

# Cheshire East Health and Wellbeing Board Agenda

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**Date:** Tuesday, 24th January, 2023  
**Time:** 1.30 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 at the top of each report.

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

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

1. **Apologies for Absence**

To receive any apologies for absence.

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 the minutes of the meeting held on 29 November 2022.

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For requests for further information

**Contact:** Karen Shuker

**Tel:** 01270 686459

**E-Mail:** [karen.shuker@cheshireeast.gov.uk](mailto:karen.shuker@cheshireeast.gov.uk) with any apologies

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

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

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

5. **Update on Cheshire East Combating Drugs Partnership** (Pages 11 - 16)

To receive and update on the function and governance of the nascent Cheshire East Combating Drugs Partnership.

6. **Safeguarding Adults Board Annual Report 2021- 2022** (Pages 17 - 32)

To receive the Safeguarding Adults Board Annual Report 2021-2022.

7. **Update on 2022/3 influenza season** (Pages 33 - 38)

To receive an update on the 2022-23 flu season.

8. **Update on development of an Integrated Care System across Cheshire and Merseyside and in Cheshire East** (Pages 39 - 48)

To receive an update on the development of an Integrated Care System across Cheshire and Merseyside and in Cheshire East.

9. **Cheshire East Health and Care Partnership update**

To receive a verbal update on the Cheshire East Health and Care Partnership.

**Membership:** L Barry, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), D Frodsham, Dr P Kearns, T Knight, Dr L O'Donnell, Councillor J Rhodes, Dr M Tyrer, M Wilkinson, Dr A Wilson (Vice-Chair), Councillor J Clowes (Associate Non Voting Member), V Elliott (Associate Non Voting Member), C Hart (Associate Non Voting Member), C Jesson (Associate Non Voting Member), K Sullivan (Associate Non Voting Member), J Traverse (Associate Non Voting Member) C Williamson (Associate Non Voting Member), I Wilson and D Woodcock.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 29th November, 2022 in the Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT****Voting Members**

Councillor Sam Corcoran (Chair), Cheshire East Council  
Councillor Carol Bulman, Cheshire East Council  
Councillor Jill Rhodes, Cheshire East Council  
Louise Barry, Healthwatch Cheshire  
Helen Charlesworth-May, Cheshire East Council  
Mark Wilkinson, Cheshire East Place Director

**Associate Non-Voting Members**

Councillor Janet Clowes, Cheshire East Council  
Claire Williamson, Director of Strong Start, Family Help and Integration  
Deborah woodcock, Executive Director of Children's Services

**Cheshire East Officers and Others**

Neil Evans, Associate Director of Strategy and Collaboration; NHS Cheshire and Merseyside ICB  
Mark Hughes, Senior Commissioning Manager  
Guy Kilminster, Corporate Manager Health Improvement (attended virtually via Microsoft Teams)  
Sue Pilkington, Designated Nurse Safeguarding Children Cheshire and Merseyside ICB

Dr Susie Roberts, Public Health Consultant  
Karen Shuker, Democratic Services Officer  
Emma Storey, Domestic Abuse & Sexual Violence Development Lead Advisor

**24 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Lorraine O'Donnell, Dr Patrick Kearns, Dr Steven Michael, Dr Andrew Wilson and Superintendent Claire Jesson.

**25 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**26 MINUTES OF PREVIOUS MEETING****RESOLVED:**

That the minutes of the meeting held on 27 September 2022 be confirmed as a correct record.

## 27 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

## 28 CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM STRATEGY

The board received an outline of the Integrated Care Partnership (ICP) Strategy which was due to be published by December 2022. The strategy would be updated during 2023 - 24 to reflect updated Strategic Needs Assessment (JSNA) information and revised national guidance which was expected in June 2023.

The Strategy would be used to inform priorities which would have clear implementation plans aligning to community engagement activities between Place plans, HCP Strategy and ICB Forward View.

The draft strategy would be circulated to all stakeholders for comments and feedback which would help form an interim document which would be considered by the HCP Board at the end of December.

Board members provided comments and feedback in respect of

- Tackling the wider determinants of health – Board members felt that these should include unemployment, mental health and housing.

### **RESOLVED:**

- 1) That the Cheshire East Health and Wellbeing Board endorses the approach taken to developing the Cheshire and Merseyside HCP Strategy.
- 2) Feedback will be provided on any material changes recommended to the draft strategy document, in order that the HCP Board can approve publication of the Strategy on 22 December.

## 29 WINTER PLANNING UPDATE

The board received a winter planning update which detailed the plans that had been put in place to manage the increased activity during the Winter period. The plans been developed in partnership with Cheshire East system partners across the place and considered the impact and learning from last winter, as well as learning from the system response to Covid-19 to date.

The key elements of the winter plan included:

- Business intelligence modelling and forecast planning

- Operational resilience
- Contingency planning
- Mitigations to address identified gaps
- Escalations triggers and appropriate oversight and assurance
- Modelling and Numbers
- Monitoring Performance
- Capacity and Investment

Members provided feedback and comments in respect of:

- Alert system discharge – could it be more effective in alerting the public as it does affect people’s behaviour
- A longer-term plan in changing the offer to the public
- The need to communicate to the public what is meant by virtual wards, care at home and positive experiences
- The focus on stopping people going in to hospital is welcomed

**RESOLVED:**

That the Winter Planning update be noted.

**30 CHESHIRE EAST HEALTH AND CARE PARTNERSHIP UPDATE**

Mark Wilkinson, Cheshire East Place Director provided the board with an update on the Health and Care Partnership (HCP) and NHS Cheshire and Merseyside’s team in Cheshire East.

The HCP board had met in early November and would continue to meet bi-monthly. A recruitment process was underway to appoint a chair for a twelve-month period. The board was making progress on its structures with a significant number of staff expected to be slotted into teams towards the end of December. Since the last meeting of the Health and Wellbeing Board Dr Andrew Wilson had been appointed as Place Clinical Director.

The key issue discussed was the reintroduction of maternity services to Macclesfield District General hospital which had been suspended at the start of the pandemic. The risks identified with this included staffing levels and beds, which had been used for other patients since the maternity provision had been closed.

It was noted that there was more work ahead to push for maximum delegation of responsibilities to places. The Health and Wellbeing Board would play a crucial role for setting the vision at the Cheshire East level and addressing the wider determinants of health.

**RESOLVED:**

That the update be noted.

**31 CHESHIRE EAST DOMESTIC ABUSE AND SEXUAL VIOLENCE PARTNERSHIP - HEALTH PATHFINDER TOOLKIT**

The board received a report which provided an update on the key priorities within the Domestic & Sexual Abuse Strategy that related to:

Health Settings – Applying the Health Pathfinder toolkit;  
Complexity – The establishment of a strategy, including shared resources, to tackle the most complex cases across substance misuse, mental ill health and domestic abuse.

There had been a gap identified within the Health Pathfinder toolkit in respect of the lack of provision for the IRIS programme, a specialist domestic violence and abuse (DVA) training, support and referral programme for GPs.

IRIS had been positively received elsewhere and board members would welcome and support this model in Cheshire East to address the existing gap in provision.

**RESOLVED:** That:-

The Health and Wellbeing Board endorse implementation of the Pathfinder Toolkit and delivery of the recommendations outlined in the report.

**32 LIVING WELL IN CREWE**

The board received a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who had considered what would help improve the health outcomes and life chances of the people in Crewe. The report included recommendations for all partner organisations within Cheshire East on approaches which could be considered to improve outcomes for residents of both Crewe and the whole of Cheshire East.

Board members provided comments and feedback in respect of:

- There were much wider implications other than health to be considered, for example, in the Place directorate, and should be taken on board by all partners who work in Crewe.
- Whilst the recommendations were clearly supportable it was felt that they were quite generic and could be more specific, and that this plan should be seen as a launch pad.
- Whilst it was felt that Crewe was a good place to start, other areas did need to be looked at.
- Whilst life expectancy was a clear indicator so were the years people spend in poor health.

- Whilst the plan was evidence based it was not a plan for action and implementation, so the next step needed to be incorporating it into the priorities and actions of the Health and Wellbeing Strategy Delivery Plan.
- Resources needed to be identified to enable the actions to be delivered.
- Sought assurance that the Health and Wellbeing Board would have confirmation that the evidence base had been tracked and mapped.

