taken place with a Private Provider who have committed to undertaking 69 patient operations over the next few months and to provide any follow up for patients should this be required. In addition, the Trust are also working with a Consultant Oral Surgeon from Stoke who is going to undertake some surgical work on site at East Cheshire for paediatric patients.

4. Implications

- 4.1 All patient transfers will be handled in a sensitive way and closely tracked using the required forms managerially and clinically between trusts, ensuring patients are not put at risk by the transfer of care and they are either seen or treated in a timely manner. The date of next expected appointment will be shared with the new provider along with all relevant medical records, X-rays and dental moulds where applicable.
- 4.2 East Cheshire NHS Trust are undertaking weekly teleconferencing with the NHS England commissioners and internal meetings within the Trust of senior managers and clinicians to track the progress with moving to cessation of the service along with the safe and efficient transfer of required patients. Patients will be invited to raise any concerns and steps will be taken where possible to mitigate against these.
- 4.3 Patient communication letters have been agreed between commissioners and the Trust and will be forwarded to the patients prior to any exchange of confidential information or records. The patient letters will detail the planned new provider along with appropriate contact details and a telephone contact number for their new provider should they wish to contact anybody for advice. The Trust will place a patient and public communication on their website.
- 4.4 Once patients have been transferred and the service at East Cheshire NHS Trust has ceased, further consideration will be given to the procurement of a new permanent service based on a full Needs Assessment to be undertaken by Public Health England. NHS England as the commissioner will then work with local dentists/the Managed Clinical Network, patients and the public along with other stakeholders to shape the service specification as part of any future procurement process.
- 4.5 **Legal Implications** – All parties involved in provision of the services have been given the agreed notice period for termination of the contracts.
- 4.6 **Financial Implications** – The Financial Implications for the Trust have been reviewed and any risks accepted by the Executive Team when options papers were presented for consideration. Final invoicing with other parties will be completed following the end date of the contracts.
- 4.7 **Human Resources Implications** - The Trusts with which East Cheshire collaborate through the SLA's to provide the existing service were given appropriate notice.

5. Summary

- 5.1. The services at East Cheshire Trust were not de-commissioned and the cessation of service has been created by a set of exceptional circumstances that the Trust and Commissioners have been managing together. These circumstances have not allowed commissioners time to re-procure a new service in such a short timescale. Further consideration will be given to the procurement of a new service based on an up to date Needs Assessment. NHS England will engage with stakeholders to shape any new service model.



Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 07 March 2019

Report Title: Working Together Across Cheshire (Convergence of Cheshire Clinical Commissioning Groups)

Senior Officer: Tracey Shewan – Executive Director of Quality and Safeguarding (NHS South Cheshire and Vale Royal Clinical Commissioning Groups)

1. Background

- 1.1. The Governing Bodies of the four Cheshire Clinical Commissioning Groups (CCGs) have all supported recommendations around strengthening collaborative commissioning arrangements, unified commissioning, and the development of a Joint Commissioning Committee between the four CCGs.
- 1.2. All the CCGs are progressing engagement with their GP Memberships and Stakeholders to support a proposal to consolidate the shared responsibilities and resources of the four Cheshire CCGs through merging and establishing a single Cheshire CCG from 01 April 2020. A major programme of work is underway between the four CCGs, called Working Together Across Cheshire (WTAC), which is progressing the alignment of functions, resources and governance arrangements so as to better enable the four CCGs to work as one, reduce avoidable repetition and to free up resources to further progress integrated or joined up care and, ultimately, improve patient care and experience.
- 1.3. The four CCGs have appointed Clare Watson as single Accountable Officer (Chief Officer) and are progressing with the appointment to a Single Executive Director structure to work across and on behalf of the four Cheshire CCGs by April 2019.
- 1.4. The four Cheshire CCGs are working in partnership with the three local (Cheshire) acute hospital trusts, Cheshire and Wirral Partnership NHS Foundation Trust, GP Federations, the two local authorities in Cheshire and other key stakeholders in developing two integrated care partnerships (ICPs). The two ICPs cover the geographic place of either Cheshire East Council or

Cheshire West and Chester Council. It is envisaged that, in time, both ICPs (and the partners within) will be responsible for both commissioning and/or delivery of the majority of health and care services for the population of Cheshire.

- 1.5. Care Communities are being developed across Cheshire East Council and Cheshire West and Chester Council. Care communities which will form the foundations of delivering integrated care across the whole of Cheshire.

2. Recommendations

- 2.1. The committee's views are invited on the proposals to merge the four Cheshire Clinical Commissioning Groups in parallel to (and to support) the development of two Integrated Care Partnerships (one in Cheshire West and One in Cheshire East) and care communities.
- 2.2. That the committee receives future reports on progress.

3. Summary of Main Issues

Development of 'Place-Based' Care and Integrated Care Partnerships

- 3.1. Nationally and regionally there is a direction of travel to move towards place-based care, with 'Place' locally being identified as local authority geographic boundaries. We have been working closely with Cheshire West and Chester Council and Cheshire East Council colleagues to consider what this would mean for the four Cheshire CCGs.
- 3.2. There are a number of challenges that we need to address. Funding for health and care services is tight and significant system-wide pressures mean Cheshire CCGs, and their partners, face an increasingly difficult annual challenge to balance the books and continue to ensure access to high quality, clinically safe and sustainable health and care services. With demand for services rising faster than available resources, positive transformative change is needed to maintain and improve the quality of care that the people of Cheshire have every right to experience.
- 3.3. The WTAC programme is striving to create the optimum environment for the four CCGs to support and enable the shared cross-system ambition to join up care via the development of ICPs within the local authority boundaries of Cheshire East and Cheshire West and Chester. ICPs are designed to join up the commissioning and delivery of hospital, primary and community based care (health and social care), mental and physical health and care services, for the benefit of local communities. Through the WTAC programme, CCGs will support the phased transfer of commissioning responsibilities for services from the CCGs to the two ICPs, whilst also working towards establishing a single strategic CCG for Cheshire.

- 3.4. In Cheshire East, the WTAC programme supports the ambitions of the Cheshire East Place Partnership, whose membership of this inter-partnership forum consist of all NHS partners and the local authority. At the centre of the integrated care plans of local authorities and NHS partners is the development of care communities based on footprints of circa 30,000-50,000 people. Each CCG is working with partners to develop these care communities which will form the foundations of delivering integrated care across the whole of Cheshire.
- 3.5. There are 17 care communities proposed across Cheshire: 9 in Cheshire West and Chester (2 in Vale Royal and 7 in West Cheshire) and 8 within the boundary of Cheshire East Council (3 in South Cheshire CCG and 5 in Eastern Cheshire CCG).
- 3.6. The approach of integrated care planning and delivery within the Care Communities of Cheshire East will focus particularly on services and support for older adults at first but would then be expanded to include services and support for children and other vulnerable groups of people. Introduction of the care communities started in 2018 as part of a five-year plan that will culminate in having a single integrated care system fully operational by 2022-23. The care communities will be run by health and social care professionals including GPs, community nurses and therapists, providers of mental health services for older people, social care workers and staff providing intermediate care as an alternative to hospital admission or to patients recently discharged from hospital. Over this five year period, providers of community and voluntary services will be brought on board while arrangements will be made for the care communities to work closely with providers of regional specialist services such as acute and hyper-acute care, treatment for major injuries and long-term complex mental health care.
- 3.7. Intended benefits of the care communities will include improved health, increased patient and staff satisfaction, fewer avoidable hospital visits and admissions, and more efficient use of taxpayers' money. People will have a better understanding of how to stay well and manage their long-term conditions, and there will be more non-emergency services available 24/7.
- 3.8. In aligning the four Cheshire CCGs to work and act as one, and with the intent to establish a single Cheshire CCG, a more powerful voice for Cheshire will emerge in championing the needs of local people and local organisations at both regional and national level, maximising the opportunities for commissioning at scale for the c750,000 of Cheshire and supporting collaborative commissioning with partners as part of the Cheshire and Merseyside Health Care Partnership and others surrounding Cheshire's borders.

