Public Document Pack

Cheshire East Council

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date:	**Thursday, 8th October, 2020**
Time:	**10.00 am**
Venue:	**Virtual Meeting**

How to Watch the Meeting

For anybody wishing to view the meeting live please click in the link below:

[Join live event](#)

or dial in via telephone on 020 3321 5200 Conference ID 662 583 028# when prompted.

Please turn off your camera and microphone when entering the meeting and ensure they remain turned off throughout.

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 meetings are audio recorded and the recordings are 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 5 - 8)

    To approve the minutes of the meeting held on 10 September 2020.

---

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

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.

    Members of the public wishing to make a statement should provide notice in writing at least three clear working days before the meeting takes place.

6. **Covid-19 Update** (Pages 9 - 16)

    To consider an update on the council's response to Covid-19.

7. **Head and Neck Cancer Pathways** (Pages 17 - 30)

    To consider an update on head and neck cancer pathway services for residents of Cheshire East.

8. **Overview of Adult Safeguarding in Cheshire East** (Pages 31 - 44)

    To consider an update on adult safeguarding in Cheshire East.

9. **Local Safeguarding Adults Board Annual Report 2019/20** (Pages 45 - 58)

    To consider the 2019/20 annual report of the Local Safeguarding Adults Board.

10. **Cheshire East Winter Plan** (Pages 59 - 70)

    To consider the schemes that were implemented through winter 2019/20, as well as the work and planning which has taken place for the upcoming winter 2020/21.

11. **Cheshire East Covid-19 Local Outbreak Plan** (Pages 71 - 124)

    To consider the work being undertaken by the council to develop and deliver a localised approach to the Covid-19 Test Trace Contain Enable (TTCE) in Cheshire East..

12. **Forward Plan** (Pages 125 - 142)

    To review the council's Forward Plan of key decisions.

13. **Work Programme** (Pages 143 - 154)

To review the current work programme.

Membership: Councillors J Barber, S Brookfield, J Clowes, A Critchley, D Edwardes, B Evans, S Gardiner, A Moran (Vice-Chairman), D Murphy, J Parry, P Redstone, R Vernon, L Wardlaw (Chairman), J Weatherill and N Wylie

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 10th September, 2020 at Virtual Meeting

PRESENT

Councillor A Moran (Vice-Chair, in the Chair)

Councillors S Brookfield,   J Clowes,   A Critchley,   D Edwardes,   B Evans, S Gardiner,   A Harewood,   D Murphy,   J Parry,   P Redstone,   R Vernon, L Smetham, J Weatherill and N Wylie

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor M Houston, Deputy Portfolio Holder for Adult Social Care and Health
Councillor L Jeuda, Portfolio Holder for Adult Social Care and Health; Deputy Leader of the Labour Group
Councillor J Rhodes, Portfolio Holder for Public Health and Corporate Services

OFFICERS IN ATTENDANCE

Louise Barry, Chief Executive (Cheshire East Healthwatch) *
Jill Broomhall, Director of Adult Social Care Operations
Linda Couchman, Acting Strategic Director of Adult Social Care and Health
Madeleine Lowry, Associate Director of Operations (Cheshire and Wirral Partnership NHS Foundation Trust) **
Mark Palethorpe, Executive Director of People
Kath Senior, Director of Nursing and Quality (East Cheshire NHS Trust) **
James Sumner, Chief Executive (Mid Cheshire NHS Hospitals Foundation Trust) **
Nichola Thompson, Director of Commissioning
Clare Watson, Chief Executive (Cheshire NHS Clinical Commissioning Group) **

*   Attended for Minute No. 24 only
** Attended for Minute No. 25 only

19 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors M Houston (substituted for by Councillor A Harewood) and L Wardlaw (substituted for by Councillow L Smetham).

20 **MINUTES OF PREVIOUS MEETING**

RESOLVED –

That the minutes of the previous meeting held on 9 July 2020 be approved as a correct record and signed by the Chairman.

21 **DECLARATIONS OF INTEREST**

No declarations of interest were received.

22 **DECLARATION OF PARTY WHIP**

No declarations of a party whip were received.

23 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to speak.

24 **HEALTHWATCH CHESHIRE EAST - 2019/20 ANNUAL REPORT AND COVID-19 UPDATE**

The committee agreed to move this item up the agenda to be considered as the first substantive item of business.

Consideration was given to both the Cheshire East Healthwatch Annual Report 2019/20, as well as an update on the work it had undertaken throughout the Covid-19 response and recovery periods.

The committee asked questions and put comments in relation to;

- whether any 'enter and view [of health services]' had been undertaken during lockdown;
- the impacts of the pandemic on people in care homes and their loved ones;
- the work undertaken by pharmacies during the pandemic response period; and
- the reasons for the increased number of people that contacted the NHS Independent Complaints Advocacy Service (ICAS) in the 2019/20 year.

RESOLVED –

That the update be noted.

25 **SUSTAINABILITY OF HEALTH SERVICES IN CHESHIRE EAST**

Before commencing their presentation, the officers in attendance from local health partners began by thanking the committee for its role and support in the redesigning of adult's and older people's mental health

services in Cheshire East. This piece of work had won the Health Service Journal national award.

The committee considered an update on the work that had been undertaken in response to Covid-19, as well as a presentation on the redesign of acute services. Questions and comments were made regarding;

- the rates of prostate cancer screening since the beginning of the pandemic;
- whether the data on Covid-19 cases would be analysed alongside the 'tartan rug' (Joint Strategic Needs Assessment), to see whether there was a higher rate of cases in areas of greater inequality;
- what the 'Independent Sector' was and what it's role had been during the pandemic;
- the progress made in encouraging elective surgery patients to return to hospital settings and progress their cases;
- the 111 First pilot being run by Mid-Cheshire NHS Foundation Trust; and
- what the implications would be for health bodies if the ambitious targets set by central government were not met.

RESOLVED –

1   That the update be noted.

2   That the next quarterly update of 'Sustainability of Health Services in Cheshire East' be added to the committee's work programme for 14 January 2021.

26 **FORWARD PLAN**

The committee considered the council's Forward Plan of key decisions.

RESOLVED –

That the Overview and Scrutiny Chairmen's Group be asked to discuss and determine which of the overview and scrutiny committees should take the lead on the Forward Plan item relating to the identification of a transit site for Gypsy, Roma and Traveller communities.

27 **WORK PROGRAMME**

The committee considered its work programme.

RESOLVED –

1 That the Social Value Policy item be received via electronic circulation, rather than as a substantive item of business on the 8 October meeting agenda.

2   That the Overview and Scrutiny Chairmen's Group be asked to discuss and determine which of the overview and scrutiny committees would be most suitable to take the lead on reviewing the performance of the council's contract with Emerging Futures.

The meeting commenced at 10.00 am and concluded at 12.31 pm.

Councillor A Moran (Vice-Chair, in the Chair)

Cheshire East
Council

Working for a brighter future together

Health and Adults Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 8th October 2020

Report Title: Adult Social Care COVID-19 Update

Portfolio Holder: Cllr. Laura Jeuda - Adult Social Care and Health

Senior Officer: Mark Palethorpe, Executive Director of People

1. Report Summary

1.1. Cases of COVID-19 have begun to increase again in Cheshire East and more widely across the North West. This update summarises the current situation in relation to COVID-19 in care homes, care at home, and complex care in Cheshire East. It also summarises measures which have already been put in place, and actions which will be taken to minimise risk of COVID-19 transmission in Adult Social Care settings.

2. Recommendations

2.1. To review and scrutinise the actions undertaken and plans in place to continue to support care provision in Cheshire East due to the Covid-19 pandemic.

3. Reasons for Recommendations

3.1. To ensure that the Council has robust contract management, and quality assurance process in place to minimise risk of COVID-19 transmission in Adult Social Care settings.

3.2. **Accommodation with Care**

3.2.1. **Current situation**
- 5 care homes are currently experiencing a COVID-19 outbreak, according to the Infection Prevention and Control team definition of 2 or more related cases amongst staff and residents.

- In particular, there has been an increase in confirmed COVID-19 cases amongst staff. A majority of these cases are asymptomatic.

3.3. Care at Home

3.3.1. Current situation

- Suspected and confirmed COVID-19 cases amongst staff and service users have remained relatively unchanged over the last 8 weeks, and all figures have remained low. Currently the figures for suspected residents, confirmed residents, suspected staff, and confirmed staff are all less than 10.

3.4. Complex Care

3.4.1. Current situation

- There continues to be no reported suspected or confirmed cases of COVID-19 amongst residents or staff of Complex Care settings.

4. Other Options Considered

4.1. The Council has a statutory duty to manage the Care Market, to esnure that our residents are safeguarded, and also has contractual responsibilities directly with a number of carer providers across Cheshire East. Therefore it was not an option to do nothing.

5. Background

5.1. Accommodation with Care

5.1.1. Measures currently in place

- The Whole Home Testing Programme in which staff are tested weekly, and residents are tested every 4 weeks, has been integrated into Business as Usual for providers. Cheshire East Council has completed a piece of work checking whether the Whole Home Testing Programme timetable, received via Department of Health and Social Care, is reflective of what is happening on the ground. Generally, it appears that the programme is working well, although time taken to receive results can vary.

- The antibody testing programme for Accommodation with Care staff has now gone live, and there has been a large uptake. The turnaround time is delayed slightly due to the unprecedented demand.

- Infection Prevention and Control (IPC) recovery visits have been undertaken by IPC nurses at 16 care homes which have experienced more serious outbreaks. These have been well received and will continue.

- An 'outbreaks preparedness toolkit' has been circulated to all care homes. It contains information and advice on what steps care homes can take to reduce the risk of outbreaks of COVID-19 and seasonal infectious illnesses and minimise the impact if outbreaks do occur.

- Information has been collected from CEC care homes located close to the Greater Manchester (GM) border, particularly in relation to the number of staff who live in GM and what processes the care homes have in place because of this. One home close to the border, where 70% of the workforce come from the GM area, has had a reoccurrence of COVID-19 positive cases, initially in staff. CEC have escalated this to the Regional Testing Group and have sent a list of CEC homes close to the border to the Group and requested priority testing for those homes if required.

- CEC have developed guidance on visitors to care homes, based on national and regional guidance, and this has been circulated to providers.

- Guidance on co-horting, zoning & isolation has been issued.

- Emotional support programme for care home staff implemented.

- The CLIPPER system has been introduced to help providers source PPE. CEC continue to support providers with PPE where necessary.

- Providers were contacted on 11/8/20, reminding them of current local and national guidance they can draw on, and cautioning them to remain vigilant to the possibility of further COVID-19 outbreaks.

- There is continuous monitoring of the financial viability of care homes.

- Market position/ sustainability review undertaken on a monthly basis.

5.1.2. **Actions to be taken**

- Analysis of COVID-19 outbreaks data has been undertaken to identify trends in the types of homes in which outbreaks occurred, to determine which homes may be most at risk of having an outbreak. This information will be circulated to CEC officers and partners and will be used to target support.

- Work is being undertaken to understand the areas of Greater Manchester which are experiencing high levels of COVID-19 cases, and what age group these cases are in. This information will be used to understand the risks to care homes near the border with Greater Manchester and put support in place for them.

- A two-tiered approach is being taken to Quality Assurance; care homes will be sent a list of trigger questions, and a desktop review will be used to determine which homes are at higher risk of quality issues and therefore require a face-to-face Quality Assurance visit, and which homes can continue to be monitored virtually.

- Care homes' dynamic risk assessments of whether to facilitate friends and family visiting, and what the visiting arrangements should be, will be sampled and quality assured.

- Care homes will be asked how they are communicating with friends and family of their residents, and whether any support is needed to improve this, to help ensure that friends and family adhere to visiting guidance.

- NHS Cheshire CCG is hosting a winter preparedness webinar on 15th October for care homes, which will include information about the 2020/21 flu vaccination programme.

5.2. **Care at Home**

5.2.1. **Actions taken to support Providers**

- The CLIPPER system has been introduced to help providers source PPE, and feedback on this from providers is more positive than when it was initially introduced. CEC continue to support providers with PPE where necessary.

- In collaboration with NHS Cheshire CCG, CEC have offered Infection Prevention and Control training to all domiciliary care providers over a 6-week period. Training was delivered over Microsoft Teams by a nurse from NHS Cheshire CCG, and attendees demonstrated donning and doffing (taking on and off) of Personal Protective Equipment to check they were doing it correctly. 36 Cheshire East providers were trained in total, and those who attended gave positive feedback that the session was useful, and they learned something new.

- CEC officers have a good relationship with Care at Home providers and are confident they would reach out if they were having any issues.

5.3. **Complex Care**

5.3.1. **Actions taken to support providers**

- Cohort COVID-19 testing for Supported Living settings, similar to the Whole Care Home Testing Programme, is being arranged by Department of Health & Social Care (DHSC). CEC have put together a

list of eligible Supported Living settings and will share this with DHSC this week. Once the data has been processed by DHSC, the Supported Living settings will be able to order their test kits for residents and staff.

- The 'outbreaks preparedness toolkit' for care homes is currently being adapted for use by Complex Care settings. It will contain information and advice on what steps these settings can take to reduce the risk of outbreaks of COVID-19 and seasonal infectious illnesses and minimise the impact if outbreaks do occur.

- Providers are being supported with PPE, as described above for Accommodation with Care and Care at Home.

6. Implications of the Recommendations

6.1. Legal Implications

- Local Authorities have a duty under the Care Act 2014 to ensure we meet our statutory obligations.

- The Council effectively manages contracts to ensure that value for money is provided, and that the person continues to receive quality of care in accordance with the Provider's contractual obligations.

- The Council has a statutory Safeguarding role which it must fulfil diligently and in accordance with statutory requirements.

6.2. Finance Implications

- The sector has reported they are facing challenges due primarily low occupancy and increased costs relating to PPE. Close monitoring of business viability remains in place.

6.3. Policy Implications

- This proposal is in keeping with the requirements of the Care Act 2014 and does not have any specific policy implications

6.4. Equality Implications

- The focus has been on ensuring that service users and carers continue to be able to access information, advice, and be able to continue visiting family members placed within Care Homes and Complex Care settings. Care providers have made extensive use of new technologies to ensure communication between family members and relatives.

6.5. Human Resources Implications

- There are no direct Human Resource implications for the Council arising from this report.

6.6. Risk Management Implications

- The continuing Covid-19 pandemic and with the risk of a second wave or spike in COVID19 combined with winter pressures could place significant pressures on the Social Care market. Detailed planning is taking place with CCG colleagues and with social care providers to plan for the coming months and mitigate risks.

6.7. Rural Communities Implications

- There are no direct Rural Communities implications arising from this report.

6.8. Implications for Children & Young People/Cared for Children

- There are no implication arising from this report to note in relation to Children & Young People.

6.9. Public Health Implications

- COVID19 has had profound impacts on many people who use services and their carers. It will be important to understand and support Adult Social Care service users and carers with any long-term impacts in terms of both Mental and Physical Health and Wellbeing.

7.

7.1. Climate Change Implications

The Council is currently reviewing policy developments for Social Value in response to Covid-19 recovery planning. This includes local Social, Economic and Environmental impacts

8. Ward Members Affected

8.1. All wards are affected

9. Consultation & Engagement

- Ongoing engagement continues a regular basis with providers across the Borough. The main methods of communication are via the provider mutual aid calls, themed Webinars and weekly contact calls via the Quality Assurance team. In addition to this engagement direct support is provided from the local Infection Prevention Control service and CCG teams.

10. Access to Information

N/A

11. Contact Information

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

Name: Nichola Thompson

Job Title: Director of Commissioning

Email: Nichola.thompson@cheshireeast.gov.uk

This page is intentionally left blank

Head & Neck Cancer Pathway Services for Eastern Cheshire residents

Report for the meeting of the Cheshire East Council Health, Adult Social Care and Communities Overview and Scrutiny Committee

8 October 2020

Purpose of the presentation?

to provide the committee with an update on the current unsustainable situation with regards the delivery of the Head and Neck Cancer pathway services for Eastern Cheshire residents* *(and some N. Derbyshire)*

to outline the steps we have taken to develop plans to improve the quality and performance of the service for our residents as quickly as possible

to brief the Committee on the challenges we are facing and solutions in place

outline the steps we need and intend to take to implement the service changes

outline key dates of note and intended process

stern Cheshire geography – Alderley Edge, Bollington, Congleton, Chelford, Disley, Handforth, Holes Chapel, Knutsford, Macclesfield, Poynton, Wilms

Head and Neck Cancer Pathway

The Head and Neck Cancer pathway service is delivered in partnership between East Cheshire Trust (ECT) and Manchester Foundation Trust (MFT), under a Service Level Agreement between the two Trusts. This sub-contracting arrangement has been in place since June 2014. The existing SLA between providers specifies a 42 week consultant led service with the remaining weeks covered by Registrar's

Patients are initially seen at ECT by a weekly visiting oncology Ear, Nose, Throat (ENT) consultant from MFT at Macclesfield Hospital. The Trusts does <u>not</u> offer one-stop appointments at Macclesfield where various diagnostics are completed and reported on the first visit.

If a malignancy is detected the patient is referred onto MFT for surgery, The Christie for Oncology or the ECT Palliative Care Team for best supportive care. At the point of breaking news to a patient there should be a Clinical Nurse Specialist (CNS) available to support the patient and any family members but there is no CNS service at East Cheshire Trust.

Head and Neck Cancer Pathway

A review of performance on the 62 day waiting time target for ECT shows a deteriorating picture - 22% in Q2 and 10% in Q3 against a target of 85% in 2019/20. This is compounded by insufficient consultant cover and a 4 week average wait for some diagnostics (Fine Needle Aspiration (FNA)). The *lack of on site pathology* services also means that FNA samples canno be checked and reported on within the 24 hour target *with 39% of all patients having to re-attend* for a second FNA where samples have been insufficient

both the CCG and the Trust (ECT) identify the performance on this service as a risk

Head and Neck Cancer Pathway

2 week wait First appointment @ MDGH

ther
ment –
rged

Further diagnostics:
CT/MRI **OPD** Biopsy @
MDGH

Further diagnostics:
CT/MRI **Day case**
Biopsy- MDGH

Neck Lump diagnostics: CT/MRI
OPD Fine Needle aspiration@
MDGH

Sample sent to histopatholgy
@MCHFT (avg 4 week
turnaround)

2nd OPD appointment @ MDGH

Insufficient
sample = patient
recall

suffici
samp

Negative
diagnosis

Positive
diagnosis

Discharged

Surgery @
Wythenshawe

Chemo @ Christies

eps taken to date:

ollowing a review of the service in June 2019 an action plan was developed and agreed

n January 2020 a 'Situation, Background, Assessment Recommendation (SBAR) was undertaken and submitted to NHS E Cheshire CCG in March. The recommendation was to *recommission the assessment and diagnostic service directly with M ensure improved timely access to assessment and diagnostic services. MFT have signalled their support for these propos*

post COVID clinically led working group has been established with Commissioners and Providers from ECT and MFT

etailed activity modelling completed, new improved pathways agreed and an Quality, Equality Impact Assessment comp nd reviewed by QEIA panel

enefits identified for patients and system through service improvement of the pathway/delivery model

atient engagement undertaken and report completed

tage 1 Assurance review meeting undertaken with NHSE/I – very positive meeting, receiving their support for our appro ork undertaken to date and proposed preferred option

pdate given to informal CEC OSC in September and to local MP on issues and plans for resolution

ndings about the pathway:

only patients who have a neck lump (*circa 27 people per year*) or require a biopsy (*circa 69 people per year*) or those receiving bad news (*30 – 50 people per year*) would benefit from additional travel to a specialist centre

patients with lived experience who require specialist cancer services have stated they would prefer to travel if thi means getting a quicker diagnosis and timely access to treatment where required

enefits to be realised through improving the service:

timely diagnosis for neck lumps reduces the average wait from 4 weeks to 1

the provision of one stop services result in less visits to hospital for the patient

continuity of care and specialist support for people with a cancer diagnosis through access to a multidisciplinary t

timely access to treatment pathways for those with a cancer diagnosis through a reduction in delays

local services retained <u>where possible</u>

atient Engagement Undertaken

he engagement took place over three weeks during late August and early September 2020. We invited and volved:

- patients referred onto the East Cheshire NHS Trust pathway whether or not they had a cancer diagnosis and those wi experience of a head and neck cancer pathway at other nearby Hospital Trusts and specialist centres across the UK

gainst a sample size of 300 a total of 64 people engaged, bringing the level of interaction above the base ccepted level of 8% up to just above 21% of the entire sample

- keeping with Government guidelines for COVID people were offered online or hard copy questionnaires, 1-2-1 telepor online video interviews and online video focus group sessions

summary the findings showed:

- having services close to home where practical is good but not at the expense of speed of diagnosis. Patients are clear that the issue of travel is outweighed by a quicker diagnosis

- access to a specialist nurse and good honest communication and a clear plan is critical

- patients are willing to travel for a speedier diagnosis at a specialist centre, this is fine for the vast majority of respondents but travel is a real issue for some people who rely on others to drive them. Fewer appointments would be better for all in that case

Options to be considered by CCG

Option one: Do Nothing

- Under this option all outpatient appointments and diagnostic tests would be undertaken at MDGH under the existing arrangements.
- The treatment pathways for those with a positive cancer diagnosis would be unchanged with surgery undertaken at MFT at Wythenshaw and chemotherapy at The Christie.

Assessment against benefits		Yes /No
• Timely diagnosis reducing the average wait from 4 weeks to 1		No
• Less visits to hospital through the provision of one stop service		No
• Continuity of care and specialist support for people with a cancer diagnosis through access to a multidisciplinary team		No
• Timely access to treatment pathways for those with a cancer diagnosis through reduction in delays		No
• Local services retained		Yes
• Increased travel requirements for non-specialist care		no
Assessment: This is not a viable option, as it would result in continued under performance against CWT standards and significant delays in the diagnostic phase of the pathway with poor patient outcomes and experience and possible harm as a result of delayed treatment.		

Option Two: Recommission <u>all</u> Out Patient activity for Head and Neck Cancer Service from MFT

- Under this option the CCG would recommission all head and neck cancer assessment and diagnostic elements of the pathway for all patients directly from MFT (with treatment remaining the same; i.e. surgery at MFT or Christie for chemotherapy) this would be around 450 patients per year.
- Under this option MDGH would no longer accepts GP referrals for suspected head and neck cancers.
- For patients requiring further investigations this would be undertaken on the same day wherever possible.

