

# Adults and Health Committee

## Agenda

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| <b>Date:</b>  | <b>Monday, 26th September, 2022</b>  |
| <b>Time:</b>  | <b>10.00 am</b>  |
| <b>Venue:</b> | <b>Committee Suite 1,2 &amp; 3, Westfields, Middlewich Road, Sandbach CW11 1HZ</b> |

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

To note any apologies for absence from Members.

2. **Declarations of Interest**

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

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

To approve as a correct record the minutes of the previous meeting held on 18 July 2022.

4. **Public Speaking/Open Session**

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

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

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|-----------------|----------------------------------|
| <b>Contact:</b> | Karen Shuker                     |
| <b>Tel:</b>     | 01270 686549                     |
| <b>E-Mail:</b>  | Karen.Shuker@cheshireeast.gov.uk |

5. **Adult Social Care Performance Scorecard - Quarter 1 2022/23** (Pages 11 - 16)

To consider the key performance indicators/measures for Quarter 1 2022/23.

6. **Cheshire East Live Well for Longer Plan 2022-2027** (Pages 17 - 62)

To consider a report detailing the strategic integration structures underpinning the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2027 and to seek approval and adoption of the Cheshire East Live Well for Longer (LWfL) Plan 2022-2027.

7. **Adult Social Care Winter Plan**

To receive a verbal update on the Adult Social Care Winter Plan.

8. **Adult Social Care Reform Update**

To receive a verbal update on adult social care reform.

9. **Cheshire East Learning Disability Conference - Actions to be taken forward in 2022/23** (Pages 63 - 76)

To receive a report which provides a review of the Cheshire East Learning Disability Conference and the actions to be taken forward in 2022/23.

10. **Work Programme** (Pages 77 - 80)

To consider the Work Programme and determine any required amendments.

11. **Reporting of Officer Delegated Decisions**

To note the officer decision records for Adults, Health and Integration for July 2022

[officer-decision record for Adults Health and Integration -july-2022](#)

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

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adults and Health Committee**  
held on Monday, 18th July, 2022 in the Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

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

Councillors J Clowes, A Critchley, S Gardiner, L Jeuda, A Kolker, D Murphy,  
J Weatherill, N Wylie and D Edwardes

**OFFICERS IN ATTENDANCE**

Jill Broomhall, Director of Adult Social Care  
Shelley Brough, Head of Integrated Commissioning  
Mark Hughes, Senior Commissioning Manager  
Stephen Kelly, Senior Communications Officer (Attended virtually via Microsoft Teams)  
Roisin Beressi, Principal Lawyer (Adults & Education)  
Pete Kelleher, Head of Service (*Care4CE*)  
Patrick Rhoden, Lead Finance Business Partner (Attended virtually via Microsoft Teams)  
Karen Shuker, Democratic Services Officer  
Andrew Turner, Public Health Consultant (Attended virtually via Microsoft Teams)  
Deborah Upton, Senior Lawyer, Governance  
Dr Matt Tyrer, Director of Public Health

**13 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor B Evans (Councillor D Edwardes attended as a substitute) and Councillor P Butterill.

**14 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**15 MINUTES OF PREVIOUS MEETING**

That the minutes of the meeting held on 30 May 2022 be approved as a correct record.

**16 PUBLIC SPEAKING/OPEN SESSION**

There were no public speakers.

## 17 THE BROCKLEHURST CENTRE - FUTURE OPTIONS

The committee considered a report detailing the steps taken as part of the consultation and the key findings that have emerged during the consultation period on the future of the Brocklehurst Centre and the future of dementia day opportunities in Macclesfield.

A presentation provided a virtual walk through for members of both facilities and outlined the benefits the facility be relocated to the Mayfield Centre. The committee heard that COVID 19 had severely impacted on the ability of day opportunities services to operate at full capacity and some services (including The Brocklehurst Centre) remained closed, where the buildings have been unable to facilitate safe social distancing for the individuals who attend.

Following the consultation process, based on the feedback from stakeholders the recommended option would be to close the provision of day opportunities at The Brocklehurst Centre and relocate the service to a dedicated dementia unit within the Mayfield Centre.

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

- Potential development of the site in future;
- Would the equipment and furniture from the Brocklehurst Centre be used elsewhere;
- Concerns around anti-social behaviour if the Brocklehurst Centre was closed;
- Due to an ageing population was there confidence that the facility at Mayfield would be flexible enough and be able to adapt to meet people's needs;
- Consideration to be given to carer's needs as well as those people using the facility;
- Reassurance was sought that the correct message would be communicated to residents, that Cheshire East had a continued commitment to day care, and that the reasons for the closure were clearly outlined.
- There would be opportunities in the future to look at the Brocklehurst Centre site and what it could be used for from a social care perspective.

Members were sympathetic towards the proposed closure of the Brocklehurst Centre but agreed that it had served its purpose and the Mayfield Centre was best placed to meet the needs of those people using the service and their families and carers.

**RESOLVED** (Unanimously)

That the provision of day opportunities at The Brocklehurst Centre be closed and the service to The Mayfield Centre.

*The committee adjourned for a short break.*

## **18 FINANCIAL INCENTIVES TO SUPPORT SMOKING CESSATION**

The committee had previously considered a discussion paper summarising the evidence for the effectiveness and cost-effectiveness of financial incentive schemes in helping people to successfully quit smoking and agreed to receive a subsequent report at the 18 July meeting which sought a decision on whether to implement a financial incentive scheme as a pilot project.

Since the last report the following highlights were outlined by the Director of Public Health:

- The publication of the 'Khan Review: making smoking obsolete' which stated that the current rate of decline needed to be accelerated by 40% to achieve the government's smokefree 2030 target. The review included a specific recommendation to provide financial incentives to support pregnant women to stop smoking.
- The 'All Together Fairer' report which highlighted that in terms of smoking at delivery rate Cheshire East is an outlier compared to some parts of the country.
- The Child Death Overview Panel annual report presented at the Health and Wellbeing Board highlighted the risks of smoking and reported that smoking was one of the top five modifiable risk factors for preventing avoidable child death in Cheshire.
- There was clear evidence from the Cochrane review that financial incentive schemes work to reduce the number of people who smoke.

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

- Sought reassurance that there were processes in place to prevent people defrauding the system;
- Had the geographical area for the pilot been identified yet;
- Were reasons identified as to why Cheshire East was an outlier;
- How would success of the pilot project be measured;
- Would money be better spent elsewhere to prevent people starting smoking;
- Clarification was sought in respect of if other members of the household did not partake in the project would this mean pregnant women would be excluded from the project;
- Understood reasons for some scepticism of the pilot project but overall supportive of any method that resulted in a reduction in smoking.

**RESOLVED:**

That the Adults and Health Committee agreed to the undertaking of a pilot scheme of providing financial incentives to support pregnant women and other smokers in their household to quit smoking.

**19 TERMS OF REFERENCE FOR THE PLACE PARTNERSHIP COMMITTEE**

The committee received a report which provided an update on the new governance arrangements for local Health and Care services and were asked to support the Terms of Reference for the new Place Partnership Board.

The Place Partnership Board was comprised of three parts sitting together as one Committee; the ICB Committee, the S75 Committee and the Consultative Forum. The Section 75 Committee and the ICB Committee/Director had both been agreed and the Terms of Reference are the final part of the Place Partnership Board.

In practice, decisions would be made by the ICB Director or the ICB, and the S75 Committee, and the Consultative Forum would be asked for its views and would have an influencing role. The long-term intention, once the secondary legislation was in place, would be that funding would be devolved to Place.

The Terms of Reference include Executive and Non-Executive Directors across the NHS Providers, Primary Care, Healthwatch and the VCFSE sector, and there would be three seats available for the authority, one from each of the three main parties, as well as a number of officer seats. The Terms of Reference had been circulated to all partners and were due to be agreed within the next four weeks.

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

- The importance of Place must remain paramount;
- Welcome the role of the three representatives from the three main parties, however these would only be part of an influencing board, not a decision-making board.
- Concerns raised in the role of scrutiny in respect of the Place Board and Joint Scrutiny;
- Important that those members who do sit on the committee are alert to any review of modifications to the Terms of Reference

The committee agreed that it was a step in the right direction and that the three committee places that had been allocated should be seen as a positive.

**RESOLVED:** (Unanimously) That:-

- 1)The report be noted;
- 2)The Adults & Health Committee support the Terms of Reference for the Place Partnership Board as set out in Appendix One of the report;
- 3) Corporate Policy Committee be asked to consider and appoint to the membership.

**20 TRAILBLAZER BLAZER PROGRAMME UPDATE**

The committee received an update on the Adult Social Care Charging Reform Trailblazer Programme which included the following:

- Timeline and road map;
- The possible benefits and risks of being part of the programme;
- A programme of governance and delivery;
- An oversight of the elements that had been delivered to date.

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

- Was there any indication that the benefits were outweighing the risks;
- How would the council ensure that there were enough staff given the current recruitment issues and retention of staff in social care;
- What would happen if all care reforms were put on hold;
- Due to the nature of the market in Cheshire East, Had the government given any suggestion on how much would it cost, or given any indication of the support it would offer authorities like Cheshire East who had specific structures for whom costs would be significantly higher than those where most people were already paying local authority rates.

It was agreed that a report would be brought back to committee on the Fair Cost of Care element.

The committee thanked the team for their hard work and agreed that it would be beneficial to be at the forefront which would allow them to make suggestions and highlight any issues throughout the programme.

**RESOLVED:**

That the update be noted.

**21 UPDATE ON PUBLIC HEALTH GRANT**

The committee received a report which summarised the allocation of the public health ring fenced grant to key areas of spend over the last 3 years.

The majority of the grant was spent on commissioned services in line with the council's statutory responsibilities. The top 3 areas of spend had been

- Children's 0-19
- Substance Misuse
- Sexual Health

The committee heard that a review was underway in response to emerging need post Covid-19 and the changing needs of residents.

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

1. What areas of the children's 0-19 service been the funding been spent on;
2. Were there any areas at risk due to the ongoing pandemic that the council would not be able to meet the commitments of;
3. What mechanisms were in place for extreme weather conditions
4. Previously Cheshire East Council has had the responsibility to pay retrospectively where it has incurred the cost of its residents using HIV services out of area, what was the figure for last year?
5. How were public health going to deal with the significant rise in rates, and the increased costs due to the rise in sexually transmitted diseases in older people?

It was agreed that a written response would be provided outside of the meeting in relation to questions 4 and 5.

### **RESOLVED:**

That the report be noted.

## **22 WORK PROGRAMME**

Consideration was given to the Committee's work programme.

It was agreed that the following items would be added to the work programme, dates to be confirmed:

- Fair Cost of Care.
- Social Care Reform: Local Assurance programme.

### **RESOLVED:**

That the work programme be approved subject to the inclusion of the amendments outlined above



**23 MINUTES OF SUB-COMMITTEE**

**RESOLVED:-**

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

The meeting commenced at 10.00 am and concluded at 12.10 pm

Councillor J Rhodes (Chair)

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## **Adults & Health Committee**

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|                             |  |
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| <b>Date of Meeting:</b>     | 26 September 2022  |
| <b>Report Title:</b>        | Adult Social Care Performance Scorecard - Quarter 1 2022/23                  |
| <b>Report of:</b>           | Helen Charlesworth-May, Executive Director – Adults, Health, and Integration |
| <b>Report Reference No:</b> | AH/14/2022-23  |
| <b>Ward(s) Affected:</b>    | All Wards  |

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

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

### **2. Executive Summary**

- 2.1 This report provides an overview of quarter 1 performance for Adults Social Care services for the relevant indicators for the reporting year of 2022-23.

### **3. Recommendations**

- 3.1. The Adults and Health Committee is asked to:
- 3.1.1 note the performance of Adults Social Care services for quarter 1
  - 3.1.2 provide scrutiny in relation to the performance of Adults Social Care Services

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

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

## **5. Other Options Considered**

**5.1.** Not applicable.

## **6. Background**

**6.1.** This quarterly report provides the committee with an overview of performance across Adult Social Care Services. This report relates to quarter 1 of 2022-23 (1 April 2022 – 30 June 2022).

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

**6.3.** The following indicators have been highlighted for consideration

**1.3** - The rising number of individuals in short term residential/ nursing care is inextricably linked with the ongoing capacity issues in the domiciliary care market. Compared to Q1 in 2021/22 we have 51 more individuals in short term residential/ nursing care but were able to source around 2700 more hours of domiciliary care. Whilst this is a national problem Cheshire East continues with a proactive recruitment campaign in conjunction with providers to increase capacity.

