

Adults and Health Committee

Agenda

Date: Monday, 20th November, 2023
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

1. **Apologies for Absence**

To note any apologies for absence from Members.

2. **Declarations of Interest**

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

3. **Minutes of Previous Meeting** (Pages 5 - 12)

To approve as a correct record the minutes of the previous meeting held on 25 September 2023.

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.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

5. **Medium Term Financial Strategy Consultation 2024/25 - 2027/28 (Adults and Health Committee)** (Pages 13 - 26)

To receive a report on the Medium Term Financial Strategy Consultation for 2024/25 – 2027/28.
6. **Second Financial Review 2023/24 (Adults and Health Committee)** (Pages 27 - 64)

To receive the report on the second financial review of 2023-24.
7. **ANTON - Safeguarding Adults Review** (Pages 65 - 98)

To receive an update on the Safeguarding Adults Review.
8. **Cheshire East Place - Learning Disability and Mental Health Plans** (Pages 99 - 214)

To consider the report on the co-production of the Cheshire East Place – Mental Health Plan and Cheshire East Place - Learning Disabilities Plan.
9. **A review of the Learning Disability Conference initiatives** (Pages 215 - 224)

To receive an update on the priorities from the Learning Disabilities Conference.
10. **Progress Update on the Day Opportunities Flexible Purchasing System** (Pages 225 - 232)

To receive an update on the progress made on the Day Opportunities Flexible Purchasing System.
11. **Appointments to Safer Cheshire East Partnership (SCEP)** (Pages 233 - 240)

To consider a report on appointments to the Safer Cheshire East Partnership (SCEP).
12. **Minutes of Sub-Committee** (Pages 241 - 246)

To receive the minutes of the following sub-committee of the Adults and Health Committee

Cheshire East Health and Wellbeing Board – 26 September 2023
13. **Work Programme** (Pages 247 - 250)

To consider the Work Programme and determine any required amendments.

14. **Investing in Extra Care Housing** (Pages 251 - 268)

To consider a report in respect of the use of capital funding and revenue measures to support the development of Extra Care Housing.

15. **Exclusion of Press and Public**

The reports relating to the remaining items on the agenda have been withheld from public circulation and deposit pursuant to Section 100(B)(2) of the Local Government Act 1972 on the grounds that the matters may be determined with the press and public excluded.

The Committee may decide that the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

PART 2 - MATTERS TO BE CONSIDERED WITHOUT THE PUBLIC AND PRESS PRESENT

16. **Investing in Extra Care Housing** (Pages 269 - 272)

To consider the confidential appendix.

Membership: Councillors S Adams, A Burton, D Clark, J Clowes, N Cook, D Edwardes, M Edwards, S Gardiner, A Kolker, A Moran (Vice-Chair), J Place, J Rhodes (Chair) and L Wardlaw

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 25th September, 2023 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

Councillors A Burton, D Clark, N Cook, D Edwardes, M Edwards, S Gardiner,
J Place, L Wardlaw, K Parkinson, T Dean and P Coan

OFFICERS IN ATTENDANCE

Jill Broomhall, Direct of Adult Social Care
Helen Charlesworth-May, Executive Director Adults, Health and Integration
Mark Hughes, Senior Commissioning Manager
Pete Kelleher, Care4CE Service Manager
Karen Shuker, Democratic Services Officer
Dr Matt Tyrer, Director of Public Health
Nikki Wood-Hill, Lead Finance Business Partner
Curtis Vickers, Acting Head of Integrated Commissioning
Janet Witkowski, Head of legal and Deputy Monitoring Officer

17 APOLOGIES FOR ABSENCE

Apologies were received from Councillors S Adams, J Clowes and A Kolker. Councillors P Coan, T Dean and K Parkinson attended as substitutes.

18 DECLARATIONS OF INTEREST

In relation to agenda item 6 (Universal Information and Advice Service Commissioning) in the interests of openness and transparency Councillor S Gardiner declared that he was a member of Knutsford Town Council who provided funding for the Citizens Advice Bureau.

In the interests of openness and transparency, in relation to agenda item 7 (Commissioning Children and Young People's Emotional Health and Wellbeing Service) Councillor L Wardlaw declared that she occasionally worked for the Cheshire and Wirral Partnership NHS Foundation Trust.

In the interests of openness and transparency, in relation to agenda item 5 (Building Based Day Services – proposal to decommission the service provision at the Stanley Centre) Councillor J Place declared that he was a member of the Together Trust in Cheadle.

The Committee received legal advice in relation to potential declarations of interest in relation to agenda item 5 (Building Based Day Services – proposal to decommission the service provision at the Stanley Centre). Councillor S Gardiner requested that the Director of Governance and Compliance provide a written response, to all Elected Members, to outline when it would be inappropriate for a Ward Member to sit on a Committee and raise issues on matters relating to their ward.

19 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 24 July 2023 be approved as a correct record.

20 PUBLIC SPEAKING/OPEN SESSION

During this item in the interest of openness and transparency Councillor S Gardiner declared that he knew Councillor Forrest. Councillor P Coan declared that he knew Councillor Forrest and Ms Peters-Rock.

Mr Giles Millerchip attended the Committee meeting to speak in relation to item 5 (Building Based Day Services – proposal to decommission the service provision at the Stanley Centre). Mr Millerchip addressed the Committee as a carer and also on behalf of his brother who attended the Stanley Centre. Mr Millerchip stated that the Stanley Centre formed an important part of the social network for local residents and service users and further highlighted that alternative provision would not provide the same access to facilities that were accessible within close proximity of the Stanley Centre (cafes, cinema, bus network etc). Mr Millerchip requested that the Committee defer the item to allow further information to be provided in a clearer and more comprehensive manner.

Councillor Jennifer Forrest, Knutsford Town Councillor, addressed the Committee on behalf of Knutsford Town Council in relation to item 5 (Building Based Day Services – proposal to decommission the service provision at the Stanley Centre). Councillor Forrest stated that the Town Council recognised the financial difficulties facing Cheshire East Council however highlighted the invaluable service that the Stanley Centre provided to some of the most vulnerable residents. Councillor Forrest stated that the Stanley Centre was a lifeline and integral part of wellbeing for vulnerable adults with learning disabilities. Councillor Forrest queried the use of the building, should the Committee approve the recommendations to decommission services at the Stanley Centre, and if consideration had been given to letting out Stanley House and Bexton Court.

Ms Charlotte Peters-Rock addressed the Committee in relation to item 5 (Building Based Day Services – proposal to decommission the service provision at the Stanley Centre). Ms Peters-Rock stated that there were no

other suitable facilities for service users and that moving individuals away from the local community would impact on friendships and place a burden on those who needed to travel. Ms Peters-Rock asked the Committee to liaise with colleagues in Cheshire West and Chester Council to seek opportunities to increase numbers at the Stanley Centre. Ms Peters-Rocks asked that the Committee did not support the recommendations outlined within the report.

21 BUILDING BASED DAY SERVICES - PROPOSAL TO DECOMMISSION THE SERVICE PROVISION AT THE STANLEY CENTRE

The Committee considered a report which detailed the findings from the consultation undertaken on the proposal around the potential decommissioning of the existing provision at the Stanley Centre in Knutsford. This formed part of the review of the Learning Disability service offer, and was consistent with the Cheshire East Day Opportunities Strategy which had been agreed previously, to move away from buildings-based care.

Although members appreciated the difficult financial position that Cheshire East Council was in they raised significant concerns in respect of the following issues

- Asking people with disabilities to travel to alternative venues and splitting up friendship groups, even if transport were to be provided would be detrimental to their mental and physical wellbeing.
- It was felt that the financial options outlined in the report were not clear and that there had been no other options or alternatives properly considered. Concerns were raised that this would leave the Council open to legal challenge and as the MTFs had been approved in February 2023 there was concern that the decision had been predetermined due to the consultation process taking place after that date.
- Some members felt that they had not got enough information to make an informed decision and asked for the item to be deferred so that other alternatives and costings could be properly considered.

In response to members concerns and questions officers reported that alternative options had been considered such as using the building differently. However due to the ongoing pressures on the budget, having to mitigate the forecast overspend and the expectation of the actions that would need to be taken next year, some of these alternative options were already having to be actioned in this financial year.

There were six providers which would be able to deliver services in Knutsford and transport would be provided for those people who currently used the Stanley Centre.

Should the decision be made to close the Stanley Centre a separate consultation process would begin with staff.

Consideration would be given to those friendship groups formed at the Stanley Centre and support given to keep those together.

Following the recommendations being proposed and seconded a recorded vote was requested with the following results:

FOR

Councillors A Burton, D Clark, D Edwardes, M Edwards, A Moran, J Place, J Rhodes.

AGAINST

Councillors P Coan, T Dean, S Gardiner, K Parkinson, L Wardlaw.

NOT VOTING

Councillor N Cook

The motion was declared carried with 7 votes for, 5 against and 1 not voting.

RESOLVED:

That the Adults and Health Committee approve the decommissioning of the day service at the Stanley Centre with alternative service provision to be provided within other Care4CE day services and independent sector provision.

The Committee Adjourned for a short break.

Councillor P Coan left the meeting and did not return.

22 UNIVERSAL INFORMATION AND ADVICE SERVICE COMMISSIONING

The Committee considered a report in respect of the recommission of the Universal Information and Advice (UIA) Service.

The service provided financial information and advice to all residents of Cheshire East which then enabled improved choice and control, improved mental health and wellbeing and led to reduced demand on statutory services.

In response to members questions officers reported that

- Any recommissioning of the service would look boroughwide to maximise coverage across the borough.
- Consideration would be given to the family centre hubs being used.
- Members would be provided with a briefing prior to the new contract going live.

- Engagement with residents would be undertaken so they could have an influence on the name of the service.

Members all agreed that it was a valuable service to residents.

RESOLVED: (Unanimously) The Adults and Health Committee

1. Approve the recommissioning of the Universal Information and Advice service.
2. Delegate authority to the Director of Commissioning and Integration to award the contract(s).

23 **COMMISSIONING CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELLBEING SERVICE**

The Committee considered a report which detailed the engagement and coproduction that underpinned commissioning intentions and provided evidence to demonstrate the need to invest in early help emotional wellbeing support services for children and young people (CYP).

The report had previously been to the Children and Families Committee and was being brought to the Adults and Health Committee as the service was funded from the public health budget which came under the remit of the Adults & Health Committee.

Members agreed that the consultation process had demonstrated the voice of the child coming through and the report demonstrated a full understanding and the importance of the need for equality and diversity.

In respect of a question in relation to why the numbers were so low in the uptake by schools of KiVa, the anti-bullying programme, it was agreed that a written response would be provided outside the meeting.

RESOLVED: (Unanimously) That the Adults and Health Committee:-

1. Approve recommission the EHCYP programme with a focus on early help and prevention for children and young people, to ultimately reduce demand on statutory social care and mental health services
2. Delegate authority to the Director of Commissioning to award the contract(s).

24 **ADULT SOCIAL CARE QUARTER 1 SCORECARD 2023-24**

Consideration was given to a report that outlined the performance data and measures related to services that fell within the responsibility of the Adults and Health Committee, from Quarter 1 of 2023/24.

The committee scrutinised the performance of adult social care services for quarter one.

Members requested that in future they would like to see some comparative data with other local authorities and that it would be useful to see a full year rather than a rolling year. Although it was noted that most comparative data is only available annually, retrospectively.

It was noted that there although the number of safeguarding concerns had increased, the number which included domestic abuse had decreased. Officers reported that this was a recording issue on the system and this would be reviewed.

RESOLVED

That the report be noted.

25 MINUTES OF SUB-COMMITTEE

RESOLVED:-

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

26 WORK PROGRAMME

Consideration was given to the committee's work programme.

As November was looking to be a heavy agenda Members asked that they be given prior warning should it be felt that the meeting would need to be extended.

A request was made for an update report on the Domestic Homicide review which had been presented at a previous committee to be added to the work programme.

A request was made for a joint briefing for the Economy & Growth Committee and Adults and Health Committee in respect of the item on the work programme on Extra Care.

Officers would look at a timetable for informal briefings which would include:-

- Better Care Fund – to inform members of where money is being spent
- An update on progress of working with individuals around the Stanley Centre.

RESOLVED:-

That the work programme be noted.

The meeting commenced at 10.00 am and concluded at 12.23 pm

Councillor J Rhodes (Chair)

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OPEN.

Adults and Health Committee

Monday, 20 November 2023

Medium-Term Financial Strategy Consultation 2024/25 - 2027/28 (Adults and Health Committee)

Report of: Alex Thompson, Director of Finance and Customer Services (s151 Officer)

Report Reference No: AH/14/2023-24

Ward(s) Affected: All Wards;

Purpose of Report

- 1 The Adults and Health Committee is being asked to note the indicative financial envelope for this committee to support consultation on the development of the Cheshire East Medium-Term Financial Strategy 2024/25 to 2027/28.
- 2 The Medium-Term Financial Strategy (MTFS) sets out how the Council will resource the achievement of the Corporate Plan and is subject to consultation and approval on an annual basis. The Finance Sub-committee approved the financial assumptions for the future MTFS at their meeting in June 2023, and this report goes further in recognising the need for financial targets that enable further development of the MTFS.
- 3 Developing the MTFS requires a wide range of stakeholder engagement. Members are key stakeholders in their capacity as community leaders, but also in their capacity as decision makers in setting the Council's budget. During this financial planning cycle there has been a series of all Member events to look at the current and future financial position. The Finance-Sub Committee formed a working group to scrutinise the financial assumptions underpinning the current MTFS.

- 4 Individual Committees are being asked to review the in-year budget positions and consider how this performance, and achieving the MTFS financial envelopes, will impact on services they are responsible for.
- 5 Public engagement will follow when financial proposals have been identified that could balance the Council's budget. The January cycle of Committee meetings will be the forum to scrutinise the draft balanced proposals put forward, alongside other feedback from consultees. All feedback will be collated and provided as evidence to the Corporate Policy Committee on 8 February 2024.
- 6 Final approval of the 2024/25 budget will take place at full Council on 27 February 2024 following recommendation from the Corporate Policy Committee.

Executive Summary

- 7 Financial strategies underpin how Cheshire East Council will allocate resources, achieve the Corporate Plan and provide in the region of 500 local services every day. The strategies must be affordable, based on robust estimates and balanced against adequate reserves.
- 8 In February 2021 the Council approved the Corporate Plan 2021-2025 which articulates the vision of how these services will make Cheshire East an Open, Fair and Green borough:
- 9 Open - We will provide strong community leadership and work transparently with our residents, businesses and partners to deliver our ambition in Cheshire East.
- 10 Fair - We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents.
- 11 Green - We will lead our communities to protect and enhance our environment, tackle the climate emergency and drive sustainable development.
- 12 A new Corporate Plan, referred to now as the Council Plan, is being developed to meet new criteria. These are identified as being: challenging but achievable; reflecting manifesto commitments to ensure that they are delivered to the electorate; to be co-created by a diverse range of stakeholders including Members, officers, residents, and partners; to be recognisable as uniquely Cheshire East, and; to have an outcomes framework that will allow measurement of results and review of success. The plan is expected to be approved alongside the budget in February 2024.

- 13 Committees are responsible for overseeing the achievement of the Council's priorities. Resources, including Revenue, Capital and Reserves were allocated by the Finance Sub-Committee in March 2023, following the budget Council. All resources are allocated to a specific Service Committee or the Finance Sub-Committee. This report sets out an early indication of the allocation of resources to support financial planning for the MTFS.
- 14 Each Committee is issued a separate report on the current forecast in-year financial position. As set out in the Second Financial Review report, at this point the forecast adverse variance of £18.7m represents a combination of the several issues:
- (i) National economic pressures facing all councils (such as pay inflation and interest rates).
 - (ii) Growing local demand for services which represents a permanent pressure, also being experienced locally in other councils.
 - (iii) Revised forecasts related to budget changes agreed through the MTFS process in 2022/23. This is a mix of additional growth pressures, or savings taking longer to achieve than originally envisaged.
- 15 The Second Financial Review forecasts are shown in the table below:

2023/24	Revised Budget	Forecast Outturn	Forecast Variance FR2	Forecast Variance FR1	Movement from FR1 to FR2
	(NET)				
	£m	£m	£m	£m	£m
Service Committee					
Adults and Health	136.5	141.2	4.7	0.3	4.4
Children and Families	80.3	91.0	10.8	7.0	3.8
Corporate Policy	41.2	40.7	(0.5)	0.9	(1.4)
Economy and Growth	24.8	22.9	(1.9)	(1.8)	(0.1)
Environment and Communities	48.7	52.3	3.5	4.2	(0.7)
Highways and Transport	11.2	12.4	1.2	1.2	(0.0)
Sub-Committee					
Finance Sub	(342.7)	(341.8)	0.9	1.1	(0.2)
TOTAL	-	18.7	18.7	12.8	5.9

- 16 Analysis of the in-year forecasts and reflecting on the outturn performance against the 2022/23 budget indicates that the most significant prevailing financial pressure is within Services that are the responsibility of the Children and Families Committee. This position is in line with top-tier Local Authorities across England where similar issues are being experienced.

- 17 The Second Financial Review also highlights the potential for very low levels of reserves being retained by the Council at year-end, with a potential £18.7m reduction being forecast. Any positive variations to the financial assumptions reviewed by the Committee should therefore be allocated to recover reserves in the first instance.
- 18 The adverse impacts in the financial review therefore need to be addressed through a re-allocation of resources from within the assumed budget for 2024/25 onwards. The immediate short-term risk to the Council's financial resilience must lead to a focus on budget setting for the 2024/25 budget only. Subsequent years of the medium term will present indicative values, with significant further work required to ensure a sustainable position can be achieved in the medium term. This is a position being widely experienced by councils across the country.
- 19 The initial reallocation of resources responds to pressure in the Children and Families committee, increasing the revenue budget for the committee by £7m compared to the MTFS presented to Council in February 2023. This transfer of resources results in a savings requirement in other Committee budgets to maintain the balanced budget requirement.
- 20 The Financial Reviews presented to Members raise awareness of the current financial position. The reports highlight that the Council has set up a series of Cheshire East Budget Emergency Response Team (CEBERT) workstreams to focus on various elements of spending and pricing controls. The work of CEBERT is focused on both the in-year position and the development of the 2024/25 budget.
- 21 This report sets out the indicative budget envelopes for all Committee budgets for 2024/25 and recommends that officers work with Members to develop further proposals to enable budgets to be set within each envelope for 2024/25.
- 22 The budget envelopes for 2024/25 for all Committees have been set as follows:

	2023/24 Original Approved budget £m	2024/25 Policy proposals* (as included in MTFS Feb 23) £m	2023/24 Pay inflation shortfall £m	2024/25 Target growth / savings £m	2024/25 Revised budget envelope £m
Adults and Health	136.3	+6.1	+0.8	-5.5	137.7
Children and Families	79.1	+2.9	+0.6	+6.4	89.0
Corporate	41.0	+1.0	+0.4	-1.2	41.2

Policy					
Economy and Growth	25.0	+2.4	+0.2	-0.7	27.0
Environment and Communities	48.3	-0.3	+0.7	-1.6	47.2
Highways and Transport	11.0	+1.5	+0.1	-0.4	12.3
Finance Sub (Central)	12.4	+6.1	-	-	18.4
TOTAL	353.1	+19.6	+2.8	-2.8	372.7

*full list of existing budget proposals for 2024/25 is included at Appendix A

Note – there may be roundings present in the table due to the presentation to one decimal place

- 23 It is proposed that a more detailed report of service budgets is shared with Members, to support their further engagement and understanding of service-level expenditure and income, over the coming weeks.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

- (a) Note the indicative budget envelope for this committee, as approved at the Finance Sub-Committee on 2 November, as a way of setting financial targets in support of achieving a balanced budget for 2024/25.
- (b) Note that officers will develop further proposals in consultation with Members to enable wider stakeholder consultation prior to approval by Council.
- (c) Note that Committees will be presented with the opportunity to further review financial proposals, designed to achieve a balanced budget, as part of their January cycle of meetings prior to recommendations being made to Council for approval.

Background

- 24 The Council's financial resources are provided from a combination of local taxes, government grants, investment returns on assets and other direct contributions from individuals or organisations. Financial plans are based on estimated spending and income over the next four years and the report of the Chief Finance Officer brings Members' attention to the processes and risks associated with developing these estimates.
- 25 The Council aims to achieve value for money based on Economy (how much we pay for things), Efficiency (how well we use things) and Effectiveness (how we use things to achieve outcomes). Public feedback and internal and external scrutiny create the necessary framework to hold the Council to account for achieving these aims.
- 26 All councils are legally required to set a balanced budget each year and the immediate focus will be on balancing the 2024/25 financial year rather than on the whole medium term as has been the case previously. This reflects the extremely challenging circumstances all councils are facing currently.
- 27 Finance Sub-Committee received a report on 7 June setting out the MTFS 2024-28 planned timetable and budget assumptions underpinning the current MTFS. A working group from that Sub-Committee then met on 6 September to discuss these assumptions and their suitability for the medium term. Feedback from this session was then provided verbally to the Sub-Committee on 7 September.
- 28 The Budget Setting Process 2024-2028 has so far identified additional pressure on budgets across all committee areas, especially within the Children and Families area as reported in the First and Second Financial Reviews. We are not anticipating additional funding to be announced as part of the Provisional Local Government Finance settlement due to be announced, at the earliest, in December 2023.
- 29 Should any benefits emerge from the Local Government Settlement the Council should look to recover reserves that are likely to be depleted based on the current year forecasts. Service budgets must be therefore balance within the current funding envelope as reported in the MTFS in February 2023.
- 30 In response to local financial pressure, identified in the financial reviews, and reflected in a national trend, the Children and Families committee will be allocated an additional £7m compared to the current MTFS to support a response to demand in this area. Allocations have also been made across all committees to address the shortfall in the pay inflation budgeted for 2023/24. It must be noted that the final pay offer has not been agreed yet for "Green Book" employees, but the

calculation is based on the announced offer of an additional £1,925, or 3.88% (whichever is the greater) per employee.

- 31 To accommodate the changes related to the Children and Families Committee budget the remaining service committees have been reduced pro rata based on net spending to rebalance the Council's budget.
- 32 This has resulted in revised budget envelopes for 2024/25 for each service committee when compared to the published MTFS in February 2023. The revised budget envelope for the Adults and Health Committee is included in the table above and at Appendix A – 2024/25 Budget Proposals as per MTFS February 2023, plus revised budget envelope.

Consultation and Engagement

- 33 This report forms part of the consultation process for Members on the budget setting for 2024/25. Each committee will receive a similar report covering their own area of responsibilities.
- 34 Once a set of draft budget change proposals have been agreed upon there will be further opportunity during the January cycle of Committee meetings to give formal feedback from each Committee to the Corporate Policy Committee which will then lead on to the full Council meeting in February 2024.
- 35 There are plans for a series of engagement events with wider stakeholders to gather opinion and collate ideas on the final budget for 2024/25.

Reasons for Recommendations

- 36 In accordance with the Constitution, Committees play an important role in planning, monitoring and reporting on the Council's finances. Each Committee has specific financial responsibilities.
- 37 The Council's annual budget must be balanced. The proposals within it must be robust and the strategy should be supported by adequate reserves. The assessment of these criteria is supported by each Committee having the opportunity to help develop the financial proposals before they are approved by Full Council.

Other Options Considered

- 38 The Council has a legal duty to set a balanced annual budget taking regard of the report from the Chief Finance Officer. As such options cannot be considered that would breach this duty. Any feedback from

the Committee must still recognise the requirement for Council to fulfil this duty.

- 39 There is no option to “do nothing”. The Council has statutory obligations to provide certain services, which would be unaffordable if the Council failed to levy an appropriate Council Tax.

Implications and Comments

Monitoring Officer/Legal

- 40 The Council should have robust processes so that it can meet statutory requirements and fulfil its fiduciary duty.

Section 151 Officer/Finance

- 41 The Council’s financial resources are agreed by Council on an annual basis and aligned to the achievement of stated outcomes for local residents and communities. Monitoring and managing performance helps to ensure that resources are used effectively, and that business planning and financial decision making are made in the right context.
- 42 Reserve levels are agreed, by Council, in February each year and are based on a risk assessment that considers the financial challenges facing the Council. If spending associated with in-year delivery of services is not contained within original forecasts for such activity it may be necessary to vire funds from reserves.
- 43 The unplanned use of financial reserves could require the Council to deliver a greater level of future savings to replenish reserve balances and/ or revise the level of risks associated with the development of the Reserves Strategy in future.
- 44 The risk associated with the scale of the current financial challenges both in year and in the setting of the 2024/25 budget is that the Council could act illegally, triggering the requirement for a s.114 report from the Chief Financial Officer. Illegal behaviour in this context could materialise from two distinct sources:
- (a) Spending decisions could be made that exceed the available resources of the Council. This would unbalance the budget, which is unlawful.
 - (b) Spending decisions to restrict or hide pressures could be made that avoid an immediate deficit, but in fact are based on unlawful activity.

- 45 The consequences of the Council undermining a budget with illegal activity, or planned illegal activity, is the requirement to issue a s.114 report. Under these circumstances statutory services will continue and existing contracts and commitments must be honoured. But any spending that is not essential or which can be postponed must not take place.
- 46 Further consequences would be highly likely and could include the appointment of Commissioners from the DLUHC, and potential restrictions on the decision-making powers of local leaders.

Policy

- 47 The existing Corporate Plan and the new Council Plan due to be approved in February 2024 will drive and inform Council policy and priorities for service delivery. The priorities and actions may have direct policy implications and will be considered on a case-by-case basis.

Equality, Diversity and Inclusion

- 48 Under the Equality Act 2010, decision makers must show “due regard” to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation;
 - (b) Advance equality of opportunity between those who share a protected characteristic and those who do not share it; and
 - (c) Foster good relations between those groups.
- 49 The protected characteristics are age, disability, sex, race, religion and belief, sexual orientation, gender re-assignment, pregnancy and maternity, and marriage and civil partnership.
- 50 Having “due regard” is a legal term which requires the Council to consider what is proportionate and relevant in terms of the decisions they take.
- 51 The Council needs to ensure that in taking decisions on the Medium-Term Financial Strategy and the Budget that the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as proposals and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.

- 52 The proposals within the MTFS include positive and negative impacts. A separate Equality Impact Assessment for the budget as a whole is routinely included in the full MTFS report each year.
- 53 The Corporate Plan's vision reinforces the Council's commitment to meeting its equalities duties, promoting fairness and working openly for everyone. Cheshire East is a diverse place and we want to make sure that people are able to live, work and enjoy Cheshire East regardless of their background, needs or characteristics.

Human Resources

- 54 Consultation on the budget change proposals will include staff. Any changes involving staff will be managed in consultation with staff and Trade Unions.

Risk Management

- 55 Cheshire East recognises that in pursuit of its objectives and outcomes it may choose to accept an increased degree of risk. Where the Council chooses to accept an increased level of risk it will do so, subject always to ensuring that the potential benefits and threats are fully understood before developments are authorised, that it has sufficient risk capacity and that sensible measures to mitigate risk are established.
- 56 The Council also establishes a level of reserves that are adequate to protect the Council against financial risks, such as emergencies, which are not specifically budgeted for in individual years.
- 57 The Council will continue to be flexible about investing revenue funding in maintaining sustainable services and reflecting changes to the risks facing the Council. The full Budget Report will include a revised Reserves Strategy for 2024/25 to provide further detail on estimated balances and the application of reserves in the medium term.

Rural Communities

- 58 There are no direct implications for rural communities.

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

- 59 Budget change proposals and further mitigations that need to be identified which will affect the Children's area of the budget have been set out in the report to the Children and Families Committee.

Public Health

60 There are no direct implications for Public Health due to the nature of this budget being ringfenced.

Climate Change

61 The current Corporate Plan has a very strong environmental thread throughout with a specific aim for the Council to be ‘Greener’.

62 Budget change proposals which will support the Council’s commitment of being carbon neutral by 2025 will be included in the relevant Committee report to which they relate

Access to Information	
Contact Officer:	Alex Thompson, Paul Goodwin, Honor Field alex.thompson@cheshireeast.gov.uk, paul.goodwin@cheshireeast.gov.uk, honor.field@cheshireeast.gov.uk
Appendices:	Appendix A –2024/25 proposals as per MTFS February 2023, plus revised budget envelope (separate Appendix A per Committee area)
Background Papers:	Outturn Report 2022/23 Medium Term Financial Strategy 2023-27 First Financial Review 2023/24 Second Financial Review 2023/24

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Appendix A – 2024/25 budget proposals as per MTFS February 2023, plus revised budget envelope

Adult & Health Committee Budget Change Proposal	Existing Revised New	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m
Investment in Adult Social Care	Existing MTFS 3	+7.600	+4.000	+4.000	
Revenue grants for Adult Social Care	Existing MTFS 7	-2.480			
Pension Costs Adjustment	Existing MTFS 9	-0.493	-0.517		
Client contribution yield offsetting growth	Existing MTFS 11	-0.800	-0.800		
Market Sustainability and Fair Cost of Care - Grant Income	Existing MTFS 13		+0.979		
Resettlement Revenue Grants	Existing MTFS 14	+0.850			
ASC Transformation Earmarked Reserve Release	Existing MTFS 17	+0.500			
Maximisation of Supported Living	Existing MTFS 18	-0.369			
Pay inflation	Existing MTFS 4,25,46,65,81,82,102	+1.269	+1.089	+1.116	
TOTAL CHANGE PROPOSALS FOR ADULTS AND HEALTH COMMITTEE AS PER MTFS FEB 2023		+6.077	+4.751	+5.116	

SUMMARY					
2023/24 Approved Budget		136.3			
Proposals for 2024/25 @ Feb 2023	As above	+6.1			
Additional pay inflation required for 23-24 shortfall	Revised MTFS 4,25,46,65,81,82,102	+0.8			
Savings still to find		-4.4			
Expected additional grant income		-1.1			
2024/25 Revised Budget Envelope		137.7			

2023/24 FORECAST POSITION					
Adverse variance as per FR2		4.7			

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OPEN

Adults and Health Committee

Monday, 20 November 2023

Second Financial Review 2023/24

Report of: Alex Thompson, Director of Finance and Customer Services (s151 Officer)

Report Reference No: AH/12/2023-24

Ward(s) Affected: All

Purpose of Report

- 1 This report provides Members with the second review of the Cheshire East Council forecast outturn for the financial year 2023/24. Members are being asked to consider the serious financial challenges being experienced by the Council (and other councils) and to recognise the important activities aimed at minimising the impact on services.
- 2 Members of the Committee are being asked to consider the financial performance of the Services relevant to their terms of reference.

Executive Summary

- 3 The Council operates a financial cycle of planning, monitoring and reporting. This review is part of the monitoring cycle and provides a forecast outturn position for the 2023/24 financial year. The information in this report also supports planning for next year's budget. This report supports the Council priority of being an open and enabling organisation, ensuring that there is transparency in all aspects of Council decision making.
- 4 The full report was received by Finance Sub Committee on 2 November 2023. Service Committees will receive the sections relevant to their committee (see Appendices).

RECOMMENDATIONS

The Adults and Health Committee:

1. Consider the report of the Finance Sub Committee: [Finance Sub-Committee, 2nd November, 2023](#)
2. Consider the factors leading to a forecast adverse Net Revenue financial pressure of £4.7m against a revised budget of £136.5m (3.4%).
3. Consider the forecast and further mitigations needing to be identified, aimed at bringing spending back in line with budget.
4. Consider the in-year forecast Capital Spending of £0.02m against an approved MTFs budget of £0.47m, due to slippage that has been re-profiled into future years.
5. Scrutinise the contents of Annex 1 and Appendix 1 and note that any financial mitigation decisions requiring approval will be made in line with relevant delegations.
6. Note that Council will be asked to approve the fully funded supplementary revenue estimate over £1,000,000 in accordance with Financial Procedure Rules as detailed in Annex 1, Appendix 1, Section 3 Corporate Grants Register, Table 2.

Background

- 5 Committees are responsible for discharging the Council's functions within the Budget and Policy Framework provided by Council. The Budget will be aligned with Committee and Head of Service responsibilities as far as possible.
- 6 Budget holders are expected to manage within the budgets provided by full Council. Committee and Sub-Committees are responsible for monitoring financial control and making decisions as required by these rules.

Access to Information

Contact Officer:	Alex Thompson, Director of Finance and Customer Services (s151 Officer) alex.thompson@cheshireeast.gov.uk Paul Goodwin, Head of Finance & Deputy Chief Finance Officer paul.goodwin@cheshireeast.gov.uk
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Appendices:	1 Second Financial Review 2023/24 2 Annex 1 – Second Financial Review 2023/24
Background Papers:	Medium Term Financial Strategy 2023-27 First Financial Review 2023/24 Second Financial Review 2023/24

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OPEN

Finance Sub Committee

2 November 2023

Second Financial Review 2023/24

Report of: Alex Thompson, Director of Finance and Customer Services

Report Reference No: [To be provided by Democratic Services]

Ward(s) Affected: Not applicable

Purpose of Report

- 1 This report provides Members with the second review of the Cheshire East Council forecast outturn for the financial year 2023/24. Members are being asked to consider the serious financial challenges being experienced by the Council (and other councils) and to recognise the important activities aimed at minimising the impact on services.
- 2 The report highlights the ongoing negative impact of high inflation, rising interest rates and increasing demand for services since the Council set its budget in February 2023. Annex 1 of the report highlights in detail what the Council is forecasting to achieve as part of the 2023/24 budget. Tables include updates to items identified in the MTFS plus further items identified in-year.
- 3 Reporting the financial forecast outturn supports the Council's vision to be an open Council as set out in the Corporate Plan 2021 to 2025. In particular, the priorities for an open and enabling organisation, ensure that there is transparency in all aspects of Council decision making.
- 4 The report also requests Member approval for amendments to the Council's budget in line with authorisation levels within the Constitution.

Executive Summary

- 5 The Council operates a financial cycle of planning, monitoring and reporting. This review is part of the monitoring cycle and provides a forecast outturn position for the 2023/24 financial year. The information

in this report also supports planning for next year's budget. This report supports the Council priority of being an open and enabling organisation, ensuring that there is transparency in all aspects of Council decision making.

- 6 The Council set its 2023/24 annual budget in February 2023. The budget was balanced, as required by statute, and included important assumptions about spending in the year. The budget is part of the Medium-Term Financial Strategy (MTFS) 2023 to 2027.
- 7 The MTFS for 2023/24 included £70m of service growth and £42m of service savings. The equivalent figures for 2022/23 were £21m of growth and £7m of savings. This highlights the challenge of delivering the 2023/24 budget even before the impact of increased demand, prevailing high inflation and rising interest rates.
- 8 The first financial review of 2023/24, reported to Corporate Policy Committee in October 2023, reported a pressure of £12.8m, reduced from £26.6m through potential mitigations. The report highlighted further activities that would be instigated to address current spending forecasts and income levels.
- 9 Prices, and demand, for services to support children and adults that require Council services continue to rise, reflecting complexity of care needs and market conditions.
- 10 Despite further savings of £4.3m being identified the overall spending forecasts have increased. The second financial review of 2023/24 is forecasting a pressure of £18.7m by 31 March 2024, an increase of £5.9m compared to first financial review.
- 11 The financial pressures being experienced by Cheshire East Council are not unique. Headlines published about local government finance including the BBC highlight that:
 - (a) councils will be £5.2bn short by April 2026 (after making £2.5bn of planned reductions),
 - (b) the average council facing a £33m deficit,
 - (c) £1.1bn of reserves will be required to balance in 2023/24.
- 12 Local authorities that have committed, or are likely to commit to, financial activities beyond their legal means must issue a s.114 notice. This has already happened for various reasons at eight local authorities to date (Birmingham, Northamptonshire, Nottingham, Northumberland, Croydon, Woking, Thurrock, and Slough). The pressures quoted in these councils are between £35m and £1.5bn.

- 13 Please see Financial Implications section for risks and consequences relating to a s.114 notice.
- 14 Press articles continue to report that more councils are concerned about further s.114 notices being issued. A search of such reports identifies Coventry, Derby, Havering, Medway, Leeds, Cheshire West and Chester, Warrington, Middlesbrough, Kirklees, Hastings, Kent, Stoke, Somerset, Guildford, Southampton as well as Bournemouth, Christchurch and Poole, as all being linked to financial stress and potential s.114 notices. The pressures quoted in these councils range from £8.5m to £47m. This list has got longer since the First Financial Review and continues to grow.
- 15 Local authorities, including Cheshire East Council, therefore continue to liaise with Government departments over the severity of so many emerging financial issues. The Council achieves this liaison either directly or through professional or political networks. The focus of this lobbying for Cheshire East Council is on the following important local issues:
- (a) **High needs / special educational needs deficit.** The Council reported a cumulative deficit of £47m from 2022/23, which is set to rise to £85.8m by March 2024 and to £243.5m by 2027. The cost of maintaining this deficit in interest payments is forecast to exceed £3m in 2023/24. The Council is also funding transport costs of over £1m in excess of the 2023/24 budget to manage demand. The Council has now begun conversations on entry to the DfE's Safety Valve Scheme.
 - (b) **Capital Funding and HS2.** Major infrastructure schemes are at risk due to construction costs inflation of 15% to 20%. Associated Government grants have not been revised to keep pace and do not reflect up to date costs forecasts. The Council is therefore having to manage all additional costs. The announcement of the cancellation of phase 2 of the HS2 project referred to escalating costs, and this also impacts on the Council's finances. Letters have been sent to Government ministers and officials to highlight the £11.2m spent by the Council on this project. The Government is looking at this issue as well as developing wider plans to provide additional funding for infrastructure projects in the North of England following the announcements about HS2.
 - (c) **Children's Services.** Although Government has previously provided additional funding for Adult Social Care, the costs of Children's Services are not being addressed. New burdens funding is not being provided, nor are capital grants that could potentially create new

provision of services reducing the reliance on private sector placements.

