

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 24th March, 2025 in the Council Chamber, Municipal
Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

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

Councillors S Adams, S Gardiner, A Kolker, J Place, J Snowball, R Vernon,
L Wardlaw, B Wye and M Sewart

OFFICERS IN ATTENDANCE

Helen Charlesworth-May, Executive Director Adults, Health, and Integration
Jill Broomhall, Director of Adult Social Care
Nik Darwin, Programme Lead, Thriving and Prevention
Curtis Vickers, Head of Integrated Commissioning
Alice Clark, Programme Lead, Living Well for Longer
Nicola Wood-Hill, Lead Finance Business Partner
Roisin Beressi, Principal Lawyer (Adults and Education)
Samuel Jones, Democratic Services Officer

52 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Janet Clowes and
Councillor Rob Moreton. Councillor Mike Sewart was present as
substitute.

53 DECLARATIONS OF INTEREST

There were no declarations of interest from Members.

54 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 20 January 2025 be approved as
a correct record and signed by the Chair.

55 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers registered.

56 **SERVICE BUDGETS 2025/26 (ADULTS & HEALTH COMMITTEE)**

The committee considered the report which set out the allocation of approved budgets for 2025-26, from Nicola Wood-Hill, Lead Finance Business Partner.

The Committee were updated that the report detailed the budget for both revenue and capital, as well as earmarked reserves, and that the Council's Medium Term Financial Strategy (MTFS) relied on the delivery of the approved budget changes, which were approved by Council. The balancing of the MTFS for 2025 / 2026 relied on the forecast use of Exceptional Financial Support (EFS) of £25.3 million. Any further action that could be taken to reduce the need to use EFS in 2025 / 2026 would also benefit the revenue position through the reduced costs of borrowing.

Members were updated that the cost of digital transformation within the Service had been built into the MTFS, and Artificial Intelligence (AI) linked savings in the MTFS had not yet been allocated out to the services, but there was an anticipation that this would be factored into the Adult Social Care Transformation Plan, building on work currently being trialled in the department. However, the primary aim would be to improve performance and productivity.

Officers committed to provide a written response on how AI could impact the committee.

Members were briefed that Cheshire East Council had set aside a contingency budget due to the potential cost increases associated with raises to the National Living Wage, National Insurance, and other inflationary factors, as most commissioned service costs were driven by pay rates.

Officers committed to providing a written response on the breakdown of the contingency budget.

It was noted that the Adult Social Care Transformation Plan was focussed on how best to change the way people were supported to have an overall downward pressure on the Adult Social Care budget. It was noted that the Adult Social Care Front Door had been successful in managing demand and the number of individuals going on to get an assessment was staying static.

Members were updated that the two remaining PFI sites are Willowmere and Oakmere Extra Care Facilities; these facilities were funded from the PFI grant from Central Government and there was no expectation that these costs would lead to a pressure on Cheshire East's MTFS in the short term. However, there may be pressures related to the rebuilding of the Beechmere Extra Care Facility as negotiations continue. It was noted that the Public Health Reserve was ringfenced.

RESOLVED: (Unanimously)

That the Adults and Health Committee:

1. Note the decision of the Finance Sub-Committee to allocate the approved revenue and capital budgets, related budget changes items and earmarked reserves to the Adults and Health Committee, as set out in Annex A.
2. Note the financial reporting timetable for 2025/26 set out in Annex B as approved at Finance Sub-Committee on 10 March 2025.

57 SINGLE DRUG AND ALCOHOL TREATMENT AND RECOVERY IMPROVEMENT GRANT ACCEPTANCE

The committee considered a report which sought approval for the Council to accept the Single Drug and Alcohol Treatment and Recovery Improvement Grant which would support the Council in achieving its aim of being an organisation which 'empowers and cares about people' thus 'reducing health inequalities across the Borough', from Dr Matt Atkinson, Public Health Consultant, and Nik Darwin, Senior Commissioning Manager.

The committee were updated that the money was expected and had already been accounted for in the service budget. The service was funded by ringfenced public health and DATRIG grant which had been factored into the MTFs, however the amount was only recently confirmed, and would not have any wider implications on the budget.