3.9. It is imperative that the development of integrated care is done in parallel with the development of a single Cheshire CCG. It is envisaged that a single CCG will operate in a significantly different way and require a lower level of resource / staff to that currently required of the existing CCGs. This is because many of the functions (and therefore resource) of a CCG will be delegated to the emerging integrated care partnerships in Cheshire.

4. Quality and Patient Experience

4.1. Our shared ambition to develop integrated care across Cheshire is driven by a commitment to enable people to live well for longer. When they do need to access care, this will be available as close to home as is possible and regardless of where they live will be expected to be delivered to the same high standard level (quality, safety and experience). The ambition is to ensure that the best possible outcomes are attained for the local population regardless of where they live and who they are.

4.2. The development of a single Cheshire CCG, and through our partnership work with Cheshire West & Chester and Cheshire East Councils to further develop Integrated Care, will enable us to commission services using a common outcomes framework for both integrated care and each of our 17 care communities.

5. Finance

5.1. The four CCGs across Cheshire are committed to commissioning (buying, planning and monitoring) the best possible high quality safe care within the available resources that are nationally allocated to them by NHS England (NHSE). This continues to present a significant challenge and the development of a single Cheshire CCG is expected to improve our ability to plan and commission care services equitably, based on need and all the whilst meeting our statutory obligation to live within our financial allocations.

5.2. It is expected that there will be both short and long term financial savings for the Cheshire CCGs through the implementation of the programmes of work and strategic direction outlined within this paper. In collapsing and streamlining the operational and governance arrangements for the four CCGs, financial savings are likely to be realised through a number of areas both in relation to running costs associated with operating CCGs (e.g. estates, licences, contracts, staffing costs) and in undertaking their business (e.g. governance structures, meeting arrangements).

5.3. Demonstrating how CCGs are optimising the use of their administrative resources is a key assessment criterion for NHSE when assessing applications by CCGs requesting approval to merge. CCGs also have a responsibility to ensure that they continue to maximise the amount of funding available for direct patient care, which means constantly challenging

ourselves to ensure that management and administration functions are delivered in as efficient a way as possible. At the end of 2018, CCGs were also mandated by NHSE to reduce administration costs by 20% by 2020/21. This 20% reduction has also been adopted by NHSE and NHS involvement.

- 5.4. The adoption of a single way of doing things across the four CCGs and the establishment of a single Cheshire CCG is also expected to maximise the opportunity for making efficiencies in contracting arrangements and service delivery, which in turn frees up resource to be invested elsewhere.

6. Consultation and Engagement

- 6.1. The merging of CCGs does not require a formal consultation with members of the public or stakeholders, however we are committed to seeking the views of members of the public / stakeholders on such matters and this has been done across the country where CCGs have already merged.
- 6.2. In order to seek public opinion the CCGs are developing a document explaining the reasons for merger, along with an e-survey to support a 4 week period of engagement launching in May 2019. This will be supported by attendance at local meetings and forums, which has already been started, and a social media campaign to direct people to the survey.
- 6.3. Ahead of submitting any CCG merger application to NHSE, CCGs will need to have provided evidence and assurance to the CCG Governing Body(s), GP Membership(s) and stakeholders that a move to a larger geographical footprint is not at the expense the new CCG's ability to engage with GPs and local communities at locality level.
- 6.4. NHS England also requires evidence and assurance with regards the extent to which the CCG(s) has/have sought the views of the local authority(s) whose area covers the whole or any part of the CCG's area; any other person or body which in the CCG's view might be affected by the CCGs intentions to merge and the extent to which the CCG has sought the views of patients and the public.
- 6.5. There will be a need for ongoing engagement with members of the public and other stakeholders regarding the development of the care communities and the emerging ICPs. A communications and engagement outline plan is in development regarding the Cheshire East ICP.

7. Contact Information

- 7.1. Any questions relating to this report should be directed to the following officer:

Name: Tracey Shewan

Job Title: Executive Director Quality and Safeguarding

Email: tracey.shewan@nhs.net

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Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

Working Together Across Cheshire

March 2019

Why should we do this?/Case for Change

- **Improve outcomes for the population & better engage our residents in co-design of services**
- **We want to improve the quality of care that the people of Cheshire have every right to experience – currently we're not meeting NHS Constitution standards**
- **Unprecedented levels of demand for services – something needs to change**
- **Range of issues around internal efficiencies and ability to deliver improvements speedily for public and patients**
- **Examples of fragmented, inconsistent care remain**
- **Funding for health and care services is tight. Demand for services is rising faster than budgets**
- **Significant system-wide challenges, Cheshire CCGs face annual challenge to balance the books - we need to do something different from a commissioner and provider perspective**

Working together across Cheshire:

NHS Eastern Cheshire Clinical Commissioning Group (CCG), NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG

Benefits of working together

- **A more powerful voice for Cheshire in championing the needs of local people at regional and national level – advocate for the 750,000 residents**
- **Ability to plan in a more “joined up” manner especially in relation to Cheshire as a whole and with respect to the flows of patients**
- **Standardise, as far as possible, pathways and approaches to care to improve outcomes for everybody**
- **Availability of clinical and managerial capacity to support the development of Integrated Care Partnerships**
- **Better use of CCG workforce - improving efficiency and sharing of best practice, reducing duplication**
- **Maximise opportunities for commissioning at scale across Cheshire, Cheshire & Mersey, Region, 2 local authorities**

Benefits continued:

- **Reduce the number of formal and informal meetings across 4 CCGs**
- **Reduce the number and volume of plans, contracts, annual reports formal audits etc. required across the 4 CCGs**
- **Increase ability to cope effectively with an increasingly turbulent financial environment including changes in CCG allocations**

Integrated Care Partnerships

- Shared cross-system ambition to join up care
- Place-based approach to integrated care in Cheshire
- Partnership of multiple organisations delivering health and care in same geography – true system approach
- Collective accountability for budgets and outcomes
- Focus on collaboration resulting in more multidisciplinary working
- Development of 17 ‘care communities’ extending beyond existing community care teams
- Able to co-ordinate care for individuals along whole pathway of care
- Proactive management of population – prevention and early identification
- Integrated IT solutions
- Increased involvement of patients and users in service design and delivery
- Aim to join up hospital and primary care, health and social care, mental and physical health and the NHS and local communities.
- Working together will create the best environment to achieve this

Strategic Clinical Commissioning Group

- Develops in parallel to two ICPs: Cheshire East & Cheshire West
- Development of two integrated health and social care commissioning boards on local authority footprints
- Supports place-based approach to integrated care in Cheshire
- Maximises opportunities to commission at scale
- Common outcomes framework for both integrated care and care communities
- Optimises resources & reduces costs
- Collective accountability for budgets and outcomes
- Improved outcomes for population and better engagement of residents

Membership Engagement Process

- Briefings and discussions with Memberships
- Agenda items to address specific issues i.e. Clinical Leadership, Financial Framework etc.
- Two all Membership meetings based on 'Place'
- Alignment of ICP development
- Relationship with GPs – Members, Partners
- Strong GP/Clinical leadership
- Representation/Voice