Assessment against benefits		Yes /No
• Timely diagnosis reducing the average wait from 4 weeks to 1		Yes
• Less visits to hospital through the provision of one stop service		Yes
• Continuity of care and specialist support for people with a cancer diagnosis through access to a multidisciplinary team		Yes
• Timely access to treatment pathways for those with a cancer diagnosis through reduction in delays		No
• Local services retained		No
• Reduced travel requirements for non-specialist care		No
Assessment: This is not a preferred option, as MFT are not able to accommodate this volume of activity and deliver performance standards . In addition it would provide no additional clinical value to patients who do not require specialist support		

ption Three: (*preferred option*) Re provide <u>some</u> specialist diagnostics
d positive diagnosis consultation for Head and Neck Cancer Service from MFT

NHS
Cheshi
Clinical Commissioning Gr

- Under this option all patients with a neck lump will be referred directly into the neck lump clinic at MFT at Wythenshaw, providing all investigations and results on the same day. Whilst this would entail additional travel for 27 people per year it would be offset by reducing 3 appointments into one.
- All remaining patients will be seen for their first out-patient appointment at MDGH. For the 69 patients per year requiring a biopsy investigation this would be done at MFT at Wythenshaw.
- CT and MRI scans will be remain at MDGH with results reported remotely to expedite diagnosis
- For 48 people per year who are found to have a confirmed cancer diagnosis, the 'breaking bad news' appointment will be undertaken at MFT at Wythenshaw where the patient will have access to the full specialist team who will be able to conduct a holist assessment and confirm the treatment plan at the appointment
- Where patients are found not to have a cancer diagnosis, a second hospital will be avoided where possible with patients being telephoned at home with the results, and a forward plan agreed with the patients GP

Assessment against benefits	Yes /No
Timely diagnosis reducing the average wait from 4 weeks to 1	Yes
Less visits to hospital through the provision of one stop service	Yes
Continuity of care and specialist support for people with a cancer diagnosis through access to a multidisciplinary team	Yes
Timely access to treatment pathways for those with a cancer diagnosis through reduction in delays	Yes
Local services retained	Yes
Reduced travel requirements for non-specialist care	Yes
Assessment: This is the preferred option, as it delivers on all benefits identified and is the acceptable option for MFT	

Why Option 3 is the preferred option

this new pathway will address the clinical quality and performance concerns

all benefits identified would be realised

this proposal for change is supported by patients who have experienced existing services and addresses what is important to them

additional travel for patients who do not require specialist services would be avoided

local services are retained

Quality & Equality Impact Assessment has been completed on the preferred option and demonstrates significant provements in proposed changes

hallenges faced

AFT unable at this time to confirm support to transfer activity for those patients who require a biopsy NA or biopsy under GA or those who are found to have cancer and require the support of a CNS

at did we do?

HSE/I advice/support requested (and given) at Stage 1 assurance meeting

tter was written by Sinead Clarke and John Hunter (ECT MD) to Medical of MFT

eeting was held with Dr David Thompson (Head & Neck Cancer MDT Chair for GM Cancer Alliance)

e CCG and MDGH are working with MFT Consultants, the Greater Manchester and Eastern Cheshire ancer Alliance to identify a solution which may involve a phased approach to the delivery of our referred option

tter received from MFT CEO seeking to discuss in further detail and commitment to work to identify a olution

rovider meeting scheduled to discuss possible solutions

he Cheshire East Council Health, Adult Social Care and ommunities Overview and Scrutiny Committee is asked o:

- *note* *and* *support* *the work undertaken to address the identified service issues and develop an alternative improved option*

- *note* *and consider the extent of the patient and clinical engagement*

- *note* *the expected benefits to patients that would occur as a result of commissioning a NICE compliant service*

Adult at Risk Review

Cheshire East Council

Health and Adult Social Care and Communities Overview and Scrutiny Committee – 8th October 2020

DCI Chris Williams

Public Protection Directorate

HMICFRS Thematic Inspection – 'The Poor Relation' – July 2019

- Police and partners need to prepare for growth. By 2066, a quarter of population will be 66 years of age or over.

- Not all 'older people' are vulnerable but this age range is where vulnerability is most common.

- Crime against older people is not fully understood.

- The Police have a superficial understanding of the risk.

- There is some good practice in individual Police Forces but not a joined up service.

Is it just the Police?

- Adult safeguarding services were seen as the poor relation to children.

- Some reluctance from Adult Services to become involved in cases referred by the Police.

- Different understanding nationally about what old age is.

  - Age Concern – 50 years of age
  - CPS – 60 Years of age
  - Police – Differing definitions across the UK.

Victims of Crime who are aged 65yrs or over and the offence was committed within Cheshire during May 18 - April 19

SUMMARY

3,229 named victims of crime aged 65yrs or above were received during the 12 months ending April 2019

49% of victims were FEMALE and 49% were MALE (2% no gender detail provided).

The most common FEMALE/MALE victim age was 65yrs.

The most common crime type - OTHER THEFT, HOUSEHOLD BURGLARY and PUBLIC FEAR /ALARM / DISTRESS

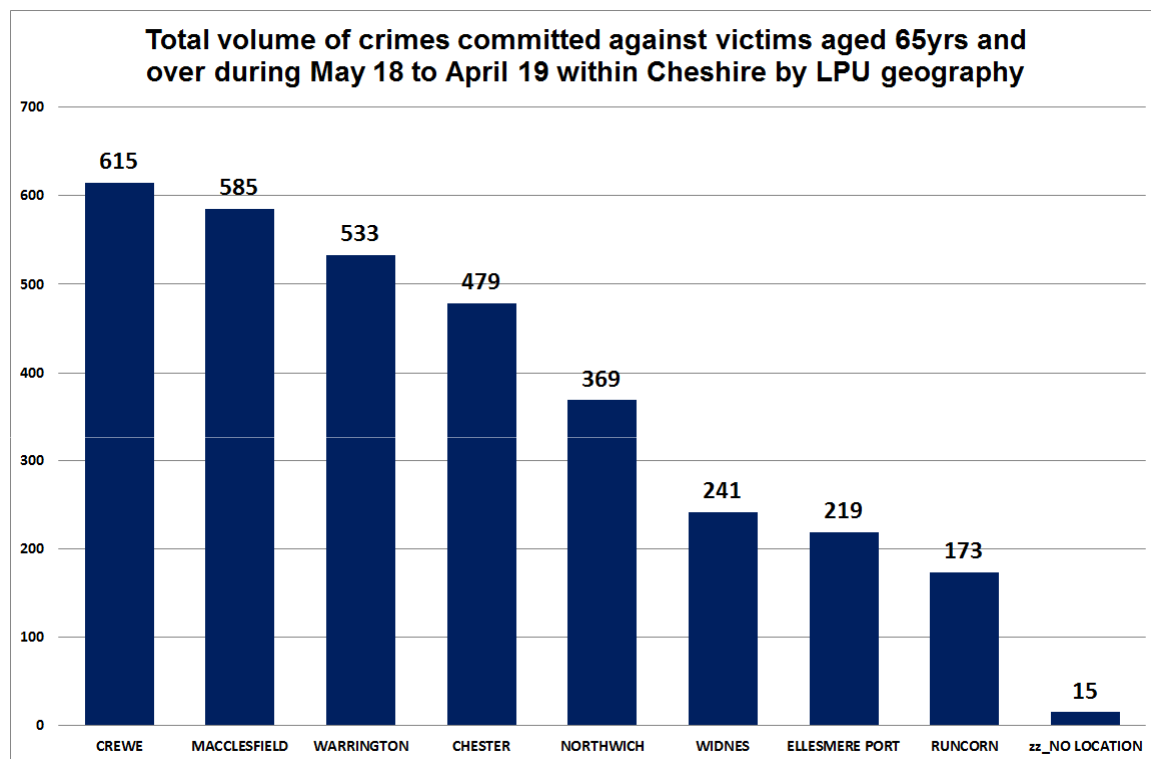5% of offences against victims above 65yrs resulted in a solved outcome.
55% of offences resulted in investigation difficulties due to no suspect identified.
21% resulted in the victim withdrawing any further support.

10% of victims over 65yrs were repeat victims (285 out of 2,800 individual victims)

Victims of Crime who are aged 65yrs or over and the offence was committed within Cheshire during May 18 - April 19 by Local Policing Area

Total volume of crimes committed against victims aged 65yrs and over during May 18 to April 19 within Cheshire by LPU geography

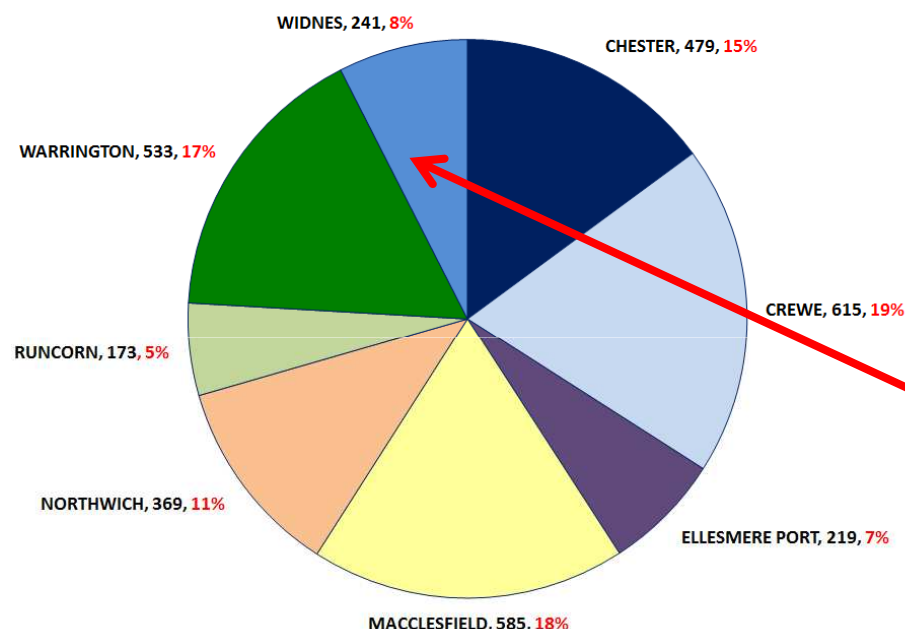| LPU	Value
CREWE	615
MACCLESFIELD	585
WARRINGTON	533
CHESTER	479
NORTHWICH	369
WIDNES	241
ELLESMERE PORT	219
RUNCORN	173
zz_NO LOCATION	15

In total 3,229 named victims aged 65yrs and upwards were recorded as a victim of crime during the 12 months ending April 19 within Cheshire and split by the following LPU geography:-

19% (615) – CREWE
18% (585) – MACCLESFIELD
17% (533) – WARRINGTON
15% (479) – CHESTER
11% (369) – NORTHWICH
8% (241) – WIDNES
7% (219) – ELLESMERE PORT
5% (173) - RUNCORN

we care

Corporate Research & Analysis
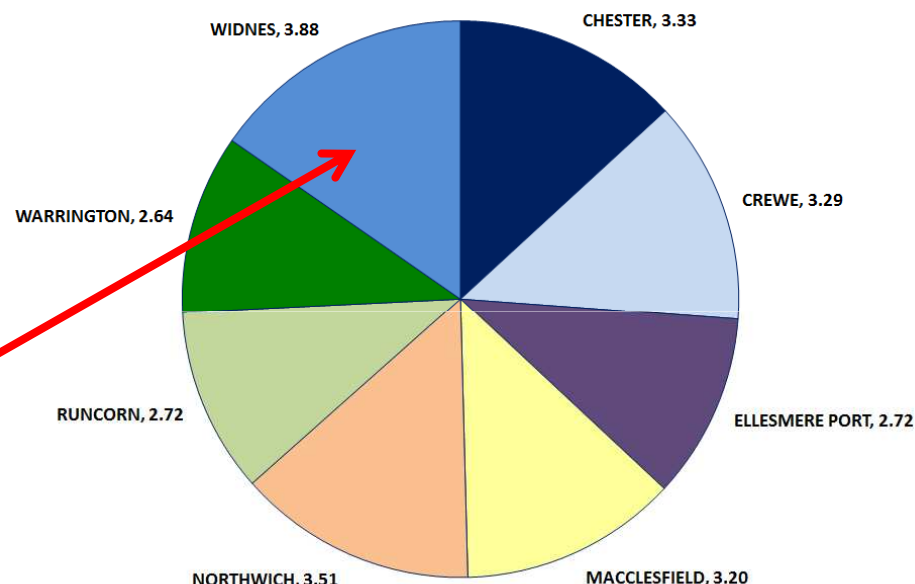
Cheshire Constabulary

Change in the LPU geography proportion for victims of crime who are aged 65yrs or over by total crime volume and rate of crime per 1000 residents during May18 - April19

Total volume of crimes committed against victims aged 65yrs and over during May 18 to April 19 within Cheshire by LPU geography

WIDNES, 241, **8%**

CHESTER, 479, **15%**

WARRINGTON, 533, **17%**

CREWE, 615, **19%**

RUNCORN, 173, **5%**

ELLESMERE PORT, 219, **7%**

NORTHWICH, 369, **11%**

MACCLESFIELD, 585, **18%**

Total volume of <u>crimes per 1000 residents</u> committed against victims aged 65yrs and over during May 18 to April 19 within Cheshire by LPU geography

WIDNES, 3.88

CHESTER, 3.33

WARRINGTON, 2.64

CREWE, 3.29

RUNCORN, 2.72

ELLESMERE PORT, 2.72

NORTHWICH, 3.51

MACCLESFIELD, 3.20

Although Widnes LPU records one of the lowest volume of criminal offences against victims aged 65yrs+ the change in rate of victims per 1000 residents actually highlights Widnes LPU with the highest proportion

**RESIDENT POPULATION
TAKEN FROM 2011 CENSUS**

we care

Cheshire Constabulary

Corporate Research & Analysis

Victims of Crime who are aged 65yrs or over and the offence was committed within Cheshire during May 18 - April 19 by Offence Type

OTHER THEFT is the most common offence type which are also linked to 'purse dipping' offences of which females aged 65yrs and over are the most likely victim.
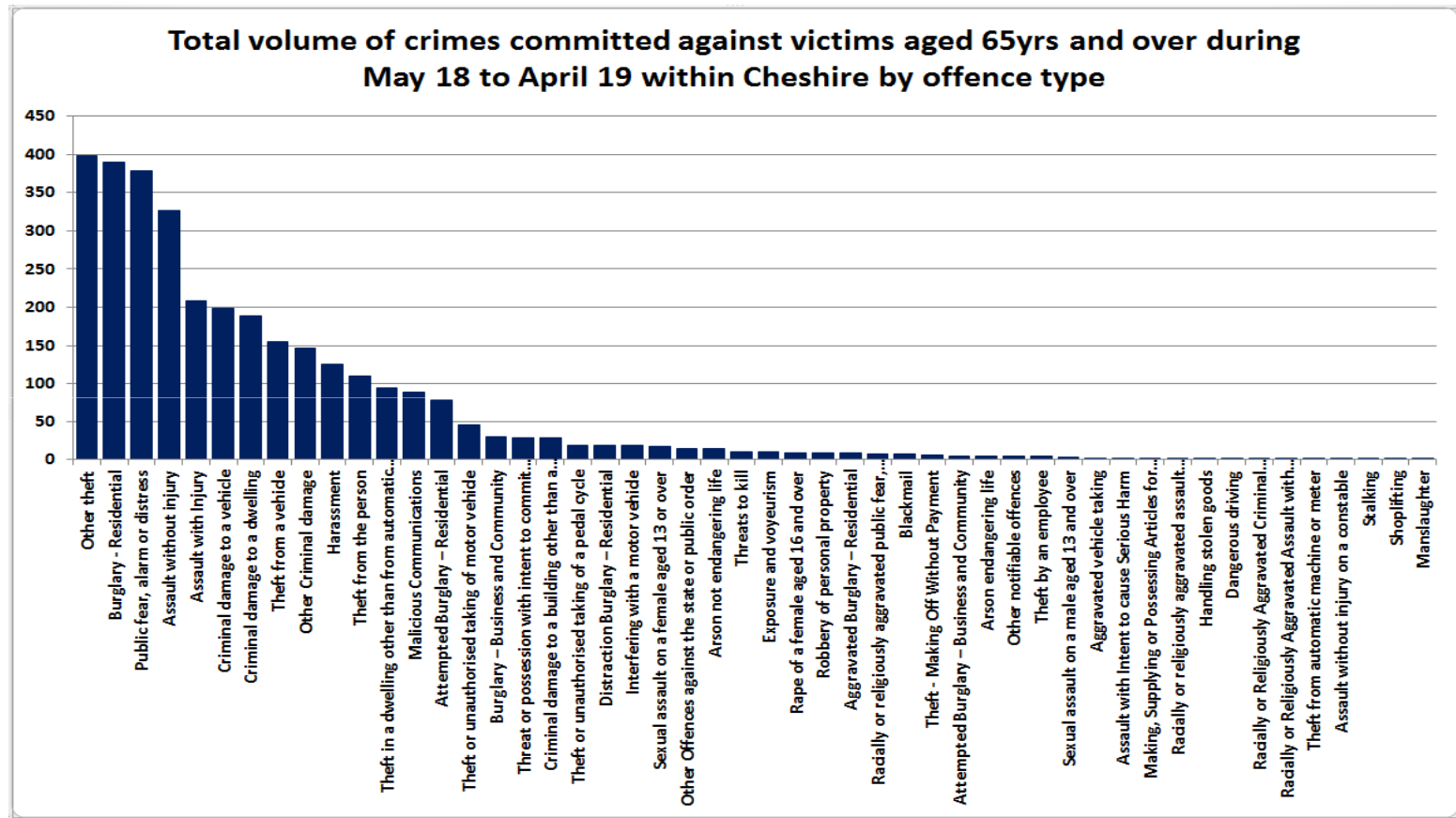
Total volume of crimes committed against victims aged 65yrs and over during May 18 to April 19 within Cheshire by offence type

Corporate Research & Analysis

Cheshire Constabulary

Victims of Crime who are aged 65yrs or over and the offence was committed within Cheshire during May 18 - April 19 by Investigation Outcome (as at 22/05/19)

55% of investigations are closed due to 'no suspect identified' and are more commonly reported for Other Theft, Household Burglary and Criminal Damage offences.

21% of investigations are closed due to 'no victim support' and are more commonly reported for Assaults, Public Fear, Alarm & Distress and Harassment which are also linked to family or domestic related causations

Total volume of crimes committed against victims aged 65yrs and over during May 18 to April 19 within Cheshire by investigation outcome (as at 22/05/19)	SUM	RATE
Charged	140	4.3%
Caution	9	0.3%
TIC	1	0.0%
Community resolution	11	0.3%
SOLVED OUTCOME		5.0%
10: Police - formal action not in public interest	27	0.8%
12: Named suspect too ill to prosecute	7	0.2%
13: Named suspect but victim/key witness deceased or too ill	3	0.1%
14: Victim declines/unable to support action to identify offender	105	3.3%
15: CPS - named suspect, victim supports but evidential difficulties	12	0.4%
15: Police - named suspect, victim supports but evidential difficulties	183	5.7%
16: Victim declines/withdraws support - named suspect identified	685	21.2%
18: Investigation complete no suspect identified	1781	55.2%
20: Other body/agency has investigation primacy	5	0.2%
21: Police - named suspect, investigation not in the public interest	26	0.8%
OTHER OUTCOME		87.8%
Still under investigation (as at 22/05/19)	234	7.2%

we care

Cheshire Constabulary

So what does Cheshire Constabulary do to support older victims?

- Cheshire Cares – Commissioned by the PCC.

- Integrated front door in each local authority area.

- Force Control Centre – Extensive training around vulnerability and effective risk assessment.

- SAAB – Control Room Manager function which ensures **ALL** information is reviewed at point of contact and deployment.

- Formal Tasking process within each Local Policing Units.

- Performance data regarding repeat callers.

- Mental Health Triage Team – 24/7 support to the front line.

- Public Protection Directorate lead on **all** professional abuse and care home offences.

- Public Protection DCI chairs Safeguarding Adult Review panels and learning across the Cheshire footprint. Local Adult Safeguarding Boards held within each Local Authority area.

- Financial abuse safeguarding prevention officer employed in the Constabulary.

- Protect officer working within the Cyber Crime team – all fraud referrals forwarded to Cheshire Cares.

- Each Public Protection Team having designated Adult Abuse officers to support investigation and improve on engagement with Local partnerships.

we care

Cheshire Constabulary

- Herbert Protocol supporting our response to Missing from Home/Dementia related incidents.

- Development of the VPA – Supporting officers to identify and understand the 'Voice of the Adult' into the assessment. Providing officers with guidance and support when dealing with abuse (discussed with Sandra Murphy to ensure support)

- Crime allocation Policy – Vulnerable persons 'should' be deployed to and this is currently under review to improve our response.

  - **Ongoing review of this policy supported by reality testing.**

Challenges and Focus.

- To ensure our staff understand vulnerability linked to age and that the investigation focusses on this.

- To work with Regional and National leads to identify a definition of what constitutes 'old age' – 60 years of age?

- To understand the national picture around old age and its link to hate crime.

- To improve flagging of vulnerability to support our demand analysis and vulnerability assessment.

- To continue to embed and improve the use of the THRIVE assessment in our initial deployment.

HMICFRS Recommendations – Timetable.

- **3 Months** – To analyse the current and future demand for adult safeguarding. To remove the gap in knowledge that exist.
  - **Problem Profile to identify current demand and plan for the future.**

- **3 Months** – Ensure that adult safeguarding referrals are always made when appropriate.

- **6 Months** – Victim needs assessment completed at all times.

- **6 Months** – Can we improve our Victim support services.
  - **Cheshire Cares**

Conclusion: Key Messages

- Cheshire Constabulary **DOES** understand vulnerability within Communities – HMICFRS Peel 2019.

- Force Control Centre are using Risk Assessments to identify Vulnerability.

- Important to plan for the future – understanding our demand and supporting prevention.

- National improvement needed to standardise our approach to victims who are classed as being older – **Pan Cheshire approach.**

- Review of current allocation policy – Ongoing 2020.

Cheshire East Safeguarding Adults Board

Annual Report

2019-2020

Introduction – Forward by Geoffrey Appleton, Independent Chair

I have great pleasure in introducing what is now my third annual report as the Independent Chair of the Safeguarding Adults Board for Cheshire East which I hope you will find helpful and informative. We ended our year as Covid-19 was impacting on every element of our daily life and lockdown prevented us meeting as Board at the end of the financial year. Next year's annual report will go into more detail and reflection and who knows what a new normal will then look like. Nevertheless, work continued to support adult safeguarding throughout March - but more of that in our next annual report.

I mentioned last year that we had introduced themed boards with an opportunity to have an in depth examination and understanding of an area of our work. The report highlights the areas and I would say that each one has provided so much learning for individual members and partners that has shaped, for the better, service delivery and practice. I would commend the work done by the sub groups and thank the chairs of those subgroups for such valuable work. One area to highlight is the work of our Adult Safeguarding Training Officer and he has made such a positive impact in his work delivering training on safeguarding to care/nursing home and voluntary sector providers, and they have responded so well to him and his work and this in turn has led to providers themselves identifying their learning and development needs and a greater sense of trust and openness.

The year has also seen a much greater sense of synergy and sharing of intelligence between the Care Quality Commission and the Quality Commissioning and Contracting leads and examples were given at our January Board where that sharing was leading to more effective and timely interventions with providers where there were concerns which in turn led to improvements and solutions. You will read in the report the work on Modern Slavery and the fact that such work is required is a timely reminder that slavery is not something to be studied in history and condemned but rather a new way of some people exploiting fellow citizens. I am pleased to report that the partners work tirelessly to respond to this modern day scourge on our society. A similar approach is found in partners response to County Lines where young adults and children are exploited by career criminals who are leeches on society and cause so much damage to those they use. The fact that they describe their foot soldiers as BICS (disposable razors) says everything about their methods. There is now much more understanding of the warning signs in society and training of front line workers such as train companies to be alert to possible examples. I am pleased that our Board is working more closely with both the Children's Safeguarding Partnership and the Safer Cheshire East Partnership which is making all of our work more effective and is avoiding duplication.

I want to place on record my thanks to all members of the Board for their continued support and commitment to the work of adult safeguarding particularly at a time when resources are ever more stretched. I also want to thank Debbie Kirkup, our Business Administrator who retired at the end of 2019 for all her hard work and dedication to the work of the Board and to wish her well in her retirement.

Geoffrey

This report will be published on our website www.stopadultabuse.org.uk for all partners and members of the public to access. As required by the Care Act, this report will also be shared with the Chief Executive Officer and Lead Member at Cheshire East Council as well as the Police and Crime Commissioner, Healthwatch Cheshire East plus Cheshire East Health and Wellbeing Board.