RESOLVED: (unanimously)

That the Adults and Health Committee:

1. Approve the Council receiving the Single Drug and Alcohol Treatment and Recovery Improvement Grant as a supplementary estimate of £524,528.
2. Delegate authority to the Executive Director of Adults, Health and Integration to oversee the execution of any relevant paperwork in connection with this grant

58 ADULTS SERVICE SCORE CARD (QUARTER 3)

The Committee received a briefing report which provided the Adults and Health Committee members with an overview of key activity and performance in Adults Social Care Services, from Jill Broomhall, Director of Adult Social Care Operations.

The Committee were updated that there had been a trend in the number of individuals waiting for an assessment, but officers were confident that the

risk was well managed and was as a result of reducing the reliance on agency workers. It was noted that digital improvements to the way in which the service operated would help to manage this demand. The digital software improvements being trialled would allow for social workers to record conversations with service users, which would be automatically generated into the assessment form. It was noted that this had been well received by both social workers and service users, and the pilot would be extended to allow for more feedback to be collected. Members were reassured that social workers would continue to check the automatically generated assessment form for any errors, and their summary document would continue to be manually inputted.

It was noted that reviews continued in a downward trend and the percentage of contacts which were converted into referrals remained between 55-65%. However, it was noted that the service continued to see a drop in the number of individuals requesting Direct Payments. Members were updated that the overall position of the number of service users was also on a downward trend due to a high success rate of signposting individuals to more community-based facilities who had specialist knowledge, and that the increase in Cheshire East residents being admitted to hospitals out of the area was due to the hospitals' specialist facilities, and had no wider impact on the budget.

Members were updated that there were regular performance meetings where the data was discussed with staff and providers, and Cheshire East input into the Adult Social Care Assessment Framework and worked closely with ADASS Northwest to benchmark their data. It was also noted that the results of the CQC inspection were due shortly which would highlight any areas of concern.

It was noted that there was an error in the figures for mental health reablement, and these would be provided to Members.

RESOLVED:

That the updates be considered and noted.

Members requested a briefing on how AI would be used within Adult Social Care, and what impact this would have on the budgets and performance.

59 RESPONSE TO NOTICE OF MOTION - FROM EXCEPTIONAL WEATHER EVENTS TO SECURING TELECARE SERVICES

The committee received a presentation on the response to the Notice Of Motion which was raised at Full Council on 26th February 2025 regarding securing telecare services, and meeting the Challenges presented by the Analogue to Digital Upgrade by 2027, from Curtis Vickers, Head of Integrated Commissioning, and Alice Clark, Programme Lead - Living well for longer.

Councillor Clowes, the proposer of the Notice of Motion, thanked officers for work which had been done to date on the issues set out in the Notice of Motion. Councillor Clowes said that a formal and multiagency approach was required to bring forward the upgrades needed to ensure that the digital upgrade was a success, and to ensure that vulnerable residents were not left without connectivity during power outages. To ensure that residents were able to stay at home for longer, a better digital provision would be required.

Councillor Kolker, the seconder of the Notice of Motion, reiterated points made by Councillor Clowes, and noted that digital infrastructure was not as good as it needed to be, and a contingency plan was required to help those who needed it.

During the presentation, Members were updated that:

- In November 2017, UK communications providers announced intentions to retire copper analogue telephone landline networks and replace with digital lines using a broadband connection. For most customers, the upgrade was expected to be complete by January 2027.
- Digital telecare provided a more reliable service. The transition to digital telecare devices was important to reduce the risk of some telecare users losing this service when telephone lines go digital.
- The risk with digital landlines was that they may not function in a power cut unless there was a backup power system, so appropriate mitigations were required.
- There were 520 Analogue Council-owned lifeline base units currently in use in Cheshire East (as of 4 March 2025).
- To date, Cheshire East Council had data sharing agreements signed by four of the major telecom providers (BT/EE/PlusNet, Virgin media/O2, Sky and Vodafone).
- Major telecoms providers would not start to migrate vulnerable customers in Northwest region until the summer / autumn of 2025.
- Telecoms providers had shared communications with customers regarding the switchover and providers were taking additional measures to safeguard telecare users.
- Cheshire East Council had already:
 - Stopped the sale and purchase of analogue telecare devices.
 - Phased out the redeployment of analogue alarm devices in circulation.
 - Ensured that residents had analogue equipment which functioned: any issues with connectivity to the Alarm Receiving Centre (ARC) were picked up by the ARC team and local service engineers would investigate/resolve. Telecare service provider had a robust onboarding process for any new digital telecare devices.
 - Ensured that ARC platforms were interoperable.