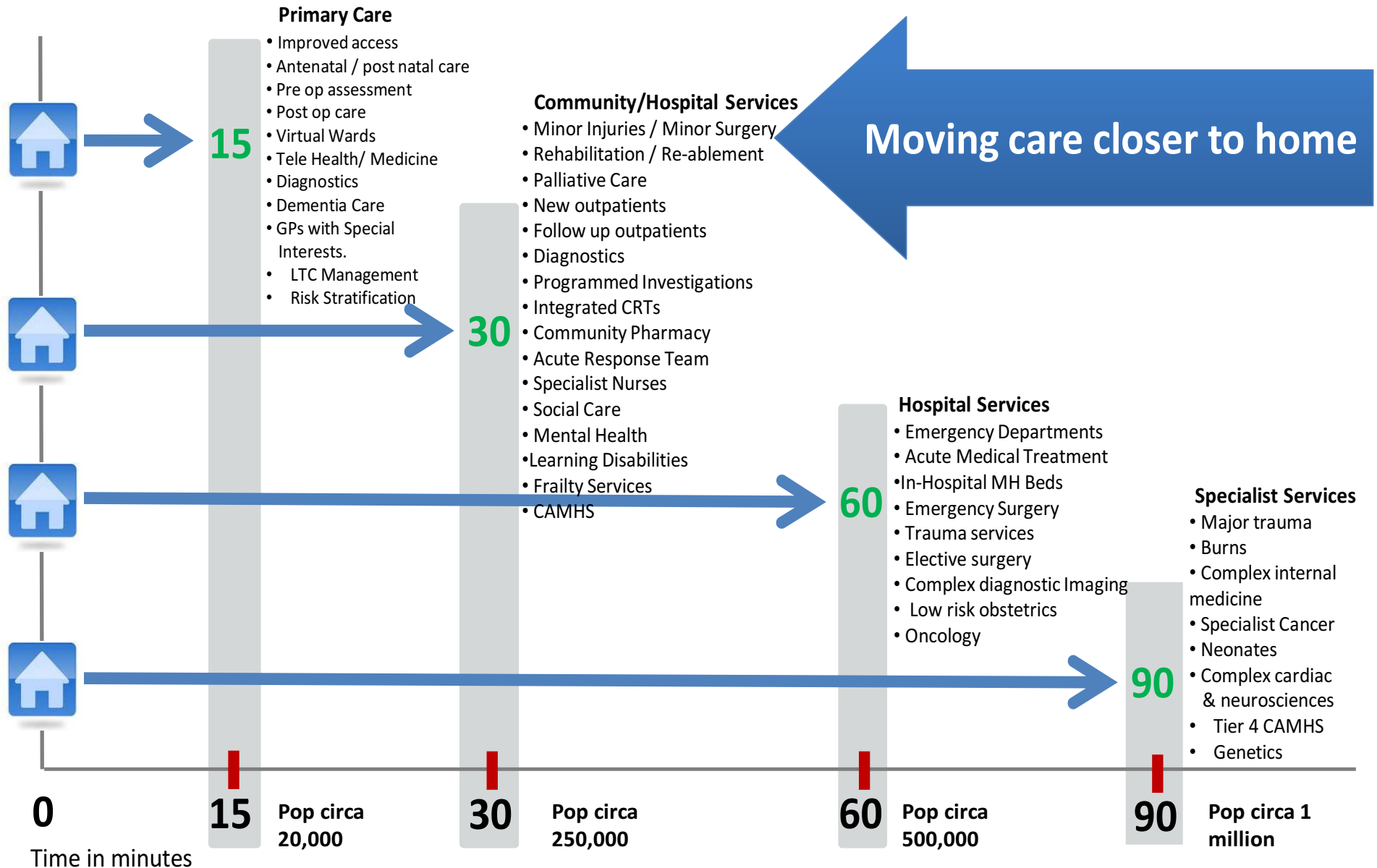
Engagement with Stakeholders

- **E-survey for patient and public feedback ++**
- **Healthwatch Cheshire**
- **LMC Cheshire**
- **1:1 briefings with LA leaders and CEOs**
- **Briefings and attendance at OSCs and Health & Wellbeing Boards**
- **Briefings to and with MPs**
- **Letters of support from stakeholders inc. providers**
- **Letter of support from neighbouring CCGs**

CCG & ICP's leadership & governance

- **Aligned & interdependent**
- **GP & clinical leadership central to transformation of care and services in Cheshire**
- **“Exec” side of emerging & ICP's tbc**
- **Clinical leadership model of ICP & CCG to be designed & agreed with Memberships**
- **Scope resource across Cheshire – existing CCG & Care Communities resource - transition for the future**

Exploratory Model of Care



How we plan to get there

- **Timeline to April 2020 – ambition agreed by all 4 Cheshire CCGs**
- **Strengthening collective and collaborative commissioning arrangements – overseen by Joint Commissioning Committee**
- **ICP's development & governance - currently overseen by Cheshire East (ICP) Partnership Board & Exec**
- **Map CCG functions and services – some likely to form part of a strategic commissioner, others ICPs**
- **Phased transfer of some CCG functions & associated resources to ICPs – starting March 2019**
- **Delegation Agreement – incl. delivery & outcomes MoU – between CCG & ICPs**
- **Delegation Agreement between other provider partners into the ICPs**

Working together across Cheshire:

NHS Eastern Cheshire Clinical Commissioning Group (CCG), NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG

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FORWARD PLAN FOR THE PERIOD ENDING 31ST MAY 2019

This Plan sets out the key decisions which the Executive expects to take over the period indicated above. The Plan is rolled forward every month. A key decision is defined in the Council's Constitution as:

"an executive decision which is likely –

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £1M."

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Council's Offices/Information Centres 5 days before the decision is to be made. Copies of, or extracts from, these documents may be obtained on the payment of a reasonable fee from the following address:

Democratic Services Team
Cheshire East Council
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ
Telephone: 01270 686472

However, it is not possible to make available for viewing or to supply copies of reports or documents the publication of which is restricted due to confidentiality of the information contained.

A record of each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, at Council Information Centres and at Council Offices.

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the

Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

The list of decisions in this Forward Plan indicates whether a decision is to be taken in private, with the reason category for the decision being taken in private being drawn from the list overleaf:

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting, please email:

Paul Mountford, Executive Democratic Services Officer
paul.mountford@cheshireeast.gov.uk

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 clear day rule for publication of notice of a key decision or intention to meet in private, the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-33 Crewe Station Hub Area Action Plan – Development Strategy	<p>The report seeks approval to consult on the next stage of the Crewe Station Hub Area Action Plan. The Plan is designed to guide and manage development in the environs of the new HS2 Hub Station at Crewe.</p> <p>The Action Plan has been the subject of a four week issues consultation during November and December with a series of local engagement events. Alongside further evidence this feedback has helped shape a Development Strategy as the next stage of the Area Action Plan.</p>	Portfolio Holder for Housing, Planning and Regeneration	1 Feb 2019	The Area Action Plan was subject to a period of engagement during the late Autumn of 2019. A series of events were held for local businesses and residents and an online consultation on the Issues Paper. A summary of the comments received is set out in Appendix 1 to the report.	Adrian Fisher, Head of Planning Strategy	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-35 Proposed Expansion of Elworth Church of England Primary School, Sandbach	To seek approval for the proposed expansion of Elworth CE Primary School from 315 to 420 places for implementation in September 2020, having given due consideration to any responses to the statutory proposal notice.	Cabinet	5 Feb 2019		Jacky Forster, Director of Education and 14-19 Skills	N/A
CE 18/19-39 Provision of Catering Services at Tatton Park	To approve the recommendations in the report regarding the provision of catering services at Tatton Park, and to authorise the officers to take all necessary actions to implement them.	Cabinet	5 Feb 2019		Brendan Flanagan, Head of Rural and Cultural Economy	Fully exempt - paras 3 & 4
CE 18/19-40 Macclesfield Local Development Order	To approve the Cheshire East Macclesfield Local Development Order (Northside and Whalley Hayes), comprising the Local Development Consent Order and Statement of Reasons.	Cabinet	5 Feb 2019		Adrian Fisher, Head of Planning Strategy	N/A
CE 18/19-41 0-19 Healthy Child Programme	To authorise the Executive Director People, in consultation with the Portfolio Holder for Health, to award the 0-19 Healthy Child Programme contract.	Cabinet	5 Feb 2019		Nichola Glover-Edge, Director of Commissioning	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-42 Re-Commissioning of Integrated Lifestyle Services	To delegate to the Executive Director People, in consultation with the Portfolio Holder for Health, authority to re-commission the One You Cheshire East Integrated Lifestyle Service.	Cabinet	5 Feb 2019		Nichola Glover-Edge, Director of Commissioning	N/A
CE 17/18-51 Medium Term Financial Strategy 2019-2022	To approve the Medium Term Financial Strategy for 2019-2022, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	21 Feb 2019		Alex Thompson, Head of Finance and Performance and Interim Section 151 Officer	N/A
CE 18/19-11 Adoption of Community Infrastructure Levy	To seek agreement to adopt the Community Infrastructure Levy (CIL) Charging Schedule following public examination on 12/13 September 2018.	Council	21 Feb 2019		Adrian Fisher, Head of Planning Strategy	

