

Cheshire East Health and Wellbeing Board Agenda

Date:	Tuesday, 1st July, 2025
Time:	2.00 pm
Venue:	Council Chamber - Town Hall, Macclesfield, SK10 1EA

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

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

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

1. **Appointment of Chair**
2. **Appointment of Vice Chair**
3. **Apologies for Absence**

To note any apologies for absence.

4. **Declarations of Interest**

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

5. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 18 March 2025

For requests for further information

Contact: Frances Handley

Tel: 01270 371378

E-Mail: CheshireEastDemocraticServices@cheshireeast.gov.uk

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

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

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

7. **Review of Membership** (Pages 9 - 12)

To review the membership of the Cheshire East Health and Wellbeing Board for 2025-2026.

8. **SEND Joint Strategic Needs Assessment** (Pages 13 - 134)

To receive a report on the findings and recommendations of the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review.

9. **Cheshire East Active Travel Strategy** (Pages 135 - 156)

To receive a report on the Draft Active Travel Strategy and Local Cycling & Walking Infrastructure Plans (LCWIPs).

10. **All Together Fairer Poverty Review** (Pages 157 - 162)

To receive a report of the proposed review of Poverty that will be undertaken by the All Together Fairer Commission.

Membership: L Barry, Dr P Bishop, A Blizard, D Bowman, Councillor L Crane, H Charlesworth May, Councillor S Corcoran (Chair), P Cresswell, M Davis, D Godfrey, Councillor J Rhodes, I Wilson, A Middlemass, K Little, Councillor S Gardiner, Professor Rod Thomson

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 18th March, 2025 in the Council Chamber, Municipal
Buildings, Earle Street, Crewe CW1 2BJ

PRESENT**BOARD MEMBERS**

Councillor Sam Corcoran (Chair), Cheshire East Council
Helen Charlesworth-May, Executive Director Adults, Health and
Integration
Phil Cresswell, Executive Director Place
Councillor Stewart Gardiner, Cheshire East Council (substitute)
Councillor Jill Rhodes, Chair of Adults and Health Committee, Cheshire
East Council
Councillor Carol Bulman, Cheshire East Council
Isla Wilson, Chair, Cheshire East Health and Care Place Partnership
Kate Little, Deputy CEO, CVS Cheshire East
Mark Groves, Healthwatch Cheshire (substitute)
Superintendent Andrew Blizzard, Cheshire Constabulary

OFFICERS IN ATTENDANCE

Guy Kilminster, Corporate Manager, Health Improvement
Professor Rod Thomson, Interim Public Health Consultant
Maddy Lowry, Cheshire and Wirral Partnership NHS Foundation Trust
Lori Hawthorn, Public Health Development Officer
Matthew Atkinson, Consultant in Public Health
Alex Jones, Better Care Fund Programme Lead
Claire Williamson, Director, Education, Strong Start and Integration,
Children and Families, Cheshire East Council
Frances Handley, Democratic Services Officer

44 APOLOGIES FOR ABSENCE

Michelle Davis - Housing representative, Dr Paul Bishop - NHS Cheshire
and Merseyside Integrated Care Board, Mark Wilkinson – Place Director,
NHS Cheshire and Merseyside Integrated Care Board, Louise Barry -
Healthwatch, Kathryn Sullivan – CVSCE, Councillor Janet Clowes , Denise
Bowman, Cheshire Fire and Rescue

45 DECLARATIONS OF INTEREST

In the interests of openness, Councillor Stewart Gardiner declared that the
smoking cessation incentives scheme had previously been presented to
the Adults and Health Committee and noted that he did speak and vote on
the item and that he had previously used the services of Cheshire and
Wirral Partnership.

Professor Rod Thompson declared that he was a trustee of Listening Ear, the mental health charity that provided the Amparo service and a trustee of Everybody, Health and Leisure, the charity that ran the Cheshire East Council leisure services and until October 2024, a non-executive director with Cheshire and Wirral Partnership NHS Foundation Trust.

In the interest of openness, Councillor S Corcoran declared an interest by virtue of his wife being a GP.

46 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 21 January 2025 be confirmed as a correct record.

47 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

48 MENTAL HEALTH PARTNERSHIP UPDATE ON PLAN AND PRIORITIES

The Board received a presentation on the Cheshire East Place Mental Health Plan (2024-2029) by the Mental Health Partnership Board.

The board raised that mental health and physical health were inextricably linked and were encouraged to attend a briefing on homelessness and rough sleeping on 9th April 2025.

The board queried whether younger persons mental health problems aligned with deprivation incidence and occurrences were appearing where they were expected to be. There was discussion in respect of children in care and SEND children that were presenting with self-harm and whether this was linked to areas of deprivation. The 'Tartan Rug' was referenced and it appeared that there was a clear correlation to areas of deprivation.

It was also questioned whether a proposed Urgent Care facility in Crewe would be linked to the Leighton Hospital expansion and whether they were in talks with the hospital in relation to a mental health facility. It was noted that there was a masterplan that referenced a mental health facility however that had not yet been confirmed or agreed. CWP were looking for funding under the capital development programme for an urgent care centre which was unrelated to the hospital development, however it could tie in with the new site, or it may be that the site was situated elsewhere.

It was noted that the Leighton Hospital would be a regular item on the Health and Wellbeing Board agenda going forward.

It was raised what actions were being taken in respect of rural schools if a member of staff was to go off for training. It was confirmed that the training was being arranged for out of school hours and that it would be accessible for all, including being available online.

It was agreed that Cheshire and Wirral Partnership NHS Foundation Trust would liaise with Cheshire East to ensure any data collected and presented was accurate.

RESOLVED:

That the update be noted.

49 SELF-HARM AND SUICIDE PREVENTION ACTION PLAN UPDATE

The Board received a presentation on updates on progress made against the 2023-2025 Plan. The refreshed Plan for 2025-2027 was presented for the Board's consideration and approval.

The suicide awareness training was commended and noted that it was available for free on the Live Well and Cheshire East website or through the suicide alliance.

The Board questioned why there appeared to have been an increase over the North West, Cheshire and Merseyside to above the national average. It was agreed that there were various factors that could have impacted this including the cost of living and post pandemic related issues.

Officers raised that they have been working with Network Rail and gave assurance that they have been doing dedicated, targeted work in high schools in Congleton.

The Board commented on the engagement with the community and noted this appeared to be having a positive impact and visibility had increased in the community.

RESOLVED (unanimously):

That the Cheshire East Health and Wellbeing Board note the progress made in relation to the 2023-2025 Self Harm and Suicide Prevention Plan and agreed the 2025-2027 Plan.

Isla Wilson left the meeting at 14.55

50 SMOKING CESSATION INCENTIVES SCHEME

The Board received an update on the progress of the local Smoking Cessation Incentives Scheme and the next steps for developing the project in the context of the introduction of a national scheme.

The Board raised questions around people taking up vaping and whether the scheme would be extended to vaping. It was confirmed that the position taken was that vaping was safer than smoking however the message was if you do not smoke, then do not vape, it was not a safe product, it was a harm reduction product to help people to quit smoking. The long term effects of vaping were still unclear however there was emerging evidence that vaping was harmful and there were concerns about nicotine addiction particularly in young people. There was currently no service for vaping as of yet.

There were concerns with the levels of vaping in schools which was one of the most significant concerns that schools were raising and work would continue with schools to tackle the issue.

RESOLVED:

That the Board note the report and support the continuous improvement of the scheme as it evolves and progresses.

51 BETTER CARE FUND 2025-2026

The Board received an update on the Better Care Fund Plan for 2025/26.

The Board questioned what the general rate of inflation in the care sector was with the Fund having a 3.9% increase and what Cheshire East Council were contributing. The local authority had worked on this in considering care market fees. National living wage 6.7% increase, operational costs had increased by 2.5% and employment contributions had also increased by approximately 5.6%. There was a total of 50 million pounds worth of funding and 26 million pounds was Cheshire East Council's contribution. Work on a discharge to assess pathway was underway and this was funded from the Council and ICB and the Trusts and a transfer of care hub where various professionals worked together.

The Board raised questions regarding ensuring that people had lasting powers of attorney and clear instructions as to what they wanted in terms of treatment and end of life preferences and what was being done to ensure that a person was not in hospital over the weekend as it would be the only place available to be cared for. It was noted that work was being undertaken around admission avoidance. Mark Groves - Healthwatch advised that a 'discharge to assess' report was currently being finalised and it should be published within the next month. It was confirmed by Professor Rod Thompson that work was being undertaken across Cheshire and Merseyside in relation to end of life care and that whilst there may be notice in place of a preferred end of life care plan, that circumstances may change. A report at the end of the year would look at whether there was a weakness in the system or whether it was the circumstances causing the system to fail.

It was noted that free training had been secured for professionals within the system around health literacy and communication with health care professionals and patients. A pilot programme would be rolled out around end-of-life care.

It was raised that the Better Care Fund was going to change during 26/27 and there would be a transition from current investment to new investment priorities. Admission avoidance was prioritised.

RESOLVED (unanimously):

That the Health and Wellbeing Board endorse the Better Care Fund plan for 2025/26.

52 LOCAL TRANSPORT PLAN - CONSULTATION (CLOSING DATE MONDAY 21 APRIL 2025)

A brief update was provided and the board was advised that the links to the consultation were included in the agenda pack and encouraged them to respond if they deemed it appropriate.

RESOLVED:

That the Board note the update.

The meeting commenced at 14.00 and concluded at 15.25

Councillor S Corcoran (Chair)

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CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Cheshire East Health and Wellbeing Board Membership Review 2025-2026
Report Reference Number	HWB78
Date of meeting:	1st July 2025
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	The Chair

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is the report being brought to the board?	To review the membership of the Cheshire East Health and Wellbeing Board for 2024-2025		
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	1. Cheshire East is a place that supports good health and wellbeing for everyone <input type="checkbox"/> 2. Our children and young people experience good physical and emotional health and wellbeing <input type="checkbox"/> 3. The mental health and wellbeing of people living and working in Cheshire East is improved <input type="checkbox"/> 4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Board is to review membership for 2025-2026 to ensure that the Board can effectively fulfil its statutory responsibilities and support the delivery of the Joint Local Health and Wellbeing Strategy.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	No
Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Cheshire East Health and Wellbeing Board will function more effectively in its role to provide strategic leadership for integration and the reduction of inequalities.

1 Report Summary

- 1.1 The Cheshire East Health and Wellbeing Board's Terms of Reference require the membership to be reviewed and agreed at the first meeting of the Municipal Year. This report reviews the proposed membership for 2025-2026.
- 1.2 The Board is made up of statutory members and additional members nominated by the statutory members to assist the Board in delivering its statutory responsibilities. The additional members are approved on an annual basis.

2 Recommendations

- 2.1 That the statutory Cheshire East Health and Wellbeing Board members agree the following individuals as additional members for 2025-2026:

Councillor Stewart Gardiner – Opposition Group representative
 Philip Cresswell – the Executive Director of Place
 Isla Wilson – representing the Place Health and Care Partnership Board
 Superintendent Andrew Blizzard – representing the Police and Crime Commissioner
 Denise Bowman - representing the Chief Fire Officer
 Kate Little - representing the community, voluntary and social enterprise sector
 Claire Williamson – an additional representative for Children and Families
 A housing provider representative – to be nominated
 A Business representative – to be nominated

- 2.2 That the members of the Board (statutory and additional) consider if there are any further nominees to join the Cheshire East Health and Wellbeing Board.

Reasons for Recommendations

- 3.1 To ensure that the Cheshire East Health and Wellbeing Board has a membership that will allow it to fulfil its statutory responsibilities and effectively support the delivery of the Cheshire East Joint Local Health and Wellbeing Strategy.

4 Impact on Health and Wellbeing Strategic Outcomes

- 4.1 The membership of the Cheshire East Health and Wellbeing Board is critical to achieving the strategic outcomes of the Cheshire East Joint Local Health and Wellbeing Strategy. Members will provide the strategic leadership required to take forward the work of the Board in supporting integration and reducing inequalities.

5 Background and Options

- 5.1 The statutory membership of the Cheshire East Health and Wellbeing Board is detailed in the current Terms of Reference (ToR). This includes those members that are set out in the legislation (Health and Social Care Act 2012). The ToR are due for review, but because of the uncertainty regarding the position of the Cheshire and Merseyside Integrated Care Board (a statutory member of the Health and Wellbeing Board), the review of the ToR has been postponed until later in the year.
- 5.2 The statutory members can nominate additional members on to the Board to assist with the work of the Board and the delivery of the strategic outcomes set out in the Joint Local Health and Wellbeing Strategy.
- 5.3 All additional members of the Board are voting members. This is designed to ensure that their membership and contribution to the work of the Board is seen as being of equal value to that of the Statutory Members.
- 5.4 The current membership is as below:
- **Three** councillors from Cheshire East Council*¹ (TBC by Committees - representing the Administration)
 - The Executive Director of Adults, Health and Integration* (Helen Charlesworth-May)
 - The Executive Director of Children's Services* (Dawn Godfrey)
 - The Director of Public Health* (Professor Rod Thomson – interim DPH)
 - A local Healthwatch representative* (Louise Barry)
 - Two representatives from NHS Cheshire and Merseyside Integrated Care Board* (Dr Paul Bishop and a TBC)
 - The Chair of the Cheshire East Place Health and Care Partnership (Isla Wilson)
 - The Executive Director of Place (Philip Cresswell)
 - A Police and Crime Commissioner representative (Superintendent Andrew Blizzard)
 - A Fire and Rescue Service representative (Denise Bowman)
 - A representative of CVS Cheshire East (Kate Little)
 - An additional representative of Children and Families (Claire Williamson)
 - A councillor from Cheshire East Council representing the main opposition group (Cllr Stewart Gardiner)
 - A representative of housing providers (TBC)
 - A representative of the business community (TBC)

¹ * Statutory Members of the Board

5.5 A number of people who were members of the Board in 2024-2025 (and in some cases for several years before that) have stood down recently. These include:

- Cllr Janet Clowes
- Kathryn Sullivan
- Mark Wilkinson
- Peter Skates
- Theresa Leavy
- Superintendent Claire Jesson
- Charlotte Wright
- Michelle Davis

We would like to thank them for their contribution to the work of the Health and Wellbeing Board.

6 Access to Information

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

Name: Guy Kilminster

Designation: Corporate Manager Health Improvement

Tel No: 07795 617363

Email: guy.kilminster@cheshireeast.gov.uk

Title of Report:	Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review update
Date of meeting:	1 st July 2025
Written by:	Dr Susan Roberts and Georgia Carsberg
Contact details:	georgia.carsberg@cheshireeast.gov.uk susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Professor Rod Thomson, Interim Director of Public Health

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision
Why is the report being brought to the board?	The purpose of this report is to note the findings and recommendations of the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to note the key findings and recommendations from: <ul style="list-style-type: none"> Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review. 		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	This report has been considered by the: <ul style="list-style-type: none"> SEND JSNA working group JSNA steering group Public Health Senior Management Team including the Director of Public Health Executive Director for Adults Health and Integration In addition to the formal governance routes, this report, prior to final approval, has also been considered by the: <ul style="list-style-type: none"> SEND Partnership Board Children and Families Senior Leadership Team Since approval, the report has also been shared with all elected members and discussed at a briefing session for members of the Adults and Health Committee and Children and Families Committee.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Public and professional engagement has been incorporated into the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	It is envisaged that adopting the JSNA recommendations will help to reduce inequalities and enhance existing work to improve overall health and wellbeing in Cheshire East.

1 Report Summary

- 1.1 The purpose of this report is to provide an update of the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review.
- 1.2 Health and Wellbeing Boards have a duty to produce JSNAs which are an in-depth assessment of the current and future health and social care needs. They are informed from a wide range of sources to produce recommendations for commissioners and partners to use to improve the overall health and wellbeing of residents of Cheshire East whilst looking to reduce inequalities.

- 2 The recommendations and key findings from the Special Educational Needs and Disabilities (SEND) JSNA review can be found in Appendix A (the short summary) and Appendix B (the full report).

Recommendations

- 2.1 The Health and Wellbeing Board is asked to note and consider the key findings and recommendations within the JSNA review presented (Appendix A and B).

3 Reasons for Recommendations

- 3.1 The JSNA recommendations are based on the triangulation and interpretation of data from wide and varied sources through multi-partner collaboration.
- 3.2 Publishing updated JSNAs allow partners and commissioners to use information, evidence and research when designing services in Cheshire East.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The production of the JSNA supports the four outcomes from the Health and Wellbeing Strategy 2023-28:
 - Cheshire East is a place that supports good health and wellbeing for everyone.
 - Our children and young people experience good physical and emotional health and wellbeing.

- The mental health and wellbeing of people living and working in Cheshire East is improved.
- That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

5 Background and Options

- 5.1 Health and Wellbeing Boards have a duty to produce Joint Strategic Needs Assessments (JSNA) for their area.
- 5.2 JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that can be met either by the local authority or by the NHS or other partners. JSNAs are informed by a wide range of sources including research, evidence, local insight, and intelligence to help to improve outcomes and reduce inequalities. They also consider wider factors that impact on their community's health and wellbeing, produce recommendations, and identify where there is a lack of evidence or research.

The priorities for the 2022/23 JSNA work programme were agreed by the multi-agency, multi-partner JSNA Steering Group. As part of this, a review on Special Educational Needs and Disabilities (SEND) has been undertaken. Completion of this review has been delayed due to competing pressures on multiple members of the SEND JSNA working group.

- 5.3 The SEND JSNA review provides an important, more detailed and comprehensive summary of the experience of SEND across Cheshire East since 2022 onwards, using a wide variety of data sources, helping us to build a shared understanding. It should be used alongside more timely, less comprehensive data sources such as the SEND score card.
- 5.4 The Special Educational Needs and Disabilities (SEND) JSNA has been published on the JSNA website: [Special Educational Needs and Disability JSNA](#).
- 5.5 Key messages and the recommendations of this JSNA chapter can be found in Appendix A, with more detailed findings described in the full report (Appendix B). However, the take home message from the review was that all children and young people have strengths, and all can and do achieve and that this is the case for all our children and young people with SEND. The review outlines the need for a fundamental shift in culture.
- 5.5.1 Inclusion is everyone's business and SEND affects a significant proportion of the population. There are many dedicated and passionate people working to support our children and young people with SEND across Cheshire East place, including their families and people working in many different organisations. There is also evidence of the positive impacts that they have had. We need to further galvanise this and continue to work more closely together.

- 5.5.2 We need to support our families holistically- for every interaction we need to think: physical, emotional, educational and social wellbeing, and recognise achievements and successes in relation to all of these aspects of life.
- 5.5.3 We need an approach that is person-focused and strength-based rather than problem-focused.
- 5.5.4 We need a whole community approach to SEND and inclusion that empowers our children and young people and families to:
- Connect with support at the earliest opportunity and as part of inclusive wider community life
 - Recognise achievements and success
 - Recognise they are not alone but part of a community of experts by experience, and seek resilience within this, and the wider community.
- 5.5.5 To achieve this across Cheshire East we need to:
- Provide inclusive information, be proactive and intervene early
 - Think holistically: education, health and wellbeing, and care
 - Recognise complex risk factors early, including where there has been childhood trauma
 - Increase resource and capacity to ensure that a child's education needs are met in the best setting so that the child is not disadvantaged.
 - Ensure timely and consistent NHS provision of support and advice in relation to Autism, Attention Deficit Hyperactivity Disorder and therapies such as speech and language, physiotherapy, occupational therapy and sensory processing
 - Communicate clearly, proactively, consistently, transparently, and through a person-centred approach
 - Empower children, young people, families and professionals to look towards, and plan for the future.

6 Access to Information

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

Name: Georgia Carsberg

Designation: Joint Strategic Needs Assessment Support Officer

Email: georgia.carsberg@cheshireeast.gov.uk

Name: Dr Susan Roberts

Designation: Consultant in Public Health

Email: susan.roberts@cheshireeast.gov.uk

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Special Educational Needs and Disability (SEND) JSNA

Short Summary

Led by Cheshire East Council, the NHS and our volunteer communities



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What is a JSNA review?

JSNA stands for Joint Strategic Needs Assessment.

- A JSNA review is a review of a topic area relating to health and wellbeing, which helps us
 - **Understand an issue in more detail**
 - **Plan the services that are provided and the way organisations and wider communities can work together in the longer term.**
- New and more up to date information will continue to become available regarding our children and young people with SEND, and the numbers supported, which the system will need to remain alert to.
- However, this review provides an important, more detailed and comprehensive summary of the experience of SEND across Cheshire East from 2022 to October 2024, using a wide variety of data sources, helping us to build a shared understanding.
- The findings of the review have been summarised into this shorter summary and a more detailed full report, which can also be located on the JSNA website.

What is SEND?