- (d) **Local Government Settlement.** Longer term settlements that address business rate retention, rurality and growth in demand are essential to providing longer term stability. Late and short-term settlements do not support the development of sustainable financial strategies.
- 16 The First Financial Review highlighted local mitigations that would be implemented to reduce expenditure. In October 2023, the Cheshire East Budget Response Team (CEBERT) was set up to lead on coordinating this work across the organisation. Weekly meetings are chaired by the Chief Executive with updates relating to the workstreams identified in the review.
- 17 The workstreams include:
- (a) Establishment Management: a full review of the Council's establishment is near completion. Recruitment controls have reduced the number of vacancies approved for recruitment from an average of over 20 per week to around 3 per week, with approved posts relating to essential safeguarding posts. All agency placements are also under review.
 - (b) Spending Control Panel: all Procurement Engagements are subject to additional review. Procurement has been rejected, with several others on hold requiring enhanced information as to the essential nature of the spending.
 - (c) Pricing Strategies: in many cases the cost of providing charged-for services has increased. This workstream is looking at price increases that may be required to reduce subsidising services that are unaffordable via local taxation.
 - (d) Capital Spending: a further £2.1m of transformation activity previously funded from revenue budgets is now being legitimately funded from Capital Receipts. Re-profiling Capital Expenditure has already reduced interest payments by £0.6m.
- 18 The impact of this work, as well as focused activity on services within each committee is reflected in Annex 1. Now that CEBERT has been established the Chief Executive will develop opportunities for frequent Member updates on progress. The results of further mitigations will also be factored into the third financial review.
- 19 The MTFs highlights that the Council has relatively low levels of reserves as annual funding is required to manage ongoing service demand. This means financial pressure requires changes to ongoing spending and income rather than relying on management via reserves.

Notwithstanding this issue all reserves held for specific purposes are under review through CEBERT.

20 **Annex 1: Second Financial Review 2023/24**

21 **Financial Stability:** Provides information on the overall financial stability and resilience of the Council. It demonstrates how spending in 2023/24 is being funded, including the positions on overall service budgets, centrally held budgets, council tax and business rates. Further details are contained in the appendices.

22 **Appendices:**

Appendix 1 Adults and Health Committee.

Appendix 2 Children and Families Committee.

Appendix 3 Corporate Policy Committee.

Appendix 4 Economy and Growth Committee.

Appendix 5 Environment and Communities Committee.

Appendix 6 Highways and Transport Committee.

Appendix 7 Finance Sub-Committee.

Appendix 7a Update to the Treasury Management Strategy.

Appendix 7b Update to the Investment Strategy.

RECOMMENDATIONS

The Finance Sub Committee:

1. Consider the factors leading to a forecast adverse Net Revenue financial pressure of £18.7m against a revised budget of £353.1m (5.3%).
2. Consider the forecast and further mitigations needing to be identified, aimed at bringing spending back in line with budget.
3. Consider the in-year forecast Capital Spending of £181.4m against an approved MTFS budget of £214.7m, due to slippage that has been re-profiled into future years.
4. Scrutinise the contents of Annex 1 and each of the appendices and note that any financial mitigation decisions requiring approval will be made in line with relevant delegations.

5. Approve capital virements up to and including £5,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 7 Finance Sub-Committee, Section 5 Capital Strategy, Table 5.**
6. Note that Council will be asked to:
7. Approve fully funded supplementary revenue estimates over £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 1 Adults and Health Committee, Section 3 Corporate Grants Register, Table 2** and **Appendix 4 Economy and Growth Committee, Section 3 Corporate Grants Register, Table 2.**

Background

- 23 Managing performance is essential to the achievement of outcomes. This is especially important in evidencing the achievement of value for money across an organisation the size of Cheshire East Council. The Council is the third largest local authority in the Northwest of England, responsible for approximately 500 services, supporting over 398,000 local people. Gross annual spending is over £750m, with a revised net revenue budget for 2023/24 of £353.1m.
- 24 The management structure of the Council is organised into four directorates: Adults, Health and Integration; Children's Services; Place; and Corporate Services. The Council's reporting structure provides forecasts of a potential year-end outturn within each directorate during the year, as well as highlighting activity carried out in support of each outcome contained within the Corporate Plan.
- 25 The political structure of the Council is organised into six committees, with a single sub-committee, all with financial responsibilities acutely aligned to the management structure. Performance against the 2023/24 Budget within each Committee, and the sub-committee, is outlined in Table 1 below.

Table 1 – Revenue Outturn Forecast split by the Six Service Committees and the Finance Sub-Committee

2023/24	Revised Budget	Forecast Outturn	Forecast Variance FR2	Forecast Variance FR1	Movement from FR1 to FR2
	(NET)				
	£m	£m	£m	£m	£m
Service Committee					
Adults and Health	136.5	141.2	4.7	0.3	4.4
Children and Families	80.3	91.0	10.8	7.0	3.8
Corporate Policy	41.2	40.7	(0.5)	0.9	(1.4)
Economy and Growth	24.8	22.9	(1.9)	(1.8)	(0.1)
Environment and Communities	48.7	52.3	3.5	4.2	(0.7)
Highways and Transport	11.2	12.4	1.2	1.2	(0.0)
Sub-Committee					
Finance Sub	(342.7)	(341.8)	0.9	1.1	(0.2)
TOTAL	-	18.7	18.7	12.8	5.9

National Key issues causing the pressures

- 26 The national economic position of the UK has seen prevailing high inflation. The Office for Budget Responsibility (OBR) forecast that inflation should reduce to 2.9% by quarter 4 of 2023. However, quarter 2 inflation was still at 7.7%, which is higher than the OBR forecast of 6.9% at this stage in the year. The Council is affected by inflation in wages (for Council staff and staff of contracted services), utilities and fuel. But the Council cannot inflate in-year income from Council Tax, Business Rates or Government Grants. The forecast impact of additional pay inflation above the estimates in February is £2.8m.
- 27 The national economic position of the UK is seeing increasing interest rates. In January 2023, when the current MTFS was drafted, interest rates were at 3.5%. Current interest rates are 5.25%. The Council has loans of £242m, mainly acquired to support important Highway and Regeneration schemes, and is therefore exposed to financial pressure from increasing borrowing costs. The Council is receiving more money from investments, but this does not offer adequate compensation. Interest rates are forecast to reduce once inflation is controlled which means a shift to long-term borrowing at this point is not a favourable option.
- 28 Demand for public services, particularly those that are required to support the health and wellbeing of local residents, has increased since the pandemic. Temporary grants associated with the pandemic have ended though. The Council is experiencing demand for care for more

individuals, which is driving up costs, as well as experiencing more complex demand that requires more hours of support in each case.

Consultation and Engagement

- 29 As part of the budget setting process the Pre-Budget Consultation provided an opportunity for interested parties to review and comment on the Council's Budget proposals. The budget proposals described in the consultation document were Council-wide proposals and that consultation was invited on the broad budget proposals. Where the implications of individual proposals were much wider for individuals affected by each proposal, further full and proper consultation was undertaken with people who would potentially be affected by individual budget proposals.

Reasons for Recommendations

- 30 The overall process for managing the Council's resources focuses on value for money, good governance and stewardship. The approach to these responsibilities is captured in the Medium-Term Financial Strategy.
- 31 The budget and policy framework sets out rules for managing the Council's financial affairs and contains the financial limits that apply in various parts of the Constitution. As part of sound financial management and to comply with the Constitution any changes to the budgets agreed by Council in the MTFS require approval in line with the financial limits within the Finance Procedure Rules.
- 32 This report provides strong links between the Council's statutory reporting requirements and the in-year monitoring processes for financial and non-financial management of resources.
- 33 In approving the Cheshire East Council Medium-Term Financial Strategy Members of the Council had regard to the robustness of estimates and adequacy of reserves as reported by the s.151 Officer. The s.151 Officer's report highlighted the importance of each element of the MTFS and the requirement to achieve all the proposals within it. The recommendations of this report highlight the need for ongoing activity to manage the financial pressure being experienced by the Council.

Other Options Considered

- 34 None. This report is important to ensure Members of the Committee are sighted on the financial pressure the Council is facing and the activity to date to try and mitigate this issue. Activity is required to ensure the Council balances its expenditure and income without serious impact on essential Council services.

- 35 Do nothing. Impact – Members are not updated on the financial position of the Council. Risks – Not abiding by the Constitution to provide regular reports.

Implications and Comments

Monitoring Officer/Legal

- 36 The legal implications surrounding the process of setting the 2023 to 2027 Medium-Term Financial Strategy were dealt with in the reports relating to that process. The purpose of this paper is to provide a progress report for 2023/24. Implications arising from individual proposals regarding service growth and savings have and will continue to be the subject of ongoing advice and support.
- 37 Implications arising directly from this report relating to the internal processes of approving supplementary estimates and virements referred to are governed by the Constitution and in particular the Finance Procedure Rules.
- 38 In relation the proposed review to ensure that all available resources are directed towards the delivery of statutory functions, savings and efficiency plans, it should be noted that local authorities are creatures of statute. They are created by statute and are regulated through the legislative regime and whilst they have in more recent times been given a general power of competence, this must operate within that regime. Within the statutory framework there are specific obligations placed upon a local authority to support communities. These duties encompass general and specific duties and there is often significant local discretion in respect of how those services or duties are discharged. These will need to be assessed and advised on as each circumstance is considered.

Section 151 Officer/Finance

- 39 The Council's financial resources are agreed by Council and aligned to the achievement of stated outcomes for local residents and communities. Monitoring and managing performance helps to ensure that resources are used effectively, and that business planning and financial decision making are made in the right context.
- 40 Reserve levels are agreed, by Council, in February each year and are based on a risk assessment that considers the financial challenges facing the Council. If spending associated with in-year delivery of services is not contained within original forecasts for such activity it may be necessary to vire funds from reserves.

- 41 The unplanned use of financial reserves could require the Council to deliver a greater level of future savings to replenish reserve balances and/ or revise the level of risks associated with the development of the Reserves Strategy in future.
- 42 As part of the process to produce this report, senior officers review expenditure and income across all services to support the development of mitigation plans that will return the outturn to a balanced position at year-end.
- 43 Forecasts contained within this review provide important information in the process of developing the Medium-Term Financial Strategy. Analysis of variances during the year will identify whether such performance is likely to continue, and this enables more robust estimates to be established.
- 44 The risk associated with the scale of these challenges is that the Council could act illegally, triggering the requirement for a s.114 report from the Chief Financial Officer. Illegal behaviour in this context could materialise from two distinct sources:
- i) Spending decisions could be made that exceed the available resources of the Council. This would unbalance the budget, which is unlawful.
 - ii) Spending decisions to restrict or hide pressures could be made that avoid an immediate deficit, but in fact are based on unlawful activity.
- 45 The consequences of the Council undermining a budget with illegal activity, or planned illegal activity, is the requirement to issue a s.114 report. Under these circumstances statutory services will continue and existing contracts and commitments must be honoured. But any spending that is not essential or which can be postponed must not take place.
- 46 Further consequences would be highly likely and could include the appointment of Commissioners from the DLUHC, and potential restrictions on the decision-making powers of local leaders.

Policy

- 47 This report is a backward look at Council activities and predicts the year-end position. It supports the Corporate Plan aim Open and priority to be an open and enabling organisation.
- 48 The forecast outturn position, ongoing considerations for future years, and the impact on general reserves will be fed into the assumptions underpinning the 2024 to 2028 Medium-Term Financial Strategy.

- 49 The approval of supplementary estimates and virements are governed by the Finance Procedure Rules section of the Constitution.

Equality, Diversity and Inclusion

- 50 Any equality implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Human Resources

- 51 This report is a backward look at Council activities at outturn and states the year end position. Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Risk Management

- 52 Financial risks are assessed and reported on a regular basis, and remedial action taken if required. Risks associated with the achievement of the 2022/23 budget and the level of general reserves were factored into the 2023/24 financial scenario, budget, and reserves strategy.

Rural Communities

- 53 The report provides details of service provision across the borough.

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

- 54 The report provides details of service provision across the borough and notes the pressure on Children in Care.

Public Health

- 55 This report is a backward look at Council activities at the first review and provides the forecast year end position. Any public health implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Climate Change

- 56 There are no direct implications for climate change.

Access to Information	
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Appendices:	<p>Annex 1 including:</p> <p>Section 1 provides information on the overall financial stability and resilience of the Council. Further details are contained in the appendices.</p> <p>Appendix 1 Adults and Health Committee.</p> <p>Appendix 2 Children and Families Committee.</p> <p>Appendix 3 Corporate Policy Committee.</p> <p>Appendix 4 Economy and Growth Committee.</p> <p>Appendix 5 Environment and Communities Committee.</p> <p>Appendix 6 Highways and Transport Committee.</p> <p>Appendix 7 Finance Sub-Committee.</p> <p>Appendix 7a Update to the Treasury Management Strategy.</p> <p>Appendix 7b Update to the Investment Strategy.</p>
Background Papers:	<p>The following are links to key background documents:</p> <p>Medium Term Financial Strategy 2023-2027</p>



Second Financial Review 2023/24

November 2023

This report receives scrutiny and approval from Members of Cheshire East Council. As a public report, the Council welcomes feedback to the information contained here.

Anyone wanting to comment is invited to contact the Council at:

RandC@cheshireeast.gov.uk

Introduction

Cheshire East Council is the third largest Council in the Northwest of England, supporting over 398,000 local people with annual spending of over £750m.

Local government is going through a period of financial challenges, with a combination of the impact of increasing demand for services and rising costs due to inflation and interest rates. There is also increasing uncertainty associated with income from business rates and government grants.

Demand for Council services is increasing, with more individuals and families needing support and services than ever before. This reflects an increase in population but also reflects changes in demographics and the national cost of living increases. This demand is resulting in a forecast outturn of £18.7m against a net revenue budget of £353.1m. The most significant impact is within the rising costs of Children's Social Care. Further activity is required to identify other mitigating measures.

When the 2023/24 budget was set, in February 2023, it was highlighted that the use of reserves was not sustainable in the medium term. Net spending therefore needs to be contained within the estimates of expenditure that form the budget. The forecasts at first review highlight pressures due to demand, inflation, interest rates and pay negotiations. These will almost certainly affect the medium term finances of the Council. This situation must be addressed now and as part of the MTFS process for 2024 to 2028.

To support openness and transparency, and provide evidence of strong governance, the report has a main section, to provide background and context, and then nine supporting appendices with detailed information about allocation and management of public money during 2023/24.

The **Financial Stability** section provides information on the overall financial stability and resilience of the Council. It demonstrates how spending in 2023/24 is being funded, including the positions on overall service budgets, centrally held budgets, Council Tax and Business Rates. Further details are contained in the appendices.

- **Appendix 1** Adults and Health Committee.
- **Appendix 2** Children and Families Committee.
- **Appendix 3** Corporate Policy Committee.
- **Appendix 4** Economy and Growth Committee.
- **Appendix 5** Environment and Communities Committee.
- **Appendix 6** Highways and Transport Committee.
- **Appendix 7** Finance Sub-Committee.
- **Appendix 7a** Update to the Treasury Management Strategy.
- **Appendix 7b** Update to the Investment Strategy.

Alex Thompson

Director of Finance and Customer Services
(Section 151 Officer)

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2023/24 Outturn Forecast - Financial Position

2023/24	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance £m	For further information please see the following sections
SERVICE DIRECTORATES				
Adults, Health and Integration	136.5	141.2	4.7	Appendix 1
Children's Services	80.3	91.0	10.8	Appendix 2
Place - Directorate/Growth & Enterprise	24.8	22.9	(1.9)	Appendix 4
Place - Environment & Neighbourhood Services	48.7	52.3	3.5	Appendix 5
Place - Highways & Infrastructure	11.2	12.4	1.2	Appendix 6
Corporate Services	41.2	40.7	(0.5)	Appendix 3
Total Services Net Expenditure	342.7	360.5	17.8	
CENTRAL BUDGETS				
Capital Financing	19.0	19.4	0.4	Appendix 7 Section 5
Transfer to/(from) Earmarked Reserves	(7.4)	(7.4)	-	Appendix 7 Section 6
Transfer from MTFS Earmarked Reserve	-	-	-	Appendix 7 Section 6
Corporate Contributions / Central Budgets	(1.2)	(0.7)	0.5	Appendix 7
TOTAL NET EXPENDITURE	353.1	371.9	18.7	
Business Rates Retention Scheme	(55.3)	(55.3)	-	Appendix 7 Section 2
Specific Grants	(26.8)	(26.8)	-	Appendix 7 Section 3
Council Tax	(271.1)	(271.1)	-	Appendix 7 Section 2
Net Funding	(353.1)	(353.1)	-	
NET (SURPLUS) / DEFICIT	-	18.7	18.7	

Financial Stability

Introduction

- The Council has a track record of sound financial management. Nevertheless, in common with all UK local authorities the Council finds itself in a position where pressures on the revenue budget are intensifying as a result of inflation, the legacy impact of the Coronavirus pandemic on people and on the economy and increasing cost of living pressure on households. These issues have the effect of increasing the demand for services and increasing costs of services.
- Complexity and market sustainability in Adults' and Children's Social Care remains the most significant financial pressure for the Council in the medium term. The affects of inflation on contracts, utilities and wage levels are affecting costs across all services.
- Table 1** provides a service summary of financial performance. The current forecast is that services will be £18.7m over budget in the current year which includes mitigating actions identified to date. The 2023/24 Approved Budget Policy Changes and Forecast Variances provide further details and changes to service net budgets since the Medium-Term Financial Strategy (Section 2 in the **Appendices 1-6**).
- It also shows that central budgets are forecast to be £0.9m over budget resulting in an overall forecast outturn of £18.7m against a net revenue budget of £353.1m.
- Further items impacting on the level of the Council's balances are detailed in **Appendix 7**.

Table 1 - Service Revenue Outturn Forecasts

2023/24	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance £m	Forecast Variance FR1 £000	Movement from FR1 to FR2 £000
SERVICE DIRECTORATES					
Adult Social Care - Operations	137.9	142.6	4.7	0.2	4.4
Commissioning	(1.4)	(1.4)	0.1	0.1	-
Public Health	-	-	-	-	-
Adults and Health Committee	136.5	141.2	4.7	0.3	4.4
Directorate	0.2	0.4	0.1	0.7	(0.6)
Children's Social Care	49.4	58.8	9.4	4.8	4.6
Strong Start, Family Help and Integration	7.4	6.8	(0.6)	(0.6)	0.0
Education & 14-19 Skills	23.2	25.0	1.8	2.1	(0.3)
Children and Families Committee	80.3	91.0	10.8	7.0	3.8
Directorate	0.2	(0.0)	(0.2)	(0.2)	-
Growth & Enterprise	24.6	22.9	(1.7)	(1.7)	0.0
Economy and Growth Committee	24.8	22.9	(1.9)	(1.9)	0.0
Environment & Neighbourhood Services	48.7	52.3	3.5	4.2	(0.7)
Environment and Communities Committee	48.7	52.3	3.5	4.2	(0.7)
Highways & Infrastructure	11.2	12.4	1.2	1.2	0.1
Highways and Transport Committee	11.2	12.4	1.2	1.2	0.1
Directorate	0.6	0.5	(0.1)	0.2	(0.3)
Finance & Customer Services	12.8	12.9	0.2	0.5	(0.3)
Governance & Compliance Services	10.8	10.3	(0.4)	0.1	(0.5)
Communications	0.7	0.7	0.0	(0.0)	0.0
HR	2.6	2.4	(0.2)	-	(0.2)
ICT	11.8	12.0	0.2	0.3	(0.2)
Policy & Change	2.0	1.9	(0.1)	(0.1)	0.0
Corporate Policy Committee	41.2	40.7	(0.5)	0.9	(1.4)
TOTAL SERVICES NET EXPENDITURE	342.7	360.5	17.8	11.7	6.2
CENTRAL BUDGETS					
Capital Financing	19.0	19.4	0.4	0.4	0.0
Transfer to/(from) Earmarked Reserves	(7.4)	(7.4)	-	-	-
Corporate Contributions / Central Budgets	(1.2)	(0.7)	0.5	0.7	(0.2)
Finance Sub-Committee - Central Budgets	10.4	11.3	0.9	1.1	(0.2)
TOTAL NET EXPENDITURE	353.1	371.9	18.7	12.8	5.9
Business Rates Retention Scheme	(55.3)	(55.3)	-	-	-
Specific Grants	(26.8)	(26.8)	-	-	-
Council Tax	(271.1)	(271.1)	-	-	-
Finance Sub-Committee - Net Funding	(353.1)	(353.1)	-	-	-
NET (SURPLUS) / DEFICIT	-	18.7	18.7	12.8	5.9
General Reserves Balance 2023/24 Budget					
	£m				
Opening Balance April 2023	14.1	Actual			
2023/24 Impact on Reserves (see above)	(18.7)	Forecast			
Closing Balance March 2024	(4.6)	Forecast			

Appendices to Second Financial Review 2023/24

November 2023

Appendix 1: Adults and Health Committee

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Appendix 1

Adults and Health Committee

1. Changes to Revenue Budget 2023/24 since First Financial Review

	First Review Revised Net Budget	Adjustments to FR1 Budget	Second Review Revised Net Budget	Unringfenced Grants to be Actioned
	£000	£000	£000	£000
Adults				
Adult Social Care Operations	137,923	-	137,923	-
Commissioning	(1,433)	-	(1,433)	-
Public Health	-	-	-	-
Adults and Health Committee	136,490	-	136,490	-

Note the unringfenced grants to be actioned column includes the expenditure part of centrally held unringfenced grants. These budget adjustments will take place once all second financial review approvals have been given. No adjustments are required as part of this review.

Adults and Health Committee

2. 2023/24 Approved Budget Policy Changes and Forecast Variances

Forecast Outturn Commentary:

The cost and demand pressures that drove the deficit in adult social care and health services in 2022/23 continue, locally and nationally, and this is reflected in the forecast outturn at the end of quarter 2 for 2023/24, with the forecast pressure of £4.7m split between commissioning costs and staffing costs.

The budget strategy set out several critical actions to bring down the underlying budget pressures. These included:

- A reduction in the use of short-term residential and nursing placements – all of the additional beds that were in use during 2022/23 have now been closed. Several people have converted to long-term residential or nursing placements and this is reflected in the above average number of placements. This was not unexpected.
- Investment in domiciliary care – this has generated an increase in the number of available domiciliary care hours, and we have seen an increase in the number of people supported to live at home. We are monitoring activity closely to ensure that our plan to increase domiciliary care so that we can reduce our reliance on residential and nursing care is being achieved.
- Capping price increases – we continue to see demands for price increases on residential, nursing, and complex care beyond that which we set out in our plan. We are investing in a pricing tool that allows us to scrutinise provider costs to ensure that they are in-line with expectations and the level of service commissioned and it is our expectation that this will assist in ensuring prices stay in line with expectations.

Unusually this year internal staffing costs internally are forecast to rise above budgeted levels for two reasons, the pay award for Council staff is above that which was budgeted and will have a disproportionately higher impact in adult social care because we employ more staff on lower grades. We have also seen an increase in agency costs for social care staff because of the shortage nationally of qualified staff. Our internal programme to support the qualification of social workers and occupational therapists is successful but cannot close this gap quickly. We are reviewing our current usage of agency staff to identify how we can bring this expenditure down in-year.

The budget variance for Adult Social Care has worsened since FR1. The main reason is persistent supply-side pressure within the external care market. The impact of inflation on the unit cost of residential and nursing care has exceeded previous expectations. Since FR1 the variance against externally commissioned care has worsened by £4.4m.

Client contributions remain buoyant alleviating some of the un-forecasted growth; however, the value of client contributions remain in line with existing proportions of gross expenditure and so do not reduce the net overall movement.

The Market Sustainability Funding announced in July is assumed to be fully utilised in-year. It has helped to mitigate the growth in external care by £2.2m.

MTFS Ref No	Detailed List of Service Budget Changes	2023/24 £m	2023/24 Variance £m	Commentary
	Adults and Health Committee	15.274		
1	Demand in Adult Social Care - unit cost inflation	12.652	0.000	Care budget growth in line with forecasts at year end 2022/23. This has taken affect with an uplift to the external care budget in 2023/24.
2	Demand in Adult Social Care - complexity	10.351	0.000	Care budget growth in line with forecasts at year end 2022/23. This has taken affect with an uplift to the external care budget in 2023/24.
3	Investment in Adult Social Care	5.400	4.515	Emerging pressure on care costs. Demand remains strong, providers continue to seek price increases. The impact on both the council and the Integrated Care Board of closing short term beds (item 8) is currently being worked through.
4	Pay inflation	3.155	0.778	The total cost of pay inflation may exceed 5% based on national pay negotiations. This may be mitigated through management of vacancies.
5	Care Fee Uplifts in Adult Social Care	2.000	0.500	Volatility in relation to complex care packages (supported living) is creating risk above the funds provided through the Market Sustainability Plan.
6	Direct Payment (Personal Assistants) Uplift	0.691	0.000	On track. Growth in budget has been applied to the personal assistant budget for direct payments.
7	Revenue grants for Adult Social Care	-3.600	0.000	On track. Technical financial adjustment to the budget. Grants are being received as planned.

MTFS Ref No	Detailed List of Service Budget Changes	2023/24 £m	2023/24 Variance £m	Commentary
8	Home First Strategy - increased care at home capacity	-4.000	1.056	The phased plan of reductions on short term bed is on track. The weekly commitment has reduced from £0.219m to £0.120m by the end June. This delivers the £4m targeted reduction, but the phasing of delivery means the benefit in 2023/24 will be approximately £3m (assuming current commitment remains consistent until year end).
9	Pension Costs Adjustment	-2.082	0.000	On track, subject to ongoing monitoring, dependent on in-year staffing costs.
10	Learning Disabilities Future Service Development and Review	-1.750	0.000	On track. Savings are being independently monitored by senior managers in adults in collaboration with finance.
11	Client contribution yield offsetting growth	-1.200	0.000	On track. The existing fees and charges policy ensures income is appropriately received; this has been verified through a review of income received during first financial review for 2023/24.
12	Home First Strategy - alternative care provisions	-1.000	0.240	Challenges with delivery due to managing increasing general demand alongside the additional reviews required to achieve this saving. Alternative mitigations are being investigated, including working with Impower to review the use of technology enabled care (TEC). £720,000 of the saving is linked to alternative provision from reviews such as TEC which is anticipated to be the two thirds delivered.
13	Market Sustainability and Fair Cost of Care - Grant Income	-0.979	0.000	On track. Technical financial adjustment to the budget. Grants are being received as planned.
14	Resettlement Revenue Grants	-0.850	0.000	On track. Technical financial adjustment to the budget. Grants are being received as planned.
15	Communities Team	-0.750	0.000	On track. Grant funding relating to this has been received and future grants allocations have been confirmed.
16	Direct Payment - Audit Recoveries	-0.750	0.000	On track. Whilst further work is underway to verify, analysis of previous recovery exercise and amounts recovered to date gives reassurance that this will be achieved.

MTFS Ref No	Detailed List of Service Budget Changes	2023/24 £m	2023/24 Variance £m	Commentary
17	ASC Transformation Earmarked Reserve Release	-0.500	0.000	On track. Technical financial adjustment to the budget. The reserve will be drawdown in 2023/24 as planned.
18	Maximisation of Supported Living	-0.369	0.000	On track. Savings are being independently monitored by senior managers in adults in collaboration with finance.
19	Productivity and Efficiency in Adult Social Care	-0.271	0.271	Establishment work underway to quantify any remaining staffing budget pressures. This will involve a review of all existing agency appointments.
20	Building Based Short Breaks	-0.250	0.250	Pending outcome of consultation process. Whilst not expected to be fully achieved in 2023/24, the saving has been fully mitigated elsewhere in the Care4CE service, this has been reflected in the first financial review position.
21	Adults and Health Non-Essential Commissioning/Contracts	-0.245	0.000	On track. Permanent recurrent funding has been identified within the directorate to ensure full delivery.
22	Building Based Day Services	-0.229	0.114	Pending outcome of consultation process. Whilst not expected to be fully achieved in 2023/24, the saving has been fully mitigated elsewhere in the Care4CE service, this has been reflected in the first financial review position.
23	Day Care Review	-0.150	0.000	On track. Savings are being independently monitored by senior managers in adults in collaboration with finance.
New	In-year pressures	0.000	0.509	Balancing variance to capture net pressure on other budget lines. Includes social work operations staffing budget variance (the variance on external care is covered within item 3 & 5).
New	Market Sustainability Grant	0.000	-2.206	Announced in July 2023 - will be applied against growth in care fees during the year.
	TOTAL FORECAST VARIANCE		6.027	

MTFS Ref No	Detailed List of Service Budget Changes	2023/24 £m	2023/24 Variance £m	Commentary
Further Mitigations / Adjustments to FR2	In-year growth to Care Fees		1.000	Estimated impact of price inflation on unit cost of care. Assumes current volume of care & average rate of turnover is maintained. And that new packages of care bought at prices seen since April 2023
	Staffing Efficiencies		-0.332	Staffing review underway. Estimate assumes a reduction of agency contracts in the service
	Revenue Grant Maximisation		-0.400	Allocation of revenue grants within ASC re-aligned to stabilise external commissioned care budget.
	Supported Living Risk Share Project		-0.300	Forecasted to yield 100% of targeted saving for the risk-share project with SL provider
	Impower Transformation		-0.842	Part year forecast savings linked to transformation work
	Further use of Earmarked Reserves		-0.450	Remaining reserves utilised
	REVISED FORECAST VARIANCE		4.703	

Adults and Health Committee

3. Corporate Grants Register

- 3.1 Cheshire East Council receives two main types of Government grants; specific purpose grants and general use grants. Specific purpose grants are held within the relevant service with a corresponding expenditure budget. Whereas general use grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 3.2 Spending in relation to specific purpose grants must be in line with the purpose for which it is provided.
- 3.3 The increase in specific purpose grants relates to the Market Sustainability and Fair Cost of Care Fund – Workforce Element grant.
- 3.4 **Table 1** provides a detailed listing of all Adults & Health related grants, their movements between the reporting period and the treatment of the grant.
- 3.5 **Table 2** shows additional specific purpose grant allocations that have been received over £1m that Council will be asked to approve.

Table 1 – Corporate Grants Register

Grants 2023/24	Original Budget	Revised Forecast FR1	Revised Forecast Mid-Year	Change from FR1	Treatment of Grant
	2023/24 £000	2023/24 £000	2023/24 £000	2023/24 £000	Notes 2 - 5
ADULTS & HEALTH					
Specific Purpose (Held within Services)					
Additional Better Care (for Adult Social Care)	8,706	8,706	8,706	0	
Market Sustainability and Fair Cost of Care Fund	979	979	979	0	
Market Sustainability and Fair Cost of Care Fund - top-up	2,400	2,418	2,418	0	
Market Sustainability and Fair Cost of Care Fund - Workforce Element	0	0	2,206	2,206	SRE
Trailblazer support funding - brought-forward	0	300	300	0	
Discharge Fund	1,200	1,221	1,221	0	
Multiply - Supported Employment	0	536	536	0	
Supported Internship Grant	29	29	29	0	
Asylum Dispersal Scheme	0	482	482	0	
Afghan - Wrap Around support - brought-forward	910	910	910	0	
Afghan - Resettlement support - brought-forward	288	288	288	0	
Afghan - Flexible Housing Funding	0	426	426	0	
Afghan - Integration Support	0	1,231	1,231	0	
Afghan - Homelessness Funding	0	128	128	0	
Afghan - Homeless Wrap Around Funding	0	306	306	0	
Afghan - Caseworker Tariff	0	36	36	0	
Homes for Ukraine Scheme - brought-forward	0	2,214	2,214	0	
Homes for Ukraine Scheme	0	236	236	0	
Private Finance Initiative (PFI) credits	4,125	4,125	4,125	0	
Journey First and Parents First (originally provided by the European Social Fund but now DWP)	0	350	350	0	
Total Adults & Health - Adult, Health & Integration - Specific Purpose	18,637	24,920	27,126	2,206	

Grants 2023/24	Original Budget	Revised Forecast FR1	Revised Forecast Mid-Year	Change from FR1	Treatment of Grant
	2023/24 £000	2023/24 £000	2023/24 £000	2023/24 £000	Notes 2 - 5
ADULTS & HEALTH					
Specific Purpose (Held within Services)					
Public Health Grant	17,405	17,972	17,972	0	
CHAMPS TTCE contact tracer staff - ICT Workforce: Contract Extension Funding	0	0	0	0	
COVID-19 COMF & T&T - brought-forward	0	527	527	0	
CHAMPS Health Protection / COVID-19 Recovery Funding	0	27	27	0	
OHID SSMTR Supplementary Substance Misuse Treatment & Recovery Grant	353	354	354	0	
North West Probation Service funding for SMS rehabilitative and resettlement interventions	114	114	114	0	
CHAMPS Marmot Place Funding - encourage pregnant women to stop smoking - brought-forward	0	22	22	0	
CHAMPS SMS - inpatient detox	46	46	46	0	
CHAMPS Mouth Care Matters programme - to be confirmed	0	0	0	0	
PHE grant for HIV pre-exposure prophylaxis (PrEP) drug	0	0	0	0	
Total Adults & Health - Public Health - Specific Purpose	17,918	19,060	19,060	0	
General Use (Held Corporately)					
Social Care Support Grant	12,426	12,426	12,426	0	
Local Reform & Community Voices	207	207	207	0	
Social Care in Prisons	73	73	73	0	
War Pension Scheme Disregard	60	60	60	0	
Total Adults & Health - Public Health - General Use	12,766	12,766	12,766	0	
TOTAL ADULTS & HEALTH	49,321	56,746	58,952	2,206	

Table 2 – COUNCIL DECISION

Note that Council will be asked to Approve Supplementary Revenue Estimates of Additional Grant Funding (Specific Purpose) over £1m

Committee	Year	Type of Grant	£000	Details
Adults and Health	2023/24	Market Sustainability and Fair Cost of Care Fund - Workforce Element (Specific Purpose)	2,206	This grant is from the Department of Health and Social Care (DHSC). The government is providing a further £570 million of ringfenced funding across financial years 2023 to 2024 and 2024 to 2025 to local authorities to improve and increase adult social care provision, with a particular focus on workforce pay. We expect this additional funding to support more workforce and capacity within the adult social care sector. This will help to ensure that appropriate short-term and intermediate care is available to reduce avoidable admissions and support discharge of patients from hospital when they are medically fit to leave.
Total Specific Purpose Allocation for Council Approval			2,206	

Adults and Health Committee

4. Debt Management

	Outstanding Debt £000			Over 6 months old £000		
	Jun-23	Sep-23	Increase / (Decrease)	Jun-23	Sep-23	Increase / (Decrease)
Adults and Health Committee						
Adults, Public Health and Communities	12,123	11,999	(124)	7,051	7,516	465

Note: The decrease in outstanding debt is mainly due to two local authority invoices which totalled £463,000 now being paid, these invoices were 1-3 months overdue at the end of June. The increase in debt over 6 months old is due to a large quantity of low value invoices now falling into 6-9 months overdue.

Adults and Health Committee

5. Capital Strategy

Adults & Health								CAPITAL					
CAPITAL PROGRAMME 2023/24 - 2026/27													
Scheme Description	Forecast Expenditure							Forecast Funding					Total Funding £000
	Total Approved Budget £000	Prior Years £000	Forecast Budget 2023/24 £000	Forecast Budget 2024/25 £000	Forecast Budget 2025/26 £000	Forecast Budget 2026/27 £000	Total Forecast Budget 2023-27 £000	Grants £000	External Contributions £000	Revenue Contributions £000	Capital Receipts £000	Prudential Borrowing £000	
Committed Schemes in progress													
Adults Services													
Electronic Call Monitoring System	389	0	0	389	0	0	389	0	0	389	0	0	389
People Planner System	94	41	13	40	0	0	53	53	0	0	0	0	53
Replacement Care4CE Devices	93	65	8	20	0	0	28	28	0	0	0	0	28
Total Committed Schemes	576	106	21	449	0	0	470	81	0	389	0	0	470
Total Adults and Health Schemes	576	106	21	449	0	0	470	81	0	389	0	0	470

Adults and Health Committee

6. Reserves Strategy

Adults and Health Committee

Name of Reserve	Opening Balance 1 April 2023 £000	Forecast Movement in Reserves 2023/24 £000	Forecast Closing Balance 31 March 2024 £000	Notes
<u>Adult Social Care Operations</u>				
Adults Directorate	1,020	(1,020)	0	To support a number of widespread projects within the Adults and Health Directorate.
DOL's Assessments	125	(125)	0	Reserve will be exhausted by September 2023, creating an underlying staff budget pressure within the revenue budget.
<u>Adults Social Care Commissioning</u>				
PFI Equalisation - Extra Care Housing	2,795	0	2,795	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009, and the anticipated gap at the end of the agreement.
NHB Community Grants Staffing	132	(132)	0	Initially to support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects. NHB grant scheme has since ended and the reserve no longer required for this use – potential to return to support Council's overall position.
<u>Public Health</u>				
Public Health Reserve	3,010	(827)	2,183	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an Innovation Fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2022/23 to 2025/26.
ADULTS AND HEALTH TOTAL	7,082	(2,104)	4,978	

OPEN

Adults and Health Committee

20th November 2023

ANTON – Safeguarding Adults Review

Report of: Helen CHARLESWORTH-MAY Executive Director, Adults

Report Reference No: AH/25/2023-24

Ward(s) Affected: All

Purpose of Report

- 1 The purpose of this Report is to inform the Adults and Health Committee about the Safeguarding Adults Review regarding “ANTON”. The Safeguarding Adults Board appointed an independent author, Mike Ward, to facilitate the review and write the final report, which accompanies this briefing. It has been approved by the Safeguarding Adults Board and is ready to be published on the SAB website.
- 2 The Safeguarding Adults Board have a legal duty to undertake a Safeguarding Adults Review, when it suspects that an adult at risk has died due to abuse or neglect and agencies could have worked better to support the individual. Cheshire East Council is committed to creating safe communities with accessible services, where people can live free from abuse or harm, and to creating a culture of learning where lessons can be learned to prevent future harm. This Safeguarding Adults Review meets the Strategic objectives of the Council.

Executive Summary

- 3 A referral was made to Cheshire East Safeguarding Adults Board following the death of ANTON who died at home from pneumonia in November 2021. The Safeguarding Adults Review Panel met in January 2022 and the Safeguarding Board agreed that the criteria for a statutory Safeguarding Adults Review were met. The scope of the SAR covered the period 2019 – 2021, which coincided with COVID restrictions.
- 4 ANTON was Slovakian. He was 64 when he died. It is understood that he had come to England about 12 years previously. In Slovakia he had been

in military or police service and latterly he had worked as a lorry driver. He had no family and appeared to be socially isolated. His understanding of the English language was poor.