Dr Atkinson and the team were thanked for the comprehensive report and the board looked forward to seeing actions being put in place.

**RESOLVED:** That the Health and Wellbeing Board:

1. Note and support the recommendations within 'Living Well in Crewe' report.
2. Agree that the report be used as a source document in the development of the Joint Health and Wellbeing Board Strategy

### 33 **CHESHIRE EAST JOINT OUTCOMES FRAMEWORK**

The board received a report which outlined the multi-phased approach to developing a Cheshire East Joint Outcomes Framework. This would be used in conjunction with the Joint Strategic Needs Assessment (JSNA) and relevant integrated Care system and national tools to:

- Inform and monitor health and care transformation towards closer integration and summarise progress in relation to the Place Plan through a Joint Outcomes Framework
- Optimise primary, secondary and tertiary prevention and wellbeing
- Address inequalities

At Cheshire East Place level considerations included:-

- Phase one - Health and Wellbeing Strategy refresh and Place Plan – focusing on the mid to long term outcomes.
- Phase two - Development of a Place-level delivery plan aligning with the proposed care models.

Consensus was that the Joint Health and Wellbeing Strategy 2018-2021 priorities remained appropriate and that the additional priority relating to children, which was outlined in the Cheshire East Place Plan 2019-2024, should be added. Therefore, the priorities for the Joint Health and Wellbeing Strategy refresh would be:

- Create a place that supports health and wellbeing for everyone living in Cheshire East
- Ensure that children and young people are happy and experience good physical and mental health and wellbeing

- Improve the mental health and wellbeing of people living and working in Cheshire East
- Enable more people to Live Well for Longer in Cheshire East.

A consensus building event would be arranged to finalise a list of ten key indicators which would take place in the new year.

The board agreed that the approach was a good way forward and although there were challenges ahead if it was done right then it would drive forward prioritisation.

**RESOLVED:** That the Cheshire East Health and Wellbeing Board:

1. Considered the proposed multi-phased approach to developing a Cheshire East Joint Outcomes Framework.
2. Considered the range of indicators proposed for Phase 1 of the framework (Appendix C) and would contribute to a consensus building event to finalise a list of ten key indicators.
3. Noted that shift in the Phase 1 indicators, which focus on very high-level outcomes, is likely to be very gradual.

#### **34 CHESHIRE EAST SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT 2021-2022**

The board received the report which provided an update on progress against the Cheshire East Safeguarding Children's Partnership priorities and its plans for 2022/23.

The annual report presented covered the period from April 2021 to March 2022 and related to the progress made against partnerships priorities prior to a recent joint area targeted inspection (JTAI). Following the inspection, the outcomes were published in a letter in September 2022. Key findings and priority actions were included, along with the strengths of the partnership. The Partnership accepted the findings and had publicly apologised for the gaps in the collective work to protect children and young people.

One area highlighted for improvement which had been identified as a strategic oversight need was in respect of exploited children. An independent person had been appointed to review the partnership arrangements and make recommendations for improvement. An independently chaired improvement board had also been established to be responsible for the partnership's written statement of proposed action, scrutinising challenge, and improvement work.

The report highlighted the priority areas which included neglect, emotional health and wellbeing and child exploitation. It was acknowledged that there was a requirement for a fresh and more dynamic report and specifically the voice of the children and young people needed to be stronger.

**RESOLVED:**

That the report be noted.

**35 CHILDREN AND YOUNG PEOPLE'S PLAN 2022-26**

The board received the Children and Young People's Plan 2022-26 which had been developed with Cheshire East Youth Council and the Children and Young People's Trust which included representatives from children and young people, and staff from a range of agencies across the partnership. The plan set out the partnerships' ambition to improve outcomes for children and young people over the next four years.

The board heard that following feedback that early help and prevention was important to children and young people, an additional outcome had been added to the plan.

The board welcomed the report and agreed that the voice of the children ran through the report.

In respect of Members comments and feedback officers reported that

- The next action for the Children's Trust Board which was co-chaired with young people would be to refresh the terms of reference to review how to articulate, demonstrate, monitor how it is held accountable for its actions and outcomes. An action plan would be developed which would be brought periodically to the Health and Wellbeing Board.
- The young people's voice on physical health would be taken back as a recommendation
- The plan would align to the overall Health and Wellbeing strategy, but as a standalone chapter.

**RESOLVED:**

The Health and Wellbeing Board endorse the Children and Young People's Plan, 2022-26.

**36 CHESHIRE EAST MENTAL HEALTH PARTNERSHIP BOARD UPDATE**

The board received a progress update on the activities of the Cheshire East All Age Mental Health Partnership Board which included a pre-consultation survey and face to face forums. Initial feedback from those events focused on the wider determinants of mental health such as employment, physical health, housing, and the cost of living.

Some of the key themes in relation to mental health services that arose included more accessible, better information and promotion of services,

entry criteria for some of the services, waiting times, more flexible service offers, and crisis support around children and young people.

A draft strategy plan would be developed next year and would be brought back to the Health and Wellbeing Board to be endorsed. There was a request that the pressures as well as the positives be included in the report.

**RESOLVED:**

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 4.10 pm

Councillor S Corcoran (Chair)



Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Update on Cheshire East Combating Drugs Partnership
<b>Report Reference Number</b>	HWB 11
<b>Date of meeting:</b>	24 <sup>th</sup> January 2023
<b>Written by:</b>	Dr Andrew Turner, Consultant in Public Health
<b>Contact details:</b>	<a href="mailto:Andrew.Turner@cheshireeast.gov.uk">Andrew.Turner@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Helen Charlesworth-May, Executive Director, Adults Health and Integration Dr Matt Tyrer, Director of Public Health

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To update the board on the function and governance of the nascent Cheshire East Combating Drugs Partnership		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Board is asked to approve the governance of the Cheshire East Combating Drugs Partnership, including the proposal for the CDP to report into the Health and Wellbeing Board		

<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	Presented to: - Adults, Health and Integration DMT – 12 <sup>th</sup> December 2022 - Corporate Leadership Team – 11 <sup>th</sup> January 2023
<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	No – but service users will be represented on the Combating Drugs Partnership and contribute to its work
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	The work of the CDP can begin in earnest once the governance structure is approved by the board

## 1 Report Summary

- 1.1 This report provides an update on the newly formed Cheshire East Combating Drugs Partnership (CDP) and requests the Board to approve the proposed governance and reporting structure.

## 2 Recommendations

- 2.1 To approve the governance and reporting structure of the Cheshire East Combating Drugs Partnership.

## 3 Reasons for Recommendations

- 3.1 To enable the CDP to begin it's work and ensure accountability for delivery

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Drugs and alcohol have a significant impact on society, including direct harm on individuals' mental and physical health and wellbeing, and indirect harm caused through wider impacts on society such as crime.
- 4.2 As a multi-agency forum tasked with addressing shared challenges related to drug-related harm, based on the local context and need, Combating Drugs Partnerships have the potential to contribute to each of the priorities outlined in the Joint health and Wellbeing Strategy.

## 5 Background and Options

- 5.1 Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year. Drug use drives crime, damages people's health, puts children and

families at risk and reduces productivity. It impacts the whole country, with the most deprived areas facing the greatest burden.

- 5.2 Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them
- 5.3 The Government's drugs strategy, *From harm to hope: A 10-year drugs plan to cut crime and save lives*, relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention. The ten-year drug strategy requires a partnership approach to delivering the following strategic priorities:
- Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Achieve a shift in demand for drugs
- 5.4 Combating Drugs Partnerships provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships have a named Senior Responsible Officer (SRO) who reports to central government and hold delivery partners to account.
- 5.5 Alcohol is a factor in many drug-related deaths, alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs.
- 5.6 The CDP will therefore ensure they sufficiently address alcohol-dependence and wider alcohol-related harms alongside their focus on the use, supply and harms of illegal drugs.
- 5.7 A further local priority will be to understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues.

### ***Functions of the CDP***

- 5.8 To bring together the NHS and Local Authority leaders across Cheshire East area, including representatives of both commissioners and providers of services.
- 5.9 To bring together and co-ordinate other major agencies, organisations, sectors and interests that can contribute towards improving the strategic priorities of the Combating Drugs Partnership.
- 5.10 To provide oversight of the development, implementation, performance and review of the associated action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.