“Special educational needs and disabilities (SEND) can affect a child or young person’s ability to learn”¹. This may include their¹:

- “Behaviour or ability to socialise, for example struggling to make friends”
- “Reading and writing, for example because they have dyslexia”
- “Ability to understand things”
- “Concentration levels, for example because they have attention deficit hyperactivity disorder (ADHD)”
- “Physical ability”

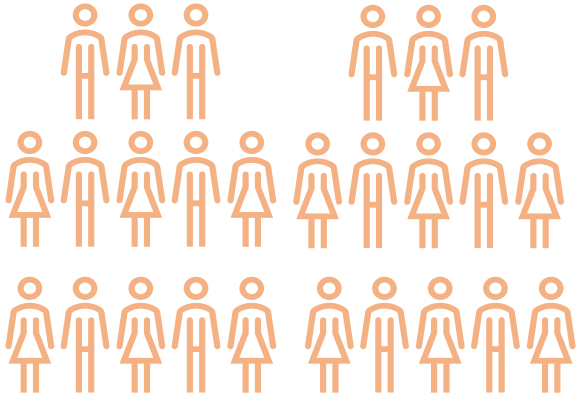
Healthy problem solving and emotional regulation skills, school readiness, good communication skills, healthy social relationships and a sense of belonging are all important factors in promoting good health and wellbeing throughout life.

Optimising outcomes, independence and support for our children and young people with Special Educational Needs and Disability is a core priority for the Health and Wellbeing Board, Cheshire East Council, the NHS and our community organisations.



1. Gov.UK Children with special educational needs and disabilities (SEND). Available from: <https://www.gov.uk/children-with-special-educational-needs> (Accessed 9 May 2023).

This review was produced through the Special Educational Needs JSNA Working Group. The working group contributed to the development of the scope; analysis; and narrative development. In addition to this a range of stakeholders also contributed through providing insights and information.



Approximately **71**
people contributed to
the SEND JSNA.



Approximately **37** of
these people were
members of the working
group*.

*Numerous individuals have been involved the SEND working group conversation at varying points of the JSNA process, which is why an approximate number is given.

Within this JSNA we have included feedback from the:

- Speech and Language Therapy pilot
- SEND Partnership Survey 2023 (123 staff, 63 educational settings, 54 young people and 234 parent carers responded).
- Cheshire East SEND Toolkit for Inclusion consultation (33 responses)
- SEND related complaints and compliments
- Healthy Young Minds recommission engagement.
- Delivering Better Value work (over 90 providers and 160 parent/carers responded)
- SEND Health Provider Survey (103 responses)
- We have had conversations with paediatricians which we plan to continue.
- Cheshire and Wirral Partnership Waiting List Pilot
- Cheshire East Parent Carer Forum (CEPCF) survey (117 responses)
- Parent Carer Forum member priorities
- Insights from the Parent Perspective Training
- A local family's experience of living with severe disability
- Feedback from young people who attend both the Macclesfield and Crewe Jigsaw groups

What is the take home message from this review?

All children and young people have strengths, and all can and do achieve.

- **This review outlines the need for a fundamental shift in culture.**
- **Inclusion is everyone's business** and SEND affects a significant proportion of the population.
- There are many dedicated and passionate people working to support our children and young people with SEND across Cheshire East place, including their families and people working in many different organisations.
 - There is also evidence of the positive impacts that they have had.
 - We need to further galvanise this and continue to work more closely together.



- We need to support our **families holistically**- for every interaction we need to think: physical, emotional, educational and social wellbeing, and recognise achievements and successes in relation to all of these aspects of life.
- We need an approach that is **person-focused and strength-based** rather than problem-focused.
- **We need a whole community approach to SEND and inclusion that empowers our children and young people and families to**
 - **Connect** with support at the earliest opportunity and as part of inclusive wider community life
 - **Recognise achievements and success**
 - **Recognise they are not alone but part of a community of experts by experience**, and seek resilience within this, and the wider community.



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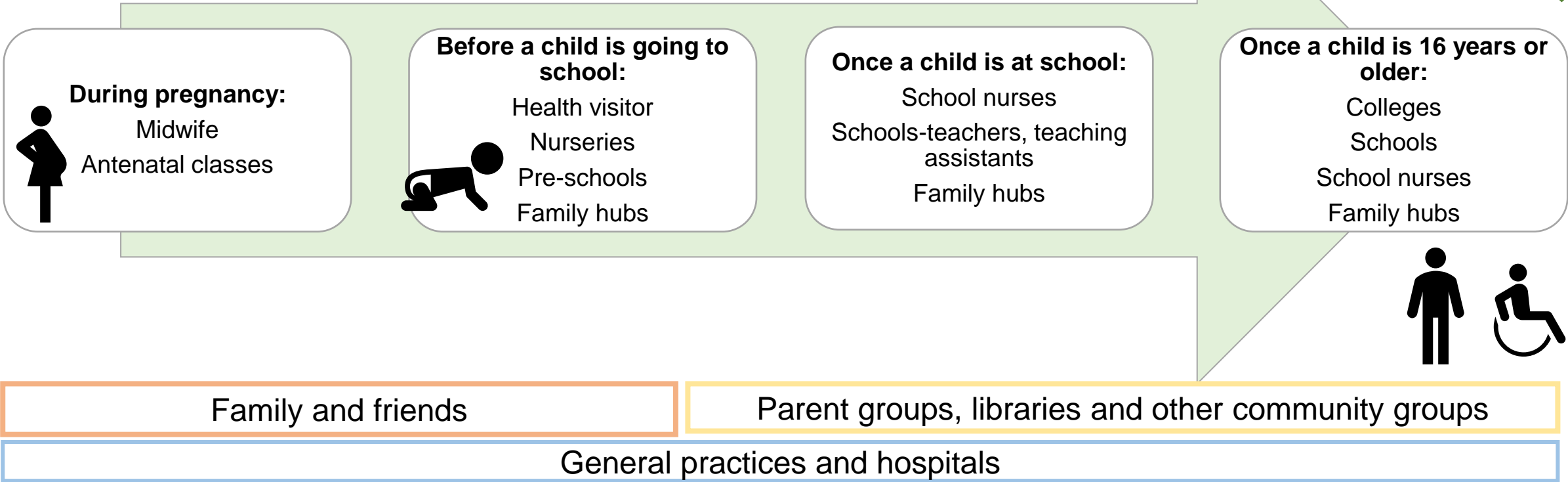


How are we supporting our children and young people with confirmed or possible SEND?

All children have strengths and can achieve.

Everyone is different and all children develop in different ways and have different strengths.

There is lots of support that all children and families receive routinely from a wide range of professionals:



These professionals can also refer on to a wide range of extra support. Families can ask them for advice about whether extra support is needed, or they might suggest it after one of the routine checks, like the 6-8 week and 12-month baby checks, the toddler check at 2 years old, or once a child reaches reception.

What support is currently available to support children with possible or confirmed SEND and their families?

There are lots of different sources of support but it can be hard to understand what is there and what you need at what point.

Staff in nurseries, schools and colleges, including Special Educational Needs and Disability Coordinators (SENCOs)

The health visitor and school nursing service (0-19 service)

The Toolkit for Inclusion

Physical and mental health and wellbeing advice and services

Family hubs

NHS therapies including for, example, speech and language, physiotherapy and occupational therapy

Cheshire East Council Education Services including: the Educational Psychology Service, Cheshire East Autism Team and Sensory Inclusion Service

NHS services to explore possible diagnoses leading to the SEND challenges experienced

The SEND Cheshire East Special Educational Needs and Disability Statutory Assessment Service

Cheshire East Information and Advice Service

Cheshire East Parent Carer Forum

Advocacy or someone to speak on the behalf of children or their families

Children and adults (18-25 years) early help and social care services

A wide range of services and sources of information that more specifically relate to specific challenges in education, health and wellbeing or care that can be found on the Local Offer website

**Cheshire East SEND Local Offer
available at**

www.cheshireeast.gov.uk/localoffer

OFFICIAL

Nearly every school will teach children with additional needs.

Many schools will teach many children with additional needs and are used to making reasonable adjustments

- All schools have a special educational needs coordinator (a SENCO).
- Not all children need formal SEND support.
- Some of the **reasonable adjustments** that schools should be able to make as part of **ordinarily available inclusive provision** are shown below.
- Detailed information on reasonable adjustments is included within the Cheshire East Toolkit for Inclusion¹. Some examples of these include:

Classroom position-e.g.
front or rear of classroom
according to need

Allow touch typing,
dictation, scribe, assistive
technology instead of
handwriting

Allow use of ear
defenders/ headphones to
minimise
distraction

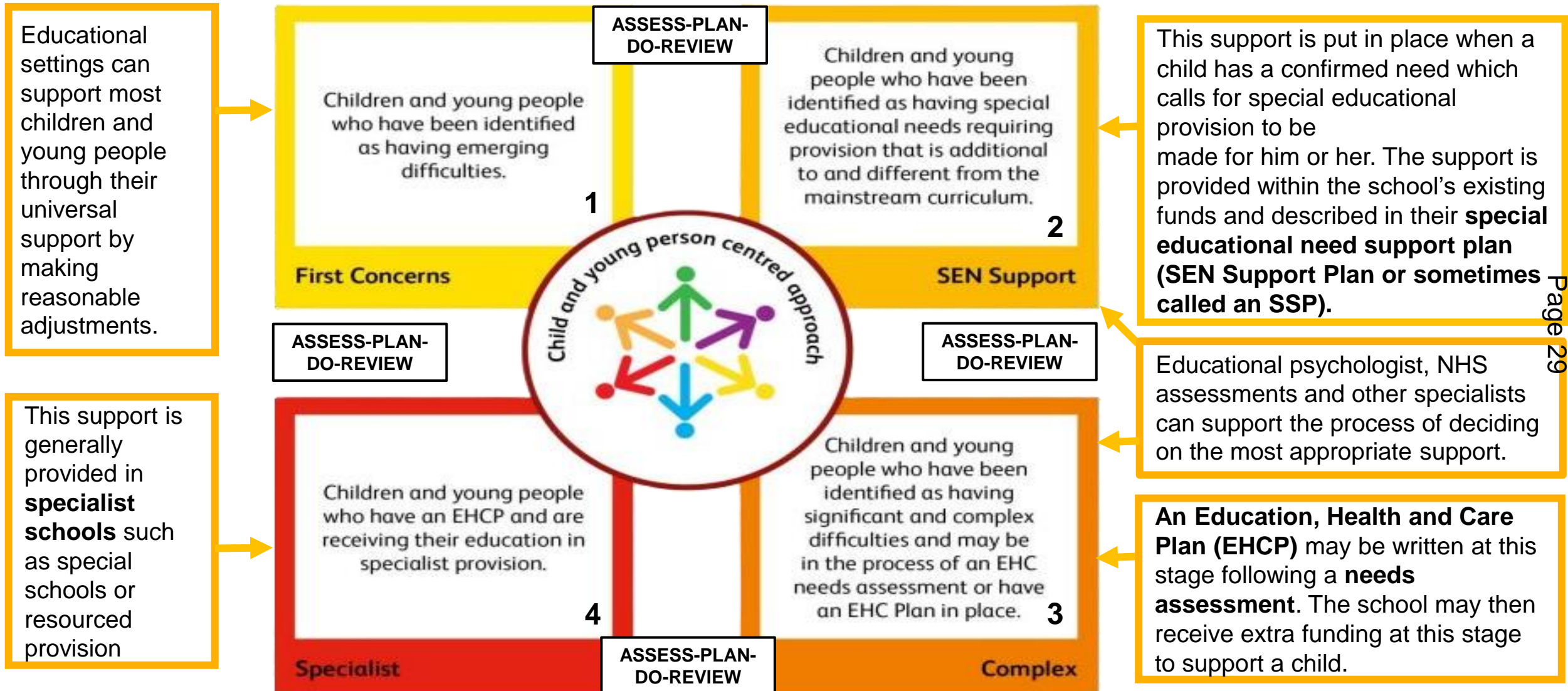
Provision of sensory
resources e.g fidget toy,
wobble cushion,
TheraBand, chewing gum

The addition of a ramp to
ensure accessibility

Access to classrooms on
the ground floor if in a
wheelchair and no lift is
available

Allowing a pupil to wear a
different item of uniform, different
material or not to wear a certain
item of uniform at all

Children and young people with possible or confirmed SEND are supported to access education using a graduated approach, which is described below

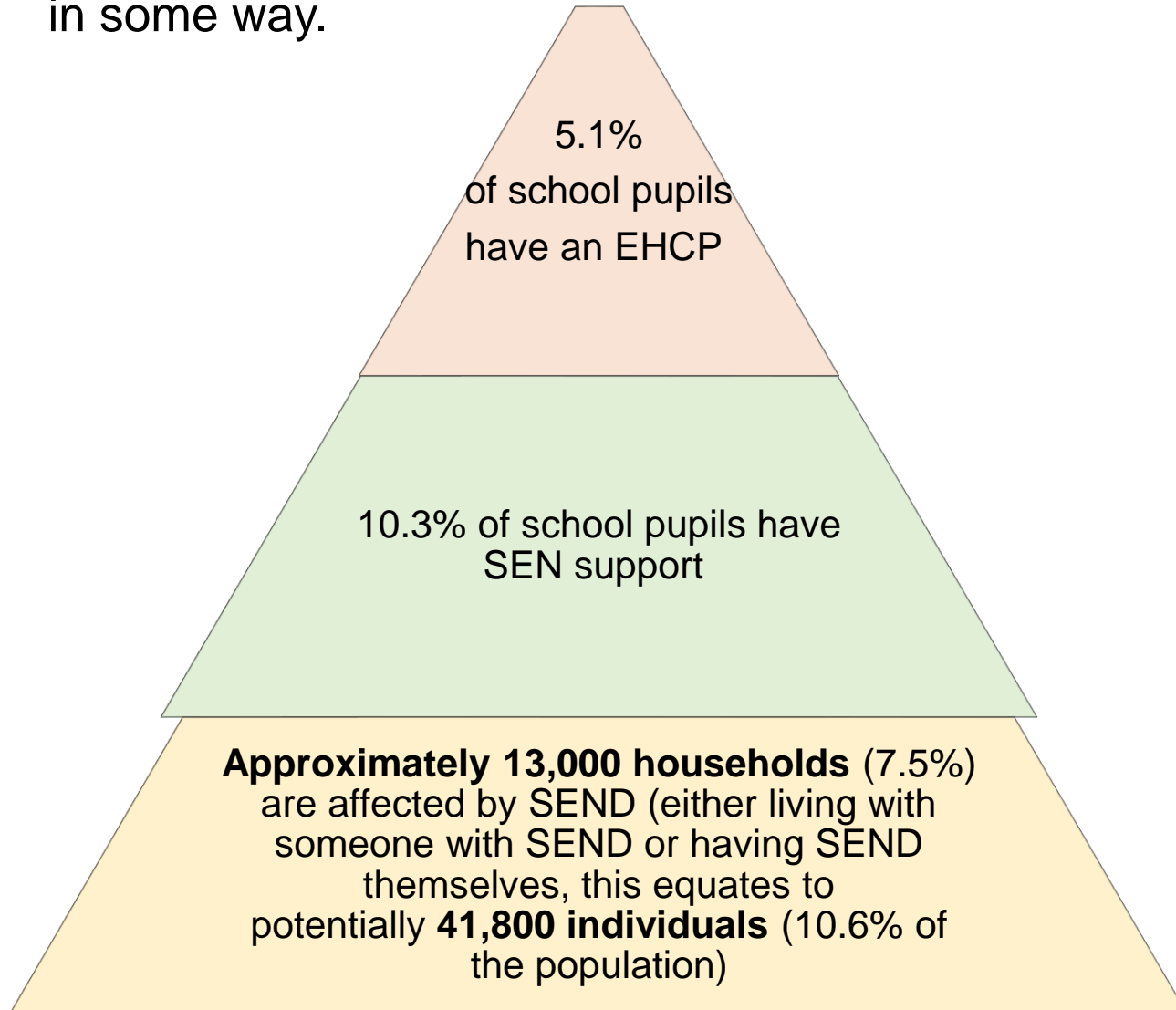


What are the experiences of our children and young people with SEND and their families?



Who experiences SEND across Cheshire East? (1 of 2)

Many Cheshire East residents are affected by Special Educational Needs and Disabilities (SEND) in some way.



SEND issues are not just relevant to a small number of our residents.



It is important to understand the experiences of our children and families affected by SEND.

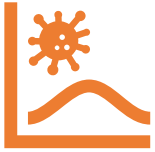


There are potentially 41,800 Cheshire East individuals that are affected by SEND in some way. Whether that be that they are living with someone with SEND or have SEND themselves.



The number of individuals affected would be even greater when considering close family and friends not living with children and young people with SEND but actively involved in supporting them. The number is greater still when considering children no longer in school and aged up to 25 with an Education, Health and Care Plan (EHCP).

What trends are we seeing in who experiences SEND or possible SEND across Cheshire East?



- Generally, Cheshire East performs well in relation to uptake of routine health visitor baby and toddler checks. In addition, there is evidence nationally that COVID-19 pandemic has had a negative impact on development for some children and young people, so attending the routine checks, to obtain early advice and support, is even more important in recent years.



- Positively, more children aged 2-2.5 years achieved a good level of development in Cheshire East compared to the England average.



- However, rates of achieving a good level of development at reception age in our children and young people eligible for free school meals is much lower than those not eligible. Crewe sees the lowest percentage of pupils achieving a good level of development.



- A higher percentage of children and young people have an EHCP in Cheshire East compared to the England average and numbers are increasing. However, there are a lower number of children and young people with SEN support plans than the England average rate.

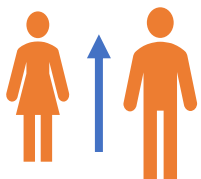


- The commonest primary support reasons needing EHCPs are: social emotional and mental health, speech language and communication need and autism.



- It is very difficult to predict the likely numbers of EHCPs that will be required in the future.

Across Cheshire East, where do communities or populations experience SEND more often?



- There are more males than females with both Education Health and Care Plans (EHCPs) and SEN support plans in Cheshire East.
- Those children and young people aged 5-19 consistently account for over 90% of EHCPs and 95% of SEN support in Cheshire East. Children and young people aged 20 and over make up less than 3% of the EHCPs. Some children with EHCPs go on to university or employment at which point the EHCP ceases. However, in some cases, it may be that some children don't go on to access further education. Currently there is not a systematic approach to capturing and understanding these outcomes in our post 20 population.
- A higher proportion of white British pupils have an EHCP (5%) compared to pupils of any other ethnicity (3%). There are also lower proportions of pupils with EHCPs where English is an additional language than the national average (2.5% compared to 3.5%).
- A higher percentage of our children with SEND are eligible for free school meals when compared to our children without SEND.
- As at July 2023, the highest proportions of residents with EHCPs were seen in Crewe (1.4%), Congleton (1.3%) and Macclesfield (1.2%) care communities (as a % of the total population in July 2023).
- National evidence shows that there are significant differences in SEND by sexuality. There is evidence to suggest that LGBTQ people with a learning disability face 'double discrimination' because of their sexuality or gender, as a result some LGBTQ people with a learning disability may hide their sexuality to avoid discrimination.
- SEND appears more frequent amongst our children and young people open to early help or children's social care. During January 2024-April 2024, approximately 14% of children and young adults (18 and under) with an EHCP were open to either Childrens Social Care, or Early Help.

What are some of the challenges that children and young people with SEND experience? (1 of 2)

All of our children and young people with SEND can and do achieve, and have many strengths.

However, across Cheshire East place, we do not yet have a good system for capturing and celebrating achievements and successes in our children and young people with SEND, or acknowledging that they overcome many challenges on a regular basis. The system of support tends to focus in on where things do not go to plan.



Significant numbers of the children and young people who are presenting to our Emotionally Healthy Children and Young People support (now known as the Healthy Young Minds service) have SEND or a pending diagnosis relating to SEND.

Local data suggests that children and young people with SEND appear to be at higher risk of presenting to hospitals with self-harm.



Nearly one in 20 children with an Education, Health and Care Plan have had a suspension.



Nationally, families of children and young people with more severe learning disabilities have reported experiencing challenges in receiving joined up care and inclusive support from healthcare. Similar experiences were fed back to us from a local resident.

What are some of the challenges that children and young people with SEND experience? (2 of 2)



Sometimes, our children and young people with SEND are educated in alternative provision settings. During 2022/23 there were 26 pupils with SEND attending alternative provision. Of these, half (13) had an EHCP, this is a large increase compared to previous years.



Unmet SEND and neurodiversity needs have been highlighted as significant issues in young people engaged with the Cheshire Youth Justice Service



NHS services that support in assessing for Attention Deficit and Hyperactivity Disorder, Autism, and other concerns with child development vary across Cheshire East, in terms of waiting times and what support is available to whom.