- 5 ANTON had poor physical and mental health and was known to many services.
- 6 ANTON died of pneumonia in November 2021. He was found on the floor in the foetal position and was wearing a pair of yellow crocs that were filthy and covered in mould. He had engrained dirt under his fingernails, which appeared to show that he neglected his cleanliness and hygiene.
- 7 As part of the Safeguarding Adults Review all Agencies submitted Individual Management Reports to indicate how and why they had been in contact with ANTON. The Author collated this information and provided an analysis in line with the key lines of enquiry. A Practitioner Event provided valuable insight into the case. Within the final report the Author was able to identify key message regarding working with individuals who are seldom heard and/or who have language barriers and how loss of settled status can have a devastating impact on access to accommodation, welfare benefits, social and healthcare outcomes.
- 8 The details of the SAR are not contained within this Report, as they are contained within the SAR Report itself.

RECOMMENDATIONS

The SAR Report has made the following specific recommendations.
The Safeguarding Adults Board will oversee the actions and progress:

1. The Board Partners to ensure that vulnerable foreign nationals have access to expert support through the benefit system.
2. All Agencies should make information available in native languages and use interpreters.
3. The SAB is to provide guidance on how to engage with seldom heard people.
4. All Partners to utilise escalation procedures, Multi Agency Meetings, and the Complex Safeguarding Forum
5. The ICB to improve how it responds to chaotic and seldom heard Individuals.
6. All Partners to ensure compliance with Mental Capacity Legislation, including Executive Functioning
7. All agencies to be aware of how to raise a safeguarding concern.
8. Public Health to ensure Agencies use robust alcohol/drug screening tools.

The Corporate Leadership Team and Adults and Health Committee is requested to accept the SAR Report and Recommendations.

Background

- 9 The purpose of a Safeguarding Adults Review is to:
- Establish the facts that led to the death and whether there are any lessons to be learned from the case about how local professionals and agencies worked together to safeguard ANTON
 - Highlight areas of good practice to be shared
 - Identify how and within what timescales any actions will be acted on, and what is expected to change.
 - Contribute to a better understanding of the nature of Adult Safeguarding
 - Ensure that the experiences of ANTON are heard regarding his experience of accessing care and support in Cheshire East.
- 10 ANTON died in tragic circumstances. This case review has highlighted emerging themes around Self Neglect, particularly for someone who could not speak English, had physical and mental health conditions, and was not provided with information or translation services in a timely or consistent fashion by all services, which led to missed appointments and access to treatment.
- 11 Although many agencies worked effectively to overcome ANTON's language barriers, not all agencies recognised the problems posed by his lack of English and messages and letters were still being sent in English at points near to the end of his life. This is not a general statement that all migrants who lack English language skills should receive all messages and calls in their native language, but when dealing with complex and vulnerable individuals this is clearly going to be a necessity.
- 12 ANTON's care highlights the need for relevant professionals to have either more training or easier access to expert guidance on supporting foreign nationals through the benefits system. At a more nuanced level it shows the impact that loss of benefits can have on an individual. In ANTON's case, it is arguable that this experience impacted on many of his subsequent interactions with services.
- 13 Aspects of the Primary Care response to ANTON, particularly in the last two months of his life have been acknowledged to require review e.g. the recording of telephone contacts. However, this response may suggest a wider need to review the way in which Primary Care responds to chaotic

and vulnerable individuals who are seldom heard/hard to engage in standard Primary Care appointment systems.

- 14 This review agrees that the response to seldom heard/hard to engage clients will be strengthened by the development of a local policy or procedure which guides professionals on how to work with such clients. It should include comment on the level of risk that requires a more assertive approach and identify the need to escalate the more vulnerable, hard to engage clients, to a local multi-agency forum for joint management.
- 15 ANTON'S care would certainly have benefited from more multi-agency management and escalation to senior staff or groups. The only identifiable multi-agency meeting was held in the month before he died. It was acknowledged in at least one of the IMRs that professionals should be using such approaches with this client group and using Multi Agency High Risk Forums such as the Complex Safeguarding Forum.
- 16 This SAR raises questions about training on the use of the Mental Capacity Act with vulnerable individuals, including training around executive function / capacity. However, it also highlights the importance of not seeing "having capacity" as an end to the need to make efforts to help people with their decision-making. This has been clearly stated in both the original and draft Codes of Practice to the Act.
- 17 Two safeguarding referrals were made during the review period. The first of these was closed very swiftly. The second did not progress to a S42(2) enquiry in line with the local safeguarding policy. However, social care involvement did continue up until ANTON's death. It is possible that further safeguarding concerns should have been raised at other points in the two-year period.
- 18 ANTON may have had a history or pattern of alcohol use disorders. The challenge is that there was a lack of a detailed understanding of the nature of his use. This highlights the importance of standardised screening tools. Following NICE Public Health Guidance 24, the AUDIT alcohol screening tool should be widely used by all frontline professionals to provide a consistent means of communicating information about alcohol-related harm.
- 19 The Author of the SAR has identified areas of Good Practice: Some agencies and individual professionals made significant efforts to engage with ANTON and to improve the quality of his life. Professionals from his Housing Association and Floating Support service made assertive efforts in the last year of his life to engage with him and secure the help that he needed. Before that, and largely before the review period, his Housing Association's Money Advice Officer had made highly praiseworthy efforts

to resolve the problems he experienced with the loss of his settled status and the right to benefits.

- 20 ANTON had problems communicating in English and although there were problems around this, many agencies e.g. his Housing Association, Floating Support Service and Ambulance Service, actively used translation services and other agencies including Primary Care and the Hospital were coming to the recognition of this need. He was matched at one point with a Slovakian volunteer from a local service. Again, outside the review period Mental Health Reablement identified a Polish Reablement Worker to support him because of similarities between the two languages.

Consultation and Engagement

- 21 This section is not applicable. All relevant agencies contributed to the Review which has been approved by the Safeguarding Adults Board.

Reasons for Recommendations

- 22 The recommendations have been based on the learning from the Safeguarding Adults Review. The Safeguarding Adults Board will oversee actions arising from the Recommendations.

Other Options Considered

- 23 This Section is not applicable.

Implications and Comments

Monitoring Officer/Legal

- 24 There are no legal implications for this Report. The Safeguarding Adults Board has fulfilled its Legal Duty to commission a Safeguarding Adults Review.

Section 151 Officer/Finance

- 25 There are no financial implications for this SAR.

Policy

- 26 There are no Corporate Policy implications for this SAR.
- 27 The Adult Safeguarding Board will be monitoring the Recommendations indicated in this Safeguarding Adults Review.

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To protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation.

Equality, Diversity and Inclusion

- 28 ANTON was from Slovakia. One of the key lines of Enquiry focussed on how well Agencies communicated with him prior to and during the COVID pandemic. The Safeguarding Adults Board will seek assurance from Partner Agencies about how they are improving access to services, as part of the recommendations from this Review.

Human Resources

- 29 There are no Human Resource Implications from this Review. However, Staff should be able to access appropriate training to help inform and improve knowledge and skill in managing self neglect.

Risk Management

- 30 There are no Risk Management Implications from this Review.

Rural Communities

- 31 There are no implications to rural communities in this Review.

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

- 32 There are no implications for Children and Young people in this Report.

Public Health

- 33 The SAR makes a specific recommendation in relation to Public Health and the use of Alcohol Screening Tools. Once applied this will have a positive impact on the health and wellbeing of Cheshire East Residents, but particularly Adults at Risk who may present to Adult Social Care.

Climate Change

- 34 There are no recommendations connected to Climate Change in this Report.

Access to Information	
Contact Officer:	Sandra Murphy Head of Adult Safeguarding Sandra.murphy@cheshireeast.gov.uk
Appendices:	Appendix 1 - Safeguarding Adults Review Report: April 2023
Background Papers:	Safeguarding 7 Minute Briefing: ANTON

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Appendix 1 - Safeguarding Adults Review Report: April 2023

Cheshire East Safeguarding Adults Board

Safeguarding Adult Review – ANTON

Mike Ward

April 2023

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1. Introduction

Anton was a 64 year old man of Slovakian (White European) origin with a limited understanding of English. In the last two years of his life, concerns were expressed in relation to Anton self-neglecting and about possible financial problems and financial abuse. In the last months of his life, his health was increasingly poor: he was reporting stomach pain and the inability to keep food down and as a result he was not eating properly and was neglecting his personal care and home environment. He was found dead as a result of pneumonia, in his property in November 2021.

The circumstances of Anton's death were referred to the Cheshire East Safeguarding Adult Board for consideration as a Safeguarding Adult Review (SAR) by both the Designated Safeguarding Officer at his Housing Association and an Advanced Practitioner in Cheshire East Council. The SAR Referral Panel (CSPR) considered the case in January 2022. It was agreed that the case highlighted a number of areas of potential learning; therefore, it was decided that that a SAR should be undertaken.

This SAR covers a period from November 2019 until Anton's death in November 2021. A multi-agency panel of the Board set up to oversee the SAR identified those agencies that had or may have had information about Anton during this period and sought information from them in the form of an Independent Management Report. Agencies were also invited to include any other information they considered relevant outside the time period identified and draw it to the attention of the panel. The multi-agency panel commissioned an independent author to complete the review.

2. Purpose of the Safeguarding Adults Review

The purpose of SARs is to gain, as far as is possible, a common understanding of the circumstances surrounding the death of an individual and to identify if partner agencies, individually and collectively, could have worked more effectively. The purpose of a SAR is not to re-investigate or to apportion blame, undertake human resources duties or establish how someone died. Its purpose is:

- To establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults.
- To review the effectiveness of procedures both multi-agency and those of individual agencies.
- To inform and improve local inter-agency practice.
- To improve practice by acting on learning (developing best practice).
- To prepare or commission a summary report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.

There is a strong focus on understanding issues that informed agency/professional's actions and what, if anything, prevented them from being able to properly help and protect Anton from harm.

3. Independent Review

Mike Ward was commissioned to write the overview report. He has been the author of several SARs as well as drug and alcohol death reviews and a member of a mental health homicide inquiry team. He worked in adult social care for many years but in the last decade has worked mainly on developing responses to change resistant dependent drinkers and drug users.

4. Methodology

Following the agreement of terms of reference for the review (see appendix 1), the author was supplied with a series of relevant documents:

- A briefing template from each agency that was completed for the CSPR meeting - this contained basic information on the case and a chronology.
- The notes of the CSPR meeting that agreed to proceed to a SAR.
- An Independent Management Report from each agency involved.

The following agencies were involved in the process:

- Adult Social Care
- GP / Primary Care
- North West Ambulance Service
- Cheshire Constabulary
- Your Housing Group
- Local Floating Support Service - Concrete Housing
- Mid Cheshire Hospitals NHS Foundation Trust

The following had more limited contact and provided more limited information.

- CVS – Crewe
- Salvation Army (supported with Anton food on one occasion)
- Stroke Association
- Cheshire and Wirral Partnership NHS Foundation Trust

An initial SAR Panel meeting was held in April 2022 to discuss the process and timeline of the review. A Practitioner Reflection Day was held on 21st July 2022 and contributed a range of thoughts and views on Anton and his care.

All this information was analysed by the author and an initial draft of this report was produced and went to the Review Panel in September 2022. Further changes were made over the next two months, and a final draft was completed in December 2022 and was approved by the SAB in April 2023.

5. Family contact

An important element of any SAR process is contact with family. It is known that Anton had a brother living in England but there does not appear to have been close contact in the period under review. It was also suggested that he may have had a son, possibly still in Slovakia, again there does not appear to have been any contact in the

last two years of Anton's life. A couple of friends / supporters are identified in the chronology – an older male neighbour and a young Polish man who positively supported Anton at certain points. However, these relationships do not seem to have been active towards the end of his life. As a result, there has been no family or informal carer involvement in the development of this review.

One professional who knew Anton well, and who was a strong advocate for his needs, did contribute via the Practitioners' Event and this allowed the reviewer to have a more detailed picture of Anton and his needs. The author is grateful for her insights.

6. Parallel processes

There were no parallel processes such as Police or Coronial inquiries that coincided with the SAR process.

7. Terms of Reference

The terms of reference for this review are included in Appendix 1. These informed the development of the Independent Management Reviews and the thinking about this SAR. However, they have not been used to structure this review because the review process opened up new learning about the themes to be prioritised in the report and how that material should be presented.

8. Background and personal Information

Anton was a 64 year old man who was found deceased in his property in November 2021. He was of Slovakian origin and it is understood that he had come to England about 12 years previously. In Slovakia he had been in military or police service and latterly he had worked as a lorry driver. His understanding of English was limited and he relied on friends and professional interpreters to translate for him. On occasions interpreters advised that they could not understand what Anton said, which may have indicated that he also struggled with his speech, perhaps as a result of a stroke or dental problems.

Anton had significant health problems. It is alleged that a family member broke his jaw in 2012. In 2013, he had walked out in front of a car while intoxicated. In the following years he may have had as many as three strokes which prevented him from working. Certainly he had a stroke in 2018 which led to engagement with stroke rehabilitation and the Stroke Association. His poor diet also contributed to health problems and he may have had scurvy (caused by vitamin C deficiency) on occasions.

Anton had mental health concerns and struggled with anxiety but would not engage with Mental Health Services. Concerns were also expressed about possible Post Traumatic Stress Disorder and suicidality (prior to the review period). Throughout the IMRs, there are also references to problems with alcohol. However, it is unclear whether alcohol was still impacting on him in the last months of his life.

In 2017 he had a major problem with his benefits. He was mistakenly advised to go on to Universal Credit, but was then deemed to have failed the Habitual Residence Test and his Universal Credit was stopped. After eight months, this decision was reversed but, in the interim, the lack of money and stress involved may have impacted on his eating, his health, his mental health and possibly his trust in services.

In the last two years of his life, Anton was the subject of two safeguarding concerns. These raised questions about both self-neglect and possible financial abuse. The first of these safeguarding concerns was closed very swiftly. The second resulted in more intensive intervention but did not progress to an enquiry under Section 42 (2) of the Care Act.

It is unclear the extent to which Anton was being abused or exploited by others. The SAR Referral says: "There were a number of concerns in relation to Anton's capacity, self-neglect and *possible financial abuse*". In 2012 the Police reported that he was assaulted by a family member and in 2020 there was an argument with a woman he knew, but there is no evidence that this was more than a bi-directional argument and no accusations were made by either party. In September 2020 the Police were called to criminal damage to his front door – but again there is no evidence that this was more than a random act of damage by a passer-by.

Concern was expressed that Anton may have been financially exploited by at least two separate women. Indeed, the use of his bank card by one of the women may have been continuing up until close to his death. His Money Advice Officer raised concerns around capacity and financial abuse in the safeguarding referral submitted to Adult Social Care in July 2021. This referral was accepted and allocated to a Social Worker.

By this point, his health was poor and he was reporting stomach pain and that he was unable to keep food down. As a result he was not eating properly and was neglecting his personal care and home environment. Towards the end of his life, Anton was reported to not have been leaving his property due to his health.

However, Anton struggled to sustain his independent living needs. His mobility appears to have been impaired and he would have stumbles and falls but would not contact professionals. This is believed to be due to fears of external involvement. Anton told professionals that he was unable to eat, and there was evidence that food provided was left untouched. It is believed that Anton did not consume any food from 13th October 2021 up until his death. His housing provider contacted Adult Social Care 17 times following the second safeguarding concern with regard to his wellbeing.

A significant feature of Anton's presentation is that he was often difficult to engage with services. In the review period, there are at least 15 examples of Anton not engaging with services or appointments as would have been expected. Most significantly, not attending surgery for suspected bowel cancer in September 2021. However, there are also other examples of Anton not attending appointments, not answering phone calls, not engaging with paramedics or discharging himself from hospital. There were a complex set of reasons behind this pattern including, for example, language, lack of trust in services and possibly other reasons such as pride.

Nonetheless, to many professionals he will have appeared to be “difficult to engage” and this will have added to the challenges of working with him.

As his physical health deteriorated, a Social Worker undertook a mental capacity assessment because Anton was showing signs of not understanding his financial situation. He was found to lack the mental capacity to manage his finances, however, the available evidence does not indicate what was put into place as a result of this assessment. No other mental capacity assessments were undertaken.

It appears that Anton was stuck in a very difficult ‘loop’. It was hoped that his mental wellbeing would improve if his physical health was addressed. Yet his anxieties and mistrust of Health Services, as well as the language barrier and the lack of support, were preventing his physical health problems being resolved.

Anton lived in a Housing Association property. He had previously been homeless, and was extremely fearful of losing his home. There were problems with the condition of the property which were initially not reported and once the issues were identified, Anton would not engage with the repairs. One professional described a visit to Anton during the winter in which his house felt colder indoors than it was outdoors.

He was allocated a Floating Support Worker to help him clear his flat so that repairs could be undertaken. He was also in the process of being supported to source alternative accommodation with a higher level of support. Both these processes were occurring at the time of his death.

In the final weeks of his life, he seems not to have been eating and is described as having drawn the curtains and being reluctant to allow people in. As a result of all these problems he was subject of a multi-agency meeting in October 2021. A further meeting was planned, but he died before it could happen.

By that time he was living in an appalling condition. His property was in a poor state of repair and professionals who saw it after his death described it as covered in mould with thick layers of dust on most surfaces. Multiple cupboards and drawers were stuffed with paperwork going back 15 years or more. Bed sheets appeared not to have been washed in months and were stained with urine and excrement.

Anton died of pneumonia in November 2021. He was found on the floor in the foetal position and was wearing a pair of yellow crocs that were filthy and covered in mould. He had engrained dirt under his finger nails, which appeared to show that he neglected his cleanliness and hygiene.

9. Chronology

A chronology of Anton’s involvement with services was compiled from the material in the IMRs. This has been used to support the findings of this document. It runs to 20-30 pages of text; therefore, it has not been included in this report for fear of making it unreadable. However, it is available via the SAB to partner bodies.

10. Overview of emerging themes

Anton was a man who presented some problems which were specific to him: his poor comprehension of English, his problems with the benefits system and some particular problems with responses from services. However, he shares features with many other people who require safeguarding: he was difficult to engage in services, there are possible problems with both his mental health and alcohol use and there are questions about the use of the mental capacity framework.

The central focus of this review is:

- What lessons can be learned from the steps taken to safeguard and protect Anton?

However, this question breaks down into a number of themes including:

- Safeguarding practice
- Mental capacity
- Inappropriate responses from services (e.g. failed service provision and short term working)
- Working with difficult to engage clients
- Multi-agency management
- Problems with benefits payments
- Working with people with limited English and poor communication skills
- The identification of possible alcohol use disorders
- The impact of Covid-19 restrictions

This review splits these themes into two sections: those which are more specific to Anton and his situation (section 11) i.e. the connected themes of his problems with the benefits system, the response from services and the issues caused by his poor English language skills. The second section (section 12) explores more generalisable themes around engagement, safeguarding, mental capacity, multi-agency management, alcohol use disorders and Covid-19.

This review highlights points at which Anton would have benefited from different responses from services. However, he also benefited from some very intensive and high quality work from some agencies e.g. his Housing Provider. This is reflected at points in the review and in the Good Practice section at the end.

11. Benefits, language and service responses

11.1 The problems with his benefits payments

Anton had significant problems with his benefits. This was mostly prior to the period under review but was seen by professionals as having an ongoing impact on his health and well-being. In 2017, Anton was mistakenly advised to come off disability benefit and move onto Universal Credit. However, he was then found to have failed the Habitual Residence Test and his Universal Credit was stopped. He was referred to

Citizens Advice Bureau (CAB) supported by Mental Health Reablement. CAB advised he was not entitled to state benefits and would need to find employment.

For many months, Anton was at threat of becoming homeless and was not eating well due to the loss of his benefits. Ultimately, with praiseworthy support from his Housing Association staff, this decision was reversed but it does seem to have caused Anton considerable anxiety. It may have contributed to his health problems and may have led to anxiety about his financial situation that could have impacted on some of his later behaviours.

Anton was the “victim” of a very complex area of legislation complicated further by Anton not understanding much of the information provided in English. It is likely that an analysis by a benefits expert may identify some more specific lessons to be learned from Anton’s situation. However, that cannot be the purpose of this SAR.

More simply, the Practitioners’ Workshop felt that the problems lay in professionals not understanding this complex area of benefits legislation. At its simplest the Workshop highlighted the need for either more training or easier access to expert support on supporting foreign nationals through the benefits system.

11.2 Hearing his voice - Language and culture issues

Anton primarily spoke Slovakian. The degree to which he could understand and communicate in English is a matter for debate. He clearly had only very limited English but at times – e.g. incidents with the Police in May and September 2020 he appears to communicate in basic English. That does not mean that he found it easy or that he did not need help.

The response to this challenge varied. In some cases there was very good practice. The Ambulance Service used a telephone translation service to communicate with him (which seemed to work well). The Mental Health Trust was sensitive to the fact that Anton struggled with the English language and, both times practitioners encountered him, they ensured he was able to use Slovakian to communicate. Above all, his housing provider always attempted to engage an interpreter to ensure that they could fully understand Anton’s wishes and feelings.

However, practice did not always meet this standard. The Police acknowledge that in 2018 (prior to the review period) Anton called Police asking for help and asked Officers to remove a woman from his address. The Officer attempted to use Language Line but when this was not possible, Police left it up to Anton to initiate contact and attend at the Police station at his discretion. Anton did not attend i.e. calling back with an interpreter to explore any issues. On the other hand, it should be noted that Anton was able and willing to call the Police and ask for help as he did on this occasion.

Adult Social Care arranged interpreters for home visits to ensure he was able to understand and express his views effectively. However, on one occasion a Social Worker contacted Anton via phone to check his wellbeing, but it just went to voicemail and a message was left in English with contact details. It appears there was no

realisation that Anton may not understand this message despite the practitioner knowing that there were communication difficulties. There was no further follow up to ensure he was safe and well and to offer further assessment.

More crucially Anton had particular problems engaging with Health Services, both Hospital and Primary Care, because letters and texts were sent to him in English and Anton did not understand correspondence received in English. Anton did not attend an appointment at the general hospital due to the letter being in English.

In particular, the benefits appeal process that Anton had to go through from 2017 was particularly challenging as all the letters were in English. It was noted at that time he had a large pile of unread letters in English at his home address and evidence from the IMRs highlights the complexity of the benefit system for a person who does not speak English.

Other factors may have impacted on Anton's ability to communicate. The strokes that he had and the loss of his teeth may also have hampered communication. Even one of the interpreters commented that due to slurred speech, it was not possible to understand some of what Anton said.

In terms of the wider issue of Anton's culture and identity, good practice was evident in that he was matched with a Slovakian volunteer for support during 2020. It is unclear on the notes if this was successful or if she linked him to any other Slovakian community members. It is also known that a Polish speaking volunteer collected prescriptions for him and did his shopping, their conversations were limited because although the two languages are closely related, they are not identical.

There were also concerns raised at the multi-agency meeting in October 2021 that the food provided to Anton was not culturally appropriate. It is unclear whether this was a significant problem.

This raises the question of whether Anton's voice was fully heard. The Adult Social Care IMR comments that: *"It is evident on the notes that his views and wishes were sought but one cannot confirm they were understood completely by the professionals involved as it is apparent that Anton's concerns were not resolved."* This is probably a fair reflection of the position of other agencies. His housing provider made real efforts to access translation services and understand his views. Other agencies were making similar efforts to hear his voice. However, the nature of his death suggests that agencies had not been able to engage Anton in ways which helped him to move forward.

11.3 The response from services

Anton did receive some very positive responses from local services. For example, the Money Advice Team offered a high level of support in relation to his settled status and benefits. His Housing Association referred Anton to a local service offering floating support. His housing provider made welfare calls to Anton during the pandemic – one of a programme of calls to more vulnerable individuals to offer additional support. These welfare calls resulted in referrals to: emergency services,

Adult Social Care and a voluntary support service. Ultimately a multi-agency meeting was set up and led to actions such as the allocated Social Worker speaking to the GP about a visit from a dietitian.

However, there were also gaps in services' responses. (This review has already identified problems in the care of Anton as a result of language barriers.)

In 2021, Anton was assessed to have eligible care and support needs under the Care Act by his allocated Social Worker. A referral was made to the Mental Health Reablement Team to consider support at home; but the referral was rejected due to lack of availability. However, there does not appear to have been any further follow up by the Social Worker to source alternative care and support for Anton. The Social Worker had seen Anton several times at home with an interpreter present; however, further support at home had not been considered in between the rejection of the reablement referral and his death.

Given his declining health in the autumn of 2021 and the nature of his death, the adequacy of the response to his poor physical health has to be considered. During the review period Anton himself failed to attend various appointments including key pre-operative hospital appointments and this undoubtedly impacted on his health. Covid-19 restrictions may also have made it harder for health agencies to engage with him.

More particularly, in the last two months of his life, repeated concerns about Anton not eating and his deteriorating physical health were raised with the Social Worker and then via the Social Worker to the GP. The Social Worker contacted the Practice three times in September before a consultation was arranged with Anton. This was a telephone consultation which was unsuccessful because of communication problems. As a result a home visit took place in early October.

The home visit was inconclusive because Anton was ambivalent about his treatment options. However, there was a difference in perception about the next steps. Anton and the Social Worker appear to believe that the GP would come back to Anton once he had had time to think over his options. The GP appears to believe that Anton would initiate further contact.

After this visit, the Social Worker twice followed the case up with the GP seeking a follow-up home visit, the second of these calls resulted in an invitation for Anton to attend the surgery – which he did not do. The GP and the Social Worker had a discussion at the end of October about next steps, in which the GP acknowledged a lack of response due to home working. However, this meeting did not result in a home visit and Anton died before any further action could be taken.

There are four occasions in this period where contacts from the Social Worker about Anton are not recorded in the Primary Care notes. This has been acknowledged by the Practice and is being treated as a significant event.

Other gaps in the response from service include:

- Housing Association operatives attempted to attend Anton's property to carry out the job but were unable to make contact with Anton. However, the inability to complete the job was not shared so that it could be rearranged.
- There appears to be a delay between a Social Worker's home visit and contacting the GP to request follow up.
- Anton was not picked up by IAPT due to a technical error on a referral. This was not identified until 3 months later.

It is possible to argue that Anton was simply "unlucky" in his engagement with services. It is also possible that Covid restrictions impacted on his care (see below). However, it is also possible that the challenge of working with someone with poor English and other communication problems had an impact as mentioned above. It is also likely that because Anton was often reluctant to engage with services this also impacted on the response he received from services – this is explored below.

The Police IMR raises the important issue of the need for professional curiosity. It states that *"Officers should use professional curiosity when dealing with adults, to ascertain if they are struggling with alcohol or mental health. This is a reoccurring message which Cheshire Police are continually pushing on force newsletters and training."*

This message applies to other services involved with Anton. Both health and social care could have used more professional curiosity to understand what was happening with Anton in terms of his health, his diet, his relationships, his involvement with care and the state of his home environment.

This review cannot say for certain why there were these shortfalls in service response, but it is important that service providers review the identified problems and consider whether they would occur again with other individuals.

12. Engagement, safeguarding, mental capacity, multi-agency management and alcohol use disorders

12.1 Engagement

The most practical challenge with Anton was that he was very difficult to engage constructively in interventions. Anton had frequent contacts with some services but would not always follow through on steps that would help him, especially with services in the healthcare system: he failed to attend appointments, discharged himself prematurely from care or refused to engage with paramedics. This made it difficult to undertake the support that would have been required to reduce his risk and stabilise his situation.

It is easy to see these engagement challenges as a *client failure* and an indicator of a lack of need for services. For example, one of the IMRs comments: *Due to the increasing agitation, the non-engagement, and the professional opinion that he could manage, calls were ceased.* Professionals should consider carefully whether non-

engagement is, in reality, an indicator of someone who is struggling and needs more assertive intervention.

This raises questions about themes such as escalation, multiagency management and mental capacity which are explored elsewhere in this review. However, at its most basic, it raises questions about ensuring that professionals have clear guidance and training on how to respond to individuals who are difficult to engage in services.

A central recommendation of this review is the need for a procedure to guide professionals in dealing with client non-engagement. Anton's case history highlights that to make that procedure useful it will need to provide guidance on:

- how to judge the level of risk or vulnerability that warrants ongoing, assertive action;
- how to escalate these concerns and where they should be escalated to;
- how to practically intervene with hard to engage clients, including for example the importance of continuity of care.

The Adult Social Care IMR comments that: *It would be beneficial if the SAB could undertake some work around guidance when individuals do not engage with support and non-attendance at appointments...*

This process, whether single agency or multi-agency, would also benefit from guidance on what techniques work with hard to engage clients. This is an under-developed field. The SAR author looked for national guidance on this issue as part of the drafting of this report but could not find an overarching guidance document. Reports such as "The Keys to Engagement" (mental health)¹ and "The Blue Light Project" (alcohol misuse)² have addressed this issue with specific client groups but there is no single guidance document. Whether this is at a local or a national level, such guidance will be a vital support to those working with vulnerable and difficult to engage clients.

(It should be noted that the national SAB Manager Network is currently developing guidance on working with difficult to engage clients. This is not complete but may fill this gap.)

12.2 Safeguarding / Adult Social Care

Faced with Anton's pattern of vulnerability and self-neglect, the key question is whether the appropriate steps were taken to address these needs. Two safeguarding referrals were made during the review period. Anton was also subject to a Police concern for safety in April 2016. This led to a referral to Alcohol Services which, it is presumed, was not pursued by Anton.

In June 2019, there was an adult needs assessment completed by a Social Worker which identified that he had eligible needs in five outcomes with a next step of involving reablement to assess his long term needs. This was closed in July 2019 after a review

¹ https://www.centreformentalhealth.org.uk/sites/default/files/keys_to_engagement.pdf

² <https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project>

concluded that there were no eligible needs *due to there being no significant impact on wellbeing if outcomes were not achieved*. It is hard to evaluate the appropriateness of this decision in retrospect, but it appears hard to reconcile with what subsequently occurred.

During the review period safeguarding concerns were raised in April 2020 and July 2021. The Housing Association's IMR suggests that their service should have also made a referral slightly earlier in 2020; but this would still have been in April 2020. In February 2021 there was a possible missed opportunity to submit a safeguarding referral when a Housing Association Worker had a conversation with an informal supporter who expressed concerns about Anton not eating properly and about his physical and mental health generally. The Housing Association have acknowledged that a safeguarding concern should have been raised. Just a few days later a Housing Association Building Surveyor recorded the poor state of Anton's home. This represented another opportunity to submit a safeguarding concern. In May 2021 another opportunity was identified to escalate concerns about his situation to Adult Social Care.

The April 2020 referral was made by the Ambulance Service following a face to face contact with Anton which was prompted by concerns from his housing provider. The paramedics had problems communicating with Anton and used a phone translation service to communicate. The translator had stated that Anton had no medication or food. The paramedics themselves found food and medication in the house but identified that Anton's property was unkempt. Anton told the attending crew that he had leg pain from an operation one month previously. The leg wound was checked and there were no signs of infection, and the wound was clean. Anton refused a hospital admission; but a safeguarding concern was raised.

As a result a Social Worker rang the Housing Association and clarified that the Ambulance crew had been out and checked his health. The view was that Anton required social support and there was a discussion about food parcels and community support. The Social Worker rang Anton but there was no answer. The Social Worker then rang the Local Area Co-ordinator and Anton was matched with a Slovakian volunteer to support with shopping and medication collections. Therefore, the safeguarding contact was closed at contact stage as it was decided that no safeguarding issues were indicated by the information gathered.

The notes are unclear, but the Ambulance Service may also have asked for a Section 9 assessment of Anton's care and support needs. This did not happen. The last time such an assessment that had been completed was July 2019. Therefore, an assessment would have been useful in exploring whether anything had changed within that year, if there were any issues with self-neglect or risks to his wellbeing.

There are no further notes to indicate the outcomes of the planned services. For example, information via the volunteer could have given a picture of how Anton was managing, his views and wishes and if he wanted further support from a Social Worker. It is fair to note that this process was at the height of the Covid-19 restrictions and this is likely to have impacted on the steps and decisions taken.

The second safeguarding concern was raised in July 2021 by his housing provider, as a result of concerns about financial abuse and his welfare. This safeguarding concern was not progressed to a S42(2) enquiry which would have been in line with the local safeguarding policy. As there was an allegation of financial abuse as well as concerns about his welfare and previous history of non-engagement Anton appeared to meet the criteria to progress to an enquiry. The Adult Social Care IMR highlights that this safeguarding should have followed the SAB complex safeguarding policy.

The case was closed to safeguarding; however, a Social Worker was allocated and worked with Anton until he died. Nonetheless, his housing provider shared informal safeguarding concerns with Anton's allocated Social Worker via email and over the phone 17 times from 14/07/2021 to 02/11/2021. They also shared concerns about possible financial abuse with the DWP Safeguarding Lead in September 2021.

This process highlights the importance of submitting safeguarding concerns as a means of focusing attention on complex and vulnerable clients. If concerns had been raised more frequently, Anton's needs would probably have been escalated to a Section 42 (2) inquiry and he might have benefited from multi-agency review.

The Adult Social Care IMR does highlight good practice in response to this safeguarding concern. There was one Social Worker involved throughout the process. This Social Worker completed home visits and used the interpreter. The Social Worker completed a Care Act assessment and a mental capacity assessment regarding finances when he had doubts about Anton's ability to understand and weigh up decisions about his finances. The Social Worker did complete steps to look at an appointeeship to reduce Anton's future risk. Steps were taken to provide support packages, explore alternative accommodation, look at maintenance to the property, and make a GP referral about alcohol misuse and health concerns.

However, the Adult Social Care IMR recognises that there were delays, and some opportunities were missed:

- The notes show evidence that finances were discussed with reference to looking at bank statements for withdrawals, but one cannot see professional decision making in terms of risk regarding the financial abuse allegation.
- Although his assessment determined he had eligible needs, it appears a timely support plan was not put in place to meet those needs.
- Meals were started in September but then cancelled and the notes indicate these ceased within three weeks due to non-payment yet observations in September was that he was very thin. Anton had wanted them to continue but it is unclear why these had not re-started. This does highlight that practitioners need to have the confidence to ask about waiving charges where a vulnerable person is in crisis and in a safeguarding situation.
- Contact with the GP could have been acted on sooner when health issues were observed during visits in July. One could query that if Anton was so unwell in October and it was impacting significantly on his cognition and his physical wellbeing, could there have been more support to get him to hospital?
- There is no evidence of any multi-agency risk assessment and risk management plan. Neither is there an individual agency risk assessment on file. This is a gap especially with Anton's previous non engagement with support.

- Anton should have been referred to the high risk/complex safeguarding forum as per Safeguarding Adults Board Policy.
- Anton's housing provider was not provided with a copy of a safeguarding plan.
- More follow up was required with the GP regarding alcohol and mental health concerns and a possible referral to a Community Matron for health issues.

The Adult Social Care IMR summarises the situation: *it is not evident on the case file that a safeguarding adults plan, separate risk assessment or care and support plan were completed. The Care Act assessment in August 2021 does, however, evidence that there is risk of self-neglect, abuse from others and risk of harm to property and that there would be a significant risk to his wellbeing if his outcomes were not met... factors present that may have delayed support plans being implemented, include the impact of covid-19 and lack of availability for reablement.*

12.3 Multi-agency management / escalation

Multi-agency management was limited in the care of Anton. The Adult Social Care IMR comments that: *There were missed opportunities for all the professionals involved to meet via multi-agency forums on TEAMS.*

Ultimately, a Money Advice Officer set up a multi-agency meeting in October 2021 to discuss the ongoing safeguarding concerns and the deterioration in Anton's health and wellbeing. This meeting involved a Floating Support service manager, Social Worker, a Safeguarding Officer at his housing provider and a GP. At the meeting financial abuse, self-neglect, urgent physical health needs and mental capacity were discussed. A professional's plan was devised as a result of this meeting. A second meeting was planned for November 2021 but did not happen due to his death. References are made in the IMRs to other meetings but it has not been possible to identify when or if these occurred. It seems certain that no other comprehensive multi-agency meeting occurred.

Multi-agency management is one form of escalation. Another would have been the involvement of more senior management. There appears to be a lack of senior manager involvement from November 2019 onwards. If the safeguarding had been progressed and referred to complex safeguarding, then senior management would have been involved. Similar concerns about the lack of senior manager involvement are expressed by his housing provider: *Internal escalation should have taken place after the safeguarding referral was submitted on 08/07/2021 due to the lack of support and action from Adult Social Care and Health. External escalation processes should have been followed to ensure that relevant services were fully engaged specifically Adult Social Care and GP.*

At practitioner level, however, there is evidence of joint working. There was regular communication via email and over the phone, between July and November 2021 between his Money Advice Officer (MAO), Social Worker and Floating Support Officer. The MAO also provided updates to the DWP safeguarding lead in relation to the concerns around possible financial abuse, settled status and the capacity assessment that the allocated Social Worker was due to complete. Staff at Anton's housing provider had telephone and email communication with the allocated Social Worker

and the Floating Support Worker. The housing provider conducted joint visits with the Social Worker and the Floating Support Worker on two occasions in September 2021.

Nonetheless, it is likely that Anton would have benefited from escalation to either a multi-agency framework or some other senior management group and this did not happen early enough for it to have an impact on his care.

12.4 Mental capacity

Anton's care raises questions about the use and impact of the Mental Capacity framework. Anton appeared to be making a series of decisions which impacted very negatively on his health, his finances, his housing and his general well-being and which may well have contributed to his death. This must raise questions about whether Anton had the mental capacity to take these decisions.

Anton may also raise questions about the challenge of assessing capacity with someone who has only limited English and comes from a different cultural background. In particular, where his poor English language skills may conceal other communication difficulties. However, these challenges were not specifically identified or commented on in the IMRs.

The original SAR referral raised concerns about Anton's capacity and his ability to meet his own care needs. In March 2019 (prior to the review period) Anton was taken to hospital due to suicidal ideation. At hospital Anton denied this and declined assessment and it was felt he had capacity to make this decision and was discharged.

In January 2020 an ambulance was called to Anton because of a collapse the day before. He refused transport and the Paramedics documented him to have capacity. In March 2020, a Social Worker was planning to assist Anton to move to a care home for assessment, but he refused. The Social Worker felt Anton had no mental capacity concerns and he had made an "unwise decision".

In October 2021, Anton's GP completed a home visit with an interpreter. They discussed falls and recent issues with bowels and stomach pain. The GP agreed to allow time for Anton to think about his options and whether he would like to go ahead with further surgery. The GP documented that Anton had capacity to make this decision.

The Safeguarding Referral in July 2021 raised concerns around capacity and financial abuse, particularly because he was about to receive a large benefits arrears payment. A mental capacity assessment was undertaken by his Social Worker around finances in October 2021; concerns were expressed that Anton did not have the ability to weigh up the risks and consequences of decisions he made and the ability to execute decisions regarding finances. However, no other mental capacity assessments were completed for other areas such as care and support planning.