- 5.11 To provide oversight of the development, implementation, performance and review of the Alcohol and Drugs Joint Strategic Needs Assessments (JSNA).
- 5.12 To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse.
- 5.13 To ensure a common approach to effective communication and the provision of information about drugs is developed across the partnership

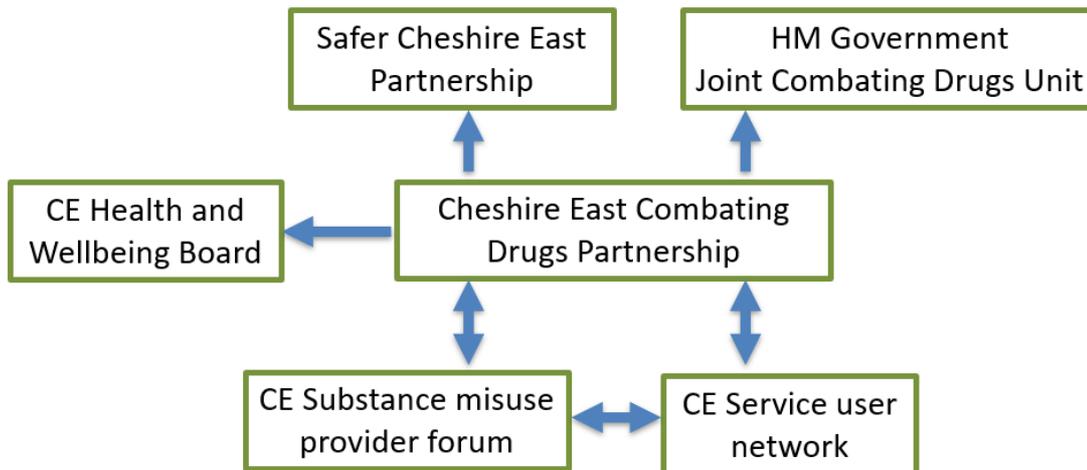
### ***Membership of the CDP***

- 5.14 Key named roles in the CDP include:
- Senior responsible officer and Chair: Helen Charlesworth-May, Executive Director, Adults, Health and Integration, Cheshire East Council (CEC)
  - Deputy SRO and Chair: Dr Matt Tyrer, Director of Public Health, CEC
  - Partnership lead; named lead for overseeing delivery of local programmes and co-ordinating partnership: Dr Andrew Turner, Consultant in Public Health, CEC
  - Public involvement lead; named lead to ensure the voices of a range of members of the public are heard: Katy Ellison, Commissioning Manager, CEC
  - Data and digital lead – named lead on data, data protection, information governance and outcomes measurement: Rhonwen Ashcroft, Public Health Information Analyst, CEC
- 5.15 The wider membership comprises representatives from a range of departments and organisations including: commissioning; housing; community safety; education; safeguarding; NHS Cheshire and Merseyside; substance misuse service; lived experience representative; Healthwatch; Cheshire Police; Youth Justice Service; probation service; Cheshire East and West drug-related deaths panel.

### ***Structure and governance***

- 5.16 The Partnership constitutes a formal subgroup of – and shall report on a quarterly basis to – the Safer Cheshire East Partnership (SCEP), where the Combating Drugs Partnership will be a standing agenda item.
- 5.17 The Partnership is one of the specialist bodies linked to the Cheshire East Health and Wellbeing Board and may report as necessary to the Board, or as requested by the Board.
- 5.18 The Partnership will report annually to the national Joint Combating Drugs Unit (JCDU).
- 5.19 The Partnership will work collaboratively with the Cheshire East substance misuse provider forum and service user network.
- 5.20 Representatives of member organisations will be responsible for taking relevant actions and decisions through their organisational governance.

5.21 Local partners and organisations will contribute to key pieces of work as part of working groups as required.



**Work to date**

5.22 A small working group has worked on developing the CDP in line with government guidance and deadlines to:

- Confirm the geographic footprint of the CDP (Cheshire East)
- Assign SRO and named
- Set up a Joint Strategic Needs Assessment subgroup
- Write draft Terms of Reference

5.23 Next steps for the CDP will be to:

- Publish the substance misuse JSNA
- Agree a local drugs (and alcohol) strategy delivery plan
- Agree a local performance framework
- First formal meeting January 2023

**6 Access to Information**

6.1 Background information relating to this report, including the draft Terms of Reference for the Cheshire East Combating Drugs Partnership, can be inspected by contacting the report writer:

Name: Dr Andrew Turner

Designation: Consultant in Public Health

Tel No: 07736278812

Email: [Andrew.Turner@cheshireeast.gov.uk](mailto:Andrew.Turner@cheshireeast.gov.uk)

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**2021 – 22**

**Cheshire East Safeguarding Adults Board  
Annual Report**



OFFICIAL

# Welcome from Independent Chair



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

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

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

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

*Geoffrey Appleton*  
**Independent Chair**

## THE BOARD

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

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

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

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

Who are we?

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

The purpose of the Board

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

Our aims

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

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

### Our annual report tells you:

**What the Board has done in 2021-22**

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

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

**Our priorities looking forward**

This report will be published on our website [www.stopadultabuse.org.uk](http://www.stopadultabuse.org.uk) for all partners and members of the public to access

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

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Quarter 4

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# Adult Safeguarding Training

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

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

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

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

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

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

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

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

*P Broadhurst*

**Paul Broadhurst - Safeguarding Adults Board Training Officer**



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

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



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



## National Safeguarding Adults Week



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

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

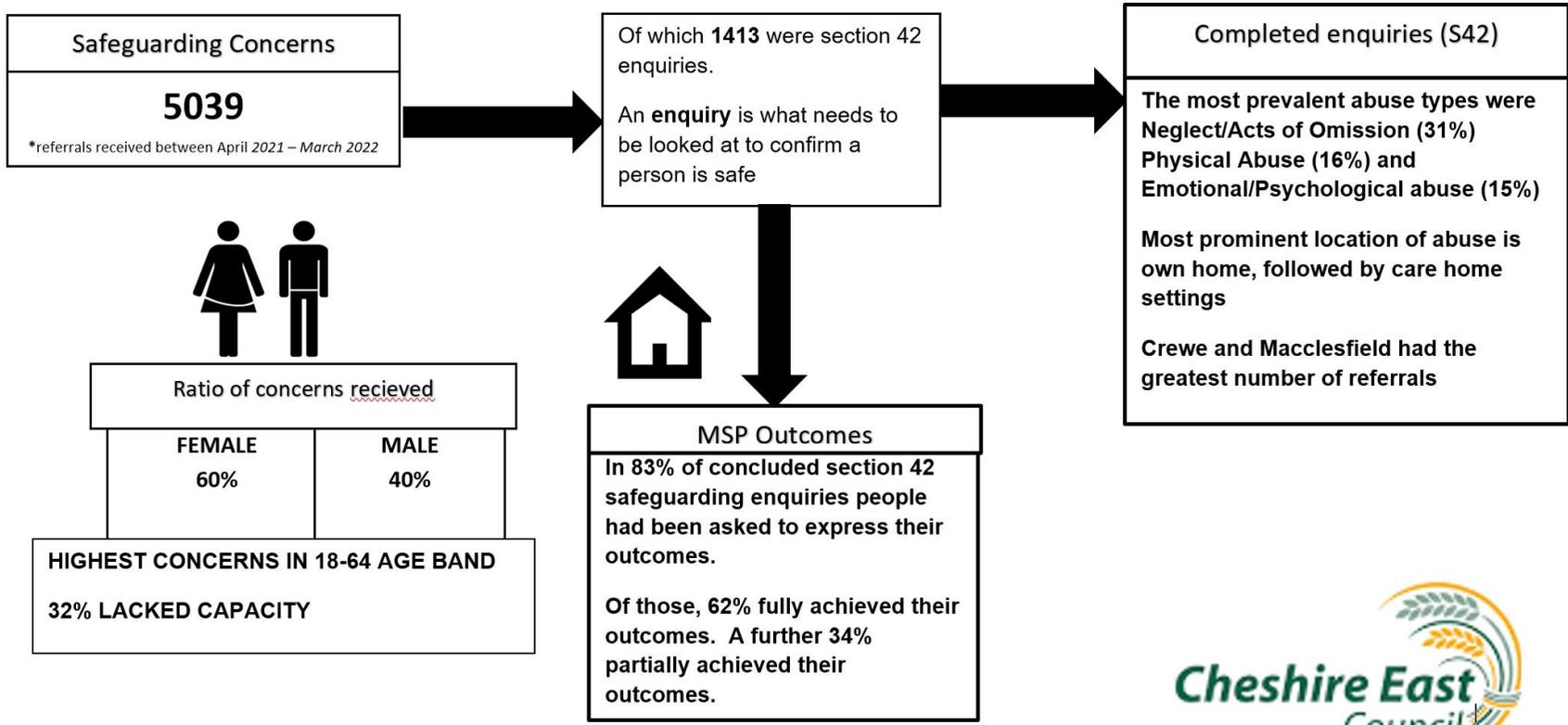
### **CESAB Support the Cheshire East Adult Social Care Conference – OCTOBER 2021**