There are challenges in terms of availability of appropriate settings for some children and young people with Education, Health and Care Plans.

Feedback from young people in our JIGSAW youth group highlight many joys but also worries*

What do we like about life?

- Football
- Social media: funny videos; a world to connect to; stop isolation
- Being with family and friends, youth groups, Cheshire East Youth Council and Jigsaw SEND Youth forum
- Healthy living
- Holidays
- Education-learning new things/skills
- Art-painting for mindfulness and mental health and rug making
- Singing, music and dancing
- Gyms open 24 hours a day
- Like staff at college
- Animals/pets
- YouTube
- Video games
- Watching musicals
- Food and cooking
- Listening to audio books
- Utopia
- Films
- Shopping
- Architecture



What don't we like/worries us?

- Social media-bullying, harassment
- Not enough shops
- Cost of living/ paying bills
- My football team going down a league
- Not enough nature
- Discrimination-race, sexuality etc.
- Poor mental health services
- Finding jobs and not getting jobs-frustrating
- Long waiting lists to get NHS support
- Difficulties speaking to a GP straight away
- Things being uncertain
- War
- Thinking extensively
- College/school
- Home
- The future and having security
- Covid coming back and having to go into another lock down – becoming isolated from friends and family
- Losing friends
- Losing family members



Feedback from young people in our JIGSAW youth group highlight some things they look forward to and also some worries about the future*

What do we want to do in the future?

- Holding down a job/ getting a good job
- Having my own house/flat if I feel ready
- Travel- seeing the world
- Being an uncle
- Families of our own- husbands, wives, kids
- Being happier than I am now
- Becoming a youth worker
- Becoming a voice actor
- Being happier with my inner conflicts
- Being a judge on a talent show
- Being famous
- Being my own boss- running my own company
- Getting married
- Living on my own
- Working in a nursery
- Being independent
- Going out socially- pubs etc
- Learning to drive



What are we worried about in the future?

- Not being able to get the right mental health support/ not enough mental health support
- Not having support when I turn 25 years old
- Cost of living-buying a house/ not being able to buy a house
- Living alone and moving out of family support-would I have the right support
- We need more preparing for adulthood days
- Getting old-can't walk properly, becoming ill/injured
- What will happen to the NHS if it continues to be underfunded
- People I am close with leaving my life
- That I won't be able to stay in a good mental place
- Having financial problems
- What if someone in my family gets ill
- Not having the right support
- Not being able to find a job
- Change
- Being bullied
- Losing friends/family members to death
- My mental health not getting better



* Jigsaw is group for young people aged between 13-25 with Special, Educational Needs and Disabilities

Discussion with young people at the Jigsaw Group, aged 19-24 in Crewe. 16 November 2023

Discussion with young people at Jigsaw Group in Macclesfield feedback received by email (Participation worker 26/03/24)

Parent carers have spoken about a wide variety of challenges they face when trying to support their children and young people with SEND

Feeling emotional, lonely / isolated, stressed and permanently in state of 'fight or flight', frustrated, scared, exhausted, desperate or grieving

Spinning too many plates and being a nurse, parent, psychiatrist, advocate-having many roles, no training

Settings not having reviewed the graduated approach or communicating regarding the graduated approach

Dealing with their own additional needs

Challenges getting the right help and support from healthcare services.

Challenges in ensuring the curriculum is sufficiently adapted for their child's needs and with support sensory issues

Challenges getting the right help and support to prepare them for their next steps.

Survey results suggest many parent carers see positive impacts of new Education, Health and Care Plans (EHCPs) once in place, with fewer responses suggesting that the EHCP does not meet the needs of their child/young person/pupil, but frustrations were expressed around the time it takes to get and issues and uncertainty about the process and information available to them at this time

Challenges getting the right help and support to join clubs, activities, to go on holiday or to make friends.

A need for more provision or clarity of provision stated within the EHCP. However, a recent survey highlighted that 65% of parent carers responding felt EHCP provision would improve outcomes or progress

Parent carers have highlighted the following communication and information sharing needs

Proactive communication and more timely support

For them and their child or young person to be listened to evidence that they have been listened to and that their concerns have been acted upon

Key workers to be accessible

Clarity of processes

Communication about mental health

Support and advice from local authority services

Support navigating the SEND system

Recommendations regarding educational settings

Improved routes to reach relevant teams

More helpful information on the Local Offer website with improved ability to navigate it

Parent carers also report the wide variety of strengths and assets that they bring to supporting their children and young people with SEND¹

Parent carers can be:

- Knowledgeable
- Aspirational
- Inspirational
- Resourceful
- A great coproduction partner
- Hard working
- Ambitious
- Expert in their child and their individual needs, abilities and aspirations
- Inventive and full of ideas
- Able to help make your job easier
- Doing a brilliant job of managing a difficult situation¹

Educational settings have reported that there are ongoing challenges with:

Recruitment



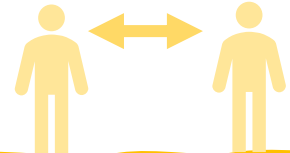
Understanding and implementing the graduated approach



Getting support from healthcare and ensuring most children make good progress



Communicating between settings and services



Transition and preparing for adulthood



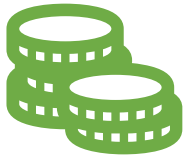
- More information and better communication is needed regarding transition and preparation for adulthood in our children and young people with SEND.
 - **Some parents reported they had insufficient information, communication and support regarding transition. SEND providers also reported that parental knowledge and involvement could be barriers to transition.**
 - **Educational settings also report that they receive insufficient information regarding new pupils to support them with transitions.**
- It is difficult to track progress in our children and young people with SEND in terms of the breadth of preparing for adulthood outcomes across education, health and wellbeing, and care. Annual reviews do not appear to capture this information fully.
 - **This makes it difficult to demonstrate that SEND support is helping and what the most appropriate SEND support is likely to be for any child or young person, particularly at stages of transition.**

What do we know about outcomes for our children and young people with SEND in terms of them being happy and well, and prepared for adulthood?



Our understanding of outcomes for children and young people with SEND (in terms of education, health and wellbeing (including physical, mental and social wellbeing), and care is very patchy.

- The proportion of children and young people with SEND achieving expected standards is understandably lower than those without SEND, given the challenges they experience. However, wellbeing in adulthood is underpinned by so much more than educational attainment alone. This is why having an understanding of achievement in relation to a much broader range of preparing for adulthood outcomes is vital.
 - Of note, when considering attainment in children and young people with SEND across the country, children and young people in Cheshire East with an EHCP have been doing better than their national peers, on average. However, children with SEN Support plans tend to have results that are below national.
- Approximately half of children with Education, Health and Care Plans (EHCPs) in reception (during 2011/12) were in mainstream in year 12 (during 2022/23). The number of young people in year 12 with EHCPs has increased from 132 in 2018 to 248 in 2023.
- Over the past 4 years the Supported Internship programme has resulted in 75% of interns progressing to paid work or apprenticeship.
- During 2023/24 12.5% of adults with learning disability are in paid employment.
- As of 2023, of the 1,678 young people in Cheshire East who had an EHCP and were aged 18+, 33% have received an adult social care (ASC) assessment at some stage with 48% currently receiving support.
- More than half (68%) of the 14–17-year-olds with a learning disability received a health check during 2023, which is something they will be eligible for annually throughout life. This is a lower uptake rate than in people aged 18 years and older with a learning disability.

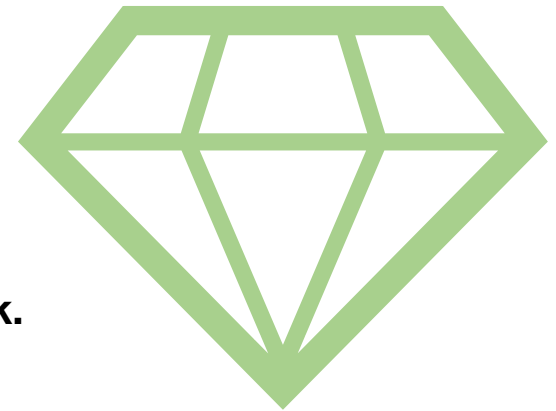


Strengths of SEND provision across Cheshire East

This review focuses on the challenges experienced and gaps in provision in relation to SEND across Cheshire East and makes a wide range of recommendations in relation to these.

However, it also highlighted many strengths including:

- Our **children and young people with SEND** themselves with broad and varied talents, interests, passions and expertise.
- Extensive **passion, dedication and engagement from professionals, children and families** alike to optimise outcomes for children and young people with SEND.
- A **recognition of need for change** and for SEND to be a priority across organisations.
- **Focus on the need for promoting inclusion** and of tools to support inclusive approaches across educational settings and connection with the wider children and families agenda, for example, through family hubs.
- A highly active and engaged **Parent Carer Forum**.
- Developing proactive **family hub support**.
- Broad **engagement of school staff** with the local training offer.
- A recognition of the **importance of starting to prepare for adulthood early**.
- **Good reach of health visiting service evidenced by uptake of routine early years checks**.
- **Examples of positive feedback from parent/carers**.
- **Collaborative working to improve consistency of NHS support through the clinical network**.
- **Work in progress to try to support SEND earlier, and in more effective ways**



The overarching recommendations from the review are that across Cheshire East, we need to:



Provide inclusive information, be proactive and intervene early



Think holistically: education, health and wellbeing, and care



Recognise complex risk factors early, including where there has been childhood trauma



Increase resource and capacity to ensure that a child's education needs are met in the best setting so that the child is not disadvantaged.



Ensure timely and consistent NHS provision of support and advice in relation to Autism, Attention Deficit Hyperactivity Disorder and therapies such as speech and language, physiotherapy, occupational therapy and sensory processing



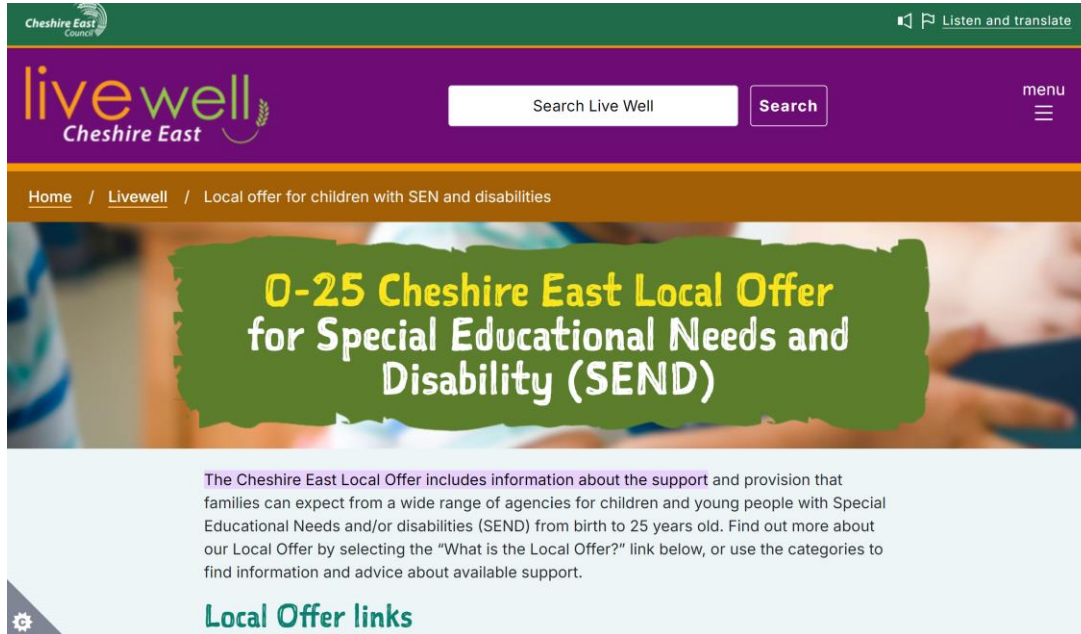
Communicate clearly, proactively, consistently, transparently, and through a person-centred approach



Empower children, young people, families and professionals to look towards, and plan for the future

Additional Resources

Here are some links to help you or someone you know



The 0-25 Cheshire East Local Offer for Special Educational Needs and Disabilities (SEND) can be found here:

www.cheshireeast.gov.uk/localoffer

Other information can be found below:

Cheshire East Council Family Hubs [Family Hubs \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Toolkit for Inclusion [Toolkit for inclusion \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

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Special Educational Needs and Disabilities (SEND)

JSNA deep dive review: Full report

May 2025

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 - [What is the need for identification of children and young people \(based on a shared understanding of needs and risks\) and how do we support them during this process in an integrated way?](#)
 - [What are the needs of parents and families and what are the barriers to help and what is needed to work in a way that empowers our children and families?](#)
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Introduction

Healthy problem solving, emotional regulation skills, school readiness, good communication skills, healthy social relationships and a sense of belonging are all important factors in promoting good health and wellbeing throughout life¹.

“Special educational needs and disabilities (SEND) can affect a child or young person’s ability to learn”². This may include their¹:

- “Behaviour or ability to socialise, for example struggling to make friends”
- “Reading and writing, for example because they have dyslexia”
- “Ability to understand things”
- “Concentration levels, for example because they have attention deficit hyperactivity disorder (ADHD)”
- “Physical ability”

Optimising outcomes, independence and support for our children and young people with SEND is a core priority for the Health and Wellbeing Board, Cheshire East Council, the NHS and our community organisations.

A Joint Strategic Needs Assessment (JSNA) review into SEND across Cheshire East was published in 2017. Since this publication, there have been shifts in national developments and also the emergence of the COVID-19 pandemic. The Cheshire East JSNA steering group therefore highlighted the need to undertake an updated review as a priority for the local area. This document summarises the findings of this latest review.

What is the take home message from this review?

All children and young people have strengths, and all can and do achieve.



- This review outlines the need for a fundamental shift in culture.
- **Inclusion is everyone's business** and SEND affects a significant proportion of the population.

There are many dedicated and passionate people working to support our children and young people with SEND across Cheshire East place, including their families and people working in many different organisations. There is also evidence of the positive impacts that they have had. We need to further galvanise this and continue to work more closely together.

Page 50

We need to support our **families holistically**- for every interaction we need to think: physical, emotional, educational and social wellbeing, and recognise achievements and successes in relation to all of these aspects of life.

We need an approach that is **person-focused and strength-based** rather than problem-focused.

We need a whole community approach to SEND and inclusion that empowers our children and young people and families to

- Connect with support at the earliest opportunity and as part of inclusive wider community life
- Recognise achievements and success
- Recognise they are not alone but part of a community of experts by experience, and seek resilience within this, and the wider community.

Overarching recommendations summary

According to data available as at November 2024, in Cheshire East there were an estimated 10,482 children and young people with special educational needs and disability being supported in education or training. This includes 5,906¹ with an SEN support plan and 4,576² with Education, Health and Care Plans (EHCPs).

It is estimated that over 13,000 households (7.5%) may be affected by SEND (either living with someone with SEND or having SEND themselves, this equates to potentially 41,800 individuals (10.6% of the population).

Across Cheshire East we need to:

1. Provide inclusive information, be proactive and intervene early
2. Think holistically: education, health and wellbeing, and care
3. Recognise complex risk factors early, including where there has been childhood trauma
4. Increase capacity to ensure that a child's education needs are met in the best setting so that the child is not disadvantaged
5. Ensure timely and consistent NHS provision of support and advice in relation to Autism, Attention Deficit Hyperactivity Disorder and therapies such as speech and language, physiotherapy, occupational therapy and sensory processing
6. Communicate clearly, proactively, consistently, transparently, and through a person-centred approach
7. Empower children, young people, families and professionals to look towards and plan for the future



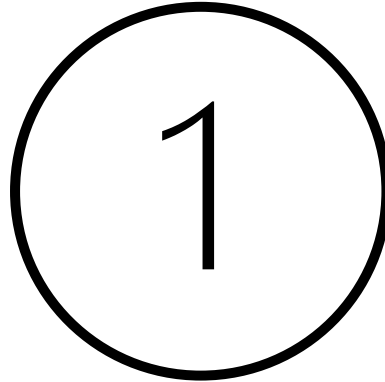
1. Special Educational Needs in England 2023/24 academic year available from [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](#) (Accessed 30.07.24)

2. Education, health and care plans England 2024 available from [Information taken from Education, health and care plans: England 2024 - GOV.UK](#) (accessed 27.11.24)

Preface



Please read the preface in advance of the other sections of this review to gain a good understanding of the purpose, approach and breadth of the review.



Why was this review undertaken when there has already been so much work on SEND across Cheshire East?

- In short, there is more to do. This is acknowledged locally, but also nationally.
- Optimising outcomes, independence and support for our children and young people with SEND is a core priority for the Health and Wellbeing Board, Cheshire East Council, the NHS and our community organisations.
- There has been lots of work on SEND across Cheshire East, led by different organisations including the Council, the NHS and the Voluntary, Community, Faith and Social Enterprise sector and by residents themselves. This review brings together valuable key findings and insights from reviews undertaken across the system from 2022 to October 2024 into a single summary. It aims to help organisations to
 - **"zoom out" and understand the needs of our children and young people with SEND and their families from a more person-centred perspective- thinking of the child or young person and their family rather than with a particular need presenting to a particular service.**
 - **Provide the rationale and intelligence base to further adapt and align longer term strategic approaches.**
 - **Think earlier, and intervene and empower earlier, in a way that reduces inequalities and promotes inclusion.**
 - **Advocate for our children and young people with SEND regionally and nationally.**
- It is expected that key partner organisations across Cheshire East will utilise this JSNA review in their future strategic developments.

What is a JSNA review?

- JSNA stands for Joint Strategic Needs Assessment.
- A JSNA review is a review of a topic area relating to health and wellbeing, which helps us understand an issue in more detail and to plan the services that are provided and the way organisations and wider communities can work together in the longer term. Information has been examined from 2022 to October 2024 .
- **New and more up to date information will continue to become available regarding our children and young people with SEND, and the numbers supported. However, this review provides an important, more detailed and comprehensive summary of the experience of SEND across Cheshire East over the past two years and has helped us see where the gaps in support services are and how we can better meet the needs of our children and families with SEND over the longer term.**

How was the content and focus for this review agreed?

- The scope of this review was agreed through multistage consensus building including representatives from the Council, the NHS, Voluntary, Community, Faith and Social Enterprises and with parent carers.

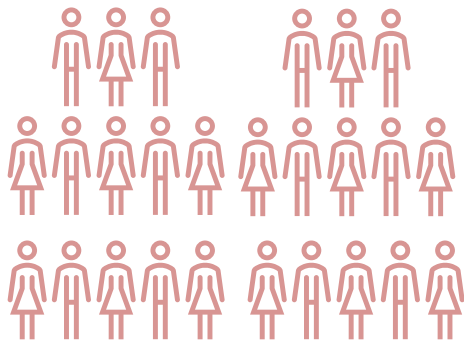
The review is broad ranging and complex because the experiences of our children and young people with SEND, and their families, are complex and broad ranging.

Responsibility for the challenges and needs of children and young people with families with SEND does not fall to a single organisation, nor should it. It is the responsibility of all organisations and all communities across Cheshire East.

- The process of undertaking the review itself has led to building of connections across the system and further shared understanding of the challenges in relation to SEND.

This review was produced through the Special Educational Needs JSNA Working Group. The working group contributed to the development of the scope; analysis; and narrative development.

In addition to this a range of stakeholders also contributed through providing insights and information.



Approximately **71**
people contributed to
the SEND JSNA.



Approximately **37** of
these people were
members of the working
group*.

*Numerous individuals have been involved the SEND working group conversation at varying points of the JSNA process, which is why an approximate number is given.

More information on this can be found here...

[contributors](#)

Within this JSNA we have included feedback from the...

- Speech and Language Therapy pilot
- SEND Partnership Survey 2023 (123 staff, 63 educational settings, 54 young people and 234 parent carers responded).
- Cheshire East SEND Toolkit for Inclusion consultation (33 responses)
- SEND related complaints and compliments
- Healthy Young Minds recommission engagement.
- Delivering Better Value work (over 90 providers and 160 parent/carers responded)
- SEND Health Provider Survey (103 responses)
- We have had conversations with paediatricians which we plan to continue.
- Cheshire and Wirral Partnership Waiting List Pilot
- Cheshire East Parent Carer Forum (CEPCF) survey (117 responses)
- Parent Carer Forum member priorities
- Insights from the Parent Perspective Training
- A local family's experience of living with severe disability
- Feedback from young people who attend both the Macclesfield and Crewe Jigsaw groups

Neurodivergent conditions can sometimes, but not always, be associated with special educational needs and disability. A definition of "neurodivergent" is included below:

Neurodivergent- "People with conditions such as autism, ADHD, dyslexia, dyspraxia and Tourette's syndrome are a key part of a balanced, neurodiverse society. People living with these conditions are sometimes referred to as neurodivergent people. The term neurodivergent simply means that your brain works differently to what may be considered 'typical'".