**2.8** - Number of Contacts resulting in a New Referral – overall around 70% of contacts are resulting in a referral. The rising numbers is having a knock-on effect on the capacity to complete assessments and reviews in a timely fashion. New safeguarding referrals particularly impact against this due to the time required to investigate.

**2.8** - Current forecasts suggest that there will be a 2% increase in referrals to Adults' social care on last year, based on numbers seen in the first quarter. This is without the projected increase that we will see as a Trailblazer authority and the impending Care Cap implementation. This is having an impact on teams and the workloads of individual members of staff. We are currently considering how we can address this through self-assessment and alternatives for domiciliary care.

**2.9** - The percentage of Clients who have received Long Term Support for 12 months continuously that have been reviewed continues to reduce and is now also beginning to have an impact on clients who have received Long Term Support for 24 months who have been reviewed in the last 24 months. Positively around 1 in 4 of these cases will have had other forms of contact that doesn't meet the formal definition of a review but nevertheless will flag should additional services be warranted.

**3.4** - The reduction in the % of clients that do not require a package of care after a period of community reablement support is further impacting on the

pressures in the domiciliary market. Case studies show that where individuals go into short term residential/ nursing provision, before we can provide reablement in the community, there becomes an increased reliance on service and a reduction in independent living capabilities.

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

**5.2** - The increasing number of S117 clients provides pressure on the sufficiency of suitable placements and services in this specialist service area. In line with the pressures on the domiciliary care market this is forming the requirements for the local authorities commissioning activity.

## **7. Consultation and Engagement**

**7.1.** Not applicable.

## **8. Implications**

### **8.1. Legal**

**8.1.1.** There are no direct legal implications.

### **8.2. Finance**

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

### **8.3. Policy**

**8.3.1.** There are no direct policy implications.

### **8.4. Equality**

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

### **8.5. Human Resources**

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

### **8.6. Risk Management**

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

### **8.7. Rural Communities**

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

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

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

**8.9. Public Health**

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

**8.10. Climate Change**

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

| Access to Information |  |
|-----------------------|--|
| Contact Officer:      | Bev Harding, Business Intelligence Manager<br><a href="mailto:Bev.Harding@cheshireeast.gov.uk">Bev.Harding@cheshireeast.gov.uk</a> |
| Appendices:           | Adults Quarterly Score Card – Q1 2022-23   |
| Background Papers:    | None   |

## Adult Service Score Card 2022-23

| Indicator | Benchmarking Indicators   | Year end 2021-22        | Quarter 1 2022-23  | Quarter 2 2022-23  | Quarter 3 2022-23  | Quarter 4 2022-23    | Year to date 2022-23 |
|-----------|---|-------------------------|--------------------|--------------------|--------------------|----------------------|----------------------|
| 1.1       | Total number of individuals currently in permanent residential/ nursing care 18-64  | 186                     | 183                |                    |                    |                      | 183                  |
| 1.2       | Total number of individuals currently in permanent residential/ nursing care 65+  | 1,108                   | 1,134              |                    |                    |                      | 1,134                |
| 1.3       | Total number of individuals currently in short-term residential/ nursing care   | 153                     | 181                |                    |                    |                      | 181                  |
| 1.4       | Weekly number of Domiciliary Care Hours   | 16,343                  | 16,576             |                    |                    |                      | 16,576               |
|           | <b>Core Service Activity</b>  |                         |                    |                    |                    |                      |                      |
| 2.1       | Number of New case Contacts   | 12,272                  | 3,052              |                    |                    |                      | 3,052                |
| 2.2       | Assessments that result in any commissioned service (including long-term, short-term and telecare)  | 1,838                   | 461                |                    |                    |                      | 461                  |
| 2.3       | Number of Assessments completed in the period   | 2,334                   | 567                |                    |                    |                      | 567                  |
| 2.4       | Number of Support Plan Reviews Completed  | 3,715                   | 872                |                    |                    |                      | 872                  |
| 2.5       | % of all new contacts (other than safeguarding) where the Client had any other contact in the previous 12 months                          | 34.5%                   | 33.9%              |                    |                    |                      | 33.9%                |
| 2.6       | Number of service users in receipt of a community based service   | 4,679                   | 4,617              |                    |                    |                      | 4,617                |
| 2.7       | Proportion of services users in receipt of a community based service  | 84%                     | 81%                |                    |                    |                      | 79%                  |
| 2.8       | Number of Contacts resulting in a New referral  | 8,361                   | 2,130              |                    |                    |                      | 2,130                |
| 2.9       | % of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 months                 | 89.9%                   | 87.6%              |                    |                    |                      | 87.6%                |
|           | <b>Care4CE</b>  |                         |                    |                    |                    |                      |                      |
| 3.1       | Number of community support reablement referrals received   | 1,116                   | 298                |                    |                    |                      | 298                  |
| 3.2       | Number of mental health reablement referrals received   | 2,721                   | 650                |                    |                    |                      | 650                  |
| 3.3       | Number of dementia reablement referrals received  | 1,116                   | 283                |                    |                    |                      | 283                  |
| 3.4       | % of community support reablement completed with no ongoing package of care   | 60.9%                   | 55.3%              |                    |                    |                      | 55.3%                |
| 3.5       | % of mental health reablement referrals where individual engaged  | 71%                     | 72%                |                    |                    |                      | 72%                  |
|           | <b>Active Service Users</b>   |                         |                    |                    |                    |                      |                      |
| 4.1       | Total number of individuals on the visual impairment register   | 2,102                   | 2,152              |                    |                    |                      | 2,152                |
| 4.2       | Total number of Clients with an active service other than Telecare (18-25)  | 226                     | 225                |                    |                    |                      | 225                  |
| 4.3       | Total number of Clients with an active service other than Telecare (26-64)  | 1,335                   | 1,335              |                    |                    |                      | 1,335                |
| 4.4       | Total number of Clients with an active service other than Telecare (65-84)  | 1,503                   | 1,525              |                    |                    |                      | 1,525                |
| 4.5       | Total number of Clients with an active service other than Telecare (85+)  | 1,172                   | 1,203              |                    |                    |                      | 1,203                |
| 4.6       | Total number of Clients only receiving a Telecare service   | 1,640                   | 1,545              |                    |                    |                      | 1,545                |
| 4.7       | Total number of Clients receiving any service - including Telecare (65+)  | 4,216                   | 4,172              |                    |                    |                      | 4,172                |
|           | <b>Risk Enablement</b>  |                         |                    |                    |                    |                      |                      |
| 5.1       | Number of mental health act assessments completed   | 658                     | 161                |                    |                    |                      | 161                  |
| 5.2       | Number of S117 clients (includes Z65 MH Aftercare)  | 982                     | 1,006              |                    |                    |                      | 1,006                |
| 5.3       | Number of Substantiated (including partially Substantiated) S42 Enquiries concluding with a 'Type' of Domestic Abuse                      | 64                      | 9                  |                    |                    |                      | 9                    |
| 5.4       | Number of new Safeguarding Concerns received in a period (events not individuals)   | 4,912                   | 1,152              |                    |                    |                      | 1,152                |
| 5.5       | Number of new S42 Safeguarding Enquiries starting in a period   | 1,474                   | 291                |                    |                    |                      | 291                  |
| 5.6       | Number of new Other (non-S42) Safeguarding Enquiries starting in a period   | 199                     | 16                 |                    |                    |                      | 16                   |
| 5.7       | S42 Enquiries concluded in the period   | 1,505                   | 245                |                    |                    |                      | 245                  |
| 5.8       | S42 Enquiries concluded for which the client expressed their desired outcomes   | 958                     | 164                |                    |                    |                      | 164                  |
| 5.9       | Of S42 Enquiries completed that the client expressed their desired outcomes, the number that were fully achieved (not partially achieved) | 598                     | 86                 |                    |                    |                      | 86                   |
| 5.10      | Number of concluded S42 Enquiries where outcome of enquiry was substantiated/ partially substantiated                                     | 922                     | 152                |                    |                    |                      | 152                  |
|           | <b>Finance Figures</b>  | <b>Year end 2021-22</b> | <b>Periods 1-3</b> | <b>Periods 4-6</b> | <b>Periods 7-9</b> | <b>Periods 10-13</b> | <b>Year to date</b>  |
| 6.1       | All Costs Gross Actuals   | £131,806,873            | £32,089,214        |                    |                    |                      | £32,089,214          |
| 6.2       | External Gross Costs  | £123,227,878            | £30,035,896        |                    |                    |                      | £30,035,896          |
| 6.3       | Internal Gross Costs  | £8,343,400              | £2,045,310         |                    |                    |                      | £2,045,310           |
| 6.4       | Other Gross Costs   | £235,595                | £8,009             |                    |                    |                      | £8,009               |

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## **Adults and Health Committee**

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|                             |  |
|-----------------------------|--|
| <b>Date of Meeting:</b>     | 26 September 2022  |
| <b>Report Title:</b>        | Cheshire East Live Well for Longer Plan 2022 – 2027        |
| <b>Report of:</b>           | Nicola Thompson, Director of Commissioning and Integration |
| <b>Report Reference No:</b> | AH/04/2022-23  |
| <b>Ward(s) Affected:</b>    | All  |

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

- 1.1. This report will provide details of strategic integration structures underpinning the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2027 (Appendix 1) and will provide narrative on the approach to taken to develop the Plan.

### **2. Executive Summary**

- 2.1 Cheshire East has an ageing population, with the number of older people increasing by nearly 50% in the last 20 years. The LWfL Plan details the ingredients our residents need to live well for longer in Cheshire East and the commitments required from the Health and Social Care System to make this happen.
- 2.2 The LWfL Plan was coproduced with residents and stakeholders using an insight-based approach which examined behavioural drivers to produce a set of principles which will underpin commissioning intentions across the System.
- 2.3 The formal consultation process was varied and accessible to ensure that every voice was heard. Methodologies for engagement include survey (paper and online), focus groups, workshops, partnership meetings, strategic groups and simply (but most crucially) general conversation with residents when the opportunity arises.

### **3. Recommendations**

- 3.1. To approve and adopt the LWfL Plan as outlined in Appendix 1

- 3.2. To note the insight-based approach to consultation and engagement, which has led to a fully coproduced Plan
- 3.3. To note that, once approved, the principles of the LWfL Plan will underpin commissioning intentions across the Health and Social Care system
- 3.4. To note that the LWfL Plan will provide a foundation for refreshment of the 'Together' guide to coproduction
- 3.5. To note that the LWfL Plan is organic and will be subject to ongoing monitoring and scrutiny by those residents involved in its coproduction

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

- 4.1. The LWfL Plan aligns to the Council's Corporate Plan 2021-25, addressing the aim: *'to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents'*. The LWfL Plan also addresses priorities within Cheshire East Partnership 5-year plan, including *'enable people to live well for longer, to live independently and to enjoy the place where they live'*.
- 4.2. Coproduction of the LWfL Plan involved over a thousand residents and stakeholders, who were grateful to part of the process from initial conception to reality. They told us that the plan is bold and clear in its ambitions and they recognised that achieving it is not going to be easy. The resident voice has been consistent throughout all engagement: "words on a page are fine – the acid test is how close the implementation matches the words on the page", so residents will be equal partners with stakeholders in monitoring progress throughout the lifecycle of the Plan.
- 4.3. The LWfL Plan provides a local voice to underpin service design, strategy formation and commissioning intentions across the Health and Social Care System. Furthermore, the principles and commitments within the Plan will provide a foundation for review and development of the 'Together Guide', ensuring that the resident voice runs as a golden thread through all Council services and the wider system.
- 4.4. The LWfL Plan will be monitored by the cheshire East Transformation Group as part of the Cheshire East Partnership Board arrangements in collaboration with the Resident Voice Network, a forum established during the coproduction process where residents can act as a 'critical friend' in monitoring delivery.

#### **5. Other Options Considered**

- 5.1. Do nothing:

If approval is not granted to adopt the LWfL Plan, the commitments made to residents throughout the coproduction process will not be fulfilled and credibility will be lost. Residents told us "plans are fine, but there is understandable cynicism that they will bring about meaningful change" and

“[we want to know] how these plans will be delivered, monitored, evaluated and how we can be sure they’re not empty promises”. It is therefore vital that the coproduction of the Plan is seen as the beginning of the journey, with residents and stakeholders on board throughout.