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-43 Families Achieving Change Together	To authorise the start of a tender process to establish a devolved children's social work model (Families Achieving Change Together (FACT)), and provide delegated authority to the Executive Director People in consultation with the Portfolio Holder for Children and Families to award the contract to the FACT service.	Cabinet	12 Mar 2019		David Leadbetter	N/A
CE 18/19-45 Rural Action Plan	The Council has identified rural matters as a strategic priority and has undertaken to build a strong and resilient rural economy with strong, supportive rural places and communities. The report will present a Rural Action Plan for approval relating to the period 2019/20 – 2021/22.	Cabinet	12 Mar 2019		Brendan Flanagan, Head of Rural and Cultural Economy	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-46 ASDV Review Update	To approve the recommendations in the report, including any recommendations to the Portfolio Holder for Finance and Communication for decision.	Cabinet	12 Mar 2019		Sean Hannaby, Director of Planning and Environment	Fully exempt - paras 3 & 4
CE 18/19-38 Malbank School and Sixth Form College - Authority to Let a Contract	To seek approval to delegate authority to the Executive Director of People to authorise the entering into of a construction contract for the creation of additional pupil places at Malbank School and Sixth Form College.	Cabinet	9 Jul 2019		Jacky Forster, Director of Education and 14-19 Skills	N/A
CE 18/19-44 Local Transport Plan	Cheshire East Council as the Local Transport Authority has a duty to produce, and keep under review, a Local Transport Plan (LTP) in accordance with the Local Transport Act 2008. Council will be asked to approve the LTP for adoption following consideration by Cabinet.	Council	18 Jul 2019		Richard Hibbert	N/A

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Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 07 March 2019

Report Title: Work Programme

Portfolio Holder: Councillor J Clowes – Portfolio Holder for Adult Social Care and Integration

Councillor L Wardlaw – Portfolio Holder for Health

Senior Officer: Acting Monitoring Officer and Director of Legal Services

1. Report Summary

- 1.1. To review items in the work programme listed in the schedule attached, together with any other items suggested by committee members.

2. Recommendations

- 2.1. That the work programme be approved, subject to committee agreement to add new items or delete items that no longer require any scrutiny activity.
- 2.2. That the committee approves that the 'CCG Operational Plans' report be deferred to its next meeting on 11 April 2019.

3. Reason for Recommendations

- 3.1. It is good practice to regularly review the work programme and update as required.

4. Other Options Considered

- 4.1. N/A.

5. Background

- 5.1. The schedule attached has been updated following the last meeting of the committee.
- 5.2. The work programme was also reviewed at a Scrutiny Liaison Meeting on 24 January 2019 by the Chairman, Vice-Chairman, portfolio holders and key senior officers.

- 5.3. Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity.
- 5.4. When selecting potential topics, members should have regard to the Council's three year plan and to the criteria listed below, which should be considered to determine whether scrutiny activity is appropriate.
- 5.5. The following questions should be asked in respect of each potential work programme item:
 - Does the issue fall within a corporate priority;
 - Is the issue of key interest to the public;
 - Does the matter relate to a poor or declining performing service for which there is no obvious explanation;
 - Is there a pattern of budgetary overspends;
 - Is it a matter raised by external audit management letters and or audit reports?
 - Is there a high level of dissatisfaction with the service;
- 5.6. If during the assessment process any of the following emerge, then the topic should be rejected:
 - The topic is already being addressed elsewhere
 - The matter is subjudice
 - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within a specified or required timescale

6. Medium Term Financial Strategy

- 6.1. At the suggestion of CLT, the council's Medium Term Financial Strategy 2019-22 will be used as an additional tool to support the forward planning and work programming of matters by the four overview and scrutiny committees.
- 6.2. Published alongside this covering report are the key figures extracted from the Strategy document for the Cabinet portfolios relating to the remit of this committee (Adult Social Care and Integration, and Health.)

7. Implications

- 7.1. There are no implications to legal or financial matters, equality, human resources, risk management, or for rural communities, children and young people or public health.

8. Ward Members Affected

- 8.1. All.

9. Access to Information

- 9.1. The background papers can be inspected by contacting the report author.

10. Contact Information

- 10.1. Any questions relating to this report should be directed to the following officer:

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: joel.hammond-gant@cheshireeast.gov.uk

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07.03.19	11.04.19	13.06.19	01.08.19	12.09.19	10.10.19	07.11.19	05.12.19
10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am
Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields

16.01.20	06.02.20	05.03.20	09.04.20	07.05.20
10.00am	10.00am	10.00am	10.00am	10.00am
Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
Response to Proposed Changes to Orthodontic and Oral Surgery Services in Macclesfield by East Cheshire NHS Trust	Following on from the committee's initial declaration that it deemed the planned service changes to be a level 3 SDV (significant development or variation in services), to consider further information from East Cheshire NHS Trust on their plans to no longer provide orthodontic or oral surgery services from Macclesfield	East Cheshire NHS Trust / NHS England	Health	Committee	Carry out its statutory duty to recommend whether the proposed service changes are a SDV	People live well and for longer	7.3.19

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
	General Hospital.						
Connected Communities	To consider a progress report on performance of the Council's Connected Communities Centres against key strategies and objectives	Director of Public Health	Adult Social Care and Integration	Committee	Performance monitoring	People live well and for longer Our local communities are strong and supportive	7.3.19
CCG Convergence	To receive a report on the convergence of CCGs in Cheshire	Eastern/South CCGs	Health	CCGs	Information	People live well and for longer	7.3.19
CCG Operational Plans	To consider a report on CCG operational plans	Eastern/South CCGs	Health	CCGs	Performance monitoring	People live well and for longer	7.3.19
Deprivations of Liberties Safeguard (DoLS)	To take an in-depth look at DoLS and mental capacity, receiving information from relevant Council officers and partner organisations.	Head of Safeguarding / Director of Adult Social Care	Adult Social Care and Integration	Committee	Performance monitoring	People live well and for longer	11.4.19
Health and Adult Social Care and Communities Performance Scorecard (Quarter 3)	To consider performance data for council services in the committee's remit for quarter 3 of 2018/19.	Acting Executive Director of People	Adult Social Care and Integration Health	CLT	Performance monitoring	People live well and for longer Our local	11.4.19

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
						communities are strong and supportive	

Items scheduled to carry over to 2019/20

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
Outcomes from Consultation on Option 2 Plus	To consider information from the Eastern Cheshire CCG, Cheshire and Wirral Partnership and South Cheshire and Vale Royal CCG on the consultation carried out for the newly proposed Option 2 Plus for the redesign of mental health services in Cheshire East.	Associate Director of Commissioning (Eastern Cheshire CCG)	Adult Social Care and Integration Health	Committee	Consider if consultation was adequate, and establish clear monitoring role for implementation of the redesign	People live well and for longer	Progress report date TBA
Early Help Framework	Performance review following implementation in October 2018.	Director of Commissioning	Adult Social Care and Integration Health	Committee	Performance monitoring	People live well and for longer	13.06.19