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

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



## Performance and activity Information 2021-22



*Data comparisons to the North West England figures for 2021/22 available on request*

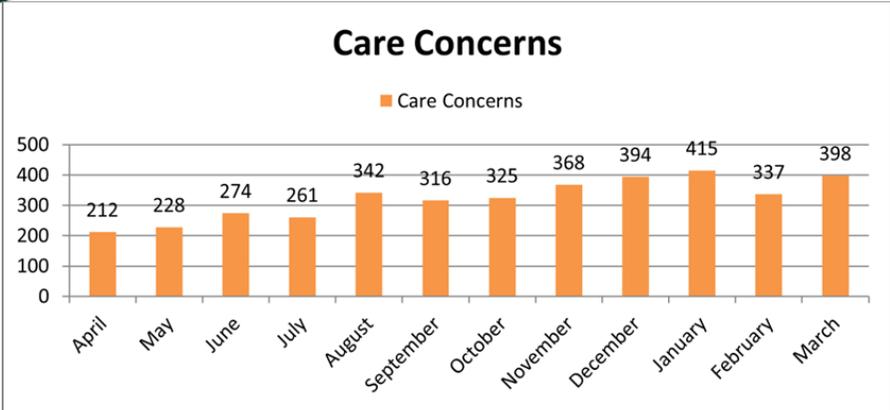


# Care Concerns 2021-22



Analysis of a full year of care concern submissions

**Care Concerns**  
**3870**  
Care Concerns received between April 2021 and March 2022



275 providers were using the care concern process as at 31st March 2022

Being able to look in detail at low level concerns has been beneficial in highlighting where small changes can have a larger positive impact on

There are 19 areas of concern

Falls are most common (21%)

Followed by medication Errors (19%)

Unexplained bruising is the third most common area of concern (17%)

OT referrals

Changes to support plans

Helping people to remain as independent as possible

# What is a Safeguarding Adult Review (SAR)?

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a factor, Cheshire East Safeguarding Adults Board (CESAB) may need to review what has happened. This is called a Safeguarding Adults Review. There are two forms of review, a Statutory Safeguarding Adults Review (SAR) and a Discretionary Safeguarding Adults Review (D SAR). A Discretionary SAR takes place when only part of the criteria/conditions for a Statutory SAR have been met but the Safeguarding Adults Board feel there are multi agency learning opportunities. These reviews are to see whether any lessons can be learned about the way organisations worked together to support and protect the person who suffered harm.

**Local update:**

## 3 STATUTORY SARs

The Board received 8 referrals for a SAR over the last year; these were reviewed by our Serious Case Group that is chaired by Cheshire Police. The group concluded that three cases did meet the threshold for a full Statutory SAR. Two of these cases are currently still being reviewed and will be reported in the 2022/23 Annual Report, however one case is now published, This case was following the death of Mervyn, a hoarder who sadly died in a house fire. The full report can be found on the SAB Website, in addition to a video from Prof Michael Preston-Shoot, author of the review: [Safeguarding Adult Reviews in Cheshire East \(stopadultabuse.org.uk\)](https://www.stopadultabuse.org.uk) Findings from this Statutory Review are outlined on page 11 of this report

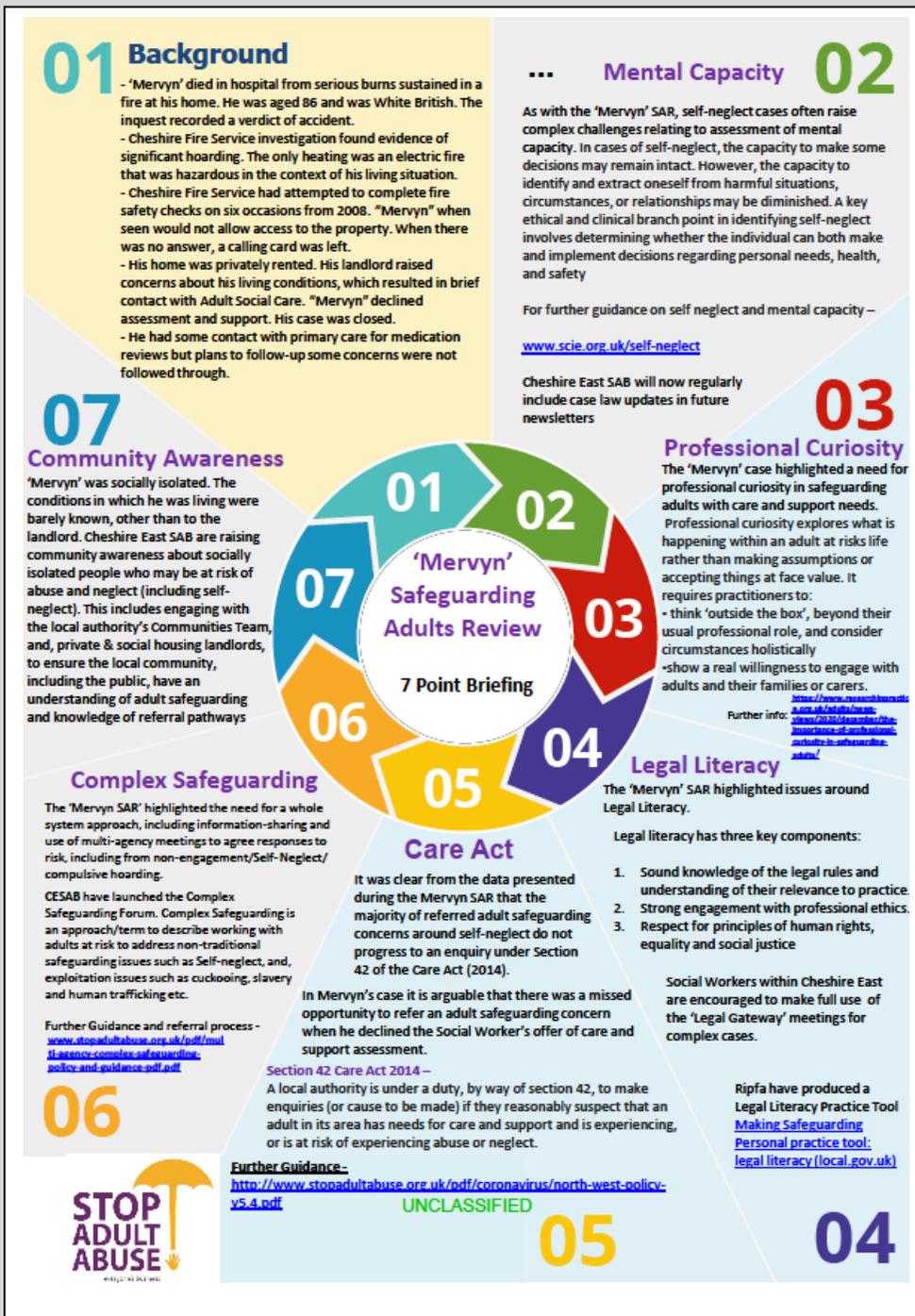
## 2 Discretionary SARs:

**CASE 1** – focused on the welfare of a lady that self-neglected and misused alcohol. She also failed to engage with services

**CASE 2** – focused on the self-neglect and the mental health of a young adult.

Both discussed included the impact Covid-19 was having on the ability of staff to monitor Self-neglect as closely. The cases also highlighted the importance of joint working in cases of self-neglect. Recommendations from these Discretionary SAR helped to inform the pathway for the new Multi-agency Complex Safeguarding Forum

Due to the pressures with the Covid-19 situation, CESAB issued a SAR Statement in April 2020 stating how SAR's will be conducted during the pandemic this included taking steps such as online meetings with slight extensions in timeframes. A full statement can be found on the website. This was reviewed by the Business Management Group in April 2021 with an agreement to carry forward into 2021/22 whilst the post pandemic impact on Safeguarding Services can be measured.