## **6. Background**

- 6.1.** Cheshire East has an ageing population and evidence shows that the likelihood of experiencing multiple chronic and complex health conditions increases with age. It is therefore imperative that the Health and Social Care System dedicates time and resource to investing in Early Intervention and Prevention services, but it is equally important that these services are insight-led and create an environment for behaviour change.
- 6.2.** The draft LWfL Plan was subject to an extensive programme of coproduction, whereby residents were provided with a blank sheet of paper and asked what will enable them to ‘Live Well for Longer in Cheshire East’. Thematic analysis was conducted on intelligence gathered and a series of principles (or ‘commitments’) were produced.
- 6.3.** The draft Plan was tested through several workshops and conversations, whereby residents and stakeholders were given the opportunity to refine the language, tone, principles and implementation plan. The draft LWfL Plan was tabled at Adults and Health Committee on 28th March 2022 (appendix 2) and was approved for formal consultation.
- 6.4.** Embedded within LWfL is an implementation plan which has been created through a series of workshops and design events including residents and key stakeholders across the system. The implementation plan identifies how each commitment will be achieved and details the collective activity required. All activity within the implementation plan has been refined through engagement with residents, who were complimentary of the process and were confident that change will be achieved when the actions are met. The implementation plan will be monitored by the Cheshire East Transformation Group and Resident Voice Network on a quarterly basis

## 7. Consultation and Engagement

- 7.1.** The LWfL Plan is underpinned by 'Together in Cheshire East', a coproduction guide which details how residents and commissioners work together as equal partners toward common goals. Once approved, the draft Plan was subjected to 12 weeks intensive consultation and engagement
- 7.2.** A summary of engagement activity can be seen below, with more detailed analysis shown in Appendix 3:



- 7.3.** Feedback from residents during the coproduction and consultation process was very positive and they were complimentary to the approach taken. They were keen to enthusiastic about contributing to the initial co-design of the draft and very pleased that we returned to them to test and refine the principles and commitment detailed in the final iteration. Residents were realistic in their expectations and understand that the plan is ambitious, but

they are keen to be part of its ongoing monitoring and evaluation.  
Comments from residents include:

|  |
|--|
| "I am really excited to hear how you will take these words and deliver services now"   |
| "The plan is clear, concise and includes those fundamental components that are vital in providing this service effectively"                    |
| "I agree with what you're trying to do, I think it's brilliant"  |
| "The public are not usually consulted by the Council, so this is positive"   |
| "It's a massive job but it's great that CEC have undertaken this exercise to empower people to take control of their own health and wellbeing" |

## 8. Implications

### 8.1. Legal

- 8.1.1.** The Care and Support Statutory Guidance (updated 16 June 2022) provides that the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life (Paragraph 1.1). Paragraph 4.12 states that Local authorities must ensure that the promotion of the wellbeing of individuals who need care and support, and the wellbeing of carers, and the outcomes they require, are central to all care and support functions in relation to individuals, emphasising the importance of enabling people to stay independent for as long as possible. Local authorities will need to understand the outcomes which matter most to people in their area and demonstrate that these outcomes are at the heart of their local strategies and approaches (paragraph 4.13).
- 8.1.2.** There will be a need to engage with legal and procurement teams on any future commissioning that may arise from the implementation of the LWfL Plan.

### 8.2. Finance

- 8.2.1.** There are no financial implications, or changes required to the MTFS, because of the recommendations in this report. The recommendation is to approve the draft strategy for consultation, and once this has taken place the final strategy will be brought back for approval
- 8.2.2.** There will be opportunities to amend policies because of the LWfL Plan's approval, following a period of formal consultation. Any policies amended or created will be subject to separate approval. The LWfL Plan naturally

aligns to the Social Value Policy, by providing an opportunity to channel 'social good' to meet the commitments within the Plan.

**8.3. Policy**

8.3.1. At this stage there are no policy implications identified.

**8.4. Equality**

8.4.1. An Equality Impact Assessment has been completed in parallel with the extensive consultation and engagement exercise (Appendix 4)

**8.5. Human Resources**

8.5.1. No current HR implications have been identified.

**8.6. Risk Management**

8.6.1. The LWfL Plan has been coproduced with Cheshire East residents and stakeholders, with the draft being subject to an extensive period of consultation and engagement so reputational risk is mitigated. The Plan will have its own risk register.

**8.7. Rural Communities**

8.7.1. Residents and stakeholders from rural areas were key contributors throughout the initial coproduction exercise and later refining of the LWfL Plan. Residents of rural areas told us they felt disadvantaged as services are not always accessible: "[CEC] need to make sure rural areas are not left behind". Some residents of smaller urban communities also felt disconnected from the services they need due to geographical inaccessibility.

8.7.2. A key commitment within the plan reads 'we will improve access to services for people in rural areas' and steps are identified in the implementation plan to address this. The LWfL Plan aligns with Cheshire East Rural Action Plan and demonstrates a commitment to maintaining the quality of place in our rural communities

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

8.8.1. The LWfL Plan is relevant to adults of all ages across Cheshire East. Implications on children and young people were discussed at length during the coproduction process, with the overwhelming majority of residents in agreement that the plan will encourage children and young people to make healthy life choices from an early age that enable them to live well for longer: "It's a massive job but it's great that CEC have undertaken this exercise to empower people to take control of their own health and wellbeing [from an early age]".

## 8.9. Public Health

- 8.9.1.** The LWfL Plan is underpinned by early intervention and prevention and will guide joint commissioning intentions for Cheshire East Place for services addressing health inequalities. The LWfL Plan is underpinned by a Joint Outcomes Framework which is aligned to the Joint Strategic needs Assessment (Tartan Rug) and the wider Marmot Communities developments in Cheshire East.

## 8.10. Climate Change

- 8.10.1.** The LWfL Plan sets out a collaborative approach to working which will improve efficiencies from an environmental perspective. The Plan guides integrated commissioning intentions across the Health and Social Care System, so environmental and sustainability implications will be considered in the design and delivery of new and existing services from a Social Value perspective.

| Access to Information |   |
|-----------------------|---|
| Contact Officer:      | <p>Shelley Brough<br/> <a href="mailto:Shelley.brough@cheshireeast.gov.uk">Shelley.brough@cheshireeast.gov.uk</a></p> <p>Katy Ellison<br/> <a href="mailto:Katy.ellison@cheshireeast.gov.uk">Katy.ellison@cheshireeast.gov.uk</a><br/>           07976 676757</p> |
| Appendices:           | <p>Appendix 1 – Live Well for Longer Plan (including implementation plan)</p> <p>Appendix 2 – Live Well for Longer Committee report March 2022</p> <p>Appendix 3 – Background detail of consultation exercise</p> <p>Appendix 4 – Equality Impact Assessment</p>  |
| Background Papers:    | None  |

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## ***Cheshire East Council***

# Live Well for Longer Plan 2022-2027



**Open**

**Fair**

**Green**

# Contents

|                                   |   |
|-----------------------------------|---|
| Introduction                      | 3 |
| Did you know?                     | 4 |
| What Living Well for Longer means | 5 |
| The Three Pillars                 | 6 |
| Our Commitment                    | 7 |
| Implementation Plan               | 8 |





# Introduction

Every resident of Cheshire East is unique and deserves to feel valued, happy and healthy. The **Live Well for Longer plan** details how we, as a **Health and Social Care System**, plan to enable this. This plan will guide residents, support providers and leadership teams on the fundamental things our communities need to live their best life.

**Health and Social Care System** – this refers to all organisations (e.g. NHS, Council), services (e.g. care providers, GP's) and people (e.g. counsellors, volunteers) who's intention is to help you be the best you can be.

Health is our greatest asset, but healthy is not a term with universal meaning. My interpretation of healthy is probably very different to yours, so for the purpose of this document we shall focus on being the best we can be. To create the Live Well for Longer plan, Cheshire East residents were given a blank sheet of paper. They were asked what Living Well for Longer looks like and this document is completely based on what they told us. This plan is relevant to all adults living in Cheshire East, whether in later life or simply planning for the future.

“what we feel is living well may not be what someone else thinks it is – it means different things to different people”.

Being the best we can lies in how we value and look after ourselves and others. At some point in our lives, most people will need some additional support, whether it is from formal services, family, friends or their local community. Accessing support must be an experience centred around your needs so the uniqueness of each resident remains at the heart of the process. It is important that residents feel empowered and confident to care for themselves and are provided with the resources needed to control their own future.

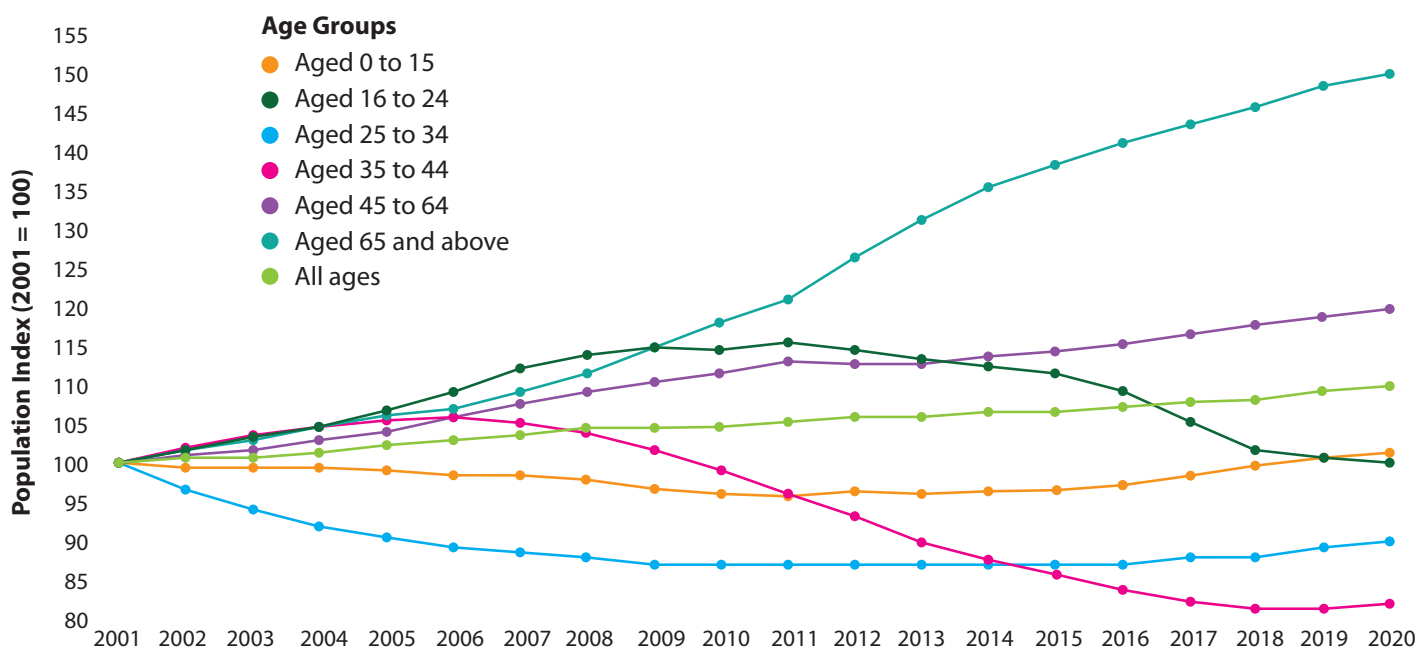
## The vision is simple:

To work in partnership with the residents of Cheshire East to design and deliver services that help us all Live Well for Longer



# Did you know?

Cheshire East is estimated to have **386,700** residents and the borough follows the UK trend of having an aging population. The over-65 age group makes up **23%** of our population (89,100) which is significantly higher than the England average at 18.5%. The number of older people (aged 65 and above) has increased by **49.4%** since 2001, rising in every consecutive year, from **59,700** in 2001 to **89,200** in 2020. It is expected that the number of older people will continue to grow, whereas Cheshire East's working age population is expected to continue to decline.



Source: ONS, 2020

Research shows that a quarter of the population will have two or more chronic health conditions by the time they reach 65 and for over 75s this rises to almost half. As the population continues to age, the demands on health and social care services will naturally increase. Remaining independent and in control is important to Cheshire East's residents, so this plan will make that happen.

Source: The Health Survey for England, 2016





# What Living Well for Longer means

This plan was entirely co-produced by residents of Cheshire East in partnership with stakeholders across the Health and Social Care System.