Improved Access – Eastern Cheshire CCG	To consider a report on the effectiveness and impact of NHS Eastern Cheshire CCG's work to improve access to services; new ways of working were introduced in October 2018.	Director of Commissioning (Eastern Cheshire CCG)	Adult Social Care and Integration Health	Committee	Performance monitoring	People live well and for longer	13.06.19
Health and Adult Social Care Performance Scorecard – 2018/19 Annual Update	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Director of Adult Social Care	Adult Social Care and Integration Health	Corporate Leadership Team	Performance monitoring	People live well and for longer	13.06.19
Congleton Minor Injuries Unit	To consider a report on the impacts to the Congleton Minor Injuries Unit Impact of national review of urgent care services with a required specification of service standards for the provision of facilities. Findings of the review and its impact on the unit to be considered.	Kath Senior (NHS East Cheshire Trust) / Director of Commissioning (Eastern Cheshire CCG)	Health	Committee	Performance monitoring Monitoring developments or variations in service provision	People live well and for longer	01.08.19
Recommissioning of Assistive Technology	To consider a report providing detail on performance following the recommissioning of assistive technology	Director of Commissioning	Health	Committee	Monitoring developments or variations in service provision	Our local communities are strong and supportive People live well and for longer	TBD - Autumn

North West Ambulance Service (NWAS) Performance Update	To consider a performance report from NWAS, approximately 12 months on from the last report to the committee.	NWAS	Health	Committee	Performance monitoring	People live well and for longer	07.11.19
Everybody Sport and Recreation Annual Performance Report 2018/19	To consider the annual performance of ESAR in 2018/19.	CEO of ESAR	Health	Committee	Information / performance monitoring	People live well and for longer Our local communities are strong and supportive	07.11.19
Review of Autism Screening at Cheshire's Custody Suites	To consider a report from the Cheshire and Wirral Partnership (CWP) on autism screening at Cheshire's custody suites, following a campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	CWP	Health	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	16.01.20
Delayed Transfers of Care	To consider a report outlining performance on delayed transfers of care approximately 12 months on from the last report to committee in February 2019.	CEC / CCGs / CWP	Adult Social Care and Integration Health	Committee	Performance monitoring	People live well and for longer	06.02.20

Improving physical and mental health and wellbeing in areas of greater deprivation within Cheshire East	To consider a report outlining the work undertaken by the Council and partners focused in areas of higher deprivation in the borough, to improve peoples' physical and mental wellbeing.	Director of Public Health / CEO of ESAR	Health	Committee	Overview	People live well and for longer Our local communities are strong and supportive	TBD
Impacts to Cheshire East Adult Social Care Services Following Decision on Millbrook Unit	To consider a report highlighting the impacts to Cheshire East Council adult social care services following the implementation of the new model of mental health services in eastern Cheshire. (This will be brought to the committee following the implementation of new ways of working to ensure sufficient data and evidence for effective scrutiny.)	NHS Eastern Cheshire CCG / CWP / CEC	Adult Social Care and Integration Health	Director of Adult Social Care / Director of Public Health	Performance monitoring	People live well and for longer	TBD
On-line Slimming Products	To investigate the licensing/control mechanisms in place to regulate the sale of slimming products on line and to review the mental impacts of rapid weight loss achieved through such products.	Director of Public Health	Health	Chairman	Policy Development	People live well and for longer	TBD

Cheshire East Mental Health Strategy	To consider the Cheshire East Mental Health Strategy prior to a decision being made by Cabinet.	Director of Commissioning Corporate Manager – Health Improvement	Health	Chairman	Pre-decision, strategy/policy development	People live well and for longer	TBD
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Outcome 1 – Our local communities are strong and supportive

What this means:	<p>Individuals and families are self-reliant and take personal responsibility for their quality of life.</p> <p>Communities are cohesive, with a strong sense of neighbourliness. There is genuine civic pride and mutual respect.</p>	
What the Council will focus on:	1. Active, Resilient and Connected Communities where people want to live	2. Communities where you are Safe, and feel Safe
What this will look like:	People work together to help each other, take action and take pride in where they live. We enable and support all of our communities to be independent. We lead by example as a proactive and enforcing Council.	People feel safer in their own homes and in their communities. We work with partners to target a reduction in anti-social behaviour and improve public and road safety.

Key Priorities

Over the past year we have held coproduction events with service users, communities and the voluntary sector to better understand their needs. This is essential to ensure that our communities are safe, strong and supportive and to be able to meet the challenges of having to make large scale savings, whilst still meeting need.

We are working with communities to develop strength based community initiatives and targeted interventions to build social relationships amongst isolated groups. We are also working to encourage social connections between people with similar experiences to provide peer support, helping residents to help themselves.

We are committed to investing in our communities and maximising the full value of our community capital to maximise our shared potential, bringing about greater social, economic and personal benefits for everyone in Cheshire East. By developing our approach to engaging with and supporting community development, we can ensure we maximise potential to help all our communities to become more enterprising and to enable more deprived areas to lift themselves out of dependence and to address the inequalities which impact on their lives.

There needs to be a shift towards more prevention and early intervention which will require services to organise and professionals to behave in very different ways.

Challenges

- There continues to be pressure on the health and care system due to the significant demand on services, high costs to the system and local demographic pressures.
- Addressing the geographical inequalities in life expectancy across the borough, which is significantly higher in our more affluent areas.
- Managing the increase in areas of the borough that fall in the most deprived 20% nationally.

Opportunities

- Create sustainable communities through strengthening our approach to community engagement and communications, including ensuring coproduction is at the centre of all our commissions.
- Empowering people to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes.
- Making our communities more connected through reshaping our approach to Adult Social Care and Communities work, helping people in communities to become more connected to others, reducing inequalities and improving life chances.
- Developing Connected Neighbourhoods to strengthen local networks and partnerships, which work collaboratively to improve health and wellbeing.
- Engaging local people to be more involved in decision making in their areas.

Proposals to vary the Budget under Outcome 1 (Communities) are focused on these areas:

Changing the way we work <i>Managing services in a way that gets more for less. Investing in modern technology to get better quality outputs, eliminating duplication and streamlining processes.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Withdrawal of temporary reduction in funding for Universal Information and Advice service (Revenue Investment) [1] There was a temporary increase of £30,000 in the grant funding for this service in 2015/16 on the basis that the “loan” would be paid back over the following three years. This growth will restore the budget to its original value from 2019/20. <i>Impact on Benefits Administration Service Budget =</i>			
	+0.010	+0.010	+0.010
*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19 . Values are not cumulative			

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Outcome 5 – People live well and for longer

What this means:	Local people have healthy lifestyles and access to good cultural, leisure and recreational facilities. Care services focus on prevention, early intervention and physical and mental wellbeing.			
What the Council will focus on:	1. Empowering people to live independent, healthier and more fulfilled lives	2. Information, Advice and Guidance, Prevention and Early Intervention	3. Accessible high quality services, Information & Advice	4. Public Protection, Health Protection and Safeguarding
What this will look like:	<p>Our residents are supported to live independently with a high quality of life.</p> <p>Our residents take responsibility for their own health and well-being. They have a positive experience in all interactions with the health and care system.</p>	<p>The Council commissions and delivers proactive services which help to support physical and mental wellbeing.</p> <p>Facilitating the identification, at an early stage, of individuals who can benefit from preventative services and interventions which help improve physical and mental health and wellbeing.</p>	<p>Residents and customers find it easy to access local services and get the information they need.</p> <p>Our residents have choice when accessing our high quality services. Our residents achieve excellent outcomes through engagement with our local services.</p>	<p>There are strong, multi-agency arrangements in place to ensure residents are safeguarded and protected.</p>

Key Priorities

Introduction

The Council has experienced a significant increase in the number of children entering care in Cheshire East. Whilst this rise is reflected locally and nationally, it continues to put pressure on budgets within Children's Social Care, both in terms of placement and staffing costs. A number of measures were put in place in 2017/18 and these have started to impact; children in care numbers have started to stabilise. A growth bid for social care in 2018/19 forms part of these proposals.