OFFICIAL

Cheshire East Safeguarding Adults Board (CESAB)

The overarching purpose of the Cheshire East Safeguarding Adults Board (CESAB) is to help and safeguard adults with care and support needs. It does this by:

•assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance

•assuring itself that safeguarding practice is person-centred and outcome-focused

•working collaboratively to prevent abuse and neglect where possible

•ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred

•assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

CESAB leads adult safeguarding arrangements across Cheshire East and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The Board is responsible for developing and actively promoting a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. The Board also covers a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, and works closely with the Safer Cheshire East Partnership, the Cheshire East Children's Safeguarding Partnership as well as the Cheshire East Domestic Abuse Partnership

 CESAB has three core duties;

•To develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute

•publish an annual report detailing how effective our work has been

•commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

Membership – Cheshire East Council are responsible for the establishment of CESAB. The Care Act 2014 specifies that there are three core members: the local authority, the clinical commissioning groups (CCGs), and the police. The Safeguarding Adults Board is chaired by an Independent Chair and as well as the above statutory partners membership to the Board includes representation from the following agencies: housing, local Hospital Trusts, Cheshire and Wirral Partnership NHS Trust, North West Ambulance Service, the local prison plus probation trusts, CQC, Healthwatch Cheshire East and the voluntary and faith sector.

The work of our members All Board partners submitted Single Agency Reports to CESAB highlighting their agency's Safeguarding work over 2019/20 and their future plans/strategic directions. Highlights from this information have been incorporated into this multi-agency report but the full single-agency statements will be available on our website.

OFFICIAL

The work of the Board is driven by its vision that People in Cheshire East have the right to live a life free from harm, where communities:
- **have a culture that does not tolerate abuse**
- **work together to prevent abuse**
- **know what to do when abuse happens**

What is abuse -

Abuse can happen anywhere including at home, in care homes, at hospital or in public. It could be a single act or can take place over a long period of time. Some adults are more at risk of abuse than others as they are not able to protect themselves from abuse. This could be because they are elderly, disabled or rely on others to meet their care needs.
Abuse could be:

- physical
- sexual
- neglect and self-neglect
- financial
- psychological
- domestic abuse
- human trafficking
- modern day slavery
- organisational

2019/20 Themes

CESAB meets quarterly and themes each board meeting. Over 2019/20 the board focussed on the following themes –

•**Modern Slavery**

•**Sexual Abuse**

•**Organisational Abuse**

Unfortunately, the Board meeting planned for March 2020 had to be cancelled due to the Covid-19 pandemic. The annual Spring Conference was postponed for the same reason. The Board will meet remotely in July 2020 and the Safeguarding Adults Conference will be rescheduled as soon as government advice states that it is safe to do so.

Modern Slavery -

Quarter One's meeting focused on Modern Slavery. The themed meeting started with a video made by the Service User Sub-group in which members of CESAB's Service User Group put questions to a Social Worker who had recently dealt with a case that involved modern slavery. This video has since been used at training events

The Chair of the Cheshire Anti- Slavery Network also gave a presentation to the Board and Cheshire Police presented a PowerPoint about County Lines and Modern Day Slavery in Cheshire East.
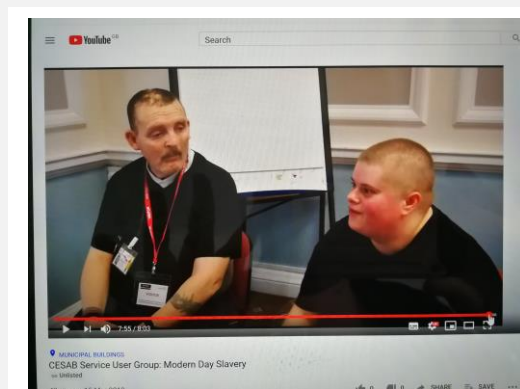
Slavery Case Examples from Cheshire Police -

1. **In 2012, workers from Lithuania were kept in appalling conditions in and subject to a climate of fear, threats and violence whilst working to provide eggs to some of the UK's most prominent retailers and restaurants. The workers were used to catch chickens on sites all over the UK. This labour provider subjected migrant workers to debt bondage, giving them no option to leave the squalid house in which they were forced to live and sleep. Their mattresses were infested with bed bugs and fleas. Two people were arrested for human trafficking offences and reportedly perpetrated one of the worst cases of exploitation ever uncovered in the food supply chain.**

2. **Four men from the Czech Republic were offered work in the UK. When they arrived, their documents were taken from them and they were forced to live in a house together, in squalid conditions. Every day, they were driven to work in a bread factory. The gang master who had seized their documents registered all four men with the worker's registration scheme and forced the men to pay all their wages to him. When one of them began to question his lack of wages, he was chained to a radiator and beaten. He was also burned with cigarettes. The four men eventually escaped the situation when, on the journey travelling in the back of a van, one man feigned illness in order to make the driver stop. When the doors were opened, the four ran in different directions and escaped**

So, What Next? What is Cheshire East Safeguarding Adults Board doing about Modern Day Slavery?

Modern Day Slavery was only added as a category of abuse within Adult Safeguarding in the Care Act 2015. The Board is, therefore, keen to continue its understanding on the nature of Modern Day Slavery within Cheshire East and ensuring that all staff are aware of the issues around Modern Day Slavery though training. There is a dedicated section on the Board's webpages and the Board will continue to link with Cheshire Police with their annual Modern Day Slavery social media campaign. Police in Crewe have set up pioneering Exploitation Unit to tackle crime gangs and traffickers. The exploitation unit is the first of its kind in Cheshire and deals specifically with crimes which affect vulnerable people, such as child exploitation, sexual exploitation and modern day slavery. The Board will receive updates on its progress.

Sexual Abuse -

Quarter two focused on Sexual abuse. The Quality and Performance Sub-group had conducted a multi-agency audit of Adult Safeguarding cases that centred around sexual abuse. This was a fully comprehensive audit that gave the Board full assurance that the cases in Cheshire East could evidence positive information sharing and multi- agency working. Two Social Workers from Cheshire East Council also attended the Board to present case studies they have dealt with to show the Board examples of the type of enquiries they deal with.

CASE EXAMPLE - The Fire Service became worried after visiting the property of an elderly woman who lived with her son. She appeared malnourished, dirty and very agitated. They referred the case to Adult Social Care

The Social Worker discovered that the woman had been repeatedly sexually assaulted by her son. The house was found to also be dirty, with barely any food and bills had gone unpaid.

With the support of the Police, Social Worker and the Housing Provider, the lady decided move to sheltered accommodation where she can live independently but also with onsite support and assistance if needed.

So, What Next? What is Cheshire East Safeguarding Adults Board doing about Sexual Abuse?

As a direct outcome of the Adult Sexual Abuse themed meeting information regarding the partnership between St Mary's Sexual Abuse Referral Centre (SARC) and the Rape & Sexual Abuse Support Centre (Cheshire & Merseyside) has been briefed to the Adult Safeguarding Practitioners Forum.

The Rape & Sexual Abuse Support Centre (Cheshire & Merseyside), is a community based specialist sexual violence organisation (RASASC). St Mary's SARC offers forensic and immediate medical support for people of any age and gender who have been raped or sexually assaulted. RASASC go on to provide aftercare support, including help through the criminal justice system, ongoing health and social support, and specialist counselling. RASASC have bases in Crewe and Macclesfield and will visit a place of the victim's choice. Individuals do not always have to go through the Police to access the service.

Adult Safeguarding Practitioners are also encouraged to access the training commissioned by Cheshire East's Safeguarding Children Partnership around sexual violence, from RASASC. This course covers the work of the SARC and RASASC and is appropriate for both adult and children's safeguarding practitioners.

In 2019/20 the Domestic Abuse Hub secured the involvement of Adult Social Care in the eMARAC process (an online system to look at Domestic Abuse risks as a multi-agency). This has developed co-ordinated work to safeguard adults at risk from Domestic Abuse. Following the themed board, CESAB and the Domestic Abuse Partnership have also collaborated on a critical report into complexity to provide evidence for changing how we respond to the most chaotic and disadvantaged service users. Work has also begun to support people and families experiencing dementia who are abused in a family or relationship context.

Organisational Abuse -

The third quarter Board focussed on Organisational abuse. The Board received presentations from The Adult Safeguarding Providers Team, The Quality and Audit Team, The Safeguarding Data Officer, The Safeguarding Training Officer and The Care Quality Commission (CQC). The Board heard how Organisational Abuse includes poor care practice within an institution or specific care setting like a health provider or a care home. This may range from isolated incidents to continuing ill-treatment. Organisational abuse may also occur as a result of poor practice from a care provider, including services provided in an individual's own home. CQC gave a case example and highlighted how the Local Authority, GP practice, the Clinical Commissioning Group, the Police, and, North West Ambulance all worked together to ensure a positive outcome for service users.

Examples of Organisational abuse may include:

- failure to respect or support a person or group's right to independence, dignity or choice
- lack of person centred care planning or a ritualised care routine
- no flexibility in bedtimes or getting up or deliberately waking someone up
- inappropriate confinement, restraint or restriction
- lack of personal clothing or possessions
- stark living areas, deprived environment or lack of stimulation
- lack of choice in decoration or other aspects of the environment
- lack of choice in food or menus or menu planning
- unnecessary involvement in personal finances by staff or management
- inappropriate use of nursing or medical procedures, e.g. using un-prescribed medication
- inappropriate use of power or control

So, What Next? What is Cheshire East Safeguarding Adults Board doing about Organisational Abuse?
In the 12 months prior to this themed Board, Cheshire East Council formed the Adult Safeguarding Providers Team, this team works alongside the Quality & Audit team. It has been noted that since these two teams have been working together large investigations are decreasing and assurance is provided in a timely manner. The Independent Chair is going to meet with these two teams and invite them to present a progress report at a future CESAB meeting. Regular data from this team will also be submitted to the Performance and Quality Sub-group.

Sub-groups of the Cheshire East Safeguarding Adults Board

There were four sub groups reporting to the SAB during 2019/20 –

- *The Service User Group*
- *The Serious Case Group*
- *The Learning & Development Group*
- *The Quality & Performance Group.*

The Board also has a **Business Management Group** to provide strategic leadership to the Board, and a **Statutory Partners Group** to ensure all statutory partners are meeting their legislative duties under the Care Act 2014.

The Board also has a task and finish **Communications/Prevention Group** to plan communication and engagements from the Board to both the public and partners. The Board also has a task and finish **Policy and Procedures Group** that meets if there's any policy reviews or changes needed. 2019/20 saw the introduction of two new policies, *the North West ADASS PIPOT Policy*, and, the *LGA/ADASS Framework for S42 Making Decisions on the Duty to carry out safeguarding Adult Enquiries*, both of which have been fully adopted by board partners and are available on our website.

The Service User Group

The CESAB Service User Subgroup provides the Board with a perspective and challenge from individuals who have experience of adult safeguarding and/or care and support services in Cheshire East. The group have been key in the development of Health and Social Care policy and practice across Cheshire East. Over 2019/20 the group has linked with the Local Government Association sharing their experiences of Adult Safeguarding to a national audience. The Service User Group were keen to ensure that the group was diverse and representative of adults in Cheshire East, during 2019/20 they wanted to reach people who were least able to participate in the group and worked with an Arts Worker to engage with people that live in a care home settings. More details from this project can be found later in this report.

The Serious Case Sub Group

The Serious Case Group is chaired by Cheshire Police, and is responsible for commissioning and monitoring Safeguarding Adult Reviews (SARs) and other multi-agency learning reviews in cases where there have been poor outcomes for service users. This is to ensure that lessons are learned to improve partnership working. In 2019/20 the Board did not hold a formal SAR due to all referrals not meeting the criteria, but two reflective reviews/learning events were held due to these cases warranting a wider formal multi-agency review process. Both cases were identified as there was significant learning to be gained across the multi-agency network, but the criteria for a formal SAR was not met. Learning from these events was shared at the Safeguarding Practitioners Forum and the Safeguarding Managers Network.

Quality & Performance sub group

This group is chaired by the NHS Clinical Commissioning Group. The work of the Quality and Performance subgroup is to establish whether Board standards of safeguarding activity across the partnership are being met, to support the development of well performing safeguarding quality assurance systems and to promote best practice across the partnership. The subgroup carries out the work by undertaking or overseeing multi-agency audits, monitoring action plans, providing performance information on activity, and giving advice or making recommendations to the Board. Throughout 2019/20 the group worked within the Board's themes of Modern Slavery, Sexual abuse and Organisational abuse, ensuring themed analysis was available at each CESAB meeting. The group also oversees an annual MSP self-assessment process from all Board partners. An overarching Safeguarding data report is provided on page 12 of this document.

Learning & Development Sub group

This group is chaired by the Local authority. The subgroup meets regularly to plan and review the programme of training and partner agency involvement. It aims to be a dynamic group working together to promote effective multi-agency training practice. The Training subgroup is accountable to the Board, the members of which all have a adult safeguarding training brief within their own agencies, this group ensures all training across the partnership is at a set standard and that there is a commitment to good inter-agency learning development practice. Throughout 2019/20 it has overseen the work of both the Safeguarding Training Officer and the Basic Awareness Modern Day Slavery Training

Safeguarding Adults Board Training Programme

In 2018/19 the Board secured a 12 month external funding bid to employ a Safeguarding Adults Training Officer to facilitate and deliver Adult Safeguarding Basic Awareness training to Care Providers and the Faith & Voluntary Sector.

We secured further funding to extend this project in 2019/20. Through training, the Training Officer develops learners' skills and modifies attitudes which will lead to improved services in the field of adult safeguarding. The post also raises the awareness of adult safeguarding issues within the wider community, consequently promoting safer communities for adults at risk.

The training is free to delegates and overall the project has trained a total of 2247 individuals, 1002 of which were trained during 2019/20. Unfortunately, the project had to pause face to face training sessions in March 2020 due to Covid-19 retractions but the use of online conference facilities and e-learning will be explored for the interim until government guidelines permit full training sessions to commence again.

Hate Crime Awareness Week

Hate crime is any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic. The week of action took place between the 12th – 19th October 2019. It brought people together, to stand with those affected by hate crime'. Hate crime can take many forms including:
•Physical attacks - such as physical assault, damage to property, offensive graffiti, arson.
•Threat of attack - including offensive letters, abusive or obscene telephone calls, malicious complaints.
•Verbal abuse or insults - offensive leaflets and posters, abusive gestures etc.

Board members took the opportunity to share their support throughout the week by joining in with a national social media campaign and by pledging their commitment at the October Board meeting

10 Year Celebration!

CESAB was formed in 2009, at the October 2019 meeting partners celebrated the Board reaching its 10 year milestone.

The Board has faced several challenges over this period and seen lots of changes, the key one being in April 1st, 2015, when the No Secrets 2000 guidance was replaced by Section 42-46 of the Care Act 2014. This placed the board on a statutory footing and ensures all partners focus on Making Safeguarding Personal.

OFFICIAL

10

The Service User Group Spoken Word Project

The Cheshire East Service User Group are keen to ensure that the group is diverse and representative of adults in Cheshire East, during 2019/20 they wanted to reach people who were least able to participate in the group and worked with a care home in Nantwich.

A professional poet ran sessions with the staff and residents in the care home setting, together they put pen to paper and created their own Spoken Word Piece about their experiences of living in a Care Home. They made their Spoken Word into a video which is now used in training sessions
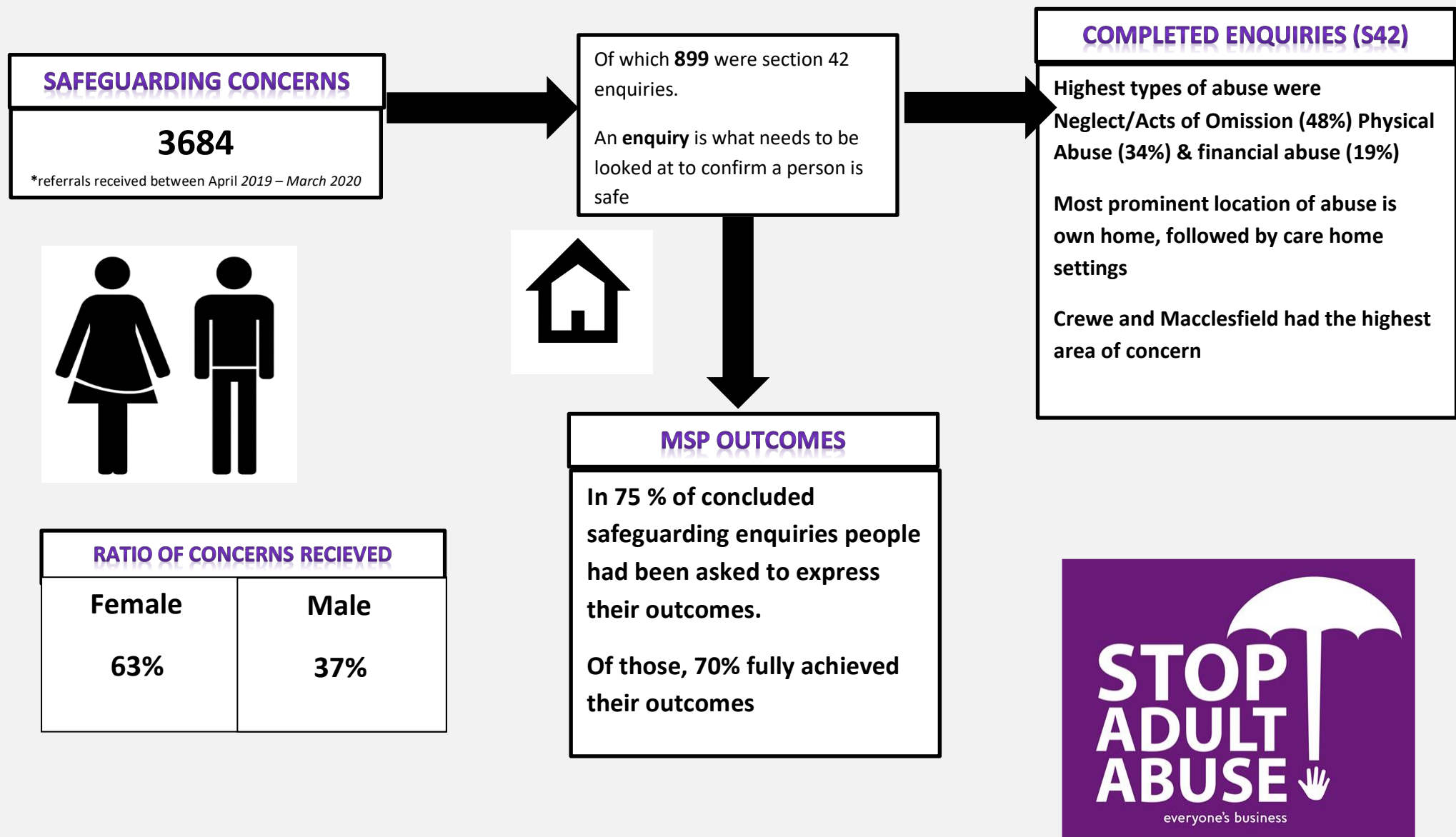
Joint Frontline Visits

In January 2020 Board members from both CESAB and the Cheshire East Children's Safeguarding Partnership completed a series of frontline visits to partner settings, this was to gain assurance that the safeguarding procedures in Cheshire East are robust and whether frontline Safeguarding practitioners receive enough support for them to carry out their job effectively. From our meetings with frontline workers we have discovered that both adults and children's practitioners are extremely dedicated and hardworking. The visits highlighted that the safeguarding procedures for both children's and adults in Cheshire East are, overall, robust, and that frontline workers do receive a lot of support. However, the visits have identified some areas for improvement, for CESAB this largely focusses on Children's practitioners developing their knowledge of Making Safeguarding Personal, all future Adult Safeguarding e-bulletins will now be shared across both adults and children's workforce. Both CESCP and CESAB need to further promote their escalation policies, CESAB have agreed to review its constitution document including its escalation protocol during 2020/21

Further frontline visits will be scheduled for October/November 2020, these being dependant on the Covid-19 working practices at the time.

Performance and Activity Information 2019-2020

SAFEGUARDING CONCERNS

3684

*referrals received between April *2019 – March 2020*

RATIO OF CONCERNS RECIEVED

Female	Male
63%	37%

Of which **899** were section 42 enquiries.

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

MSP OUTCOMES

In 75 % of concluded safeguarding enquiries people had been asked to express their outcomes.

Of those, 70% fully achieved their outcomes

COMPLETED ENQUIRIES (S42)

Highest types of abuse were Neglect/Acts of Omission (48%) Physical Abuse (34%) & financial abuse (19%)

Most prominent location of abuse is own home, followed by care home settings

Crewe and Macclesfield had the highest area of concern

STOP ADULT ABUSE
everyone's business

OFFICIAL

Data comparisons to the North West England figures for 2018/19 available on request

Next Steps – CESAB priorities for 2020/21

The Board held a Development Day in October focussing on the Board's three year Strategic Plan and the work it had achieved to date. The findings of these discussions, plus consultation with our Service User Group, helped to identify key areas for the Board to consider as part of its setting of priorities for 2020/21. However, as CESAB's Development Day and forward plan was originally produced pre-Covid-19, The Independent Chair and Statutory Partners took the decision on 01/05/20 to revise the priorities for 2020/21 in response to the pandemic as business is unlikely to return to pre Covid-19 activity for some time

CESAB understand that It is inevitable that organisations will be impacted by COVID-19, The revised priorities will provide assurance that the SAB, both as a whole and as individual agencies, are working hard together in order to keep adults at risk safe throughout the COVID-19 pandemic and during its recovery stage

The Board will do this by focusing on the 5 priorities below –

	Business Priority April 2020 - March 2021	Action/Measure
Priority 1	**SAB Functioning during Covid-19**	CESAB will demonstrate that its core legal duties (i.e. Care Act Compliant, SAR processes, Annual Report) are achieved during the pandemic and where appropriate post Covid-19.
Priority 2	**Making Safeguarding Personal approaches continue throughout the COVID-19 pandemic**	We will seek assurances from all partner organisations that Service User involvement and the principles of Making Safeguarding Personal (MSP) continue to be embedded in their Safeguarding activities during the pandemic
Priority 3	**Cross-cutting themes during Covid-19**	The Board will demonstrate assurance that emerging cross-cutting themes that may have an impact on adult Safeguarding throughout Covid-19 are responded to and fully addressed. There are a number of areas, such as Contextual Safeguarding, which cross between adult safeguarding, children's safeguarding and community safety and the Board will seek assurance that the issues are being managed at the right place and updates brought to each respective Board
Priority 4	**Safe Services throughout the COVID-19 pandemic**	We will seek assurance that care providers, the care workforce, unpaid carers, and Board partner agencies are supported in their ongoing hard work to maintain services, and that services provided are high quality and safe throughout the pandemic.
Priority 5	**Promoting Positive Practice**	The Board will recognise outstanding practice by organisations in Cheshire East during the Covid-19 Pandemic by holding an awards ceremony (following latest Social Distancing Guidance) in Winter 2020/Spring 2021

What do you do if a bad thing is happening to you or someone else? Abuse is wrong. Tell someone

Call Cheshire East Adult Social Care

0300 123 5010 (8.30am - 5pm)
0300 123 5022 (at all other times)

If you are hearing or speech impaired, you can use Text Relay

If you are scared, tell someone you trust, who can report it for you

This page is intentionally left blank

Cheshire East Council

Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 08/10/2020

Report Title: Winter Review 2019/20 and Winter Plan 2020/21

Portfolio Holder: Cllr. Laura Jeuda (Adults Social Care and Health)

Senior Officer: Nichola Thompson, Director of Commissioning

1. Report Summary

1.1. Part of the role of Health and Adult Social Care and Communities Overview is to ensure that Cheshire East Council is being run effectively, the report provides performance monitoring information as well as helping to inform strategy development in the context of the winter period 2019/20 and the planning for the winter period 2020/21.