We spoke to people of different ages, with different backgrounds, in different geographical locations. We held workshops, focus groups, telephone calls, drop ins and had quick chats on the high street. Conversation was started with a simple question: "what does living well for longer mean to you?". The responses we received include:

- Happy, healthy, and content
- Acknowledgement of protected characteristics
- Maintaining independence for as long as possible
- Ability to remain active
- Having options and the ability to plan for the future
- Well connected to friends, family, and community
- Positive and safe
- Valued and having a sense of purpose
- In control with autonomy to make decisions
- Retaining dignity and respect
- Access to services where and when I need them



When asked what they value the most, residents told us that independence and happiness were at the top of their list. They want to access reliable support services in a community where they feel safe. They want to maintain a lifestyle where they feel content and in control, where there is choice and information available when needed.

**Coproduction** – where groups of people get together as equal partners to influence the way services are designed and delivered

**Stakeholders** – the people who work within the system (e.g. social workers, mental health professionals, GP's, volunteers)

**Early Intervention and Prevention** – preventive personalised support to keep people healthy, treat problems quickly and empower people to manage their own health

# The Three Pillars



The insights gathered from Cheshire East residents identifies **three pillars** that must be fulfilled to enable living well for longer:

## Confidence and Self-Motivation

People reported that feeling confident in the support systems around them increases the likelihood that they will ask for help and feel empowered to take control of their future. With confidence, people felt motivated to try new things, seek solutions for their own needs and make positive lifestyle choices. Confident people are more motivated to reach out to connect with others and take part in a new activity. People said that Living Well for Longer means embracing a new start, at any age, for which confidence is crucial.

**“confidence gives you the chance to make active decisions... empower older people: ask them what they want to do”.**

## Navigation

Information needs to be available at the right place, at the right time, in a format that is accessible to all. There needs to be clear pathways to access support and help should be available to navigate complex systems. Information should be jargon-free, acronym-free and clear about eligibility. Support services need to be well-connected and work in collaboration to meet demand, ensuring that people only have to tell their story once.

People value familiarity so support needs to be available within their community from a source they recognise.

**“you don’t know what you don’t know”.**

## Tailored to my Needs

Cheshire East’s residents are energetic and passionate about creating positive change for themselves and their community, but they need to feel valued for their uniqueness. Everyone has a part to play in enabling Cheshire East to Live Well for Longer, but the solution is not ‘one size fits all’. It is crucial that services adapt to suit individual needs and people feel listened to, to maintain a sense of control and ultimately independence.

**“if I want to be independent as long as possible, I need to have choice and control”.**

# Our commitment

To achieve the Live Well for Longer vision and enable residents of Cheshire East to **be the best we can be**, we make the following commitments to you:

**Commissioning** – the process by which health and care services are planned, purchased and monitored

1. We will actively listen to you, involve you in decision making and keep you informed
2. Our support services are joined up where professionals talk to each other
3. We will provide information in a range of formats to ensure it is accessible to those who need it and we will actively seek opportunities to bring information to you
4. We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community
5. We will actively identify unmet need and enable our support services to be flexible and adapt to meet demand
6. We will improve access to services for people in rural areas
7. We will be open, honest and transparent in our communication
8. We will work with you to continually monitor and evaluate delivery of the Live Well for Longer Plan

To make this happen, we need to work together.

The Health and Social Care system has committed to providing leadership to create action, so we need residents on board as equal partners to ensure actions meet requirements. The implementation plan detailed overleaf will be reviewed regularly in partnership with stakeholders and Cheshire East residents, to ensure our commitments are met.

We want to see increased engagement with residents of our borough and crucially this dialogue will be ongoing to ensure the actions taken create the desired impact. We want to see increased capacity and engagement with early intervention and prevention services. We want to see less demands on costly services such as hospitals and GP surgeries and more use of community-based support. Most importantly, we want to see residents recognised as key partners and enable them to join us in the creation of opportunities to help you be the best you can be.

This plan will be implemented and evaluated by Cheshire East Integrated Planning and Delivery Group and Cheshire East Residents Voice Network, all of whom have an active interest in enabling the vision above.

**"people will tell us, if we are true to what we are saying about continuing the dialogue with communities then we need to continue ask them. How are we doing? Are we on track?"**

**Cheshire East Integrated Planning and Delivery Group (IP&D):** a collection of stakeholders across the Health and Social Care System who will be responsible for implementing and evaluating the Live Well for Longer Plan, in partnership with Cheshire East residents





# Implementation Plan

| Commitment  | Description  | Action  | Measures of success   |
|---|--|---|---|
| 1. We will actively listen to you, involve you in decision making and keep you informed | Cheshire East residents are 'experts by experience' and we will actively involve them in the design and delivery of services. The system will have a shared approach to engagement and coproduction to ensure we are consistent and fair | Reinvigorate 'Together' in Cheshire East coproduction guide (footnote 1) and embed into practice across the whole system  | 'Together' in Cheshire East is embedded as a golden thread throughout all commissioning and procurement   |
|   |  | Put resident voice at the heart of decision making and service design<br><br>Support and empower residents to have their voice heard and encourage them to work alongside commissioners and decision makers to create positive change   | Residents are partners on service-design forums where their opinions are valued and actioned<br><br>Services meet the needs of local communities and residents feel ownership for continual service improvement   |
|   |  | Residents are engaged throughout all stages of service delivery and empowered to act as a 'critical friend'   | Residents feel involved and their opinions valued   |
| 2. Our support services are joined up where professionals talk to each other            | There is a vast amount of provision available to connect those in need of support with the services that can help them, so we will make sure that these providers are working together with a common purpose                             | Create a Building Connections Forum which will be the anchor point for connecting professionals, sharing best practice and drive a team approach to supporting residents<br><br>Use monthly Care Community meetings to facilitate locality-based case conferences to plan coordinated interventions for residents requiring support | Building Connections Forum takes place quarterly<br><br>Care Community meetings take place monthly to facilitate multi-disciplinary team case conferences<br><br>Improved results on wellbeing scale for residents receiving support<br><br>Residents report having to tell 'their story' less frequently |
|   |  | Enable information sharing across multi-disciplinary teams by revising data-protection arrangements   | Multi-agency information sharing agreements in place<br><br>Support needs are addressed at the earliest opportunity to avoid increasing problems and reduce demands on services   |



| Commitment   | Description  | Action  | Measures of success  |
|--|--|---|--|
| 3. We will provide information in a range of formats to ensure it is accessible to those who need it and we will actively seek opportunities to bring information to you | Information regarding activities, support services and self-care will be accessible to all. Some residents prefer to receive information via different methods. Including those who: are not digitally enabled either through choice or lack of resource, do not have English as a first language, have a learning disability or experience other barriers (e.g. culture, cognitive impairment). | Provide information in multiple formats and a range of locations  | Information available in a range of formats (for example digital, written or spoken) and there is evidence that it reaches everyone who needs it |
|  |  | Use existing communication channels to provide information in a format that is accessible and helpful to the community                        | Positive feedback from residents regarding information availability<br>Attendance at early intervention and prevention activities increases      |
| 4. We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community                     | Services and activities delivered by the community with support from professionals will reduce health inequalities and increase pride. By addressing an identified gap in service, residents will be empowered to help others  | Actively seek opportunities to bring information to residents   | Residents receive information they trust in a familiar setting   |
|  |  | Develop informal network of 'Community Navigators' – volunteers who understand health and social care systems and are willing to guide others | Members of the community receive information via 'word of mouth'   |
| 5. We will actively identify unmet need and enable our support services to be flexible and adapt to meet demand  | Every resident in Cheshire East is unique and we want them to feel valued and listened to. Support needs change over time so services need to be flexible in their design and delivery   | Create a sense of shared community responsibility for supporting vulnerable members of the community  | 'Community Navigator' network established and resource available through People Helping People Service   |
|  |  | Continuous improvement of services by reviewing performance and listening to what residents need  | Resident Voice Network meets quarterly<br>Services flex and adapt to meet resident needs   |
| 4. We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community                     | Services and activities delivered by the community with support from professionals will reduce health inequalities and increase pride. By addressing an identified gap in service, residents will be empowered to help others  | Support residents who are experts by experience and use their knowledge and skills to help others   | Residents have increased pride in their community and are able to see the difference they make in their community                                |
|  |  | Empower residents to register a project on Cheshire East Crowd and work within their networks to fund something meaningful in their community | Projects are accepted onto crowdfunding platform and meets or exceeds funding target   |
| 5. We will actively identify unmet need and enable our support services to be flexible and adapt to meet demand  | Every resident in Cheshire East is unique and we want them to feel valued and listened to. Support needs change over time so services need to be flexible in their design and delivery   | Create Resident Voice Network to act as a 'critical friend'   | Resident Voice Network meets quarterly<br>Services flex and adapt to meet resident needs   |
|  |  | Facilitate coproduction and take an asset-based approach to service development   | Residents are empowered to influence and support service delivery for their own community<br>Number of residents involved in developing services |

# Implementation Plan

| Commitment   | Description  | Action   | Measures of success  |
|--|--|--|--|
| 6. We will improve access to services for people in rural areas  | Residents of rural communities will not be unfairly disadvantaged in the services they can access. Disadvantages are also felt in some disconnected urban communities where services are not readily available or made accessible                                      | Facilitate the development of local transport solutions for rural communities and disconnected urban communities   | More suitable and accessible transport options are available and used  |
|  |  | Develop a network of community venues (Connected Community Centres) in rural (and disconnected urban communities) areas where information and services can be accessed | Community facilities are available in rural and disconnected urban communities where residents can have their needs met in a familiar and safe community |
|  |  | Connect rural communities together in a forum where they can share good practice and address challenges of rurality as a collective                                    | Rural forum is established and working collaboratively   |
| 7. We will be open, honest and transparent in our communication  | Having options is central to living well for longer, but more importantly those options will be explained with clarity and honesty.  | Avoid use of jargon in communication materials and speak in a language understood by all   | Residents feel informed in a manner that's relevant to them  |
|  |  | Understand cultural, language and other barriers to receiving information and use appropriate communication methods  |  |
|  |  | Take a person-centred approach to delivering services  | Residents feel valued and their needs are met using a personalised plan  |
|  |  | Explain what support is available and why some options might not be available  | Increased trust and confidence in those providing support and the wider system   |
| 8. We will work with you to continually monitor and evaluate delivery of the Live Well for Longer Plan | Delivery of this Plan relies on effective monitoring and evaluation. Our residents are key to delivery but also critical to ensuring that needs are met, so we will provide accessible opportunities for residents to join us in reviewing and critiquing performance. | Cheshire East Integrated Planning and Delivery Group (IP&D)  | Continue to meet monthly   |
|  |  | North West Healthy Ageing & Leads Commissioners Network (OHID)   | Continue to meet bi-monthly  |
|  |  | Resident Voice Network   | Establish network and meet quarterly   |

## Glossary

**Live Well for Longer Joint Commissioning Group** – Stakeholders from the Health and Social Care System and the Voluntary, Community, Faith and Social Enterprise Sector

**Multi-disciplinary Team (MDT)** – A diverse group of professionals working together to organise and coordinate support services to meet the needs of an individual

**Asset-based approach** – Recognising and valuing the skills, knowledge, connections and potential within a community – build on what we have rather than reinventing the wheel

**Procurement** – The purchasing of any goods, works or services. In the Public Sector, the procurement process is often known as tendering and there are specific regulations applied to contracts over a certain value (or threshold)

## Footnotes

[Together in Cheshire East coproduction guide](#)

[People Helping People](#)

[Cheshire East Crowd](#)

[Connected Community Centres](#)







*Working for a brighter future together*

## **Adults and Health Committee**

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**Date of Meeting:** 28 March 2022

**Report Title:** Cheshire East Live Well for Longer Plan 2022 – 2027

**Report of:** Nicola Thompson, Director of Commissioning and Integration

**Report Reference No:** To be provided by Democratic Services

**Ward(s) Affected:** All

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|                                  |              |   |   |
|----------------------------------|--------------|---|---|
| <b>Corporate Plan Priorities</b> |              |   |   |
|                                  | <b>Open</b>  | An open and enabling organisation               |   |
|                                  | <b>Fair</b>  | A council which empowers and cares about people | X |
|                                  | <b>Green</b> | A thriving and sustainable place                |   |

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

- 1.1.** This report will provide details of strategic integration structures underpinning the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2025 (Appendix 1) and will provide narrative on the approach to constructing the document

### **2. Executive Summary**

- 2.1** Cheshire East has an ageing population, with the number of older people increasing by nearly 50% in the last 20 years. The journey of integration for Health and Social Care is of great interest to Cheshire East residents, as they are keen to plan their future with the confidence that their support needs will be met if or when they arise. The LWfL Plan was coproduced with adults of all ages and provides a list of commitments that are designed to underpin commissioning across the Health and Social Care system to ensure that services are designed and delivered in accordance with residents' needs.