The condition in which he existed for the last months of his life must raise questions about whether he really had the capacity to care for himself and take decisions that

maintained his health. Therefore, the question is why was this not more actively considered by key professionals.

The answer to this can only be speculation but three themes may be relevant:

- Professionals placing an emphasis on people's "right to make unwise decisions" to a degree which is out of step with the Act.
- Professionals not considering executive function and executive capacity.
- Professionals not understanding the need to continue to take steps with people who do have capacity but nonetheless make unwise decisions.

Anton was an individual who would often reject or disengage from services. As one provider said: *"He didn't want support from us he wanted to be left alone."* Faced with such attitudes it is easy for workers to assert someone's "right to make unwise decisions". However, the Act does not make a blanket statement that people have a right to make unwise decisions. They have that right if they have the mental capacity to make that decision. At times, this important caveat can become lost in workers' thinking.

The report of *'The 2013 Mental Capacity Act 2005: Post-Legislative Scrutiny'*, specifically highlighted the challenges posed by clients like Anton: *The presumption of capacity, in particular, is widely misunderstood by those involved in care. It is sometimes used to support non-intervention or poor care, leaving vulnerable adults exposed to risk of harm. In some cases, this is because professionals struggle to understand how to apply the principle in practice. In other cases, the evidence suggests the principle has been deliberately misappropriated to avoid taking responsibility for a vulnerable adult. i...Such points were echoed in the submissions from family carers who expressed frustration at the misappropriation of the assumption of capacity by health and social care staff to justify poor care. ii*

In assessing capacity with vulnerable and self-neglecting individuals like Anton it is important to consider executive function. The Teeswide Carol SAR talks about the need to look at someone's "executive capacity" as well as their "decisional capacity". Can someone both *take* a decision and *put it into effect* (i.e. use the information)? This will necessitate a longer-term view when assessing capacity with someone like Anton. Repeated refusals of care should raise questions about the ability to execute decisions. The draft Code of Practice to the Mental Capacity Act now specifically highlights the need to consider executive function and to consider repeated failed decisions when assessing capacity.

Even if it was decided that Anton did not lack the capacity to care for himself, professionals may still need to help him to make decisions about his care. The MCA Code of Practice repeatedly highlights the need to assist capacitous people with their decision making e.g. *people must be given all appropriate help and support to enable them to make their own decisionsⁱⁱⁱ; it is important to take all possible steps to try to help them reach a decision^{iv}; it is important to provide appropriate advice and information^v; providing relevant information is essential in all decision-making.^{vi}*

Perhaps more relevantly the Code of Practice comments that:

2.11 There may be cause for concern if somebody:

- *repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or*
 - *makes a particular unwise decision that is obviously irrational or out of character.*
- These things do not necessarily mean that somebody lacks capacity. But there might be need for further investigation...^{vii}*

Far more consideration could have been given to how the Mental Capacity Act was used with Anton. Ultimately, consideration could even have been given to building a case for action under e.g. Article 2 of the Human Rights Act 1998.^{viii}

12.5 Alcohol use disorders

The picture of the role that alcohol played in his life is very unclear. In the evidence from the Police there are reports of intoxication: Anton was seen on multiple occasions by Police between 2012-2016 drunk and struggling to communicate. This is the period in which he was knocked down by a car while intoxicated. In 2016 he was also referred to Alcohol Services: it is assumed (although not known) that nothing came of this referral. His Adult Social Care Assessment in 2019 expressed concerns about alcohol misuse but involvement with Adult Social Care was closed.

However, in the period under review, evidence about his use of alcohol is much less clear cut. For example, in the last days of his life, his GP felt that he was drinking alcohol but Anton denied this. A Housing Worker, who knew him well in this period reported that she had not seen him drunk on any of her visits. It is, therefore, not possible to say what role alcohol played in his self-neglect and death.

At the very least, this is a reminder of the importance of robust alcohol screening processes to ensure that any alcohol-related risk is identified and highlighted. In accordance with NICE Public Health Guidance 24, professionals working with the public need to be alert to the possibility of alcohol use disorders and should be routinely asking the AUDIT questions and using professional curiosity to explore this issue. Best practice would ensure that the AUDIT alcohol screening tool^{ix} is routinely being used by all relevant professionals, whether in Primary Care, Mental Health Services, Adult Social Care, Housing or any other adult service.

13. Covid 19

The majority of the period under review was during the Covid-19 restrictions. The IMRs have mixed views on whether these restrictions impacted on his care. The Police and, more importantly, the Floating Support Service did not feel that this had had an impact.

However, other IMRs recognise that responses from Adult Social Care, the GP and the Hospital may have been affected by Covid-19. Anton's housing provider felt that there was less opportunity to see Anton face to face. Adult Social Care recognise that Anton: *"was not seen face to face/ or assessed and one could conclude this was because it was at the height of the pandemic. Lack of availability of care and support*

is also another significant factor impacted by Covid. It was also noted by the Social Worker that a slow response from the GP was due to the fact the GP had been home working.” His physical healthcare may also have been impacted, e.g. keeping virtual clinic appointments rather than face to face appointments.

However, it is probably unreasonable to draw any conclusions about services generally from provision during this unique period. Therefore, this theme does not feature in the learning and recommendations.

14. Key Learning Points

Any comments on the learning from Anton’s care need to be prefaced by a recognition that most of the period under review was at the height of the Covid-19 restrictions. This may have impacted on the interventions that he received and this needs to be acknowledged when reading these comments.

It should also be noted that there was good, assertive practice with Anton. Certainly in the last months of his life, many agencies were aware of his vulnerability and were taking steps to address this. Nonetheless there is important learning from the circumstances of Anton’s death. Anton posed some very specific and individual challenges to services. But his care also provides messages that are relevant to work with many vulnerable and difficult to engage individuals.

The features which are more specific to Anton are his loss of settled status and consequent loss of benefits, his language skills and some problems with individual services.

Anton’s care highlights the need for relevant professionals to have either more training or easier access to expert guidance on supporting foreign nationals through the benefits system. At a more nuanced level it shows the impact that loss of benefits can have on an individual. In Anton’s case, it is arguable that this experience impacted on many of his subsequent interactions with services.

Although many agencies worked effectively to overcome Anton’s language barriers, not all agencies recognised the problems posed by his lack of English and messages and letters were still being sent in English at points near to the end of his life. This is not a general statement that all migrants who lack English language skills should receive all messages and calls in their native language, but when dealing with complex and vulnerable individuals this is clearly going to be a necessity.

Anton experienced a number of gaps in the service he received from various agencies. For example, the lack of follow up after the rejection of the Mental Health Reablement Service referral or the error with the IAPT referral. These appear to be very individual problems and have been recognised by the services involved. As a result no recommendations have been made about them.

Aspects of the Primary Care response to Anton, particularly in the last two months of his life have been acknowledged to require review e.g. the recording of telephone contacts. However, this response may suggest a wider need to review the way in

which Primary Care responds to chaotic and vulnerable individuals who are hard to engage in standard Primary Care appointment systems.

More generally, the key point is the need to think carefully about how agencies work with clients who are difficult to engage. The Adult Social Care IMR comments that: *It would be beneficial if the SAB could undertake some work around guidance when individuals do not engage with support and non-attendance at appointments...*

This review agrees that the response to difficult to engage clients will be strengthened by the development of a local policy or procedure which guides professionals on how to work with such clients. It should include comment on the level of risk that requires a more assertive approach and identify the need to escalate the more vulnerable, hard to engage clients, to a local multi-agency forum for joint management.

Anton's care would certainly have benefited from more multi-agency management and escalation to senior staff or groups. The only identifiable multi-agency meeting was held in the month before he died. It was acknowledged in at least one of the IMRs that professionals should be using such approaches with this client group.

At the heart of this is mental capacity. Professionals only ever assessed Anton's capacity to manage his finances. However, other issues could have been considered, e.g. was Anton able to care for himself and maintain his health? It is not clear why these assessments were not happening in a timely manner but it does raise questions about whether:

- Professionals place too great an emphasis on people's "right to make unwise decisions".
- Professionals are considering executive function and executive capacity.
- Professionals are not understanding the need to take steps with people who have capacity but nonetheless make unwise decisions.

Therefore, Anton's care raises questions about training on the use of the Mental Capacity Act with vulnerable individuals, including training around executive function / capacity. However, it also highlights the importance of not seeing "having capacity" as an end to the need to make efforts to help people with their decision-making. This has been clearly stated in both the original and draft Codes of Practice to the Act.

Two safeguarding referrals were made during the review period. The first of these was closed very swiftly. The second did not progress to a S42(2) enquiry in line with the local safeguarding policy. However, social care involvement did continue up until Anton's death. It is possible that further safeguarding concerns should have been raised at other points in the two year period.

It has been acknowledged by the Adult Social Care IMR that Anton should have received a more intensive safeguarding response. It has also been suggested that Covid 19 restrictions may have impacted on the response he received.

However, this does suggest the need for ongoing training about the need to raise safeguarding concerns about vulnerable individuals and that within Adult Social Care practitioners are:

- Able to identify self-neglect concerns through effective triage and understand when those concerns require a safeguarding enquiry s42(2).
- Familiar with the complex safeguarding policy, agency's escalation policies and the need for multi-agency meetings to share information and risk

Anton may have had a history or pattern of alcohol use disorders. The challenge is that there was a lack of a detailed understanding of the nature of his use. This highlights the importance of standardised screening tools. In particular, following NICE Public Health Guidance 24, the AUDIT alcohol screening tool should be widely used by all frontline professionals to provide a consistent means of communicating information about alcohol-related harm.

15. Good practice

Some agencies and individual professionals made significant efforts to engage with Anton and to improve the quality of his life. In particular professionals from his Housing Association and Floating Support service made assertive efforts in the last year of his life to engage with him and secure the help that he needed. Before that, and largely before the review period, his Housing Association's Money Advice Officer had made highly praiseworthy efforts to resolve the problems he experienced with the loss of his settled status and the right to benefits.

Anton had problems communicating in English and although there were problems around this, many agencies e.g. his Housing Association, Floating Support Service and Ambulance Service, actively used translation services and other agencies including Primary Care and the Hospital were coming to the recognition of this need. He was matched at one point with a Slovakian volunteer from a local service. Again outside the review period Mental Health Reablement identified a Polish Reablement Worker to support him because of similarities between the two languages.

16. Recommendations

Recommendation 1 – The Cheshire East SAB should reassure itself that there is training or access to expert support on supporting vulnerable foreign nationals through the benefits system.

Recommendation 2 – The Cheshire East SAB should reassure itself that all agencies are considering the use of translation services and providing materials in native languages for vulnerable individuals who are not English speakers.

Recommendation 3 – The Cheshire East SAB should lead the development of local procedures that guide professionals on how to respond to individuals requiring safeguarding but who are hard to engage. (These protocols could equally apply to vulnerable clients outside of the safeguarding context).

Recommendation 4 – The Cheshire East SAB should ensure that those procedures include a structure for determining the level of vulnerability associated with a client, which will then guide the level of persistence that is used to follow-up these clients.

Recommendation 5 – The Cheshire East SAB should ensure that those procedures include the need to escalate the more vulnerable, hard to engage clients, to a local multi-agency forum for joint management. The SAB should ensure that the importance of escalating concerns about more vulnerable clients to multi-agency agency management frameworks is cascaded as widely as possible through their own and partner agency communication systems.

Recommendation 6 – Alongside the procedures, the Cheshire East SAB should consider the development of more practical multi-agency guidance on “What works with hard to engage clients”, including, for example, continuity of care.

Recommendation 7 - Cheshire and Merseyside Integrated Care Board should review the way in which the healthcare system across both Primary and Secondary Care responds to chaotic and vulnerable individuals who are hard to engage in standard appointment systems.

Recommendation 8 – The Cheshire East SAB should ensure that guidance or protocols are available to support professionals to consider the use of the Mental Capacity Act in the context of difficult to engage clients. This should include reminders about the importance of considering executive capacity and that people with capacity may still need ongoing help with their decision-making.

Recommendation 9 – The Cheshire East SAB should ensure that there is ongoing training and messaging about the need to raise safeguarding concerns about vulnerable individuals and that, within Adult Social Care, practitioners are:

- Able to identify self-neglect concerns through effective triage and recognise when those concerns require a safeguarding enquiry s42(2)
- familiar with the complex safeguarding policy, agency’s escalation policies and the need for multi-agency meetings to share information and risk

Recommendation 10 - Cheshire East's Public Health Team should ensure that all frontline services are aware of, and are able to use, robust alcohol and drug screening tools such as the AUDIT tool to identify and record the level of substance related risk for clients.

Appendix 1 - Terms of reference for Anton SAR

- Did your agency have any information to suggest that Anton was being abused, neglected or self-neglecting? If so, was this information appropriately acted upon? Was work in the case consistent with agency and SAB policy and procedures for protecting adults at risk and other relevant local policies and procedures?
- What were the key points or opportunities for risk assessment and decision making in this case in relation to Anton? Do the assessments and decisions appear to have been reached in an informed and professional way?
- Does it appear that all legal options, including seeking legal advice where appropriate, were explored to safeguard Anton?
- Where relevant, were appropriate Safeguarding Adults Plans (protection plans), risk assessments or care plans in place and were these plans implemented? Were there any factors present that prevented these plans being implemented successfully? Had review processes been complied with?
- When, and in what way, were Anton or her family's wishes, feelings and views ascertained, considered and acted upon? Did action accord with the views expressed?
- Was practice sensitive to any protected characteristics of Anton?
- Was the person's voice sought, heard and understood?
- Were senior managers, or other agencies and professionals, involved at points where they could have been?
- What are the lessons from this case for the way in which your agency works to protect adults at risk and promote their welfare?
- Are there any aspects of SAB policy and procedures that need to be reviewed as a result of this case?
- How well was the person's culture and identity identified and responded to?
- Were appropriate steps taken to address hoarding, self-neglect, substance misuse and mental health?
- To what extent was there a persistent, creative, and flexible outreach approach to working with Anton?
- Were appropriate steps taken to address any housing / homelessness issues?
- To what extent did consistent multi-agency management feature in his care?
- Was the potential impact of his physical health status on his mental well-being considered including head injuries, smoking, diet, nutritional status and weight?
- Are there any aspects of the case or agency involvement that are examples of strong practice?
- Did Covid-19 and the accompanying social restrictions impact on his care?

ⁱ Mental Capacity Act 2005: Post-Legislative Scrutiny 2013 page 105

ⁱⁱ Mental Capacity Act 2005: Post-Legislative Scrutiny 2013 page 64

ⁱⁱⁱ Mental Capacity Act 2005: *Code of Practice 1.2*

^{iv} Mental Capacity Act 2005: *Code of Practice 2*

^v Mental Capacity Act 2005: *Code of Practice 2.8*

^{vi} Mental Capacity Act 2005: *Code of Practice 3.7*

^{vii} Mental Capacity Act 2005: *Code of Practice 2.11*

^{viii} Department for Constitutional Affairs - A Guide to the Human Rights Act 1998: Third Edition – 2006:

<https://webarchive.nationalarchives.gov.uk/http://www.dca.gov.uk/peoples-rights/human-rights/pdf/act-studyguide.pdf>

^{ix} [Alcohol Use Disorders Identification Test \(AUDIT\) \(auditscreen.org\)](http://auditscreen.org)

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OPEN

Adults and Health Committee**20 November 2023****Cheshire East Place Plans for Learning
Disabilities and Mental Health****Report of: Helen Charlesworth-May, Executive Director Adults,
Health and Integration****Report Reference No: AH/24/2022-23****Ward(s) Affected: All Wards****Purpose of Report**

- 1 This report seeks approval the Cheshire East Place Plans for Learning Disabilities and Mental Health.
- 2 Both plans support the delivery of the following priorities outlined in the Cheshire East Council Corporate Plan 2021-2025.
 - Work together with residents and partners to support people and communities to be strong and resilient.
 - Reduce health inequalities across the borough.
 - Increase opportunities for all children and young adults with additional needs.
 - Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential.
 - Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia service.
 - Promote and develop the services of the council through regular communication and engagement with all residents.

Executive Summary

- 3 The development of the new All Age Placed Based Plans will be built around greater integrated partnership working at place level between the two lead organisations, Cheshire East Council and the Cheshire and Merseyside Integrated Care Board and our partners.

- 4 Both plans promote a whole system approach, building on existing work and momentum to further the transformative change needed to tackle challenges we face across to provide services for the future needs of people with a variety of different levels of support needs.
- 5 The plans seek to improve the lives and outcomes of people with learning disabilities and mental health support needs, by focusing on the importance of strong partnership working across health and local authorities. When organisations and teams work together, and when people and families receive support in a joined-up way, we know that people experience better outcomes.
- 6 This report provides details of the approach used for consultation and engagement with a wide range of stakeholders. It has ensured that both plans have been fully co-produced.
- 7 The development of the Plans is not an end. Together with the implementation plans, the respective plans will be continuously reviewed and monitored annually by the Cheshire East Learning Disabilities Partnership Board and the Mental Health Partnership Board, to ensure that the plans are delivering on the key priorities and outcomes.

RECOMMENDATIONS

The Committee is recommended to:

- 1. Approve the Cheshire East Place Learning Disabilities Plan**
- 2. Approve the Cheshire East Place Mental Health Plan**

Background

- 8 All Age Strategies in Cheshire East have been in place for Learning Disabilities and Mental Health since 2018 and are now coming to the end of their strategic timeframes.
- 9 In their place we are seeking to develop new All Age Placed Based Plans. This will build on previous partnership working in Cheshire East and develop plans built around greater integrated partnership working at place level between the two lead organisations, Cheshire East Council and the Cheshire and Merseyside Integrated Care Board.
- 10 It will also shape the way we work with our providers, voluntary, community and faith sector (VCFS) organisations and residents to support people with learning disabilities and mental health support needs.
- 11 The plans promote transformative change which is needed to tackle challenges such as reducing disparities in health and social care;

improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.

- 12 Both Plans have a co-produced vision and several key strategic priorities.
- 13 To enable us to successfully deliver these priorities several high-level outcomes have been identified. These have been captured in the implementation plans will be delivered and monitored by a range of organisations as part of a partnership approach to ensuring the successful delivery of the plans.
- 14 Monitoring will be undertaken and reviewed through the Learning Disability Partnership Board and the Mental Health Partnership Board, with key updates and escalations highlighted up to the Health and Wellbeing Board.

Consultation and Engagement

- 15 The development of both Plans is underpinned by 'Together in Cheshire East', a coproduction guide which details how residents and commissioners work together as equal partners toward common goals.
- 16 In the development of both plans we have (where possible) conducted joint engagement and coproduction with other commissioning workstreams, to reduce workload, pool system resources and the need for people to tell their story twice. For example, joint engagement was undertaken with the development of the Children and Young People's Emotional Health and Wellbeing Service to capture the voice of children.
- 17 Engagement with a wide range of stakeholders has been undertaken as part of the development of both plans and there has also been consultation on the draft plans.
- 18 Easy Read versions have been developed with people who have lived experience of mental health and self-advocates with learning disabilities.

Cheshire East Place Learning Disability Plan Engagement

- 19 Engagement on the Learning Disability Plan started at the Learning Disability Conference back on 20 June 2022 which was attended by over 200 people, including children and adults with learning disabilities, health and social care professionals, providers and community groups. Several key priorities were agreed and highlighted as important by self-advocates and parent carers as the three action to focus on:

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.

- 20 To support this, a project group was set up to drive change and improvements around these key priorities, in which progress is governed through the Learning Disability Partnership Board.
- 21 Further engagement has been undertaken to support the coproduction of the refreshed Cheshire East Learning Disability Plan, which has been developed over the past 18 months in consultation with people with learning disabilities (adults and children), families, carers and staff delivering services. The Plan builds on the progress made in delivering the current 'My Life, My Choice' Learning Disability Strategy.
- 22 Working together, we developed both informal and formal platforms for consultation both face to face meetings and an online survey. While responses were low compared to the numbers who attended the Learning Disabilities Conference, overall the aims and objectives were supported and felt the plan reflected effective change.
- 23 Further engagement has been undertaken with self-advocates, parent carers and residents with lived experience in terms of how the plan will be delivered. An Action Plan is being developed and shaped by this engagement, which will detail how the Plan's priorities will be tracked delivered.
- 24 The plan has also been shared and agreed by the Cheshire East Learning Disabilities Partnership Board.

Cheshire East Place Mental Health Plan Engagement

- 25 In Autumn 2022, we conducted pre-consultation engagement. The feedback from this engagement was then incorporated into the draft plan to be consulted on. This engagement consisted of a survey and a series of face-to-face meetings conducted with a wide range of key stakeholders.
- 26 The survey was made available as both a full and an easy read version and received 452 responses in total, with a total of 57 people attending one of the face-to-face meetings.
- 27 Feedback has been received from a wide range of organisations including Voluntary Community and Faith Sector Groups, Education settings, Mental Health Forums, Carers and people with lived experience.

- 28 Prior to the plan being finalised, we also give people the opportunity to provide further comments and feedback on the draft plan. 40 responses were received in total.
- 29 80% of survey respondents agreed the draft mental health plan should be adopted by partners across Cheshire East, 11% disagreed. 65% of survey respondents agreed the delivery actions will help deliver the priorities of the draft mental health plan, 18% disagreed.
- 30 Final engagement has been held with members of the Cheshire East Mental Health Partnership Board to formally sign the draft plan off.

Reasons for Recommendations

- 31 The development of both plans has been overseen by the Cheshire East Mental Health Partnership Board and Cheshire East Learning Disabilities Partnership Board. Membership of both boards includes representatives from Cheshire East Council, Cheshire and Merseyside Integrated Care Board, Cheshire and Wirral Partnership NHS Foundation Trust, self-advocates with lived experience and carers, Healthwatch, Cheshire Police and organisations from the Voluntary Community Faith Sector.
- 32 Both partnership boards also report directly into the Cheshire East Health and Wellbeing Board and these plans are fully aligned with the Health and Wellbeing Strategy.
- 33 The Cheshire East Place Mental Health Plan and Learning Disabilities Plans will both play an important role in ensuring that the council meets its statutory duties under the Care Act 2014 and Children and Families Act 2014.
- 34 The plans also align with several other strategies and plans at both a local, sub regional and national level. This will ensure that we reduce duplication and ensure that strategic priorities are aligned and in turn ensuring that people using services are able to access better joined up support in a timely and effective manner.

Other Options Considered

35 Do nothing

The other option would be to not have any Cheshire East Place Plans for Learning Disabilities and Mental Health. This would not be aligned to the Health and Social Care Act (2022) which supports the need to develop strategies that support more integrated approaches to delivering health and care.

Implications and Comments

Legal

- 36 Statutory guidance on the preparation of integrated care strategies was published on 29 July 2022. Integrated strategies are viewed as an opportunity to work with a wide range of people, communities, and organisations to develop evidence-based system-wide priorities that will improve the public's health and wellbeing and reduce disparities.
- 37 Under the Health and Care Act 2022, the integrated care partnership must give a copy of the integrated care strategy to each responsible local authority and the integrated care board and must publish the integrated care strategy.
- 38 Within the Care Act (2014) the partnership principle states that organisations should work with other local communities. Local people and authorities also have a part to play in preventing and supporting people.

Finance

- 39 Cheshire East Council has a total spend on commissioned services of £41.5m for (738) adults with learning disabilities and £10.7m for (487) adults with mental health support needs. There are also 259 individuals with autism (this includes people with learning disabilities and mental health support needs), with an annual spend of £17,4m.
- 40 Cheshire East Council Childrens Services data shows that there is an annual spend of £3.9m on services that support children with disabilities (we are unable to break this down to the primary support need of learning disabilities and mental health).
- 41 At the time developing this report, financial data on learning disabilities and mental health services is unavailable at Cheshire East Place level from the Integrated Care Board.
- 42 If both plans are adopted, and changes are proposed to local authority and NHS services in the future, then decision papers with the relevant financial information will be written and subject to governance and approval processes as usual.

Policy

- 43 The Cheshire East Place Learning Disabilities and Mental Health Plans firmly align with the Cheshire East Council's Corporate Plan 2021-2025, as identified in paragraph 2 of this report.
- 44 The Cheshire East Mental Health Plan also aligns with NHS Five Year Forward View. This sets out a vision of how NHS services need to change

to meet the needs of the population. It argued that the NHS should place far greater emphasis on prevention, integration of services, and putting patients and communities in control of their health, which floating support provision seeks to achieve.

45 Both plans also align with vision and aspirations of the The Joint Health and Wellbeing Strategy for the population of Cheshire East 2023-2028 which are to:

- Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not
- Improve the physical and mental health and wellbeing of all of our residents
- Help people to have a good quality of life, to be healthy and happy

Equality, Diversity and Inclusion

46 Equality Impact Assessments (EIAs) have been completed for both plans; these has been included as an appendix to the report. (Appendix 5 and Appendix 6).

47 Each of the EIA’s highlights the key protected characteristics around age and disabilities and potential barriers that prevent people from accessing and engaging with mental health and learning disability services. The plans seek to ensure that services and providers seek to identify solutions to improve through areas such as the use of technology, virtual support, making reasonable adjustments and provision of information on services in accessible formats.

48 Easy Read versions of the Plans which have been co-produced by people with learning disabilities and with mental health support needs.

Human Resources

49 There are no direct human resources implications because of the development of both plans.

Risk Management

50 Development of place-based plans and their implementation present challenges and risks, See below identified risks with mitigation.

Risk	Mitigation
Poor response and engagement from key stakeholders towards	<ul style="list-style-type: none"> ▪ Comprehensive market development, engagement and coproduction have been key to the development of the

the development of the plans	<p>plans, building on existing work undertaken (LD Conference).</p> <ul style="list-style-type: none"> ▪ Both plans have been produced in collaborations with the Learning Disabilities Partnership Board and Mental Health Partnership Board which contains a wide range of stakeholders. ▪ Both plans will also be endorsed by the Health and Wellbeing Board
Implementation actions are unrealistic, and there is a lack of stakeholder engagement	<ul style="list-style-type: none"> ▪ Detailed implementation plans within each plan identifying key outcomes, deliverables and implementation actions have been developed as part of the plans ▪ Plans have had input and buy in from key stakeholders through the development of project group ▪ Many of the key deliverable are already in place or are covered in different strategies and plans which demonstrates wider alignment and buy in across the system
Lack of accountability to the delivery of the plans	<ul style="list-style-type: none"> ▪ Plans will be monitored by existing learning disabilities and mental health partnership boards with identified leads for each priority. ▪ Monitoring of the plans will take place on an annual basis and any issues will be escalated to the Health and Wellbeing Board

Rural Communities

- 51 There are no direct implications for rural communities. However, services identified in both plans will work to target people in need of support in rural areas and will develop strategies and methods of working to combat isolation and issues around accessibility.

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

- 52 Both plans are all age in their scope. There is strong alignment between the plans and the Cheshire East Children and Young Peoples Plan, Cheshire East Preparing for Adulthood Strategy.
- 53 Both plans advocate a move towards move to a more personalised offer will create a wider range of enabled services which will be more attractive to young people preparing for adulthood than at present, to ensure a seamless journey for these individuals.

Public Health

- 54 There has been significant input from the Public Health Team in the development of both plans.
- 55 Through continued joint working and funding with the Public Health Team, the future service provision for people, and 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.

Climate Change

- 56 Both plans support the need to reduce the impact of climate change by adopting innovative approaches for future service delivery by reducing the need for travel to access support (where applicable).
- 57 The plans also support ways in which providers can deliver environmental sustainability as part of the social value criteria.

Access to Information	
Contact Officers:	<p>Keith Evans, Head of Service, Mental Health and Learning Disabilities Keith.Evans@cheshireeast.gov.uk</p> <p>Mark Hughes, Programme Lead, Complex Needs mark.hughes@cheshireeast.gov.uk</p> <p>Gerard Buckley, Project Manager, Complex Needs gerard.buckley@cheshireeast.gov.uk</p>
Appendices:	<p>Appendix 1 – CE Mental Health Plan</p> <p>Appendix 2 – CE Mental Health Plan – Easy Read</p>

	<p>Appendix 3 - CE Learning Disabilities Plan</p> <p>Appendix 4 - CE Learning Disabilities Plan - Easy Read</p> <p>Appendix 5 - Equality Impact Assessment All Age Mental Health Plan</p> <p>Appendix 6 - Equality Impact Assessment Cheshire East Learning Disability Plan</p>
<p>Background Papers:</p>	<p>Cheshire East Corporate Plan 2021-2025</p> <p>Guidance on the preparation of integrated care strategies – Published 29 July 2022</p>

Appendix 1



Cheshire East Place Mental Health Plan 2024-2029 Draft

Contents

1. Introduction
2. Our Vision and Aims
3. National and Local Strategies
4. Key facts and figures
5. Developing the plan
6. Priority Areas
7. How will we achieve this – Key Delivery Actions

DRAFT

1. Introduction

The Cheshire East Place Mental Plan 2024-2029 covers how we plan to strengthen our efforts to help people in Cheshire East stay healthy and thrive, whilst addressing the fact that we need to do more to support people with mental health problems, including those that live with severe and enduring mental illness.

We all have a part to play in Cheshire East being a mentally healthy place to live, a compassionate place where our default is to listen to others, where everyone feels able to talk freely about their feelings and emotions and where families are supported to ensure good mental health now and for future generations.

The Cheshire East Place Mental Health Plan promotes and enables culture, ethos and practice that strengthens relational approaches and inclusion, and recognises the importance of psychological safety.

This means we can flourish across our diverse communities, enjoy the things that help us feel good and get access to high quality support and compassionate services when we need them.

Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic, and physical environments in which people live. It is acknowledged for example, that people on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than those in higher income groups. This has been further impacted by recent events including the coronavirus pandemic and more recently the cost of living crisis. These issues have contributed to widening health inequalities, which in turn impact on peoples overall mental health and wellbeing.

Mental health and wellbeing are something that affects us all and only by coming together to address the wider factors that affect mental health, by improving services and focusing on promotion and prevention, will Cheshire East achieve its ambition to be a trauma informed and mental health aware community

Strong local partnerships have already worked closely together to develop this plan as it is recognised that working collaboratively with other interested parties helps to develop a more robust and effective document. Partners have also contributed to develop an associated implementation plan. Implementation will enable us to improve the outcomes of the local population.

The approach brings together public, private and third sector organisations determined to make change happen and build a fairer, healthier Cheshire East.

The development of this plan has been overseen by the Cheshire East Mental Health Partnership Board, whose members represent Cheshire East Council, Cheshire and Merseyside Integrated Care Board, Cheshire and Wirral Partnership NHS Foundation Trust, the main mental health service provider in Cheshire East) mental health service users with lived experience and carers, Healthwatch, Cheshire Police and organisations from the Voluntary Sector Mental Health Alliance. The Mental Health Partnership Board also reports directly into the Cheshire East Health and Wellbeing Board and this plan is fully aligned with the Health and Wellbeing Strategy.

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This plan proposes a whole system approach to improve the mental health and wellbeing of individuals and their families, supported by integrated health and social care services, resilient and trauma informed communities, inclusive employers and services that maximise independence and choice

The plan also aligns with several other strategies and plans at both a local, sub regional and national level. This will ensure that we reduce duplication of work and to ensure that strategic priorities are aligned and in turn ensuring that people using services are able to access better joined up support in a timely and effective manner.

The development of the Cheshire East Place Mental Health Plan is not an end. Together with the implementation plan, the plan will be continuously reviewed regularly by the Cheshire East Mental Health Partnership Board, to ensure that it always reflects both national demands and local need.

2. Our Vision and Aims

Vision

Cheshire East partners and people living within the borough have developed a co-produced vision to support the delivery of the key priority actions within the plan.

“We will seek to improve the mental health and wellbeing of all ages in Cheshire East, from children through to older adults, working in partnership with people with lived experience, families, communities, and the voluntary and faith sector.

Working together we will strive to meet the needs of the person, through integrated models of support that focus on people’s strengths, recovery, self-care and encourage independence – reducing the need for hospital care.

There will be a clear focus on the prevention of ill health, early intervention, health promotion and the development of strong communities that can support people with mental health needs.”

Aims

The Cheshire East Place Mental Health Plan will aim to

- Drive forward the vision and show how we can all play a part in achieving this, and how we will know when we’ve achieved it
- Set out the implementation plan – based on six key priorities that will help achieve the vision

Over the course of this mental health plan’s development, several principles and themes have emerged. These themes are reflected by everyone involved in developing this plan agreeing to:

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- Ensure that service re-design and future service developments are produced in conjunction with people with 'lived experience'. This way of working sees service users and service providers working together to reach an agreed outcome(s).
- Recognise the impact of trauma and adversity on peoples' mental health.
- Focus on the wider social determinants of mental health and illness. These are a broad range of social, economic and environmental factors which impact on people's health and include things such as education, housing and employment status.
- Ensure parity of esteem - that is, to value mental health equally to physical health.
- Challenge stigma and prejudice.
- Ensure actions and service developments / design are evidence-based and co-produced.
- Adopt a recovery focus where possible - in terms of mental wellbeing a recovery focus means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.
- Address issues of inclusion and diversity - inclusion is about giving equal access and opportunities and getting rid of discrimination and intolerance. Diversity is about respecting and appreciating what makes people different.
- Adopt a focus on promotion, prevention and early intervention with education being the key focus.

Key Priorities

The six key priorities that have been developed to deliver the vision are outlined below.



3. National Plans and Strategies

A new national Long-Term Plan for mental health is currently being developed and will build on the expansion and transformation of mental health services already underway through the NHS Long Term Plan 2019/20 – 2023/24¹. The plan recognises that its principles must be implemented in partnership with local systems, non-government organisations and other sectors in order to succeed.

The Health and Care Act (2022)² has seen the establishment of Integrated Care Systems, which bring together health, local government, and patients to improve services in every part of the country. The Integrated Care System that Cheshire East Place is part of are required to set out local plans for the next 5 years, and mental health must be a central part of those plans.

The **National Strategy for autistic children, young people and adults: 2021-2026**⁷ identifies six broad aims to ensure people are diagnosed and receive the right support as early as possible, and across their lifetime. Seven out of ten autistic people have a mental health condition such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD). We aim to ensure that our mental health services are autism friendly.

The **Best Start in Life: A Vision for the first 1,001 Days**⁸ through pregnancy to the age of two is also a key document to reference as it emphasises the importance of early years, parent-infant relationships and perinatal mental health. Maternal mental health difficulties are common and without the right support they can have serious consequences for women and their families and lasting effects on the health and wellbeing of babies.

The COVID-19 pandemic has had a considerable impact on people experiencing health inequalities, and many people in Cheshire East have felt the effect of poorer mental health, financial worries, and food and employment insecurity for the first time. **Build Back Fairer: The COVID-19 Marmot Review**³ highlights the impact of anticipated increases in poverty for children, young people and adults of working age, food insecurity, poorer mental health in children and young people, the unequal impact of the pandemic on ethnic minority 'groups' and people from ethnic minority 'backgrounds, rising unemployment and low wages leading to worse health and wider inequalities.

The **National Partnership Agreement: Right Care, Right Person**⁹ involves the police working with partner agencies to identify the most appropriate agency to give vulnerable people the care and support they need. While some mental health incidents do require police attendance, there are a significant number that involve no safety risk or crime. The new approach will mean police can focus on attending health incidents where there's a significant safety risk or crime being committed and refer others to the appropriate partner agency. Cheshire and Merseyside have been identified as an early adopter for this scheme and at the time this Plan commences, work is underway to understand the implications across health and social care.

Sport **England's Uniting the Movement** is a 10-year vision that seeks to transform lives and communities through sport and physical activity. Sport and physical activity has a big role to play in improving the physical and mental health of the nation, supporting the economy, reconnecting communities and rebuilding a stronger society for all.

Core20PLUS5 is a national approach to the reduction of health inequalities. The approach targets improvements in health outcomes for key conditions within the most deprived local areas and for other inclusion health groups.

Core20PLUS5⁴ refers to improving outcomes for the most deprived 20% of England's population.

Whilst health and wellbeing outcomes in Cheshire East are often better than the England average, these overall figures mask significant inequalities within our Borough. Those in our most deprived areas not only live shorter lives but spend more years in poor health. Many people in more deprived areas will be in poor health before they reach retirement age.

This is also seen in Cheshire East where the inequality in life expectancy at birth is 9.5 years and 7.2 years for males and females respectively (2018-20) but the inequality in healthy life expectancy at birth is wider at 13.5 years and 12.6 years for males and females respectively (2009-13)¹.

That residents in deprived areas experience more years in poor health is unfair and unpleasant for the individuals but it also increases demands on our health and care services and reduces the local workforce. Reducing the gap is a key step in creating sustainable services and a vibrant economy.

Local Plans and Strategy Alignment

This plan is all age: it covers how we plan to improve mental health from conception through to end of life. It also makes clear the contribution that other policy areas, such as housing or community safety, make towards people having good mental health.

Cheshire East has published its Health and Wellbeing Strategy and mental health is one of the four priority strategic outcomes within the strategy. The Mental Health Plan will sit below the Health and Wellbeing Strategy, and this will ensure that there is alignment between the documents.

Mental health and reducing health inequalities is a key priority in the Cheshire East Council Corporate Plan (2021-2025)⁵. The plan seeks to work to improve the mental health of all people working and living in Cheshire East.

There are also other strategies and plans in Cheshire East that address the mental health of children and young people (Cheshire East Children and Young Peoples Plan, Cheshire East Preparing for Adulthood Strategy) and the mental health of older people (Cheshire East Place Dementia Plan, Cheshire East Live Well for Longer Plan) and carers (Cheshire East All Age Carers Strategy). There are also sub regional plans for improving community mental health services (Community Mental Health

Transformation Programme) and for and the Cheshire East Self Harm and Suicide Prevention Action Plan).

All Together Active¹ is a system-wide strategy for Physical Activity, commissioned by the Integrated Care System Population Health Board, developed by MSP and Active Cheshire in conjunction with place based and regional partners. Whilst not a panacea for health inequality, physical activity has been identified as a key tool in health improvement.

The All Together Active strategy sets out how we plan to capitalise on this opportunity by working with partners across the subregion to build physical activity into both health and social care and the wider settings people move through. All Together Active is aimed at strategic and place-based partners across Cheshire and Merseyside in a position to influence changes in physical activity at scale.

The Cheshire East Place Mental Health Plan does not seek to replace these existing plans and strategies and work programmes, but it does provide a unified vision for mental health in the borough. This means that activity across children and adult services, across both prevention and treatment, and in community settings and hospitals, can be better aligned and therefore have the greatest impact on people's lives.