Increasing pressures on the budget have led to a number of service reviews and changes in commissioned services. The focus of these has been to maintain frontline capacity and target our resources more effectively on those services that make an impact. The Council has continued to invest in the intensive child in need service, to prevent the escalation of children's needs, previously known as Project Crewe. We are reshaping the market to meet the change in demand and refocus our early help offer.

We are increasingly working on a sub-regional footprint. In July this year Cheshire East, in partnership with Manchester, Salford, Trafford and Stockport Councils, celebrated the first birthday of its regional adoption agency. The service, called 'Adoption Counts', has been formed to ensure that children can be adopted sooner by speeding up the adoption process and providing a better range of post-adoption services. In April this year the Council, in partnership with Cheshire West and Chester, Warrington and Halton Councils launched its shared fostering marketing and recruitment hub. This collaboration recently welcomed its 100th enquiry to foster and it is anticipated that this will lead to an increase in local foster carers. The collaboration is already sharing foster carers and has ambitions to be a market leading shared fostering service.

Work is well underway to establish new safeguarding children partnership arrangements, both at a pan-Cheshire level and, importantly, locally. These changes are being created by the Children and Social Work Act, 2017 and will replace the current Local Safeguarding Children's Boards (LSCBs).

Significant work has taken place over the past year to commence the implementation of Signs of Safety (SoS) as a new way of working with families across Cheshire East. This has included over 500 practitioners and managers from across the partnership being trained in the model. Working closely with North Yorkshire County Council (who were recently rated by Ofsted as Outstanding) as part of the DfE Partners in Practice (PiP) Programme, Cheshire East has benefitted from the advice and guidance from an authority that is successfully using the model to achieve positive results for children, young people and staff. Staff have participated from the outset to help to shape and prepare for Signs of Safety within their services, embracing change. We believe that this is already starting to change the culture across the service and partnership; recruitment and retention of social care staff has significantly improved over the past year. Embedding this model across all areas of our work with children, young people and families is a priority for 2018/19 and beyond.

During 2017 feasibility work has been underway around developing a locality model of working for frontline children's services. This has looked at a range of factors to determine whether it would be more effective and improve services for children, young people and their families based on a number of geographical areas across the borough.

Improving the outcomes for our cared for children and care leavers continues to be a priority. Improving their experiences around

education, health and care services is a priority and a new Corporate Parenting Strategy will be launched later this year. The strategy will set out the 'pledges' made by all corporate parents to our cared for children and care leavers. The Council will shortly also publish its 'local offer' to care leavers, setting out the services they can expect to access.

Absolutely paramount is the ability to ensure we protect both our vulnerable adults and children. Through working with our partners, we continue to focus on issues such as domestic abuse, child exploitation and adult abuse. To ensure we continue to tackle these important issues, we are increasingly working across agencies and partnerships such as Cheshire Fire and Rescue, Police and Crime Commissioner for Cheshire, NHS and housing associations to ensure we take a holistic approach.

We have worked over recent years to shift to Adult Social Care and Health services that reflect the outcomes and aspirations of people using those services. Our ambition is to develop flexible, personalised services that enable people to maintain their independence and, where possible, remain living in their own home.

In line with the Care Act 2014, we will focus on the wellbeing of individuals, supporting choice by giving people the opportunity to have a direct payment and develop their own bespoke package of support. We will stimulate the development of an active and vibrant care market both in the independent sector but also across the voluntary, community and faith sectors.

The recommissioning of Care at Home services (Domiciliary Care), and Accommodation with Care services (Nursing and Residential Care) in Cheshire East has been led by the Council with our health partners. Joint commissioning with our health partners has enabled the Council to develop our local model and will increase opportunities including step up, step down and discharge to assess beds. The recommissioning of Care at Home and Accommodation with Care is underpinned by Care Market Development activities, as

we continue to develop the care market in Cheshire East. We are also currently reviewing our Extra Care provision with a long term ambition to re-design and grow our local model for Extra Care. Additional priority areas for Adults and Older People commissioning will include: Assistive Technology, Community Equipment Services, Advocacy and Direct Payments Support services.

We are committed to developing the Care Provider Market in Cheshire East to improve services and outcomes for adults with complex needs. This includes individuals with Learning Disabilities, Physical Disabilities, Mental Health and Autism, through the development of our Complex Needs Dynamic Purchasing System, which providers bid to be part of, and which enables the Council to commission services which meet the local needs and outcomes of individuals. The Complex Needs Dynamic Purchasing System has been for Young People and Adults aged 16 years plus which will also support transition from Young Peoples to Adult services. This will be supported through the development of three local strategies Learning Disabilities, Mental Health and Autism, which have been developed across the Local Authority and Health partners.

Our commitment to supporting carers who provide care and support to their families in our community continues to grow through the Cheshire East Carers Hub which was commissioned by the Council in partnership with Health. The Carers Hub was commissioned in April this year as a single point of contact for Carers of all ages (Young Carers, Working Age Carers, Parent carers and Older carers), which includes the Information and Advices, the Carers Living Well Fund, Group Support, Training and a 24 hour chat line which is peer led. During the first 3 months the Carers Hub identified over 300 hidden carers across Cheshire East. We are also in the process of re-designing our Respite Care offer, to include a more flexible bed based and community based offer, in response to what carers have told us to include.

The Public Health Team will continue to provide the evidence and data that informs commissioners as to where they need to focus

their efforts to deliver the best outcomes to improve resident's health and wellbeing. There will also be a concerted effort to embed early intervention and prevention in everything that we do across health and the local authority, recognising that empowering individuals to improve their health and wellbeing will be beneficial to both the individual, but also the system as it will, in time, reduce demand. The recommissioning of Public Health Services will ensure effective delivery in the most efficient way.

Our priorities for Public Health commissioning over the next year include: The mobilisation of the new Substance Misuse Services which went live on the 1st November; and recommissioning Sexual Health Services, Lifestyle Services (One You), Children and Young People Early Help Mental Health services (including Emotional Health Schools), Infection Prevention and Control services, and our Healthy Child Programme.

Our Communities Team will focus on the continued implementation of the Connected Communities Strategy, supporting communities to help themselves and creating a sustainable community infrastructure that will help individuals and families to live well.

Following feedback from local organisations, we will aim to build relationships, and to support the development of a thriving Voluntary Community and Faith Sector in Cheshire East through the coproduction of a local strategy. This will be supported through the recently commissioned Early Help Framework, which currently has 56 Providers contracted to respond to bid for Early Intervention and Prevention services, for example Befriending services, and Sensory Impairment services which are currently being commissioned via the Framework.

Proposed changes within Health will inevitably have a significant impact on social care both in children's and adults, but the full impact of these are not yet known. We remain committed to working with our NHS colleagues locally and sub-regionally.

Challenges

- Continuing to manage the increase in numbers of children and young people in care and affordability of residential and external placements.
- Managing the market to ensure that there is a range of services, care and support available to support cared for children and young people in their local area, many of whom have complex needs, including working sub-regionally to broaden the range and effectiveness of our services.
- Strengthening partnerships to deliver integrated, value for money services that ensure the voice of children and young people and better meet their needs.
- Managing young people in transition to adulthood, in particular those with a complex disability who will be transitioning to adult social care during the next three years.
- Meeting the needs of our aging population; by 2027 the number of people in the Borough aged 65+ is estimated to rise to over 127,000 and those aged 85+ estimated to have increased to 18,800.
- Managing the needs of adults with dementia, which has a higher prevalence in Cheshire East than the England average (4.47% of the population aged 65+ are recorded as having dementia).
- Supporting our 'unpaid carers' to have breaks but also to maintain their caring roles.
- Addressing the health and wellbeing, especially mental wellbeing, of our population to ensure they can live full and independent lives.