The insights gained during coproduction of the LWfL plan can be applied to all departments at Cheshire East Council, so the consultation period will allow for exploration of the plan's principles across the wider Council.

### 3. Recommendations

#### 3.1. That Adults and Health Committee:

3.1.1 Note the insight-based approach to engagement and coproduction activity that has led to create the draft LWfL plan

3.1.2 Approve the draft LWfL Plan as outlined in appendix 1 for the basis of consultation

3.1.3 Following consultation, note that the final version of the LWfL Plan will be presented for approval to the Adults and Health Committee

### 4. Reasons for Recommendations

4.1. The LWfL Plan aligns to the Council's Corporate Plan 2021-25, addressing the aim: *'to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents'*. It also places a strong emphasis on prevention and early intervention to enable people to receive the help they need in a timely way thereby increasing their independence, health and wellbeing.

4.2. The LWfL Plan addresses priorities within Cheshire East Partnership 5-year plan, including *'enable people to live well for longer, to live independently and to enjoy the place where they live'*.

4.3. A key priority for the Live Well for Longer Joint Commissioning Group is to provide clarity on the strategic direction for the transformation of services for older people across Cheshire East. The Group also recognises a need for improvement in engagement and coproduction across the system, including adults of all ages (providing the opportunity for residents to plan for their own future). The LWfL Plan is entirely coproduced by Cheshire East residents so once adopted, it will enable adults of any age to have a voice and provide a foundation for commissioning intentions across Health and Social Care.

4.4. The LWfL Plan will provide a local voice to the integration agenda, ensuring consistency of service design across the Health and Social Care System, including the wider Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The principles detailed in the LWfL Plan will underpin joint commissioning intentions in Health and Social Care and will provide a foundation for our local place-based approach to integration, aligning with the Government White Paper for integration.

4.5. The principles within the LWfL Plan compliment other existing joint strategies across health and social care and will underpin the development

of new strategies moving forward, but this valuable resident insight should not sit in silo just within Health and Social Care. The principles and commitments within the Plan should underpin all delivery at Cheshire East Council to ensure the resident voice runs as a golden thread through all Council services. In association with the 'Together in Cheshire East' guide to coproduction, the LWfL Plan should underpin activity across all three directorates in Cheshire East.

## **5. Other Options Considered**

- 5.1.** Do nothing: If approval is not granted for content of draft LWfL Plan and formal consultation, the commitment made to residents during the coproduction process will not be fulfilled. Learning from resident engagement is already informally influencing the way we work with our communities, so it is imperative this engagement continues and the commitments are formalised into a measurable plan.

## **6. Background**

- 6.1.** Cheshire East population is estimated at 386,700, with 59% of working age (16 to 64) and 23.1% identified as 'older' (65+), which is significantly higher than the national average (18.6%). The number of older people has increased by 49.4% since 2001 and predictions show that this rate will continue on an upward trajectory. Conversely, population growth in the borough's oldest age groups (85+) has been recently and historically low, rising by just 0.1% during the year ending mid-2020. When compared to the average population growth across all ages of 9.8% it is clear there are inequalities in life expectancy as residents age (source: Cheshire East Population Report, 2021).
- 6.2.** The likelihood of experiencing multiple chronic and complex health conditions increases with age. In 2016, 29% of 60 – 64-year-olds had two or more chronic health conditions and for those ages over 75 years this rises to over 50%. As the population rises, there may be a requirement to provide support to more individuals with health conditions, so it is imperative that the Health and Social Care System continue to dedicate time and resource to investing in Early Intervention and Prevention services. Research shows that ratings of personal wellbeing rise around the ages 60 to 64 years, but then begin to decline toward the late 70's. This could be due to factors beyond one's control (such as widowhood) but there is evidence to suggest the services encountered in early older age could impact lifestyle and wellbeing as one grows older.
- 6.3.** Having reviewed Older People's Strategies from other local authorities, it is evident that several different approaches have been taken. Cheshire West and Chester Council focus on the creation of an 'Age Friendly Place' aligned to their corporate plan. Greater Manchester Combined Authority have partnered with The University of Manchester to produce a 'Keeping Well at Home' booklet which provides practical advice for recovery from the

effects of isolation during the Covid-19 pandemic. The Office for Health Improvement and Disparities (OHID) have reviewed the journey taken to produce the LWfL Plan and have praised the level of coproduction involved. OHID have committed to support the implementation of the Plan, by providing guidance and best practice from a regional and national perspective.

## 7. Consultation and Engagement

- 7.1. The LWfL Plan is underpinned by 'Together in Cheshire East', a coproduction guide which details how residents and commissioners work together as equal partners toward common goals. Cheshire East residents were pivotal in the development of initial concepts of enablers for living well for longer, which were refined and tested again through a series of engagement activities.
- 7.2. Initial engagement with residents found that the word 'strategy' did not lend itself to effective coproduction. Residents felt that strategy had connotations of being "done to", so the title LWFL Plan was adopted which provided a foundation for clear and realistic expectations.
- 7.3. In August 2021, Cheshire East Council Communities Team partnered with ICE Creates (behaviour change specialists) to facilitate an engagement experience which began with two workshops, for stakeholders and residents (Appendix 2). Both workshops took an insight-based approach to understanding what living well for longer means to our communities and emerging themes were shared with participants via a live graphic scribe:



Fig1. Stakeholder Workshop





Fig 2. Resident Workshop

- 7.4. Following the workshops, Cheshire East Communities Team embarked on a 4-week engagement exercise, where the themes were tested and refined with residents. During this period, the team engaged in direct conversation with over 400 people by visiting coffee mornings, activity groups, food banks, church groups and many more forums in the community. A commitment was made to continue these conversations throughout the lifeline of the LWfL Plan and crucially to involve residents in the codesign and evaluation of services: “you said, we did”.
- 7.5. Insights and intelligence gathered through the workshops and community engagement were brought together during a ‘Hackathon’ design event (Appendix 2), facilitated by ICE Creates. The facilitators used a behaviour change model to guide discussion from identifying behavioural drivers and motivators to co-designing ‘enablers’. The enablers are summarised into the commitments detailed on the LWfL Implementation plan.
- 7.6. Once the draft LWfL Plan has been approved, the journey of coproduction will continue. A three-month formal consultation period will allow for ‘testing’ of the principles and commitments in the Plan, ensuring that the resident voice was heard correctly. The consultation period will also allow for further exploration of how the Plan can be applied across the wider Council and underpin delivery of all Cheshire East Council services. The implementation plan will be coproduced with residents and stakeholders to ensure the actions are owned, measurable and crucially meet the vision of LWfL.
- 7.7. If approved, the formal consultation period will consist of the following:

- Re-visit residents engaged with during coproduction phase to check language, tone and validity of the LWfL Plan (e.g. “this is what we heard, is this what you told us?”)
- Survey (web-based and hard copies distributed within the community)
- Structured interviews (based on the survey questions)
- Focus groups (based on the survey questions)
- Elected Member workshops and engagement with Town and Parish Councils
- Wider stakeholder engagement across the Health and Social Care System
- Engagement with stakeholders who do not have direct contact with or influence commissioning for older people, but provide services important to them (e.g. transport providers, housing providers)
- Exploration of how the Plan can be applied across wider Council delivery

**7.8.** Upon completion of the consultation period and approval of the LWfL Plan, a Live Well for Longer Forum will be created, which will consist of residents of all ages from various backgrounds. The Forum will act as a critical friend and will be invited to coproduce, co-deliver (where possible) and co-evaluate services for older people. The Forum will be aligned to the Live Well for Longer Joint Commissioning Group and will provide a channel for two-way conversations enabling the voice of the resident to be heard and acted upon within the health and social care system.

**7.9.** The resident voice featured in the plan will not be siloed to Health and Social Care. The Plan will be applied and embedded across Cheshire East Council and its principles will underpin all delivery.

## **8. Implications**

### **8.1. Legal**

**8.1.1.** 8.1.1 The Care and Support Statutory Guidance (updated 27 January 2022) provides that the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life (Paragraph 1.1) . Paragraph 4.12 states that Local authorities must ensure that the promotion of the wellbeing of individuals who need care and support, and the wellbeing of carers, and the outcomes they require, are central to all care and support functions in relation to individuals, emphasising the importance of enabling people to stay independent for as long as possible. Local authorities will need to understand the outcomes which matter most to people in their area, and demonstrate that these outcomes are at the heart of their local strategies and approaches (paragraph 4.13). There will be a need to engage with legal and

procurement teams on any future commissioning that may arise from the implementation of the LWfL Plan.

**8.2. Finance**

**8.3.** There are no financial implications, or changes required to the MTFS, because of the recommendations in this report. The recommendation is to approve the draft strategy for consultation, and once this has taken place the final strategy will be brought back for approval

**8.3.1.** There will be opportunities to amend policies as a result of the LWfL Plan's approval, following a period of formal consultation. Any policies amended or created will be subject to separate approval. The LWfL Plan naturally aligns to the Social Value Policy, by providing an opportunity to channel 'social good' to meet the commitments within the Plan.

**8.4. Equality**

**8.4.1.** An Equality Impact Assessment will be completed in parallel with the public consultation it is then to be included as an Appendix to this report prior to going for a decision

**8.5. Human Resources**

**8.5.1.** No current HR implications have been identified at this stage

**8.6. Risk Management**

**8.6.1.** The strategy will have its own risk register. This strategy is coproduced with Cheshire East residents and stakeholders so reputational risk is mitigated. Approval to proceed with a formal 12-week consultation will further mitigate this risk.

**8.7. Rural Communities**

**8.7.1.** The DEFRA Rural Classification for Cheshire East is 'urban with significant rural' (source: Department for Environment, Food and Rural Affairs, 2014) and the Rural Services Network considers Cheshire East to be 'predominantly rural' (source: SPARSE Rural). We know that older people are more likely to live in rural areas, which means that accessing services (such as health, shops and socialising) may require a journey out of their own community. We also know that public transport is less available in rural areas and driving rates decrease with age, so this can leave older people isolated and struggling to access services.

**8.7.2.** Residents and stakeholders from rural areas were key contributors to the LWfL Plan and their feedback had been incorporated into the draft. A key commitment within the plan reads: 'Our rural areas will not be disadvantaged in access to services'; there are actions identified within the Implementation Plan to address this commitment and further actions will be added as necessary during formal consultation.

**8.7.3.** The LWfL Plan aligns with Cheshire East Rural Action Plan and demonstrates a commitment to maintaining the quality of place in our rural communities. The Plan also acknowledges the challenges of rurality experienced in more urban areas of Cheshire East, for example inadequate transport provision to connect from town to town. The Plan engages our rural communities throughout the journey of co-production and demonstrates a contribution toward maintaining the quality of place for our rural residents.

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

**8.8.1.** The LWfL Plan is relevant to adults of all ages across Cheshire East. Implications around supporting children and young people is something that will be considered as part of the wider public consultation.

**8.9. Public Health**

**8.9.1.** The LWfL Plan is underpinned by early intervention and prevention and will guide joint commissioning intentions for Cheshire East Place for services addressing health inequalities. In addition, the plan will serve as a guide to the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in the design and delivery of community-based activity aimed at reducing health inequalities.

**8.9.2.** The LWfL Plan will be underpinned by a Joint Outcomes Framework which is aligned to the Joint Strategic needs Assessment (Tartan Rug) and the wider Marmot Communities developments in Cheshire East.