4. Key Facts and Figures

Prevalence of mental health conditions in Cheshire East residents is very variable, and there is some indication that higher rates are linked to the more deprived areas of Macclesfield and Crewe.

The overall rate of prevalence calculated as a rate per 1,000 resident population is highest in Macclesfield with a rate of 175.3/1,000). Crewe is the second highest with a rate of 163.9/1,000. The locality with the lowest prevalence rate is in Middlewood (Bollington, Disley & Poynton) at 128.8/1,000.

Significant variation also occurs within the individual age groups, e.g., Macclesfield has the highest rate for residents aged 0-19 at 58.2 per 1,000 population compared to CHAW (35.2/1,000).

Macclesfield also has the highest rate for residents aged 20-64y (222.9/1,000) when compared to the lowest, Middlewood (164.9/1,000). For residents aged +65y, Crewe is the highest (155.9/1,000) with Nantwich & Rural the lowest (113.0/1,000).

Table. 1i shows the rates for the Care Community footprint areas across Cheshire East for each of the age groups; note that prevalence is for mild to moderate mental health conditions such as depression and anxiety as well a serious mental illness (SMI).

Table. 1i

Cheshire East	Prevalence of Mental Health Condition			
	Rate / 1,000 Population			
Locality	0-19y	20-64y	+65y	All Ages
MACCLESFIELD	58.22	222.96	153.82	175.29
CREWE	41.93	211.74	155.86	163.92
SMASH	43.07	215.00	133.76	160.66
KNUTSFORD	40.23	211.94	145.91	158.40
CHESHIRE EAST:	44.09	200.29	135.43	153.28
CHOC	44.17	201.63	128.54	150.98
NANTWICH & RURAL	40.04	172.66	113.04	131.56
CHAW	35.15	165.52	128.80	129.68
MIDDLEWOOD	46.13	164.89	116.00	128.76

Data Source: CIPHA (NHS Cheshire & Merseyside ICS) - January 2023

Table 1ii illustrates the highest mental health prevalence rates at ward level for residents of all ages. Of the 15 wards with the highest prevalence, Macclesfield has 5 in this group and Crewe has 4. Most of the areas reflect higher levels of socio-economic deprivation. However, it should also be noted that some of the areas highlighted below do have some of the highest levels of life expectancy in the borough and rate better across physical health.

Table. 1ii

CIPHA @ August 2023			
Cheshire East	Rate/1,000 total popn (All residents)	Life Expectancy	
		Males	Females
Ward (highest 15)			
Macclesfield Hurdsfield	253.63	78.4	82.5
Macclesfield West & Ivy	223.65	79.6	84.8
Macclesfield South	220.35	75.6	81.2
Sandbach Heath & East	210.65	75.4	86.3
Crewe North	210.65	77.3	82.5
Macclesfield East	208.52	79.1	84.7
Handforth	203.62	80.5	85.8
Wilmslow Lacey Green	203.07	77.8	80.5
Macclesfield Central	202.72	79.0	83.9
Crewe St Barnabas	202.49	75.4	80.0
Congleton West	200.49	78.4	83.1
Sandbach Ettiley Heath & Wheelock	198.30	81.7	87.2
Crewe East	196.96	77.4	81.6
Shavington	196.89	81.0	86.3
Sandbach Elworth	192.64	78.8	83.8

Data Source: CIPHA [Tartan Rug \(cheshireeast.gov.uk\)](http://Tartan Rug (cheshireeast.gov.uk))
(NHS Cheshire & Merseyside ICS) - August 2023 2013-2017

Table. 1iii summarises A&E attendances for mental health-related issues (including self-harm) for the period April 2021 to December 2022). This activity is by residents registered at any GP Practice in Cheshire East. There is a monthly average of 232 attendances, across all ages, for this period.

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Table. 1iii

A&E Attendances: Apr21 - Dec22	
Psychosocial/Behavioural Change	
Environmental	
Key Presentations:	
Depressive/Anxiety Disorder	
Psychosis/Other Serious Mental Illness	
Wounding from Self Harm	
Overdose: Paracetamol/Antidepressants/Opiates	
Alcohol: Intoxication/Dependency	
Average Monthly Attendances:	
All Ages:	232
0-19y	62
20-64y	149
+65y	22

Source: ECDS - NHS Cheshire & Merseyside ICS QlikSense

Wider Determinants of Mental Health

Our mental health and many common mental disorders are shaped by the social, economic, and physical environments in which we live, at different stages of life. Throughout the current coronavirus pandemic, these issues have contributed to widening health inequalities.

Our aspiration is to reduce mental health inequalities associated with wider factors including:

- **Employment/income** (good quality employment linked to education & skills; supportive workplaces; impact of worklessness, income maximisation and better budgeting)
- **Housing** (quality/type of housing; housing conditions, energy efficiency and supporting communities)
- **Transport** (connectivity; access to public transport and active travel)
- **Justice** – Many children, young people and adults in or at risk of being in temporary detention, custody or secure and detained settings experience a disproportionately higher levels of poor mental health.

Quantitative data analysis can confirm this, by demonstrating that high numbers of young people engaged with Youth Justice Service had poor mental health, SEND requirements, and were using drugs and alcohol. 17.7% of young people accessing the service in Cheshire had a formally diagnosed mental health condition. Overall, 47.9% of young people were accessing mental health services.⁶

- **Access to green space & physical activity** (accessible routes; using indoor/outdoor opportunities for physical activity) - recognizing the impact that seeing nature and wildlife has in promoting people's wellbeing, and how sharing green space is a simple and effective way to support people's mental wellbeing, achieved by simply

drawing on one of the assets that Cheshire East has an abundance of. Currently, far too few people in Cheshire and Merseyside meet the NHS physical activity guidelines. Half a million adults in the subregion are inactive, (Sport England Active Lives (2022)) with many facing barriers to physical activity because of issues around gender, race, disability, poverty, sexuality, religion and parental status.

- In **rural areas** we also need to ensure that our mental health services work closely with the Cheshire Agricultural Chaplaincy Services. Farming as an occupation has one of the highest rates of suicide due to occupational pressures and this can contribute to serious levels of depression and self-harm.
- For **schools and colleges** to become trauma informed and mentally healthy places for all there is an overarching set of principles and body of evidence that informs the kind of response and support that can reduce the impact of traumatic events. There is also recognition that the experiences of each child must be thought of in the light of their lived experience.

5. Developing the Plan

A comprehensive engagement process was undertaken by the Cheshire East Mental Health Partnership Board between August and October 2022.

This draft plan and the priorities have been written through co-production with providers, people currently accessing services, experts by experience and carers.. This co-production was undertaken through several focus groups (face to face/virtual), attending local forums and meetings, the distribution of a survey and an online consultation. Through this engagement a picture of what good mental health care looks like has been built.

“Early help for children and young people is vital in helping them to avoid much worse problems as they get older. Early help also allows the family to feel like they have been heard and responded to in their concerns for their child/young person, and are taken seriously.”

Online Survey

The survey was made available as a full version and an easy read version and received 452 responses in total,

Key themes from the engagement and pre consultation have been summarised below.

Mental Health Support

Of all survey respondents:

- 29% had used mental health support services with Cheshire East
- 57% knew where to get help with their mental health, 43% did not

- 31% felt they had received the mental health support they needed in the past, 40% felt they had not

Respondents listed up to 3 things about mental health services they would want to change/improve.

The areas that were flagged up the most were as follows

Changes to mental health services

Improve service access/increase capacity

People have told us would like to see:

- Access to mental health services become easier and faster
- More funding and resource for mental health services is needed
- Long term access to mental health services, and a responsive service
- More support provided in local areas, and outside of clinical settings
- Access to support should in person, or at home
- Increased service provision through GPs

How we treat mental health:

People have told us they would like to see:

- Improved mental health support in the community
- Better mental health support for parents
- Enhanced mental health support for employers
- Improved wellbeing to improve mental health, don't rely on medication
- Encouragement of healthier lifestyles to improve mental health
- Mental Health Services that are able to listen better to what people require
- More children and young people's mental health services (CYPMHS)
- Have more interaction between mental health services and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations.
- Expand access to "Improving Access to Psychological Therapies" (IAPT),
- Have more access to skills based Dialectal Behavioural Therapy particularly for those experiencing Personality Disorders
- More group sessions
- Encouragement of self-responsibility, resilience and strength

Mental health services and processes

People have told us they would like to see:

- Better links between health services, ensure they are more joined-up
- Service users only having to tell their story once
- Better trained staff across all teams
- Enhanced carer/family support
- Improved communication with families in the system so they know what to expect and when

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- Better GP support

Promotion of mental health services

People have told us they would like to see:

- Improved awareness of services among different professionals and teams
- Better communications and promotion of mental health services

Reduced stigma around mental health

People have told us they would like to see

- Reduced stigma towards mental health conditions
- Greater awareness around mental health

“In the event of an emergency with physical health, there are clear routes to obtain help. How might this be mirrored for mental health? It’s an important question, for certain, but not without some huge challenges.”

Face-to-face and virtual engagement was conducted during September and October 2022 with the below organisations, forums and services. During the face-to-face meetings the pre-consultation survey was promoted as the main way to give feedback:

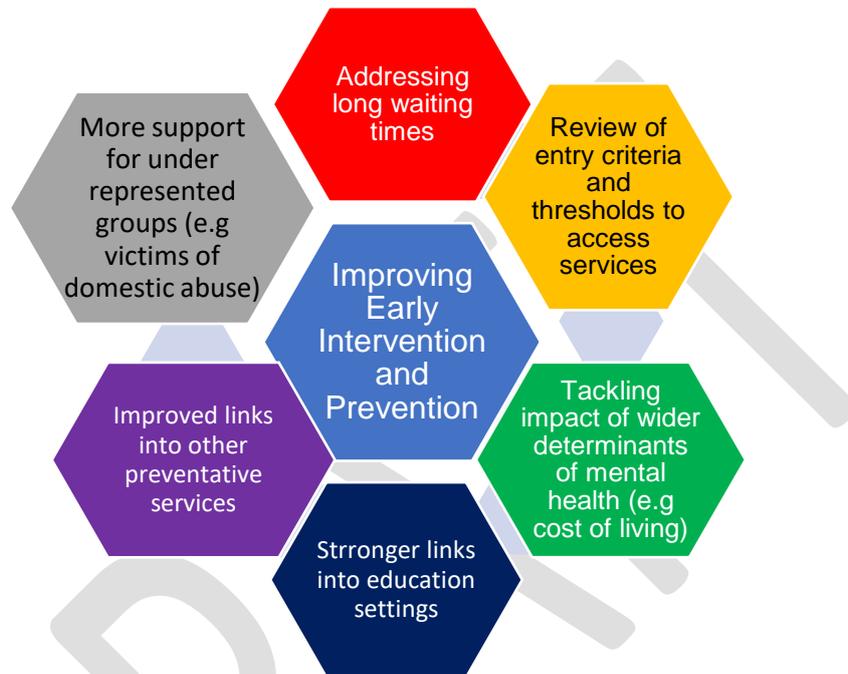
During the meetings people were asked to provide feedback on the draft priorities, how services can intervene earlier when people need support with their mental health, and what were the gaps in current provision, as well as the barriers to accessing services

- Vesta (Support for Polish Communities)
- Voluntary Sector Mental Health Alliance
- Cheshire East Parent Carer Forum
- Cheshire East Mental Health Partnership Board
- The Weston Centre Day Service
- Weston Hub Crisis Cafe
- Cheshire East Youth Council
- Open Mind Forum
- East Cheshire Mental Health Forum
- Cheshire East Youth Council

“Focus on prevention rather than cure, mental health should just be a part of life/wellbeing and-talked about in schools and communities. You shouldn't have to have a mental health 'problem' to benefit from services, but they should be easy to access should you need the extra support.”

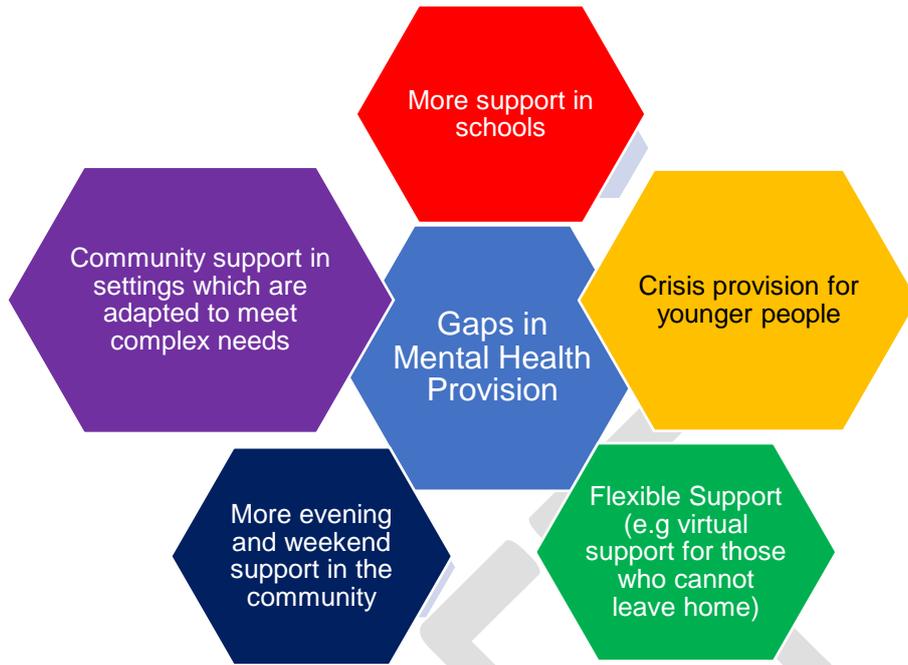
What people have told us?
Early Intervention and Prevention

The following areas were flagged up as key to improving early intervention and prevention and ensuring services work effectively.



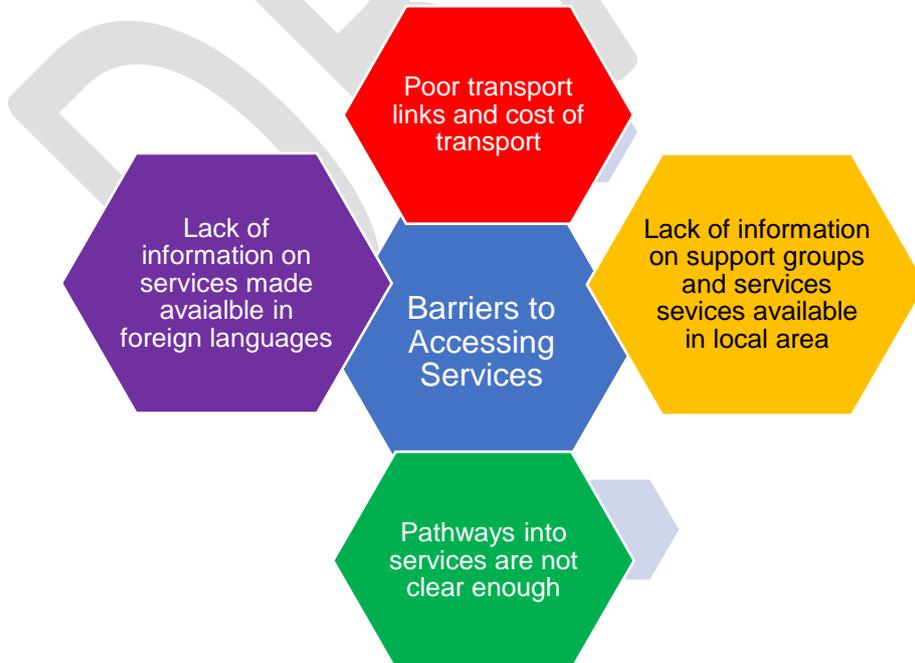
Gaps in Provision

Feedback on current gaps in provision around mental health services were as follows:



Barriers to accessing services

In terms of barriers to accessing services the following were noted as key areas that need to be addressed in the borough.



Community Mental Health Transformation Engagement

Engagement was carried out during the summer of 2022 as part of the Community Mental Health Transformation project.

The purpose of this engagement was to

- Building on previous engagement – responding to the views and feedback that people provided to develop the model for community mental health in Cheshire and Wirral
- Talk about and seek views on the new emerging plans to improve community mental health care in Cheshire and Wirral

5 online and face to face community engagement events held in July and August 2022, which were attended by 182 people.

Further opportunities to improve mental to improve community mental health were highlighted through the engagement process and were categorised below.



"I think the lack of community care and the lack of mental health training for carers has a negative impact on so many people. I think we need to look at how we can recruit more care staff in the community and how to train them to support individuals with mental health illnesses."

7. Priority Areas

Priority 1 – Children and Young Peoples Mental Health and Emotional Wellbeing

Why is this a priority?

Children and young people (CYP) have indicated that support with their mental health needs would be enhanced by providing support at a much earlier stage, when and where they need it.

Healthy social and emotional development during the first 1001 days lays the foundations for lifelong mental and physical health. Being proactive and intervening at the earliest opportunity is essential.

By promoting initiatives that support mental wellness, emotional wellbeing, and resilience of the whole CYP population (for CYP who do not need individualised support) and support CYP who would benefit from targeted support by enabling access to personalised support when and where they need it.'

What have people told us?

- We need to intervene at a much earlier stage to help build children's resilience and prevent escalations in mental ill health that are often impacted because of long waiting lists
- There needs to be a more a joined-up approach in terms of mental health support for schools, and for parents and carers with healthcare providers to establish a comprehensive support network that supports the wider system.
- The COVID-19 pandemic has impacted heavily on children and young people's mental health
- More mental health support needs to be made available to meet the needs of children and young people who have additional needs such as autism and ADHD and for those with historic or current self-harm. Some services will often see such cases as above threshold of need. Thresholds need to be better understood where children and young people have self-harmed.
- Whole school/systems should promote emotionally healthy environments, making every effort to prevent the risk of psychological harm or escalated needs.

What will we do to deliver this priority?

- Undertake a joint strategic needs assessment to help us better understand the emotional and mental wellbeing needs of children and young people and ways we can support and work with families to improve emotional and mental wellbeing. This will include areas such as the impact of social media and bullying.
- Deliver a more enhanced Early Intervention Children and Young People Mental Health Service to bring together colleagues from early years, education, health and the voluntary sector to support children, families and professionals

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- Deliver Multi-agency Institute of Health Visiting (IHV) Perinatal and Infant Mental Health Training via Champions to promote understanding of the concepts of perinatal and infant mental health, the impact it can have for the developing baby, infant, parents, wider family and society and what we can do to support good family mental health and wellbeing from the Antenatal period.
- Development of Family Hubs - with a focus on improving maternal mental health in pregnancy and during parenthood and children and young people's mental health
- Roll out a range of evidenced based programmes including the My Happy Minds Programme in Cheshire East to support all Local Authority primary schools and academies to deliver an effective curriculum that teaches children and young people the skills to thrive and the skills to bounce back when challenge hits.
- Develop the connectivity between community mental health services and early help provision to reduce the number of children who need additional support and care in hospital
- Give Children, young people, their parents, and carers more opportunities to have their say and ensure they become fully embedded in the development of mental health services at place and across the Integrated Care System

Lead Partners

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire and Merseyside Integrated Care System
- VCFS Sector

Priority 2 – Education, Employment and Training

Why is this a priority?

We will look to enhance mental health support within education settings and workplaces and support people into education and employment opportunities. We will also seek to support the mental health sector workforce to recruit and retain staff across all levels of service provision.

What have people told us?

- Staff working across mental health services should be made to feel more valued and in turn this would lead to increased staff retention and continuity of care
- Leadership in school and college settings need to understand how a programme of 'supervision' can benefit staff and pupil wellbeing as part of a whole school approach. Those facilitating supervision / reflective space must have adequate training and understanding of the function of supervision and receive appropriate professional supervision themselves

with qualified and experienced supervisors, in order to nurture their ability to be emotionally available adults.

- There needs to be more support provided to improve employment opportunities for people with mental health support needs including care leavers

What will we do to deliver this priority?

- Development a multi-disciplinary Mental Health workforce across health and educational settings
- Improve school access to evidence informed information, advice, training, resources and services and support school leadership to match services to their own set of unique needs.
- Provide specialist support to people with mental health support needs to help them into employment, including more integrated working with employers through the work of the Welfare to Work Partnership.
- Place more employment support in NHS Talking Therapies services we can ensure that more people with common mental health conditions are getting the integrated support they need to improve their mental health and remain in, return to or find work. The Provision provides skills-based interventions, information and practical support to help people receiving NHS Talking Therapies services to remain in; return to; and find work. This Initiative also complements the NHS England programme to increase the provision of NHS Talking Therapies to ensure that 1.9m per year have a first session of treatment by March 2024 as stated in the NHS Long Term Plan.
- Where possible seek to embed the recommendations from Transformation Partners in health and care to find ways in which physical activity can be better utilised within NHS talking therapy services to help improve the mental health outcomes of service users. This includes developing a joint plan to better promote best practice and emerging work in the area with credible partners in physical activity such as the Active Partnership Active Cheshire and mental health services providers.

Lead Partners

- Cheshire East Council
- Cheshire and Merseyside Integrated Care System

Priority 3 – Early Intervention and Prevention

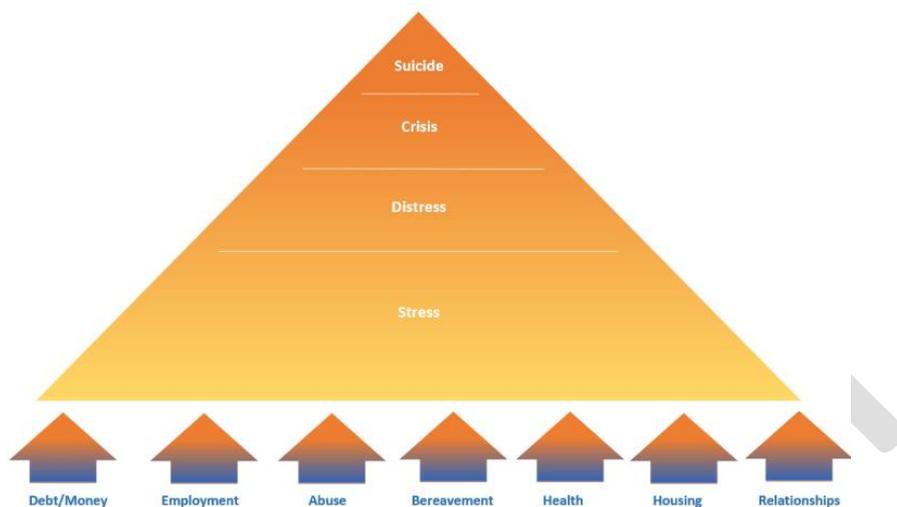
Why is this a priority?

There will be a focus on building on early intervention and prevention support. This will include a greater focus tackling the wider determinants of mental health (including loneliness, social isolation, cost of living crisis, drug and alcohol addiction) with a focus on areas such as self-harm, anxiety and suicide prevention.

Early intervention means identifying and providing effective early support to people who are at risk of poor mental health outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do before problems get worse.

Mental health prevention is defined as intervening to minimize mental health problems by addressing determinants of mental health problems before a specific mental health problem has been identified in the individual, group, or population of focus with the goal of reducing the number of future mental health interventions.

Many of the social detriments of poor mental health have their foundation in everyday life issues such as problem debts, poor physical health, relationship breakdown, abuse and loss.



The focus on early intervention and prevention is also supported through the Cheshire East Self Harm and Suicide Prevention Action plan. This is a multi-agency live document that includes key priorities aligned with the national and regional strategy. Priorities in our local plan include: *'tailor approaches to improve mental health in specific groups'*.

Some examples are:

1. Mens mental health
 2. Children and young people emotional wellbeing and mental health.
- People with reduced inequalities and/or overlapping social risk factors

What have people told us?

- We need to shift the focus of services to focus on early intervention to provide better long-term outcomes and reduce the number of people in crisis
- There needs to be more emphasis on wider determinants of mental health and a greater focus on links to improving diet, and exercise.
- Key to improving early intervention services is enhanced partnership working, better signposting to services, improved links into local group/community settings and leisure support
- More support is required for people with depression and preventing self harm and suicide

What will we do to deliver this priority?

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- Support our residents to become more physically active by implementing the All Together Active Strategy and Everybody Healthy Programme
- Develop a more joined up approach between specialist domestic abuse services and mental health services
- Provide improved Peer Support Networks and support provided across local areas
- To support a system wide suicide prevention strategy, and the recently developed local suicide place action plan
- Encourage and enable joined up and effective support to VCFS services that address the social determinants of poor mental health
- Family Hubs will aim to bring the council, health and community services together so that families can access the right support at the right time. They will build on our current children's centre and early help offer to provide high quality, joined up, whole-family help services.
- Support the wider community to be mental health aware by offering the Tier 1 intervention training MECC for Mental Health and MECC for physical activity training at a minimum.

Lead Partners

- Cheshire East Council Public Health Team
- Active Cheshire
- Cheshire and Wirral Partnership NHS Foundation Trust

Priority 4 – Building Sustainable Communities

Why is this a priority?

We will seek to ensure the communities within which we live support good mental health. This will be achieved by shaping and developing places, connecting communities; planning sustainable places to live which are free from crime. We will also encourage access to green spaces; promoting public health and working to tackle stigma and discrimination within communities.

What have people told us?

- There needs to be a greater focus on enhancing access to green spaces to support and maintain health and wellbeing, especially through the development of new housing developments
- They would like to see reduced stigma within communities associated with poor mental health
- More support and awareness raising within communities on mental health generally for the public and carers

What will we do to deliver this priority?

- More focus on reducing mental health inequalities across communities in Cheshire East, including improved mental health support for carers and people from under-represented groups, including those from different ethnic backgrounds and address cultural and language barriers
- Work with commissioned care and housing providers to deliver an improved and diverse housing offer in Cheshire East to support those with

mental health support needs or need environmental adaptations due to neurodiversity

- A project by the Mental Health Partnership Board to reduce stigma, normalise human distress and psychological difficulties and consider the needs of those providing unpaid care for someone with mental illness.
- Implement a collaborative approach between specialist domestic abuse services and mental health services to support individuals and families experiencing domestic abuse and sexual violence to have improved mental health outcomes.
- Encourage local providers of housing to better engage with challenges their residents experience and the role they can play in impacting those challenges

Lead Partners

- Cheshire East Council
- Cheshire and Merseyside Integrated Care System
- Cheshire East Carers Hub
- Cheshire East Domestic Abuse Partnership

Priority 5 – Transformation of Mental Health Services

Why is this a priority?

We will work in a more joined up way to support people with their mental health and wellbeing needs in the community. Improving community services will mean people will be less likely to need help in hospitals and make sure people can move between the services they need easily. We will utilise the highest level of skill as early in the care pathway as possible as this will ensure a very robust and holistic assessment of needs and will prevent unnecessary, low relevance interventions or placement on unsuitable waiting lists.

What have people told us?

- It is important that mental health services in the community work collaboratively to ensure early access to support as part of recovery and building resilience
- Services need to be easy to access with clear pathways of support to reduce pressure on hospitals and also more easily accessible in local communities, together with more emphasis on the use of technology to reduce the need to travel (which will reduce the impact on climate change)
- More person-centred services are required offering bespoke (1-1) services, supporting long term planning and greater accessibility at different times of the day. This is particularly important for people who are autistic.

What will we do to deliver this priority?

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- Develop the market through joint working between health and social care commissioners with providers in the borough, to establish services that meet a range of mental health support needs in the community.
- Development of a lower level mental health pathway to support those discharged from hospital back into the community.
- Implementation of the Community Mental Health Transformation Programme to improve support around social prescribing, improve accessibility to services through initiatives such as digital technology and reduce waiting times,
- Greater partnership working with the Voluntary Community Faith Sector (VCFS) Mental Health Alliance to develop community mental health services which will meet need, demand, and address gaps in services.

Lead Partners

- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire East Council
- Cheshire and Merseyside Integrated Care System
- VCFS Mental Health Alliance

Priority 6 – Crisis Support

Why is this a priority?

We will look to build on current crisis support by making it easier to access services and ensure that appropriate support is available at all times of day and night. We will also seek to address the current gaps around crisis provision for children and young people through the development of more urgent and emergency care provision.

Mental health crisis support is vital to support to someone experiencing extreme distress. This may lead to self-harm or suicidality – inclusive to planning and further risk. Someone may experience a crisis for a range of reasons, such as a big life change, or because an existing mental health condition is getting worse. All crises will be different in their cause, presentation, and progression.

It must be recognised that there have been significant developments in terms of enhancing crisis support within Cheshire East in recent years, with the introduction of an All-Age Mental Health Crisis Line and the establishment of community crisis beds and crisis cafes (in Macclesfield and Crewe). This plan aims to encourage greater integrated partnership working to build on existing available crisis support and ensure that this is further enhanced to meet the needs of our population.

What have people told us?

- Crisis support is vital, and support needs to be available at all times of the day
- There needs to be improved urgent and emergency care provision. available for children and young people within the community
- For non- mental health professionals who work with children and young people at risk: timely access to guidance is required to enable effective

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risk management and support plans that scope both home and school environment

- Support needs to be complimented with better links into other services to prevent people slipping back into crisis situations
- There needs to be clearer routes into accessing crisis support
- People require better information of what crisis support is available in the community to stop people going to hospital

What will we do to deliver this priority?

- We will seek to improve our Children and Young People Crisis Care Service Provision, including the development of an intensive home treatment team
- We will support the priorities set in the Cheshire East Place Suicide Prevention Action Plan.
- We will seek to ensure that our crisis services are more accessible with clear pathways to support and better linkages between services across health, social care and the wider community including the Third Sector.
- There will be wider promotion of the crisis offer available to both adults and children with more accessible information in a variety of formats and languages made available.
- We will work with system partners to understand the implications of Right Care, Right Person and to develop and implement plans for partner agencies to be able to respond where, historically, police services have provided support.

Lead Partners

- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire East Council,
- Cheshire Police
- Cheshire and Merseyside Integrated Care System,
- Voluntary, Community, Faith Sector Providers

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7 How Will We Deliver Our Priorities and High-Level Outcomes?

To enable us to successfully deliver our priorities in Cheshire East, **several high-level outcomes** have been identified. These key delivery actions in the implementation plan (below) will be delivered and monitored by a range of organisations as part of a partnership approach to ensuring the successful delivery of the plan.

Regular monitoring on the plan will be undertaken through the Cheshire East Mental Health Partnership Board and updates will be made available on the Cheshire East Council Website.

Cheshire East Place Mental Health Plan - Implementation Plan

Priority 1- Children and Young Peoples Mental Health and Emotional Wellbeing					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
Children and Young People benefit from individualised support and have timely and appropriate access to Mental Health, Emotional Health and Wellbeing Services Measured by:	Cheshire & Merseyside CYP Mental Health Logic Model 2022-2024, Beyond CYP Transformation Programme	Recommissioning of the co- produced Emotionally Healthy Children and Young People Service	Cheshire East Council	Cheshire and Merseyside Integrated Care System, Participation Team, Children and Young Peoples Groups	2024
CYP M1: Low wait times to access Children and Young People’s MH services (CWP to provide data) CYP M2: Low MH inpatient admissions for Children and		Develop the connectivity between community mental health services and early help provision to reduce the number of children who need additional support and care in hospital	Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire East Council	Cheshire and Merseyside Integrated Care System	Ongoing 2023-2028

<p>Young People (CWP to provide data)</p> <p>CYP M3: Periodic feedback from Children and Young People and families about service access and provision</p>		<p>Strengthen the Early Help Board and workstreams to improve outcomes for children through an improved early help offer</p> <p>Implementation of the Beyond Programme Emotional Health and Wellbeing Workstream</p> <p>Rollout of the Best Start in Life policy to support early years and recommendations through the Family Hubs operational delivery in communities.</p>	<p>Cheshire East Council</p> <p>Cheshire and Merseyside Integrated Care System</p> <p>Family Hubs</p>	<p>Cheshire and Merseyside Integrated Care System, Cheshire and Wirral Partnership, Children and Young Peoples Groups</p> <p>Cheshire and Wirral Partnership NHS Foundation Trust, Children and Young Peoples Groups</p> <p>Cheshire and Merseyside Integrated Care System , VCFS</p>	<p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p>
<p>Children and Young People who do not need individualised support have access to initiatives that support their mental wellness,</p>	<p>Cheshire East Children and Young Peoples Plan 2022-2026</p>	<p>Development of Family Hubs - with a focus on Improving maternal mental health in pregnancy and during parenthood and children and young people's mental health</p>	<p>Cheshire East Council</p>	<p>ICB, Participation Team, Childrens Trust Board</p>	<p>2023/24</p>

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<p>emotional wellbeing, and resilience.</p> <p>Measured by: CYP M3: Feedback from Children and Young People and families about service access and provision</p> <p>CYP M4: Published Joint Strategic Needs Assessment for Emotional Mental Well-being</p> <p>CYP M5: Evaluation about impact of My Happy Mind Software using feedback from schools</p> <p>CYP M6: reduction of persistent absenteeism in primary and secondary schools (Fingertips Public Health data)</p>		<p>Recommissioning of Care Leavers Mentoring Service</p> <p>Development of Joint Strategic Needs Assessment for Emotional Mental Wellbeing – This will help to better understand the emotional and mental wellbeing needs of children and young people and their parents,</p> <p>Further implementation and roll out of ‘My Happy Mind Software’ - to teach school children about the workings of the brain and improving wellbeing, this has been rolled out across all Primary Schools</p> <p>Development of guidance to improve school attendance. ‘Working together to improve attendance’ through home centred approaches</p>	<p>Cheshire East Council</p> <p>Cheshire East Council – Public Health Team</p> <p>Cheshire East Council</p> <p>Cheshire East Council</p>	<p>Independent Sector Providers</p> <p>ICB, VCFS, Education</p> <p>Cheshire and Merseyside Integrated Care System</p>	<p>2023/24</p> <p>2023/24</p> <p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p>
<p>Children, young people, their parents, and carers are fully embedded in the development of services at place and across the Integrated Care System</p> <p>Measured by:</p>	<p>Cheshire & Merseyside CYP Mental Health Logic Model 2022-2024</p>	<p>Increasing the involvement of young people on the Cheshire East Mental Health Partnership Board</p>	<p>Cheshire East Council</p> <p>Cheshire East Council and Cheshire and</p>	<p>Cheshire and Merseyside Integrated Care System, Cheshire East Parent Carer Forum, Cheshire East Youth Groups, Cheshire and Wirral</p>	<p>Ongoing 2023-2028</p>

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<p>CYP M7: Number of CYP nominated representatives and their attendance record at CE MHPB or representation from members of co-production workstream</p> <p>CYP M8: Outputs from CYP Co-production workstream (to be agreed with children and young people)</p> <p>CYP M9: Feedback from Parent Carer Forum and Youth Groups on their inclusion and involvement in planning of future service developments, together with assurance from services around co-production activity</p> <p>CYP M10: Bi-annual review of co-production activity within Mental Health Support Teams</p>		<p>Further development of Children and Young People Co-Production Workstream Team</p> <p>Engagement and Co production to capture voice via Parent Carer Forum and Youth Groups on future service development</p> <p>Mental Health Support Teams using evidence-based co-production methods to ensure that their services and projects balance the expressed needs of CYP alongside the evidence base and service capacity.</p>	<p>Merseyside Integrated Care System</p> <p>Mental Health Support Teams (Cheshire and Wirral Partnership NHS Foundation Trust)</p>	<p>Partnership NHS Foundation Trust</p>	<p>Ongoing 2023-2028</p>
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Priority 2 - Education, Employment and Training					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
Develop a Mental Health workforce that is multi-	Cheshire & Merseyside CYP	Senior Mental Health Lead (SMHL)-is a new role and the DfE have committed	CEC - Education Team	Cheshire and Merseyside	

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<p>disciplinary and maximises the potential for workforce innovation through embracing new roles and diversification and is representative of the patient population it serves</p> <p>Measured by: <u>Overall:</u> CYP M1 : Low MH inpatient admissions for Children and Young People (CWP data) NB It is possible that there would be an initial rise in referrals for community mental health support as schools become more aware of mental health issues</p> <p><u>Additional proxy measure</u> EET M1: By 2025, All Cheshire East schools will receive training, tools and resources to empower them to work in ways that promote good mental health’</p>	<p>Mental Health Logic Model 2022-2024, Cheshire East Children and Young Peoples Plan 2022-2026</p>	<p>to funding for up to one SMHL to access training by 2025. As of May 2023 106, CE settings have completed the training. We will continue to promote understanding of the role of SMHL and uptake of training in remaining 44% of schools and promote specialist tools and resources to enable all CE schools to measure progress and understand that their approach is effective.</p> <p>Further facilitation of a Senior Mental Health Lead Network involving regular meetings between education and health organisations and training providers to improve communications and impact on their work with children and young people and service access.</p> <p>Continue to work with a range of local and national training providers to enable school leads to select from a suite of evidence informed training that best meets the needs of their school community. This includes training to improve the quality and capacity of both a universal and targeted aspects of the whole school approach, such as working in trauma and mental health informed ways,</p>		<p>Integrated Care System, Cheshire and Wirral Partnership NHS Foundation Trust, VCFS Sector</p>	<p>2022 to 2025</p> <p>Ongoing 2023-2028</p>
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		<p>self-harm and suicide prevention training.</p> <p>To enable CEC to monitor uptake the training and information will continue be shared via the CEC Wellbeing for Education Chess Hub page.</p>			
<p>Improve mental health support across education settings across Cheshire East</p> <p>Measured by: <u>Overall:</u> CYP M2 : low MH inpatient admissions for Children and Young People (CWP data) NB It is possible that there would be an initial rise in referrals for community mental health support as schools become more aware of mental health issues</p> <p><u>Additional proxy measure</u> EET M2: further development and usage statistics for iThrive Mental Health Service Directory</p>	<p>Children and Young Peoples Trust Board, Integrated Care Board Strategy, Children and Young Peoples Plan</p>	<p>Ongoing development of the Wellbeing for Education webpage and Training Directory for schools on mental health, self-harm and suicide prevention training that is available locally and nationally on the Cheshire East Council Website.</p>	CEC - Education Team	<p>Integrated Care System, Cheshire and Wirral Partnership NHS Foundation Trust</p>	Ongoing 2023-2028
		<p>Schools to implement the Suicide Prevention Guidance for Cheshire East Schools document</p>	CEC - Education Team		Ongoing 2023-2028
		<p>Continue to roll out the Cheshire East iThrive Mental Health Service Directory which has been developed by CEC and ICB, so that school and college settings can use this to sign post CYP who would benefit from advice and support to the right services at the right time.</p> <p>Develop pathways to support school to-integrate ithrive language throughout policy, procedure and everyday communications.</p>	Cheshire East Council, Integrated Care System		Ongoing 2023-2028