The 7 Point Briefing on the left highlights the key messages from the 'Mervyn' Safeguarding Adults Safeguarding Adults Review.

Councillor Jill Rhodes, Cheshire East Council's chair of adults, health and integration committee, said: *"This is a very sad case that highlights the serious risks to individuals who suffer from social isolation and self-neglect. I extend my sincere condolences to those who knew this gentleman. He was 86 and died alone in a house fire. He was a known hoarder, and this presented a serious risk in the event of a fire. It is a tragic case. The review, which has been carried out by the Cheshire Safeguarding Adults Board, has provided an important opportunity for all the agencies involved, including police, fire service and health service, to analyse the circumstances leading to his death, to look at what could have been done differently and explore opportunities to improve the way in which agencies work together to protect people at risk. In complex cases, it is essential that those agencies work together effectively, sharing information and supporting the individual to minimise the risks of harm to themselves. This review has helped identify key opportunities for improving our multi-agency approach and our own internal processes. Cases of social isolation and self-neglect are, sadly, on the increase and that, in turn, raises the risk of harm for individuals".*

Geoffrey Appleton, independent chair of Cheshire East Safeguarding Adults Board, said: *"Firstly, I want to pass on my thanks to everyone who contributed to the review and pass on my condolences to those who knew this gentleman, who we have referred to as Mervyn, which is not his real name. The aim of this review is not to apportion blame but to promote effective learning and improvement to prevent future death or harm and to improve how agencies work singly and together to achieve positive outcomes for adults and their families. The report recognises the challenges that complex cases can present. There has been an increase in adult safeguarding referrals where hoarding and self-neglect are the primary causes of concern. These were identified as factors in this case. A number of agencies had varying levels of contact with Mervyn over a period of years. Recommendations include reinforcing a whole-system approach through multi-agency training and procedures, and auditing cases on a system-wide basis. It is also important that we collectively raise public and community awareness of the risks relating to social isolation, self-neglect and hoarding, and how to raise concerns. The Cheshire East Safeguarding Adults Board has a key role to play in coordinating the implementation of the review's recommendations. I would like to add that anyone worried about themselves, or who knows anyone in need of help in this way to contact us."*

## CASE EXAMPLES

Mike is a 67 year old man with a mild learning disability. He has always lived with and was cared for by his parents until they both died over the last 3 years. He now lives alone in the former parental home. The kitchen floor is always wet from a leak in the roof. The house is dirty. The house is cluttered with possessions and litter discarded on the floor such that it is difficult to walk through the house. Mike is incontinent, his legs are ulcerated and weeping. Mike refuses to let family and professionals visit the home, but he does allow the Fire Service to come into his house and do a routine Safety check. The Fire Service refer Mike to Adult Social Care. The Local Authority decided there is reasonable cause to suspect Mike meets the criteria for section 42 enquiry under the Care Act (2014) because there is reasonable cause to suspect that Mike has needs for care and support, is at risk of self-neglect, and there is reasonable cause to suspect Mike is unable to protect himself from self-neglect or the risk of it. The safeguarding enquiries leads to some care provision and short term nursing input to help Mike manage his incontinence and keep clean. This also leads to ongoing involvement with a voluntary sector organisation who are able to link Mike with a volunteer who identifies some interests he has. Through work with the social worker, Mike has built a better relationship with his family and now allows his brother to visit him and help support him with maintenance and repairs

Julie is a 33 year old woman, who attends the Accident & Emergency Department at the local hospital on a regular basis due to accidents and injuries caused by drug and alcohol misuse. she has had numerous referrals to the Substance Misuse team from her GP and housing manager due to falls, being at risk whilst misusing substances, risk from assault, being a danger to herself, plus she had been the victim of break-ins to her accommodation and robbery. Julie was at risk to losing her accommodation due to anti-social behaviour from others that regularly visited and frequented the property.

Julie was referred to the Complex Safeguarding Forum by her housing manager. Joint visits were arranged between the substance misuse team with her family, housing manager and with adult social care. By working closely with Julie and with the support of her mother, she has been able to continue with the leasehold on her accommodation. The housing risk factors identified have been greatly reduced from partners working jointly with Julie. Julie continues to receive regular support from the Substance Misuse Team, but her use of substances is declining, and she is engaging with all agencies on a more regular basis and is no longer regularly attending the Accident and Emergency Department

*\*Names and details in both cases have been anonymised, to protect identities*

## FUTURE PLANS

**Our priorities 2022-23:** The Board recognises more can be achieved by working together in partnership and has committed to the following areas for the year ahead, based on feedback, learning and analysis of current strengths.

**Three Year Strategic Plan:** Safeguarding Adults Boards have a statutory duty under the Care Act (2014) to produce and share a three year strategic plan. The previous plan expired at the end of 2021. The Board will work with its partners and the community to plan ahead for the next three years and publish a plan for 2022 – 2025. This plan will detail how we will work in the future to keep people safe. It will also reflect on the lessons learnt through the Safeguarding Adults Reviews the SAB has conducted and the quality audits the board has overseen.

The Cheshire East Safeguarding Adults Board will continue to protect and prevent adults with care and support needs from the risk of abuse, or neglect and support and promote their wellbeing, with all partners working together effectively, ensuring that the safeguarding system is always improving through shared learning.

It will achieve this by

- Promoting person centred safeguarding (putting adults at the centre of our work)
- Strengthening system assurance (ensuring that organisations are working well together to support adults)
- Embedding improvement and shaping future practice (helping the organisations we work with to keep getting better)

**All CESAB partners are dedicated to working collaboratively towards achieving the priorities set out by the board. CESAB will also involve service users and carers throughout our work so that our work is always informed by their experience and views.**

What do you do if a bad thing is happening to you or someone else?

## Abuse is wrong. Tell someone.

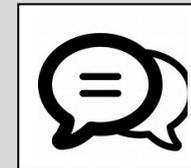


**Call Cheshire East Adult Social Care**

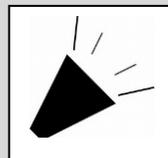
**0300 123 5010 (8.30am - 5pm)**

**0300 123 5022 (at all other times)**

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



If someone is hurt or it is an **emergency**, please **ring 999**



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

Cheshire East Safeguarding Adults Board, First Floor - Macclesfield Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA.

email: [lsab@cheshireeast.gov.uk](mailto:lsab@cheshireeast.gov.uk)



[www.facebook.com/CheshireEastLSAB](https://www.facebook.com/CheshireEastLSAB)



[@CheshireEastSAB](https://twitter.com/CheshireEastSAB)



[www.stopadultabuse.org.uk](https://www.stopadultabuse.org.uk)

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Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Update on 2022/3 influenza season
<b>Report Reference Number</b>	HWB 12
<b>Date of meeting:</b>	24 <sup>th</sup> January 2023
<b>Written by:</b>	Emily Kindred, Health Protection Officer Dr Andrew Turner, Consultant in Public Health
<b>Contact details:</b>	<a href="mailto:Emily.Kindred@cheshireeast.gov.uk">Emily.Kindred@cheshireeast.gov.uk</a> <a href="mailto:Andrew.Turner@cheshireeast.gov.uk">Andrew.Turner@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Dr Matt Tyrer, Director of Public Health

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	Following the presentation of the <i>Annual Flu Report 2021/22</i> at the September 2022 Health and Wellbeing Board, the Board requested an update on the 2022-23 flu season in January 2023		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Board is asked only to note this update, mid-way through the 2022/23 flu season: - Summary of flu surveillance/prevalence to date - Summary of NHS-led vaccination programme - Outline of Cheshire East Council staff vaccination programme		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	Presented to: - CEC Adults, Health and Integration Directorate Management Team (DMT), 12 <sup>th</sup> December 2022 - CEC Corporate Leadership Team (CLT), 11 <sup>th</sup> January 2023		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	N/A – for information only
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	N/A – for information only

## 1 Report Summary

- 1.1 This report provides an update of the 2022/23 influenza season to date, including a summary of general flu epidemiology, the NHS-led vaccination programme and the Cheshire East Council staff vaccination programme.