**8.10. Climate Change**

**8.10.1.** The LWfL Plan sets out a collaborative approach to working which will improve efficiencies from an environmental perspective. The Plan will guide integrated commissioning intentions across the Health and Social Care System, so environmental and sustainability implications will be considered in the design and delivery of new and existing services from a Social Value perspective.

| <b>Access to Information</b> |   |
|------------------------------|---|
| Contact Officer:             | <p>Shelley Brough<br/> <a href="mailto:Shelley.brough@cheshireeast.gov.uk">Shelley.brough@cheshireeast.gov.uk</a></p> <p>Katy Ellison<br/> <a href="mailto:Katy.ellison@cheshireeast.gov.uk">Katy.ellison@cheshireeast.gov.uk</a><br/>           07976 676757</p> |
| Appendices:                  | <p>Appendix 1 – DRAFT Live Well for Longer Plan (including implementation plan)</p> <p>Appendix 2 – ICE Creates workshop report</p>   |

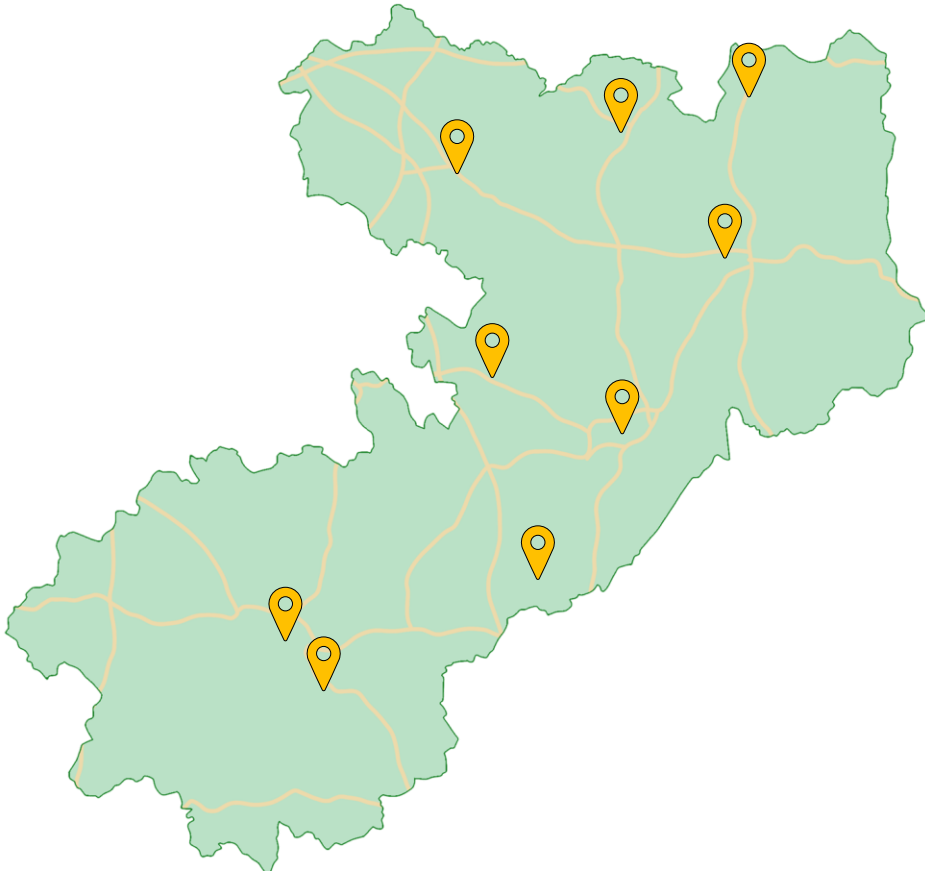
|                    |  |
|--------------------|--|
|                    | Appendix 3 – ‘Hackathon’ design event report |
| Background Papers: | <a href="#">Cheshire East Together Guide</a> |

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# Live Well for Longer

2022-2027

# We sought CE resident views



- 400 resident views
- 209 survey
- 191 face-to-face
- 23 groups covering 9 rural, semi-rural and urban areas





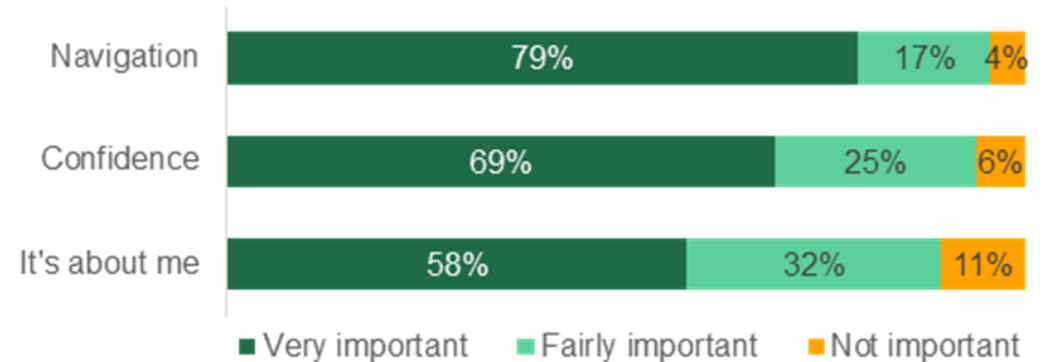
# Our Commitments

- **We will actively listen to you**, involve you in decision making and keep you informed
- **Our support services will be joined up** where professionals talk to each other
- **We will provide information in a range of formats**, ensuring it is accessible to those who need it
- **We will continue to value and appreciate your role** in helping our borough to thrive and empower you to make positive change in your own community
- **We will actively identify unmet need** and enable our support services to be flexible and adapt to meet demand
- **We will improve access to services** for people in rural areas
- **We will be open, honest and transparent** in our communication
- **We will work with you to continually monitor and evaluate delivery** of the Live Well for Longer Plan

# Our residents told us

- They felt the plan is a positive step towards helping those across Cheshire East to live well for longer
- They liked our commitments and the involvement of residents throughout
- The three pillars are just right

How important are each of the 3 pillars for you to be able to live well for longer?



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Difficult to cater for all  
needs for everyone,  
but heading in the  
right direction

I like the involvement and  
collaborative approach.  
This is a great start

The plan is clear, concise  
and includes those  
fundamental components  
that are vital in providing  
this service effectively

Thanks for sending both a  
summary of the Plan and  
the full version. The  
option is appreciated

Great that [you're] looking  
at connecting service  
together and locally

I want to feel connected  
to other people, so if this  
helps, I would be happy





"It's a massive job but it's great that you have undertaken this exercise to empower people to take control of their own health and wellbeing"



# Our residents also told us

- It will be very good if it happens
- Actions speak louder than words
- Resident voice ≠ change
- It will need good management to make it work

Services should be co-created with the community which will ensure they're what people need

Public transport is appalling in this area. People living in rural areas can feel excluded from services

Digital and online services are promoted far too much. A real person is more valuable and more likely to reach the more vulnerable and those less tech savvy

Just appreciate this is an ongoing initiative and needs to be regularly monitored

[It needs] a commitment to review and update and a commitment to challenge when things go wrong

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# EQUALITY IMPACT ASSESSMENT

**TITLE: Live Well for Longer Plan 2022 - 2027**

## VERSION CONTROL

| Date     | Version | Author       | Description of Changes |
|----------|---------|--------------|------------------------|
| 28.07.22 | 0.1     | Katy Ellison | N/A                    |
|          |         |              |                        |
|          |         |              |                        |



## **CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT**

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

|  |   |         |   |        |              |         |
|--|---|---------|---|--------|--------------|---------|
| <b>Department</b>  | Strategic Commissioning   |         | <b>Lead officer responsible for assessment</b>      |        | Katy Ellison |         |
| <b>Service</b>   | Communities   |         | <b>Other members of team undertaking assessment</b> |        | Carys Ward   |         |
| <b>Date</b>  |   |         | <b>Version</b>                                      |        | <b>0.1</b>   |         |
| <b>Type of document (mark as appropriate)</b>  | <u><b>Strategy</b></u>  | Project | Function  | Policy | Procedure    | Service |
| <b>Is this a new/ existing/ revision of an existing document (please mark as appropriate)</b>  | <u><b>New</b></u>   |         | Existing  |        | Revision     |         |
| <b>Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)</b><br><br><b>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</b> | <p><u>Cheshire East Live Well for Longer Plan 2022 – 2027</u></p> <p>A joint Health and Social Care strategic plan to embed the voice of the resident into design of services that will enable them to live well for longer in Cheshire East. The plan has been coproduced with residents and stakeholders and details a number of commitments that will underpin commissioning intentions across the system.</p> |         |   |        |              |         |
| <b>Who are the main stakeholders and have they been engaged with?</b>  | <p>Cheshire East officers<br/>Health colleagues<br/>Voluntary, Community, Faith and Social Enterprise sector<br/>Residents / general public</p>   |         |   |        |              |         |

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|   |  |  |
|---|--|--|
| <b>(e.g. general public, employees, Councillors, partners, specific audiences, residents)</b> | Councillors<br>External stakeholders (e.g. community leaders)<br>Private sector (e.g. supermarket workers)   |  |
| <b>Consultation/ involvement carried out.</b>   | <b><u>YES</u></b>  |  |
| <b>What consultation method(s) did you use?</b>   | General engagement – informal conversations with residents at any opportunity<br>Survey<br>Focus groups<br>Elected Member workshop<br>Stakeholder partnership meetings<br>Community meetings<br>121 interviews |  |

### Stage 2 Initial Screening

|  |  |
|--|--|
| <b>Who is affected and what evidence have you considered to arrive at this analysis?<br/>(This may or may not include the stakeholders listed above)</b> | Live Well for Longer is an all-age Plan. Its aim is to enable residents to enjoy life and maintain control of their future, but the principles within the plan do not just relate to those in their older years. The plan was coproduced with residents of all ages – intelligence and insight was gathered using the methodology described above and thematic analysis developed a series of principles that we (as a system) need to address. The younger people engaged with were clear in their understanding that living well for longer begins at early age, as the choices we make early will impact on our later life. |
| <b>Who is intended to benefit and how</b>  | Everyone who lives in Cheshire East for reasons described above  |
| <b>Could there be a different impact or outcome for some groups?</b>   | No, the plan is fully inclusive of all groups  |
| <b>Does it include making decisions based on individual</b>  | No, the plan is not prescriptive. It describes an approach to system change, as opposed to decisions about individuals   |

|  |  |  |                              |  |          |                    |  |          |
|--|--|--|------------------------------|--|----------|--------------------|--|----------|
| characteristics, needs or circumstances?   |  |  |                              |  |          |                    |  |          |
| Are relations between different groups or communities likely to be affected?<br>(eg will it favour one particular group or deny opportunities for others?) |  | No, the plan is fully inclusive of all groups  |                              |  |          |                    |  |          |
| Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?        |  | From its inception, the Live Well for Longer Plan has promoted equality as the coproduction process has been inclusive of all residents. |                              |  |          |                    |  |          |
| Is there an actual or potential negative impact on these specific characteristics? (Please tick)   |  |  |                              |  |          |                    |  |          |
| Age  |  | <u>N</u>   | Marriage & civil partnership |  | <u>N</u> | Religion & belief  |  | <u>N</u> |
| Disability   |  | <u>N</u>   | Pregnancy & maternity        |  | <u>N</u> | Sex                |  | <u>N</u> |
| Gender reassignment  |  | <u>N</u>   | Race                         |  | <u>N</u> | Sexual orientation |  | <u>N</u> |

### Stage 3 Evidence

| What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts |  | Level of Risk (High, Medium or Low) |
|--|--|-------------------------------------|
| <b>Age</b>   | The coproduction process was inclusive of all ages. Children and young people contributed to the insights because it was important to hear their intentions and wishes for their future.   | <b>Low</b>                          |
| <b>Marriage and Civil Partnership</b>  | The LWfL Plan is inclusive to all.   | <b>Low</b>                          |
| <b>Religion</b>  | The LWfL Plan is inclusive to all cultures, religions and nationality. Workshops and engagement events were held with hard to reach groups including migrants and asylum seekers to ensure their insights contributed to the Plan. | <b>Low</b>                          |
| <b>Disability</b>  | The engagement and consultation process actively included residents who consider themselves to have a disability so the overall document and implementation plan details activity that will benefit all.                           | <b>Low</b>                          |
| <b>Pregnancy and Maternity</b>   | The LWfL Plan is inclusive to all.   | <b>Low</b>                          |
| <b>Sex</b>   | The LWfL Plan is inclusive to all, it does not distinguish between genders as the principles and commitments benefit everyone  | <b>Low</b>                          |
| <b>Gender Reassignment</b>   | The LWfL Plan is inclusive to all, it does not distinguish between genders as the principles and commitments benefit everyone  | <b>Low</b>                          |
| <b>Race</b>  | The LWfL Plan is inclusive to all cultures, religions and nationality. Workshops and engagement events were held with hard to reach groups including migrants and asylum seekers to ensure their insights contributed to the Plan. | <b>Low</b>                          |
| <b>Sexual Orientation</b>  | The LWfL Plan is inclusive to all, it does not distinguish between sexual orientation as the principles and commitments benefit everyone. The Plan was tested with an LGBTQ+ focus group during the consultation process.          | <b>Low</b>                          |