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<p>Improved employment opportunities for people with mental health support needs, with employment being one of the most important determinants of physical and mental health</p> <p>Measured by: <u>Overall:</u> EET M3: increased % of people in work during lifetime of plan (Fingertips Public Health data)</p> <p><u>Additional proxy measure</u> EET M4: Supported Employment Strategy in place</p>	<p>Shared Prosperity Fund 2024/25, Cheshire and Warrington Workforce Recovery Group and Welfare To Work Partnership Board</p>	<p>NHS Individual Placement and Support Service - supporting people with MH support needs</p> <p>Shared Prosperity Fund 2024/25 - People and Skills workstream, will be using evidence-based practice to support people with Mental Health needs into work through specialist support.</p> <p>Welfare to Work Partnership - established and will be looking at a range of people with support needs including mental health with a focus on employer Engagement to look at working with employers.</p> <p>Development of Supported Employment Strategy</p>	<p>Integrated Care System</p> <p>Cheshire East Council Supported Employment Team</p> <p>Cheshire East Council Supported Employment Team</p> <p>Cheshire East Council – Supported Employment Team</p>	<p>Standguide</p>	<p>Ongoing 2023-2028</p> <p>2024/25</p> <p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p>
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Priority 3 - Early Intervention and Prevention					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
<p>Enhanced suicide prevention support by increasing awareness of risks, training and improving the support offer</p> <p>Measured by: <u>Overall:</u> EIP M1: stabilisation or reduction in % suicide rate for CE during lifetime of Plan (Fingertips Public Health data) Target – The ambition is for a zero target across Cheshire and Merseyside</p> <p><u>Additional proxy measures</u> EIP M2: JSNA developed EIP M3: Local Suicide Action Plan developed</p>	Cheshire and Merseyside Suicide Prevention Strategy 2022-2027	Development of Joint Strategic Needs Assessment to identify local picture	Cheshire East Council Public Health Team	Integrated Care System, Mental Health VCFS Alliance	2023/2024
		Development of Local Suicide Action Plan, aligned with the Cheshire and Merseyside Suicide Prevention Strategy	Cheshire East Council Public Health Team	Self-Harm and Suicide Prevention Board, Cheshire and Wirral Partnership NHS Foundation Trust	2022-2025
		Delivery of CHAMPs Suicide Prevention Training to frontline staff in education, health, social care and voluntary community settings.	Cheshire East Council Health Improvement Team		Ongoing 2023-2028

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<p>EIP M4: delivery of CHAMPS Suicide Prevention training widely across system</p>					
<p>Cheshire East residents to become more physically active to support and manage their mental health</p> <p>Measured by: <u>Overall:</u> EIP M5: increase in % of physically active adults during lifetime of the plan (Fingertips Public Health data)</p> <p><u>Additional proxy measure</u> EIP M6: evaluation of the Green Spaces for Well-being project</p>	<p>C&M All Together Active, Cheshire East Council Corporate Plan 2021-2025, Cheshire East Health and Wellbeing Strategy</p>	<p>Implement the All Together Active Strategy to reduce health inequalities resulting from physical inactivity by:</p> <ul style="list-style-type: none"> - Supporting CE Place to further develop opportunities to use physical activity as a way of improving population health. <ul style="list-style-type: none"> o Encouraging and supporting inactive people to move more o Removing barriers to participation in physical activity o Increasing opportunities to be physically active o Increasing opportunities to get involved in sport - Embedding movement, physical activity and sport within the Cheshire (and Merseyside) health and social care system. <p>Delivery of the <u>Green Spaces for Wellbeing Project</u>- a nature-based activities designed around the Five</p>	<p>Active Cheshire</p> <p>ANSA</p>	<p>Integrated Care System, Care Communities (Social Prescribing) Physical activity providers Cheshire East Council, Public Health Team</p> <p>Cheshire East Social Action Partnership,</p>	<p>2022-2026</p> <p>Ongoing 2023-2028</p>

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		Ways to Wellbeing to improve physical and mental health and wellbeing (launched in Crewe in November 2022; Macclesfield in January 2023)		CCICP, Care Communities	
		Implementation of Everybody Healthy Programme	Everybody Health and Leisure	One You – Cheshire East	Ongoing 2023-2028
Improved Peer Support Networks and support provided across the local area Measured by: EIP M7: increase in paid peer support workforce (CWP and CEC Data)	Community Mental Health Transformation	Implement a paid Peer Support workforce Establishment of a framework to support the Peer Support Network in Cheshire East Ongoing consultation, and co-production with Peer Support Groups	Cheshire and Wirral Partnership NHS Foundation Trust CEC - Communities Team Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire East Council	Mental Health VCFS Alliance, Recovery College Mental Health VCFS Alliance Mental Health VCFS Alliance	Ongoing 2023-2028 2025 Ongoing 2023-2028

Priority 4 - Building Sustainable Communities					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
<p>Reduce mental health inequalities across communities in Cheshire East</p> <p>Measured by: EIP M8: increase in the % of adult carers who report as much social contact as they would like (Fingertips Public Health data)</p> <p>EIP M9: uptake of Oliver McGowan training across Place</p>	<p>CE Carers Strategy, Cheshire East Council Equality, Diversity, and Inclusion Strategy 2021-25</p>	<p>Increase mental health support for carers</p> <p>Development of the Cheshire East Health and Wellbeing Strategy</p> <p>implement the Oliver McGowan training on Learning Disability and Autism for mental health staff working across health and social care</p>	<p>Cheshire East Council</p> <p>Integrated Care System</p> <p>Integrated Care System</p>	<p>Cheshire East Carers Hub</p>	<p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p>
<p>Stigma and discrimination associated with mental health is reduced</p> <p>EIP M11 – Reduction in levels of hate crime in Cheshire East (Cheshire Police)</p> <p><u>Proxy Measure:</u> EIP: M10: increase in % people aged 16+ who</p>		<p>Project to tackle stigma and discrimination in Cheshire East</p>	<p>Cheshire East Mental Health Partnership Board</p>	<p>Cheshire Police, Mental Health Alliance</p>	<p>2023-2025</p>

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agree with the statement I feel like I belong to this neighbourhood (Fingertips Public Health data)					
<p>An improved and diverse housing offer in Cheshire East to support those with mental health support needs</p> <p>Measured by: EIP M11: increase in number of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Fingertips Public Health data)</p>	<p>Vulnerable and Older Persons Housing Strategy, Cheshire East Market Position Statement, Cheshire East Site Allocations and Development Policies Document</p>	<p>Collaboration with providers, developers and the Local Planning Authority to improve housing stock across the borough.</p> <p>Ensure housing/planning policy is implemented to facilitate the delivery of safe and suitable housing in sustainable locations, with appropriate green space and active routes to improve physical and mental health.</p> <p>Development of renewed Vulnerable and Older Persons' Housing Strategy to understand need for accommodation.</p> <p>Increased collaboration between Health and Housing Link Workers and NHS Teams</p>	<p>Cheshire East Council – Commissioning Team & Strategic Housing Team Planning</p> <p>Cheshire East Council – Members, Planning & Strategic Housing Team</p> <p>Cheshire East Council - Strategic Housing Team</p> <p>Cheshire East Housing Options Team</p>	<p>Registered Housing Providers, Developers, Care Providers</p> <p>As above</p> <p>CEC departments and external partners including developers and care providers</p> <p>Integrated Care System</p>	<p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p>

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<p>Individuals and families experiencing domestic abuse and sexual violence have improved mental health outcomes through a more joined up approach between specialist domestic abuse services and mental health services (and other services)</p> <p>Measured by: EIP M12: periodic evaluation of service outcomes, commencing 2025</p>	<p>Cheshire East Domestic Abuse and Sexual Violence Partnership Strategy 2021 - 2023</p>	<p>Whole Housing Approach - Specialist Domestic Abuse/MH Worker located in My CWA,</p>	<p>Cheshire East Domestic Abuse Partnership</p>	<p>CWP, Domestic Abuse and Sexual Violence Services (IDVA, RASASC and My CWA), Cheshire Police, Community Asset Providers</p>	2023/24
		<p>Multi-Disciplinary Team including Domestic Abuse Worker within Custody Suites around Domestic Abuse with links to Mental Health Services</p>			2023/24
		<p>Implementation of Health Pathfinder, to improve pathways into domestic abuse services from health,</p> <p>Refresh of Domestic Abuse and Sexual Violence Partnership Strategy</p>			2023/24

Priority 5 - Transformation of Mental Health Services					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
<p>Earlier and easier access to support as part of recovery and building resilience</p> <p>Measured by: TMHS M1: reduction in referrals to adult secondary</p>	<p>Community Mental Health Transformation, CE Market Position Statement</p>	<p>Recommission of Mental Health Floating Support Service</p>	Cheshire East Council	<p>Integrated Care System</p>	2023/24
		<p>Development of a lower level mental health pathway to support people discharged from hospital back into the community</p>	<p>Cheshire East Council, Cheshire and Wirral Partnership</p>		2023/24

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<p>mental health services (Fingertips Public Health data)</p> <p>TMHS M2: waiting times for adult community mental health services are within 4 week wait (CWP data)</p>		<p>ARRS Workers working across Primary Care to triage individuals and link with social prescribing,</p> <p>Implement a 4 week waiting time standard by Q1 2023/24 for community mental health services</p> <p>Support community asset organisations to ensure greater links with community mental health teams</p>	<p>Community Mental Health Transformation Programme</p> <p>Community Mental Health Transformation Programme</p> <p>Community Mental Health Transformation Programme</p>	<p>Mental Health Alliance</p>	<p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p> <p>2023/24</p>
<p>Improved access to services which are joined up with clear pathways of support</p> <p>TMHS M2: waiting times for adult community mental health services are within 4 week wait (CWP data)</p>	<p>Community Mental Health Transformation</p>	<p>Community Mental Health Transformation Programme, including workstreams around - Community Assets, SMI, Neurodiversity, Eating Disorders, Complex Needs (Personality Disorder), Early Intervention Psychosis</p>	<p>Community Mental Health Transformation Programme</p>	<p>ICB, Primary Care Networks, VS Mental Health Alliance, CEC, ICS, Care Communities</p>	<p>March 2024, ongoing</p>
<p>Enhanced commissioned services that are more person centred, deliver positive outcomes and value for money</p> <p><u>Proxy measure:</u> TMHS M3: increase in % of adult social care users who have as much social care</p>	<p>Community Mental Health Transformation</p>	<p>Development of a shared marketplace for Complex Needs (including those with Mental Health Support needs)</p> <p>VCFS Mental Health Alliance to develop community mental health services which will meet need, demand and address gaps in services</p>	<p>Cheshire East Council, Integrated Care System</p> <p>Mental Health Alliances (Rethink)</p>	<p>Lived Experience Advisors, Care Communities</p>	<p>2023/24</p> <p>Ongoing 2023-2028</p>

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contact as they would like (Fingertips Public Health data)				
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Priority 6 - Crisis Support					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
Improve the crisis support offer for children and young people Measured by: CS M1: reduction in hospital admissions as a result of self-harm 10-24 years (Fingertips Public Health data)	NHS Long Term Plan	Development of Child and Young People Crisis Care Service Provision including an intensive home treatment team	Cheshire and Wirral Partnership NHS Foundation Trust	Integrated Care System, Cheshire East Council	2023/24
		Development of Crisis Resolution Service, to ensure children who attend A+E up to age of 16 will receive an assessment and follow up, crisis resolution support for two weeks or intensive home treatment for up to 8 weeks	Cheshire and Wirral Partnership NHS Foundation Trust	Integrated Care System, Cheshire East Council	2023/24
		Ancora Care – development of service to support children at home.	Cheshire and Wirral Partnership NHS Foundation Trust	Cheshire East Council	2023/24
		Scoping exercise on the development of alternative places of safety for children and young people	Cheshire and Wirral Partnership, Integrated Care System	Cheshire East Council, VCFS Sector	2023/24

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<p>Improve timely access and clear pathways across existing mental health crisis support services</p> <p>Measured by: <u>Overall:</u> EIP M1: stabilisation or reduction in % suicide rate for CE during lifetime of Plan (Fingertips Public Health data)</p> <p>CS M2: reduction in emergency hospital admissions for intentional self-harm (Fingertips Public Health data)</p> <p>Additional proxy measure: CS 3: Periodic evaluation of impact of Crisis Café provision</p>	<p>NHS Long Term Plan</p>	<p>Review of Community Crisis Beds across Cheshire East to ensure improved accessibility, utilisation and onward journey</p> <p>Recommissioning of Crisis Cafes in Macclesfield and Crewe</p>	<p>Integrated Care System</p> <p>Cheshire and Wirral Partnership NHS Foundation Trust</p>	<p>Independent Care Providers</p> <p>Cheshire East Council, Independent Care Providers</p>	<p>2023/24</p> <p>2024/2025</p>
<p>Information about crisis services is easy to find, clearly written and include how to gain access to them</p> <p>Measured by: <u>Overall:</u> EIP M1: stabilisation or reduction in % suicide rate for CE during lifetime of Plan (Fingertips Public Health data)</p>	<p>NHS Long Term Plan</p>	<p>Promotion of the All Age Crisis Telephone line with targeted approach focusing on schools</p> <p>Services that support people in crisis produce information in a variety of formats (including easy read and other languages)</p>	<p>Cheshire and Wirral Partnership NHS Foundation Trust</p> <p>Integrated Care System</p>	<p>Cheshire East Council</p> <p>Independent Care Providers</p>	<p>Ongoing 2023-2028</p> <p>Ongoing 2023-2028</p>

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CS M2: reduction in emergency hospital admissions for intentional self-harm across CE during lifetime of Plan (Fingertips Public Health data)					
<u>Additional proxy measure:</u> Co-produced review of availability and accessibility of crisis information					

Appendices

1 Mental Health and Wellbeing Discussion Plan, Updated January 202

[Mental health and wellbeing plan: discussion paper - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

2 The Health and Care Act 2022

[Health and Care Act 2022 \(legislation.gov.uk\)](http://legislation.gov.uk)

3 Build Back Fairer: The COVID-19 Marmot Review

[Build Back Fairer: The COVID-19 Marmot Review - The Health Foundation](#)

4 Core20Plus5

[CORE20PLUS5 Landscape \(england.nhs.uk\)](http://england.nhs.uk)

[Reducing-healthcare-inequalities-Core20PLUS-infographic.pdf \(england.nhs.uk\)](#)

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5 Cheshire East Council Corporate Plan 2021-2025

[Cheshire East Corporate Plan 2021-2025](#)

6 Cheshire Youth Justice Services Health Needs Assessment – Executive Summary Report – Liverpool John Moores University

7 National Strategy for autistic children, young people and adults: 2021-2026

[The national strategy for autistic children, young people and adults: 2021 to 2026 \(publishing.service.gov.uk\)](#)

8 The Best Start in Life – A Vision for the 1,001 Critical Days

[The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](#)

9 National Partnership Agreement: Right Care, Right Person

[National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](#)

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Appendix 2



#BecauseWeCare
Cheshire East Partnership

**Cheshire East Place
Mental Health Plan
2024-2029**

**Easy Read Version
Draft V2**



Introduction



Mental health is about our minds. It is about how we think and feel.



Mental ill health is when our minds are not well.
A person may think or behave differently to how they normally would.



We want people in Cheshire East to have good mental health.



Mental health can be affected by things like

- Home
- Work
- Family
- Friends

	<p>Mental health affects everybody.</p>
	<p>We want to make our services better.</p>
	<p>We want to help people sooner.</p>
	<p>We want to prevent mental ill-health.</p>

	<p>We want to promote good health.</p>
<p>What did we do?</p>	
	<p>During 2022 we talked to lots of people face to face and online.</p>
	<p>We did a survey and had lots of replies.</p>
	<p>People want to have better access to services and local support.</p>

	<p>They want different options and not just medication.</p>
	<p>They want their family to be involved.</p>
	<p>They want services to talk to each other.</p>
	<p>They want to know who can help and when.</p>
 <p>Training Room</p>	<p>They want better information, so people are not afraid of mental health.</p>



They want training for carers about mental ill health and how to help.

How we will make changes



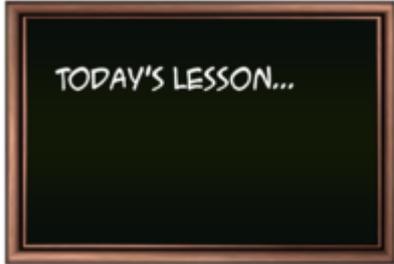
How we will make changes for children and young people



- We will keep services to a high standard.



- We will help services to talk to each other.

	<ul style="list-style-type: none">• We will offer better help and sooner.
	<ul style="list-style-type: none">• We will help Family Hubs to be better at supporting mental health
	<ul style="list-style-type: none">• We will listen to the needs of children, young people and parents
	<ul style="list-style-type: none">• We will use special software to teach children about wellbeing.
	<ul style="list-style-type: none">• We will help children to get to their school.

	<ul style="list-style-type: none">• We will make decisions with young people and their parents or carers.
	<p>How we will make changes in learning and work</p>
	<ul style="list-style-type: none">• We will create a network for staff to share ideas, skills and training.
	<ul style="list-style-type: none">• We will improve online learning and mental health information in schools.
	<ul style="list-style-type: none">• We will help schools to give information and training to keep children safe.

	<ul style="list-style-type: none">• We will use services to help people to get a job
	<ul style="list-style-type: none">• We will help employers to understand mental health
	<p>How we will make changes to stop suicide</p>
	<ul style="list-style-type: none">• Suicide is when a person dies by their own actions.
	<ul style="list-style-type: none">• We want to stop suicide by training teachers and teaching assistants.

	<ul style="list-style-type: none">• We will write a local action plan to stop suicide
	<ul style="list-style-type: none">• We will write a local action plan to help people to be more active
	<ul style="list-style-type: none">• We will have local activity programmes
	<ul style="list-style-type: none">• We will help people to support each other
	<p>How we will make changes and make communities better</p>

	<ul style="list-style-type: none">• We will improve mental health support for carers.
 <p>Training Room</p>	<ul style="list-style-type: none">• We will help more staff to have good quality training
	<ul style="list-style-type: none">• We will help people to understand that mental ill health does not make you a bad person
	<ul style="list-style-type: none">• We will improve the housing in our communities and have more green space
	<ul style="list-style-type: none">• We will help health and housing groups to talk to each other.

	<ul style="list-style-type: none">• We will have a big team of people to help services to talk to each other.
	<p>How we will make change by changing mental health services:</p>
	<ul style="list-style-type: none">• We will help people who move from hospital to the community.
	<ul style="list-style-type: none">• We will help people to improve their communities.

	<ul style="list-style-type: none">• We will have quicker access to services with shorter waiting time.
	<ul style="list-style-type: none">• We have a mental health plan to help make changes to improve mental health
	<p>How we will make changes to emergency support</p>
	<ul style="list-style-type: none">• We will create safe places for children and young people and support them at home.
	<ul style="list-style-type: none">• We will look at the number of crisis care beds and what they are used for.

	<ul style="list-style-type: none">• We will make sure that children get the right care when they leave hospital.
	<ul style="list-style-type: none">• We will provide crisis cafes in Macclesfield and Crewe.
	<ul style="list-style-type: none">• We will tell people about the All-Age Crisis telephone line.
	<ul style="list-style-type: none">• We will tell people about crisis support so it is available to everyone

Appendix 3



#BecauseWeCare
Cheshire East Partnership

Cheshire East Place

All Age Learning Disability Plan 2024-2029



Cheshire and Merseyside



Our plan sets out our vision and aims for people of any age with learning disability in Cheshire East for the period 2024 to 2029.

We are proud to present this Cheshire East All-age learning disability plan as it has been co-produced with, and based on the views of, people with learning disability and their parents and carers. This has been possible through engagement to understand what is important to them. We are incredibly grateful for the support of all those people who have taken the time to contribute their views either in person or through written feedback.

In developing our plan, we have listened to residents with a learning disability, their parents and families, professionals and those who provide support to identify six priorities to focus on for the next five years. Our plan is a framework to support children, young people and adults with a learning disability and their families and carers in Cheshire East. Everyone is unique and services are personalised to meet need.

The next five years

While the plan details what our aims are for the next five years, this strategy builds on progress so far and seeks to maintain the very positive service developments achieved to date, delivering better health and wellbeing outcomes for people with learning disability and parents and carers.

The refreshing of the previous document maintains a further improved approach taken when it was first published in 2018, engaging closely with people and families and those who support them.

Cheshire East Learning Disability Partnership Board have the responsibility of ensuring successful delivery of the plan. To ensure this is done, the Plan is supported by a Delivery, which has been developed from our consultation, outlining how the plan is developed into clear foundations of change.

Who are we?

The Cheshire East Partnership is a group of partners working together to improve the health and wellbeing of the residents of the Cheshire East local authority areas. The partnership includes:

- Cheshire East Council
- Cheshire and Merseyside NHS
- Cheshire and Wirral Partnership NHS Foundation Trust
- East Cheshire NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare CIC
- Healthwatch Cheshire

They have produced a plan to explain how partners will work together to improve the health and wellbeing of our communities. [The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028](#) sets out what we want to do, why we want to do

it and the difference we believe we can make to the health and wellbeing of Cheshire East residents.

What is Cheshire East Place

Cheshire East Place is an area that covers the Cheshire East Local Authority area and sits within the Cheshire and Merseyside Health and Care Partnership, which is one of nine Places all based upon the local authority areas of Cheshire and Merseyside.

It is a platform for leadership, planning and delivery of health and local authority care services. Taking a place-based approach requires working effectively with other local authority services, other public sector organisations and with the many voluntary, community, faith and not-for profit organisations.

Our vision

To make life better for Cheshire East residents with a learning disability and their carers

Whilst our vision remains our focus for the next five years, our new plan builds on progress so far and seeks to maintain the very positive service developments achieved to date, delivering better health and wellbeing outcomes for people with learning disability and parents and carers.



Our vision is based on identifying the life outcomes that are important to people with learning disabilities and ensuring that all our commissioning activity is focused on meeting those outcomes. By identifying activities and outputs that enable people with learning disabilities to achieve the outcomes framed by their aspirations

We also contribute to a whole range of wider outcomes that benefit the whole population of Cheshire East. This has been achieved through having conversations with people with lived experience, family carers, health & social care professionals and organisations represented on the [Cheshire East Learning Disability Partnership Board](#). Our conversations now form the building foundation for this plan, through the priorities that people have told us are important.

What we want to achieve

We want people in Cheshire East to enjoy independence, and to be in control, working with people to be as independent as possible rather than someone doing things for them. Our vision for people with a learning disability to make life better is based upon ensuring people can make informed choices and how they are able to live their lives like anyone else.

To achieve this, people with a learning disability will be involved in the design and delivery of services that meet their needs, now and in the future. The contents of our plan shapes

how we will work over coming years to ensure our vision and aims are met for the benefit of our residents, with an appreciation of change to meet the challenges in the future.

Our priorities

We want children, young people, and adults with a learning disability in Cheshire East to be safe and be part of community, learning and achieving potential, being supported into paid and unpaid work. To achieve this, our plan is built upon key priorities and aims:



The priorities have been co-produced within this plan, seeking to raise the profile of children and young people and adults with a Learning Disability to continue our work to increase community awareness and inclusion and reduce inequalities that people experience. Further, the priorities have been informed by direct feedback from people with lived experience, and act as a foundation to ensure further improved support for children and young and people and adults with a Learning Disability to live healthy, safe, and fulfilling lives.

The plan has a five-year lifespan and will be subject to progress reports through the Delivery Plan to the Learning Disability Partnership Board, ultimately reporting to the wider Cheshire Place Health and Wellbeing Board.

More information about our priorities

Becoming an adult	We want you to....
Aims	<ul style="list-style-type: none"> ▪ have the right support and choices at the existing stage of life for people with a learning disability turning 18 years of age ▪ I want to feel well supported and know where to get the help and information I need as reach the age of 18 ▪ feel happy that your parents and carers have the right information about making choices together with you
What we will do	<ul style="list-style-type: none"> ▪ Ensure integration of social workers through CYP and ASC ▪ Continue to improve pathways for young people approaching adulthood based on our Plan for Adulthood ▪ Continue working of the aligning multi-agency systems in both children's and adults' services
How will we measure progress?	<ul style="list-style-type: none"> ▪ An increase in satisfaction rates for Adult Social Care among people with learning disability aged 18 to 25 year-olds ▪ Reduction in the number of young people aged 18 to 25-year-olds who live in residential care home ▪ Increase in the number of young people aged 18 to 25-year-olds with a learning disability in paid, unpaid employment or in training ▪ Information and/or training is available on life impacting health transitions
Right care and support	We want you to....
Aims	<ul style="list-style-type: none"> ▪ have access to current information provided in different ways so that it is accessible to all ▪ have a greater say and share information about good practice from self- advocacy organisations locally and nationally ▪ have access to a broad range of activities and learning opportunities, universal opportunities being open to everyone

	<ul style="list-style-type: none"> ▪ have a care and support plan about my life and my future care not just about money and how I pay for care
What we will do	<ul style="list-style-type: none"> ▪ Ensure an integration of health and social care commissioners develop services that maintain a culture of valuing people ▪ Process of assessment and care and support plans are clear and transparent and include future life planning ▪ Co-produce care and support plans with the individual ▪ Develop services that are person-centred and focused on the individual
How will we measure progress?	<ul style="list-style-type: none"> ▪ An excellent quality of life ▪ Care and support that is person centred, including advance care planning ▪ People are supported who are eligible to have a Personal Health Budget, Direct Payments and Individual Service Fund (ISF) ▪ You, your family, and carers will have the right information at the right time
Choice and control	We want you to....
Aims	<ul style="list-style-type: none"> ▪ have equal access to various kinds of services that meet your need ▪ have a say about choices made for you ▪ have a say about how services are designed and delivered ▪ be able to go out more and enjoy a social life
What we will do	<ul style="list-style-type: none"> ▪ Ensure you have a person-centred plan and have control of it ▪ Have choice of how you pay for services, through direct payments, personal budgets, and personal health budgets and ISF ▪ Ensure you are listened to and valued in making choices for your life and end of life ▪ Maintain you are supported with your friendships and relationships
How will we measure progress?	<ul style="list-style-type: none"> ▪ You are supported to make decisions about every aspect of your life including end of life ▪ There is an increase in the number of people who report they had a say in the way their care or support is being provided

	<ul style="list-style-type: none"> ▪ Measure occasions when people are supported to go out when they want ▪ Promote the increased use of assistive technology to support people to be independent
My home	We want you to....
Aims	<ul style="list-style-type: none"> ▪ feel safe and have a choice of accommodation ▪ receive valuable information and advice on your housing options ▪ have choice and control about who you live with ▪ be close to family and friends ▪ have access to good transport ▪ have good accommodation that is of good quality and flexible for your needs
What we will do	<ul style="list-style-type: none"> ▪ Detailed plans to develop more accommodation options ▪ Make sure people are given clear information and have choice about where to live, and who to live with ▪ Make sure there is enough local support for people who come back to Cheshire East ▪ Develop plans to support people to live in their local community as independently as possible ▪ Review and promote Shared Lives
How will we measure progress?	<ul style="list-style-type: none"> ▪ Increased offers for suitable accommodation ▪ Housing that enables inclusion and supports choice and control, and quality of life ▪ Develop homes for life ▪ Information and advice on housing and support is consistent, available, clear, and accessible
My community	We want you to....
Aims	<ul style="list-style-type: none"> ▪ feel supported to be part of where you live ▪ live your life to the full ▪ have the opportunity to gain experience and develop ▪ be able to contribute to the community in which you live
What we will do	<ul style="list-style-type: none"> ▪ Work towards you feeling part of your community and directly involved in the area you live ▪ Ensure we are understanding and acting on what a person wants and needs

	<ul style="list-style-type: none"> ▪ Develop existing community assets and resources to enable residents with Learning Disabilities to have the opportunity to access them ▪ Co-design and implement a Relationships Policy and guidance including training programme for residents with Learning Disabilities
How will we measure progress?	<ul style="list-style-type: none"> ▪ Information and support to access activities in the community ▪ Providing information about different types of activities - universal and specialist, to understand how inclusion is progressing for you ▪ An increased awareness of the needs of adults with learning disabilities within the community and the promotion of inclusion ▪ Improved opportunities to access the community ▪ Feeling happy about where you live
Good health	We want you to....
Aims	<ul style="list-style-type: none"> ▪ feel well and be healthy ▪ have good mental health ▪ have annual health checks ▪ good access to services is available at the right time and it is easy to find support
What we will do	<ul style="list-style-type: none"> ▪ Making sure more people have a health check each year for people aged 14 years and above ▪ Ensure we work together so more people have Health Action Plans ▪ Look at why people remain in long stay hospitals ▪ Review health impacts of loneliness and isolation ▪ Assess instances of individuals at risk of admission to hospital to take action to prevent admission
How will we measure progress?	<ul style="list-style-type: none"> ▪ An increase in the number of young people and adults with a health passport and fast track ID when they go into hospital ▪ Young people and adults with long term conditions and their families and carers are supported to manage their health ▪ Awareness of sexual health for young people and adults with a learning disability

Developing our plan

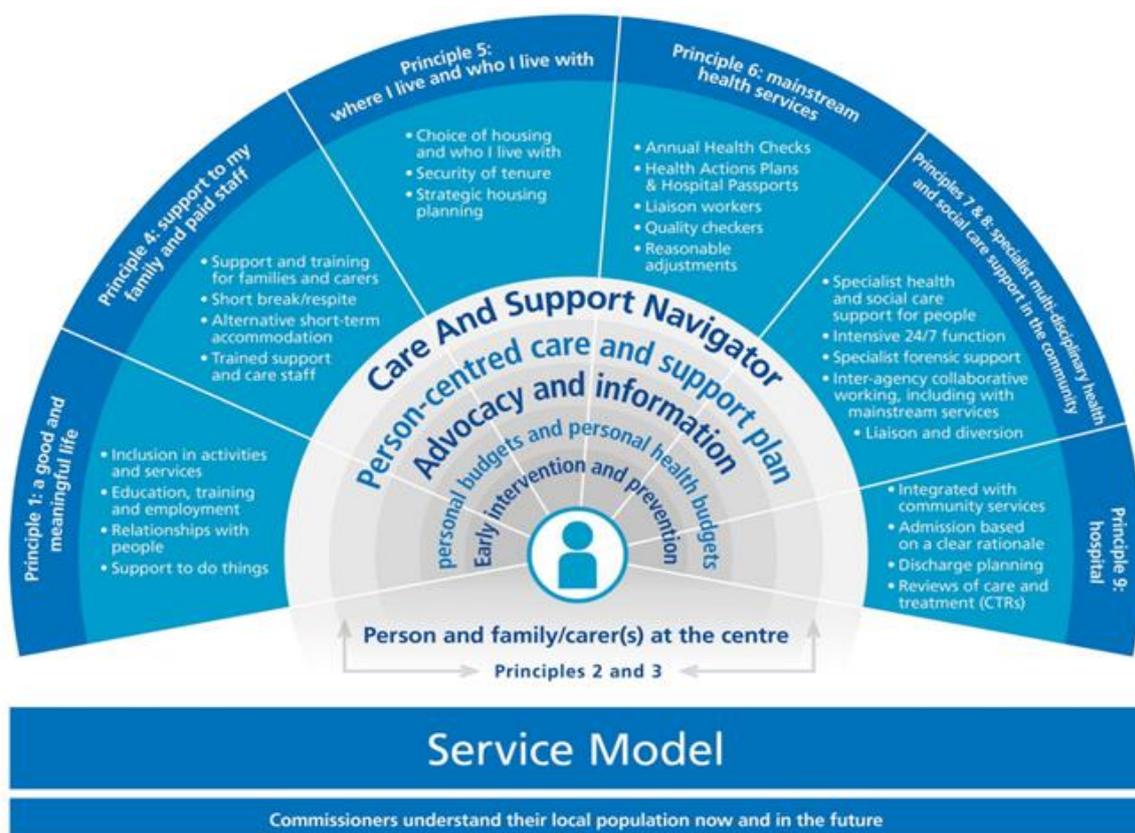
Lots of people have been working to produce this plan. The co-production of the plan was developed with the Cheshire East Learning Disability Partnership Board (LDPB) and included input from many people;

- Self-advocates of young people and adults with a learning disability
- Parents and carers
- Schools
- Health practitioners
- Service commissioners and social workers
- Providers of services

The vision of our five-year plan is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated, and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. The plan is an update of our previous strategy for Cheshire East, taking many actions and tasks further forward. The plan supports Cheshire East Councils' [Corporate Plan 2021-2025](#) and particularly our priorities;

An open and enabling organisation	A council which empowers and cares about people	A thriving and sustainable place
<ul style="list-style-type: none"> ⑩ Listen, learn and respond to our residents, promoting opportunities for a two-way conversation ⑩ Promote and develop the services of the council through regular communication and engagement with all residents 	<ul style="list-style-type: none"> • Reduce health inequalities across the borough • Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation 	<ul style="list-style-type: none"> ⑩ A great place for people to live, work and visit • Welcoming, safe and clean neighbourhoods

While the NHS has experienced changes within this field with integrated care systems replacing clinical commissioning groups, the nine principles within the National Service Model¹ remain as important as outlined in the Service Model.



Also, the plan further supports the **NHS The Learning Disability Mortality Review (LeDeR)**² and subsequent change to new name for the LeDeR programme will be Learning from Life and Death Reviews³ This is a programme commissioned to improve the standard and quality of care for people with a learning disability and will help people with a learning disability enjoy a range of life opportunities without constraint on their choices.

Combining an integrated approach is further supported through the **Joint Local Health and Wellbeing Strategy 2023-2028**⁴, in which it outlines their high-level vision and aspirations to:

<p>Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not</p>	<p>Improve the physical and mental health and wellbeing of all of our residents</p>	<p>Help people to have a good quality of life, to be healthy and happy.</p>
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¹ [Transforming Care: service model specification January 2017](#)

² [NHS Learning Disability Mortality Review \(LeDeR\) Programme: Action from Learning](#). May 2019

³ [NHS Learning from Life and Death Reviews](#)

⁴ [Joint Local Health and Wellbeing Strategy 2023-2028 The Cheshire East Partnership Five Year Plan](#)

How we developed our plan

Engagement and consultation

A review of the previous All Age Learning Disability Strategy was undertaken to assess its success which was presented to the Cheshire East Learning Disability Partnership Board, and a project group was developed. The learning from the review was that the new strategy should be called a Plan, which needs to have a clear and SMART objective (specific, measurable, achievable, realistic, and timely), workstreams to take forward actions and that there is clear accountability in which to monitor progress.

We undertook two online consultations during the past two years in the lead up to developing our plan, gaining feedback from people with lived experience and partners in seeking to shape our refreshed plan.

What people told us

Even through our most challenging time during the Covid 19 lockdown we undertook online engagement events, including surveys and online meetings, which has now shaped and informed the contents of this new plan.

To acknowledge coming out of lockdown, and to get everyone together again the Cheshire East Learning Disability Partnership Board hosted a face-to-face conference in June 2022, celebrating with over 200 self-advocates, parent carers, professionals and people with lived experience what we have achieved in recent years, and the issues that are important to people now. This has now not only influenced this plan, but also based on what people had told us, three key actions were formulated into an Acton Plan, see below.



Some of what people told us	Key actions to make improvements
 <p>'We would like to go out more'</p> <p>'We get to access the community and meet new people'</p> <p>'More social and evening activities to let people stay up late'</p> <p>'Better transition working'</p>	<p>Make things better for people who want to stay up late</p>
 <p>'Staff, personal assistants, and carers don't get enough praise'</p> <p>'More events and chances for people to have their say on services'</p> <p>'I have difficulty in getting to events as no transport'</p> <p>'Make work in care more attractive'</p>	<p>Give people more chance to have their say on services and what they want to do</p>
 <p>'Better access to information'</p> <p>'Services that meet the needs of people and what they want to do'</p> <p>'More choice of services for people with learning disabilities'</p>	<p>Provide better access to information for people with learning disabilities and carers</p>

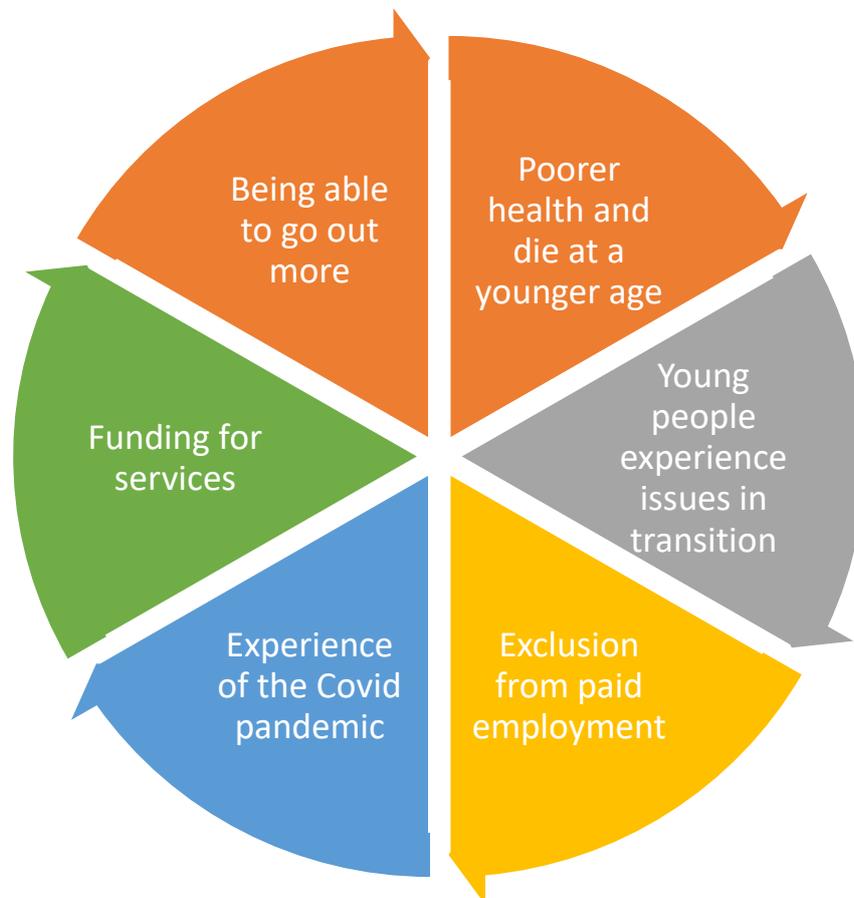
Listening and working together to reflect the voices of many, requires a balance between what people want and need and the challenges faced in the current environment. Our shared experiences of the Covid-19 pandemic have highlighted again that it is often the most vulnerable in society who are likely to suffer most from these kinds of significant impact events, dealing with feelings of isolation and lack of control.