This JSNA review covers elements of need in relation to Autism Spectrum Condition (ASC) and Attention-Deficit / Hyperactivity Disorder (ADHD). However, the main focus on neurodivergent conditions is where there is an associated Special Educational Needs and Disability. In addition to this review, there are two JSNA reviews that have previously been published and cover all age perspectives of [learning disabilities](#) and [autism](#).

Topic areas covered by this JSNA review

Key professionals from across the Council, the NHS, the volunteer, community and social enterprise sector, and parent/carers guided what should be included within the review.

The aim of the SEND JSNA is to try and understand what the need is in terms of:



1. Referrals for special educational needs, neurodevelopmental pathways and combined mental health/neurodevelopmental pathways

2. Parents and families and what the barriers are to help

3. Identification of children and young people (based on a shared understanding of needs and risks) and supporting them during this process in a joined-up way

4. The need for communication about identifying and supporting children with developmental challenges and SEND from different perspectives

5. How we work in a way that empowers our children and families

6. Workforce challenges across education (including specialist teaching), health and care

7. Transition

Scope questions to be addressed by this JSNA review

Key professionals from across the Council, the NHS, the volunteer, community and social enterprise sector, and parent/carers guided what questions should be answered by the review. These included:

- 1. What is the need in terms of: referrals for special educational needs, neurodevelopmental pathways and combined mental health/neurodevelopmental pathways?**
 - Where feasible, how does this vary by place, protected characteristics and over time? What is the need for first concerns support, SEN support, EHCPs? What support is available whilst parents are waiting for assessments either initial assessments or definitive outcomes from assessments? What specific challenges are there in relation to physical health need? (-e.g. Dental pathway access, hospital investigations, blood tests, reasonable adjustments for MRI, Xray etc?) What is the need for advocacy for children and young people?
- 2. What are the needs of parents and families and what are the barriers to help?**
 - What is the need for advocacy for parents?
- 3. What is the need for identification of children and young people (based on a shared understanding of needs and risks) and how do we support them during this process in an integrated way?**
 - What is the need in relation to recognition of milder intellectual disability and support for reasonable adjustments?
- 4. What is the need for communication about identifying and supporting children with developmental challenges and SEND from different perspectives?**
 - What do parents need? What do schools need? What does health care need? What is the need for communication between different agencies? What is the need for communication between parents?
- 5. What is needed to work in a way that empowers our children and families?**
- 6. What are the workforce challenges across education, health and care?**
 - How can we make the best use of skills?
- 7. What are the needs in relation to transition?**

National approaches to Special Educational Needs and Disability

National challenges regarding SEND

Nationally there has been considerable focus on SEND provision particularly with regards to the following issues¹:

- Outcomes for children and young people with SEND are consistently worse than their peers – across almost every measure
- “Parents’ confidence in the system is in decline. Too many parents have lost faith in a system that is not sufficiently responsive to them, which is increasingly adversarial, and in which they face long waiting times to access information and support for their children, including accessing therapists and mental health support”.
- Despite unprecedented investment, the SEND system is not delivering value for money for children, young people and families

A national improvement plan (Right Support, Right Place, Right Time) was published in 2023 with the following vision¹:

“To create a more inclusive society that celebrates and enables success in all forms, with the cultures, attitudes and environments to offer every child and young person the support that they need to participate fully, thrive and fulfil their potential”.

The Government set out their intended actions to improve the special educational needs and disabilities (SEND) and alternative provision system in England in the SEND and alternative provision improvement plan. These are summarised in a road map and include²:

1. Creating a national system underpinned by national standards
2. Creating a system that makes sure children and young people with SEND have successful transitions and are prepared for adulthood
3. Supporting a skilled workforce with excellent leadership
4. Strengthening accountabilities and make sure there are clear routes of redress.
5. Creating a fair and financially sustainable system that provides improved outcomes

1. Department for Education (2023) Special Education Needs and Disabilities (SEND) and Alternative Provision (AP) improvement plan. Policy Paper. March 2023. Available from: <https://www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan> (Accessed 9 May 2023).

2. Department for Education (2023) SEND and alternative provision roadmap. March 2023. Available from: <https://www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan/send-and-alternative-provision-roadmap> (Accessed 9 May 2023).

Towards An Effective and Financially Sustainable Approach To SEND In England (July 2024)

Very recently, an independent report commissioned by the County Councils Network and Local Government Association highlighted the following:

- A conclusion that “the SEND system is broken” and stakeholders feel powerless to change the system that is costing more and failing to improve outcomes.
- “More children and young people than ever before are being identified as having SEND” and the rise in Education Health and Care Plans has been more rapid than that of SEN support.”
- “There are more children and young people than ever before whose needs are not being met in mainstream education and thus require specialist provision”.
- “More money than ever before is being invested in SEND, but it is significantly less than what is actually being spent on SEND by local authorities, health services and education settings.”
- “Despite rapidly rising expenditure, outcomes of children and young people with SEND and families’ day-to-day experiences of the system have not improved”.
- “The root causes of this crisis are systemic and require national reform”.
- “There are different ways in which the progress achieved by a wider cohort of children could be captured and celebrated” than academic attainment alone.
- A need for more physical space in mainstream to support children and young people with SEND.

Root causes identified included

- The **volume challenge**: the system struggling to respond to ever-increasing demand; a mixture of increased need and demand; a shift away from inclusion towards medical and deficit based understanding of need; introduction of parental preference; reforms reducing mainstream schools ability to be inclusive; and a reduction of wider support services for children and families.
- The **decision-making challenge**, including: a lack of clarity about how SEN and EHCPs are defined; misaligned responsibilities and accountabilities for partners in the SEND system; the problematic effect of the SEND tribunal on the operation of the SEND system highlighted by many stakeholders.
- The **market challenge**: lack of clarity about the role that independent providers should play.

Recommendations

- Government should set a new national ambition with clear expectations of inclusive practice in mainstream education
- National framework describing level of needs with clarity and expectation of provision in relation to these needs
- Measures to enable inclusive practice including: a new core offer of targeted multidisciplinary support that all education settings can access; and more outreach support from special schools.
- Reform elements of the SEND statutory framework
- A new Destinations and Progression Service in each local area.
- Creating statutory Local Inclusion Partnerships.
- Articulate a more strategic relationship between the state and the independent sector

SEND Area Inspection Framework¹

- Local area partnership inspections are carried out jointly by Ofsted and the Care Quality Commission (CQC).
- The “‘Local area partnership’ refers to those in education, health and care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in a local area.”
- The purpose of inspection is to provide an independent, external evaluation of the effectiveness of the local area partnership’s arrangements for children and young people with SEND (including those with Education, Health and Care Plans (EHCPs), and those who receive special educational needs (SEN) support) and recommend what partnerships should do to improve, as required. Inspectors will evaluate a range of evidence and follow Ofsted and the CQC’s published policies and relevant legislation.
- A framework and handbook has been published, which outlines the inspection process in more detail.

(1) Gov.UK (2023) Area SEND inspections: framework and handbook. Guidance. 14 April 2023. Available from: <https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook> (Accessed 3 August 2023).

Local approaches and strategies to supporting Special Educational Needs and Disability in Cheshire East



The core principles underpinning our coproduction approach to addressing the challenges seen across Cheshire East are outlined below:

TOGETHER in Cheshire East

TOGETHER is our shared definition of coproduction in Cheshire East because it is inclusive to all.

Teamwork when designing, delivering and evaluating individual support and services

Open-minded ideas and discussions

Genuine communication for all parties involved

Equal partners help to shape and improve support for all

Trust each other to make the right decisions

Honest

Engage and empower children, young people, adults and families

Respect for everyone's views and opinions

Working TOGETHER as equal partners towards a common goal for all of our children, young people and adults living in Cheshire East.

Our **TOGETHER** Values and Commitment

We will...

- Listen to your views
- Communicate honestly
- Trust each other
- Be person centred
- Adapt to people's needs
- Respect and value all opinions
- Do what we say we will

We won't...

- Use jargon or acronyms
- Give too much information
- Rush meetings
- Take too long to complete our actions
- Be judgemental

Here is some further information about our four key principles of **TOGETHER** going forward, and who is involved in delivering that.



Co-Involvement

We will involve and engage with you from the very start to make you aware of changes to services and policy. Your needs will be identified and views are welcomed at every stage.

Co-Design

We will work closely with you to plan and design your individual support, services, and policy making sure that children, young people, adults and families are at the centre of those services.

Co-Delivery

We will plan and deliver services together ensuring your voice is heard and acted on at every stage.

Co-Evaluation

We offer opportunities for feedback so that we can improve your experience.

Challenges regarding SEND in Cheshire East: 2018-2024

Ofsted SEND inspection 2018: Between the 12 March and the 16 March 2018 Ofsted and the Care Quality Commission (CQC) undertook a joint inspection in Cheshire East. There were significant strengths, but also serious weaknesses¹. The local area was asked to submit a written statement of action to Ofsted to explain how they would tackle: the timeliness, process and quality of Education, Health and Care Plans; and the lack of an effective Autistic Spectrum Disorder pathway and unreasonable waiting times. In May 2021 Ofsted and CQC revisited Cheshire East to establish whether progress had been made. It was concluded that the area had made sufficient progress in addressing the areas of significant concerns².

During 2022/23, the Council received Department for Education support via the **Delivering Better Value in SEND programme**³. This resulted in recommendations around communicating and embedding vision and strategy for a sustainable future and promoting inclusive practice, a graduated approach, more defined decision-making approaches, effective SEND support plans, upskilling schools and partners to support needs and enhancing the transition process³.

Following the Delivering Better Value programme further developments have included:

- Approval of the **latest Dedicated Schools Grant Management Plan**. This plan aims to reduce the council's deficit by 2030/31 from 1.2 billion to 284.8 million. Cheshire East has developed local plans to achieve an improved financial position. More information can be found on slide 22.
- Subsequent work to address the recommendations following the **Ofsted Children's services inspection (ILACS)**.
- There has been further **collaboration with Department for Education** experts. More information can be found on slides 23 and 24.
- A focus on Preparing for Adulthood as part of the **Council's transformation plans**.
- Planning to **write a new single SEND and Alternative Provision strategy and development plan – the 'One Plan'**.

(1) Joint local area SEND inspection in Cheshire East accessed from [2773971 \(ofsted.gov.uk\)](https://www.ofsted.gov.uk/inspections/2773971) on 22/11/23
(2) Joint area SEND revisit in Cheshire East accessed from [50165711 \(ofsted.gov.uk\)](https://www.ofsted.gov.uk/inspections/50165711) on 22/11/23
(3) e-correspondence from Education Project Manager, 27 April 2023

An overview of the Dedicated Schools Grant Management Plan 2024/25-2030/31

Cheshire East has developed local plans to achieve an improved financial position and ensure right support at the right time in the right place. These include:

- Support mainstream schools to adopt inclusive practice
- Ensure the graduated approach is consistently implemented
- Strengthen the SEN support offer
- Strengthen the professional networks across mainstream settings

- Expand specialist provision within the local authority footprint.
- Secure collaboration and financial commitment from partner agencies.
- Develop and implement a clear planning and decision-making process for placements.
- Strengthen oversight and contracting with independent and non-maintained schools.
- Strengthen the EHCP annual review process.
- Review and develop a clear SEND financial strategy.

Planning for adulthood in young people in care: Cheshire East Council Children's Services Improvement Plan, April 2024-March 2025 (1 of 2)

- Cheshire East Council children's services were inspected by Ofsted during February and March 2024. The inspection gave Cheshire East's children's services an overall grading of inadequate. It found that some improvements had been made since the last Children's Services inspection in 2019. However, practice was variable.
- An improvement plan has been developed based on the findings from the inspection, of which, parts relevant to the SEND agenda are summarised on the next slide.

Findings in relation to SEND

The improvement plan highlighted inspection findings that transition planning into adulthood for care leavers was variable. It highlighted that there was some proactive planning for disabled care leavers with complex physical needs, and young people with neurodiverse needs. However, for other care leavers such as those with complex mental health and emotional needs, proactive transition planning does not always take place, meaning care leavers do not always access the support that they need.

The plan also highlighted that disabled care leavers who are open to the 21+ offer are not prioritised as a vulnerable group and as such the local authority cannot be assured that their needs are being met. In cases seen there was not enough evidence of persistence or curiosity in where they may be now, despite histories of having extensive engagement with services as children.

Planning for adulthood in young people in care:

Recommendations from the Cheshire East Council Children's Services Improvement Plan following Ofsted inspection, April 2024-March 2025 (2 of 2)

Recommendations in the improvement plan relating to planning for adulthood in young people in care included:

- Embed a culture of planning for adulthood as soon as a child or young person enters care.
- Review terms of reference and membership for Ignition Panel to ensure young people's post 18 plans are effectively tracked and reviewed from age 16 to ensure proactive transition plans are in place.
- The practice standards will specify which preparing for adulthood roles should be undertaken by social workers and which by Personal Assistants and will set clear expectations on what care leavers should receive/ have in place.
- Develop care leavers hubs, with our care leavers, as a safe space for care leavers to access support and advice. Advice sessions will be offered from the hub to support preparation for adulthood, including housing, finances, drug and alcohol support, parenting support, careers advice, CV workshops, and interview preparation. Emotional health and wellbeing support will be available at the hub through Pure Insight and health support through the cared for nurse.
- Review the transition policy.
- Engage and consult with care experienced young people as to how they want to understand their health histories and adapt the current process accordingly.
- Deliver training to PAs on arrangements to support young people to understand their health histories.
- Launch an app for the care leaver local offer. This will ensure all care leavers have immediate access to the local offer and their entitlements through their mobile. It will also support us to keep in touch with young people and gain their feedback and allow young people to develop peer support groups.
- Review the care leaver local offer together with young people and partners.
- Develop regular participation opportunities for care leavers through the care leaver hubs, to ensure their views shape services.
- Launch a free bus pass for care leavers aged up to 22.

In addition, a specific recommendations was included for supporting young people that have left care with a disability aged over 21 which was to: Review cases for care leavers with a disability who are open to the 21+ offer to ensure their needs are being met.

What were the key findings from this review?



All of our children and young people with SEND can and do achieve, and have many strengths.

Across Cheshire East place, we do not have a good system for capturing and celebrating the achievements and successes of our children and young people with SEND, or acknowledging that they overcome many challenges on a regular basis. The system of support tends to focus in on where things do not go to plan.

However, it is important to always consider the strengths of our children and young people in relation to the needs that they have.



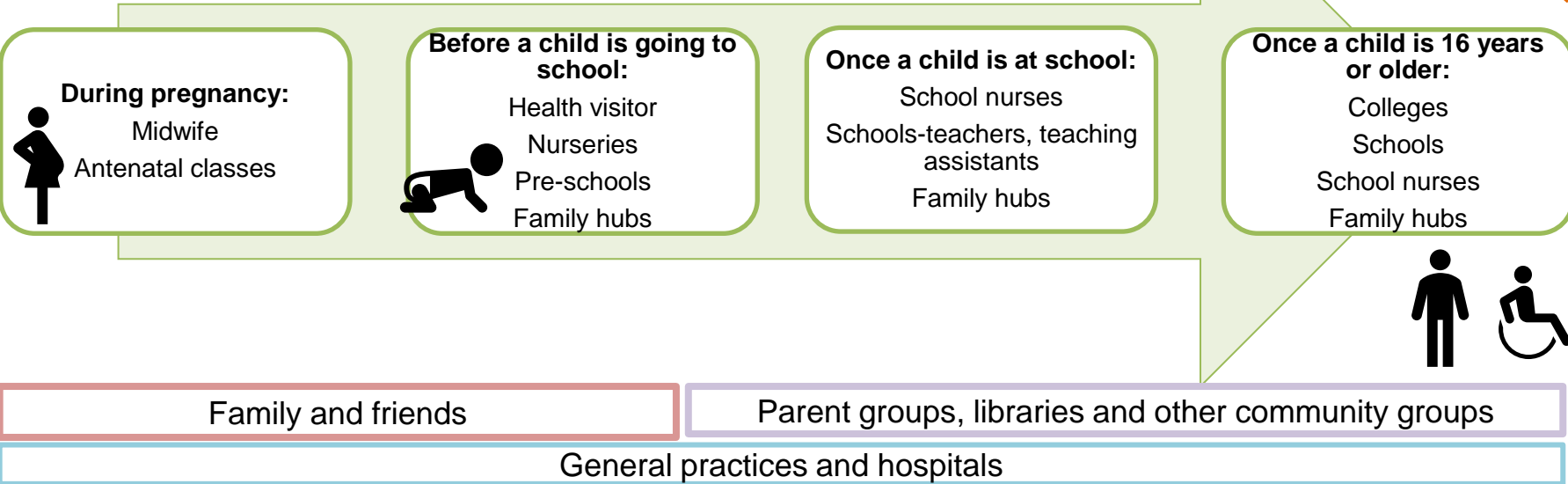
**How are our children and young people
with SEND supported?**



All children have strengths and can achieve.

Everyone is different and all children develop in different ways and have different strengths.

There is lots of support that all children and families receive routinely from a wide range of professionals:



These professionals can also refer on to a wide range of extra support. Families can ask them for advice about whether extra support is needed, or they might suggest it after one of the routine checks, like the 6-8 week and 12-month baby checks, the toddler check at 2 years old, or once a child reaches reception.

What support is currently available to support children with possible or confirmed SEND and their families?

There are lots of different sources of support but it can be hard to understand what is there and what you need at what point.

Staff in nurseries, schools and colleges, including Special Educational Needs and Disability Coordinators (SENCOs)

The health visitor and school nursing service (0-19 service)

The Toolkit for Inclusion

Physical and mental health and wellbeing advice and services

Family hubs

NHS therapies including for, example, speech and language, physiotherapy and occupational therapy

Cheshire East Council Education Services including: the Educational Psychology Service, Cheshire East Autism Team and Sensory Inclusion Service

NHS services to explore possible diagnoses leading to the SEND challenges experienced

The SEND Cheshire East Special Educational Needs and Disability Statutory Assessment Service

Cheshire East Information and Advice Service

Cheshire East Parent Carer Forum

Advocacy or someone to speak on the behalf of children or their families

Children and adults (18-25 years) early help and social care services

A wide range of services and sources of information that more specifically relate to specific challenges in education, health and wellbeing or care that can be found on the Local Offer website

**Cheshire East SEND Local Offer
available at**

www.cheshireeast.gov.uk/localoffer

Nearly every school will teach children with additional needs.

Many schools will teach many children with additional needs and are used to making reasonable adjustments

- All schools have a special educational needs coordinator (a SENCO).
- Not all children need formal SEND support.
- Some of the **reasonable adjustments** that schools should be able to make as part of **ordinarily available inclusive provision** are shown below.
- Detailed information on reasonable adjustments is included within the Cheshire East Toolkit for Inclusion¹. Some examples of these include:

Classroom position-e.g.
front or rear of classroom
according to need

Allow touch typing,
dictation, scribe, assistive
technology instead of
handwriting

Allow use of ear
defenders/ headphones to
minimise
distraction

Provision of sensory
resources e.g fidget toy,
wobble cushion,
TheraBand, chewing gum

The addition of a ramp to
ensure accessibility

Access to classrooms on
the ground floor if in a
wheelchair and no lift is
available

Allowing a pupil to wear a
different item of uniform,
different material or not to wear
a certain item of uniform at all

How are children and young people with SEND supported across Cheshire East?

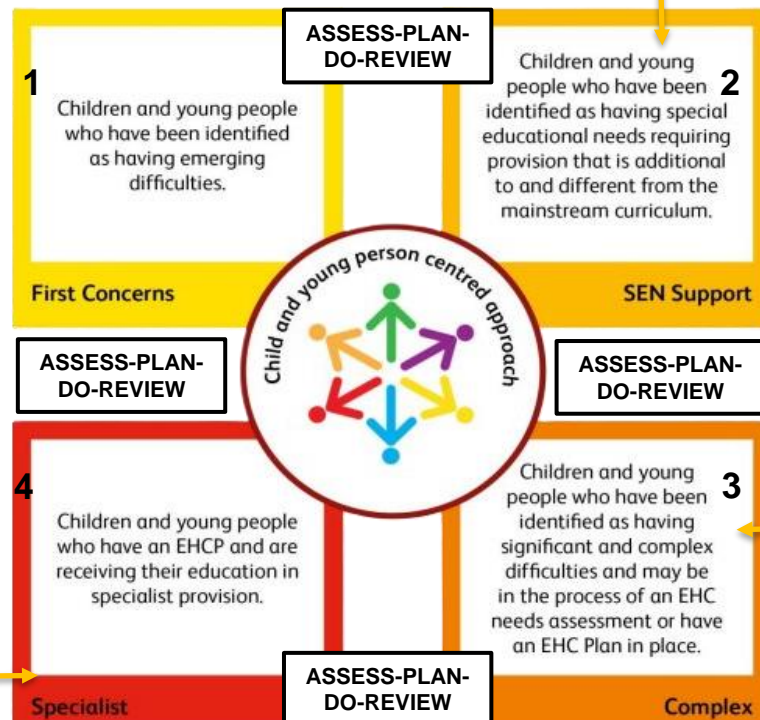
Educational settings can support most children and young people through their universal support by making reasonable adjustments.