# Stage 4 Mitigation

| Protected characteristics             | Mitigating action  | How will this be monitored? | Officer responsible                  | Target date                                     |
|---------------------------------------|--|-----------------------------|--------------------------------------|---|
| <b>Age</b>                            | Representation of all ages on Residents Voice Network to act as a critical friend and effectively monitor the LWfL Plan  | Quarterly meetings          | Senior Community Development Officer | Ongoing through lifecycle of Plan (2022 – 2027) |
| <b>Marriage and Civil Partnership</b> | No mitigation required, LWfL Plan applies irrespective of marital status   | n/a                         | n/a                                  | n/a   |
| <b>Religion</b>                       | Representation from a range of cultures and religions on Residents Voice Network to act as a critical friend and effectively monitor the LWfL Plan<br><br>LWfL referenced in Cheshire East Cohesion Strategy | Quarterly meetings          | Senior Community Development Officer | Ongoing through lifecycle of Plan (2022 – 2027) |
| <b>Disability</b>                     | Representation of all residents who consider themselves to have a disability on Residents Voice Network to act as a critical friend and effectively monitor the LWfL Plan                                    | Quarterly meetings          | Senior Community Development Officer | Ongoing through lifecycle of Plan (2022 – 2027) |
| <b>Pregnancy and Maternity</b>        | No mitigation required, principles of LWfL Plan apply  | n/a                         | n/a                                  | n/a   |
| <b>Sex</b>                            | No mitigation required, LWfL Plan applies irrespective of gender   | n/a                         | n/a                                  | n/a   |

|                            |  |                    |                                      |   |
|----------------------------|--|--------------------|--------------------------------------|---|
| <b>Gender Reassignment</b> | No mitigation required, LWfL Plan applies irrespective of gender   | n/a                | n/a                                  | n/a   |
| <b>Race</b>                | Representation from a range of cultures, religions and race on Residents Voice Network to act as a critical friend and effectively monitor the LWfL Plan<br><br>LWfL referenced in Cheshire East Cohesion Strategy | Quarterly meetings | Senior Community Development Officer | Ongoing through lifecycle of Plan (2022 – 2027) |
| <b>Sexual Orientation</b>  | Representatives from LGBTQ+ focus group engaged with during consultation process to sit Residents Voice Network to act as a critical friend and effectively monitor the LWfL Plan                                  | Quarterly meetings | Senior Community Development Officer | Ongoing through lifecycle of Plan (2022 – 2027) |

### 5. Review and Conclusion

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

The thorough coproduction, consultation and engagement process has ensured that all protected characteristics are represented within the LWfL Plan so no further action is required. The LWfL will be monitored throughout its lifecycle and groups identified above will be invited to join relevant monitoring forums.

| <b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b> | <b>How will this be monitored?</b> | <b>Officer responsible</b> | <b>Target date</b> |
|--|------------------------------------|----------------------------|--------------------|
| n/a  |                                    |                            |                    |

|  |                            |             |                 |
|--|----------------------------|-------------|-----------------|
|  |                            |             |                 |
| <b>Please provide details and link to full action plan for actions</b>                                 | See LWfL Plan (Appendix 1) |             |                 |
| <b>When will this assessment be reviewed?</b>  | September 2023             |             |                 |
| <b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b> | None                       |             |                 |
|  |                            |             |                 |
| <b>Lead officer sign off</b>   | Katy Ellison               | <b>Date</b> | <b>04.08.22</b> |
| <b>Head of service sign off</b>  | Shelley Brough             | <b>Date</b> | <b>05.08.22</b> |

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





*Working for a brighter future together*

## **Adults and Health Committee**

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|                             |   |
|-----------------------------|---|
| <b>Date of Meeting:</b>     | 26 September 2022   |
| <b>Report Title:</b>        | Cheshire East Learning Disability Conference - Actions to be taken forward in 2022/23 |
| <b>Report of:</b>           | Jill Broomhall, Director of Adult Social Care   |
| <b>Report Reference No:</b> | AH/41/2022-23   |
| <b>Ward(s) Affected:</b>    | All wards   |

---

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

- 1.1** Delegates who attended the Cheshire East Learning Disability Conference were asked what 3 key actions should partners in Cheshire East look at taking forward over the next year.
- 1.2** Based on what people have told us, 3 key actions have been formulated and an Action Plan has been developed to take this work forward.
- 1.3** This report will detail the steps taken to develop the key actions and how these actions will be taken forward by partners over the next 12 months.

### **2. Executive Summary**

- 2.1.** The Cheshire East Learning Disability Conference was held on 20 June 2022. Over 200 delegates attended, including partners from across social care, health, care providers, people with learning disabilities and carers.
- 2.2.** People who attended were asked what 3 actions should partners in Cheshire East look at prioritising over the next 12 months.
- 2.3.** The findings and feedback from the conference were discussed by members of the Learning Disability Partnership board in July 2022.
- 2.4.** Based on what people had told us, 3 key actions were formulated, these were as follows

- **Action 1 - Make things better for people who want to stay up late**
- **Action 2 - Give people more chance to have their say on services and what they want to do**
- **Action 3 - Provide better access to information for people with learning disabilities and carers**

**2.5.** From this an Action Plan has been developed to take this forward. This will consider the tasks needed to be undertaken, the partners involved and how we will measure success.

### **3. Recommendations**

**3.1.** Adults and Health committee to endorse the recommended actions and action plan.

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

**4.1.** The recommendation to approve the actions within the report also aligns with the following aims and objectives within the Council's Corporate Plan 2021-25 and will produce the following benefits for local people.

- **Increase opportunities for all children and young adults with additional needs** – We will seek to work with providers from across health and social care to ensure that flexible support is delivered across services, which enables individuals with learning disabilities to access more person-centred support and wider opportunities across the community.
- **Reduce health inequalities across the borough**– There will be a focus on tackling the differences in healthcare and health outcomes between people with a learning disability and those without. This will focus on improving the provision and uptake of annual health checks, improving the experience of health checks, and providing better access to information around health provision for people with learning disabilities across the borough.
- **Promote and develop the services of the council through regular communication and engagement with all residents.** – By obtaining this feedback from the conference the wider views of stakeholders have been considered in determining the actions that people would most like to see in regards to changes and improvements, to help people with learning disabilities live better lives.

### **5. Other Options Considered**

**5.1.** By not having a dedicated action plan there is a risk that either priorities are not taken forward and delivered accordingly, or organisations take forward these priorities individually, leading to potential duplication.

- 5.2.** This may result in a lack of co-ordinated partnership working. By identifying lead organisations and involving a range of stakeholders with agreed outcomes and measurements of success, we will ensure that delivery of the priorities has the support from all stakeholders and progress can be tracked the LD Partnership Board and delivered through the Sub Groups.
- 5.3.** By focusing on three key actions, we will be best placed to ensure that we deliver on the priorities that people with learning disabilities have told us are most important to them, rather than over promising and under delivering.

## **6. Background**

- 6.1.** The Cheshire East Learning Disability Conference took place on 20 June 2022 at the De Vere Hotel, Cranage.
- 6.2.** The conference was titled ‘The Past, the Present and the Future’ and the day consisted of presentations and music from staff, providers, self-advocates and carers.
- 6.3.** Over 200 delegates attended including partners from across social care, health, care providers, people with learning disabilities and carers/family members.
- 6.4.** As part of the conference, people who attended were asked what 3 actions should partners in Cheshire East look at prioritising over the next 12 months.
- 6.5.** The findings and feedback from the conference were discussed by members of the Learning Disability Partnership Board in July 2022.
- 6.6.** From this an Action Plan (Appendix 1) has been developed and agreed by the Learning Disability Partnership Board.
- 6.7.** Based on the feedback, 3 key actions were formulated. Against each key action a series of activities are identified, along with the key leads/partners who will help to deliver these and how success will be measured.

| <b>Action 1 – Make things better for people who want to stay up late</b> |                                       |  |
|--|---------------------------------------|--|
| <b>What would we do to improve things?</b>                               | <b>Who will help to deliver this?</b> | <b>How will we measure success?</b>                                |
| Recruit Stay Up Late Ambassadors and Gig Buddies in Cheshire East        | Community Sub Group                   | Number of ambassadors recruited<br>Number of gig buddies recruited |
| Make sure flexible support is written into future care contracts         | Commissioning Team                    | Number of new providers who have signed up to new contracts        |

|   |                    |  |
|---|--------------------|--|
| Provide more evening events in Cheshire East for people to attend | Community Subgroup | Number of evening events in different parts of Cheshire East |
|---|--------------------|--|

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

| <b>What would we do to improve things?</b>  | <b>Who will help to deliver this?</b> | <b>How will we measure success?</b>   |
|---|---------------------------------------|---|
| Get more people with learning disabilities to attend the partnership board, sub groups and self-advocates group | Self-Advocates Group                  | Number of self advocates attending meetings   |
| Involve people with learning disabilities more in future service planning                                       | Commissioning and Operations Teams    | Co-Production of new All Age LD Strategy<br>Examples of when people have had their say on services<br>Feedback on self-evaluation |

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

| <b>What would we do to improve things?</b>   | <b>Who will help to deliver this?</b> | <b>How will we measure success?</b>  |
|--|---------------------------------------|--|
| New Learning Disabilities Partnership Board Website                                    | Live Well Team                        | Website in place<br>Website hits<br>Feedback survey on Live Well Pages                   |
| Better information and access to health services for people with learning disabilities | ICB and Health Sub-group              | Annual Health Checks<br>Satisfaction levels (from survey)<br>Annual Health Checks Update |

**6.8.** Key to the success of the identified actions will be the ability to engage with key stakeholders and enabling services including care providers, voluntary sector organisations, local forums and groups and residents of the borough.

**6.9.** Regular monitoring will be undertaken to track progress, identify barriers for escalation and key achievements. Updates will be provided on a quarterly basis to the Learning Disability Partnership Board.

## **7. Consultation and Engagement**

- 7.1. These actions have been shaped at the conference by a wide range of stakeholder groups who attended the conference including people who use learning disability services, families, carers, providers, local ward members and the wider population.
- 7.2. To ensure we deliver on these actions further consultation and engagement activities will be undertaken with carers and people who access services by a variety of methods including face to face meetings, and surveys (including easy read material). Throughout this process we will ensure that appropriate reasonable adjustments under the Equality Act 2010 to ensure that all stakeholders can fully participate in the consultation process.
- 7.3. This work will be closely aligned to the consultation and engagement for the new placed based All Age Learning Disability Strategy and the evaluation of the Supporting People with Learning Disabilities to Lead Better Lives Framework.

## **8. Implications**

### **8.1. Legal**

- 8.1.1 As part of its duties under the Care Act (2014), the Council must meet assessed eligible needs for those people eligible for care and support. The Council has a duty to provide support by way of direct provision or direct payment where care and support is set out in an adult's care and support plan.
- 8.1.2 Paragraph 10.27 of the Care and support statutory guidance updated 27 August 2021 issued by the Department of Health and Social Care provides as follows-
- 8.1.3 In determining how to meet needs, the local authority has also take into reasonable consideration its own finances and budgetary position, and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the local authority is sufficient to meet the needs of the entire local population. The local authority has also reasonably considered how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met).
- 8.1.4 Any recommendation which results in a change to the way in which services are currently provided has included widespread engagement with stakeholders including people who access learning disabilities services.
- 8.1.5 If there are any procurement related issues that arise from this work, officers will be expected to conduct any subsequent procurement of these services in accordance with the appropriate provisions of the Public Contracts Regulations 2015.

## **8.2. Finance**

- 8.2.1 There are no financial implications or changes needed to the councils Medium Term Financial Strategy (MTFS). All work that is carried out will be met by existing staffing resources.
- 8.2.2 If the decision to hold another Learning Disability Conference, or any other large stakeholder events in 2023 is agreed, then additional budgetary provision would be required.

## **8.3 Policy**

- 8.3.1 The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how learning disability services are commissioned and how support is arranged and aims to give greater control and influence on those in need of support. This includes encouraging people to think about what outcomes they want to achieve in their lives, with a greater emphasis on prevention and personalised support.
- 8.3.2 The actions also firmly align to several priorities within the Cheshire East Corporate Plan 2021-2025 (see 4.1).

## **8.4 Equality**

- 8.4.1 As part of its decision-making process, the Council must have 'due regard' to its equality's duties. Under section 149 of the Equality Act 2010, the Council in exercise of its adult care and support functions ,must have 'due regard' to the need to eliminate discrimination ,advance equality of opportunity between persons who share a protected characteristic and those who do not ,foster good relations between persons who share a relevant protected characteristic and persons who do not in order to tackle prejudice and understanding .The protected characteristics are age, gender reassignment ,disability ,pregnancy and maternity .race, religion or belief ,sex and sexual orientation.
- 8.4.2 Under the Equality Act (2010), the Council is required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled, including mental health problems, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment can both assist in evidencing that these equality duties are being met and inform decision making.
- 8.4.3 The Council is required to give serious, substantive, and advance consideration of what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a form of box ticking. These are mandatory considerations.