1.2. This report considers the schemes which were implemented through 2019/20 as well as the identifying the work and planning which has taken place for winter period. Planning for 2020/21 considers: winter schemes, Personal Protective Equipment (PPE) preparations, Flu vaccination planning 2020/21 and Implementing a home first approach.

2. Recommendations

2.1. Health and Adult Social Care and Communities Overview and Scrutiny Committee notes:

    a) Winter schemes 2019/20
    b) Lessons learned 2019/20
    c) Winter planning 2020/21

3. Reasons for Recommendations

3.1. The Health and Adult Social Care and Communities Overview and Scrutiny Committee requested an update in respect of previous winter schemes implemented in 2019/20 as well as winter planning for 2020/21.

4. Other Options Considered

4.1. No other options have been considered.

5. Background

5.1. This report was requested to consider retrospective performance from the 2019/20 winter period, give consideration to the lessons learned and the planned work for the upcoming 2020/21 winter.

5.2. In February 2019 a report was presented to Health and Adult Social Care Overview and Scrutiny Committee which detailed the progress achieved across Cheshire East in reducing Delayed Transfers of Care following a 'Deep dive' in 2017.

5.3. Following on from this report, the Health and Adult Social Care Overview and Scrutiny Committee have requested a further report which highlights the impacts of 2018/19 winter pressures on DTOC performance. There were a number of pressures faced during the winter period during 2018/19. In East Cheshire the configuration and availability of services was noted and recognised in the recent winter plan for 2018/19. Commissioners and Primary Care providers have worked on a programme to develop GP surgery-based winter plans focused on key themes.

5.4. **Winter schemes 2019/20**

5.5. The following section provides a summary of the schemes deployed across the winter period 2019/20:

5.6. **Scheme one - Rural variation**

5.7. Due to the geography of Cheshire East is it often difficult to source care at home services for people living in rural areas. This increases their risk of hospital admissions and can result in people being placed in short term residential care or requiring in house Reablement services reducing capacity of these services for people who are medically fit for Hospital Discharge. The Council provided an enhanced payment to Prime and Framework care providers of up to £2 on their tendered price for people living in designated rural areas only where it was proven difficult to source care. This helped to support providers in recruiting staff to work in these areas by enabling them to offer a higher rate of pay or paying mileage costs.

Prior to the scheme launching there was a backlog of 13 service users awaiting care in designated rural areas. Some of these service users were receiving care from Reablement or in short term care. The scheme utilised funding to provide the enhanced rate for those identified 13 service users as well as assisting where new rural provision was required. The Government's statistical definition of rural was used to identify properties within the F1 Classification: Rural dwellings and hamlets which accounts for 13% of dwellings in Cheshire East.

5.8. Table 1 – people supported by the scheme by month

Month	Oct	Nov	Dec	Jan	Feb	Mar	April
People	21	21	13	13	13	13	13

5.9. **Scheme two - Block booked beds**

5.10. In order to facilitate hospital discharges and prevent unnecessary hospital admissions, 9 beds were commissioned which could be accessed quickly and provide residential and residential dementia support at times of need. The demand for this type of service is always increased during the winter months as cases of respiratory/influenza type conditions escalate.The demand for additional beds during the winter period creates capacity challenges every year. For 2019/20 this was exacerbated by the fire at Beechmere Extra Care Housing facility in Crewe resulting in some displaced residents moving into residential care home placements on a temporary basis which have then become permanent, resulting in less care home beds being available, in particular, beds which provide good value for money.

The Council block booked 9 beds (6 Residential and 3 Residential Dementia) to ensure the service could be quickly accessed at times of increased need. Block booking the beds ensured availability and locks in an agreed price. This couldn't be achieved if the beds are spot purchased, when a much higher weekly price applies. The 9 beds were located in homes throughout the borough in order to try to provide good geographical coverage. In the six month period the number of available bed days was 1820 and the actual usage was 1038 or 57% in addition to this 274 days were lost as a result of the bed being unavailable. If we exclude the where beds were unavailable then bed utilisation was 67% There has been a number of reasons which has impacted on bed utilisation, these include: Delays in service users accessing homes following swabbing in hospital or the community, Home/bed has been closed to infection control, homes not willing to accept admissions over the weekend as lack of support from GP as out of area, homes want to assess themselves prior to admission, homes also need time to turnaround the bed/room following use.

5.11. **Scheme three – Accommodation with Care beds**

5.12. In order to facilitate hospital discharges and prevent unnecessary hospital admissions care home beds are purchased via a dynamic purchasing system. All current long term provision is commissioned on this basis. Providers are signed up to standard terms and conditions called a 'Dynamic Purchasing Agreement' and receive individual placement agreements for each resident placed by Cheshire East Council. The accommodation with care market in Cheshire East is composed of a good mix of small and medium sized providers (SMEs) as well as a number of large, national organisations.

5.13. **Scheme four - Social workers**

5.14. The Social worker post enabled a dedicated staff member to work with the people who are stepped down from Leighton Hospital into the discharge to assess (DTA)

beds at Station House. The service users were generally complex in presentation and the role of the social worker is to complete a social care Adult Needs Assessment, and contribute to the multidisciplinary eligibility assessment process for Continuing Health Care funding. The worker then made long term care and support arrangements for the people who were social care eligible for funding after the CHC process is completed. Some of the detail in this work includes working with the person and their family and carers, assessments and decision making under the Mental Capacity Act as appropriate, explanation about charging and financial planning, and ensuring that the move into long term arrangements were fully organised and the person was supported throughout. Additionally there were planned regular MDT and quality assurance meetings which the worker attended and contributed to.

The beds are crucial to maintaining flow out of the hospital, particularly over the winter pressures period. The usage of the beds is monitored and length of stay scrutinised, with delays reported locally in the system. Having a dedicated worker ensured that capacity was there to pick up referrals and manage the flow appropriately, minimising delays, and ensuring a consistent approach and seamless communication. The worker is based at Station House on a regular bases and has been able to build up effective working relationships with the care home and health colleagues.

5.15. **Scheme five - Rapid response**

5.16. The Rapid Response Service facilitated the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service seeked to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service also provided support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service ensured a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions. The Rapid Response service covered the entire geographical area served by Cheshire East Council (CEC). Management of the referral process, as well as capacity and flow, remained with the council's Brokerage team. Referrals were made out of hours, weekends and Bank Holidays.

5.17. Table 2 - Average days spent on the scheme

Month	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
People	n/a	18	23	14	18	19	n/a	91

5.18. Table 3 - Total hours delivered by scheme

Month	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
Hours	n/a	2,158	3,706	1,638	1,504	1,957	n/a	10,962

5.19. <u>Table 4 – Total number of people supported</u>

Month	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
People	n/a	81	107	87	86	85	n/a	446

5.20. **Lessons learned**

5.21. The following graph shows the impact of the winter schemes deployed in 2018/19 on the winter pressures faced in the form of delayed transfers of care. The graph shows that the greatest impact was achieved between October and January in reducing delayed transfers of care. The collection of delayed transfer of care information was suspended as a result of COVID-19. Those schemes which offered the greatest impact was the rapid response service supporting some 446 people along with DPS and block booked beds which supported some 1052 people and 93 respectively. Lessons learnt included the importance of having dedicated beds which could be called off and accessed quickly, this was noted through winter and through the start of the COVID-19 crisis. In planning for 2020/21 a literature of winter plans produced by other Health and Wellbeing Board's was considered. The council has undertaken and planned a number of supplementary activities to support the winter schemes and plans throughout 2020/21 these include scenario planning.

5.22. <u>Graph one – DTOC's attributable to adult social care shown with the impact of winter plan schemes</u>

DTOCs attributable to adult social care: potential impact of Winter Plan schemes
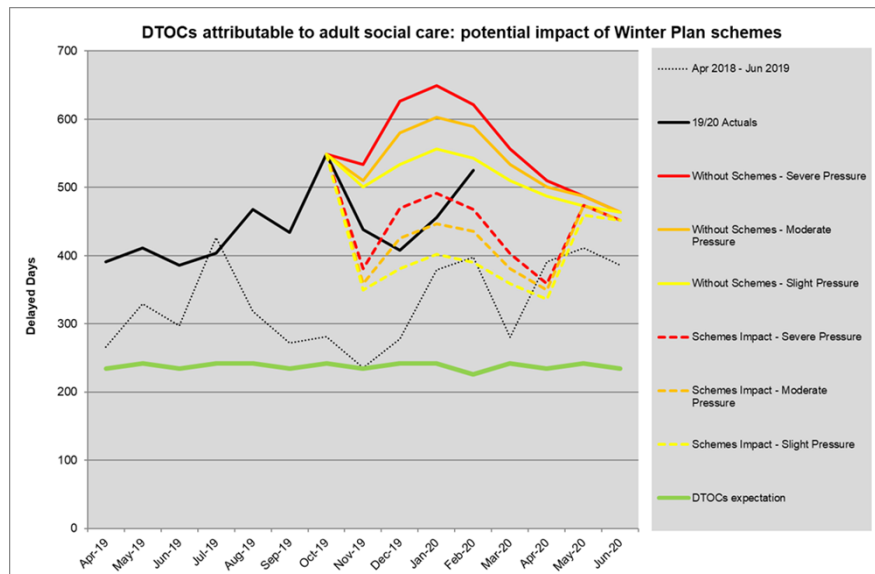
5.23. Along with a number of council winter scheme initiatives, the council is also a part of the Seasonal Winter Plan 2020/21 across NHS Cheshire CCG, the seasonal winter plan sets out the steps that are being undertaken across NHS Cheshire CCG health and social care community to ensure that appropriate arrangements are in place to provide a high quality responsive service over the winter period. The paper incorporates three key areas:

a) Measures that have been considered to manage demand over winter that are cost neutral, based on current capacity and demand modelling.
b) Embed existing changes in ways of working, as a direct response to Covid 19, service transformation and investment that can be sustained and contribute to winter resilience.
c) Identification of additional schemes that could be introduced with additional resources, in order to manage winter and COVID 19 surges in demand

5.24. **Winter planning 2020/21**

5.25. The winter plan for 2020/21 includes a number of components:

- Winter schemes
- Personal Protective Equipment (PPE) preparations
- Flu vaccination planning 2020/21
- Implementing a home first approach

5.26. **Winter schemes**

5.27. The planned winter schemes for 2020/21 are as follows:

5.28. Scheme one - Block booked beds - Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are

currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.

5.29.   Scheme two - Care at Home Hospital Retainer - Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.

5.30.   Scheme three - Rapid response - The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home.   The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.

5.31.   Scheme four - Social worker support - Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality).

5.32.   Scheme five - Cheshire East People Helping People - We recognise this is still a challenging time for everyone, so we want to continue to help local people to support one another by harnessing and supporting the fantastic work already being done in communities across the borough. We are working collaboratively with our partners and local volunteers to channel community-based support to meet the needs of our residents who find themselves isolated without family,

friends or a support network. Our service is delivered for the local community, by the local community, with options including:

- Telephone support, advice and reassurance
- Signposting to local and national services equipped to meet specific support needs
- Access to essential food and medical supplies
- Access to priority online shopping slots
- A regular friendly phone call to lift your spirits
- Transportation from hospital to home

5.33. Scheme six – Flu vaccinations for Care Homes, Domiciliary providers, Complex provider and Extra Care Housing staff. For older people or those with long-term health conditions, the effects of flu can be much more serious, and in some cases even fatal. For those working in a care home or health and care environment where there are many vulnerable people, it is incredibly important to have the flu vaccine. This not only helps to protect the staff themselves and their immediate families, but also helps to protect very vulnerable residents who might not respond well to vaccination. As well as keeping staff and residents safe and well, reducing the threat of flu also helps you to ensure business continuity; reducing the likelihood of staff being ill and off work and the associated costs of providing bank or agency cover for them.

Vaccination is also of benefit as it helps to reduce transmission to the wider public and in times of increased pressure on health and social care services, helps to reduce the burden of ill health, and therefore demand on the wider health system at a time when services are already under pressure.To ensure social care services to take up the offer of free flu vaccinations, CEC contracts team will work with home and care provider managers to identify a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. The flu champion will work alongside the aligned GP surgery to get either the District Nurse in for a full day to immunise the work force during their shift. Alternatively the flu champion can book a day with the Community Pharmacy to have this done on site.

5.34. Scheme seven - Safe steps - Safe Steps is a digital falls risk assessment tool, which is built to NHS digital standards and GDPR compliant. It is an easy-to-use app which prompts care staff to work through a dynamic set of questions with each resident once a month. 12 key areas based on NICE guidelines are assessed, to identify ways in which each resident is at risk of falls. The app then makes CQC-approved recommendations from a library of over 50 proven interventions, to create a personalised falls care plan.

5.35. Scheme eight - Double handling review - We are currently involved in a regional programme aimed at addressing the issue of 'double handling' which, as well as being an expensive way to deliver care, is also recognised as invasive and an intrusion on an individual's dignity. The programme aims to support the exploration of alternative ways of providing support (including the provision of training and equipment) that reduces the need for 'double handling'. There are

currently 149 people in receipt of home care that requires two people to safely and appropriately provide that support. This scheme will help to create the capacity that will enable people to isolate if they are COVID positive and cannot return to their own home.

5.36. **Personal Protective Equipment (PPE) preperations**

5.37. There is the expectation that demand will drop off considerably for registered providers by end of August. The NHS that the PPE portal is now open to all registered provider from this week (03/08/2020). The Local Resilience Forum (LRF) will officially close at the end of the month (August). If a second COVID wave should occur the LRF they will resume their services. We will continue to support internal services and services wishing to reopen in the Cheshire East Council footprint. As we move towards winter, Cheshire East Council are preparing for potential outbreaks of infectious seasonal illnesses including flu (influenza) and D&V (norovirus), as well as potential further outbreaks of COVID-19. This council has developed a toolkit is designed to provide information and advice on how to prepare for any potential outbreaks. We know that many care homes have already done lots of work in this area, and the toolkit is not intended to replace any preparation which you have already been doing. It is hoped that the second tranche of Infection Prevention and Control funding which you have recently received will help in the implementation of some of these actions.

5.38. **Flu vaccination planning 2020/21**

5.39. We have a local Pan Cheshire group as well as a Cheshire and Merseyside planning group which will be activating shortly, this follows the second national flu immunisation programme 2020 to 2021- update received on 05/08/2020. The guidance notes:

- 'Providers should focus on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community.'
- The guidance goes onto note that the season flu vaccination will be additionally offered to:
    - household contacts of those on the NHS Shielded Patient List. Specifically, individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
    - children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
    - health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
    - The national aim is to further extend the vaccine programme in November and December to include the 50-64-year-old age group subject to vaccine supply.
  - National programme information goes onto note:
    - Frontline health and social care workers - All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, in order to meet their

responsibility to protect their staff and patients and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

5.40. **Implementing a homefirst approach**

5.41. Whilst we were already committed to, and were working on, a Home First approach to hospital discharges from Macclesfield hospital, the requirements of responding to the Covid19 pandemic have had the effect of accelerating the implementation of a number of measures that were already planned and have introduced different ways of working. The local authority reablement service is now used exclusively to support hospital discharges in the East locality. It is currently able to respond to approximately 70% of discharges for people requiring support at home for the first time and provides an assessment and an enabling service before long term support arrangements are put in place (where required) which is currently the case for 52% of the people receiving this service. The reablement service is accessed directly by therapists on hospital wards using a portal system and this has speeded up response times for this cohort. Where the reablement service is not available, alternative home care provision is sought. There are now identified local authority staff working closely with the reablement service to ensure timely throughput in this service and the arrangement of long term support where required.

5.42. The Rapid Response service commissioned by the local authority is now focussed on responding to crises in the community where there is a risk of admission to hospital or a care home. This service is also accessed directly by health professionals. Whilst the aim is to get people home from hospital whenever possible, some people require a short stay in a care home following a hospital admission. There are a range of care home beds available, a large number of which have been jointly commissioned. All short-term placements from hospital are now arranged by health staff who notify the local authority of the placement. A social worker is allocated within 24 hours of receiving this notification and they work with the individual, the care home and the relevant other professionals to agree and arrange long term support where required.

5.43. Whilst recognising that dealing with Covid19 has presented a particular set of challenges, there has been a significant improvement in performance in relation to delayed transfers of care. We now have an opportunity to review the measures currently in place and to consider how we can most effectively consolidate and build on the Home First approach to hospital discharge. This will include:

- The reorganisation of staff previously involved in undertaking assessments of people in hospital to reflect the change of focus to working with people in the community.

- The embedding and further development of the reablement service pathway with the aim of supporting everyone leaving hospital needing home-based support for the first time.
- Confirmation of the range of short-term services available to people either to facilitate hospital discharge or to avoid inappropriate admissions to hospital or care homes.
- A review of the use of the Rapid Response service with a view to ensuring that access to this service is available across the locality and that the service is being used effectively and efficiently.
- Confirmation of longer-term funding arrangements for a range of services.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. The Accommodation with Care (DPS), Rapid Response Service, Winter Pressure (block) beds and the Care at Home Services (Prime Provider and Framework Agreements) have all been commissioned following compliant procurement exercises. Any amendments to those contracts, or additional contracts that are proposed in response to the findings of and suggestions in this report will need to comply with the Public Contracts Regulations 2015 and the Council's own internal rules.

6.2. Finance Implications

6.2.1. The costs of the actions listed above are met by the council and the CCG sometimes separately through base budget funding and sometimes working in partnership, for example, through the Better Care Fund. At the present time the costs are therefore available without the need for any change to the Council's Medium-Term Financial Strategy (MTFS).

6.3. Policy Implications

6.3.1. As part of the government's announcement of the Adult social care: our COVID-19 winter plan 2020 to 2021 one of the actions noted was that local authorities have in place winter plans.

6.4. Equality Implications

6.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and complaint with the Equality Act 2010.

6.5. Human Resources Implications

6.5.1. A number of the schemes include temporary funding over the winter period and will in turn fund temporary increased to staffing where appropriate.

6.6. Risk Management Implications

6.6.1. Winter funding has been included through the Better Care Fund for 2020/21 there is no guarantee that winter funding will be provided as part of the Better Care Fund in 2021/22.

6.7. **Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

6.8. **Implications for Children & Young People/Cared for Children**

6.8.1. There are no direct implications for children and young people.

6.9. **Public Health Implications**

6.9.1. There are no direct implications for public health.

6.10. **Climate Change Implications**

6.10.1. The aim of the winter schemes is to keep people as independent as possible promoting healthy lifestyles.

7. Ward Members Affected

7.1. All wards affected.

8. Consultation & Engagement

8.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

9. Access to Information

9.1. Not applicable.

10. Contact Information

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

Name: Alex Jones

Job Title: BCF programme manager

Email: Alex.t.jones@cheshireeast.gov.uk

Cheshire East
Council

Working for a brighter future together

Health and Adults Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 8th October 2020

Report Title: Cheshire East Covid-19 Local Outbreak Plan

Portfolio Holder: Councillor Jill Rhodes, Public Health and Corporate Services

Senior Officer: Executive Director of People, Director of Childrens Services & Director

1. Report Summary

1.1. A programme of work is currently being undertaken by the Council to develop and deliver a localised approach to Covid-19 Test Trace Contain Enable (TTCE) in Cheshire East. The local role within the national and regional Test and Trace system aims to support local vulnerable people and complex places.

1.2. All Local Authorities were required by the Department for Health and Social Care (DHSC) to produce a Covid-19 Local Outbreak Plan to provide local guidance and information about how the TTCE will be delivered locally.

1.3. The primary objectives of the TTCE programme identified by the DHSC as part of 'Local Outbreak Control Plans' will be to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

2. Recommendations

2.1. The review and scrutiny of the Council's Covid-19 Local Outbreak Plan and the Cheshire East TTCE programme.

OFFICIAL

3. **Reasons for Recommendations**

3.1. The TTCE approach set out within the report has been developed in line with national guidance from the DHSC on how Local Outbreak Plans should be organised with seven key workstreams (Themes) that form part of the Plan, underpinned by local governance, engagement and communications. Local Outbreak Plans should also be developed to meet local strengths and needs, our communities, and existing structures and systems.

3.2. Local Outbreak Plans form a key part of the national and local Covid-19 Recovery Plans, to prevent and contain the spread of Covid-19, as well as responding to and recovering from localised outbreaks within complex settings for example within Care Homes, Schools, or local businesses or workplaces e.g. within the hospitality industry or the local rural economy.

3.3. Work on the Local Outbreak Plan continues at scale and pace within Cheshire East, across Cheshire and with strategic partners across Cheshire and Merseyside and the Council will need to maintain oversight of our local role within the wider system and approach.

4. **Other Options Considered**

4.1. The development of a Local Outbreak Plan is mandated by the DHSC, therefore not developing a Local Outbreak Plan and localised TTCE programme is not an option.

5. **Background**

5.1. The Cheshire East TTCE programme is aligned to the national Test and Trace service and is part of the Cheshire and Merseyside Test and Trace Hub. Therefore, the Council has worked collaboratively on our local approach with Public Health England, The Cheshire and Merseyside Public Health Collaborative (Champs), the Cheshire Resilience forum and Cheshire West and Chester Council as a national 'Beacon Site' for TTCE.

5.2. All Local Authorities were required to publish Local Outbreak Plans by June 2020. The Cheshire East Plan is available on the Councils website: https://www.cheshireeast.gov.uk/pdf/covid-19/cec-covid-outbreak-doc-4-digital-lres-final.pdf (see appendix 1).

5.3. The Cheshire East TTCE programme is made up of seven key workstreams as detailed within the national guidance from the DHSC and work is ongoing on the workstreams to ensure that we respond rapidly to local issues in a way that prevents and manages outbreaks and supports and protects our residents. The seven workstreams include:

- o **Theme 1 - Care homes and schools.** Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
- o **Theme 2 - High risk places, locations and communities**. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers, key essential businesses, essential infrastructure (e.g. defining preventative measures and outbreak management strategies).
- o **Theme 3 - Local testing capacity.** Identifying methods for local testing to ensure a swift response that is accessible to the entire population This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
- o **Theme 4 - Contact tracing in complex settings.** Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Level 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
- o **Theme 5 - Data integration.** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages).
- o **Theme 6 - Vulnerable people.** Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- o **Theme 7 – Local Boards and Legal Framework.** Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

5.4. Workstream 7 has focussed on the development of the governance structures for TTCE, in line with existing local structures, as well as the development of new governance Boards, including the Health Protection Board and the Local Outbreak Engagement Board (see Appendix 2).

5.5. The role of the 'Covid-19 Health Protection Board' is to make recommendations on actions relating to Outbreak Management within Cheshire East with specific duties to protect the population of Cheshire East in relation to COVID-19. The Health Protection Board will decide if additional action is required over and above normal outbreak management and will provide recommendations to the Cabinet as well as assurance to Cheshire East Health and Wellbeing Board.