If it looks like after a few tries, a child or young person needs more support than can be provided by reasonable adjustments they move on from first or initial concerns regarding development or additional needs (which is where the **graduated approach** starts) to a different level of support- this could be SEN support, complex or specialist.

Educational psychologist or NHS assessments can support the process of deciding on the most appropriate support.

This support is generally provided in **specialist schools** such as special schools or resourced provision

This support is put in place when a child has a confirmed need which calls for special educational provision to be made for him or her. The support is provided within the school's existing funds and described in their **special educational need support plan (SEN Support Plan or sometimes called an SSP)**.



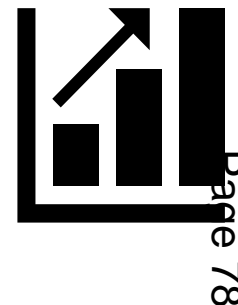
An Education, Health and Care Plan (EHCP) may be written at this stage following a **needs assessment**. The school may then receive extra funding at this stage to support a child.

Across Cheshire East, what need is there for: referrals for special educational needs, neurodevelopmental pathways and combined mental health/ neurodevelopmental pathways?



There are increasing numbers of children across Cheshire East with Education, Health and Care Plans (EHCPs)

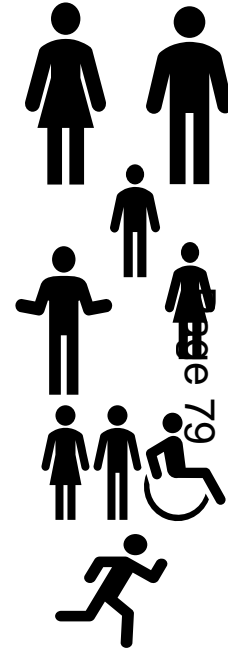
- There has been year on year growth in the overall numbers of Education, Health and Care Plans (EHCPs). However, as at January 2024, the rate of growth in the number of plans had slowed (13.6% increase since the previous year compared to an 18% increase from January 2022 to January 2023) with a reduction in new, first plans approved during 2023 compared to 2022.^{1,2,3}
- A higher percentage of children and young people aged up to 18 have an EHCP in Cheshire East (5.1% in 2023/24) compared to the England average (4.7%).⁴
- In 2022/23 EHCPs made up almost a third of the total SEND (SEN Support plan + EHCP) within Cheshire East (32.3%), a higher proportion than any of our statistical neighbours (local authorities with a similar sociodemographic make up to Cheshire East) (range 22.9% - 32.3%), the North-West (26.1%) and the national average (24.7%).⁵
- There is a steady increase in numbers of EHCPs from pre-school to Year 6. In Year 7 the EHCP specialist/non-specialist split is almost 50/50³ which is considerably more than in primary school where there is a much lower proportion of children with specialist support. Demand for support increases as children approach school transition points: pre-school to primary and primary to secondary.



1. Department for Education. Education, health and care plans [Education, health and care plans. Reporting year 2024 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]
2. Cheshire East Single SEND Forecast Data Document FINAL v1.0 May 2022 [single-send-forecast-data-document-v1.0-final-may-2022.pdf \(cheshireeast.gov.uk\)](#)
3. Cheshire East. SEND Sufficiency Statement 2023-2026 Appendix A 3a. SEND Sufficiency Statement Appendix A.pdf (cheshireeast.gov.uk)
4. Department for Education. Special educational needs in England, Academic year. Available from: [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]
5. [Special educational needs in England, Academic year 2022/23 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

There are variations in who requires Education, Health and Care Plans (EHCPs) and the reasons for the support required

- In Cheshire East the most common primary support reasons on EHCPs: Social emotional and mental health, and speech language and communication need and autism¹. Social emotional and mental health, speech language and communication need, autism and specific learning difficulty represent nearly three quarters of all EHCPs^{1, 2}.
- Trend analysis of EHCP primary needs in Cheshire East shows that pupil rates of autism, social emotional and mental health, speech language and communication need, moderate learning difficulty and specific learning difficulty identified have all shown large increases over time².
- The most recently available data, shows that the pupil rate for children with learning difficulties known to schools in Cheshire East during 2020 was 22.9 per 1,000 children (1,251 children). This is below the England average (34.4 per 1,000). However, the rate in Cheshire East has increased since 2016³. Whilst the rates of children with severe, and profound and multiple learning difficulties (PMLD) have been stable, the increase has been seen in the rate of children with moderate learning difficulties³.
- Data for 2023/24 shows that there is a higher proportion of white British pupils have an EHCP (5%) compared to pupils of any other ethnicity (3%) in Cheshire East⁴. Data as January 2024, also shows that lower proportions of pupils with EHCPs where English is an additional language than the national average (2.5% compared to 3.5%)⁵.



1. Department for Education. Education, health and care plans [Education, health and care plans, Reporting year 2023 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]
2. Department for Education. Special educational needs in England, Academic year. Available from: Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk) [Accessed 30/07/24]
3. Office for Health Improvement & Disparities. Public Health Profiles. [11.05.23] <https://fingertips.phe.org.uk> © Crown copyright [2023]
4. Department for Education. Special educational needs in England [Special educational needs in England, Academic year 2023/24 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]
5. Department for Education. Education, health and care plans SEN2 data [Education, health and care plans, Reporting year 2024 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]

There are challenges in terms of the availability of appropriate settings for children and young people with Education Health and Care Plans (EHCPs)

The highest proportions of residents with EHCPs were seen in Crewe (1.4%), Congleton (1.3%) and Macclesfield (1.2%) Care Communities (as a % of the total population in July 2023)¹.

In 2023/24

- 90% of pupils with either SEN support or an EHCP were educated within state-funded education².
- Most children and young people with an EHCP were attending school (two-thirds of EHCPs are for compulsory school age children (aged 5 to 15)). Just over half of these children will attend a mainstream school, which is higher than the national proportion (41%)³
- A further 27% were attending a special school and 13% are in Further Education³. The highest proportions of young people in specialist settings are seen in secondary school aged pupils (years 7 to 11)⁴.
- One in every six children with an EHCP were based in out of county settings (17.2%)⁴.
- More children with EHCPs were in settings in the South (32.3%) or North (29.1%) compared to the Central locality⁴. The Central locality still had the lowest proportion (56%) of its own pupils with SEND accommodated internally within Central settings, and has the highest proportion (19%) attending provision out of borough⁴
- Less than 1% of children and young people with an EHCP attended Alternative Provision (AP)/Pupil referral unit (PRU)³
- There had been an increasing number of children with EHCPs that are being educated at home. Although the numbers are still low. As of January 2024, they equated to approximately 1% of all children and young people with EHCPs^{5,6}

Those children and young people aged 5-10, 11-15 and 16-19 consistently account for over 90% of EHCPs in Cheshire East³. The number of young people in year 12 with EHCPs has increased from 132 in 2018 to 248 in 2023⁷. Children and young people aged 20 and over make up less than 3% of the EHCPs³. Some children with EHCPs go on to university or employment at which point cases, EHCP would cease. However, in some cases, it may be that some children don't go on to access further education. Currently there is not a systematic approach to capturing and understanding these outcomes in our post 20 population.

1. Email correspondence from Business Intelligence Officer, Cheshire East Council, Business Change, 25/06/24
2. Department for Education. Special educational needs in England, Academic year. Available from: [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]
3. Education, health and care plans SEN data [Education, health and care plans Reporting year 2024 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)
4. SEND Sufficiency Statement 2023-2028 Appendix A 3a. SEND Sufficiency Statement Appendix A.pdf (cheshireeast.gov.uk)
5. Email from Project Manager – Education received on 16/08/23
6. Cheshire East SEND Monthly Scorecards
7. Source: e-correspondence from Business Intelligence Officer, Cheshire East Council, Business Change, 1 August 2023

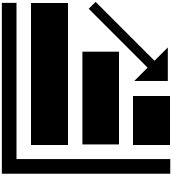
It is very difficult to predict the likely numbers of Education Health and Care Plans (EHCPs) required in the future

- The number of pupils with SEND has been increasing year on year, with the average costs of provision ranging from £7,536 for a pupil supported in mainstream to £25,000 for a special school to over £60,000 for independent specialist provision¹.
- The England EHCP:SEN support ratio is very different to that of Cheshire East. If we assume the national SEND rates are the more accurate and calculate SEND in our school age children based on the England rates, it shows, we have an imbalance locally, with higher EHCP numbers. In 2022/23 there were 155 more EHCPs than expected and in 2023/24 198 more².
- The biggest differences by need were Autistic Spectrum Condition (ASC) and Social, Emotional and Mental Health (SEMH). Cheshire East had more pupils with ASC with an EHCP than expected (+175 in 22/23, +174 in 23/24) and lower numbers of pupils with an EHCP for SEMH (-190 in 22/23, -206 in 23/24)².
- If the imbalance of EHCP/SEN support can be redressed, this would mean that there could be a possible 6%-7% reduction in EHCPs².
- This would result in a reduction below the current normal (unmitigated) forecast, but it does not reduce the future trend below the 'mitigated forecast' within the current DSG Management Plan. To achieve this trend more needs to be done².
- It is important to recognise that for some children and young people they will require an EHCP throughout their childhood and into adulthood, whilst for others, they may only require an EHCP for a shorter period of time and once they have successfully achieved their agreed goals an EHCP may no longer be needed.

1. Cheshire East DSG Management Plan 2023/24 to 2027/28 [1a. DSG Management Plan Appendix A.pdf \(cheshireeast.gov.uk\)](#)
2. Department for Education. Special educational needs in England, Academic year. Available from: [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) [Accessed 30/07/24]

There are comparatively lower numbers of SEN support plans in Cheshire East compared to other similar areas

- As at 2022/23, across Cheshire East, there were fewer children and young people with Special Educational Need Support Plans than expected compared to other similar local authority areas and the England average¹.
 - If we had the same proportion of pupils aged 0-18 with SEN support as nationally, there would have been 1,886 more in 2022/23 across all settings^{1*}.
 - The biggest increase in numbers of SEN support plans was in the age 5-10, an increase of 181 in 2022/23 and a further 206 in 2023/24. This age group represents 56% of all SEN support (55% in 2023/24)^{2**}. Those children and young people aged 5-10, 11-15 and 16-19 consistently account for 95% of SEN support in Cheshire East^{2**}.
- 2023/24 figures show that in an average class size of 30 across Cheshire East, one pupil will have an Education Health and Care Plan (EHCP), with a further three pupils having a SEN support plan without an EHCP^{3***}.
- As well as those children and young people already receiving support, the latest figures (2023/24) suggest that around 1,600 pupils across Cheshire East may not be receiving the support they need to reach their potential either through an EHCP or through SEN support^{3***}.

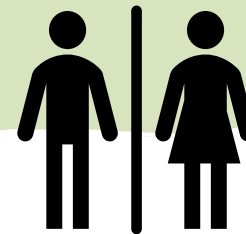


1. 2022/23 Academic year and all settings (including independent and general hospital schools) .The data source should be [Special educational needs in England, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk) table sen phase_type accessed on the 05/06/24 * this includes independent and general hospital schools

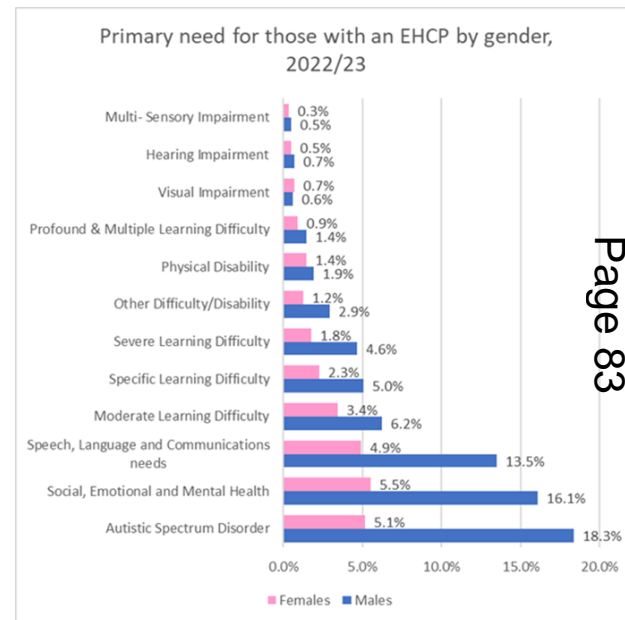
2. Special educational needs in England [Special educational needs in England, Academic year – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk) [Accessed 30/07/24] ** this excludes independent schools

3. [Special educational needs in England, Academic year 2023/24 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk) *** this excludes independent and general hospital schools.

There are significant differences in SEND between genders



- In Cheshire East the gender ratio for pupils with SEND has changed little over time: with two males for every one female with an Education, Health and Care Plan (EHCP); and one and a half times more males than females with SEN support^{1,2}.
- This matches the national picture but is very different to the ratio for all pupils which is approximately 50/50. Some of the age differential reflects the gender specific prevalence rates of some of the specific needs, with boys more prevalent than girls in all EHCP need domains, other than 'other difficulty' and 'visual impairment'^{1,2}.
- In Cheshire East the gender ratio is even higher for autism, with a quarter of boys with an EHCP having Autistic Spectrum Disorder as their primary need. This may reflect the fact that it is still harder to diagnose in females. More detail of this gender difference is given in the Autism JSNA. The highest proportion of primary support reasons in girls was for social, emotional and mental health^{1,2}.



1. Department for Education. Education, health and care plans [Education, health and care plans](https://explore-education-statistics.service.gov.uk). Reporting year 2024 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk) [Accessed 30/07/24]
2. Department for Education. Special educational needs in England, Academic year. Available from: [Special educational needs in England](https://explore-education-statistics.service.gov.uk), Academic year 2023/24 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk) [Accessed 30/07/24]

There are significant differences in SEND by sexuality



Locally, we do not have any data to understand the needs of our children and young people with SEND who identify as LGBTQ+. However, information that is available nationally highlights the following:

- People with SEND can identify as LGBTQ¹. Sex education resources should be designed with this in mind, rather than assuming that all people with SEND are heterosexual².
- There is evidence to suggest that LGBTQ people with a learning disability face 'double discrimination' because of their sexuality or gender³. As a result of this some LGBTQ people with a learning disability may hide their sexuality to avoid discrimination^{4,5}.
- The Census 2021 showed that a higher percentage of disabled people aged 16+ in England identified as LGB+ (6.4%) compared to non-disabled people (2.6%) ^{*6}. This difference is driven in part by a higher proportion of young disabled people, aged 16 to 24, identifying as LGB+ and a higher proportion of females identifying as LGB+⁶.
- It has been highlighted by the National Autistic Society that some evidence suggests that there may be a link between gender dysphoria and autism. However, some research suggests this link is not clear⁷.

1. Learning Disability Sex and Relationships Research | Mencap (01/12/23)

2. Taken from Learning Disability Sex and Relationships Research | Mencap accessed (24/06/24) Wilson et al. (2016). A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning. Journal of Intellectual Disabilities, 22(2), 171-196. Taken from Learning Disability Sex and Relationships Research | Mencap accessed (01/12/23)

3. Snell, J. (2018). Ending bigotry faced by LGBT people with learning disabilities. Learning Disability Practice 21(1), 8-11

4. Miller, R., Wynn, R., & Webb, K. (2019). "This really interesting juggling act": How university students manage disability/queer identity disclosure and visibility. Journal of Diversity in Higher Education, 12(4), 307-318.

5. Bates, C. (2020). "It's Nothing to be Ashamed of, I'm Like, I'm Bisexual and I Love Women, I Like Men" - Being a Bisexual Person with an Intellectual Disability. Journal of Bisexuality, 20(4), 493-513.

6. Protected Characteristics by disability status England and Wales: Census 2021 Protected characteristics by disability status, England and Wales: Census 2021 - Office for National Statistics (ons.gov.uk) (accessed 24/05/24) Census 2021 from the Office for National Statistics

7. Autism and gender identity (accessed 01/12/23). Taken from Sexuality- research and statistics - <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/sexuality-research-and-statistics> accessed (24/05/24)

We see a higher proportion of free school meal eligibility in our children with SEND compared to our children without SEND¹



- In 2022/23 academic year, the proportion of school aged pupils in Cheshire East eligible for free school meals with either an Education, Health and Care Plan (EHCP) (32%) or SEN support (30%) was more than double that of pupils with no SEND (13%).
- In 2023/24 academic year, the proportions had increased slightly to 33% with an EHCP and 31% with SEN support, those with no SEND remained at 13%.
- This pattern is mirrored in the national data. The proportions in Cheshire East are lower than the national averages. Across England as a whole, 42.2% of pupils with an EHCP and 38.3% of pupils with SEN support were eligible for free school meals in 2024. This compares to 21.4% of all pupils in schools without SEN.
- This analysis suggests that SEND is more prevalent in low-income households.

There are higher rates of exclusions and suspensions in our children with Special Educational Needs and Disabilities

Nationally we know that¹:

- Pupils with Education, Health and Care plans (EHCPs) are five times more likely to be excluded
- Exclusion rates for students with undiagnosed SEND are likely to be much higher
- Students with autism are the largest SEND group to be excluded
- The reason for the exclusion could be unmet SEND need, either insufficient support within the mainstream setting or well supported by the mainstream school but requires a more specialist school place or alternative provision better matched to their needs.

Locally we know that in Cheshire East, as at 2022/23:

- There was a higher rate of permanent exclusions for pupils with SEND in secondary schools (7.6 per 1,000) compared to those without SEND. This rate is higher than the national rate of SEND pupils in secondary schools (6.6 per 1,000). This higher exclusion rate was driven by pupils with a SEN support plan².
- There were no exclusions for pupils with autism in Cheshire East³.
- There were higher rates of suspensions for pupils with SEND in both primary and secondary schools, compared with pupils with no SEND².
- All suspension rates were lower than their national equivalent².

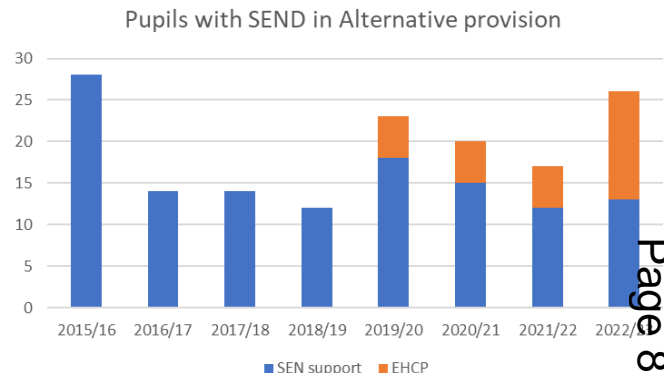
1. National Education Union (NEU), SEND children and exclusion published 28/04/23 [accessed 12/08/24] [SEND children and exclusion | National Education Union \(neu.org.uk\)](https://www.neu.org.uk/what-we-do/SEND-children-and-exclusion)
2. Suspensions and permanent exclusions in England Academic year 2022/23 published 18 July 2024 [accessed 09/08/24] [Suspensions and permanent exclusions in England, Academic year 2022/23 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk/explore-education-statistics/2022-23/suspensions-and-permanent-exclusions)
3. Received via email (Team Manager, Children and Families, Autism Team 30/11/23)

Early analysis suggested that a significant proportion of our children and young people with SEND are open to early help or children's social care than those without SEND.

- During January 2024-April 2024, approximately 1 in 7 (14%) of children and young adults (18 and under) with an EHCP were open to either Children's Social Care, or Early Help¹
- Further information is needed to capture this data over a longer time period. This longer term analysis should also include young people (18-25 years) open to adult social care.

Alternative provision has increased since 2016/17

- Alternative provision (AP) is supposed to offer a short-term, time limited education provision for children struggling with attendance, whether due to sickness or exclusion¹.
- Within the AP sector there are a variety of types of providers catering for pupils with diverse needs, abilities and reasons for being in AP, including pupil referral units, alternative provision academies and free schools¹.
- A child in AP should not be disadvantaged².** They should receive the same amount of education and achieve good academic attainment on par with mainstream schools and be reintegrated back into mainstream with appropriate support².
- Nationally, there are some groups of pupils who are more likely to attend AP than others: those with special educational needs (80% compared to 15% of all school age pupils), and those eligible for Free School Meals (40% compared to 14% in the state sector)³.
- During 2022/23, there were 26 Cheshire East pupils with SEND attending AP. Of these, half had an Education, Health and Care Plan. This was a large increase compared to previous years. In 2023/24 this had reduced by one⁴.
- Nationally, there were concerns that alternative provision was being used to supplement SEND systems (82% of children and young people in state-place funded alternative provision had identified special educational needs^{2,4}).