## **8.5 Human Resources**

8.5.1 There are no human resources implications.

## **8.6 Risk Management**

8.6.1 Any proposals to change the way that learning disability services are delivered because of the planned actions will present challenges and risks.

8.6.2 See below identified risks with mitigation.

### **Reluctance of care providers to engage**

- Cheshire East Council has a significant provider market and strong working relationships with providers to work in partnership to improve services for people with learning disabilities
- Regular provider engagement with providers as part of development of new contracts which promote flexible support will be undertaken
- Learning Disability Partnership Board and Carers Forum offer platforms for people to provide feedback to providers on their experiences.

### **Impact of cost-of-living crisis on ability to offer opportunities to stay up late**

- Partnership working between local authority, health, and voluntary sector to pool resources to create more opportunities for people to stay up late (accommodation and staff).
- Develop plan to ensure that opportunities to stay up late are available in different locations across the borough to reduce the need to travel

### **Resource implications across Cheshire East Council and partners to deliver actions**

- Establishment of sub groups focusing on Health and Community to provide a co-ordinated response and promote the work to be carried out.
- Focus on three key actions to ensure that resources are not spread too wide and we under deliver in certain areas.
- Identified leads and stakeholders across the partnership board to take the agreed actions forward

## **8.7 Rural Communities**

8.7.1 Individuals, carers living in the rural areas of Cheshire East could see enhanced support and provision as a result of the proposed actions which seek to enhance opportunities to access the community and a range of activities.

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

8.8.1 The actions to be taken forward will focus on an all-age approach and contribute to the development of better service provision for children and young people with learning disabilities.

## 8.9 Public Health

- 8.9.1 Through continued joint working with the Public Health Team and Primary Care, the future service provision for people with learning disabilities will promote healthy lifestyles.
- 8.9.2 Improved person-centred approaches can reduce the inequalities that arise from a standardised approach. Thorough consultation and intelligence on inequalities opportunities can be robustly evaluated to ensure that they do not risk widening inequalities.

## 8.10 Climate Change

- 8.10.1 The proposed actions will not have a negative impact on carbon reduction measures.
- 8.10.2 By focusing on developing services and activities in localities across the borough we will ensure that people with learning disabilities and their carers won't need to undertake longer journeys by road.

| Access to Information |   |
|-----------------------|---|
| Contact Officer:      | Mark Hughes<br>Senior Commissioning Manager<br><a href="mailto:mark.hughes@cheshireeast.gov.uk">mark.hughes@cheshireeast.gov.uk</a>   |
| Appendices:           | Appendix 1- Learning Disabilities Action Plan   |
| Background Papers:    | Cheshire East Corporate Plan 2021-2025<br><a href="https://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/corporate-plan.aspx">https://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/corporate-plan.aspx</a> |

# Cheshire East Learning Disability Partnership Board

## Action Plan 2022-22



**At the Conference in June, people were asked what 3 actions should partners in Cheshire East look at over the next year**



**We want to help people with learning disabilities live better lives**



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



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



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



**How can we make these things happen?**

- What are the tasks we need to do?
- Who do we need to work with?
- How will we know if we are doing better?



| <b>Action 1 – Make things better for people who want to stay up late</b> |  |  |
|--|--|--|
| <b>Task</b>  | <b>Who will be working on this?<br/>(Lead contact)</b> | <b>How will we measure success?</b>  |
| <b>Recruit Stay Up Late Ambassadors and Gig Buddies in Cheshire East</b> | <b>Community Subgroup – Gerard Buckley</b>             | <b>Number of ambassadors recruited<br/>Number of Gig Buddies recruited</b> |
| <b>Make sure flexible support is written into future care contracts</b>  | <b>Commissioning Team – Mark Hughes/Gerard Buckley</b> | <b>Number of providers who have signed up to new contracts</b>             |
| <b>Provide more evening events in Cheshire East for people to attend</b> | <b>Community Subgroup – Sarah Jacklin</b>              | <b>Number of evening events<br/>(In different parts of Cheshire East)</b>  |

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

| <b>Task</b>  | <b>Who will be working on this?<br/>(Lead contact)</b>   | <b>How will we measure success?</b>   |
|--|--|---|
| <b>Get more people with learning disabilities to attend partnership board, sub groups and self-advocates group</b> | <b>Self Advocates Sub Group – Sarah Jacklin</b>  | <b>Number of self advocates attending meetings</b>  |
| <b>Involve people with learning disabilities more in future service planning</b>                                   | <b>Commissioning Team – Mark Hughes<br/>CWP Participation Events<br/>Operations Team - Keith Evans</b> | <b>Co-production of All Age Learning Disability Strategy<br/>Examples of when people have had their say on services<br/>Feedback on self evaluation</b> |



|  |  |  |
|--|--|--|
|  |  |  |
| <b>Action 3 – Provide better access to information for people and carers</b>                             |  |  |
| <b>Task</b>  | <b>Who will be working on this?<br/>(Lead contact)</b> | <b>How will we measure success?</b>  |
| <b>New Learning Disabilities Partnership Website</b>   | <b>Live Well Team, Diane Stockton</b>                  | <b>Website in place<br/>Website visits<br/>System for regular updates and information posted</b> |
| <b>Better information and access to health services for people with learning disabilities and carers</b> | <b>Health Sub Group – Tracy Matthews</b>               | <b>Annual Health Checks satisfaction levels<br/>Annual Health Check Uptake</b>                   |

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### Adults and Health Committee work programme 2022-23

| Reference     | Committee Date                          | Report Title                                    | Purpose of Report   | Report Author/ Senior Officer                            | Consultation and Engagement Process and Timeline | Equality Impact Assessment Required and Published (Y/N) | Part of Budget and Policy Framework (Y/N) | Corporate Plan Priority                         | Exempt item and paragraph number |
|---------------|---|---|---|--|--|---|---|---|----------------------------------|
| AH/16/2022-23 | 21 November 2022                        | Mid Year Review Financial Report                | To receive a mid year review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required            | Director of Finance and Customer Services (s151 Officer) | NA   | NA  | Y   | An open and enabling organisation               | N                                |
| AH/17/2022-23 | 21 November 2022                        | Director of Public Health Annual Report 2021/22 | To receive the Director of Public Health Annual Report.   | Director of Public Health                                | NA   | N   | Y   | A council which empowers and cares about people | N                                |
| AH/18/2022-23 | 21 November 2022                        | Local Account for Adult Social Care             | To consider the annual required Local Account of Adult Social Care Services, outlining how the council has supported people over the previous year. | Director of Adult Social Care                            | NA   | N   | Y   | A council which empowers and cares about people | N                                |
| AH/19/2022-23 | 21 November 2022                        | Adult Social Care Winter Plan 2022-23           | To receive an update on the schemes and actions being deployed to address winter pressures.   | Director of Commissioning                                | NA   | N   | Y   | A council which empowers and cares about people | N                                |
| AH/39/2022-23 | 21 November 2022                        | Living Well in Crewe plan 2022                  | To receive a report on the recommendations to reduce inequalities in Crewe  | Executive Director for Adults, Health and Integration    | Y  | Y   | N   | A council which empowers and cares about people | N                                |
| AH/07/2022-23 | 21 November 2022 (moved from sept 2022) | Dementia Strategy and implementation plan       | To approve the dementia strategy and receive the implementation plan.   | Director of Commissioning                                | Y  | Required  | Y   | A council which empowers and cares about people | N                                |
| AH/40/2022-23 | 21 November 2022 (moved from sept 2022) | Outcome of the "Right to Food" Spotlight Review | To outline the outcome of the spotlight review and approve/comment on any associated recommendations  | Director of Commissioning                                | N  | N   | N   | A council which empowers and cares about people | N                                |
| AH/17/21-22   | 23 January 2023                         | Accommodation with Care Recommission            | To approve the recommission of Accommodation with Care Services (Care Homes).   | Director of Commissioning                                | Y  | Required  | Y   | A council which empowers and cares about people | N                                |
| AH/20/2022-23 | 23 January 2023                         | Bed based carer respite                         | To approve the recommission of bed based carer respite  | Director of Commissioning                                | Y  | Required  | Y   | A council which empowers and cares about people | N                                |

|               |                                     |  |  |  |     |          |   |   |   |
|---------------|-------------------------------------|--|--|--|-----|----------|---|---|---|
| AH/21/2022-23 | 23 January 2023                     | MTFS Budget Consultation   | To respond to the budget consultation for Adults, Health and Integration.  | Director of Finance and Customer Services (s151 Officer) | Y   | Required | Y | An open and enabling organisation               | N |
| AH/22/2022-23 | 23 January 2023                     | Scorecard Q2   | To consider key performance indicators/ measures.  | Director of Adult Social Care                            | NA  | N        | Y | A council which empowers and cares about people | N |
| AH/23/2022-23 | 23 January 2023                     | Supported Employment Strategy and implementation plan            | To approve the Supported Employment Strategy and implementation plan   | Director of Commissioning                                | Y   | Required | Y | A council which empowers and cares about people | N |
| AH/37/2022-23 | 23 January 2023                     | Social Care Reform Update  | To receive an update on Social Care Reform   | Executive Director for Adults, Health and Integration    | N/A | N        | Y | A council which empowers and cares about people | N |
| AH/15/2022-23 | 23 January 2023                     | Covid 19 review and future                                       | To receive a summary report on covid support and plans for the future.   | Director of Public Health                                | N/A | N        | Y | A council which empowers and cares about people | N |
| AH/13/2022-23 | 23 January 2023 (moved from Nov 22) | Local Safeguarding Adults Board Annual Report 2021/22            | To receive the annual report of the Local Safeguarding Adults Board.   | Director of Adult Social Care                            | N/A | N        | Y | A council which empowers and cares about people | N |
|               |                                     |  |  |  |     |          |   |   |   |
| AH/24/2022-23 | 27 March 2023                       | Review of the learning disability and mental health strategy     | To review the learning disability and mental health strategy   | Director of Commissioning                                | Y   | Required | Y | A council which empowers and cares about people | N |
| AH/25/2022-23 | 27 March 2023                       | Second Financial Review Report.                                  | To receive the second financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required | Director of Finance and Customer Services (s151 Officer) | NA  | NA       | Y | An open and enabling organisation               | N |
| AH/26/2022-23 | 27 March 2023                       | Scorecard Q3   | To consider key performance indicators/ measures.  | Director of Adult Social Care                            | NA  | N        | Y | A council which empowers and cares about people | N |
| AH/27/2022-23 | 27 March 2023                       | All Age Carers Strategy  | To receive an update on the progress against the All Age Carers Strategy   | Director of Commissioning                                |     | N        | Y | A council which empowers and cares about people | N |
| AH/38/2022-23 | 27 March 2023                       | Social Care Reform Update  | To receive an update on Social Care Reform   | Executive Director for Adults, Health and Integration    | N/A | N        | Y | A council which empowers and cares about people | N |
| AH/11/2022-23 | 27 March 2023                       | Adult Social Care charging policy                                | To approve the adult social care charging policy   | Director of Commissioning                                | Y   | Required | Y | A council which empowers and cares about people | N |
| AH/28/2022-23 | November 23                         | Progress of the Flexible Purchasing System for day opportunities | To receive an update on the progress of the flexible purchasing system for day opportunities   | Director of Commissioning                                |     | N        | Y | A council which empowers and cares about people | N |
| TBC           | TBC                                 | Care at Home Recommission (domiciliary care)                     | TBC  | Director of Commissioning                                |     |          | Y | A council which empowers and cares about people | N |
| TBC           | TBC                                 | Staffing/recruitment in Adult Social Care                        | To receive an update on staffing/recruitment in Adult  | Director of Adult Social Care                            | N/A | N        | Y | A council which empowers and cares about people | N |

|               |                            |   |   |                           |     |          |     |   |     |
|---------------|----------------------------|---|---|---------------------------|-----|----------|-----|---|-----|
|               |                            |   | Social Care   |                           |     |          |     |   |     |
| TBC           | TBC                        | Fair Cost of Care                                     | TBC   | Director of Commissioning | TBC | TBC      | TBC | A council which empowers and cares about people | TBC |
| AH/06/2022-23 | TBC (moved from Nov cttee) | Universal Information and Advice Service Recommission | To approve the recommission of the universal information advice service | Director of Commissioning | Y   | Required | Y   | A council which empowers and cares about people | N   |

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