However, the pandemic has brought forward opportunities within communities themselves for new ways of working, the use of new and emerging technology and heightened the awareness of the good that communities can do for each other. Our plan will set out how we will look to continue this shift and make the most of the benefits of engaged and supportive communities.

Our challenges

We have achieved a lot since our first coproduced strategy and worked to improve the lives of people with a learning disability.

Guidance has been provided to support health, social care, and other public services to further support people with a learning disability to have more independency and control of their lives and the service they receive. However, we still have work to do and there are still challenges that we face for people with a learning disability, including:



More information about our challenges

<p>Being able to go out more</p> <ul style="list-style-type: none"> • Children and teenagers take part in fewer leisure activities • Our experience of lockdown made people feel isolated • People tell us they want to go out more in the evenings and weekends 	<p>Poorer health and die at a younger age</p> <ul style="list-style-type: none"> • People still experience health inequalities • Experience poor mental and physical health • Ensuring effective services are in place so fewer people die early 	<p>Young people experience issues in transition</p> <ul style="list-style-type: none"> • Ensuring care there are good pathways established • Making sure young people and their families get the right information • Ensuring teams are in place to support young people 14-25 with SEND
<p>Exclusion from paid employment</p> <ul style="list-style-type: none"> • Experiences in education affect ability to access employment • Feel out of place, different, forgotten, worthless and isolated • Need the support and help of carers, family, friends and people they know and trust 	<p>Experience of the Covid pandemic</p> <ul style="list-style-type: none"> • Nationally there was an increased risk of illness and death during the COVID-19 pandemic • Linking health inequalities and experiences of Covid to support improvements 	<p>Cost of living</p> <ul style="list-style-type: none"> • The rising costs of living is having an immediate effect on people with a learning disability • We are seeing an increase in demand for services and a reduction in budget • Ensuring that support needs match the individual's care and support plan for personal budget

Meeting these challenges are reflected within this plan, explored in seeking to meet successful outcomes. It would need to be acknowledged that there will be less money available than in the past. We need to be spending money more targeted for better outcomes for the individual ensuring a better and measurable outcome.

Our local need⁵



Our numbers

In Cheshire East 5,253 adults and 2,647 children are estimated to have a learning disability.

The number of adults with a learning disability is projected to stay around the same at 5,244 by 2030.



Population growth in Cheshire East

Numbers of people will change as our population grows and people generally live longer.

By 2040 Cheshire East is expected an increase of 0.33% of people, from 390,980 to 415,756



Housing offer....

There are many people seeking accommodation and support to live independently. Just under 80% of current supported living provision for LD is within shared housing when people tell us they prefer their own front door.



Access to training and employment

In 2018/19 12% of the 940 working age adults with learning disabilities known to services in Cheshire East were in paid employment

Of these, 69 were male and 44 were female



Not everyone in Cheshire East needs support....

In Cheshire East, 1,050 children have a SEN related with a learning disability and 1,567 adults were registered with a GP and accessing support

In 2017 there were 10,029 people with learning disabilities, this includes 7382 adults (15+) and 2647 children and young people (0-14 years)

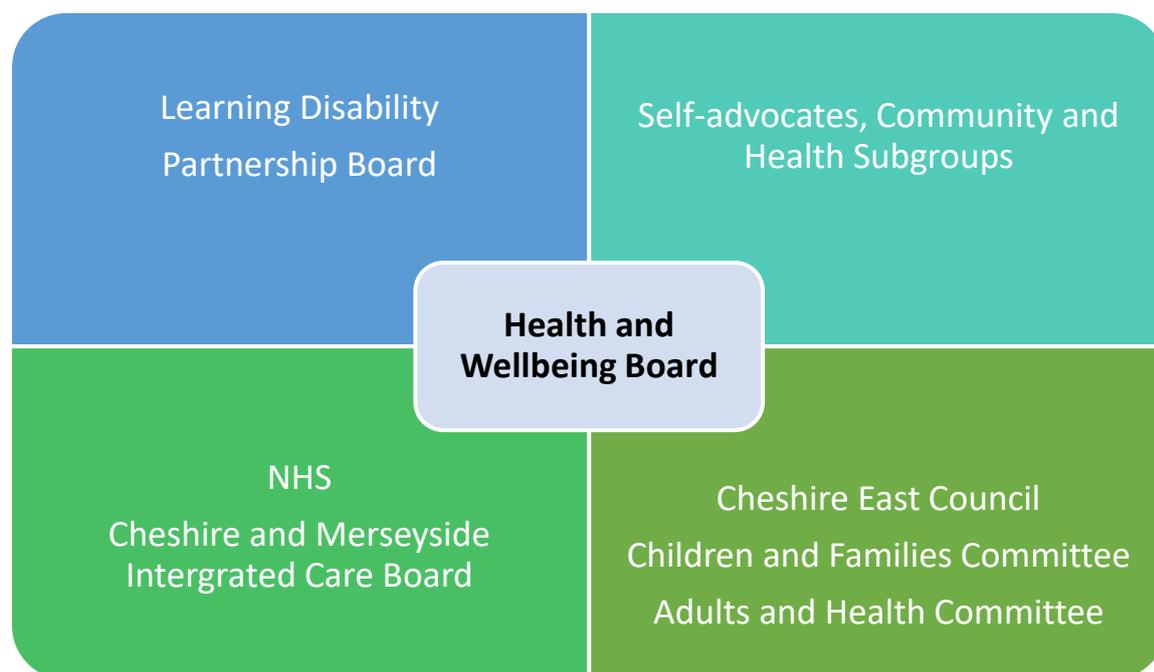
⁵ Office of National Statistics (ONS) 2020; Cheshire East Joint Strategic Needs Assessment 2019; Cheshire East Population Statistics ONS 2023; Cheshire and Merseyside Transforming Care Partnership Assessment of future accommodation with support needs October 2022

How will we monitor this plan

Together, we will develop a comprehensive delivery plan which will set out in more detail the tasks that need to be undertaken to deliver the plan, and this will be updated at least annually.

Regular review and monitoring of this plan will also ensure that any future stakeholder feedback can be considered, and changes made to this plan and delivery plan where appropriate.

The delivery plan will be overseen through relevant Council and partnership governance, and have overall responsibility to the Cheshire East Place Health and Wellbeing Board ;



Next steps

We have undertaken a lot of engagement and consultation in order to develop this plan to ensure we have included what is important to the people of Cheshire East. The consultation period confirmed support for the broad priorities in the strategy, and some changes and additions to the plan will be made because of the consultation received during this period.

However, this is not the end of the conversation; once the strategy is adopted, it will be kept under regular review to ensure that we continue to put the needs of our residents and service users at the forefront of our plans.

Words and terms used in this plan, and what they mean

ASC	Adult Social Care
CEPCF	Cheshire East Parent Carer Forum is a group of parents and carers of disabled children and young people. Our aim is to make sure the services in Cheshire East meet the needs of disabled children / young people and their families.
CYP	Children and young people
CQC	Care Quality Commission the independent regulator of health and social care in England
EHCP	Education, Health and Care Plan is a legal document which describes a child or young person's aged up to 25 special educational needs, the support they need, and the outcomes they would like to achieve.
ICB	Integrated Care Board is an NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area.
ICS	Integrated Commissioning System are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
LA	Local Authority
LDPB	The Cheshire East Learning Disability Partnership Board is a partnership of agency, for example the Council, NHS, community groups, and self-advocates and parent carers with a role is to represent everyone in Cheshire East who has a learning disability and to be your voice.
LeDeR	Learning Disabilities Mortality Review - Established in 2017, founded by NHS England and NHS Improvement, LeDeR is a service improvement programme that improve care, reduce care inequalities, and prevent people with a learning disability and autistic people from early deaths
NHSE	National Health Service England
Personal outcomes	Describes what a person wants to achieve. These are goals that the person receiving care and support, and their care worker or carer work towards
Priorities	The priorities within this plan are the things everyone feels is important and want to work together to achieve
SEND	Special Education Need and Disabilities
SMART	SMART objectives are specific, measurable, achievable, and timebound. They help to organise, track, and accomplish long and short-term goals in an effective way, for example in our Delivery Plan
Social prescribing	Social prescribing refers to when health professionals refer patients to non-clinical support services in the local community to help their health and wellbeing where appropriate
Vision	The vision set out the ambition for the future

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#BecauseWeCare
Cheshire East Partnership

Cheshire East Place

All Age Learning Disability Plan 2024-2029

Easy Read Version



Cheshire and Merseyside



People 1st



This plan is about you, your family, and carers.

It provides information about what we all want to achieve in improving services for Cheshire East residents of all ages with a learning disability.



The council, the NHS, other agencies, and people with a learning disability have produced a plan for people in Cheshire East of all ages with a learning disability and their family and carers.

The plan is a refresh of the current one and seeks to improve services and help people make choices.



The plan explains how we will work together make support and service better for people with a learning disability.

This easy read is a short version of the main plan. Some words are in bold, is this just to show you how we explain things in more detail.



We asked lots of people what we needed in our plan

They told us the most important things were:

- Becoming an adult
- Right care and support
- Choice and control
- My home
- My community
- Good health



The plan now focuses on the 6 important things, which are called priorities.



Becoming an adult

Some of the main things we will work on:

- Ensure social workers in Children and Young People Services and Adults work close together for you
- Improve things for young people approaching adulthood based on our [Plan for Adulthood](#)
- Continue working to help different agencies who work with you

	<p>How will we know things get better?</p> <ul style="list-style-type: none">▪ We will ask you how you feel things are▪ Work to reduce the number of young people in residential care homes▪ Work to increase the number of young people in training or employment▪ Information is available to support you through changes as you become an adult
	<p>Right care and support</p> <p>Some of the main things we will work on:</p> <ul style="list-style-type: none">▪ Services you receive are made to value you▪ Your care and support plans are clear to understand and written with you▪ Services have you at the very centre of things <p>How will we know things get better?</p> <ul style="list-style-type: none">▪ You feel safe and happy▪ Services are person-centred▪ People are supported to access Personal Health Budget▪ You, your family, and carers will have the right information at the right time



Choice and control

Some of the main things we will work on:

- Ensure you have Choice control over things that are important to you
- You have choice about how services are paid
- You are listened to and valued in making choices for your life

How will we know things get better?

- We ask you if you can make decisions for yourself
- More people say they have a say in the way their care and support is being provided
- You tell us that you have been able to go out to events in the evening and weekends when you want
- There is an increase in the use of assistive technology to support people to be independent



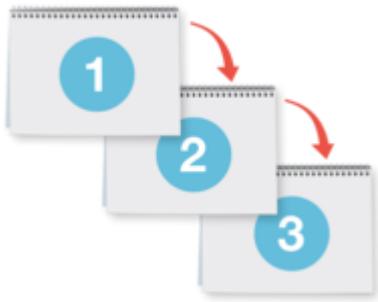
My home

Some of the main things we will work on:

- We will provide a plan for people accommodation options
- Make sure you have a good and clear information

	<ul style="list-style-type: none">▪ Make sure things are better for people who want to come back to Cheshire East▪ Ensure people feel happy in the community they live▪ Increase the use of Shared Lives <p>How will we know things get better?</p> <ul style="list-style-type: none">▪ There are more choices of accommodation▪ You have a home that enables you to be included, have choice and a good life▪ A home for life▪ Good and clear information about housing for you
 <p>The logo for 'Community Life' features a purple circular base with the text 'Community Life' in white. Above the base, there is a 3D illustration of a community scene: a person in a wheelchair on the left, a woman in a patterned dress in the center, and a man in a suit on the right. In the background, there is a house and a church with a steeple.</p>	<p>My community</p> <p>Some of the main things we will work on:</p> <ul style="list-style-type: none">▪ Ensure you feel included where you live▪ Understanding and acting on what you want and need▪ Ensure our community buildings and other assets are available and easy to access▪ Work together to develop a Relationship Policy

	<p>How will we know things get better?</p> <ul style="list-style-type: none">▪ There is good information for you about where you live▪ We promote and work together to increase awareness of people needs▪ Improve access to you community▪ You feel happy about where you live
	<p>Good health</p> <p>Some of the main things we will work on:</p> <ul style="list-style-type: none">▪ Making sure more people have a health check each year▪ Work together so more people have Health Action Plans▪ Look at how loneliness and isolation effects your health▪ Look at when people with a learning disability may be at risk of going into a hospital and work to prevent this <p>How will we know things get better?</p> <ul style="list-style-type: none">▪ More people health passport and fast track ID when they go into hospital▪ Everyone is supported to manage their health▪ Improved awareness of sexual health for people with Learning Disability



What will happen next?

After a period of consultation, we will work together to put these plans into action.

We will keep people involved in these plans to make sure they work well.



If you would like more information about this plan, and may getting more involved, please contact:

Gerard Buckley
Cheshire East Council
07790 565154

gerard.buckley@cheshireeast.gov.uk

CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT FORM TEMPLATE

EQUALITY IMPACT ASSESSMENT

TITLE: All Age Mental Health Plan

VERSION CONTROL

Date	Version	Author	Description of Changes
18 August 2022	1	Mark Hughes	
19 April 2023	2	Mark Hughes	Updated following pre consultation

CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

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

Department	Commissioning Team		Lead officer responsible for assessment		Mark Hughes	
Service	People Services		Other members of team undertaking assessment		Keith Evans	
Date	19 April 2023		Version 4			
Type of document (mark as appropriate)	Plan	Plan	Function	Policy	Procedure	Service
		x				
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision	
	X				X	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the Plan/ plan/ function/ policy/ procedure/ service	<p>Partners in Cheshire East focusing on mental health, are working to develop a Mental Health Plan. Our plan will set out the vision and priorities for mental health in the coming years. We want these key parts of the Plan to be meaningful for people across Cheshire East.</p> <p>The Plan will guide the work that health and the local authority and our partners will do to improve mental health and wellbeing in Cheshire East This will include an overall shared vision, a set of key priorities, and how we will achieve these to improve people's mental health and wellbeing. It will also describe how we will measure the difference we're making.</p> <p>We want the Plan to focus on every part of what mental health and wellbeing means. This covers a range of areas, including:</p> <ul style="list-style-type: none"> • addressing the underlying reasons behind poor mental health; 					

- helping to create the conditions for people to thrive;
- challenging the stigma around mental health, and;
- providing specialist help and support for mental illness.

We also want the Plan to guide how we provide support to everyone who has a role in improving and supporting people's mental health and wellbeing.

This ranges from those working in all health and social care settings, in our communities, schools, and prisons. We also recognise the invaluable support of volunteers and unpaid carers.

The development of the All Age Mental Health Plan will align to the following priorities within the Cheshire East Corporate Plan 2021-2025

- A commitment to protect the most vulnerable people in our communities
- Promote and develop the services of the council through regular communication and engagement with all residents
- Work together with residents and partners to support people and communities to be strong and resilient
- Increase opportunities for all children and young adults with additional needs
- Support all children to have the best start in life

The development of the Cheshire East All Age Mental Health Plan will be firmly aligned to the NHS Long Term Plan. It promotes a whole system approach to improve the mental health and wellbeing of individuals and their families, supported by integrated health and social care services, resilient communities, inclusive employers and services that maximise independence and choice.

<p>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</p>	<p>Key Stakeholders</p> <p>As part of this process, we will undertake extensive engagement with children, young people and adults who use mental health services and those who may do so in the future.</p> <p>We will also engage with carers, services across the local authority, NHS and commissioned providers, voluntary and community groups and local forums to ensure that everyone has the opportunity to contribute to the Plan development.</p> <p>In terms of protected equality groups there will be engagement which will ensure we reach older people, BAME groups and people with a long-standing illness or disability, and young people.</p>	
<p>Consultation/ involvement carried out</p>		<p>A pre consultation has been carried out from August to October 2022 and also a follow up on the draft Plan shall be carried out in May-June 2023.</p>
<p>What consultation method(s) did you use?</p>	<p>In terms of the consultation methods this has included</p> <ul style="list-style-type: none"> - Surveys (including Easy Read) - Consultation Meetings (Virtual and Face to Face) - Meetings with existing Forums and User Groups - We will also use existing partnership boards to keep people informed of the process and allow wider engagement from carers and service users. 	

Stage 2 Initial Screening

<p>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</p>	<p>The development of a new Mental Health Plan may have an impact on existing mental health service providers, and service users and carers as they propose a change from the existing service models.</p> <p>There could also be a significant impact on staff from mental health services as well in terms of the location where services are delivered, level of support provided, and tasks related to the delivery of services.</p>
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<p>Who is intended to benefit and how</p>	<p>The proposed impact of the Mental Health Plan will ensure that services are designed around an individual rather than vice versa. By ensuring that this provision adopts a more personalised and flexible approach and lead to improved outcomes for individuals who access support. It is hoped that this will also lead to a more joined up approach between mental health service and also stronger links into other forms of community provision including that which is provided by the Voluntary, Community and Faith Sector.</p> <p>The Plan will ensure that people with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse population.</p> <p>A key priority within the Plan will look at the best approach to tackling stigma and discrimination which will be a theme which runs through the document.</p>
<p>Could there be a different impact or outcome for some groups?</p>	<p>There could be impacts for some people who currently access mental health services in terms of the provision that they access changing which will be dependent on the review of their needs and outcomes. The buildings that services are currently delivered from could change as part of any service development and review. This could have impacts on both individuals and carers.</p>
<p>Does it include making decisions based on individual characteristics, needs or circumstances?</p>	<p>Yes there could potentially be decisions made on what type of services are provided for people with more complex needs to ensure that the services they receive deliver the support required.</p>
<p>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</p>	<p>Mental health problems have very high rates of prevalence; they are often of long duration, and have adverse effects on many areas of people’s lives, including educational performance, employment, income, personal relationships, and social participation. These problems are very often compounded by the stigma and discrimination and exclusion which is experienced by many people with mental health problems.</p> <p>As part of Plan, we will ensure that we promote the development of support which can meet a variety of individuals with different care needs and that people receive services that meet their needs and outcomes. We also want to ensure equity in terms of locations in the borough where services are located so that people in different locations have local services and opportunities to access.</p>

Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?		We have held engagement and consultation events to ensure that the voice of all stakeholders is heard and that we enable us to ensure that we take on board any considerations around equality.					
Is there an actual or potential negative impact on these specific characteristics? (Please tick)							
Age	Y		Marriage & civil partnership		N	Religion & belief	N
Disability	Y		Pregnancy & maternity		N	Sex	N
Gender reassignment		N	Race		N	Sexual orientation	N
Carers		N	Socio Economic		N		

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)
Age	Some older people may not have the opportunity to engage in this process due to transport and accessibility issues. There may also be issues with accessing virtual appointments/services that require technology. We have used MS Teams to ensure that people who have been unable to attend face to face meetings can be involved.	Low

Marriage & civil partnership	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Religion	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Disability	Living with a disability may increase the chances of experiencing poor mental health and social isolation. To ensure that people with learning disabilities can access the consultation and we have issued an easy read survey document as part of the consultation.	Low
Pregnancy & maternity	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sex	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Gender Reassignment	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	N/A
Race	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sexual Orientation	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Carers	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Socio Economic	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A

Stage 4 Mitigation

Protected characteristics	Mitigating action <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>	How will this be monitored?	Officer responsible	Target date
Age	Identify solutions to engage this group of people, working with other community groups and organisations that have the expertise and understanding regarding the needs of those over 65. We held meetings online to ensure that those who may struggle to attend face to face meetings were able to participate.	This will be undertaken throughout consultation and engagement process	Mark Hughes	August-October 2022
Marriage & civil partnership				
Religion				
Disability	Engage partner organisations that have the knowledge, relationships and expertise associated with a range of disabilities. Engage those with disabilities in the consultation process through virtual sessions and surveys.	This will be captured through the consultation and engagement process	Mark Hughes	August-October 2022
Pregnancy & maternity				

Sex				
Gender Reassignment				
Race				
Sexual Orientation				
Carers				
Socio Economic				

5. Review and Conclusion

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

The Mental Health Plan seeks to enhance the support provided to individuals with mental health support needs of all ages. We seek to ensure through more integrated partnership working that we can enhance pathways and offer more support across communities in Cheshire East. There should be no change in service to provision to most people who use mental health services, but there does need to be a robust transition plan in place for those people who either want to change the services they access or those who are coming through transition from childrens services who may wish to access a wider range of options. Operational teams will be heavily involved in reviewing these people and we will also ensure that there will be no gap in service to any people affected.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date

Identification of possible people who use services who may be affected to be completed as a priority prior to consultation and Plan being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager Operational Heads of Service	May 2023
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	April 2024		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer sign off	Mark Hughes	Date 19.04.23	<i>M Hughes</i>
Head of service sign off	Keith Evans	Date 20.4.23	K Evans

Please return to EDI Officer for publication once signed

EQUALITY IMPACT ASSESSMENT

TITLE: All Age Learning Disability Plan 2024-2029

VERSION CONTROL

Date	Version	Author	Description of Changes
June 2023	V1_draft	Gerard Buckley	Initial
July 2023	V2	Gerard Buckley	Consultation

CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

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

Department	Integrated Commissioning Team		Lead officer responsible for assessment		Gerard Buckley	
Service	People Services		Other members of team undertaking assessment		TBC	
Date	07 October 2022		Version 1			
Type of document (mark as appropriate)	Strategy X	Plan	Function	Policy	Procedure	Service X
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision X	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p>Learning Disability Strategy Cheshire East Council are Health partners are developing a five-year (2023-2028) Learning Disability Strategy, which is a refresh of our current strategy: Cheshire East Learning Disability Strategy 2019-2022 and will be developed as an All Age Placed Based Strategy. A refreshed strategy pulls together the existing aims and objectives, which set out how people with learning disabilities and their families can be supported to improve their quality of life and have better outcomes. This joint strategy will be developed by the local authority and health partners to ensure that self-advocates, parent carers and partners can support and enable the growing population of people with learning disabilities to achieve their aspirations, whilst also managing within the financial resources available.</p> <p>People with learning disability should not be defined solely by their learning disability. People with learning disability have the right to live full and equal lives, with access to the same opportunities as other members of our communities. Despite this, we know that people with learning disability often experience many disadvantages compared to the rest of the population</p>					

	<p>The learning disabilities improvements contained within this plan are informed by this national policy and direction. The plan illustrates the current and future challenges that the service is facing to meet the growing pressures on a sustainable basis from limited resources and identifies actions to achieve the best outcomes for people within these resources. It identifies what is working well and what needs to improve. The plan intends to implement a service-wide approach to current and future priorities for the learning disability service in order to address some of the demographic challenges for the future and resulting capacity demands and deliver sustainable services within available resources.</p> <p>The strategy aims to bring about systemic change to how learners can access and progress through learning to reach their goals. Intended impacts and outcomes are that the strategy are informed by the refreshed strategy's priorities:</p> <ul style="list-style-type: none"> ▪ Community inclusion ▪ Early help ▪ Education and employment ▪ Housing ▪ Assistive Technology ▪ Mortality, Health and Transforming Care 		
<p>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ▪ Parents/Carers ▪ Service users ▪ Councillors ▪ Independent Sector Providers </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ▪ Commissioners ▪ Operational Staff ▪ Health colleagues </td> </tr> </table>	<ul style="list-style-type: none"> ▪ Parents/Carers ▪ Service users ▪ Councillors ▪ Independent Sector Providers 	<ul style="list-style-type: none"> ▪ Commissioners ▪ Operational Staff ▪ Health colleagues
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<p>Consultation/ involvement carried out</p>	<p>We have been working extensively to develop a refreshed Learning Disability Strategy steered through the setting up of a project group of social care, education, and health professionals; community groups; self-advocates, and parent carers. A formal public consultation will be conducted during November 2022. The contents of the consultation will be informed and shaped by our project group which will enable individuals and groups of people who experience autism to guide the questions.</p> <p>Once a draft refreshed Strategy have been developed, we will seek to go out for public consultation on a second occasion in January 2023.</p>		

What consultation method(s) did you use?	<p>The consultation methods will include:</p> <ul style="list-style-type: none"> ▪ Public consultation, which will include easy read versions ▪ Engagement with operational teams, community groups, forums and with people with life experiences of learning disability
---	--

Stage 2 Initial Screening

<p>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</p>	<p>A learning disability is a lifelong condition that can significantly affect the lives of people living with it, and it is part of the daily life of around 600,000 people in the UK. In Cheshire East, there are an estimated 378,800 people living in Cheshire East, with approximately 75,800 children under the age of 18 and 303,000 adults.</p> <p>Currently there are 931 adults with a learning disability [see Table 1] who access services within Cheshire East. However, it is likely that there are many more adults with learning disabilities living in the wider community who do not receive support from the council and are therefore not included in these numbers.</p> <p>Table 1: GP Cluster data - Cheshire East residents with learning disabilities</p> <table border="1" data-bbox="651 783 1942 1220"> <thead> <tr> <th data-bbox="651 783 1489 820">Area</th> <th data-bbox="1489 783 1942 820">Learning Disability</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 820 1489 857">Alderley Edge, Chelford, Handforth, Wilmslow</td> <td data-bbox="1489 820 1942 857">65</td> </tr> <tr> <td data-bbox="651 857 1489 893">Bollington, Disley, Poynton</td> <td data-bbox="1489 857 1942 893">27</td> </tr> <tr> <td data-bbox="651 893 1489 930">Congleton, Holmes Chapel</td> <td data-bbox="1489 893 1942 930">80</td> </tr> <tr> <td data-bbox="651 930 1489 967">Crewe</td> <td data-bbox="1489 930 1942 967">181</td> </tr> <tr> <td data-bbox="651 967 1489 1003">Knutsford</td> <td data-bbox="1489 967 1942 1003">57</td> </tr> <tr> <td data-bbox="651 1003 1489 1040">Macclesfield</td> <td data-bbox="1489 1003 1942 1040">242</td> </tr> <tr> <td data-bbox="651 1040 1489 1077">Nantwich and Rural</td> <td data-bbox="1489 1040 1942 1077">74</td> </tr> <tr> <td data-bbox="651 1077 1489 1114">Sandbach, Middlewich, Alsager, Scholar Green and Haslington</td> <td data-bbox="1489 1077 1942 1114">106</td> </tr> <tr> <td data-bbox="651 1114 1489 1150">Unknown</td> <td data-bbox="1489 1114 1942 1150">99</td> </tr> <tr> <td data-bbox="651 1150 1489 1187">Grand Total</td> <td data-bbox="1489 1150 1942 1187">931</td> </tr> </tbody> </table>	Area	Learning Disability	Alderley Edge, Chelford, Handforth, Wilmslow	65	Bollington, Disley, Poynton	27	Congleton, Holmes Chapel	80	Crewe	181	Knutsford	57	Macclesfield	242	Nantwich and Rural	74	Sandbach, Middlewich, Alsager, Scholar Green and Haslington	106	Unknown	99	Grand Total	931
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<p>Who is intended to benefit and how</p>	<ul style="list-style-type: none"> ▪ Cheshire East residents with a learning disability ▪ Parents, families & carers with life experiences supporting people with learning disabilities ▪ Cheshire East Social Work Teams in the implementation of support ▪ Wider partners and providers including voluntary and community sector 																						

Could there be a different impact or outcome for some groups?	There could be impacts for some people who currently access services in terms of the provision that they access changing which will be dependent on how things change following the implementation of the strategy. This may include the properties or buildings that services are currently delivered from could change as part of the review. This could have impacts on both individuals and carers.							
Does it include making decisions based on individual characteristics, needs or circumstances?	Yes, there could potentially be decisions made on what type of services are provided for people to ensure that the services they receive deliver the support required to meet their care and support needs.							
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	No – the provision detailed within the strategy and subsequent actions seeks to support all members of the learning disability community.							
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	We will be holding engagement and consultation events to ensure that the voice of all stakeholders are heard and that we enable us to ensure that we take on board any considerations around equality.							
Is there an actual or potential negative impact on these specific characteristics? (Please tick)								
Age	Y		Marriage & civil partnership		N	Religion & belief	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N

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)																																																																																				
<p>Age</p>	<p>Medium</p>																																																																																				
<p>Data information indicates Cheshire East residents with life experiences of learning disabilities will grow across all age groups between now and 2035 (See Table 2). This relates to all age groups, but in particular the older age group (age 65+) is likely to increase as people are living longer. The refreshed strategy will consider the needs of people with learning disabilities of different ages and also seeks to ‘futureproof’ support as set out in more detail in the strategy and covering report.</p>																																																																																					
<p>Table 2: Cheshire East residents with learning disabilities Age profile</p>																																																																																					
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Marriage & civil partnership	Engagement on the strategy considers the family, relationships, and support needs of people with learning disabilities and this will be explored in more detail through the development of the strategy delivery plan.	Low
Religion	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Disability	<p>This refreshed strategy seeks to address the core for the experiences of disability for people with learning disabilities, and the inequalities in access to health and wellbeing</p> <p>Health</p> <p>Overall, the proportion of people with learning disabilities who die from cancer in the UK is lower than among the general population (12-18%, compared with 26%), although they have proportionally higher rates of gastrointestinal cancer (48-59% vs 25% of cancer deaths). People with learning disabilities with cancer are less likely to be informed of their diagnosis and prognosis, to be given pain relief, to be involved in decisions about their care and they are less likely to receive palliative care.</p> <p>Coronary heart disease is a leading cause of death amongst people with learning disabilities (14-20%). Respiratory disease is possibly the leading cause of death for people with learning disabilities (46-52%) with rates much higher than for the general population. Adults with learning disabilities are 2.6 times more likely to die from asthma than those who do not have learning disabilities.</p> <p>The prevalence of epilepsy in the British population is between 0.5% and 1% among those with moderate learning disability this prevalence rises to 15%. Among those with severe and profound disability the rate raises further to 30%, with seizures commonly being multiple and resistant to drug treatment.</p> <p>Moreover, people with learning disability are 10 times more likely to have a serious sight problem than other people. 6 in 10 people with learning disabilities need glasses and often need support to get used to them. People living independently or with family are significantly less likely to have had a recent eye examination than people living with paid support staff.</p>	Medium

	<p>The Foundation for People with Learning Disabilities states that around 40% of adults with a learning disability experience moderate to severe hearing loss in many cases the hearing loss may be linked the effects of an individual's learning disability, because it may sometimes go unrecognised or undiagnosed, with the behaviours associated with hearing loss being instead considered part of the learning disability.</p> <p>People who have a disability are twice as likely than people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).</p>	
Pregnancy & maternity	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sex	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Gender Reassignment	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	N/A
Race	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sexual Orientation	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A

Stage 4 Mitigation

Protected characteristics	Mitigating action <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce</i>	How will this be monitored?	Officer responsible	Target date

	<i>any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>			
Age	Physical access, Transport access, Explore flexible transport being added to service specifications to mitigate.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
Marriage & civil partnership				
Religion	The rationale for change is that customers will have a greater choice about how services are provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics. For instance people with religious beliefs that require a quiet area for prayer at specific times of the day – this could be designed into individually tailored package	This will be captured through the continued consultation and engagement process	Gerard Buckley	April 2023
Disability	The rationale for change is that customers will have a greater choice about how services will be provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
Pregnancy & maternity				

Sex				
Gender Reassignment				
Race	During the consultation we will establish if there are any individuals who require support with accessible information if English is not their first language. This could involve linking in with established support groups/forums.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
Sexual Orientation				

5. Review and Conclusion

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

It is not envisaged that the EIA pre-consultation process would not identify indirect or direct discrimination through the policy intentions of the All Age Learning Disability Strategy. It has shown that despite limited evidence for some protected characteristics, evidence for the wider context in which provision operates shows that the impact of the Strategy will be positive across all many protected characteristics, in particular age, disability, sex, pregnancy and maternity, gender reassignment, sexual orientation, and race. For religion and belief, we have particularly limited data. We have found no evidence of negative consequences at this time, however, in line with best practice we will keep this under review as part of the monitoring of this EIA. Specific policy interventions for actions within the Strategy are yet to be developed. As these policies develop they will require their own EIA to ensure that the specific barriers for each protected characteristic are fully considered. Once these policies are implemented, we will gain a better understanding of the difference each policy will make in reducing discrimination and enhancing opportunity.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Identification of possible people who use services who may be affected to be completed as a priority prior to strategy being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager Operational Heads of Service	April 2023
Enough time must be planned in to the transition plan to ensure effective transfer of those who may be impacted by any service changes and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team / Operational Teams/ transition and mobilisation plan.	Operational Heads of Service Senior Commissioning Manager	April 2023
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	Jan 2023		
Are there any additional assessments that need to be	No		

undertaken in relation to this assessment?			
Lead officer sign off	Gerard Buckley	Date: 07 Oct 2022	
Head of service sign off	Mark Hughes	Date 07 Oct 2022	M Hughes

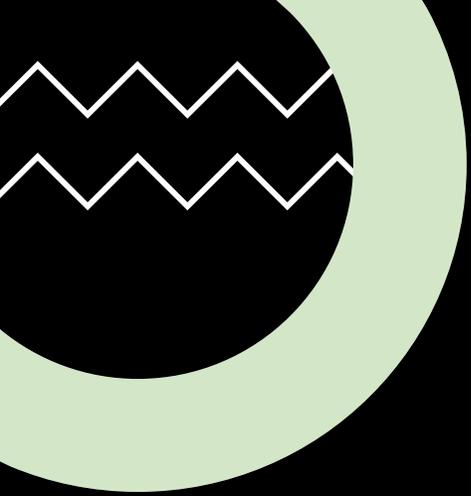
Please return to EDI Officer for publication once signed



#BecauseWeCare
Cheshire East Partnership

Priorities from the Learning Disabilities Conference – 1 Year On

Mark Hughes – Programme Lead, Complex Needs
Cheshire East Council



What did people say?

At the Conference in June 2022, people were asked what 3 actions should Cheshire East look at over the next year, to help people with learning disabilities live better lives





What have we done to try and make things better?

- The LD Partnership Board set up a group including people who use services, carers, social care staff and health staff
- We had to decide:
- **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?**



Action 1 - Make things better for people to stay up late

STAY UP
LATE

What did we want to do?

- Recruit Stay up Late ambassadors across the borough
- Make sure flexible support is written into future care contracts
- Provide more evening events in Cheshire East for people to attend

What have we done so far?

- We have engaged with over 55 care providers, with 85% of providers saying that there should be more focus on Stay up Late opportunities being included future joint care contracts
- We are setting up a pilot project to look at how we can help more people stay up late and if successful roll this out wider
- Stay up Late events have increased and we now will list on the partnership board website for people to see



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



What did we want to do?

- Get more people with learning disabilities to attend partnership board meetings
- Involve people with learning disabilities more in future service planning

What have we done so far?

- We have set up a self-advocates group which meets every 3 months in the evening face to face
- A self-evaluation of learning disability services in Cheshire East is taking place which people and carers have been involved in
- Self-Advocate Tom is co-chair of the partnership board and has been supported to write a report on how to make supported living and staying up late better in Cheshire East
- A new learning disabilities plan has been co-produced with people who use services and carers, including an easy read version

Action 3 – Provide better information about services for people with learning disabilities and carers



live well
Cheshire East

What did we want to do?

- Improve the learning disabilities partnership website
- Provide better information and access to health services for people with learning disabilities and carers

What have we done so far?

- Learning Disabilities Partnership Board Website is now part of Live Well Cheshire East to provide greater profile and awareness
- We have set up a Health Subgroup to support people with learning disabilities
- The group has promoted Annual Health Checks for people with learning disabilities and in Cheshire East we achieved 94.2% in 22/23 (national target 75%)

Questions?

Progress Update on the Day Opportunities Flexible Purchasing System

Adults and Health Committee

25 November 2023

Mark Hughes, Programme Lead – Complex Needs

Day Opportunities Flexible Purchasing System (FPS)

- 28 March 2022 - Adults and Health Committee - Approved the development of a flexible purchasing system for day opportunities in Cheshire East.
- Prior to the FPS we had no contract for day opportunities
- All placements were spot purchases
- Minimal quality or compliance requirements

Recap - What is the Day Opportunities Flexible Purchasing System (FPS)?

- FPS went live on 1 August 2022
- A contract to facilitate the commissioning of Day Opportunities Services
- Providers can apply to join one or more lots/categories
- They must meet a quality threshold (60%) and required compliance requirements
- No guaranteed business
- Care packages are made subject to the terms and conditions of the contract

FPS Progress 1 Year On – Providers

- 18 Providers have been issued with contracts after 2 rounds
- .5 further providers have been successful and currently waiting to be onboarded

In total 18 providers can offer services in the following lots (providers can provide services in more than 1 lot)

- Lot 1 - Building Based - 14 providers
- Lot 2 - Community Support – 12 providers
- Lot 3 - Employment, Skills, Training - 8 providers

FPS Progress 1 Year On – Utilisation

- Between August 2022-August 2023, we have seen 46 sourcing requests for day opportunities
- 15 packages in total have gone live
- 9 – Building Based (6 of these were dementia day services)
- 2 - Community Support (group-based activities)
- 4 - Employment Skills and Training (occupational, skills development opportunities)

Other highlights of the FPS – Year 1

- Carefinder went live on 17 July 2023, giving people on direct payments access to the Day Opportunities FPS services
- Positive feedback from LD social work teams on new offer with people gaining greater independence, community inclusion, new skills as part of new provision (group activities, farming, life skills)
- 9/18 providers are new to CE on the FPS
- Safeguarding assurance as part of onboarding

Future Actions

- Further bidding round for new providers to join due in March 2024
- Follow up engagement with Social Work Teams to refresh and embed process
- Wider review of day opportunities (internal and external) as part of transformation plan

Any Questions?



OPEN

Adults and Health Committee

20 November 2023

Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees

Report of: Brian Reed, Head of Democratic Services and Governance

Report Reference No: AH/27/2023-24

Ward(s) Affected: No specific wards

Purpose of Report

- 1 This report seeks approval from the Adults and Health Committee to appoint 3 elected Members to the Safer Cheshire East Partnership Board (SCEP) and to agree the draft Terms of Reference.