Opportunities

- Continue to work to embed Signs of Safety as a way of working in Cheshire East to make our services more inclusive to support families to develop their own solutions leading to sustainable outcomes and more child-focused, putting the needs of children and young people first.
- Maximise sub-regional arrangements to improve collaborations, streamline and enhance good practice across all partnerships.
- Commission new children's care hubs, where children and young people's needs can be better met by integrating fostering and residential care more closely so they achieve greater stability of care.
- Implement a locality working model to better support joint working with children and families at the centre.
- In the forthcoming Green Paper on Adult Social Care the Government has indicated that the Green Paper will cover: a sustainable social care system; how people pay for social care including a cap on lifetime social care bills; care market stability and development; and also the integration of health and social care.
- The commissioning of Early Intervention and Prevention services via the Early Help Framework.
- Ensuring a strategic approach to digital innovation, for example through the work to introduce the Personal Care Record, enhancing the Live Well online directory and the Digital Inclusion Strategy.
- Continued roll out of Connected Communities Centres to deliver the right services in the right places at the right time.
- Working with NHS colleagues to further develop joint commissioning for outcomes.
- Develop new ways of working where the service user is in charge of their journey to remain in their own home and they are connected to their communities.

Proposals to vary the Budget under Outcome 5 (Health) are focused on these areas:

Changing the way we work <i>Managing services in a way that gets more for less. Investing in modern technology to get better quality outputs, eliminating duplication and streamlining processes.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Independent Living Fund - Attrition Factor Reductions (Revenue Savings) [33] Cheshire East Council receives annual funding from central Government to support individuals previously in receipt of funding from the Independent Living Fund which closed in June 2015. Funding available to the Council reduces annually and although the Council has ring-fenced the money to Adult Social Care the demand for ongoing care and support continues. <i>Impact on External Care Costs Service Budget =</i>	-0.027	-0.027	-0.027
Client Finance and Business Support Review (Revenue Savings) [34] Review of the adult social care client finance and business support function to ensure reduced bureaucracy and prevent duplication across services and review the structure to ensure maximum effectiveness and productivity. This is interdependent with the people directorate management service business case. <i>Impact on Operations – Support to Social Work Service Budget =</i>	-0.100	-0.100	-0.100
<p>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19. Values are not cumulative</p>			

Changing the way we work <i>Managing services in a way that gets more for less. Investing in modern technology to get better quality outputs, eliminating duplication and streamlining processes.</i>	2019/20 £m*		2020/21 £m*	2021/22 £m*
Direct Payments Review (Revenue Savings) [35] Review of direct payment policy and process to ensure that it is up to date, efficient and meets legal requirements. <i>Impact on Commissioning – External Care Costs Service Budget =</i>	-0.500		-0.500	-0.500
One You Cheshire East (Revenue Savings) [36] Cheshire East Council commissions an integrated lifestyle service for members of the population aiming to improve their long term health through smoking cessation, physical activity, healthy eating, weight management and falls based interventions. This service is currently delivered by a number of providers. The Council will look to reduce the management costs whilst maintaining frontline delivery. <i>Impact on Public Health Service Budget =</i>	-0.050		-0.100	-0.100
*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19 . Values are not cumulative				

Changing the way we work <i>Managing services in a way that gets more for less. Investing in modern technology to get better quality outputs, eliminating duplication and streamlining processes.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Community Equipment Service (Revenue Savings) [37] <p>The Community Equipment service is currently commissioned by Cheshire East Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups. The service aims to improve and maintain a person's health and wellbeing through increased independence, choice, control and quality of life of the individual with the provision of equipment. A review is being undertaken of the Community Equipment service to ensure that it is the most efficient and effective service for the residents of Cheshire East, the outcome of which will inform future commissioning intentions.</p> <p style="text-align: right;"><i>Impact on Commissioning - Other Service Budget =</i></p>	<p style="text-align: right;">-0.050</p>	<p style="text-align: right;">-0.100</p>	<p style="text-align: right;">-0.100</p>
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</i></p> <p style="text-align: right;"><i>Values are not cumulative</i></p>			

Changing the way we work <i>Managing services in a way that gets more for less. Investing in modern technology to get better quality outputs, eliminating duplication and streamlining processes.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Review and reduction of contract values (Children's Services) (Revenue Savings) [38] <p>Across the children's services (social care, education and early intervention) there are a significant amount of external contracts worth circa £21m. A systematic review of all contracts will be undertaken and a negotiation will take place with the providers to ensure outcomes for children and young people remain person focused.</p> <p><i>Impact on People – Children and Families Service Budget =</i></p>	<p>-0.500</p>	<p>-0.500</p>	<p>-0.500</p>
Healthwatch Cheshire East (Revenue Savings) [39] <p>The primary purpose of the Healthwatch service is to act as an independent champion and voice for residents in order to help monitor and shape local health and social care services. This is achieved by actively gathering the opinions and experiences of local people in using these services and producing valuable and timely feedback for the NHS and local authority. Negotiations have been initiated between the partnership & the provider to propose 10% reduction to the value of the overall contract.</p> <p><i>Impact on People – Commissioning Early Intervention & Prevention Budget =</i></p>	<p>-0.015</p>	<p>-0.015</p>	<p>-0.015</p>
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19. Values are not cumulative</i></p>			

Income generation <i>Charging strategies for each service area to increase income where appropriate based on market rates and considering the price elasticity of demand for services.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Increase Income (Income Generation) [40] <p>The proposal is to conduct a review of individuals who have historically been assessed with a low or no financial contribution towards their care and support services, to support these individuals to access their full welfare benefit entitlement, address any changes in individual circumstances and to ensure consistent application of the Council's charging policies.</p> <p style="text-align: right;"><i>Impact on Client Contributions Service Budget =</i></p>	<p style="text-align: center;">-0.100</p>	<p style="text-align: center;">-0.100</p>	<p style="text-align: center;">-0.100</p>
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</i></p> <p style="text-align: center;"><i>Values are not cumulative</i></p>			

Investment in services <i>Investment will be put into systems that support key services and into other assets to ensure they remain fit for purpose. The impact of capital spending will be managed at affordable levels.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Growth in Demand for Adult Social Care (Revenue Investment) [41] <p>The Adults Social Care budget both here in Cheshire East, and across the country, remains under pressure as a result of a number of factors. These include young people transitioning into adulthood, care fee levels paid to external care providers, the rising demand generally and our older population requiring much more complex care. To ensure the Council is well placed to meet this demand it will invest in services that will deliver high quality support to our most vulnerable residents.</p> <p style="text-align: right;"><i>Impact on External Care Costs Service Budget =</i></p>	+3.500	+8.500	+8.500
New Adult Social Care Winter pressures (Revenue Investment) [NEW] <p>This additional funding is for councils to help alleviate the pressures on Social Care and the NHS through the winter months, ensuring that people can avoid hospital or leave hospital when they are ready into a setting that best meets their needs. This will support the NHS to free up capacity over winter. Cheshire East Council will agree, in consultation with NHS colleagues, the most effective way to spend the money to achieve the purposes of the grant, including tackling delayed discharges of care, based on the challenges faced in the local health and care system, including local market conditions and preventing admissions. This funding is to be reported within the Better Care Fund.</p> <p style="text-align: right;"><i>Impact on External Care Costs Service Budget =</i></p> <p style="text-align: right;"><i>Additional Ringfenced Grant Funding =</i></p>			
	+1.451	0.000	0.000
	-1.451	0.000	0.000

Investment in services <i>Investment will be put into systems that support key services and into other assets to ensure they remain fit for purpose. The impact of capital spending will be managed at affordable levels.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Independent Reviewing Officer (IRO) Service (Revenue Investment) [NEW] <p>There is a significant increase on the demands on the Independent Review Officer (IRO) service to meet their statutory responsibilities as a result of a 33% increase in the number of children who are cared for. This additional funding secures a temporary post and an additional post to ensure that expectations are met without compromise to children and young people in our care.</p> <p style="text-align: right;"><i>Impact on Children's Social Care Budget =</i></p>	<p style="text-align: center;">+0.126</p>	<p style="text-align: center;">+0.126</p>	<p style="text-align: center;">+0.126</p>
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</i></p> <p style="text-align: right;"><i>Values are not cumulative</i></p>			