- DfE, Alternative Provision Statutory guidance for local authorities, January 2013 [Additional health needs guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) (accessed 11/06/24)
- HM Government, Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan Right Support, Right Place, Right Time, March 2023 [Special Educational Needs and Disabilities \(SEND\) and Alternative Provision \(AP\) Improvement Plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- House of Commons Research Briefing Alternative Provision Education in England Published Tuesday, 12 March, 2019 [Alternative Provision Education in England - House of Commons Library \(parliament.uk\)](https://parliament.uk)
- Department for Education. Special educational needs in England, Academic year. Available from: [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk) [Accessed 30/07/24]

Unmet SEND and neurodiversity needs have been highlighted as significant issues in young people engaged with the Cheshire Youth Justice Service

- Cheshire Youth Justice Services (YJS) undertook a comprehensive health needs assessment (HNA) on children and young people aged 10-17 years, which was published in March 2023. This highlighted significant unmet health needs in relation to the following three main areas: mental health, neurodiversity and SEND; and substance use.
- Information provided by the parents, young people and stakeholders suggests that a high proportion of young people had co-morbidities, meaning that young people had multiple, complex needs and many of these health needs were interlinked and co-existing for many of them. This included, for example, young people who were neurodiverse, who were also struggling with their social skills, experiencing poor mental health, and had disengaged from school.
- No single risk factor leads to offending behaviour. However, exposure to several risks increases risk of delinquent behaviour and YJS involvement. Neurodiversity is an example whereby risk factors may cluster, and lead to greater cumulative effect.
 - Engagement in education or training was key, 35.6% of statutory cases were not in any form of education, employment, or training (NEET), and 21.2% in alternative education provision (such as a Pupil Referral Unit).
- 63.4% of young people had some form of special educational need and disability (SEND). Overall, 63.7% had some type of speech and language needs and 12.5% of young people had a traumatic brain injury. 42.2% of young people had a formal diagnosis of a neurodivergent condition, while a further 15.6% were awaiting diagnosis or referral.
- Studies suggested that aspects of the system including custody can be more traumatic and damaging for those who are neurodiverse.

Mental wellbeing is a vital consideration in our children and young people with SEND

- Significant proportions of children presenting to our Emotionally Healthy Children and Young People support have SEND or a pending diagnosis relating to SEND^{1,2,3}.
- The rates of hospital admission for self harm in children and young people aged 10-24 years in Cheshire East have been significantly higher than the England average for many years⁴. From local data, children and young people with SEND appear to be at higher risk of presenting to hospitals with self-harm⁵.
- Many of the issues experienced by children and young people with SEND such as struggling with social skills and disengaging from school, can lead to poor mental health. In some instances, this interlinking of risk factors can be associated with further disengagement, delinquent behaviour and involvement with the Youth Justice System⁶.
- Children and young people's mental health services (formerly CAMHS) staff are trained to provide inclusive care and reasonable adjustments. For example, use of the Greenlight Toolkit work, Skills for Me work, which supports people with autism⁷.
- There are also specific mental health services to support children and young people with confirmed learning disability (IQ<70). However, there is an acknowledged gap in support for children and young people with less severe learning difficulties who also have a diagnosis of autism⁷.
- The Dynamic Support Register and Database has been developed to more comprehensively support children and young people aged 5-25 years with a formal diagnosis of autism and learning disability at risk of acute mental health admission or at risk of placement breakdown leading to admission or 52-week placement. There have been some positive case studies reported using this approach^{8,9}.

1. Email correspondence - Head of Therapeutic Services at Visyon (18/10/23) & 09/11/23)
2. Email correspondence - South Cheshire CLASP (18/10/23) & 08/11/23)
3. Email correspondence - Chief Officer at JDI (09/11/23)
4. Office for Health Improvement & Disparities. Public Health Profiles. [27.03.25] <https://fingertips.phe.org.uk> © Crown copyright [2025]
5. Mid Cheshire data source: Email correspondence Designated Nurse Safeguarding Children @Cheshire East place and Cheshire West and Chester place.*MCHFT Safeguarding Children Team generate this information through monthly data collection and analysis, which is then shared through email correspondence with the Designated Nurse Safeguarding Children @Cheshire East place and Cheshire West and Chester place.
6. McCoy, E et al, Public Health Institute (PHI), Liverpool John Moores University (LJMU), Cheshire Youth Justice Services Health Needs Assessment – Executive Summary Report March 2023 [2023-07-cheshire-youth-justice-services-health-needs-assessment-executive-summary-report.pdf](https://www.ljmu.ac.uk/~cheshire-youth-justice-services-health-needs-assessment-executive-summary-report.pdf) (ljmu.ac.uk)
7. E-correspondence- Associate Director LD, NDD & ABI & East Cheshire, Cheshire and Wirral Partnership NHS Foundation Trust (16/05/24)
8. E-correspondence- Dynamic Support Facilitator Team Manager, Cheshire and Merseyside ICB (08/04/24)
9. E-correspondence- Safeguarding Administrator.ICB: Cheshire East Place & Covering Cheshire West Place sent on behalf of Project Support Officer - Mental Health & Neurodiversity (Cheshire East) (14/02/24)

What is mental wellbeing?

- The World Health Organization describes wellbeing in the following way:

“Wellbeing encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose”^[1]

- Important steps to optimising and maintaining good wellbeing include^[2]:
 - **Connecting with others**
 - **Being active**
 - **Reminding yourself to take notice**
 - **Learning new things**
 - **Being kind or helpful to others**

[1] *Promoting well-being* (no date) World Health Organization. Available at: <https://www.who.int/activities/promoting-well-being> (Accessed: 25 November 2024).

[2] NHS (2022) Five steps to mental wellbeing. Available from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/> (Accessed 6 February 2025).

There is varied NHS provision of support and advice for SEND across Cheshire East



- Parents report waiting times remain an issue throughout Cheshire East¹.
- There is a recognition that thresholds for being accepted into services vary across Cheshire East².
- Varied metrics are used for monitoring NHS SEND support across the Cheshire East footprint, which makes comparison between areas challenging².
- There are marked differences in provision structure between north and south³
 - There is no community paediatric service in the north of Cheshire East³.
 - There are varied waiting times for assessment with longer waits on average in the north than the south, except for Speech and Language Therapy, which is more even³. As at May 2024 waiting times for assessment in the North for both Autism (4-18 years) and for Attention Deficit Hyperactivity Disorder (ADHD) (6-16 years) via Cheshire and Wirral Partnership NHS Foundation Trust were over a year and a half⁴.
- There is only one organisation that assesses young people for Autistic Spectrum Condition between the ages of 18 years and 25 years. This service is available to young people from 16 years of age³.
- There is currently global disruption to supplies of ADHD medication⁵.
- Nationally, people with profound and multiple learning disabilities (PMLD) report challenges in getting the right healthcare in hospital such as⁶:
 - Prevalence of higher health complications
 - Poor recognition of pain
 - Poor partnership working between healthcare professionals and family/support staff. This was also reflected by the experiences of a local family⁷.
 - Negative assumptions about quality of life.

1. "Mad, Sad, Glad" Cheshire East Parent Carer Forum Survey (2022) Include sent from Co-Chair, Cheshire East Parent Carer Forum (01/03/23)
2. E-correspondence Consultant Child Psychiatrist Cheshire and Wirral Partnership NHS Foundation Trust (16/02/24)
3. Cheshire and Merseyside Integrated Care Board. Cheshire East Health SEND Scorecard Quarter 4 2023/4 Final Analysis
4. Cheshire and Wirral Partnership NHS Foundation Trust. My Mind. Waiting times-neurodevelopmental services. Available from <https://www.mymind.org.uk/services-and-contacts/waiting-times/waiting-times-neurodevelopmental> (Accessed 10/06/24).
5. Royal College of Psychiatrists (2023) Updated information regarding the shortage of ADHD medication. 19 October 2023 updated 12 December 2023. Available from: <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2023/12/12/updated-information-regarding-the-shortage-of-adhd-medication> (Accessed 13 December 2023)
6. Taken from mencap.org.uk/sites/default/files/2019-05/PMLD_brochure_FINAL.pdf (accessed 24/04/24)
7. Information from a conversation from 2 May 2024 between Consultant Lead for Health Intelligence at Cheshire East Council and G's mother. The purpose of the conversation was explained and consent provided.

Across Cheshire East, what is the need for identification of children and young people (based on a shared understanding of needs and risks) and how do we support them during this process in an integrated way?



Generally, Cheshire East performs well in relation to uptake of universal screening during the early years of life. However, nationally the COVID-19 pandemic has had a negative impact on development for some children and young people.



The first 5 years, and particularly the first 1001 days of a child's life provide the foundation of their onwards development both in terms of their education progress and to optimise their emotional and mental wellbeing^{1,2}. There are multiple routine opportunities to identify potential development challenges during the early years of life through contacts with midwives, paediatricians, health visitors and GPs.

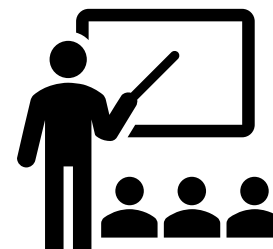
- Cheshire East is similar or better than the national average in relation to coverage of neonatal, hearing tests, blood spot screening, 6-8 week, 12 month and 2-2.5 year reviews^{3,4,5,6,7,8}. During 2022/23, Cheshire East saw a reduction in the number of infants receiving a 6-8 week review from the preceding year (79.4% compared to 91.1% in 2021/22)³.
- In addition, significantly higher proportions of children aged 2-2.5 years achieved a good level of development compared to the England average (85.6% compared to 79.2%) across all domains⁹.
- Of children that were identified as not having achieved their developmental milestones at 2.5 years, the majority were referred to other services (82%). 27% of children received a brief intervention, for example, to support toileting or behaviour¹⁰.
- Portage is a home-visiting educational service for pre-school children with more complex SEND and their families, which aims to: help families to experience and develop a quality of life for themselves and for their children; minimise the disabling barriers that are presented to young children and their families; and support both the national and local development of inclusive services for children¹¹.

There is a national body of evidence that highlights that the COVID-19 pandemic has had a negative impact on development for some children and young people^{12,13,14}.

- Fitzgerald E et al, Maternal influences on fetal brain development: The role of nutrition, infection and stress, and the potential for intergenerational consequences Early Hum Dev. 2020 Nov; 150: 105190. Published online 2020 Sep 10. doi: 10.1016/j.earlhumdev.2020.105190
- taken from Precious foundations: The first 5 years of a child's life 30th November 2020 accessed from Precious foundations: The first 5 years of a child's life | Blogs | Anna Freud Centre on 17.08.23
- NHS population screening programmes: KPI reports - GOV.UK (www.gov.uk) (accessed 21/09/2023)
- Newborn blood spot test - NHS (www.nhs.uk) (accessed 18/12/2023)
- NHS population screening programmes: KPI reports - GOV.UK (www.gov.uk) (accessed 21/09/2023)
- Newborn blood spot screening: data collection and performance analysis reports - GOV.UK (www.gov.uk) (accessed 20/12/2023)
- Newborn physical examination - NHS (www.nhs.uk) (accessed 18/12/2023)
- OHID using interim reporting of health visiting metrics: <https://www.gov.uk/government/collections/child-and-maternal-health-statistics#health-visitor-service-delivery-metrics>. Office for Health Improvement & Disparities. Public Health Profiles. [05/04/24] <https://fingertips.phe.org.uk> © Crown copyright [2024]
- Office for Health Improvement & Disparities. Public Health Profiles. [05/04/23] <https://fingertips.phe.org.uk> © Crown copyright [2024]
- Received by email (0-19+ Service Lead, 28/11/23)
- Information taken from Portage (cheshireeast.gov.uk) (accessed 26/03/24)
- Education recovery in early years providers: spring 2022 - GOV.UK (www.gov.uk)
- La Valle I., Lewis J., Crawford C., Paull G., Lloyd E., Ott E., Mann G., Drayton E., Cattoretti G., Hall A., & Willis E. (2022). Implications of COVID for Early Childhood Education and Care in England. Centre for Evidence and Implementation Early-Years-Impact-Brief.pdf (suttontrust.com)
- Emerging Evidence: Coronavirus and children and young people's mental health – Anna Freud centre

Significant inequalities exist in Cheshire East by the time pupils reach year 1

- During 2022/23 69% of children across Cheshire East achieved a good level of development at the end of Reception year¹.
- However, rates of achieving a good level of development in our children and young people eligible for free school meals is significantly lower than the England average. According to 2022 data, Crewe sees the lowest percentage of pupils achieving a good level of development².
- Inequalities also exist in areas considered to be less deprived. The gap in achieving a good level of development between those eligible and not eligible for free school meals is highest in Nantwich (43.3%) and Poynton (33.1%)².



The emerging evaluation findings from early intervention work appear positive

Ensuring early support for all, with greater intensity of support to those who need it most is vital to reducing inequalities across Cheshire East¹. There are a variety of services and new trial services to support our children and young people with SEND earlier.

- In 2022, 3 out of 10 of those eligible did not take up the offer of **free early years education** for 2 year olds, which is available to children with greater need^{2,3}. From April 2024, there has been new statutory guidance from the Department for Education for early education and childcare. As of September 2025, eligible working parents who have a child 9 months or older will be entitled to 30 hours free childcare over 38 weeks of the year⁴. It will remain important to ensure that those more vulnerable and at greatest need take up this extended offer.
- A **pre-school course offer for parents commenced in June 2023 and is offered by the 0-19 specialist SEND health practitioners**. The aim of the courses is to support parents under the health visiting service whilst they are waiting to see a paediatrician and to support with emerging concerns around their child's development⁵.
- There have been positive early results from the **Cheshire East Autism Team, Cheshire East Chatters, the North East Cheshire Waiting List project and the Speech and Language Therapy pilot** that suggest good outcomes by intervening earlier with children and young people or by supporting the professionals that work with them⁶⁻¹¹. However, it is currently very difficult to track how our children progress between their health visitor assessments and those undertaken at the end of reception to check for "school readiness" to be able to robustly understand the impact of this provision.
- There is a drive towards implementing the Parent Infant and Early Years Relationship (PIERS) Service Model. The PIERS service model aims to support children aged 5 years and under and their parents to develop healthy and secure relationships¹².

1. Marmot et al (2020). Health Equity in England: The Marmot Review 10 Years On. Available from: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> (Accessed 20 November 2023).
2. Email correspondence (Intelligence Manager, 11/10/22) Taken from Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)
3. Taken from Early education and childcare (applies from 1 April 2024) - GOV.UK (www.gov.uk) (accessed 06/02/24)
4. Taken from Free childcare: How we are tackling the cost of childcare - The Education Hub (blog.gov.uk) (accessed 06/02/24)
5. Email correspondence and verbal conversation (SEND 0-19 Health Practitioner on 18.12.23 & 08.01.24)
6. Cheshire East Council. Live Well Cheshire East. Communication and Language. Available from: <https://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/early-years-and-childcare/info-for-providers/eyc-practice-information/communication-and-language.aspx> (Accessed 3 August 2023).
7. E-correspondence from Specialist Speech & Language Therapist, Cheshire East Chatters, Mid Cheshire Hospitals NHS Foundation Trust. 18 July 2023.
8. Cheshire East Autism Team (CEAT) Impact Report – June 2023
9. Received by email (Clinical Lead – CYP Neurodevelopmental Services & Learning Disabilities, 11.01.24)
10. Slide received by email from Inclusion Quality SENCO, Cheshire East Council (24/01/24)
11. E-correspondence Paediatric Speech and Language Therapy Team Manager- East Cheshire NHS Trust (17/06/24)
12. Received by email from Senior Project Manager – Mental Health & Neurodiversity on 11/08/23

What are the needs of parents and families and what are the barriers to help?

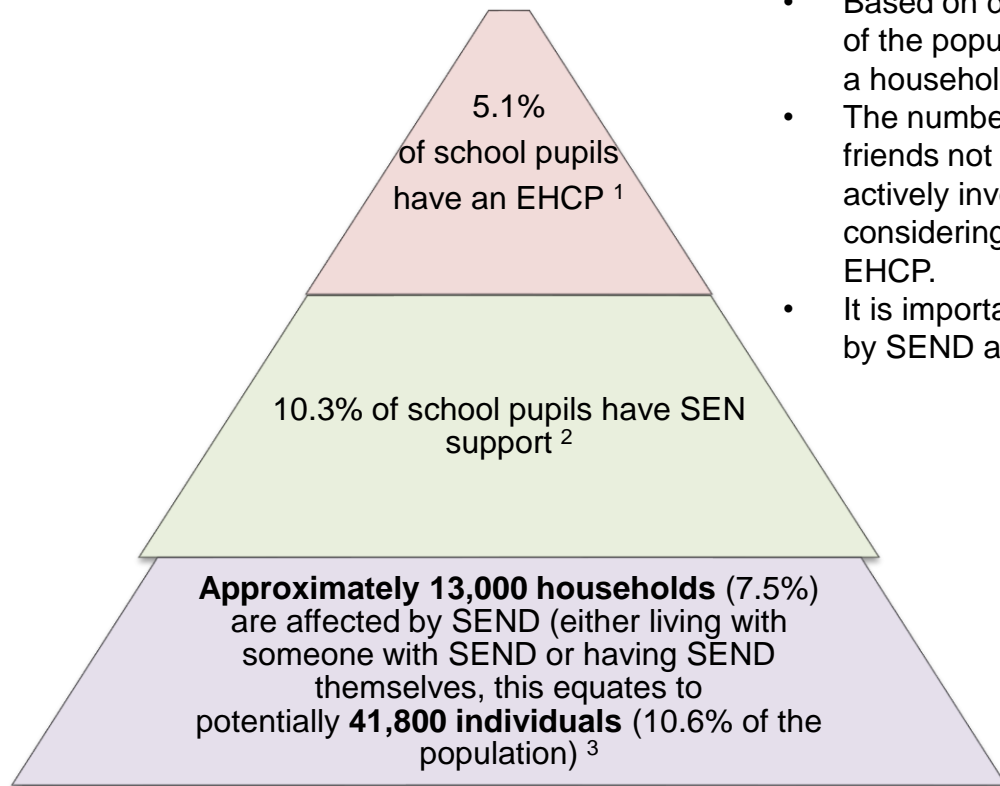


and

What is needed to work in a way that empowers our children and families?



SEND has impacts and implications for a significant proportion of the Cheshire East population including our children and young people and those whom they live with



- SEND issues are not just relevant to a small number of our residents.
- Based on data from 2023/24 an estimated 41,800 individuals (10.6% of the population) could be affected by SEND either in themselves or a household member across Cheshire East³
- The number would be even greater when considering close family and friends not living with children and young people with SEND but actively involved in supporting them. The number is greater still when considering children no longer in school and aged up to 25 with an EHCP.
- It is important to understand the experiences of our children affected by SEND and also those of their families.

Calculation methodology

1. Number of pupils in state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools with an Education, Health and Care Plan (EHCP) 2023/24. The number does not include independent schools.
2. Number of pupils in state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools with a SEN support plan. The number does not include independent schools.
3. Calculated from Census 2021 household composition tables, excludes households without children and those within a communal establishment. Assumptions - only one child in the household has an EHCP or SEN support.

Feedback from our children and young people:

Our children and young people with SEND responding to the SEND Partnership Survey were generally positive about the support they receive making a difference and being listened to, but they highlighted that the support could be more holistic in terms of health care and support with social activities¹

- 92% of children and young people respondents said that the extra help which their Education, Health and Care Plan (EHCP) gives them makes it 'much easier' or 'a little easier'.
- A high percentage of young people report that their EHCP is having a positive impact on their progress at school with 83% of respondents doing at least 'a little better' and the majority of respondents (59%) "doing a lot better"
- However, lower proportions felt their plans were sufficiently holistic
 - 62% of young person survey respondents felt that everyone who needed to be was involved within the meeting.
 - 39% of respondents said that they always get the right help and support from healthcare services and a further 26% said that they get the right help sometimes. They were also asked what could we change to make sure their support is right for them. Some of the responses included "more social local activities/clubs/holiday/ out of school events" (6 comments) and "schools to listen to children and parents" (3 comments)



Feedback from young people with SEND in our JIGSAW groups highlighted many joys but also worries^{1,2,3}

What do we like about life?