Executive Summary

- 2 The Council, at its annual meeting on 24 May 2023 approved its main committees. The appointment of certain sub-committees, working groups, panels and boards is a matter for the relevant service committees. This report concerns those bodies which fall to be appointed by the Adults and Health Committee or by the committee in conjunction with other service committees.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Appoint 3 elected Members to the Safer Cheshire East Partnership Board (SCEP).

2. Agree the draft Terms of Reference (appendix 1).
3. Agree that the names of the Members appointed will be submitted to the Head of Democratic Services and Governance.

Background

3 Safer Cheshire East Partnership Board

4 The Safer Cheshire East Partnership (SCEP) is a statutory partnership under The Crime & Disorder Act 1998. It brings together the following responsible authorities which must work together to understand and address community safety issues in their area:

- Cheshire East Council
- Cheshire Police
- Clinical Commissioning Group / BIC
- Cheshire Fire & Rescue Service
- National Probation Service

5 The draft Terms of Reference for the Safer Cheshire East Partnership Board are set out at Appendix 1.

It is proposed that the Adults and Health Committee agree the appointment of 3 elected Members to the Safer Cheshire East Partnership Board, and that the nominees be notified to the Head of Democratic Services and Governance.

Previous membership

6 Councillors A Moran, J Rhodes and M Warren.

Consultation and Engagement

7 There has been consultation with Group Leaders and Administrators in relation to the proposed member representation on the Safer Cheshire East Partnership.

Reasons for Recommendations

8 The Committee is responsible for the appointment of those bodies referred to in this report.

Other Options Considered

9	Option	Impact	Risk
	Do nothing	The Council's Constitution requires working groups and panels to be appointed in line with the legislation referenced in this report. Not appointing to this body would remove the Council's ability to be represented on SCEP.	Failure to comply with the Council's Constitution and the legislation referenced in this report could leave the Council open to legal challenge.

Implications and Comments

Monitoring Officer/Legal

- 10 The Safer Cheshire East Partnership has been set up as a statutory partnership rather than as a formal joint committee. Therefore, rules of political proportionality do not apply.

Section 151 Officer/Finance

- 11 There are no financial implications that require an amendment to the Medium-Term Financial Strategy.

Policy

- 12 There are no direct policy implications.

An open and enabling organisation

Ensure that there is transparency in all aspects of council decision making

Equality, Diversity and Inclusion

13 There are no direct equality, diversity and inclusion issues.

Human Resources

14 There are no direct human resources implications.

Risk Management

15 Failure to comply with any legislation when appointing its committee memberships would leave the Council open to legal challenge.

Rural Communities

16 There are no direct implications for rural communities.

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

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

Public Health

18 There are no direct implications for public health.

Climate Change

19 There are no direct implications for climate change.

Access to Information	
Contact Officer:	Brian Reed Head of Democratic Services and Governance Brian.reed@cheshireeast.gov.uk
Appendices:	Appendix 1 – Safer Cheshire East Partnership draft Terms of Reference
Background Papers:	None

Safer Cheshire East Partnership (SCEP) Terms of Reference

Aim

To work in partnership to reduce crime and disorder and increase public reassurance in Community Safety across Cheshire East

Membership

Statutory attendees

- Police
- Fire
- Integrated Care Boards (ICBs)
- National Probation Service
- Local Authority

Non Statutory attendees, key strategic partners

- Youth Justice Service
- Office of the Police Crime Commissioner
- Public Health
- Third Sector
- Housing Strategy
- Domestic Abuse Providers
- DWP

Members

Agency	Representative
Cheshire Police	Superintendent Claire Jesson (Vice Chair)
	Dana Reilly, Research and Analysis
Cheshire East Council	3 Elected Members - TBC
	Jill Broomhall - Director Adults Social Care (Chair)
	Sandra Murphy - Adult Safeguarding
	Richard Christopherson - Locality Manager - Community Safety
	Emma Storey – CE Lead for Domestic Abuse
	Louise Hurst - Children's Services
	Rick Hughes - Trading Standards and Community Protection Manager
	Laura Woodrow-Hirst – ASB Team Leader
	Paul Davies – Cheshire East Road Safety Group
Cheshire Fire and Rescue Service	Matt Barlow - Service Delivery Manager
National Probation Service	Gillian Staniforth – Head of PDU
Integrated Care Boards (ICBs)	Amanda Williams
Youth Justice Service	Gareth Jones, Head of Youth Justice Service

Police Crime Commissioners Office	Andy Southcott Sarah Tilling
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Other agencies / members may be co-opted when required or invited as observers.

Chair

SCEP Management Board will annually review the position of Chair and Vice Chair.

Functions

The functions of SCEP are:

1. Prepare a 3 year Strategic Intelligence Assessment (SIA) of Crime & Disorder and review at least once a year.
2. Publish an Executive Summary of the SIA on the SCEP Website
3. Provide a SCEP Annual Report.
4. Approve the SCEP Annual Report through CE Committee process.
5. Provide a Partnership Plan that will be updated each year.
6. Refresh the Terms of Reference and Membership of SCEP each year.
7. Develop and review information sharing protocols across the partnerships.
8. Manage performance set out in the Partnership Plan, and PCC Performance framework.
9. Co-ordinate the work of partner agencies in meeting SCEP Priorities.
10. Engage with other relevant strategies, for example PCC plan.
11. Use evidence based practice to reduce crime and disorder and increase public reassurance in relation to community safety.
12. Report the progress of SCEP business to the Health and Well-Being Board and partner governing bodies.
13. To work in partnership to deliver interventions to target Child and Adult Exploitation.
14. To fulfil statutory obligations in relation to Domestic Homicide Reviews.
15. Engage with the Local Authority statutory scrutiny process.
16. Engage with Elected Members as required

Supporting Groups

In order to manage its work, SCEP will convene and provide strategic leadership to supporting groups as required, including but not limited to:

1. Domestic Homicide Reviews
2. SCEP Task and Finish, sub groups; Report quarterly on priorities as identified in the Strategic Intelligence Assessment (SIA)
3. Sub Regional Meetings
4. IOM Strategic Group
5. Other Strategic Groups i.e. Adults and Children's Board, Domestic Abuse Board

Frequency of Meetings

Meetings will be held quarterly or more frequently where required.

Meeting format

Standard agenda items will include:

- Performance update including Police Performance Data and Police Exceptions Reports / Fire data.
- Domestic Homicide Reviews (if applicable)
- Quarterly Sub-Group Reports
- PCC Funding
- IOM Strategic Group
- Home Office initiatives ie Combating Drugs Partnership, Serious Violence Duty

Support to the CSP

A SCEP Business Management Group meeting of the Chair and SCEP Statutory representatives will be held prior to each SCEP where required. Cheshire East Council will be the accountable body for any funding allocated to SCEP.

Items for the agenda and updates regarding the plan must be with the Chair and meeting coordinator 7 working days prior to the meeting.

Meeting agenda and papers will be circulated 5 days prior to the meeting.

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 26th September, 2023 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

Board Members

Gill Betton, Head of Service, Children's Development and Partnerships
Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Chief Inspector Sarah O'Driscoll, Cheshire Police
Dr Matt Tyrer, Director of Public Health
Isla Wilson, Health and Care Partnership Board Chair
Councillor Stewart Gardiner, Cheshire East Council
Kathryn Sullivan, CVS Cheshire East

Cheshire East Officers and Others

Nik Darwin, Acting Programme Manager
Lori Hawthorn, Public Health Development Officer
Rick Hughes, Trading Standards & Community Protection Manager
Guy Kilminster, Corporate Manager Health Improvement
Dr Susie Roberts, Public Health Consultant
Karen Shuker, Democratic Services Officer

16 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Janet Clowes, Michelle Davis, Superintendent Claire Jesson, Peter Skates, Claire Williamson, Deborah Woodcock and Charlotte Wright.

Gill Betton, Councillor Stewart Gardiner and Chief Inspector Sarah O'Driscoll attended as substitutes.

17 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

18 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 27 June 2023 be confirmed as a correct record.

19 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

20 APPOINTMENT OF VICE CHAIR

It was moved and seconded that Louise Barry be appointed as Vice Chair.

RESOLVED:

That Louise Barry be appointed as Vice Chair.

21 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received a report which provided an update of the Joint Strategic Needs Assessment (JSNA) programme.

The new approach to the development of the JSNA included the production of three separate documents for each review, which were designed for different audiences. Five reviews had already been undertaken and included poverty, smoking, substance misuse, falls and an updated Tartan Rug.

The Board were asked which specific recommendations and areas they would like to focus on and have strategic oversight of.

The Board welcomed the way different chapters were being looked at rather than the full JSNA in one go and the separate documents which appealed to different audiences. Further discussions would be held to look at how the Board could link up with the Health and Care Partnership and how to embed the recommendations within the report and the structure around how this would be done.

RESOLVED (unanimously)

That the Health and Wellbeing Board note and consider the key findings and recommendations within the JSNA reviews and the updated Cheshire East Tartan Rug.

22 CHESHIRE EAST SELF HARM AND SUICIDE PREVENTION ACTION PLAN 2023 - 2025

The Board received an update in respect of the Cheshire East Suicide Action Plan which had been developed following the publication of the Cheshire and Merseyside Suicide Prevention Strategy in November 2022.

The plan was underpinned by workshops held to engage with partner and community representatives and further engagement was used to influence the local priorities in the 2-year plan.

The Board agreed that it was a good example of partnership working and were supportive of it being a living document.

Although there had been training carried out around suicide prevention with primary and secondary schools the Board felt that more emphasis was required on getting more education into schools and young people, especially around social media and the internet. The recommissioning of the Children and Young People's Emotional Health and Wellbeing Service which had just been approved by the Children & Families and Adults and Health Committees would help support that.

Members were encouraged to partake in the free online appropriate suicide prevention training which was available across Cheshire and Merseyside, and to encourage other people to partake in it as it was agreed that the best form of support came from communities.

RESOLVED: (unanimously)

That the Health and Wellbeing Board approve the Cheshire East Self Harm and Suicide Prevention Action Plan.

23 **CHESHIRE EAST FALLS PREVENTION STRATEGY**

The Board considered a report which outlined the new Falls Prevention Strategy which had been developed to tackle the significant public health issue that falls cause.

The strategy aimed to build on the work conducted to date which included the commission of strength and balance classes, recruitment of 2 falls co-ordinators and promotion of the issue of falls such as via annual falls awareness week which had just taken place.

Members agreed that it was a difficult problem to tackle and in response to members comments in respect of the link between falls and the quality of the pavements and highways, the Chair agreed to take this back to the Highways and Transport Committee.

RESOLVED: (unanimously)

That the Health and Wellbeing Board endorses the adoption of the new Cheshire East Falls Prevention Strategy.

24 **AGE RESTRICTED PRODUCTS AND YOUNG PERSONS SURVEY**

The Board received a presentation in respect of the actions and objectives of the Trading Standards service and its collaborative partnership approach along with the findings of the 2023 Young Persons Survey.

The product priorities for the service for 2023/24 included alcohol, tobacco, vapes, knives and corrosive substances. Partnership working was key across all areas alongside regional and national focus groups which looked solely at age restricted products.

The annual Young Person Survey undertaken with 14 to 17 year olds tried to understand the root causes and trends for young consumers in relation to age restricted goods, and the results are shared with various services.

One of the concerning trends seen from the result for Cheshire East was the increase in the number of young people claiming to vape regularly and those that were trying vapes either before or instead of tobacco cigarettes.

The Board agreed that emphasis needed to be on the marketing and placement of these products, specifically disposable vapes, and suggested that a focus on the impact they had on the environment might be considered, which was a subject many young people were passionate about.

RESOLVED: That the Health and Wellbeing Board:

1. Are informed of the actions and objectives of the service and the collaborative partnership approach.
2. Notes the findings of the Young Persons Survey.
3. Collaboratively work through feedback and agreed actions.

25 INCREASING EQUALITIES COMMISSION UPDATE

The Board received an update on the work of the Increasing Qualities Commission and proposals for re-naming the Commission to the 'All Together Fairer Commission' to align its work with the Cheshire and Merseyside 'All Together Fairer' programme to reduce inequalities across Cheshire and Merseyside.

The establishment of the Increasing Equalities Commission led to the publication of 'Living Well in Crewe' in 2022. Further work was undertaken in preparation of the Crewe Joint Strategic Needs Assessment that builds upon the recommendations within 'Living Well in Crewe'.

The recommendations of 'All Together Fairer' were taken into account in the drafting of the Cheshire East Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023 – 2028. Further consideration had been given to how to achieve the outcomes of 'All Together Fairer' whilst overseeing the implementation of the deliverables within the Joint Local health and Wellbeing Strategy. It was proposed that the Commission would take on the oversight and co-ordination of that work on behalf of the Health and Wellbeing Board.

A review of the recommendations would take place to identify those which could be progressed most quickly given the restrictions around budget and resources. To ensure it was clear and what the focus would be it was proposed that the Commission be renamed to 'All Together Fairer Commission' which would align to the Marmot Principles which also used the 'All Together Fairer' branding.

RESOLVED: (unanimously) That the Health and Wellbeing Board

1. Acknowledge the work of the Commission on Crewe and the need for an ongoing focus upon the town which continues to have the worst inequalities in the borough.
2. Agree to the re-naming of the Commission to the 'All Together Fairer Commission' to align its work with the Cheshire and Merseyside 'All Together Fairer' programme to reduce inequalities across C&M.
3. Agree that the Commission focus its next work programme on the recommendations of the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' Report and their implementation (where relevant, applicable and affordable) in Cheshire East.

The meeting commenced at 2.00 pm and concluded at 3.43 pm

Councillor S Corcoran (Chair)

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Adults & Health Work Programme 2023 - 2024

Adults & Health Committee	Title	Purpose of Report	Lead Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment	Corporate Plan Priority	Part of Budget and Policy Framework	Exempt Item and Paragraph Number
22/01/2024	Third Financial Review of 2023/24 (Adults & Health Committee)	This report outlines how the Council is managing resources to provide value for money services during the 2023/24 financial year. The purpose of the report is to note and comment on the Third Financial Review and Performance position of 2023/24 and approve Supplementary Estimates and Virements.	Director of Finance & Customer Services	No	No	Open	Yes	No
22/01/2024	Medium Term Financial Strategy Consultation 2024/25 - 2027/28 Provisional Settlement Update (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-	Director of Finance & Customer Services	Yes	No	Open	Yes	No

Adults & Health Work Programme 2023 - 2024

		Committee in March 2023. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.						
22/01/2024	Supported Employment Strategy and Implementation Plan	This report sets out the recommendations for a strategic approach to supported employment. This is about adult social care customers with complex needs and support into work	Executive Director of Adults, Health & Integration	Yes	Yes	Open;#Fair;#Green	Yes	No
22/01/2024	Care Provider Consortium	TBC	Executive Director of Adults, Health & Integration	Yes	TBC	TBC	TBC	TBC
22/01/2024	One You Recommission	Seek approval for re-procurement and delegation of award decision to Executive Director	Executive Director of Adults, Health & Integration	TBC	TBC	Fair	TBC	TBC
25/03/2024	Direct Payments	To seek approval for the Direct Payments Policy	Executive Director of Adults, Health & Integration	Yes	Yes	Fair	Yes	No

Adults & Health Work Programme 2023 - 2024

		following consultation.						
25/03/2024	Adults Social Care Charging Policy	Seeking approval for the new Charging Policy following consultation.	Executive Director of Adults, Health & Integration	TBC	TBC	Open	TBC	TBC
25/03/2023	Substance misuse strategy and re-commission	To provide information about the proposed substance misuse service model and for a decision to re-commission the substance misuse service	Executive Director of Adults, Health & Integration	Yes	Yes	Fair	No	No
24/06/2024	Service Budgets 2024/25 (Adults & Health Committee)	The purpose of the report is to set out the allocation of budgets for 2024/25, for all Committees, following Council's approval of the Medium Term Financial Strategy in February 2024	Director of Finance & Customer Services	No	No	Open	Yes	No
22/07/2024	Update on Falls Prevention Strategy	To provide an update in terms of the delivery against the action plan	Executive Director of Adults, Health & Integration	No	No	Open	Yes	No
TBC	Update report on the Domestic Homicide review - PAM	To receive an update following the Domestic Homicide Review	Director of Adult Social Care	TBC	TBC	TBC	TBC	TBC

Adults & Health Work Programme 2023 - 2024

		which came to June Committee						
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OPEN

Adults and Health Committee

20th November 2023

Investing in Extra Care Housing

Report of : Helen Charlesworth-May, Executive Director of Adults Health and Integration

Report Reference No: AH/24/2023-24

Ward(s) Affected: All Wards

Purpose of Report

- 1 The purpose of this report is to seek an in-principal decision to the provision of capital funding to support the development of Extra Care Housing (ECH). The intention of such provision is to stimulate the market to prioritise the development of the council's model of ECH.

Executive Summary

- 2 There is a national issue regarding an aging population and the lack of suitable housing to support that population. As part of the Levelling Up White Paper the government has launched a taskforce to improve housing options for older people. The work of the taskforce will be taken in partnership with the Department of Health and Social Care, building on the commitments set out in DHSC's adult social care reforms.
- 3 Cheshire East has already included in its Corporate Plan a priority to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services." And "To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice.
- 4 Overtime the provision of more housing options, particularly ECH, will reduce the councils need to purchase residential care beds and concentrate on only purchasing complex nursing or specialist dementia care home beds.

- 5 Increasingly extra care housing is recognised as an essential component of joint commissioning by health and social care. Extra care is now being used for intermediate care and rehabilitation as well as longer term housing. Extra care developments provide a focus for integrated working to meet housing, health, and social care needs.
- 6 ECH is a specialist form of housing specifically designed to support older people to remain as independent for as long as possible but also to support them as their care needs increase. The key factors that differentiate ECH from sheltered housing or retirement housing is the provision of;
- 24-hour care staff based on site.
 - Good design with large sized accessible flats with wet rooms.
 - Built in assistive technologies, including personal alarm systems.
 - Safety and security built into the design with fob or person-controlled entry.
 - Good communal space and facilities to support a range of activities which could include, a café, hairdressers, small shop etc.
- 7 This report focuses on the need for additional Extra Care Housing (ECH) and how the council can help to assist in promoting its development.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve in principle the use of capital funding and revenue measures to support the development of Extra Care Housing.

Background

The Need for Extra Care Housing

- 8 In Cheshire East we have an ageing population with an older than average demographic (22.5% of the local population is over 65 compared to 18% of the population for England).
- 9 This predicted increase provides several significant challenges to Cheshire East, especially in relation to providing suitable housing provision which is available at the right time in an individual's life. Not only does this provision need to be provided at the suitable time in a resident's life; it needs to be in an appropriate location in the borough and be able to provide the type and level of care and support for their needs.
- 10 It is nationally recognised that most older people do not wish to end their days in residential care, although we equally recognise this is often an outcome created through the exceptionally complex needs and frailty of the individuals we support.
- 11 As part of our Home First strategic approach we aim to support people at home or through specialist housing provision where possible and reduce the number of people moving into residential care.
- 12 It is acknowledged that there is no single suitable solution to solve housing issues for older persons and that the ECH option may not suit certain more rural localities. It is therefore essential that there are several various models of housing opportunities and options for older people across the borough. However, this report is concentrating on the ECH model.
- 13 The need for extra care provision in Cheshire East was investigated in the Opinion Research Services (ORS) Residential Mix Assessment 2019. This gave an initial starting point in terms of current and additional need over the local plan period, as detailed below.

Extra Care Demand	Rate per 1,000 persons aged 75+	Existing Supply 2015	Gross Need 2030
Owned	40	172	2,508
Rented	31	545	1,943
Total	71	717	4,451

(Above table is an extract from the Modelled Demand for Older Person Housing in Cheshire East based on Housing LIN Toolkit)

- 14 Given the above and if the size of a new ECH development is circa 70 units, then from now until 2030 Cheshire East requires approx. **19** new rented and **32** owned ECH schemes to be built in the next 7 years.
- 15 These figures also relate to the whole population, and it is to be expected that a percentage of this need will be met by the private sector. Nevertheless, the demand for affordable ECH is significant and it is this model on which this report focuses.

Current Supply

- 16 Currently, Cheshire East Council commissions care for four Extra Care Housing schemes (Oakmere in Handforth, Willowmere in Middlewich, Heath View in Congleton, and Mill House in Crewe). Oakmere and Willowmere were commissioned by Cheshire County Council as part of the Cheshire PFI project alongside the former Beechmere in Crewe.
- 17 In total, there are 212 units of ECH accommodation in Cheshire East consisting of one or two-bedroom apartments. This figure does not include the 132 units that were provided in Beechmere.
- 18 All of the schemes have a mixed tenure model of rented and shared ownership, but the PFI schemes also include outright sales.
- 19 However, these schemes were built more than 10 years ago and there has been no new supply, where the council commissions the care, built since then.
- 20 The council has identified two potential sites for the development of ECH at Delamere and Chester Street, Crewe and Handforth Garden Village.

The Benefits of ECH

Care and Wellbeing

- 21 ECH allows residents to maintain their independence as residents have their own self-contained accommodation.
- 22 ECH can support people with a wide range of needs from those with a low level of assessed care needs to people with a relatively high level of need for care and support. The aim is generally to ensure that there is a wide range of care needs amongst the residents so that they can provide support and companionship for each other.
- 23 A study undertaken by East Sussex County Council in 2013¹ strongly supported the hypothesis that extra care housing is a preventative model, supporting independence and avoiding admissions into residential care.
- 24 The presence of an onsite care provider in ECH schemes means that there is the ability to respond in an emergency or just somebody on hand to keep an eye on residents.
- 25 ECH schemes promote social inclusion allowing residents to socialise due to the provision of on-site communal facilities and other amenities such as restaurants, hairdressers, libraries etc.
- 26 ECH schemes offer the opportunity for organised activities e.g. bingo, exercise classes either on site as means of social interaction and promoting the health and wellbeing of residents. The hourly cost of care in an ECH scheme is generally lower than that in domiciliary care due to economies of scale, reduced travel time and costs.
- 27 Care needs often reduce after someone goes into extra care housing due to 24-hour on-site care provision and living in accessible accommodation. People in extra care housing may use less care (domiciliary/home care) hours than if they were living in the community. Research has indicated that people living in extra care housing needed less formal care, as measured by the size of their 'care packages' than a control group in the community. After moving into the extra scheme

¹https://www.housinglin.org.uk/_assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy78_EastSussex.pdf
<https://www.housinglin.org.uk/Topics/type/Demonstrating-the-Health-and-Social-Cost-Benefits-of-Lifestyle-Housing-for-Older-People/>

their care package costs reduced and were 16% lower compared to the cost pre-admission.

- 28 It is frequently easier to recruit care staff to an ECH scheme than in domiciliary care due to the static location of the scheme. This means that the care provider is often able to recruit non drivers and there is no issue over who pays for travel time.
- 29 In summary, ECH combines all the independence of domiciliary care with the peace of mind that comes with onsite care provision offered by residential care at an affordable cost to the local authority. The impact of ECH on the care market should mean that It is likely that the population in residential/nursing care will reduce slowly and that those that move to residential care will be there for a shorter period of time.
- 30 In addition to the benefits to the social care system there is evidence that ECH can also benefit the health care system which are:-
- Reduced visits to GPs
 - Reductions in use of community nursing services
 - Reduction in length of hospital stays
 - Reductions in hospital admissions
 - Reduced ambulance and emergency call outs
 - Reductions in care and care equipment costs
 - Reduced likelihood of entering a care home or other long-term care
- 31 ECH units can also be used as “step down” accommodation to support timely discharge from hospital where the patient is medically fit for hospital discharge but requires additional support before they are able to return their own home. Adult and health services staff are currently working to introduce a pilot project for such accommodation, known as pathway flats, into some of the existing ECH schemes.
- 32 The most comprehensive recent research to support the above and the financial case below is contained in a paper produced by Cambridge University which uses data consolidated from a group of research documents. The link to this paper is below.

[extra-care-housing-the-current-state-of-research-and-prospects-for-the-future.pdf](#)

Financial

- 33 Below is an analysis of the average unit costs of care provision in Cheshire East for different models of care. It demonstrates the potential for driving down overall care costs as need rises.

Care provision	65+	75-84	85+
Accommodation with Care (residential/nursing)	£892	£878	£892
Extra Care Housing	£151	£163	£122
Care at Home	£313	£321	£335

- 34 By diverting older people into ECH the above figures should be viewed as being a cost avoidance measure rather than a direct saving.
- 35 ECH is more cost effective than traditional residential or nursing models of care. A case study undertaken by East Sussex County Council (ESCC) in 2013² showed the costs of ECH to be about half the costs of residential care.
- 36 The study also found the following:-
- If people were not placed in ECH then 37% of people would require domiciliary care in own home/sheltered housing and 63% of people would require residential/EMI/ nursing care.
 - the cost of a placement in extra care housing is half that of the alternative placement or care package.
 - people at the high end of the medium dependency level are often the greatest beneficiaries of extra care housing and they are also likely to provide ASC with a significant cost saving.
 - The return on capital investment is 1.5 years best case scenario and 3.3 years worst case scenario (based on capital contributions by ESCC of £3.1m in the 5 schemes and on gross savings)
- 37 Following detailed financial analysis and scrutiny, ESCC concluded that extra care housing schemes offer considerable value for money in both

²https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy78_EastSussex.pdf

gross and net costs compared to the costs which would have been incurred in alternative placements/care packages

38 Other research has found that the following: -

- “The value derived from sheltered housing and extra care housing can be found in benefits to the individual, to the community and to the taxpayer, mostly as a preventative service. [Research for the National Housing Federation](#) identified clear financial benefits that are delivered by sheltered and extra care housing to local authorities across health and social care, not least in increasing independence and reducing or delaying the need for older people to enter residential care.
- [Research by the Strategic Society](#) found that a new specialist retirement housing unit may result in the savings to the state, per person of approximately **£83,000**.
- From a range of evidence reviewed, by the Housing LIN the specific cost-benefits have been calculated and are shown in the table below drawn from the data produced for Southampton City Council. [Southampton City Council](#) as referred to in paragraph 31.

Area of cost-benefit/savings	Cost benefit/saving (per extra care housing resident per year)
GP visits	£144.78
Community nurse visits	£362.55
Non-elective admissions to hospital	£624.11
Delayed Transfer of Care ‘days’	£465.30
Falls	£380.00
Reduction in scale of domiciliary care packages	£427.98
Reduced loneliness	£ 36.30
TOTAL	£2,441.02

39 Should the council use a capital investment option in an ECH scheme then the analysis of the cost benefit of ECH over traditional residential care is largely dependent on the ability to achieve the care mix model.

40 Currently In Cheshire East the care mix model is set at 30% low, 30% medium and 30% high but this has not been achieved in any of the existing schemes where most of the current residents are receiving no care at all. Whilst the council does have nomination rights for the existing units this is very difficult to exercise in a tenure mix which includes private sales and shared ownership.

- 41 Additionally, the relatively small scale of some of the exiting schemes discourages having residents with high care needs or dementia. It also impacts on the quality and cost of the care provision. Where there is a higher care demand it is easier for providers to invest in developing the skill levels of the staff in areas such as dementia management.
- 42 As previously stated, the more people which fall into these care need percentages then greater the potential cost savings and the more people that are diverted from residential care.
- 43 A review of the allocations process, currently in progress, will introduce a greater emphasis on proactively identifying and encouraging suitable people to move into ECH. Should any of these have either just moved into a residential care home or from their home in the community where they have a high-cost care at home package, then in these instances savings will be made.
- 44 However, if there are decisions that do not support either the proposed care mix or requires smaller scale developments then the level of subsidy must increase and there will be less impact on driving down the demand for care bed places.

Good Design

- 45 The design of extra housing schemes is critical to its ability to deliver the outcomes sought for its residents and the council. A well designed ECH scheme should create an environment that is domestic and homely, one of which residents can be proud and that enhances their quality of life. Its design should facilitate the efficient delivery of care and support for the residents and enable the staff to manage both the building and care delivery.
- 46 There are several sources available for the specification of good quality ECH many created from build experience. For Cheshire East it is recommended its specification should include the following: -
- Good sized self-contained units that are fully accessible.
 - 24-hour care provided on site by a care team commissioned by the council,
 - The council to have nomination rights for 100% of the units,
 - Includes the option for “pathway” flats for intermediate care and rehabilitation,
 - Good design in line with HAPPI principles and using the Housing LINs design guide.
 - Good communal space and facilities to support a range of activities which could include, a café, hairdressers, small shop etc.

- Built in assistive technologies, including personal alarm systems.
- Safety and security built into the design with fob or person-controlled entry.

- 47 Well designed ECH is by its nature a more expensive build than conventional flat designed housing. The flat sizes are significantly larger as they are designed for wheelchair accessibility throughout and have walk in wet rooms. The typical size of an ECH one and two bed flat are 54sqm and 68sqm respectively, compared to that for flats meeting the national space standard of 39sqm and 50sqm. This space design continues into the size of corridors and communal areas. Additionally, these flats need lifts and ideally there should be 2 in each building.
- 48 All of these elements will feed into not only the overall cost of the build but in turn the level of rent and service charges that will need to be made to cover the developments costs. However, these build elements are important in ensuring a successful ECH scheme that can meet the needs of an aging resident population.
- 49 To offset the high cost of the build developers will put in a varied tenure mix which will often include outright sales and shared ownership units as well as rented. This was the case with some of the existing schemes built under a PFI arrangement. In the recommended model of all affordable units, it is proposed that these will only be of a rented tenure.
- 50 Another option would be to scale up the size of the development. The indications from the market are that a viable size for an affordable development of ECH is circa 70 units. This would have the effect of driving down the rent and service charge levels. It would also mean that the provision of the care would become more cost efficient.

The documents below provide detailed information on the need for and the design of good quality ECH and explains how the costing models work.

[Happi Final Report.pdf \(housinglin.org.uk\)](#)

[Design-Principles-For-Extra-Care-Housing-3rdEdition.pdf \(housinglin.org.uk\)](#)

[Design-and-Cost-in-Extra-Care-Housing_June-2020_RevC.pdf \(housinglin.org.uk\)](#)

Consultation and Engagement

- 51 No consultation on this specific issue has taken place at this stage as this is an in principal decision only.

- 52 Consideration will be given to consultation and engagement as part of any subsequent business cases if the proposals contained therein mean this is appropriate.

Reasons for Recommendations

- 53 In the Corporate Plan under the priority “A council which empowers and cares about people” it says, “Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services”.
- 54 The upfront capital cost required to build a scheme is prohibitive for a local authority acting alone and, in any case, as a non-stock holding authority without a Housing Revenue Account the Council does not have the ability or technical expertise in house to deliver ECH alone.
- 55 The Council could rely on private developers or registered providers to deliver ECH with the only local authority involvement being via the planning process. Under this option the council has limited influence over the development and financial model and no influence over allocations. It is also debatable whether such private developments can be classified as true Extra Care Housing schemes since few have on site care and support available and are more akin to enclosed retirement schemes with a communal lounge available for residents.
- 56 Housing with care on site involves greater up-front costs than ordinary housing and hence is a higher risk for any developer. If provision is not available inevitably people fall back onto an institutional response of hospital and residential care. Often a housing move is precipitated by a crisis when people are ill. So inevitably the choice comes down to what is available.
- 57 The most cost-effective route to develop ECH that would allow the Council to retain a degree of influence over the development and financial model and a potential share in housing nominations is via a partnership with a third party such as a Registered Housing Provider, care provider or private developer. But the council must have an effective allocations process to ensure that the residents match the council’s priority for providing care support.
- 58 To support adult services most effectively the model of all units being prioritised is for schemes to consist of all affordable units, primarily rented but there may be opportunities to include some shared ownership units, but this will depend on several factors including location.

59 In the context of ECH the term affordable in relation to rent levels means 80% of market values, so above social and often above Local Housing Allowance (LHA) rent levels. It should be noted that these higher rent levels are still eligible for housing benefit. The overall cost for a resident in ECH includes the following:

- Rent
- Service Charge
- Wellbeing Charge, (also known as core care charge)

60 The combination of these charges is often seen, on first viewing, as prohibitive when compared to some other market options or to a person remaining in their own home. However, this is not necessarily the case and councils need to work with the registered providers (RP) to provide advice on such comparisons so that all factors are considered and help potential residents to evaluate the benefits of ECH.

61 Any RP developing an ECH scheme will probably apply for Homes England grant. This type of subsidy will significantly assist in driving down the rent and service charge levels. Nationally 20% of the current grant allocation is for specialist housing and ECH qualifies for this.

62 There are several ways in which the council can provide support to the development of ECH, and this can include both capital and revenue options and some of these options have been used on the existing ECH schemes.

63 These options are expanded upon in the Appendix 1. However, employing some of the above will indicate to the market that the council is committed to the delivery of affordable ECH.

Other Options Considered

64 The council could build ECH schemes itself but there is insufficient land in the council's property portfolio and no funding in the capital programme for land acquisition or build or the expertise to do so.

65 Do nothing is not recommended. The council building its own schemes is currently not viable.

Option	Impact	Risk
Do nothing	Increasing pressure on the care home and domiciliary market. Increase in adult services spend for older people.	Failure to meet demand.
Council builds own schemes	Delivery of ECH no longer solely dependent on the market.	No funding and no land.

Implications and Comments

Legal

- 66 The Care Act 2014 contains several statutory duties pertinent to the provision of care at home services and the care provider market. These are outlined below.
- 67 Section 5(1) Care Act 2014 places a duty upon the council to promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that there is a variety of providers and high-quality services to choose from.
- 68 Local authorities are under a general duty to implement preventative services that reduce the need in Adults for care and support and the need for support of carers (Section 2 Care Act 2014). Whilst there is no statutory duty within the Care Act 'supporting people to live as independently as possible for as long as possible is a guiding principle of the Care Act' (paragraph 1.19, Revised Care and Support Statutory Guidance).
- 69 Statutory guidance accompanying the Care Act 2014 is clear that the way services are commissioned has a direct impact upon 'shaping the market' (Paragraph 4.4) and requires that local authorities must 'consider how to ensure that there is still a reasonable choice for people who need care and support' (Paragraph 4.39) and to ensure that their fee levels do not compromise the service providers' ability to employ people on at least minimum wage and provide effective training and development of staff (Paragraph 4.31).
- 70 Further legal input will form part of the individual business cases.

Section 151 Officer/Finance

- 71 This report is seeking agreement to the principle of various options being adopted when a proposal for a new development of ECH is being considered or put forward by developers.

- 72 Several of the revenue options proposed do not have direct costs. i.e. taking nominations rights, but do require service strategy decisions to be made. Those that do will need to be contained within existing budgets. Many of these have already been adopted for existing schemes and are within the role and responsibilities of the appropriate officers. Others may require a capital commitment or the forgoing of potential income, such as a capital receipt, or a positive allocation of funds, such as section 106 monies.
- 73 This will require officers to have the ability to employ such options as are suitable for each scheme as it comes forward and to be able to negotiate such terms within the usual provisions of delegated authority. In doing so they will need to comply with and take into consideration the following.
- If the proposal can be funded from within existing budgets
 - If the proposal requires additional budget to be approved in the current year – by virement (transfer of budget) or fully-funded supplementary budget
 - If the proposal will reduce in-year budget requirements
 - If the proposal will increase or decrease budgets that will be considered in the next business planning cycle for approval in a future year.
- 74 There is some residual grant funding in the Adults capital programme that, if no longer required for the identified projects, could be used to support this proposal. This is circa £720k but further investigation is required to see if this is all available.
- 75 The other option is for the council to approve a block allocation of prudential borrowing over a period of years. However, this would impact on the Adults services revenue budget for the payback period of 1.5 – 3 years (based on an investment of £3m).
- 76 It is extremely difficult to predict what capital funding may be needed as the council is totally dependent on developers and providers bringing forward schemes and each one will have different and potential multiple variables. In many cases no capital will be required. That is why each individual proposal will need to be the subject of a individual decision based on a business case. Subject to the values these could be approved through the ODR process, but some may need to go to committees for approval. Clearly this will have a time implication that developers and providers may see as an impediment to progress.

77 It should be noted that most schemes will need Homes England grant in order to meet the affordable rent criteria of being as close to LHA as possible. Homes England will give no indication of likely grant level ahead of an application and will only consider an application once there is certainty of a scheme being delivered, usually this means that the site has been acquired, planning permission received and a build quote received. It is therefore very important that the council provides as positive message as possible of their support for the project.

Policy

78 This report seeks investment in ECH to stimulate new development to meet a significant need. In doing so it will meet the corporate priority listed below.

<p>An open and enabling organisation</p> <p>(Include which aim and priority)</p>	<p>A council which empowers and cares about people</p> <p>Priority: Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services</p> <p>Aim: Vulnerable and older people live safely and maintain independence within community settings.</p>	<p>A thriving and sustainable place</p> <p>(Include which aim and priority)</p>
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Equality, Diversity, and Inclusion

79 An Equality Impact Assessment will be prepared for each scheme as part of each business as they come forward.

Human Resources

80 There are no human resources implications arising from this report as there are no recruitment/restructure/redundancy implications as

resources to implement these proposals exist within the existing commissioning, operational and planning capacity within adult services.

Risk Management

- 81 Extra Care Housing developments will be included within the ASC&H Transformation programme and therefore the associated PMO support which includes risk management

Rural Communities

- 82 It is acknowledged that there is no single suitable solution to solve housing issues for older persons. An ECH option may not suit certain more rural localities given that for viability reasons the developments would need to be circa 70 units and require approx. a 2-acre site. It is therefore essential that there are several various housing opportunities and options across the borough.
- 83 These are explained in more detail in the Vulnerable and Older Persons Housing Strategy which supports both the Housing SPD and the Housing Strategy.

<https://www.cheshireeast.gov.uk/pdf/housing/strategic-housing/vulnerable-and-older-persons-housing-strategy-2020-24.pdf>

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

- 84 There are no implications to children and young people, and cared for children, of this report and its recommendations/decisions.

Public Health

- 85 The provision of ECH as an alternative to living in a residential care home will have a positive impact on the overall impact on the health and wellbeing of Cheshire East residents
- 86 As the new provision of ECH is required to be of affordable rent it should have a positive impact on the older and poorer people who reside in Cheshire East.

Climate Change

- 87 A carbon score of 6 has been calculated due to a major impact of the potential build and carbon emissions from properties. However, providers will be encouraged to build schemes to high environmental

standards to mitigate the impact by more than 50%. This will form part of the soft market testing exercise and any subsequent procurement.

Access to Information	
Contact Officer:	Sue Ryde Sue.ryde@cheshireeast.gov.uk
Appendices:	Appendix 1 not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972
Background Papers:	Identified in the body of the report

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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