- Cheshire East Council was in the process of:
 - Sharing data to ensure telecare users were correctly identified, and the necessary safeguards put in place.
 - Only migrating telecare users to digital landline services if they had a compatible and functioning telecare solution in place.
 - Identifying telecare users who were the most at risk.
 - Raising awareness of the digital switchover among telecare users and support networks.
 - Improving awareness of adoption of best practice approaches and guidance among social care providers, and awareness of the digital phone switchover among social care providers.
 - Liaising with telecom providers to obtain their migration plans.

Members were updated that in addition to those who have telecare services provided by Cheshire East Council, there were likely to be others who had privately sourced devices, who may also be impacted by the switch over.

Members were briefed that every local authority would have its own Business Continuity (BC) Plan, and Cheshire East Council frequently updated its BC Plan to take account of new sets of circumstances, however it was difficult to know who was and wasn't vulnerable due to quickly changing personal circumstances. It was noted that social care providers and local resilience forums would also hold their own BC Plans, and Cheshire East Council needed to link in with them, and the BC Plans of Town and Parish Councils, and this would continue to develop during the digital transformation and switch over.

It was noted that during a loss of power event, digital telecare devices had a backup battery which would last between 36 – 48 hours, and that if a device ran out of battery, an alert would be sent to the telecare service provider.

The importance of lobbying central government on the issue was noted, and it was suggested that draft communications to service users are shared with the committee ahead of wider publication.

It was noted that some of the outcomes requested in the Notice of Motion fell outside of the scope of the Adults and Health Committee and it was requested that other Service Committees were consulted.

RESOLVED: (Unanimously)

A friendly amendment was accepted by the proposer and seconder for recommendations 1 and 2.

That the Adults and Health Committee acknowledge and note that:

1. The Council continues to implement the National Telecare Action Plan, and its outcomes as follows:

- No telecare user will be migrated to digital landline services without the communication provider, the customer or the telecare service provider confirming that the user has a compatible and functioning telecare solution in place.
 - Use of analogue telecare devices is phased out to ensure that only digital devices are being used.
 - Telecare users, their support networks and their service providers understand what actions they need to take.
 - Stakeholders collaborate to safeguard telecare users through the digital phone switchover.
2. That the data acquired through implementation of the Telecare Action Plan is recognised and continues as the baseline for further work with other vulnerable residents:
- To identify those communities with no/poor digital access (black spots).
 - To identify other vulnerable residents (e.g. older residents, residents still dependent on analogue phones, residents' dependent of 2G and 3G that are also being phased out) and expand the data base.

That the Adults and Health Committee note a statement of intent to:

- 3. Design and distribute a Residents' Safety Toolkit – providing advice, guidance and practical support, to enable residents to better prepare for periods of power or signal outages.
- 4. Lobby Government to further invest in those areas that have little or no digital access, in particular to ensure that residents in rural or otherwise isolated areas are not excluded from accessing effective digital services that would enable them to stay in their own homes for longer.
- 5. Work with NALC, CHALC, Town and Parish Councils to develop their own Local Resilience Plans, utilising local knowledge and skills to further mitigate the impacts of extreme weather events or other local, critical incidents.

60 **WORK PROGRAMME**

The committee considered the Work Programme.

Members were asked to review the work programme and contact the Chair or Democratic Services with any suggestions of scrutiny items that they would like to put forward for the Committee.

It was noted that from April 2025, the timing of morning committee meetings would change from 10:00 to 10:30.

RESOLVED:

The following was noted:

Members requested that they receive a briefing on the CQC Report and a series of briefings on the Commissioned Services provided by the Directorate, and how they perform against their Key Performance Indicators.

Members noted the difficulties that some members of the public can face when trying to make medical appointments online, and it was suggested that a recommendation be made to the Scrutiny Committee.

That the Adults and Health Committee meeting on 22 September 2025 would be held as a twilight meeting, commencing at 17:30.

61 MINUTES OF THE CHESHIRE EAST HEALTH AND WELLBEING BOARD

RESOLVED:

That the minutes of the Cheshire East Health and Wellbeing Board held on 21 January 2025 be received and noted.

The meeting commenced at 10.00 am and concluded at 11.45 am

Councillor J Rhodes (Chair)