5.6. The role of the 'Local Outbreak Engagement Board' is to provide political oversight of the delivery of the Local Outbreak Management Plan. This includes the provision of appropriate support and challenge to the actions that arise in responding to outbreaks, and to engage with local communities to secure their support. Effective communication with the public and key stakeholders is a core role of the Local Authority as mandated nationally. Effective communication is key to the success of local outbreak prevention and management. The Local Outbreak Engagement Board will provide recommendations to Cabinet and assurance to Cheshire East Health and Wellbeing Board.

5.7. The national issues with regards to testing capacity is impacting on the access to testing at a local level within all LA areas. However, the Council continues to develop options for access to testing at a local level, including the development of Mobile Testing Units (MTUs) and Local Testing Sites (LTS). The Council is planning to pilot new sites for MTUs for example to improve access to those most at risk, deprived, vulnerable areas and communities. The first LTS will also be available in Crewe by the end of September and the Council have submitted further expressions of intertest for the development of two additional LTSs in Congleton and Macclesfield.

5.8. The Local Outbreak Plan aims to support the prevention, investigation, management and containment of community outbreaks of COVID-19 in complex settings and communities within Cheshire East not already covered by existing outbreak control processes. Initial priority groups identified through local insight and national data include:

Complex settings	High risk communities	High risk places and locations
- Hotels currently housing homeless residents - Hotels housing refugees and asylum seekers - Homeless hostels - Learning disability supported living - Extra Care housing - Mental Health residential settings - Secure residential facilities - Youth housing - Probation centres - Primary Care (GP Surgeries, dental, optometry, pharmacies)	- Black Asian Minority Ethnic (BAME) communities - Domestic abuse victims - Gypsy and Traveler - Homeless - Migrant workers - Refugees and asylum seekers - Student population - Sex workers - Substance users	- Early years / childcare settings (not covered by guidance for schools) - Public / shared transport - Workplaces (e.g. construction sites, food businesses, including restaurants, pubs, meat processing and packing plants, hairdressers and beauticians) - Other well-defined settings and gatherings such as places of worship / private social events - Houses of Multiple Occupation

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. Governance structures are now in place for the TTCE programme and the Local Outbreak Plan in Cheshire East (see appendix 2). This includes the decision making and enforcement powers for Covid-19 related lock downs in Cheshire East, and the delegation of Director of Public Health powers to the Environmental Health and Regulatory Services team to ensure a swift response in the event of the need to close a premises due to COVID-19.

6.2. Finance Implications

6.2.1. Cheshire East Council have received a grant of £1,533,331 which is ringfenced for the development and delivery of Local Outbreaks Plans and TTCE locally. The funding will support the additional capacity and workforce required to deliver test and trace activities across Cheshire East, as well as locally targeted communications and engagement.

6.3. Policy Implications

6.3.1. The Council's Local Outbreak Plan is based on national guidance from the DHSC and is aligned to local and national Covid-19 Recovery Plans.

6.4. Equality Implications

6.4.1. The development of TTCE within LAs is focused on complex places and vulnerable groups most at risk (see section 5.7.). The TTCE programme is therefore building on the existing developments to support our most vulnerable residents and communities already developed during the Covid-19 response and recovery planning such as the People helping People programme, and the Cheshire East Social Action Partnership.

6.4.2. The Local Outbreak Plan is supported by an Equality Impact Assessment (see appendix 3).

6.5. Human Resources Implications

6.5.1. The Council has undertaken recruitment processes to ensure that the capacity and workforce is in place to deliver the Local Outbreak Plan and the TTCE programme in Cheshire East. Internal secondments have been undertaken where possible, for example some Library staff who have previously supported the Council's 'Shielding' developments have been seconded to Call Handlings roles building on the skills and experiences developed during the response phase of Covid-19. The Council has utilised the ring-fenced grant to build capacity for Contract

Tracing, Environmental Health, Public Health Analyst, Public Health Protection, Communications, and Programme Management.

6.6. **Risk Management Implications**

6.6.1. A Cheshire East Programme Board has been established for the development and delivery of the Local Outbreak Plan and the TTCE Programme, which includes a risk log which manages the risks identified within the Health Protection Board and the Local Engagement Board.

6.7. **Rural Communities Implications**

6.7.1. The TTCE programme aims to prevent and contain the spread of Covid-19 across all communities including rural communities, and therefore to protect residents who live and work in rural and farming based jobs, business and the rural economy locally.

6.8. **Implications for Children & Young People/Cared for Children**

6.8.1. Covid-19 outbreaks within complex settings are managed at a local level by the Council. Schools are classified as a complex setting and are therefore supported at a local level via the Cheshire East TTCE Hub. The Cheshire East TTCE Hub provides information and guidance to local schools in response to localised outbreaks within our schools.

6.9. **Public Health Implications**

6.9.1. The TTCE Programme and the Local Outbreak Plan is based on existing evidence based Public Health Infection Prevention and Control practices.

6.9.2. The Director of Public Health is the Senior Responsible Officer (SRO) for the Test and Trace Programme and is the statutory Officer responsible for the Cheshire East Local Outbreak Plan.

6.10. **Climate Change Implications**

6.10.1. The Council is currently reviewing policy developments for Social Value in response to Covid-19 recovery planning. This includes local Social, Economic and Environmental impacts.

7. **Ward Members Affected**

7.1. All Wards in Cheshire East are affected by the TTCE Programme and the Local Outbreak Plan.

8. **Consultation & Engagement**

8.1. A core function of the Local Outbreak Plan is the development of a Local Engagement Board and the development of a local Communications Strategy. The aim of the Board and the Strategy is to ensure that local residents receive localised information, communications, and engagement activities, for example targeting Communications to local vulnerable groups, or those most at risk locally, or communicating the details of localised lockdowns if needed.

9. Access to Information

9.1. Cheshire East Local Outbreak Plan

9.2. Local, Regional and National Governance

9.3. Equality Impact Assessment

9.4. Cheshire East TTCE Communications Strategy

10. Contact Information

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

Name: Matt Tyrer

Job Title: Director of Public Health

Email: matt.tyer@cheshireeast.gov.uk

Name: Shelley Brough

Job Title: Head of Integrated Commissioning

Email: shelley.brough@cheshireeast.gov.uk

Version Control

<This table below must be completed to show the journey that the report has taken; and should include details on the officers consulted on each version of the report. It is expected that Finance, Legal, line manager and Executive Director are consulted on every version.

Each Directorate is to have a document library to store its reports and it is the responsibility of the author to ensure that all versions are retained and stored correctly. >

Draft versions are to be categorised by meeting type.

- Directorate management team; version to begin at 1.0

- CLT; version to begin at 2.0

This section must be deleted when the report is in its final state and is being submitted to Cabinet Briefing, Cabinet, Council, PH decision or Committee. Remember to also delete the version control box on the front sheet of the report on the top left hand corner.

The version number should also be referenced on the front cover of the report

Remember to delete the guidance wording when the report is complete.

Date	Version	Author	Meeting report presented to	Consultees		Summary of amendments made
				Name of officers consulted	Date consulted	
21st Sept 20		Shelley Brough				
				Matt Tyrer		DPH – SRO
				Yvonne Frost		Finance
				Deborah Nickson		Legal

Cheshire East COVID-19 Outbreak Prevention, Management and Support Plan

30 June 2020 (version 1)

Working for a *brighter future* together

CORONA I

Contents

Foreword

The UK is experiencing a pandemic that has shaken the country and sadly, at time of writing, resulted in more than 43,000 people losing their lives.

However we have seen some positive responses during the crisis, with communities coming together to support each other. In Cheshire East thousands of volunteers have signed up to our People Helping People scheme to help our most vulnerable residents.

We understand that the UK has passed the peak of transmission, and case numbers have been decreasing, but this isn't a time to be complacent. As national restrictions are relaxed, it is even more important that we all support controls to help protect our families, friends and neighbours from the risk of a local outbreak.

This document outlines the plans Cheshire East Council has made should an outbreak occur. Everyone has an essential role to play in following the test and trace protocol to protect themselves, their friends and family.

It's through supporting each other and your local council that we will continue to win this fight against the coronavirus and make sure it has no home in our beautiful borough and to allow Cheshire East to thrive once again.

Councillor Sam Corcoran
Leader

Cheshire East Council's public health team have worked alongside national and local health professions throughout the Coronavirus outbreak to provide Cheshire East residents with the information, advice and support they have needed.

Through these strong foundations this local outbreak plan has been developed to support the national Test, Trace, Contain and Enable programme and to ensure that an effective and coordinated approach is in place for the prevention, rapid detection and management of any COVID-19 outbreaks within Cheshire East and the County of Cheshire.

This plan will protect all residents including those most vulnerable and sets out how we will work together with local care homes, schools, healthcare settings, local businesses and other settings most at risk due to the number of people/children within the setting.

Testing will take place at pop-up mobile testing units and our designated satellite testing centre at Leighton Hospital. During July it is anticipated we will have a monthly capacity of 13,150 swabs within Cheshire East. 11,600 of these will be able at the pop-up testing units and 1,550 at Leighton Hospital. Upon getting the results of these tests a local tracing system will come into action when required to ensure early detection of potential local outbreaks.

We have a robust plan in place and are prepared to tackle a local outbreak of COVID-19.

Dr Lorraine O'Donnell
Chief Executive

COVID-19 transmission and outbreaks can be prevented through good hygiene practice such as regular hand washing, effective cleaning and adhering to social distancing measures. This prevention advice has been shared widely throughout the pandemic so far and remains to be the most effective and important course of action to take in preventing a local outbreak in Cheshire East.

An outbreak is defined as two or more cases who have tested positive for COVID-19 within the same 14-day period, in people who either work together or have visited a place together. Contact tracing and subsequent testing will activate an outbreak notification process, and the outbreak management plan will be put into action. Actions such as closing buildings such as workplaces or schools may take place and specific advice will be given to those affected.

These measures will allow our public health teams and partners to work to contain the virus effectively, preventing future cases nor transmission into the wider community. A community infection control team will monitor the outbreak until there is no longer a risk to the public health and/or the number of cases has declined.

As always please help to protect yourself and others by adhering to the advised social distancing measures and continue to wash your hands for 20 seconds on a regular basis ideally with soap and water – these basic but effective measures are our best method of defense against this virus.

Dr Matt Tyrer
Director of Public Health

Section 1: Introduction, aim, objectives and scope of the plan

1.0 Introduction

The UK has passed the peak of transmission of COVID-19 and case numbers are decreasing, enabling stringent public health and social measures to be adjusted. There is an urgent need to plan for a phased transition away from such restrictions in a manner that will enable the sustainable suppression of transmission at a low-level whilst enabling the resumption of some parts of economic and social life, prioritized by carefully balancing socio-economic benefit and epidemiological risk. Without careful planning, and in the absence of scaled up public health and clinical care capacities, the lifting of restrictive policy measures has the potential to lead to an uncontrolled resurgence in COVID-19 transmission and an amplified second wave of cases.

Contact tracing is an effective public health measure for the control of COVID-19. The prompt identification and management of the contacts of Covid-19 cases enables interruption of further onward transmission. This is very important during the de-escalation of public health measures in order to avoid an increase in transmission and the potential for local outbreaks. This plan provides a framework for the rapid identification, containment and management of local outbreaks in Cheshire East.

This document is a summary of the Council's operational plan and is presented without the technical appendices and supporting resources which are detailed within the full operational plan. This is a live document that will be amended due to any on going developments for example changes to national guidance.

1.1 Aim

As our close partner Cheshire West and Chester Council has been identified as one of eleven areas across England to be beacons of local action in the Government's COVID-19 Test, Trace, Contain and Enable recovery strategy there are potential benefits to the population of Cheshire East and the people of Cheshire overall in close cooperation with our neighbouring local authority. Building on strong foundations of local partnerships and active communities, this Plan defines local arrangements to support the national Test, Trace, Contain and Enable

programme, to ensure an effective and coordinated approach for the prevention, rapid detection and management of COVID-19 outbreaks within Cheshire East and the County of Cheshire.

1.1 Objectives

- Prevent cases, clusters and outbreaks by providing targeted advice and support to identified settings, workplaces and communities

- Reduce onward transmission, morbidity and mortality through rapid identification and isolation of cases, follow-up and local testing of contacts

- Prevent future cases through identification of potential human, animal, and/or environmental sources of exposure, risk factors for infection, and implementation of appropriate prevention and control measures

- Provide continued support to vulnerable local people and diverse communities

- Provide a framework to support dynamic interoperability between national, regional and local processes

- Capture joint operational learning to develop and share best practice

1.2 Scope

This plan will be used for the prevention, investigation, management and containment of community outbreaks of COVID-19 in complex settings and communities within Cheshire East not already covered by existing outbreak control processes.

- Outbreaks within care homes will be managed according to the North West Care Home Outbreak Control Plan and in line with national guidance

- Outbreaks within schools will be managed according to the Cheshire and Merseyside Schools Outbreak Pack and in line with national guidance

- Outbreaks within specific NHS trust premises, whether acute, community or mental health trust, will usually be led by the relevant NHS Trust in accordance with their operational plans

1.4 Key Definitions

Term	Description
Possible case	A person with symptoms fitting the case definition who is awaiting testing or the results of a test.
Probable case	A person experiencing the following symptoms: • fever over 37.8; or; • new, continuous cough; or; • loss or change of sense of smell or taste.
Confirmed case	A person that has received a positive test result for severe acute respiratory syndrome coronavirus COVID-19
Sporadic case	A single confirmed case.

Term	Description
Exposure period	48 hours prior to and 7 days after the possible or confirmed case's symptom onset or specimen collection date (if the case is asymptomatic).
Contact	**Direct contact without Personal Protective Equipment:** Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a case. This includes exposure within 1 metre for 1 minute or longer. **Proximity contact without Personal Protective Equipment:** Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case. **Household contact:** A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners. Person who has had contact (see below) at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 7 days after onset of symptoms (or test). A person who wore appropriate PPE or maintained appropriate social distancing (over 2 meters) would not be classed as a contact.
Cluster A comprehensive definition for each setting is contained within the technical appendices	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)

Term	Description
Community transmission	Larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: • Large numbers of cases not linkable to transmission chains • Large numbers of cases from sentinel lab surveillance • Multiple unrelated clusters in several areas of the country/territory/area
Outbreak of COVID-19	An outbreak is defined as 2 or more cases that have tested positive for COVID-19 within the same 14-day period, in people who either work or have visited a setting. In a residential care setting the definition is 2 or more symptomatic cases (or laboratory confirmed) within the same 14-day period.
Vulnerable people	**Clinically extremely vulnerable people** – People defined on medical grounds a clinically extremely vulnerable, meaning they are at the greatest risk of severe illness. This group includes solid organ transplant recipients, people receiving chemotherapy, renal dialysis patients and others. **Clinically vulnerable people** - Clinically vulnerable people include the following: people aged 70 or older, people with liver disease, people with diabetes, pregnant women and others. **Vulnerable people (non-clinical)** - There are a range of people who can be classified as 'vulnerable' due to non-clinical factors, such as children at risk of violence or with special education needs, victims of domestic abuse, rough sleepers and others.
High-risk places and locations	Settings or locations whereby people or communities engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing. Places and locations may be considered high risk due to number, age or vulnerability of people interacting.

1.5 Overview of COVID-19 Outbreak Governance within Cheshire East (Figure 1)

National

> Individual suspects that they have COVID-19.

> Requests a test via NHS 111 Service. https://111.nhs.uk/covid-19/

> NHS National Contact Tracing Advisory Service
> Next Steps: If the test is positive, the individual is contacted by NHS Contact Tracing Advisory Service, who find out their circumstances and contacts. If a case is complex or involves a high-risk setting, this is escalated to regional (Tier 1b) teams.

Cheshire and Merseyside

> Public Health England North West, Cheshire and Merseyside Test, Trace, Contain, Enable Hub:
> Role: Outbreak Management and Tier 1 Contact Tracing.
> Role: Manages local contact tracing and initial outbreak management. Provides action plans for local Single Point of Contacts to carry out, such as swabbing, provision of advice and support to settings.

Cheshire East

> **Cheshire and Wirral Partnership NHS Foundation Trust Infection Prevention and Control Team**
> Role: This team record referrals, make initial contact with affected settings, conduct outbreak management activity, risk assess settings, provides intelligence to Public Health England Team and the Local Authority.

> **Cheshire East Test Trace Contain Enable (TTCE) Hub**
> Role: Leads on prevention and consequence management. This service will pro-actively contact high-risk settings to ensure appropriate procedures are in place to reduce COVID-19 risk and will convene local outbreak management support.

The diagram above (Figure 1) outlines the outbreak management process which will be followed within Cheshire East. It refers to the regional Public Health England Contact Tracing Hub which is currently in development, and the local Cheshire East Test Trace Contain Enable (TTCE) Hub (also in development) which will lead on the management of local outbreaks in complex settings. The role of specialist hubs is outlined in more detail within this plan.

1.6 Initial priority groups identified (Figure 2)

Complex settings	High risk communities	High risk places and locations
• Hotels currently housing homeless residents • Hotels housing refugees and asylum seekers • Homeless hostels • Learning disability supported living • Extra Care housing • Mental Health residential settings • Secure residential facilities • Youth housing • Probation centres • Primary Care (GP Surgeries, dental, optometry, pharmacies)	• BAME communities • Domestic abuse victims • Gypsy & Traveller • Homeless • Migrant workers • Refugees and asylum seekers • Sex workers • Student population • Substance users	• Early years / childcare settings (not covered by guidance for schools) • Public / shared transport • Workplaces (e.g. construction sites, food businesses, including restaurants, pubs, meat processing and packing plants, hairdressers and beauticians) • Other well-defined settings and gatherings such as places of worship / private social events • Houses of Multiple Occupation

1.7 Public Health England will interface with the following organisations directly: (Figure 3)

Organisation	Contact Tracing
• NHS Acute Trusts • NHS Community Trusts • Police • Fire Authority • Prisons	Organisations will conduct contact tracing themselves under the direction of Public Health England

Section 2: Prevention of COVID-19

2.0 The role of prevention

Prevention is the most effective method of stopping transmission and outbreaks of COVID-19. Stringent attention to social distancing advice, regular hand washing, and effective cleaning should be in place in all settings during the COVID-19 pandemic. The following section highlights preventative action is key to minimising outbreaks within the borough:

2.1 Preventative action undertaken by Cheshire East Council

Cheshire East Council will:

- Continue to ensure that any regional / local sector specific guidance is disseminated appropriately

- Identify, contact and engage with a range of complex and high-risk settings, to determine their level of awareness and preparedness in implementing preventative measures to ensure that they are COVID-secure (i.e. have a COVID-19 risk assessment, safe systems of work and business continuity measures in place)

- Through setting-specific action cards designed to be used by those who have responsibility for an individual setting (e.g. head teachers, food business operators), provide access to key information on how to minimise the risk of an outbreak, and what to do in the event of an outbreak

- Work with the setting by signposting and/or providing advice and support (including specialist advice and support, as necessary) in accordance with the level of assessed risk, the size of the organisation/setting and existence or otherwise of support structures within the setting.

- Implement a programme of work to identify workforce capacity to support outbreak prevention and management which will include:

  - mapping the current workforce including voluntary sector, and establishing management and support principles for staff and volunteers

  - developing a suite of training resource scenarios with a focus on infection, prevention and control, and outbreak management

  - developing and testing local processes to facilitate the rapid identification and containment of outbreaks

  - supporting vulnerable local people to get help to self-isolate, ensuring services meet the needs of diverse communities (Section 6)

- Implement a programme of work to facilitate the integration of national, regional and local data through the Joint Biosecurity Centre Playbook which will assist in:

  - informing assumptions to estimate local testing demand in order to scale-up testing capacity

  - developing methods for local testing to ensure a swift response which is accessible to the entire population

  - supporting an increased demand in testing and the rapid identification of outbreaks within high risk communities and localities

- Establish governance structures led by existing COVID-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums, and a new member-led Board to communicate with the general public

- Proactively support national communications through a local COVID-19 Communications Plan

- Keep this plan under regular review to ensure that is captures joint operational learning and shares best practice

2.2 Preventative action undertaken by employers

It is important for employers to continue to protect the health and safety both of their workers and of other people who may be affected by their business, for example agency workers, contractors, volunteers, customers, suppliers and other visitors. To help employers and the self employed, national guidance has been developed on the 5 steps for working safely along with sector specific guidance.

It is important to follow national guidance to help to reduce the risk of a spread of infection in the workplace. Employers must continue to follow health and safety workplace guidance for their sector such as:

- making every reasonable effort to enable working from home as a first option

- where working from home isn't possible, identifying sensible measures to control the risks in the workplace

- keeping the workplace clean, maintaining safe working separation, and preventing transmission through unnecessary touching of potentially contaminated surfaces

The measures employers put in place to maintain social distancing will depend on their individual business circumstances, including their working environment, the size of the site and the number of workers. The guidance will support employers to make an informed decision.

2.2.1 COVID 19 risk assessment

COVID 19 is a new risk that must be incorporated into workplace risk assessments. Employers must therefore carry out a new COVID 19 risk assessment if they have not already done so.

Employers have a duty to consult their workers, and unions where applicable, as part of their risk assessment. Involving workers in this will help build trust and confidence that all reasonably practicable steps are being taken to reduce risks of COVID 19, so that people can return to work safely.

Employers should share the risk assessment with workers and consider publishing the risk assessment on their website. Examples of measures that businesses can implement include:

- Adhere to COVID 19 guidance for your particular setting

- Pro actively maintain a risk assessment approach to preventing COVID 19 in your setting

- Limit visitors

- Use of social distancing floor markings, barriers

- Shift and service managers may consider proactively asking staff if they are symptomatic at the beginning of a shift

- While at work staff should follow social distancing measures to the best of their ability, including in staff spaces such as break rooms

- Where premises are part of a group, try to limit staff movement between facilities

- If possible, consider limiting staff movements within facilities, e.g. individual staff only work on one floor of a facility

- Increase the frequency and intensity of cleaning for all areas, focusing on shared spaces

- Maintain an accurate daily list of all staff and visitors to the premises with in and out times

Section 3: Identification and notification of an Outbreak

3.0 Identifying a COVID-19 outbreak

An outbreak is defined as 2 or more cases who have tested positive for COVID-19 within the same 14-day period, in people who either work or have visited a setting. Local surveillance data may also identify multiple cases within specific communities or clusters of outbreaks with localities, requiring a coordinated response. In residential care homes, an outbreak is defined as 2 or more symptomatic cases (or laboratory confirmed) within the same 14-day period.

3.1 NHS Test, Trace, Contain and Enable service

The NHS Test, Trace, Contain and Enable service forms a central part of the government's COVID-19 recovery strategy, which seeks to return life to as close to normal as possible, for as many people as possible, in a way that is safe and protects the NHS and social care. If an employee, client / service user, resident or visitor tests positive for COVID-19, the NHS Test, Trace, Contain and Enable service will help to identify people at high risk of having been exposed to the virus through recent close contact. It will alert those contacts who meet defined risk criteria, based on the proximity and duration of the contact they've had, and provide advice on what steps to take. This will include being informed to self-isolate or in certain circumstances require contacts to be tested.

If contact tracing and subsequent testing identifies 2 or more cases of COVID-19 from a specific workplace or setting, the NHS Test, Trace, Contain and Enable service will activate the outbreak notification process. An assessment will be made by Public Health England who will escalate for information, or for action. Details of the outbreak will be forwarded to the Infection Prevention and Control Team Single Point of Contact, operated by Cheshire and Wirral Partnership NHS Trust.

3.2 Identification of an outbreak by other means

COVID-19 Outbreaks may also be recognised by a setting, service provider, Microbiology or Virology service, Infection Prevention and Control Team, Environmental Health or other Council service area, voluntary organisation, Public Health England or through local surveillance data.