- Football
- Social media: funny videos; a world to connect to; stop isolation
- Being with family and friends, youth groups, Cheshire East Youth Council and Jigsaw SEND Youth forum
- Healthy living
- Holidays
- Education-learning new things/skills
- Art-painting for mindfulness and mental health and rug making
- Singing, music and dancing
- Gyms open 24 hours a day
- Like staff at college
- Animals/pets
- YouTube
- Video games
- Watching musicals
- Food and cooking
- Listening to audio books
- Utopia
- Films
- Shopping
- Architecture



What don't we like/worries us?

- Social media-bullying, harassment
- Not enough shops
- Cost of living/ paying bills
- My football team going down a league
- Not enough nature
- Discrimination-race, sexuality etc.
- Poor mental health services
- Finding jobs and not getting jobs-frustrating
- Long waiting lists to get NHS support
- Difficulties speaking to a GP straight away
- Things being uncertain
- War
- Thinking extensively
- College/school
- Home
- The future and having security
- Covid coming back and having to go into another lock down – becoming isolated from friends and family
- Losing friends
- Losing family members



1. Cheshire East Council. Jigsaw for young people with additional needs. Available from: [Jigsaw for young people with additional needs | CheshireEast MarketPlace](#) (Accessed 3 October 2024)

2. Discussion with young people at the Jigsaw Group, aged 19-24 in Crewe. 16 November 2023

3. Discussion with young people at Jigsaw Group in Macclesfield feedback received by email (Participation worker 26/03/24)

Feedback from young people with SEND in our JIGSAW group highlight some things they look forward to in the future, but also some worries about the future^{1,2,3}

What do we want to do in the future?

- Holding down a job/ getting a good job
- Having my own house/flat if I feel ready
- Travel- seeing the world
- Being an uncle
- Families of our own- husbands, wives, kids
- Being happier than I am now
- Becoming a youth worker
- Becoming a voice actor
- Being happier with my inner conflicts
- Being a judge on a talent show
- Being famous
- Being my own boss- running my own company
- Getting married
- Living on my own
- Working in a nursery
- Being independent
- Going out socially- pubs etc
- Learning to drive



What are we worried about in the future?

- Not being able to get the right mental health support/ not enough mental health support
- Not having support when I turn 25 years old
- Cost of living-buying a house/ not being able to buy a house
- Living alone and moving out of family support-would I have the right support
- We need more preparing for adulthood days
- Getting old-can't walk properly, becoming ill/injured
- What will happen to the NHS if it continues to be underfunded
- People I am close with leaving my life
- That I won't be able to stay in a good mental place
- Having financial problems
- What if someone in my family gets ill
- Not having the right support
- Not being able to find a job
- Change
- Being bullied
- Losing friends/family members to death
- My mental health not getting better



1. Cheshire East Council. Jigsaw for young people with additional needs. Available from: Jigsaw for young people with additional needs | CheshireEast MarketPlace (Accessed 3 October 2024)

2. Discussion with young people at the Jigsaw Group, aged 19-24 in Crewe. 16 November 2023

3. Discussion with young people at Jigsaw Group in Macclesfield feedback received by email (Participation worker 26/03/24)

Locally, our parent carers report a wide variety of challenges in supporting their children and young people with SEND

Some parent carers report that experiences include:

- Feeling emotional, lonely / isolated, stressed and permanently in state of 'fight or flight', frustrated, scared, exhausted, desperate or grieving¹
- Dealing with their own additional needs¹
- Spinning too many plates and being a nurse, parent, psychiatrist, advocate-having many roles, no training¹
- Settings not having reviewed the graduated approach or communicating regarding the graduated approach².
- Challenges in ensuring the curriculum is sufficiently adapted for their child's needs and to support with sensory issues³
- Positive impact of new EHCPs once in place, with a low response suggesting that the EHCP does not meet the needs of the child/young person/pupil, but frustrations were expressed around the time it takes to get and issues and uncertainty about the process and information available to them at this time⁴
- A need for more provision or clarity of provision stated within the EHCP. However, a recent survey highlighted that 65% of parent carers responding felt EHCP provision would improve outcomes or progress⁴
- Challenges getting the right help and support to prepare them for their next steps⁴
- Challenges getting the right help and support from healthcare services⁴
- Challenges getting the right help and support to join clubs, activities, to go on holiday or to make friends⁴.

1. © 2020 Ruby's Fund and CEPF. Received by email correspondence Programme Lead – Mental Health and Neurodiversity. Cheshire East Place (11/07/23)

2. 1. e-correspondence from Education Project Manager, 27 April 2023

3. "Mad, Sad, Glad" Cheshire East Parent Carer Forum Survey (2022) Include sent from Co-Chair, Cheshire East Parent Carer Forum (01/03/23)

4. A summary of responses to Cheshire East Councils SEND Partnership Surveys (2023) and Email correspondence Business Development Manager Cheshire East Council (30/07/24)

Nationally, additional challenges in supporting children and young people with SEND have been highlighted

According to national surveys parent carers report the following:

- According to a Mencap survey in 2017, 34% of parents of a child with a learning disability are in a 'distressed relationship'. This is compared to 26% of other parents¹.
- Concerns that their child's therapy, mental health or communication needs were not being met within school².
- A negative impact on their own mental health, their ability to work and their financial circumstances¹.
- Although more recent data was not identified, it is important to recognise that these challenges may be present for our local families also.

1. Relate and Mencap 2017 'The state of the UK's relationships

2. The Disabled Children's Partnership, Failed and Forgotten: Research by the Learning Hub at the Disabled Children's Partnership, available from: Failed-and-Forgotten-DCP-report-2023.pdf (disabledchildrenspartnership.org.uk), accessed: August 2023.

Parent carers also report the wide variety of strengths and assets that they bring to supporting their children and young people with SEND¹

Parent carers can be:

- Knowledgeable
- Aspirational
- Inspirational
- Resourceful
- A great coproduction partner
- Hard working
- Ambitious
- Expert in their child and their individual needs, abilities and aspirations
- Inventive and full of ideas
- Able to help make your job easier
- Doing a brilliant job of managing a difficult situation¹

What are the communication needs for identifying and supporting children with developmental challenges and SEND from different perspectives?

There is need for proactive and timely communication and information sharing across all stakeholders including all children and young people and parents/carers.

- Local survey results suggest that more young people need to be made aware of the youth forum and the local offer¹
- Parents report needing²:
 - Proactive communication and more timely support
 - Key workers to be accessible
 - Clarity of processes
 - Communication about support with mental health
 - Support and advice from local authority services
 - Support navigating the SEND system
 - Recommendations regarding educational settings
 - Improved routes to reach relevant teams¹
 - More up to date information on the Local Offer website with improved ability to navigate it¹
- Also, cross-setting awareness and communication were two of the greatest barriers to support cited by practitioners. This confirms information sharing as a significant lever by which to improve transition support in Cheshire East⁴. Embedding the TOGETHER Principles, and improved information sharing and communication would further support transition¹. Nearly two in five educational settings responded in a recent survey that it was difficult to contact relevant teams or services. However, 74% had used the local offer website¹.
- Nationally, parent carers have highlighted the importance of them and their child or young person being listened to and being provided with evidence that they have been listened to, and that their concerns have been acted upon³.



1. A summary of responses to Cheshire East Councils SEND Partnership Surveys (2023) and Email correspondence Business Development Manager Cheshire East Council (30/07/24)
2. "Mad, Sad, Glad" Cheshire East Parent Carer Forum Survey (2022) Include sent from Co-Chair, Cheshire East Parent Carer Forum (01/03/23)
3. Independent analysis of the consultation responses to the SEND review: right support, right place, right time (publishing.service.gov.uk) (accessed 06/11/23)
4. e-correspondence from Education Project Manager, 27 April 2023

What communication approaches can professionals use to support families?¹

A local charitable organisation and the Cheshire East Parent Care Forum highlighted the importance of communications that were person-centred and helped families to navigate the system.

Navigating the system

- Co-production
- Manage expectations
- Explain timescales and keep promises on them (even if it's an update to say there's a delay)
- Be aware of SEND laws and policies / processes
- Outline who does what
- Inform about the process and what will happen
- Understand that this is your normal day to day, but for parents it's baffling

Person centred approach

- Use active listening and open questions
- Don't assume or have preconceptions (beware unconscious bias)
- Don't patronise
- Don't call us 'mum' or 'dad' –please use our name
- Involve parents, children and young people in decisions
- Try to put yourself in their shoes
- Recognise the parent as an equal in the process –as the expert on their child
- Every child and family are different

It is important to continue to consider opportunities to further widen reach of parent support and advice services

The parent carer forum is an important source of parent support and has a wide reach

- The aim of the Cheshire East Parent Carer Forum is “to make sure the services in Cheshire East meet the needs of disabled children / young people and their families”¹.
- Analysis demonstrated that its Facebook page reached 27,000 people over a three month period (January to July 2023) and 45,000 in the preceding 12 months²
- As of July 2023, over 3000 parent carers were part of the private parent/carers only Facebook group²

In addition, Cheshire East Information Advice and Support (CEIAS) is a statutory service which operates separately from the local authority and the ICB. CEIAS offers free impartial, confidential, and accurate information, advice and support about education, health and social care. Children, young people and their parents/carers can access this service for matters relating to special educational needs and disability. Feedback from service users has been positive (based on 2022/23 data)³. Annual numbers of enquiries via this service are relatively low compared to the numbers of families experiencing SEND.

A wide range of local and national charities and organisations provide support to parents and families with children with SEND as captured in the local offer for SEND. Examples of local support include the SEND family hub, Ruby's fund and Space4Autism. Visyon and Just Drop In provide support in relation to mental and emotional wellbeing^{4,5,6,7}.

The online “Toolkit for Inclusion” also provides a wide range of information. Some consultation feedback regarding this resource has highlighted the potential need for a more “user-friendly” version for parents⁸.

1. Cheshire East Parent Carer Forum. Available from: <https://cepcf.org/> (Accessed 05.07.23)
2. Email correspondence with Cheshire East Parent Carer Forum (05.07.23)
3. Cheshire East Information, Advice and Support (CEIAS) Team 1st August 2022 - July 31st, 2023 Annual Report received by email from Cheshire East Information Advice and Support (CEIAS) Team (14.01.25)
4. Cheshire East Council. Family Hubs (cheshireeast.gov.uk) (Accessed 03/05/24)
5. Received by email from Business Development Manager - Strong Start, Education and Integration (07/02/24)
6. Received by email from Project Support Officer - Mental Health & Neurodiversity (Cheshire East) (20.11.23)
7. Local Offer for SEND available from www.cheshireeast.gov.uk/localoffer
8. The Inclusion Quality Team, Cheshire East Council 11/01/24



What are the workforce challenges across education, health and care?



Educational settings report ongoing challenges with recruitment, lack of appropriate physical space, and understanding and implementing the graduated approach, obtaining support from healthcare and ensuring all children make good progress

The **Delivering Better Value Programme engagement work (2022/23)** with educational settings highlighted that¹:

- Significant proportions of staff members reported that not all their colleagues were confident in discussing the graduated approach with parents/carers or had received training on the graduated approach¹.
- 80% of Early Years Leaders cited difficulty recruiting personnel as a key barrier. This represents a significant opportunity to improve the provision of graduated approaches¹.
- Lack of appropriate physical space to support children with SEND was also highlighted as an issue¹.

Responses to the **SEND Partnership Survey** from educational settings between July and August 2023 and November and December 2023² highlighted that:

- Around half of staff were not confident with the graduated approach however, most did feel confident about SEND reforms.
- 78% of educational settings respondents agreed that the Education, Health and Care Plans (EHCPs) either completely or mostly reflect the child/young person's needs with only 3% that saying the plans do not reflect their needs at all.
- Where improvement was needed, the most frequent response was "plans need greater clarification on how needs can be met, more guidelines and summary of how to best support".
- 65% of educational settings said that all or most children were making progress towards their expected outcomes. 28% said that some children were making progress towards their outcomes. Where children were not making progress, varied reasons for this were highlighted for example, the educational settings said there was not an appropriate setting/ cannot support complex needs.
- 35% agreed that they get the right help and support from healthcare services and 39% disagreed.

1. E-correspondence from Education Project Manager, 27 April 2023

2. A summary of responses to Cheshire East Councils SEND Partnership Surveys (2023) and Email correspondence Business Development Manager Cheshire East Council (30/07/24)

Healthcare staff report challenges with capacity (recruitment, training and retention) and the ability to contribute regularly to annual reviews

- Between July 2022 and June 2023 across the 0-19 programme Healthy Child Programme workforce, the average voluntary turnover rate was 16.0% and their average sickness rate was 4.6%¹. This service includes health visitors and school nurses, who are key in supporting children and young people with their wellbeing and development.
- Between November 2022 and February 2023, a survey of 103 professionals including paediatricians, therapists, 0-19 service and CAMHS/neurodevelopmental pathway staff working in Cheshire East was undertaken. The survey found that²:
 - **69%** of staff reported feeling well informed and confident in their knowledge of the SEND reforms that started in 2014.
 - **86%** of respondents had participated in the EHC needs assessment process.
 - **51%** reported regularly contributing to annual reviews.
 - Other themes included that the annual review process could be more timely and efficient, and that children with sensory needs preventing them leaving the home are excluded from support by the Sensory Processing Occupational Therapy Support Service (SPOTSS).

1. E-correspondence from Project Manager, Commissioning-Thriving and Prevention. 4 August 2023
2. Received by email from Interim PA for the Director of Strong Start, Family Help and Integration (04/09/23)

During 2022-23 many school staff across Cheshire East participated in the SEND Partnership Training Programme highlighting that the training offer is reaching many school staff across the local area



- Across all training courses over the past 12 months, there were 462 attendees with 407 from primary schools and 55 from secondary schools¹.
- In addition to this, 74 internal Cheshire East Council employees also attended training¹.
- One specific example of training is the Teacher Assistant training offer. This covers the method and practice of learning, inclusive practice, adaptive teaching and the curriculum, complex needs, behaviour for learning, teamwork and communication. As at the 24 January 2024, there had been 31 attendees².

1. Email correspondence: SEND School Improvement Officer (27/06/23) Denominator figures to work out the average attendees derived from the List of Cheshire East Schools in Cheshire East - <https://www.cheshireeast.gov.uk/docs/schools/schools-list-and-term-dates/schools-in-ce-list-january-2024.xls>

2. Email correspondence- Inclusion Quality SENCO, SEND Team (24/01/24)

What are the needs in relation to transition?



There is need for further work on approaches to transitions particularly in terms of raising awareness of opportunities and tracking progress

A variety of engagement activity has highlighted the need for a focus on transitions and improving the information available regarding them:

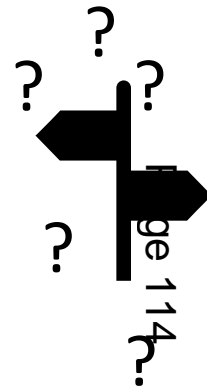
- Some parents reported they had insufficient information, communication and support regarding transition. SEND providers also reported that parental knowledge and involvement could be barriers to transition¹.
- SEND providers also reported that that they receive insufficient information regarding new pupils to support them with transitions¹.
- A need for improved cross-setting awareness has been highlighted as important in terms of transition¹.
- The Cheshire East Autism Team are working to improve transition support for children with autism or suspected autism between different stages of education².
- Bespoke analysis undertaken as part of this JSNA review demonstrated that significant proportions (approximately half) of children with Education Health and Care Plans (EHCPs) in reception (during 2011/12) were in mainstream in year 12 (during 2022/23)³. However, the ability to more routinely follow our children and young people's progress and path through the education system could be beneficial to understand the effectiveness of the local offer and in guiding parent/carers as to the potential best route for their child or young person given their specific circumstances.
- There is room for improved understanding of Preparing for Adulthood outcomes amongst primary schools⁴.

1. E-correspondence from Education Project Manager, 27 April 2023

2. Cheshire East Autism Team (CEAT) Impact Report – June 2023

3. e-correspondence from Business Intelligence Officer, Cheshire East Council, Business Change, 1 August 2023

4. E-correspondence from Inclusion Quality Team Cheshire East Council (21/12/23). 156 schools surveyed. 50 survey responses received. 32% return. 40 responses from primary schools, 10 responses from secondary schools.



There is need for further work on approaches to preparing for adulthood particularly in terms of raising awareness of opportunities and tracking progress (1 of 2)



Bespoke analysis as part of this JSNA review has highlighted difficulties in tracking progress regarding preparing for adulthood outcomes across education, health, and care outcomes through annual reviews¹. Preparing for adulthood outcomes and holistic wellbeing outcomes are very closely linked. Understanding holistic wellbeing (including physical, mental and social wellbeing) and supporting development to ensure a good level of holistic wellbeing by adulthood could further help to understand and refine the effectiveness of the local offer and again help guide both parent carers and professionals.

From data available for Cheshire East it can be seen that:

- In 2024, children and young people in Cheshire East maintained schools and academies with an EHCP generally did better than their national peers. However, children with SEN Support tend to have results that are below national. Generally, learners receiving SEN support did as well as or better than their peers nationally in Phonics and Key Stage 2 in 2024 but were below national for EYFS and Key Stage 4. Children and young people with EHCPs are achieving expected standard or better than their national peers².
- The proportion of children and young people with SEND achieving expected standards is understandably lower than those without SEND, given the challenges they experience^{3,4,5}. These disparities highlight the importance again of considering broader outcomes in the context of preparing for adulthood and for acknowledging achievements and progress towards these. In addition, it is important to ensure that educational outcomes are optimised through the graduated approach.
- Data regarding other preparing for adulthood outcomes in our children and young people with SEND are outlined on the next slide.

1. Cheshire East Council case review involving representatives from Public Health, Commissioning and Children's and Adult's Services Undertaken between October 2023 – July 2024
2. Received by email from Business Development Manager Cheshire East Council (28.03.25)
3. 2022 DfE statistics published 6 October 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) 2019 and 2022 LAP results calculated in house by Cheshire East Received by email from Business Intelligence Officer (30/11/22)
4. Cheshire East and National pupil characteristic groups from DfE statistics published 22 December 2022 Table, "ks2_regional_local_authority_and_pupil_characteristics_2019_and_2022_reviewed- National figures based on state funded schools and academies Key stage 2 attainment, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) 2019 and 2022 Local Area Partnership (LAP) results calculated in house by Cheshire East based on the location of the school Received by email from Business Intelligence Officer (01/02/23)
5. Taken from the LAIT Tool available from [Local Authority Interactive Tool \(LAIT\)](#) - LA Level: : [Attainment 8 score - pupils with SEN Support](#) (accessed 13.03.25)

There is need for further work on approaches to preparing for adulthood particularly in terms of raising awareness of opportunities and tracking progress (2 of 2)

The Cheshire Youth Justice System Health Needs Assessment (HNA) highlighted that transition to adulthood and adult service provision was critical for all young people engaging with the Youth Justice Service, with gaps in services identified that put this group at increased risk, both in terms of their health needs and risk of offending¹⁰. It would therefore be particularly important for young people engaged with the Youth Justice Service who have SEND.

- 68% of 14-17 year olds with a learning disability received a health check during 2023, which is something they will be eligible for annually throughout life¹.

What we routinely know about social care outcomes in our children and young people with SEND:

- As of October 2023, of all the 1,678 young people in Cheshire East who had an EHCP and were aged 18+, 33% had received an adult social care assessment at some stage with 48% currently receiving support. Additional information regarding this process was added to the Council website in October 2023^{2,3}.

What we routinely know about our employment outcomes in our children and young people with SEND:

- Over the past 4 years the Supported Internship programme has resulted in 75% of interns progressing to paid work or apprenticeship⁴.
- During 2023-24 12.5% of adults with learning disability were in paid employment^{5,6,7}.

In addition, the Cheshire Youth Justice Service Health Needs Assessment (HNA) highlighted that transition to adulthood and adult service provision is critical for all young people engaging with the Youth Justice Service, with gaps in services identified that put this group at increased risk, both in terms of their health needs and risk of offending⁸. It would therefore be particularly important for young people engaged with the Youth Justice Service who have SEND.