## 2 Recommendations

- 2.1 To note this update, mid-way through the 2022/23 flu season.

## 3 Reasons for Recommendations

- 3.1 Following the presentation of the Annual Flu Report 2021/22 at the September 2022 Health and Wellbeing Board, the Board requested an update on the 2022-23 flu season in January 2023.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Influenza vaccination links closely with outcome three of the Cheshire East Joint Health and Wellbeing Strategy (*Enable more people to live well for longer*), the commitment to take action across the life-course from childhood to older age, and a focus on prevention.

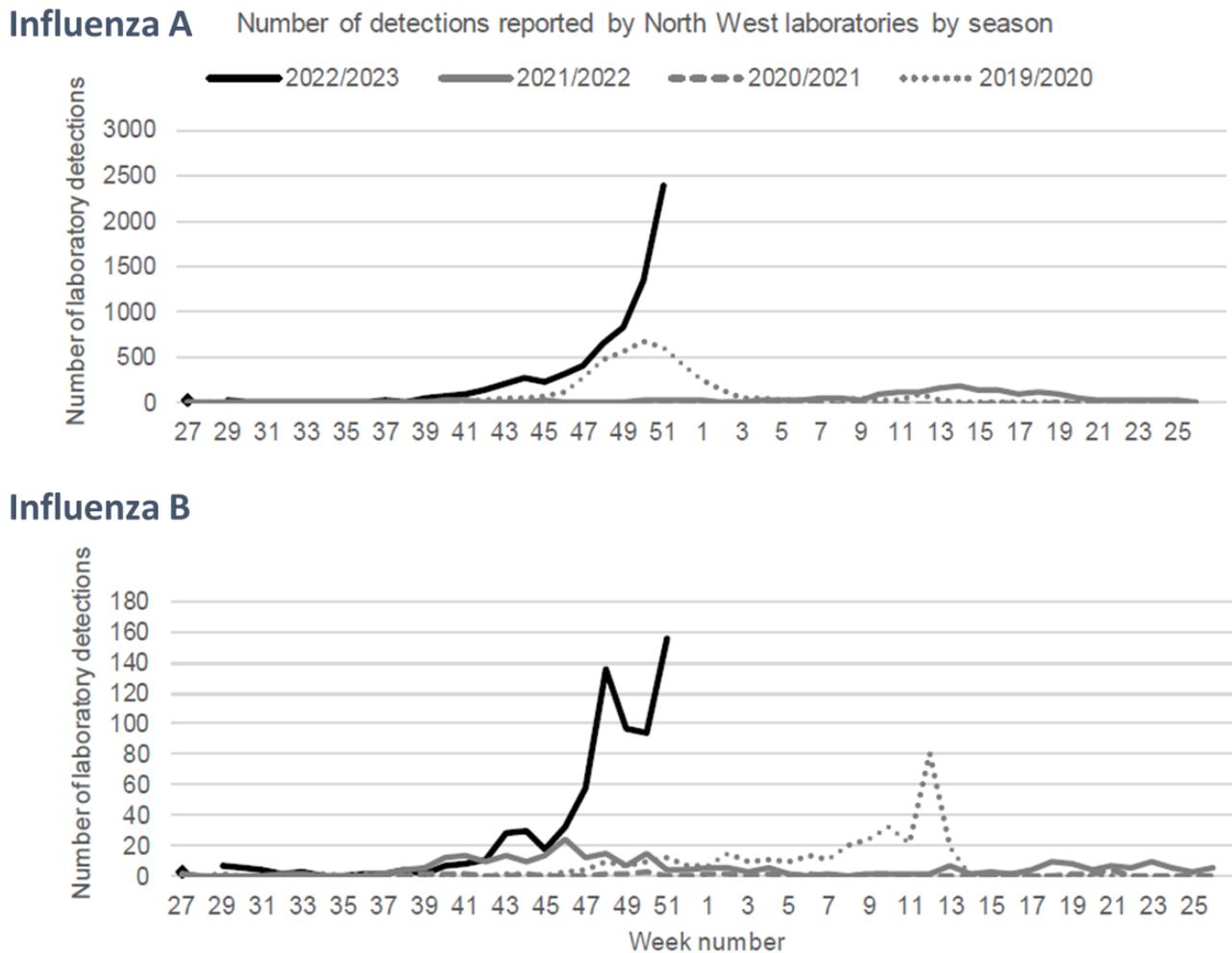
## 5 Background and Options

### ***General flu epidemiology***

- 5.1 Following two years of very low rates of flu and other respiratory viruses, this season flu levels appear to be back to pre-pandemic levels.
- 5.2 This re-emergence is likely due to (i) a relaxation in restrictions put in place to control COVID-19, such as isolation, social distancing and mask wearing, and (ii) reduced levels of population immunity due to lack of exposure to flu in the previous two years. Children under two years of age are unlikely to have ever been exposed to flu.
- 5.3 At the time of writing, flu epidemiology appears to reflect that observed in the southern hemisphere during their winter (our summer) 2022. Australia, for example, experienced a

rapid rise in flu cases, which started earlier in the season and reached record-high numbers. The majority of Australian cases were due to influenza A.

5.4 Data to date for the North West of England appears to mirror these patterns. Figure 1 highlights that we too are experiencing a rapid increase in cases, beginning earlier than previous years, and dominated by influenza A:



**Figure 1** - Detection rates of influenza A and B (source: UKHSA North West Respiratory Report, 22<sup>nd</sup> December 2022. Data up to week 50 [week ending 18<sup>th</sup> December])

5.5 National reports indicate that as of week 22<sup>nd</sup> December 2022, influenza-like symptoms, influenza outbreaks, flu-related hospitalisations and emergency department attendances all continue to increase nationally<sup>1</sup>, with activity considered medium intensity.

**Local flu vaccination programme**

5.6 According to unpublished, interim data from the National Immunisation Management System (NIMS), as of December 15<sup>th</sup> 2022 flu vaccine uptake in most age groups and pregnant women across Cheshire East is broadly similar to this time last year.

<sup>1</sup> UKHSA. [Weekly Flu and COVID-19 Report w51](#)

- 5.7 At the time of writing, the two defined groups in Cheshire East with significantly lower uptake than this time last year are 16-17-year-olds at increased risk, and NHS and social care staff. Nationally, uptake is lower in 2-3 year olds.
- 5.8 Cheshire East continues to have higher flu vaccine uptake compared to England and the North West Region as a whole. However, uptake by ward varies widely, with lower vaccination rates in more deprived wards, such as those in Crewe and Macclesfield.
- 5.9 NHS England has implemented a number of measures targeted at increasing uptake within and reducing inequalities between specific groups:

*2 and 3 year olds*

This cohort remains a key priority both nationally and in the NW. NW initiatives planned this season build on successful pilots in 21/22 and will target areas of low uptake and high deprivation. Initiatives include: GP endorsed letters including an easy read version and Urdu translated leaflet where appropriate; CHIS supporting invitations for GPs; GPs/PCNs vaccinating in nurseries; school age immunisation service (SAIS) providers vaccinating in nurseries attached to schools; key messages sent to 0-19 teams.

*Learning Disabilities (LD)*

Letter with resources sent to pharmacy colleagues to support flu vaccination in people with LD and to organisations that support people with a LD

*Other Initiatives*

- HIV test and treatment centres across C&M have been commissioned to provide opportunistic flu vaccinations for HIV patients under their care following successful pilot in Lancashire and South Cumbria last year
- Diabetic Eye Service Providers have been asked to signpost clients and provide a leaflet on flu as part of Making Every Contact Count following a notable reduction in uptake for this clinical risk group in 21/22
- Drug and alcohol service providers continue to be commissioned to deliver flu vaccinations to service users
- Additional data support has been commissioned to help target and evaluate initiatives for the 2–3-year-olds and LD cohorts and monitor uptake in the at-risk cohorts

**Cheshire East Council – Staff programme**

- 5.10 Five staff vaccination clinics were held across Council buildings between September and November:
- Macclesfield Town Hall – Friday 23rd September
  - Adults, Health and Integration Conference, Crewe – Thursday 29th September
  - Crewe Municipal Building – Friday 30th September
  - Westfields, Sandbach – Thursday 6th October
  - Westfields, Sandbach – Friday 4th November

All of these sessions were well attended, with a total of 492 vaccines administered.