Other complex and high-risk settings including workplaces, are requested to notify the Infection Prevention and Control Team as soon as they are aware of 2 laboratory confirmed cases within a 14-day period linked with their setting unless they have already been contacted and received telephone advice or support.

Figure 4

To report a suspected outbreak within a setting or service will contact Cheshire East Single Point of Contact:

Infection, Prevention and Control Team Cheshire and Wirral Partnership NHS Trust

Telephone: **01244 397700** Email: **cwp.ipct.admin@nhs.net**

After 5pm/weekends/bank holidays contact:

Public Health England NW Health Protection Team

Telephone: **0151 434 4819** and ask to speak to the dedicated on-call for COVID-19

3.3 Escalation process

The Infection Prevention and Control Team will make an assessment as to whether they will:

- Lead the management of an outbreak (Public Health England may convene an Outbreak Control Team for an outbreak within a care home or school); or;

- Cheshire East Test Trace Contain Enable (TTCE) Hub.

The Cheshire East Test Trace Contain Enable (TTCE) Hub will either:

- Allocate one of the officers within the Hub (for example, Environmental Health Officer) to liaise directly with the setting / service;

- Request the relevant named single point of contact to liaise directly with the setting / service; or

- Convene a local multi-disciplinary Outbreak Control Team to lead the investigation, management and containment of the outbreak. Terms of reference (TOR) should be agreed upon at the first meeting of the Outbreak Control Team and should be reviewed at regular intervals.

In making this assessment, the Infection Prevention and Control Team and Cheshire East Test Trace Contain Enable (TTCE) Hub will consider the following:

- A large number of contacts meeting the proximity or direct contact definition;

- High numbers of vulnerable people as potential contacts within the setting;

- Settings where there is risk of potential impact on service delivery if staff are excluded for 14 days from exposure;

- Death or severe illness reported in the case or contacts;

- Significant likelihood of media or political interest in the situation.

3.4 Criteria for escalation from Public Health England NW to local authority

In certain circumstances, Public Health England in consultation with the Director of Public Health, may decide to convene a multi-disciplinary Outbreak Control Team. In making an assessment, the following criteria for escalation will be taken into consideration:

- Large number of contacts are likely to meet the proximity or direct contact definition;

- High numbers of vulnerable people are identified as potential contacts within the setting;

- Potential impact on service delivery if staff are excluded for 14 days from exposure

- Significant consequence management concerns;

- Concerns around support needs of potentially vulnerable individual or household;

- Outbreak declared;

- Healthcare setting;

- Death or severe illness reported in the case or contacts;

- Significant likelihood of media or political interest in situation.

This consideration will be applied in all instances, whether escalation is 'for action' or 'for information.'

Section 4: Outbreak Management

4.0 Outbreak Management

If multiple cases of coronavirus appear in a setting, an Outbreak Control Team from either the local authority or Public Health England will, if necessary, be assigned to help the setting manage the outbreak. Settings should seek advice from the Infection, Prevention and Control Team in the first instance (figure 4).

Members of the Local Cheshire East Test Trace Contain Enable (TTCE) Hub include:

- Local Authority Director of Public Health (or nominated deputy);
- Public Health Consultant;
- Public Health Practitioner;
- Infection Prevention and Control Nurse;
- Environmental Health Practitioner;
- Communications Manager;
- Administrative Support;
- Relevant institution / setting e.g. School, University, Business;
- Data intelligence officer.

Additional Members as required:

- Public Health England Consultant in Communicable Disease Control/Consultant in Health Protection or Consultant Epidemiologist;
- Consultant Microbiologist /Virologist;
- Public Health England Consultant Epidemiologist;
- Public Health England Health Protection Surveillance/Information Officer;
- Public Health England Data Analyst/Statistician;
- Clinical Commissioning Group Representative;
- North West Ambulance Service;

- General Practitioner;
- Consultant Physician;
- Immunisation co-ordinator;
- Local Pharmaceutical Committee Representative;
- Legal Adviser;
- Health & Safety Executive;
- Care Quality Commission;
- Ofsted.

4.1 Contact tracing – symptomatic person

When someone first develops symptoms and orders a test via NHS 111, they will be encouraged to alert the people that they have had close contact with in the 48 hours before symptom onset. If any of those close contacts are co-workers, the person who has developed symptoms may wish to (but is not obliged to) ask their employer to alert those co-workers.

At this stage, those close contacts should not self-isolate, but they:

- must avoid individuals who are at high-risk of contracting COVID-19, for example, because they have pre-existing medical conditions, such as respiratory issues.
- must take extra care in practicing social distancing and good hygiene and in watching out for symptoms.
- will be better prepared if the person who has symptoms has a positive test result and if they (the contact) receive a notification from the NHS Test, Trace, Contain and Enable service explaining they need to self-isolate.

4.2 Contact tracing confirmed case

If the person who has symptoms has a positive test result for COVID-19, the NHS Test, Trace, Contain and Enable service will ask them to share information about their close recent contacts. If they work in, or have recently visited or attended one of the following settings, the contact tracing process will be escalated to the Infection Prevention and Control Team or Cheshire East Test Trace Contain Enable (TTCE) Hub, who will liaise as necessary with the manager of the relevant setting:

- a health or care setting, for instance a hospital or care home;

- a prison or other secure establishment;

- a school for children with special needs;

- any setting where there is a risk of a local outbreak.

In other cases, any non household contacts who need to self isolate will be contacted by the NHS Test, Trace, Contain and Enable service. They will receive a formal notification (either a phone call, letter, email or text message) setting out how long they need to self isolate for.

The period of self-isolation will be for 14 days from the point of most recent contact with the person who has tested positive for coronavirus.

4.3 Actions to be taken by Cheshire East Test Trace Contain Enable (TTCE) Hub

The criteria to declare a cluster / outbreak and the criteria to end an outbreak varies depending upon the setting.

The Infection Prevention Control Team / Cheshire East Test Trace Contain Enable (TTCE) Hub will work with the setting to undertake a COVID-19 risk assessment and put appropriate interventions in place. In order to establish key facts and inform the decision to declare an outbreak the following steps may be undertaken:

- Initial investigation to clarify the nature of the outbreak should begin within 24 hours of receiving initial report;

- Confirm the validity of the initial information upon which the potential outbreak is based (including ascertainment bias; the possibility of false positives etc);

- Assign an individual to liaise directly with the setting / service or convene a local multi disciplinary Outbreak Control Team to lead the investigation, management and containment of the outbreak;

- Work with the setting to identify all persons who could be a contact of the case;

- Identify all people who have had contact with the confirmed case from 48 hours before onset of their symptoms to 7 days after onset of symptoms. (NB If the case was asymptomatic, identify all the people who have had contact 48 hours before their test to 7 days after date of their test);

- Note that in a setting where Personal Protective Equipment is routinely used, any person who wore appropriate Personal Protective Equipment or maintained appropriate social distancing (over 2 metres) would not be classed as a contact;

- Conduct preliminary interviews with initial cases to gather basic information including any common factors; this may be done by Public Health England or local contact tracers;

- Where appropriate, arrange testing of contacts or signpost to the national testing website;

- Form preliminary hypothesis;

- Consider the likelihood of a continuing public health risk;

- Carry out an initial risk assessment to guide the decision making process;

- Initiate vulnerable people support processes.

4.4 Actions to be taken by setting

- Immediate control measures should be implemented. It is not necessary to wait for the outcome of a test result in order to act;

- As soon as it becomes apparent that an outbreak may exist, immediate communication between the setting and the Infection Prevention and Control Single Point of Contact is essential. After 5pm, weekends and bank holidays contact Public Health England North West;

- Identify an Infection Control Lead in the setting - suggested experience: Occupational health, health and safety, risk manager, business manager;

- Employers should encourage workers to heed any notifications to self-isolate and provide support to these individuals when in isolation;

- Employers/Managers should continue to communicate with workers/clients in self-isolation and provide support;

- Agree content of advice to provide to rest of the workforce, visitors or residents.

4.5 Other actions to assist employees

- Employers should support people to work from home if they remain well and they can;

- If people cannot work from home, employers must ensure any self-isolating employee is receiving sick pay and or use their paid leave days if they prefer. Further guidance is available for employees if they cannot work;

- Employees in self-isolation are entitled to Statutory Sick Pay for every day they are in isolation, as long as they meet the eligibility conditions;

- The NHS Test, Trace, Contain and Enable service will provide a notification that can be used as evidence that someone has been told to self-isolate.

4.6 Arranging testing: cases and contacts

National policy identifies five pillars for COVID-19 testing as shown in Figure 5. These cover both antigen and antibody testing across patients, health professionals, key workers and other population groups.

Figure 5: National COVID-19 testing strategy:

In Cheshire East, the following testing routes are available:

- **Pillar 1 NHS rapid hospital-based testing** for the most urgent cases.

- Pillar 1 Lab testing, with swabs analysed in local NHS and Public Health England labs.

- **Pillar 2 Commercial testing,** with swabs analysed in national mega-labs.

- **Pillar 3 Antibody testing** to help understand the proportion of the population who have been infected. (Antibody testing is not used to manage outbreaks so is not discussed further here).
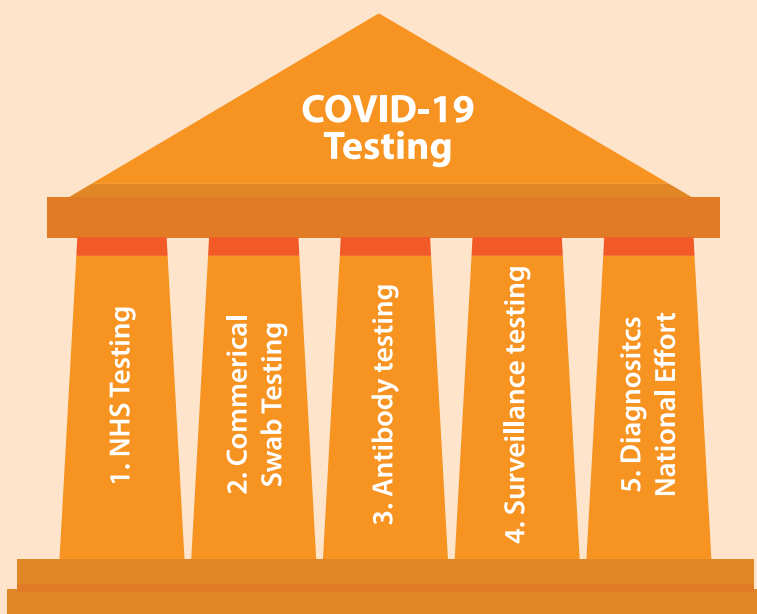
The Test, Trace, Contain and Enable Programme uses data from Pillar 1 and 2 testing to identify cases of COVID-19 infection. Pillar 1 testing is used for hospital patients (including those being discharged to care homes), A&E staff, and hospital staff caring for COVID-19 patients. Spare Pillar 1 capacity may also be used to test care home staff and residents during outbreaks.

During July 2020, it is anticipated that there will be a monthly capacity of 13 150 swabs within Cheshire East. 11 600 of these tests will be available at pop-up Mobile Testing Units at designated sites across the borough, and 1550 swabs at a Satellite Testing Centre at Mid Cheshire NHS Hospital Trust. Residents of Cheshire East are also able to access testing outside the borough, including the Regional Testing Centres at Haydock Park and Liverpool Airport. The most recent figures available in June 2020 indicate that currently only about a third of testing capacity is being used across Cheshire and Merseyside. As the Test, Trace, Contain and Enable Programme is rolled out, testing resources across the local system will be deployed to meet the need for testing in care communities, with spare capacity used to respond to outbreaks. There are also plans to create a 'swab squad' of testers who can be deployed in response to community outbreaks and to groups who may have less access to the overall testing offer, such as people receiving domiciliary care.

The Cheshire and Merseyside Health Care Partnership Testing Task and Finish Group has developed a prioritisation strategy which will be required as the demand for testing increases as lockdown is eased and the Test, Trace, Contain and Enable Programme is fully implemented. Testing prioritisation will become possible as testing capacity is brought under local control. The strategy proposes that testing resources are prioritised as follows:

1. NHS Patients, Care Home residents, Vulnerable cohorts who are symptomatic.

2. Symptomatic NHS and Social Care Staff, and /or their symptomatic household members.

3. All those being admitted to a Hospital or Residential setting with vulnerable residents even if asymptomatic.

4. All those in vulnerable settings in an Outbreak situation, and those affected under local Outbreak arrangements.

5. Key symptomatic workers in Schools, Emergency Services & other essential services.

6. Anyone else who is symptomatic

7. Routine testing of the most vulnerable hospital patients and care home residents even if asymptomatic as a preventative measure to reduce risk of outbreaks.

8. Routine testing of front-line health & social care workers, and other agreed essential key workers, even if asymptomatic as a preventative measure.

9. Individuals identified through TTCE who may be at risk having been in contact with a known COVID-19 positive case, even if asymptomatic.

10. Anyone else not listed above.

4.7 Additional action to support the organisational setting

- Identify workforce development needs / implement training;

- Basic COVID-19 awareness – transmission, symptoms, epidemiology;

- Contact tracing principles, ethics, information governance and data collection

- Understanding the testing offer/s;

- Current advice and support to those self-isolating;

- Role of The NHS Test, Trace, Contain and Enable service and local outbreak control;

- How to manage an outbreak;

- Information for staff not deemed to be contacts, reassurance

4.8 Training considerations

- Make use of local expertise – e.g. Super trainers, Environmental Health Officers, Infection Prevention and Control, Public Health, Tuberculosis nurses, Primary Care, Secondary Care

- Signpost to online resources;

- Quality assure and evaluate training.

4.9 Managing the deployment of broader resourcing and local testing capacity

The Council may need to arrange for the rapid deployment of mobile testing units to assist in the management of a local outbreak. This may require activity across a range of partners, and existing Gold command forums will provide the means of coordinating that action. The Council will also work closely with the Joint Biosecurity Centre, which has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations and to identify early potential outbreaks so action can be taken.

The Joint Biosecurity Centre will shortly be issuing further information about how local movement restrictions may need to be increased if infections increase.

Section 5: Declaring the end of an Outbreak

5.1 Declaring the end of an outbreak

It is important that there is continued vigilance for new potential cases as well as adherence to infection prevention and control principles once the outbreak is over to reduce the chance of a further outbreak in the home. The Community infection control team may monitor the outbreak until the outbreak is declared over by the team.

The Outbreak Control Team will decide when the outbreak can be considered over and will make a statement to this effect. The decision to declare the outbreak over should be informed by ongoing risk assessment and considered when:

a. there is no longer a risk to the public health that requires an Outbreak Control Team to conduct further investigation or to manage control measures;

b. the number of cases has declined;

The outbreak will be declared over when there have been no new cases of confirmed or suspected COVID-19 within a continuous 14-day period (28 days in the event of a residential care home). The criteria to declare a cluster / outbreak and criteria to end varies depending upon setting.

5.2 Communication

The chair should ensure that minutes are taken at all meetings of the Outbreak Control Team and circulated to participating agencies in a timely fashion. All key decisions should be recorded and the minute-taker is accountable to the chair for this function.

To ensure the appropriate dissemination of critical information within relevant organisations, standard communications protocols should be followed. A communications strategy for informing the public and key stakeholders should be discussed and agreed at the Outbreak Control Team.

Key information needs to be agreed with and shared with the setting where the outbreak has occurred. This includes:

• Advice on cleaning;

• Agreeing content of daily email to be returned on staff sickness;

• Advice for staff who have been contacts;

• Advice for staff who have not been contacts;

• Warning notice if non-compliance is an issue;

• Advice on financial issues including statutory sick pay.

5.3 Legal issues

Public Health England (PHE) is the national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities and executes his power to promote the health and wellbeing of the nation.

All organisations represented on an outbreak control team have different legal powers and duties. Any discussions regarding legal issues in response to an outbreak should be discussed with relevant legal representatives of the organisations involved where required.

Section 6: Support to vulnerable people

6.0 Provision of support for vulnerable people required to self-isolate

It is anticipated that most people will be able to self-isolate for the maximum two-week period without any support. However, where a person who has been advised to self-isolate needs practical or social support for themselves or someone they care for, they will be directed to the Council for help with food or medicine deliveries. Cheshire East Council have a well-established 'People helping People' service which has been further developed to provide support for vulnerable people required to self-isolate.

It is anticipated that majority of people who require help will be identified via the national NHS Test, Trace, Contain and Enable service and referred to the Council. There may also be circumstances whereby an individual's needs are identified through local contact tracing. In any event, practical or social support needs will be referred to the Council's dedicated hotline:

In any event, practical or social support needs will be referred to the Council's dedicated hotline:

If you are vulnerable and need help, telephone 0300 123 5034

Open 8.30 am to 5pm and 24 hours for urgent requests

....

Or by visiting the Council's website and filling in a form
The Deafness Support Network is providing a relay service to people who cannot use the telephone.

Contact: **07786 200547** (text only) or email: **dsn@dsnonline.co.uk**

or visit **www.dsnonline.co.uk**

6.1   Resources for vulnerable people

•   More local information about how the Council can support you during the Coronavirus can be found on the Council's website **https://www.cheshireeast. gov.uk/council_and_democracy/council_informati on/coronavirus/coronavirus-covid-19.aspx**

•   Our Public Health Team have created a booklet of information and things for you to try at home: **https://www.cheshireeast.gov.uk/pdf/covid-19/coronavirus-advice-booklet-v2.pdf**

•   The Council have identified information about Covid-19 and how you can look after yourself during this pandemic: **https://www.cheshireeast.gov.uk/ livewell/campaigns/covid-19-your-health-and-well-being.aspx**

This includes:

-    People who are 'shielding'

-    People helping People – Volunteering support

-    Homelessness and Housing

-    Adult Social Care

-    Direct Payments

-    Carers Support

-    Guidance on mental health and wellbeing

-    Support for victims of domestic abuse

-    Veteran Support

-    Children and Young People

-    Care Leavers

6.2 National NHS Volunteer Responder Programme   Referral scheme

NHS Volunteer Responders have been mobilised to help support vulnerable individuals who are self isolating. The priority will be given to those identified as most at risk from COVID 19 and asked to self isolate at home for an extended period, and to those who health practitioners and local authorities consider to be vulnerable. NHS Volunteer Responders can be asked to help individuals with tasks such as delivering medicines from pharmacies, driving patients to appointments, bringing them home from hospital, and make regular phone calls to check that the individuals they are supporting are ok. Volunteers receive role specific training where required. Referrals for volunteer support can be made by the following health and care professionals:

- GPs / social prescribing link workers / practice nurses concerned about an at risk or vulnerable individual they have advised to self isolate;

- Hospital discharge teams;

- Community pharmacists;

- NHS 111 and ambulance trusts;

- Community health trusts that need volunteer support for patients leaving hospital;

- Local authorities.

Referrals for volunteer support can be made in the following ways:

1. Directly to the NHS Volunteer Support Responder's referrers' portal https://www.goodsamapp.org/NHSreferral; or

2. By telephoning 0808 196 3382.

Please note that NHS Volunteer Responder Programme is being managed nationally and is not intended to replace local groups helping their vulnerable neighbours but is an additional service provided by the NHS, where informal support is not available or easily linked to by health and social care professionals.

6.2 People wishing to volunteer

Cheshire East Council, in partnership with Cheshire East Social Action Partnership and the voluntary and community sector have launched an online form on the Council website for people to register an interest in volunteering to support in the Covid 19 emergency response.

To register an interest, visit the Council's webpage: **https://www.cheshireeast.gov.uk/ council_and_democracy/council_information/corona virus/cheshire-east-people-helping-people.aspx**

Currently there are over 2000 people on the volunteer database which is held and managed by the Social Action Partnerhip.

6.3 Organisations wishing to access volunteer support

Requests for volunteer support can be made by any trusted organisation to the Social Action Partnership **https://www.cesap.org.uk** Cheshire East Social Action Partnership will then match suitable individuals from the volunteer database, with the requesting organisation.

Section 7: Data management

7.0 Data management

It is vital for the local response to outbreak management to be intelligence led. This will be enabled by ensuring that national and local systems are set up in the most effective manner to share information in a timely way to make it possible to quickly respond to hotspots and prevent outbreaks before they occur.

7.1 Data flow

It is in all our interests to avoid both a damaging national second peak requiring a national lockdown, and also local lockdowns which should be a last resort. The national Joint Biosecurity Centre (JBC) will play a key role in informing decisions about local and national lockdowns. At the time of writing, it is envisaged that that the JBC will sit within the Department of Health and Social Care. It will build on and complement existing reports, seeking to pull together the 10+ disparate products that Directors of Public Health are receiving from various sources, into one succinct and regularly produced summary to inform and enable effective local decision making. The JBC is planned to be at full operating capability by the end of summer and will provide timely local data and early warning indicators on clusters, alongside feedback on the effectiveness of local interventions.

Nationally, regionally and locally, processes around data flow are currently being worked through and developed. Currently we can access a range of summary level data from public facing sources and data that government is sharing with us via dashboards. In addition, we are exploring how we might access real time data on individual positive tests that will support outbreak planning and response both at operational and strategic levels. We are collaborating with our local Clinical Commissioning Group, the other beacon councils and the Joint Biosecurity Centre to ensure that processes around data flow fit for purpose and relevant to local needs.

The Council is experienced in building case management systems and is currently considering what a local system needs to look like for Cheshire East. In addition, Cheshire Clinical Commissioning Group has an analytics platform that can interrogate and visualise data on test results at an individual level. This will enable us to monitor real time outbreaks, map hotpots and understand local outbreak nuances and triggers. We are working closely with Intelligence Analysts at the Clinical Commissioning Group to better understand the true potential of this exciting system.

7.2 Data Protection Impact Assessment

A full Data Protection Impact assessment has been drafted in parallel to this plan. The assessment will be kept under regular review.

Section 8: Governance

A COVID-19 Health Protection Board (HPB) has been established to provide assurance to the Health and Wellbeing Board and COVID-19 Local Outbreak Engagement Board about the adequacy of prevention, surveillance, planning and response with regard to COVID-19.

8.1 COVID-19 Health Protection Board

A COVID-19 Health Protection Board is in the process of being established to provide assurance to the Health and Wellbeing Board about the adequacy of prevention, surveillance, planning and response regarding COVID-19.

The Board will have responsibility for:

- Ensuring that plans are in place to protect the health of the population of Cheshire East and will do this by receiving update reports from partner organisations

- Monitoring the incidence of COVID-19 in the community

- Monitoring outbreaks in complex settings, high risk communities, and high-risk places / locations, and local response

- Monitoring local testing capacity and demand

- Scrutinising action plans developed to prevent and respond to outbreaks of COVID-19

- When available, monitoring the uptake of immunisations / treatment of COVID-19 (currently in development)

Operationally, the Board will:

- Ensure that decisions for the management of outbreaks in Cheshire East are taken with evidence provided by the professional experts that attend the Cheshire East Test Trace Contain Enable (TTCE) Hub

- Have assurance that the systems are in place to manage outbreaks within Cheshire East

- Be provided with the relevant data and intelligence that allows effective decision making

- Have assurance that local partners have health protection plans, risks and their mitigation and opportunities for joint action.