Looking after young children <i>Review of current service offers to ensure high standards are maintained and demand is managed.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Growth Bid Cared for Children and Care Leavers (Revenue Investment) [42] <p>There has been a 17% increase in the numbers of cared for children in Cheshire East over the last year, which is a situation being experienced elsewhere, both regionally and nationally. Although we are still below national and local comparators, admissions to care have continued to exceed the number of discharges and the complexity of needs of individuals are increasing due to improved assessments and effective prevention arrangements. This increase in numbers and complexity has resulted in the need for additional placement purchases, including high cost placements, and additional staffing to support children, young people and care leavers.</p> <p><i>Impact on Commissioning – Social Care – Cared for Children Service Budget =</i></p>	+0.700	+1.200	+1.200
Extension of the Fact22 model (Revenue Investment) [43] <p>Additional investment to provide an intensive support offer for families who have experienced repeat care proceedings and/or who have children in need, where alcohol and substance misuse is negatively impacting upon their ability to care safely for their children.</p> <p><i>Impact on Children in Need and Child Protection Service Budget =</i></p>	+0.300	+0.300	+0.300
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</i></p> <p><i>Values are not cumulative</i></p>			

Looking after young children <i>Review of current service offers to ensure high standards are maintained and demand is managed.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
0-19 Healthy Child Programme (Revenue Savings) [44] <p>The 0-19 Healthy Child Programme is a universal programme available to all children and young people. The programme aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The programme recognises the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support. Recommissioning will look to reduce management costs and maintain current frontline provision.</p> <p style="text-align: right;"><i>Impact on Public Health Service Budget =</i></p>	No change	-0.150	-0.150
Review of allowances for children previously cared for (Revenue Savings) [45] <p>To review the existing policies for the financial support provided to Special Guardians, Adopters and those with Child Arrangement/Residence Orders. Review and re-assess suitability for existing arrangements, how these compare to other similar authorities and consider implementing a new policy for any future financial arrangements.</p> <p style="text-align: right;"><i>Impact on Cared for Children and Care Leavers Service Budget =</i></p>	-0.075	-0.150	-0.300
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</i></p> <p style="text-align: right;"><i>Values are not cumulative</i></p>			

Looking after young children <i>Review of current service offers to ensure high standards are maintained and demand is managed.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Funding of Social Workers (Revenue Investment) [NEW] To permanently fund nine social workers within the Children's Social Care Service to ensure caseloads remain appropriate and manageable. This is in keeping with the Council's commitment as Corporate Parents. <i>Impact on Children's Social Care Service Budget =</i>	+0.400	+0.400	+0.400
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19. Values are not cumulative</i>			

Reducing subsidy <i>Ensure limited resources are redirected to the areas with the most critical need.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Reducing the Cost of Leisure Services (Revenue Savings) [46] <p>The Operating Agreement between the Council and Everybody Sport & Recreation requires a minimum of a 3% cash reduction of the annual management fee based on the previous year's agreed figure.</p> <p>The current management fee investment to Everybody Sport & Recreation allows the Trust to operate a concessionary "leisure card" scheme. The current options scheme gives 40% off the full adult peak rate for a range of leisure centre activities. The proposal is to retain the scheme but reduce this 40% to 30% across all categories.</p> <p>Due to increased demand for car park refunds at Everybody leisure facilities in Crewe and Nantwich, there is a need to increase the budget by a further £25,000 to meet this additional usage. This reflects the actual costs for 2017/18, and those projected on current year usage which is anticipated to continue through to the 2019/20 financial year. Discussions will continue with the leisure trust to see if this increase can be addressed as part of the annual management fee setting process.</p> <p style="text-align: right;"><i>Impact on Leisure Service Budget =</i></p>			
	-0.086	-0.125	-0.163
<p><i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</i></p> <p><i>Values are not cumulative</i></p>			

Reducing subsidy <i>Ensure limited resources are redirected to the areas with the most critical need.</i>	2019/20 £m*	2020/21 £m*	2021/22 £m*
Allocated Adult Social Care Grants (Revenue Investment) [47]			
Increase to the Adults service budget in line with the additional grant income for the Local Community Voices, Social Care in Prisons and War Pensions Disregard grants.			
<i>Impact on Care Costs, Client Income and Healthwatch Service Budget =</i>	+0.065	+0.065	+0.065
<p>*Values represent a +/- variation to the Cheshire East Council approved budget for 2018/19.</p> <p>Values are not cumulative</p>			

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Portfolio Holder for Adult Social Care and Integration

Cllr Janet Clowes Summary	2019/20 MTFS Feb 2018 £m	2019/20 Latest Props £m
Adult Social Care Operations	(1.500)	1.415
Adult Social Care Commissioning	6.809	2.959
Total Policy Proposals	5.309	4.374

Adult Social Care Operations	2019/20 £m
Client Finance and Business Support Review	(0.100) ³⁴
Pay and Pensions	1.515 ⁵⁹
Total	1.415

Adult Social Care Commissioning	2019/20 £m
Increase Income	(0.100) ⁴⁰
Independent Living Fund - Attrition Factor Reductions	(0.027) ³³
Growth in Demand for Adult Social Care (merged)	6.000 ⁴¹
Reduced demand / efficiencies ASC (merged)	(2.500) ⁴¹
Direct Payments Review	(0.500) ³⁵
Community Equipment Service	(0.050) ³⁷
Healthwatch Cheshire East	(0.015) ³⁹
Allocated Adult Social Care Grants	0.065 ⁴⁷
New ASC Winter pressures spend	1.451
New ASC Winter Pressures funding	(1.451)
Pay and Pensions	0.086 ⁵⁹
Total	2.959

2019/20 Latest Proposals **4.374**

2019/20 as at MTFS Feb 18 Adult Social Care Operations	2019/20 £m
Commissioning all services currently provided by our in-house provider, Care4CE	(1.500)
Pay and Pensions	-
Total	(1.500)

2019/20 as at MTFS Feb 18 Adult Social Care Commissioning	2019/20 £m
Increase Income	(0.100)
Independent Living Fund - Attrition Factor Reductions	(0.027)
Growth in Demand for Adult Social Care	6.000
Pay and Pensions	0.936
Total	6.809

2019/20 MTFS Feb 2018 **5.309**

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Portfolio Holder for Health

Cllr Liz Wardlaw Summary	2019/20 MTFS Feb 2018 £m	2019/20 Latest Props £m
Client Commissioning: Leisure	(0.110)	0.383
Public Health Communities	0.139	0.010
Cross Service		0.020
Total Policy Proposals	0.029	0.413

Client Commissioning: Leisure	2019/20 £m	
3% reduction in Operational Management Fee (ESAR) (merged)	(0.048)	46
Changes to "Everybody Options" Scheme Investment (ESAR) (merged)	(0.063)	46
Everybody Leisure Car Park Refunds 2019/20 (merged)	0.025	46
Pay and Pensions	0.469	59
Total	0.383	

Public Health Communities	2019/20 £m	
One You Cheshire East	(0.050)	36
Pay and Pensions	0.060	59
Total	0.010	

Cross Service	£m	
Delivery of the Equality, Diversity and Inclusion Strategy	0.020	49
Total	0.020	

2019/20 Latest Proposals **0.413**

2019/20 as at MTFS Feb 18 Client Commissioning: Leisure	2019/20 £m	
3% reduction in Operational Management Fee (ESAR)	(0.049)	
Changes to "Everybody Options" Scheme Investment (ESAR)	(0.063)	
Pay and Pensions	0.002	
Total	(0.110)	

2019/20 as at MTFS Feb 18 Public Health Communities	2019/20 £m	
Pay and Pensions	0.139	
Total	0.139	

2019/20 MTFS Feb 2018 **0.029**

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