- 5.11 Twenty-nine pharmacies across the borough have been accredited to provide Cheshire East employees access to their free flu vaccination, using their CEC ID badge as proof of eligibility. The pharmacies are well distributed geographically, in Crewe, Macclesfield, Congleton, Knutsford, Alsager, Wilmslow, Nantwich and Poynton.
- 5.12 A further 18 non-NHS eligible vaccinations have been administered through these pharmacies, bringing total vaccinations administered through the CEC-specific programme to date to 510. This will likely be an underestimate of pharmacy use, as any staff who attend a pharmacy are asked to complete a screening questionnaire; those over the age of 50 are then recorded as an NHS patient rather than as part of the CEC flu programme, and we do not receive confirmation of their vaccination.
- 5.13 As we did following the 2021/22 season, we will distribute a staff survey to gain a better understanding of how many staff overall received their flu vaccination from any source (NHS, CEC or private) this season.
- 5.14 Regular updates and prompts have been issued in Team Voice staff comms, as well as an updated Centranet page. Direct comms are shared with Care4CE staff via Care4CE senior managers to encourage colleagues working with our most vulnerable residents to get vaccinated.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Emily Kindred

Designation: Health Protection Officer

Tel No: 07533 551434

Email: [Emily.Kindred@cheshireeast.gov.uk](mailto:Emily.Kindred@cheshireeast.gov.uk)

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Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Update on development of an Integrated Care System across Cheshire and Merseyside and in Cheshire East
<b>Report Reference Number</b>	HWB 10
<b>Date of meeting:</b>	24 <sup>th</sup> January 2023
<b>Written by:</b>	Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside
<b>Contact details:</b>	Mark.wilkinson@cheshireandmerseyside.nhs.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision
<b>Why is the report being brought to the board?</b>	The establishment of the integrated system was a significant change to NHS organisational structures with the explicit aim of further integrating health and care service planning and delivery. This paper provides an update on progress.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To note the report.		

<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	The report has not received any prior consideration.
<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	Not applicable.
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	Not applicable as the recommendation is to the note the report.

### **Report Summary**

The report presents progress with the development of an integrated care system for Cheshire and Merseyside and more specifically Cheshire East. Good progress has been made in setting up partnership governance and our focus is now moving to planning – specifically likely the challenging context for 2023/24.

### **Recommendations**

To note the report.

### **Reasons for Recommendations**

The report provides update information on the establishment of an integrated care system regionally and locally.

### **Impact on Health and Wellbeing Strategy Priorities**

The closer and more joined up working of health and care services will support the achievement of those health and wellbeing strategy priorities that can be delivered by health and care organisations including in our role as anchor institutions.

## Key Points

### **The integrated care system across Cheshire and Merseyside**

The integrated care system comprises the integrated care board, and the integrated care partnership - possibly confusingly called the health and care partnership (HCP).

The HCP has held its initial meeting. All nine local authorities are represented on it, and the chair is the leader of Cheshire West and Chester Council. At its next meeting it will be asked to approve an interim strategy for publication. This will be followed by a five-year joint forward plan.

The draft forward plan will be ready at the end of March, with formal publication scheduled for end June. In the intervening three months all health and well-being boards will be asked to support the plan.

Just before Christmas the NHS published its annual planning guidance to the NHS. The three overarching themes are to:

- Recover our core services and improving productivity.
- Make progress in delivering key NHS long term ambitions.
- Continue transforming the NHS for the future.

A summary of the planning guidance on a page is attached in appendix A.

Winter pressures, Covid, higher than usual numbers of patients with flu, and industrial action have all combined to present health and care services with some of the greatest challenges ever seen. These challenges are reflected locally.

### **The Cheshire East health and care partnership**

Following an inclusive selection process Isla Wilson has been appointed to chair the health and care partnership board, with Councillor Jill Rhodes serving as vice-chair – both for 2023.

Place governance arrangements are now set, with all groups formally established and meeting on a regular basis. Former CCG staff are currently going through a slotting in or ring fence process to determine whether they will be working at a place, pan multiple places, or at a Cheshire and Merseyside level. A description of current groups and committees within the partnership is provided in appendix B.

In November 2022 the partnership received additional non-recurrent money – directed via health and social care – to support the accelerated discharge of medically optimised patients from hospital. The recent focus has been to confirm that all approved schemes have been mobilised, and more importantly that the desired impact is being achieved. Although it is still early days, there are positive signs of reductions in the numbers of patients in hospitals who remain as inpatients despite being medically optimised for discharge, and also emergency department attendances. See appendix C. Monitoring will continue over the next few months.

The Place leadership group have confirmed their commitment to working at a neighbourhood level, which in Cheshire East means our eight care communities.

**Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

Name: Mark Wilkinson  
Designation: Cheshire East Place Director, NHS Cheshire and Merseyside  
Tel No: Not applicable  
Email: [mark.wilkinson@cheshireandmerseyside.nhs.uk](mailto:mark.wilkinson@cheshireandmerseyside.nhs.uk)

## **Appendix A - 2023/24 Planning guidance and priorities: Brief guide from NHS England – December 2022**

To help provide certainty for local health and care teams, NHS England has published its annual Priorities and Operational Planning Guidance. ICBs are asked to work with system partners to develop plans to meet the objectives set out in this guidance before the end of March 2023.

The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

### **Core priorities**

Recovering our core services and improving productivity  
Make progress in delivering the key NHS Long Term Plan ambitions  
Continue transforming the NHS for the future

### **Underlying principles**

Smaller number of national objectives which matter most to the public and patients  
More empowered and accountable local systems  
NHSE guidance focused on the “why” and “what”, not the “how”

### **Headline ambitions for recovering our core services and improving productivity**

Improve ambulance response and A&E waiting times.  
Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.  
Make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives, and we must collectively address the challenge of staff retention and attendance. Throughout all the above will be a focus on narrowing health inequalities in access, outcomes and experiences, and maintaining quality and safety in our services, particularly in maternity services.

### **Delivering the key Long Term Plan ambitions and transforming the NHS**

We need to create stronger foundations for the future, with the core goals of the NHS Long Term Plan our ‘north star’. These include our commitments to:

- Improve mental health services and services for people with a learning disability and autistic people.
- Continue to support delivery of the primary and secondary prevention priorities and the effective management of long-term conditions.
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.
- Level up digital infrastructure and drive greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.

### **Local empowerment and accountability**

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. As set out in Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