- Review and challenge outbreak management systems

- Provide recommendations to Cabinet and assurance to the Cheshire East Health and Wellbeing Board that there are safe and effective COVID-19 health protection arrangements and plans

- Seek legal advice if Public Health Powers are to be implemented through the relevant duties that the Local Authority can apply

- Deliver effective communications of any recommendations to manage outbreaks.
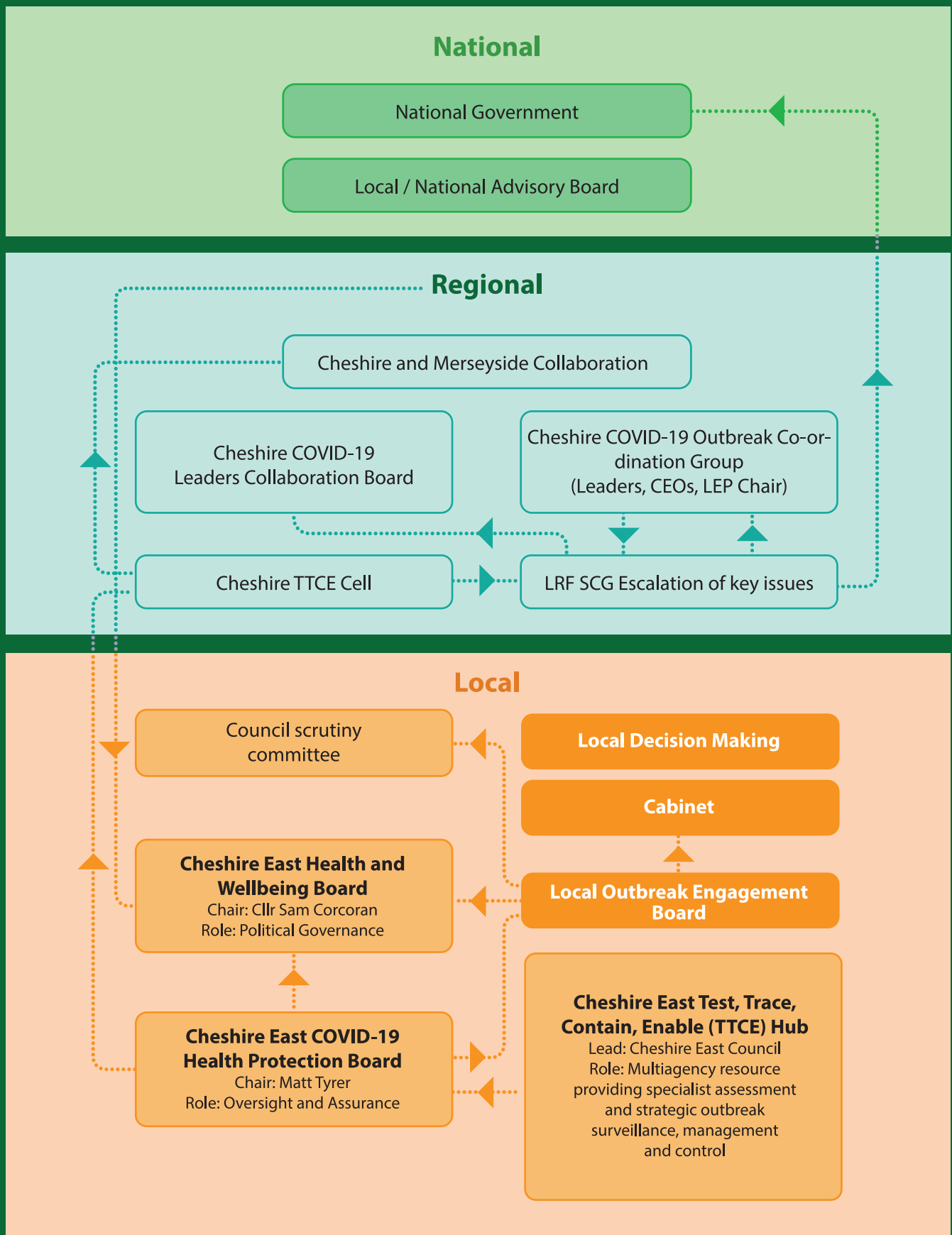
Operational arrangements:

- The Board will be an operational Board, and for the avoidance of doubt, is not a public, nor a decision-making meeting.

- Recommendations from the Board will be provided to Cabinet. Where there is a need to escalate concerns to the Cabinet more urgently, this will be done through the Chief Executive and Director of Public Health or their nominated deputy. Any significant decisions for the Council will be taken via Cabinet and Council as appropriate under urgent powers if necessary.

- A summary of the action notes from the COVID-19 Health Protection Board will be provided to the Health and Wellbeing Board on an occasional basis through the Director of Public Health.

- Capacity will be identified through the Office of the Director of Public Health to take minutes and distribute papers, if relevant or appropriate.

- Timing and frequency of Board meetings will be determined by the Board itself. Board meetings can be convened at any stage to deal with urgent developments by agreement between the Chief Executive and Director of Public Health.

- The COVID-19 Health Protection Board will have a standard agenda, unless specific issues relating to an Outbreak are to be determined.

- The Board is accountable to Cabinet and will report concerns to the Local Outbreak Engagement Board, and the Health and Wellbeing Board

- In the event decisions within the normal scope of the Board's business are required at short notice due to an Outbreak so as necessitating prompt action, such action shall ultimately be made by the Chief Executive, Leader of the Council, and Director of Public Health (or their nominated deputies) jointly, with such decisions being reported to the Board at the next meeting.

8.1 Governance process map
A comprehensive governance map is provided below (Figure 7):

National

National Government

Local / National Advisory Board

Regional

Cheshire and Merseyside Collaboration

Cheshire COVID-19 Leaders Collaboration Board

Cheshire COVID-19 Outbreak Co-ordination Group (Leaders, CEOs, LEP Chair)

Cheshire TTCE Cell

LRF SCG Escalation of key issues

Local

Council scrutiny committee

Local Decision Making

Cabinet

Cheshire East Health and Wellbeing Board
Chair: Cllr Sam Corcoran
Role: Political Governance

Local Outbreak Engagement Board

Cheshire East COVID-19 Health Protection Board
Chair: Matt Tyrer
Role: Oversight and Assurance

Cheshire East Test, Trace, Contain, Enable (TTCE) Hub
Lead: Cheshire East Council
Role: Multiagency resource providing specialist assessment and strategic outbreak surveillance, management and control

8.2 Local Outbreak Engagement Board

A cross-party Outbreak Board, chaired by the Council Leader will be established shortly subject to Cabinet approval. This will provide political oversight of local delivery of the NHS Test, Trace, Contain and Enable service, will lead engagement with communities and be the public face of the local response in the event of an outbreak.

The initial priority activities of the Board will be to:

- support and help strengthen a specific communication and engagement plan, which will ensure that all sectors and communities are communicated with effectively and that as a result any required behaviours are adopted by individuals and organisations.

- provide public oversight of the implementation of the Test, Trace, Contain programme in the borough's response to the pandemic.

The Board is not a public or decision making meeting, but will provide recommendations to Cabinet and assurance to the Cheshire East Health and Wellbeing Board.

The Board will:

- Oversee the delivery of the Outbreak Management Plan

- Advise on policy development in respect of the response to outbreaks, for consideration by Cabinet, the Chief Executive or the Director of Public Health as appropriate

- Oversee the communication plan for outbreak prevention and management, and support the Leader of the Council and the Director of Public Health in their role as principal spokespersons for the Council in respect of outbreak response

- Advise the Leader of the Council in respect of collaborative arrangements with other Cheshire and regional authorities and matters for escalation to national government

- Represent the public and key stakeholders in the implementation of the outbreak prevention and management response to the pandemic

- Support the effective communication of the outbreak prevention and management programme for the borough

- Provide public oversight of progress on the implementation of the outbreak prevention and management programme

- Support and strengthen the communication and engagement plan that will underpin the decision-making process through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively

- Help ensure that all key stakeholders have been identified and that the best routes to communicate and engage with them are utilised

- Oversee the evaluation of the communication and engagement plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the borough

- Receive regular updates from the COVID-19 Health Protection Board via the Director of Public Health

- Ensure that the appropriate plans build on existing good practice and that lessons learned from other areas are taken into account

- Identify any barriers to progress and delivery and help resolve them, making the most of any opportunities that may arise

- To deliver effective communications of any recommendations to manage outbreaks

8.3 Sub-Regional Governance

Cheshire East Council will continue to collaborate closely with partners via the Local Resilience Forum, ensuring that local Test, Trace, Contain and Enable systems are aligned and work across borders. The Council will continue to work with partners via CHAMPS to co-ordinate work throughout the Cheshire and Merseyside region. The Council will work with Public Health England North West to provide outbreak management and contact tracing functions.

Section 9: Communication

9.0 Cheshire East Council Communications

Cheshire East Council will continue to actively support the national COVID-19 prevention campaign and promote national and regionally developed guidance.

The first part of our Test, Trace, Contain and Enable Communications Strategy is to 'embed and prevent' – that is, to embed the key messages and prevent the spread of the virus by encouraging compliance and ensuring people know how to self-report their symptoms, how to get a test and when and how to self-isolate.

Our key messages for residents, businesses and partners are:

• Report your coronavirus symptoms by calling 119 for a test and self-isolate yourself and your household to protect the community

• Play your part and help save lives by self-isolating if advised to by a contact tracer

• The Council will look after you if you are self-isolating and classed as vulnerable

• The Council will protect communities if there is a local outbreak of coronavirus

We will use a wide range of communications channels, including media releases, regular social media posts, leaflets delivered to every household, posters in the city and town centres, radio and social media advertising.

In conjunction with local partners, the Council will undertake wider proactive and preventative work. We will communicate with targeted settings and communities in order to minimise the risk of and prevent future outbreaks. For example, we have developed a brief questionnaire to help us, together with the high-risk setting, assess how well prepared they are so that any gaps can be identified and appropriate advice, support and assistance offered.

Our approach will be collaborative and supportive based on the established escalation principles of Engage, Educate, Encourage, and Enforce only if necessary. We will offer advice and other support according to the level of assessed risk, the size of the

organisation/setting and existence or otherwise of support structures within the setting. In both prevention and outbreak management, we will always seek the co-operation of businesses and organisations to minimise risk, manage outbreaks and prevent the further spread of the virus.

In the event of a localised outbreak within a specific setting, the Council will co-ordinate local communications and engagement with the setting and wider community as part of the management of that outbreak to protect and inform the community.

The Council will share communications and best practice with local health partners and authorities in the collaborative effort to work together to tackle the virus.

A communication strategy has been developed to support Test, Trace, Contain and Enable and Outbreak Management in complex settings.

Communication objectives:

• **Awareness:** Encourage residents to self-report their Covid symptoms;

• **Awareness:** Public and partners are informed when there is an outbreak;

• **Attitude:** Self-reporting and self-isolating is supporting the whole community;

• **Attitude:** Self-reporting and self-isolating helps to manage local outbreaks which supports wider Covid-19 recovery strands;

• **Attitude:** Council and partners are protecting the public by managing lockdowns.

• **Action:** Increase the number of residents contacting NHS to self-report;

• **Action:** Increase the number of residents observing lockdowns and self-isolating;

• **Action:** Businesses and hotspot settings working with the Council to prevent an outbreak, and in the event of an outbreak.

Communication spokespeople

- Cheshire East spokesperson Director of Public Health/Leader of the Council/Chief Executive.

- Spokesperson for each outbreak setting;

- Spokesperson for entire region.

The Test, Trace, Contain and Enable Communications Strategy is structured around the following three phases:

Phase one:
Embed and prevent:

Key messages:

- Play your part to save lives and livelihoods;

- Report your coronavirus symptoms by calling 119 for a test and self-isolate yourself and your household to protect the community;

- Play your part and help save lives by self-isolating if advised to by a contact tracer;

- The Council will look after you if you are self-isolating and classed as vulnerable;

- The Council will identify high risk settings and communities and work with them to provide advice to help prevent outbreaks.

Phase two:
Communicating local outbreak plan
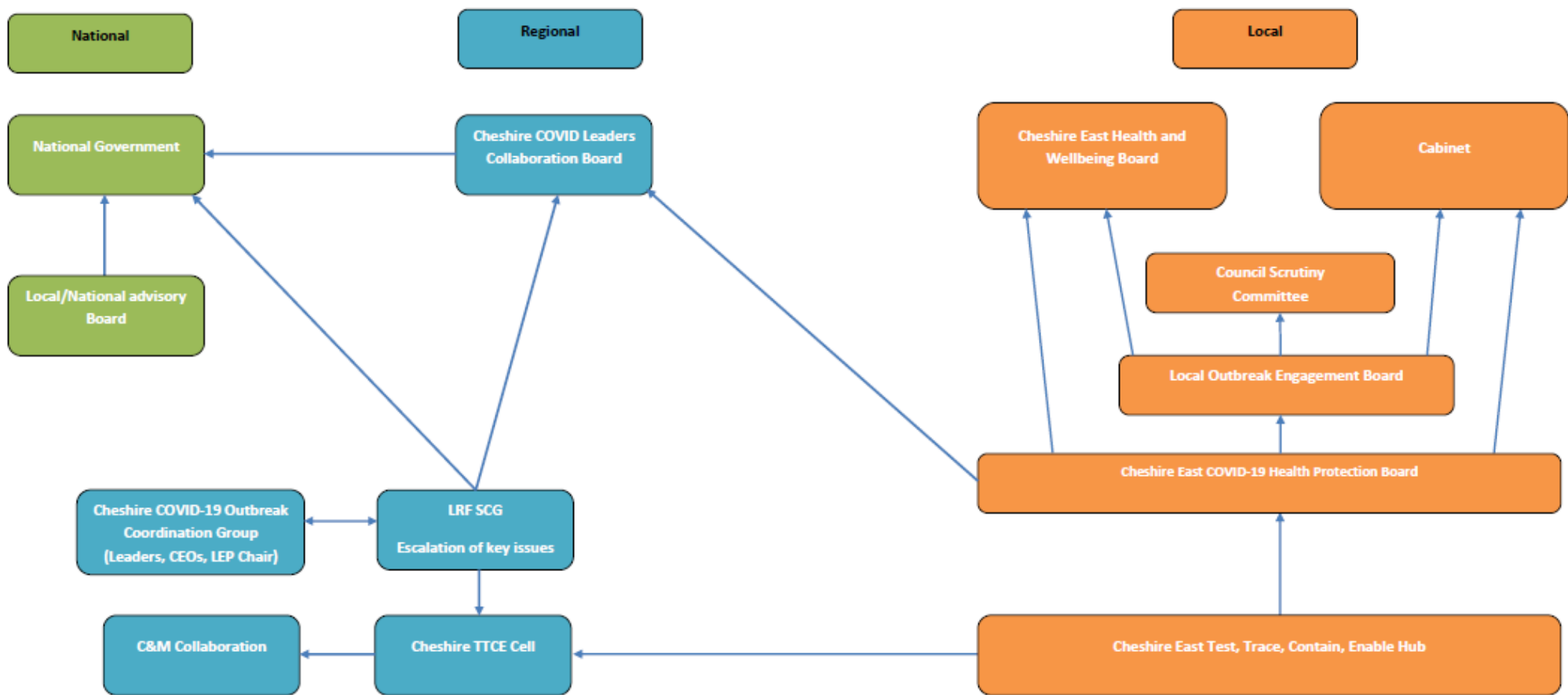
Key messages:

- We will play our part to help save lives with a robust local outbreak plan in place;

- The Council will protect communities and businesses if there is a local outbreak of coronavirus;

- The Council will lead the decision making on local 'interventions' and service/facility closures;

- You can play your part to help prevent local 'interventions' by self-isolating if advised to by a contact tracer;

- Reminder of embed and prevent key messages.

Phase three:
Communications during a local outbreak

Key messages:

- Alert that cases are rising – take extra care;

- Acceleration of testing / tracing asymptomatic people e.g. students, staff;

- Closure of certain businesses and venues;

- Individuals linked to outbreak told to self-isolate;

- Support and guidance for individuals in isolation;

- Managers continue to communicate with and support individuals in isolation;

- Advice provided to non-isolating workforce, visitors, residents linked to setting;

- Cancellation of organised events/ large gatherings;

- Closure of outdoor public areas;

- Inform location of mobile testing units and explain testing offer;

- Changes in schools offer – closures, limiting to certain year groups;

- Barring of non-locals from an area;

- Limiting/closing transport network;

- Stay at home;

- Declaring the end of an outbreak.

TTCE Local, Regional and National Governance Structure:

National

Regional

Local

National Government

Cheshire COVID Leaders Collaboration Board

Cheshire East Health and Wellbeing Board

Cabinet

Local/National advisory Board

Council Scrutiny Committee

Local Outbreak Engagement Board

Cheshire East COVID-19 Health Protection Board

Cheshire COVID-19 Outbreak Coordination Group (Leaders, CEOs, LEP Chair)

LRF SCG

Escalation of key issues

C&M Collaboration

Cheshire TTCE Cell

Cheshire East Test, Trace, Contain, Enable Hub

This page is intentionally left blank

EQUALITY IMPACT ASSESSMENT

TITLE: Test, Trace, Contain and Enable Programme

VERSION CONTROL

Date	Version	Author	Description of Changes
22/06/20	0.1	Charlotte Shacklady	
01/07/20	0.2	Shelley Brough	Review and edit
27/07/20	0.3	Charlotte Shacklady	Review and Edit

EQUALITY IMPACT ASSESSMENT

CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding

Department	*People's Directorate*	**Matt Tyrer**	*Director of Public Health*
Service	***Adult Health and Social Care – Public Health***	**Charlotte Shacklady** **Shelley Brough**	***Graduate Management Trainee Head of Integrated Commissioning***
Date		Version	

Type of document (mark as appropriate)	**Strategy**	**Plan**	**Function**	**Policy**	**Procedure**	**Service**
		X				**X**

Is this a new/ existing/ revision of an existing document (please mark as appropriate)	**New**		**Existing**		**Revision**	
	X					

Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) **Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service**	**'COVID-19 Test, Trace, Contain and Enable Programme' and 'Local Outbreak Plan'** The Test, Trace, Contain and Enable Programme is a new initiative that has come about as a result of the COVID-19 global pandemic. National government has instructed each local council nationwide to formulate and construct a comprehensive local outbreak plan that involves the three pillars of testing, tracing and containing in relation to the novel coronavirus. Cheshire East Council has a statutory duty to protect the health and wellbeing of its residents; however we also want to ensure some form of return to normal life for the people of Cheshire East. In order to do this, a robust, reactive and well-planned track and trace service must be in place to avoid outbreaks which lead to sickness and in the worst case, death. Through this service we will reduce the health inequalities that would be apparent across the borough if no action were to be taken, as well as reduce the pressure on the NHS and save lives. This project will require high levels of labour capacity, monetary cost and may have longevity of over two years. However, this structure will provide the backbone to reopening the economy of Cheshire East, as well as allowing individuals to return to work, socialise and emerge from lockdown. The proposed implementation of this service to become operational is July/August 2020.

The aims and objectives of this Programme are:

- To control, minimise or eliminate community transmission of COVID-19 by reducing the rate of infection and enable people to live a safer and more normal life;

- To protect public health by identifying the source of the COVID-19 outbreak and implementing necessary control measures to prevent further spread;

- Reduce or at least minimise the impact on inequalities of COVID-19;

- Engage the population in an approach to help our communities (build trust and participation);

- Minimise the impact on the economy and expedite recovery;

- The identification of the capacity and workforce needed to implement a local Test and Trace programme in Cheshire East;

- The development of an overarching 'Local Outbreak Control Plan' for Cheshire East. Outlining the key tasks and activities involved in responding to COVID-19 outbreaks in Cheshire East. Giving key considerations and outlining specific requirements needed for key settings where COVID-19 outbreaks may occur;

- The implementation of a local 'Testing' strategy, which delivers a rapid, effective and responsive local system;

- The implementation of effective, integrated 'Tracing' system to identify, alert and support those who need to self-isolate;

- Establish a system to operate in a new way
  - Improve speed of response,
  - Improve coordination,
  - Focused on need, data and intelligence driven (build on local knowledge), outcome focused
  - Resilient not dependent.

Contain - Using data to target approaches to flare ups, at a local and national level.
Enable - Improving knowledge of the virus to inform decisions on social and economic restrictions

EQUALITY IMPACT ASSESSMENT

Who are the main stakeholders and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	This is a statutory service that is being provided upon instruction from national government in order to tackle the COVID-19 pandemic. Stakeholders include:- Local residents and communities, Councillors, other LAs, Public Health, Environmental Health, Public Health England (PHE), Care Homes, Schools, Vulnerable Groups (e.g. the homeless), CCG, GPs, Acute Hospital Trusts, Primary Care, local businesses, Highways and Infrastructure.
What consultation method(s) did you use?	N/A

Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)	Every individual in the borough will be affected by this programme as anyone is capable of contracting COVID-19. The most positively affected may include but is not limited to those who are older, in vulnerable settings or from the BAME community. We know this due to the collection of national data surrounding the death rates of these specific groups.
Who is intended to benefit and how?	This project will work by targeting hotspots for outbreaks and isolating individuals for the safety and protection of everyone in the borough, therefore, the Test and Trace Service will benefit all individuals in Cheshire East. Groups who may experience additional benefit include: • The BAME community • Older individuals, specifically >65's • Those with underlying health conditions • Those in vulnerable settings such as care homes and hospitals. • Domestic abuse victims • Gypsy & Traveller • Homeless • Migrant workers • Refugees and asylum seekers • Student population • Sex workers • Substance users

Could there be a different impact or outcome for some groups?	The programme aims to also protect those who are most vulnerable and at risk of COVID-19. Some of these groups are highlighted within the protected characteristics section below. The data for morbidity rates from COVID-19 show a disproportionate impact on those from the BAME community, older people, men and those who work in specific industries. This project aims to have a different outcome for these groups due to the decreased morbidity rates we hope to see in comparison to other groups who are not as affected.
Does it include making decisions based on individual characteristics, needs or circumstances?	Decisions will be made to target groups who are most vulnerable to COVID-19. The protected characteristics involved in this approach will be race (see appendix 1), gender and age (see appendix 2), as we know these groups to have the highest morbidity rates upon contraction of COVID-19. However, we will also focus on individuals who are in complex settings or have specific needs, such as in care homes, hospitals or supported living.
Are relations between different groups or communities likely to be affected? **(eg will it favour one particular group or deny opportunities for others?)**	The programme is designed to help every resident of the borough and will prioritise hotspot areas for outbreaks which could involve any group or individual. Therefore, no group will be denied or offered extra opportunities as part of the test and track programme, although some groups may feel an additional benefit from the programme. This should not frustrate group relations or communities as the service offered is equal for all. However, this service will be deployed with a particular focus on people from a number of protected characteristic groups. This in turn will therefore yield positive impacts and no clear potential negative impacts on any particular group. Despite this, we must ensure that this targeted approach is handled and managed carefully and sensitively, otherwise we could have the opposite effect with our efforts. For instance, members of BAME groups could feel that they are being targeted or blamed in particular for the spread of infections. Moreover, if local communities "see" a lot of Test & Trace activity in neighbourhoods with larger concentrations of BAME groups, then this could lead to community tension. It is therefore envisaged that representation groups of these protected characteristics will be consulted and their advice sought regarding how deployment will be best rolled out to avoid the above.
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	There will be targeted action for specific individuals to promote equality of outcome. Currently morbidity rates for certain groups is significantly higher than others and we will attempt to equalise these effects through targeted intervention and a comprehensive action plan which will take these differences into account.
Is there an actual or potential negative impact on these specific characteristics? (Please tick)	

EQUALITY IMPACT ASSESSMENT

Age		N	Marriage & civil partnership		N	Religion & belief		N
Disability		N	Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts The Test, Trace, Contain Enable Programme aims to prevent the negative impact of COID-19 on the whole population, while protecting those who are most vulnerable, including individuals within the following specific characteristics - Age, Disability, Race and Sex, who should therefore be positively impacted by the Programme. The Programme will include a programme of work for the development of Mobile Testing Units (MTUs). The deployment of MTUs and outreach will be targeted towards specific vulnerable/complex groups most at risk based on local and national data and intelligence. See Appendices 1 and 2 for data in terms of the impact of COVID-19 on race, gender and age.	Consultation/ involvement carried out

		Yes	No
Age	An efficient Test, Trace Contain, Enable Programme aims to swiftly isolate positive cases of COVID-19 aiming to reduce and eliminate COVID-19 transmissions. Due to the disproportionate morbidity rates seen in men, older individuals, those with disabilities and the BAME community, this programme will have a greater impact for these groups. However, this benefit does not detract from other groups, but rather aims to equalise or substantially lower death rates seen in all groups.	X	
Disability		X	
Gender reassignment			X
Marriage & civil partnership			X
Pregnancy & maternity			X
Race		X	
Religion & belief			X
Sex		X	

Sexual orientation			X
Proceed to full impact assessment? (Please tick)		No	Date 01/07/2020
Lead officer sign off	Charlotte Shacklady	Date 01/07/2020	
Head of service sign off	Shelley Brough	Date 01/07/2020	

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

EQUALITY IMPACT ASSESSMENT

Stage 3 Identifying impacts and evidence

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

Protected characteristics	Is the policy (function etc….) likely to have an adverse impact on any of the groups? **Please include evidence (qualitative & quantitative) and consultations** *List what negative impacts were recorded in Stage 1 (Initial Assessment).*	Are there any positive impacts of the policy (function etc….) on any of the groups? **Please include evidence (qualitative & quantitative) and consultations** *List what positive impacts were recorded in* **Stage 1** *(Initial Assessment).*	Please rate the impact taking into account any measures already in place to reduce the impacts identified ***High:*** *Significant potential impact; history of complaints; no mitigating measures in place; need for consultation* ***Medium:*** *Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures* ***Low:*** *Little/no identified impacts; heavily legislation-led; limited public facing aspect*	Further action (only an outline needs to be included here. A full action plan can be included at Section 4) *Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.*
Age				
Disability				
Gender reassignment				
Marriage & civil partnership				
Pregnancy and				

maternity			
Race			
Religion & belief			
Sex			
Sexual orientation			
Is this change due to be carried out wholly or partly by other providers? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)			

EQUALITY IMPACT ASSESSMENT

Stage 4 Review and Conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed			
Specific actions to be taken to reduce, justify or remove any adverse impacts	**How will this be monitored?**	**Officer responsible**	**Target date**
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?			
Are there any additional assessments that need to be undertaken in relation to this assessment?			
Lead officer sign off		**Date**	
Head of service sign off		**Date**	

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

Appendix 1

Figure 4.2. Age standardised diagnosis rates by ethnicity and sex, as of 13 May 2020, England. Source: Public Health England Second Generation Surveillance System.

Source: - The Disparities in the Risks and Outcomes of COVID-19, Public Health England, June 2020

Appendix 2

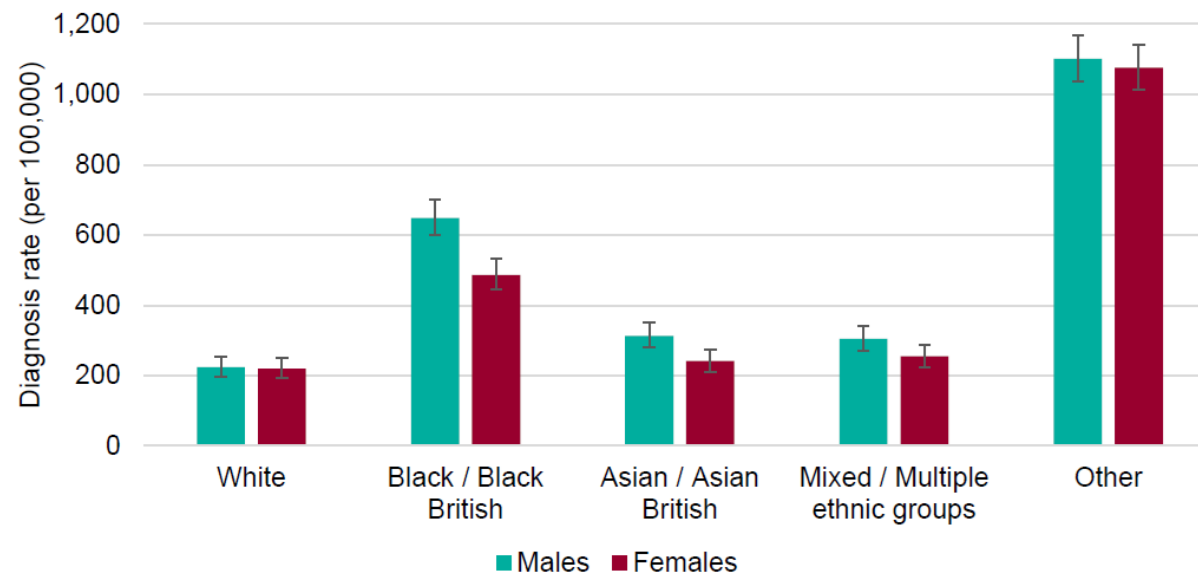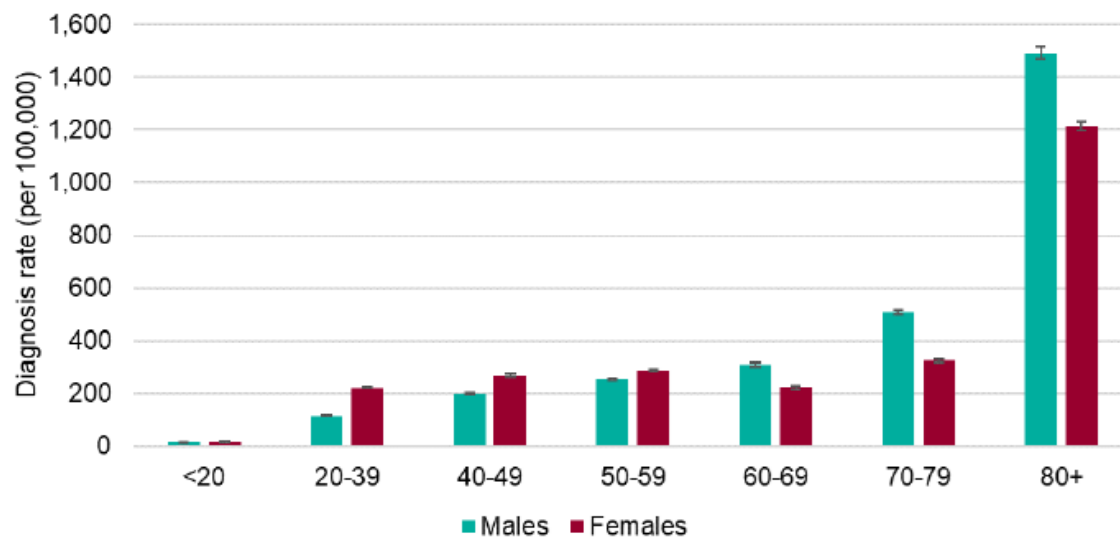**Figure 1.2.** Diagnosis rates by sex and age as of 13 May 2020, England. Source: Public Health England Second Generation Surveillance System.

Source: - The Disparities in the Risks and Outcomes of COVID-19, Public Health England, June 2020

FORWARD PLAN FOR THE PERIOD ENDING 31ST DECEMBER 2020

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 of 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 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	September 2020		David Malcolm	N/A
CE 19/20-55 Houses in Multiple Occupation Supplementary Planning Document	To seek approval to consult on the first draft supplementary planning document for houses in multiple occupation.	Portfolio Holder for Planning	September 2020		Jeremy Owens	

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 19/20-31 Proposed Expansion of Wilmslow High School	Subject to the School Organisation Sub-Committee approving the proposed expansion of Wilmslow High School at a meeting to be held on 6th April 2020, Cabinet will be asked to authorise the Executive Director People to enter into a construction contract to facilitate the provision of additional places at Wilmslow High School.	Cabinet	8 Sep 2020		Val Simons	N/A
CE 19/20-52 Regional Adoption Agency Integrated Services Agreement	To approve that the Council enter into an integrated service agreement and associated support agreement with its partners.	Cabinet	8 Sep 2020			N/A
CE 19/20-57 Draft Brooks Lane (Middlewich) Masterplan SPD	To seek approval to adopt the Brooks Lane (Middlewich) Masterplan SPD following consultation in January to March 2020.	Cabinet	8 Sep 2020		Jeremy Owens	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 20/21-1 Digital Cheshire	To continue and extend the Connecting Cheshire rollout of broadband technologies and digital business support via Digital 2020 and a £6.3m programme (to be known as 'Digital Cheshire'), by approving that the Council enter into an ERDF grant agreement with MHCLG to accept approximately £3m of grant funding; delegating authority to enter into a contract with a supplier for main delivery (over £1m); and authorising officers to take all necessary actions to implement the new programme.	Cabinet	8 Sep 2020		Peter Skates	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 20/21- 4 Microsoft Licence Agreements	Authorise officers to take all necessary actions to implement the proposal to consolidate all current Microsoft licenses into one overarching agreement to secure license discounts for the organisation.	Cabinet	8 Sep 2020		Gareth Pawlett, ICT Manager	
CE 20/21-7 Covid-19 - Update on Response and Recovery	To receive an update report on the Council's response to Covid-19 and the Recovery Plan. To note the financial effects of Covid-19 on the Council, as regards additional expenditure and loss of income, and to consider the potential options for managing residual financial implications within the Council's Medium-Term Financial Strategy. An update report will be presented to each successive Cabinet meeting up to and including 4th May 2021.	Cabinet	6 Oct 2020		Jane Burns, Executive Director of Corporate Services	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 19/20-21 Site Allocations and Development Policies Document	To decide the next steps in progressing the Site Allocations and Development Policies Document to public examination.	Cabinet	6 Oct 2020		Jeremy Owens	N/A
CE 19/20-58 Flood and Water Management Act 2010 Section 19 Flood Investigation - Poynton 2019	To authorise officers to take all necessary actions to implement the findings, actions and recommendations of the formal Flood Investigation Report.	Cabinet	6 Oct 2020			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 19/20-59 Youth Zone Partnership for Crewe	To authorise officers, in consultation with the Cabinet Member for Children and Families, to take forward the establishment of a formal Partnership with the National Charity Onside to develop a Youth Zone for young people based in Crewe. The Council will make an agreed capital contribution to the Partnership and Council land /buildings will be earmarked, developed and leased to the Partnership to provide the Youth Zone facilities.	Cabinet	6 Oct 2020		Alison Stathers-Tracey, Director of Early Help and Prevention	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 20/21-5 Tenancy Strategy 2020	To seek approval to consult on the draft Tenancy Strategy for a period of 12 weeks; and to delegate authority to the Director of Growth and Enterprise in consultation with the Portfolio Holder for Environment and Regeneration to consider the results of the consultation and to approve the final version of the strategy.	Cabinet	6 Oct 2020		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A
CE 20/21-12 Case Management Procurement	To seek approval to enter into a contract for an Adults and Children's Case Management ICT System at an estimated cost of £1.2m over a 4-year contract.	Cabinet	6 Oct 2020			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 20/21-13 Public Space Protection Order Consultation	To approve the extension of Public Space Protection Orders for a further 3-year period relating to Dog Fouling and Dog Control and Gating Orders following consultation with Cheshire East residents.	Cabinet	6 Oct 2020		Jill Broomhall, Director of Adult Social Care	N/A
CE 19/20-42 Congleton Leisure Centre Redevelopment Project	To seek authority to enter into the construction contract with Rock Merchanting (T/A Pulse Fitness) for the redevelopment of Congleton Leisure Centre.	Portfolio Holder for Communities	October 2020		Paul Bayley	Fully exempt - para 3

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 19/20-53 - Crewe Regeneration and Investment Programme	1. <u>Towns Fund / Town Investment Plan / Crewe Town Board</u> To authorise officers in consultation with relevant Portfolio Holders to facilitate arrangements for the Council to act as Accountable Body for the Crewe Town Board; to delegate authority on economic development and regeneration matters to the Portfolio Holder for Environment and Regeneration; and to authorise the development and submission of a Crewe Town Investment Plan. 2. <u>Future High Streets Fund</u> To authorise officers in consultation with relevant Portfolio Holders to accept a government grant to support the regeneration of Crewe town centre, with associated financial approvals. 3. <u>Crewe HS2 Hub</u> To consider an update on the HS2 programme including the Covid Impact Assessment for the Crewe hub station scheme and business case; and to approve the further development of the revised (post-Covid) scheme.	Cabinet	10 Nov 2020		Jez Goodman	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 20/21-6 Development of a Gypsy and Traveller Transit Site	To approve the progression of the project, subject to planning approval, to enable the scheme to be developed in line with the capital budget outlined within the report; and to authorise the Executive Director of Place, in consultation with the Portfolio Holder for Environment and Regeneration and the Portfolio Holder for Communities, to enter into a construction contract with the preferred bidder and make related decisions to deliver the Cledford Hall project.	Cabinet	10 Nov 2020		Karen Carsberg, Strategic Housing and Intelligence Manager	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 20/21-9 Household Waste Recycling Centre New Contract Service Provision	The household waste recycling centre contract is due for renewal in 2023 and the open procurement process will start in 2021. The report will present a review of the current contract and options available for how the service could be run in the future.	Cabinet	10 Nov 2020		Ralph Kemp, Corporate Manager for Commissioning	N/A
CE 20/21-10 Social Value Policy	The review and refresh of the Council's Social Value Policy. The new policy will be underpinned by a new set of supportive resources to facilitate the implementation of the policy and the delivery of effective social value and corporate social responsibility.	Cabinet	10 Nov 2020		Shelley Brough	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 19/20-49 Council Tax Base 2021-22	For Cabinet to consider the Council Tax Base for Cheshire East and identify any changes to the calculation of the tax base for 2021-22 with a view to recommending the amount calculated to Council.	Council	16 Dec 2020		Paul Manning	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 20/21-3 Flowerpot Junction Improvement Scheme	To approve procurement of works to improve Flowerpot Junction, utilising the NPIF allocation from DfT and local funding contributions from s106 contributions and council match funding. Authorise the preparation and making of a CPO relating to land required for the junction improvements where this cannot be acquired through negotiation, and delegate authority to the Director of Infrastructure and Highways, in consultation with the Portfolio Holder for Strategic Transport to finalise the scheme details and enter into an agreement with the Council's appointed Highways Term Services to deliver the scheme.	Cabinet	12 Jan 2021			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 20/21-11 Procurement of Facilities Management Service and the Council's Energy Supply	To approve the re-procurement of facilities management services, to include maintenance, statutory compliance and energy supply management and to authorise officers to take all necessary actions to implement the proposal.	Cabinet	12 Jan 2021		Denise Griffiths	N/A
CE 20/21-8 Carbon Action Plan Key Decisions	To authorise Officers to take all necessary actions relating to land allocation and procurements for initial projects contributing to sustainable energy generation and green sequestration.	Cabinet	2 Feb 2021		Ralph Kemp, Corporate Manager for Commissioning	N/A
CE 19/20-50 Medium Term Financial Strategy 2021-25	To approve the Medium Term Financial Strategy 2021-25 incorporating the Council's priorities, budget, policy proposals and capital programme. The report will include the capital, treasury management, investment and reserves strategies.	Council	17 Feb 2021			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

This page is intentionally left blank

Cheshire East
Council

Working for a brighter future together

Version Number: 1

Key Decision N
Date First Published: N/A

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 08 October 2020

Report Title: Work Programme

Senior Officer: Mark Palethorpe, Executive Director of People

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. Recommendation

2.1. To approve the work programme, subject to the agreement to add new items or delete items that no longer require any scrutiny activity.

3. Reason for Recommendation

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

4. Background

4.1. The committee has responsibility for updating and approving its own work programme. Scrutiny liaison meetings – held between the Chairman and Vice-Chairman of the committee, alongside the portfolio holders and key senior officers – ensure that there is continued awareness and discussion of upcoming policies, strategies and decisions within the committee's remit area.

5. Determining Which Items Should be Added to the Work Programme

5.1. 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.

5.2. The following questions should be considered by the committee when determining whether to add new work programme items, or delete existing items:

- 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 or underspends?

- Is it a matter raised by external audit management letters and or audit reports?

- Is there a high level of dissatisfaction with the service?

5.3. The committee should not add any items to its work programme (and should delete any existing items) that fall under any one of the following:

- The topic is already being addressed elsewhere by another body (i.e. this committee would be duplicating work)

- The matter is sub-judice

- Scrutiny would not add value to the matter

- The committee is unlikely to be able to conclude an investigation within a specified or required timescale

6. Implications of the Recommendations

6.1. 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.

7. Ward Members Affected

7.1. All.

8. Access to Information

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

9. Contact Information

9.1. 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

This page is intentionally left blank

Work Programme   **Health and Adult Social Care and Communities Overview and Scrutiny Committee**   Updated 16.09.20

08.10.20	05.11.20	03.12.20	14.01.21	04.02.21	04.03.21	15.04.21	06.05.21
10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am
Virtual meeting	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields

Item	Purpose	Lead Officer	Portfolios	Suggested by	Scrutiny role	Corporate priorities	Date
Covid-19 Update	To receive an update on care homes, domiciliary care, complex care and test, trace and isolate, in the context of the Covid-19 pandemic response and recovery.	Executive Director of People	Adult Social Care and Health	Chairman	Overview	People live well and for longer	Standing item until further notice.
Cheshire East Winter Plan	To consider a retrospective report on the performance from the 2019/20 winter period, with consideration to the lessons learned and the planned work for the upcoming 2020/21 winter.	Executive Director of People	Adult Social Care and Health Public Health and Corporate Services	Committee	Performance monitoring Strategy development	People live well and for longer	08.10.20 – moved back from Sept.

Social Value Policy	To consider the council's Social Value Policy.	Executive Director of People	Adult Social Care and Health	Chairman	Pre-decision scrutiny	Our local communities are strong and supportive People live well and for longer	October – for electronic circulation
Outbreak Plan	To consider a report on the council's preparatory plans in the case of another major disease outbreak or pandemic.	Director of Public Health	Adult Social Care and Health Corporate Services and Public Health	Chairman	Performance monitoring Strategy development	People live well and for longer	08.10.20
Overview of Adult Safeguarding in Cheshire East	To consider an update from Local Safeguarding Adults Board and Cheshire Police on the breadth and performance of adult safeguarding work in Cheshire East.	Local Safeguarding Adults Board / Cheshire Police	Adult Social Care and Health	Councillor Denis Murphy / Committee	Performance monitoring	Our local communities are strong and supportive People live well and for longer	08.10.20

OFFICIAL

Local Safeguarding Adults Board – Annual Report 2019/20	To receive the annual report of the Local Safeguarding Adults Board.	Independent Chair, LSAB	Adult Social Care and Health	Committee	Performance monitoring	Our local communities are strong and supportive People live well and for longer	08.10.20
Head and Neck Cancer Pathways	To consider a report on the changing pathways for head and neck cancer patients in Cheshire East.	Cheshire NHS Clinical Commissioning Group	Adult Social Care and Health	Committee	Monitoring changes to local health service delivery	Our local communities are strong and supportive People live well and for longer	08.10.20
East Cheshire NHS Trust Quality Accounts 2019-20	To consider the Quality Account for East Cheshire NHS Trust from 2019-20	NHS East Cheshire Trust	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	05.11.20
Cheshire and Wirral Partnership NHS Foundation Trust Quality Accounts 2019-20	To consider the Quality Account for Cheshire and Wirral Partnership NHS Foundation Trust from 2019-20	Cheshire and Wirral Partnership NHS Foundation Trust	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	05.11.20

Mid-Cheshire NHS Trust Quality Accounts 2019-20	To consider the Quality Account for Mid-Cheshire NHS Trust from 2019-20	Mid-Cheshire NHS Trust	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	05.11.20
Recommissioning of Integrated Lifestyle Services	A performance update on the new commission approximately 6 months after it has been in place	Director of Commissioning	Adult Social Care and Health	Committee (2018/19)	Performance monitoring	Our local communities are strong and supportive

People live well and for longer | 05.11.20 (moved back from July) |
| We're Still Here (Gypsy and Traveller Welfare) | To consider the report from Irish Community Care, produced alongside members of the gypsy and traveller communities in the Cheshire and Warrington footprint. | Executive Director People / CWaC / Irish Community Care | Adult Social Care and Health

Communities | Committee | Consider this up to date information and data and decide how to further deal with the matter, if at all. | Our local communities are strong and supportive

People live well and for longer | 05.11.20 (moved back from Oct) |
| Provision of Specialist Orthodontic and Oral Surgery Services in Cheshire East | To consider a further update on the plans to develop a new model of care for specialist orthodontic and oral surgery services. | NHS England / NHS Improvement | Adult Social Care and Health | Committee | Monitoring development of new model of care | People live well and for longer | TBD – Dec 2020 |

Page 150

Sustainability of Health Services in Cheshire East	Following the meeting in March 2020, the committee decided to request quarterly updates from NHS Trusts on the sustainability / fragility of services. Should issues arise in between these, updates will be brought to committee as and when required.	East Cheshire NHS Trust / Mid Cheshire NHS Trust / CWP / Cheshire CCGs	Adult Social Care and Health	Committee	Quarterly monitoring of service sustainability	Our local communities are strong and supportive People live well and for longer	14.01.21
Everybody Sport and Recreation – Annual Report 2019-20	To receive the annual report of Everybody Sport and Recreation.	Chief Executive, ESAR	Communities	Committee	Performance monitoring	People live well and for longer	04.02.21
Cheshire and Wirral Partnership NHS Foundation Trust – Quality Accounts 2020/21	To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.	CWP	Adult Social Care and Health	CWP	Performance monitoring	People live well and for longer	06.05.21
East Cheshire NHS Trust – Quality Accounts 2020/21	To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.	East Cheshire NHS Trust	Adult Social Care and Health	East Cheshire NHS Trust	Performance monitoring	People live well and for longer	06.05.21
Mid Cheshire NHS Trust – Quality Accounts 2020/21	To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.	Mid Cheshire NHS Trust	Adult Social Care and Health	Mid Cheshire NHS Trust	Performance monitoring	People live well and for longer	06.05.21

Page 151

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	Adult Social Care and Health	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	To be included on the agenda when the necessary information is available to provide an update.
Update on the Re-design of Adults and Older People's Mental Health Services in Cheshire East	Following the previous update in February 2020, to consider the progress made to date by health partners to establish the new, redesigned service provision for adults and older people's mental health services in Cheshire East, as well as performance against key targets and objectives.	NHS Eastern Cheshire CCG / CWP / CEC	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	TBD
Director of Public Health Annual Report 2019/20	To receive the annual report of the Director of Public Health	Acting Director of Public Health	Adult Social Care and Health Public Health and Corporate Services	Committee	Performance monitoring	People live well and for longer	TBD

Page 152

Syrian Vulnerable Person Resettlement Programme	To consider an update on the Syrian Vulnerable Person Resettlement Programme	Executive Director People		Chairman	Reviewing progress of programme	People live well and for longer	TBD

Future potential items:

- Update on Care Communities (performance and value for money)
- Review of council enforcement activities
- Performance against upcoming contract for Congleton Leisure Centre
- Safe and Well Initiative – Cheshire Fire and Rescue
- Locations of vulnerable housing and crisis beds in the borough

Page 153

This page is intentionally left blank