### **Funding and planning assumptions**

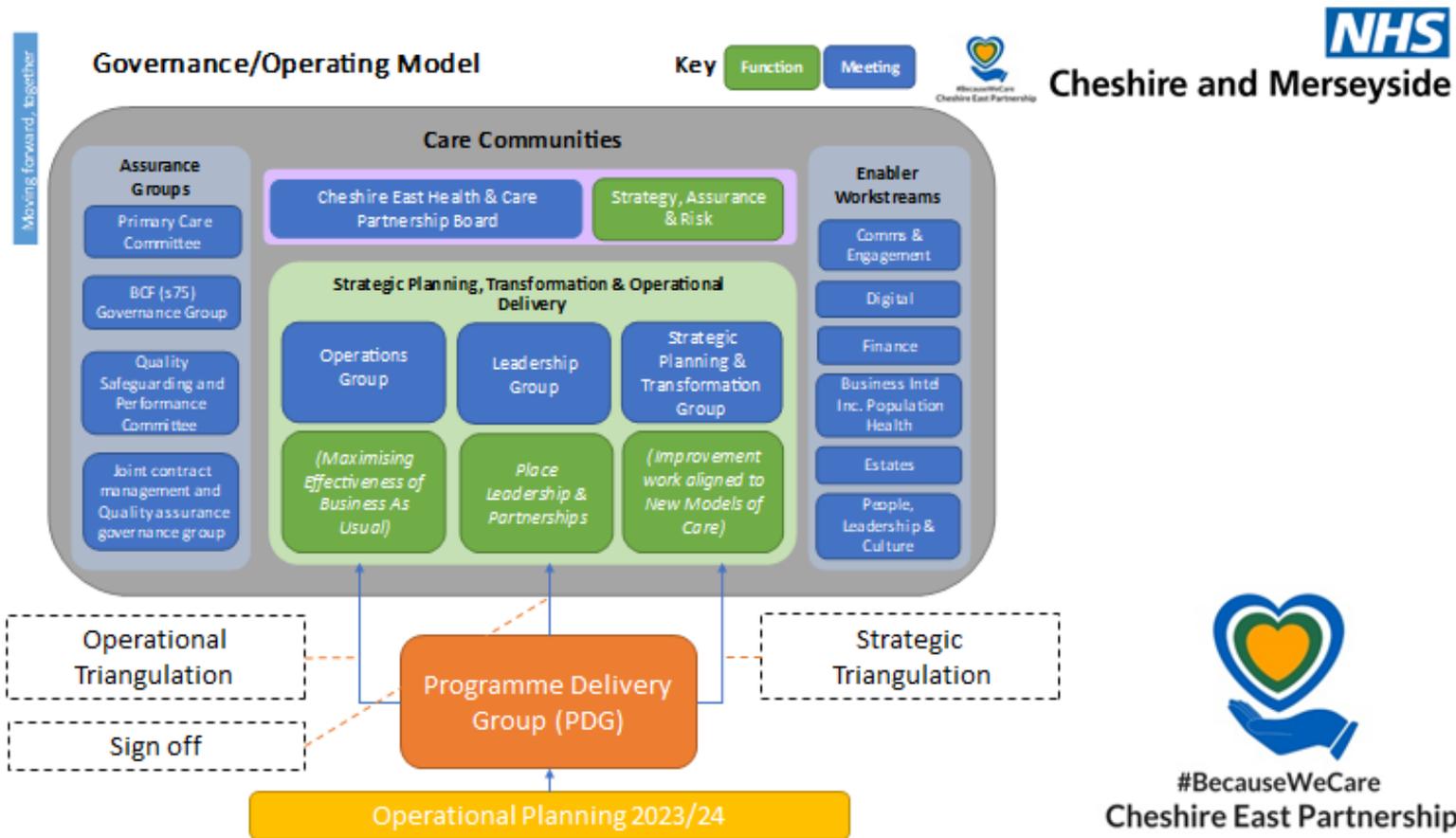
The Autumn Statement 2022 announced an extra £3.3 billion in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing. We are issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

### **Further reading**

Full planning guidance documents and supporting guidance can be read here on the NHS England website.

CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

Appendix B – Health and Care Partnership Boards and Groups



## Appendix C – Accelerating Discharges: Initial Performance

### UEC metrics – Average daily type 1 A&E attendances – East and Mid trusts



#### Initiatives aimed at reducing A&E attendances

Footprint: both providers (black); East (blue); Mid (green).

#### (1) August 2022 - existing operational Home First services

- NHS 111
- Mental Health Crisis Line Assessment Services
- Accurate Directory of Services (DOS)
- Care4CE Mobile nights
- Community 2-hour Crisis Response
- Community Intervention Beds step up beds (St Catherine's – Station House)
- Primary and Community Care Teams
- Care Home Support Service - provided by the End of Life Partnership
- Advanced Dementia Support Service - provided by the End of Life Partnership
- Care communities offer

#### (2) November 2022 - new Interventions (with all of the above continuing)

- 9th - High intensity Support Workers ECT & MCHFT
- 28th - Rough Sleepers pathway operational

#### (3) December 2022 - new Interventions (with all of the above continuing)

- NWAS process to be agreed. Objective, UCR take calls from the stack and become the first responder to falls in the community where appropriate.
- Winter Access Fund for Primary Care
- Contingency budget for market restructuring and transport - fuel cost support for care at home providers
- Approved Mental Health Practitioners Cover, evenings & weekends for ECT and MCHFT

#### (4) January 2023 - new Interventions (with all of the above continuing)

- Care4CE mobile nights service to support people at home during the night
- Mental Health Respite - Rapid Response Service
- Challenging behaviour training for Care Homes

#### (5) February 2023 - new Interventions (with all of the above continuing)

- Frailty Emergency Assessment Unit

## UEC metrics – Average daily number not meeting criteria to reside excluding discharges – East and Mid trusts



**December 2022**  
 Actual: 184.2  
 Trajectory for 40% reduction: 184.7

— Actual  
 — Trajectory to 20% reduction  
 — Trajectory to 30% reduction  
 — Trajectory to 40% reduction

**Data Source:**  
 Trust-level daily sitep submissions. As such all patients attending East or Mid trusts are included, not just those resident or registered in Cheshire East place.

**Initiatives aimed at reducing total discharge volumes**  
 Footprint: both providers (black); East (blue); Mid (green).

- (1) August 2022 - existing operational Home First services**
- Mental Health Reablement
  - Community Equipment
  - Community Reablement
  - Rapid Response Care Via Routes and Evolving Care – Support Hospital Discharge
  - General Nursing Assistants Hospital Discharge
  - D2A Community beds
  - Resilience Beds to support P1 discharges
  - Virtual Wards Home O/metry
  - British Red Cross discharge to home service
  - Personal Health Budgets to support discharges
  - Careers Payments to facilitate rapid discharge
  - St Pauls Hospital Discharge Support delivered via Community Voluntary Sector
- (2) September 2022 - new interventions (with all of the above continuing)**
- 1st - 4-week assistive technology offer at the point of discharge
  - 5th - Community Connectors deployed into Transfer of Care Hub
  - 5th - Reablement Workers deployed into Transfer of Placements
  - 5th - Bridging Placements of Care packages GNA & Reablement
  - 12th - Home First OT Therapist & Reablement 72 discharges
  - 14th - Community Voluntary Services St Michael's & St Paul's support
  - ISL in reach support for MH patients contract extended

- (3) October 2022 - new interventions (with all of the above continuing)**
- 17th - Carers Pilot Launched MCHFT
  - Virtual Waitlist to support Rapid discharge
  - Overseas additional community capacity Cherished Care
- (4) November 2022 - new interventions (with all of the above continuing)**
- 25th - AT equipment to be located in Transfer of Care Hubs
  - 28th - Community equipment remote stores to be operational and accessible 7 days
  - 28th - Remote Carers payment offer
  - 28th - OGL – Drug and Alcohol Service linked to transfer of care hub
- (5) December 2022 - new interventions (with all of the above continuing)**
- Expansion of respiratory Virtual Wards
  - Assistive Technology & Gantry Hoists to reduce double handling care packages
  - Emergency Housing accommodation for prevention and discharge (for homeless people)
  - Housing Grant to support overseas staff recruitment for existing commissioned providers
  - Hospital Discharge Premium Payment & Prevention Scheme
  - Additional hospital transport for discharges for evenings & weekends
  - Additional Acute Pharmacy capacity to support hospital flow
  - Rapid Response Care to support hospital discharge – South of the Borough
  - Acute Trust Discharge support for ECT & MCHFT:-
    - Hospital discharge Co-Ordinator's x2 ECT & x2 MCHFT
    - East Cheshire Trust additional OT support

- Health Care Assistants x2 linked to Home First Occupation Therapy Model
  - Occupational Assessment Therapy Flat (Risley House, Macclesfield) to support individuals to return home
  - Male only unit (8 beds) at Risley House, Macclesfield, for challenging behaviour
  - ED Mental Health in reach specialist Support Workers to support people awaiting discharge
  - Short stay beds to support discharges
  - Care robots to free capacity in the care home market
- (8) January 2023 – new interventions (with all of the above continuing)**
- Increase General Nursing Assistant Capacity care at home via CDICP
  - Transfer of Care Hub, Nurses and additional Social Workers to support discharges out of ED and out of hospital
  - Mental Health step down supported living flats (4) 1st Enable in Crewe
  - Wilmslow Manor 6 general nursing beds, Henning Hill 6 general nursing beds
- Other:**
- Additional discharge coordinator to work across rehab to support timely discharge and create flow
  - Housing Support and Recovery in reach support to OWP wards to facilitate discharge

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