1. Email correspondence from Project Support Officer, Mental Health & Neurodiversity, Cheshire East Place Team (received 06 July 2023).
2. Data provided by Business Intelligence Officer, Business Change, Cheshire East Council (received 16/10/2023)
3. Received by email from Social Worker- Adults Learning Disability Team 05/03/24
4. Reference- received by email from Supported Internship Lead, Cheshire East Council (09.01.24)
5. NHS Digital. ASCOF time series. Available from: Measures from the Adult Social Care Outcomes Framework, England, 2022-23 NHS England Digital (Accessed 20/05/2024).
6. Email correspondence from Head of External Funding, Complex Worklessness & Inclusion. Cheshire East Council. 26 June 2023.
7. E-correspondence Head of External Funding, Complex Worklessness & Inclusion and Business Intelligence Officer Cheshire East Council (08/07/24)
8. McCoy, E et al, Public Health Institute (PHI), Liverpool John Moores University (LJMU), Cheshire Youth Justice Services Health Needs Assessment – Executive Summary Report March 2023 [2023-07-cheshire-youth-justice-services-health-needs-assessment-executive-summary-report.pdf](https://ljam.ac.uk/2023-07-cheshire-youth-justice-services-health-needs-assessment-executive-summary-report.pdf) (ljam.ac.uk)

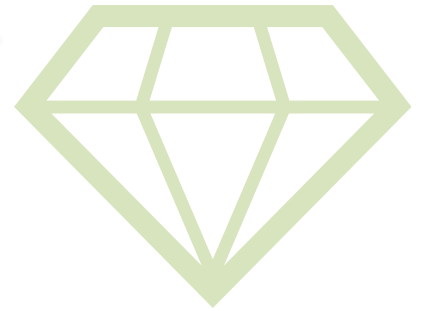
**What were the gaps in support
identified by this review?**

Strengths of SEND provision across Cheshire East

This review focuses on the challenges experienced and gaps in provision in relation to SEND across Cheshire East and makes a wide range of recommendations in relation to these.

However, it also highlighted many strengths including:

- Our **children and young people with SEND** themselves with broad and varied talents, interests, passions and expertise.
- Extensive **passion, dedication and engagement from professionals, children and families** alike to optimise outcomes for children and young people with SEND.
- A **recognition of need for change** and for SEND to be a priority across organisations.
- **Focus on the need for promoting inclusion** and of tools to support inclusive approaches across educational settings and connection with the wider children and families agenda, for example, through family hubs.
- A highly active and engaged **Parent Carer Forum**.
- Developing proactive **family hub support**.
- Broad **engagement of school staff** with the local training offer.
- A recognition of the **importance of starting to prepare for adulthood early**.
- **Good reach of health visiting service evidenced by uptake of routine early years checks**.
- **Examples of positive feedback from parent/carers**.
- **Collaborative working to improve consistency of NHS support through the clinical network**.

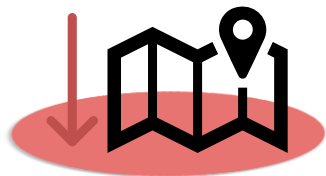


Work in progress to try to support SEND earlier, and in more effective ways

- Further development of the [Toolkit for Inclusion](#) resource.
- Parental Perspectives training.
- 0-19 years service pre-school course for parents.
- Earlier speech and language support pilot.
- Cheshire East Chatters.
- Cheshire East Autism Team.
- Piloting and implementation of more multi-agency assessments across education, health and social care.
- Waiting lists initiative.
- Good outcomes reported through the supported internships.

Summary of gaps in access to support (identified through this extensive review)

A number of gaps have been identified in relation to the way residents or schools access support in Cheshire East including:



There is a lower rate of children and young people with Special Educational Need Support Plans compared to other local comparator areas.



There is a lower proportion of children eligible for free school meals achieving a good level of development at the end of reception compared to the national average.



There is a need to increase uptake of health checks for young people with learning disability between the ages of 14 and 17.

Summary of gaps in support available

Certain gaps have been identified in relation to the support available to residents or schools including:



There needs to be consistent and timely communication that provides comprehensive information to empower our children, families and the professionals that support them



There needs to be more consistently timely assessments particularly in relation to Attention Deficit Hyperactivity Disorder, Autism, Speech and Language Therapy, and mental health assessment



There needs to be more tailored and proactive support to promote wellbeing and address mental wellbeing



There are challenges with staff retention and recruitment across SEND provision. Also, there is no community paediatrics service in the North of Cheshire East



Specific mental health support for children and young people who do not have a confirmed learning disability, but less severe learning difficulties who also have a diagnosis of autism



There is need for more specialist provision in the Cheshire East footprint and more appropriate physical space to support children with SEND in mainstream settings



We need to improve our ability to track outcomes across different settings in relation to education health and social care progress



Further support for education settings (including early years, schools and colleges) around transition is required



Further resources and information required specifically around transition and promoting wellbeing during this



There needs to be longer term evaluation of newly piloted approaches that consider equalities and a breadth of education health and care outcomes

**What were the recommendations from
this review?**

Overarching recommendations summary

Across Cheshire East we need to:

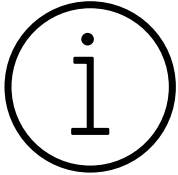
1. Provide inclusive information, be proactive and intervene early
2. Think holistically: education, health and wellbeing, and care
3. Recognise complex risk factors early, including where there has been childhood trauma
4. Increase resource and capacity to ensure that a child's education needs are met in the best setting so that the child is not disadvantaged
5. Ensure timely and consistent NHS provision of support and advice in relation to Autism, Attention Deficit Hyperactivity Disorder and therapies such as speech and language, physiotherapy, occupational therapy and sensory processing
6. Communicate clearly, proactively, consistently, transparently, and through a person-centred approach
7. Empower children, young people, families and professionals to look towards and plan for the future



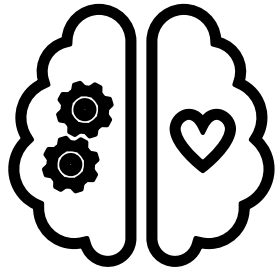
Recommendation 1- Provide inclusive information, be proactive and intervene early

Across Cheshire East we need to promote early intervention and ensure parents are aware of the support and adjustments that are available to their child or young person whether they have short term developmental needs or a longer term special educational need or disability by:

- Ensuring that parents are aware of support and reasonable adjustments through the Toolkit for Inclusion and Family Hub offer and wider local offer for SEND.
- Further promoting early intervention provision and uptake including
 - 2 year free early years education provision
 - Family hubs support including specialist family hub support
 - Cheshire East Chatters
 - Cheshire East Autism Team
 - Speech and Language Pilot
 - Specialist outreach packages
- Ensuring comprehensive awareness of early intervention provision across education, health and care.
- Building upon robustness of emerging evaluation findings from different early intervention initiatives, including through improved ability to track progress of children over time and across different educational settings.
- Ensuring early support for all, with a greater intensity of support to those who need it most, particularly those with protected characteristics, low income, those with mental health or other health conditions.
- Improving local understanding of protected characteristics such as: gender; pregnancy and maternity; gender reassignment; and of the under representation of SEND in our minority ethnic communities. This will improve the potential to provide tailored support accordingly.
- Considering implementation of the Parent Infant and Early Years Relationship (PIERS) Service Model across Cheshire East Place to support children aged 5 years and under and their parents to develop healthy and secure relationships.



Recommendation 2- Think holistically: education, health and wellbeing, and care (1 of 2)



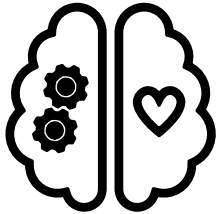
Across Cheshire East, we need to promote holistic approaches that encompass the physical, mental and social wellbeing needs of the child and their families by:

- Consistently monitoring physical, mental and social wellbeing in all children with SEND as part of annual reviews, potentially through validated tools.
- Addressing root causes of poor mental wellbeing, including supporting parental wellbeing
- Consistently signposting in relation to promoting good mental wellbeing in parents and school staff
- Monitoring the numbers of children presenting to mental health services: Healthy Young Minds, CAMHS, hospitals and those presenting to A&E with self harm. The aim of this is to understand self harm behaviours and how to provide support.
- Having an approach to tracking children that did not meet the threshold for support by CAMHS and to ensure signposting to relevant support is achieved
- Recognising the additional challenges of children and young people with SEND who identify as LGBT+ and those experiencing gender dysmorphia .
- Considering the need of tailored sex and relationship education for children with SEND to support developing healthy relationships.
- Using the findings and recommendations from this JSNA to inform the ongoing development of the
 - Senior Mental Health Lead workforce.
 - Whole school approaches
 - Implementation of the iThrive framework
 - Family hubs
- Engaging with the Senior Mental Health Lead workforce with regards to the inclusion strategy and trauma informed practice.
- Ensuring that support and provision for our children and young people is trauma-informed.

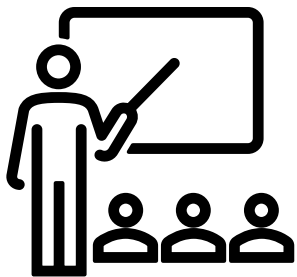
Recommendation 2- Think holistically: education, health and wellbeing, and care (2 of 2)

Across Cheshire East, we also need to promote holistic approaches that encompass the physical, mental and social wellbeing needs of the child and their families by:

- Exploring access to physical health pathways more such as primary care, dentistry and phlebotomy.
- Utilising the education setting to promote Learning Disability health checks in young people aged 14 years or older.
- Working to explore, and potentially regularly monitor, outcomes following learning disability health checks.
- Promoting the use of health passports and inclusive health and care provision to accommodate severe disability.
- Where reduced school attendance or multiple suspensions have been highlighted, ensuring that an undiagnosed or unmet special educational need or disability is not the underlying cause and address it if it is.
- Regularly monitoring attendance more (potentially as part of annual reviews) in children with SEN support plans or Education, Health and Care Plans.
- Understanding how children and young people being educated at home, and their parents, are being supported.
- Undertaking a deep dive review into children and young people's mental health service support available for children and young people with SEND.
- Ensuring multi factorial assessment of children and young people presenting with either SEND, mental health or social care need and appropriate multiple agency working in response to these assessments.
- Learning from the Dynamic Needs Assessment Tool (DNAT) and ensure that it aligns with the Complex Needs Escalation and Support Tool (CNEST).
- Working together to address the acknowledged gap in support for children and young people who do not have a confirmed learning disability but less severe learning difficulties, who also have a diagnosis of autism.



Recommendation 3- Recognise complex risk factors early, including where there has been childhood trauma



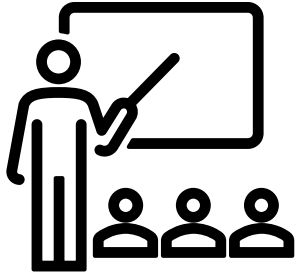
Across Cheshire East, we need to have a responsive proactive support for those children and young people who have multiple risk factors such as those disengaging from education or who have had traumatic adverse childhood experiences by:

- Understanding more about particularly vulnerable populations such as: children with an Education, Health and Care Plan who are missing education.
- Supporting children and young people with SEND early where they have multiple risk factors that could lead to involvement with the Youth Justice System.
- Ensuring time limited use of Alternative Provision to allow school to make reasonable adjustments and enable the child to reintegrate back into mainstream school.
- Ensuring that children and young people in Alternative Provision are not disadvantaged and are supported to achieve good academic attainment.

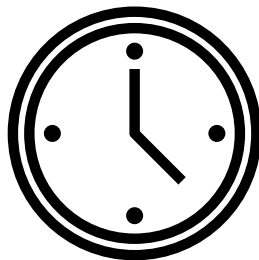
Recommendation 4- Increase resource and capacity within educational settings

Across Cheshire East, we need to increase resource and capacity to ensure that a child's education needs are met in the best setting so that the child is not disadvantaged by improving our effective use of education, health and care plans, including through:

- Streamlining outcomes and strengthening outcomes monitoring
 - Reviewing plan quality
 - Promoting strategies as normal practice rather than in a plan where appropriate
 - Celebrating successful outcomes
 - Regularly reviewing the need for plans following the achievement of successful outcomes
- Further promoting inclusion in mainstream schools and supporting them to make reasonable adjustments- building understanding regarding barriers to inclusion and supporting schools to overcome them. Secondary schools, particularly need support to make adaptations that can inclusively meet need.
- Increasing appropriate physical space in mainstream settings to support children and young people with SEND.
- Having a package of support provided by the council, specialist schools and the NHS to support intervening earlier in terms of the graduated approach so robust support plans are in place.
- Increasing capacity for specialist education (covering resource provision, SEN units and special schools) within Cheshire East.



Recommendation 5- Ensure timely and consistent NHS provision of support and advice in relation to Autism, Attention Deficit Hyperactivity Disorder, community paediatrics and therapies such as speech and language, physiotherapy and occupational therapy.



Across Cheshire East, we need to ensure that all children and young people and their families have consistent and timely access to clinical services and support both in the north and the south of Cheshire East, by:

- Continuing to promote the clinical network to facilitate consistency of advice across Cheshire East.
- Further working to improve consistency of access to services between north and south Cheshire East including referral thresholds.
- Considering community paediatrics provision in the North of Cheshire East to ensure a consistent offer to residents.
- Monitoring processes, such as the number and timeliness of assessments and the impact of proactive support.
- Consider monitoring of preparing for adulthood outcomes as part of NHS support and advice.

Recommendation 6- Communicate clearly, proactively, consistently, transparently, and through a person-centred approach

Across Cheshire East, we need to communicate in a way that:

- Balances proactive and reactive needs for information.
- Supports with navigating the system*
- Is person-centred**
- Recognises strengths in the child or young person, their families and the professionals that support them.
- Recognises differences in perspectives and understanding regarding SEND and written and spoken English.
- Recognises and supports the wellbeing of children, young people, parents, carers and professionals supporting children and young people with SEND.
- Recognises the process of psychological adjustments that some families and children and young people with longer term SEND experience.

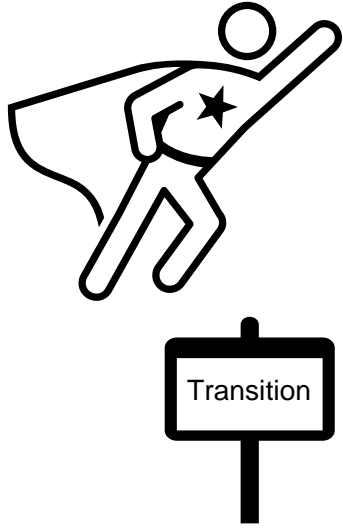
*Navigating the system¹

- Co-production
- Manage expectations
- Explain timescales and keep promises on them (even if it's an update to say there's a delay)
- Be aware of SEND laws and policies / processes
- Outline who does what
- Inform about the process and what will happen
- Understand that this is your normal day to day, but for parents it's baffling

**Person centred approach¹

- Use active listening and open questions
- Don't assume or have preconceptions (beware unconscious bias)
- Don't patronise
- Don't call us 'mum' or 'dad' –please use our name
- Involve parents, children and young people in decisions
- Try to put yourself in their shoes
- Recognise the parent as an equal in the process –as the expert on their child
- Every child and family are different

Recommendation 7- Empower children, young people, families and professionals to look towards and plan for the future



Across Cheshire East, we need to:

- Provide dedicated resources to support the child or young person through each of the transition stages, e.g. starting school and going on to further education.
- Have earlier conversations with children and families regarding preparing for adulthood and developing shared goals across a breadth of outcomes.
- More consistently and systematically track progress towards preparing for adulthood outcomes in our children and young people with special educational needs and disabilities.
- Raise awareness of the processes involved for the assessment to adult social care, through wider dissemination of the resident information booklet that has recently been produced.
- Understand and pre-empt additional support for pupils, parent carers and schools at each of the school transition points.

We need to achieve this by:

- Further working on approaches to transitions and preparing for adulthood.
- Focusing on transition within the rewrite of the SEND strategy and ensure there is a dedicated workstream and resource.
- Celebrating successes.
- Further development of annual review processes.
- Building upon the Preparing for Adulthood outcomes analysis and audit findings.
- Working as a multi-partnership, which children and their families should be central to.

Contributors

This review was produced through the SEND JSNA Working Group. The working group contributed to the development of the scope; analysis; and narrative development. In addition to this a range of stakeholders also contributed through providing insights and information.

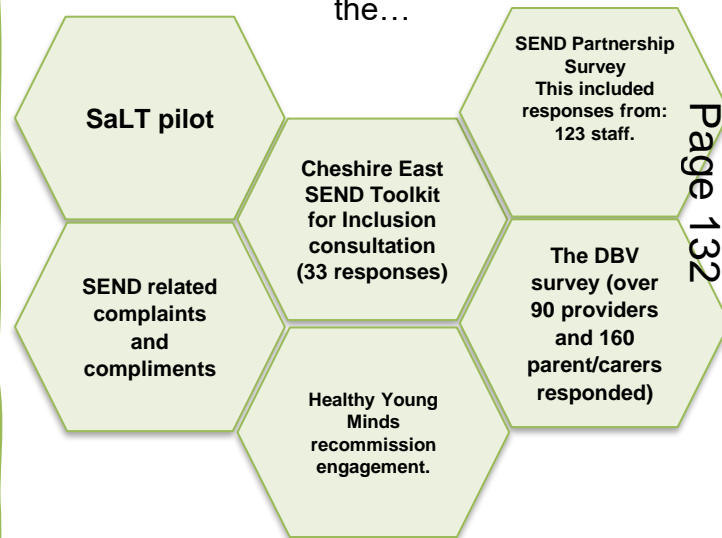
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In total 36 Cheshire East Council employees have been involved in the SEND JSNA.

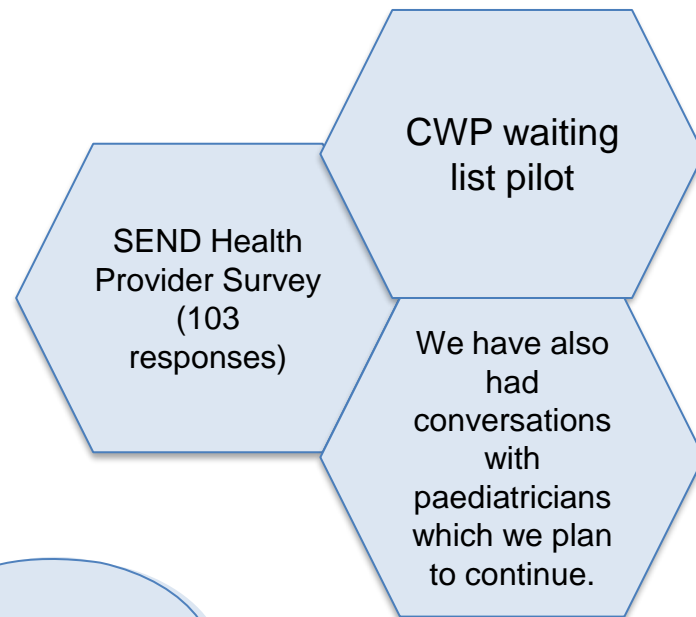
Within this JSNA we have included feedback from the...



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Within this JSNA we have included feedback from the...



18 NHS employees have been involved in the SEND JSNA.

Kayla – Parent Carer Forum rep (working group member and contributor)
 Kate- Former Parent Carer Forum rep (former working group member and contributor)
 Chris- Parent Carer Forum rep (working group member and contributor)
 Four Cheshire East resident parent carers

- Cheshire East Parent Carer Forum (CEPCF) survey (117 responses) and the PCF member priorities.
- SEND Partnership Survey (234 responses)
- Insights from the Parent Perspective Training
- A local family's experience of living with severe disability

Parent Carer Reps and feedback included within the JSNA



- SEND Partnership Survey (54 responses from young people)
- Feedback from young people who attend both the Macclesfield and Crewe Jigsaw groups
- Healthy Young Minds recommission feedback from young people.

Children and young people feedback included within the JSNA



Tracey Walklate- former eCAPH Chair (former working group member)
 Gill Price- eCAPH Chair (working group member)
 Mark Bayley- eCAPH Chair (working group member)
 Helen Philips (working group member)
 Lisa Hodgkison (working group member)

- SEND Partnership Survey (63 educational settings)

School Reps- working group members



Steph – Ruby's Fund (Working group member)
 Alison- Ruby's Fund (Working group member)
 Helen Davis- Ruby's Fund (former working group member and contributor)
 Sam Ruck- Visyon (Contributor)
 Ann Wright- JDI (Contributor)
 Julia Wood – South Cheshire CLASP (contributor)

- Insights from the Parent Perspective Training

Voluntary, Community, Faith and Social Enterprise Sector working group members and feedback included within the JSNA





CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Active Travel Strategy and Local Cycling & Walking Infrastructure Plans (LCWIPs)
Report Reference Number	
Date of meeting:	1 July 2025
Written by:	Richard Hibbert
Contact details:	richard.hibbert@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Phil Cresswell

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	The report informs the board about the work undertaken to develop an Active Travel Strategy and LCWIPs and provides advance notice of a consultation which will launch in July 2025. There is an opportunity for the board to help shape the strategic direction for active travel and inform and influence the delivery plans.		
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	1. Cheshire East is a place that supports good health and wellbeing for everyone <input type="checkbox"/> 2. Our children and young people experience good physical and emotional health and wellbeing <input type="checkbox"/> 3. The mental health and wellbeing of people living and working in Cheshire East is improved <input type="checkbox"/> 4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To respond to the consultation and share the materials with partners and professional networks to ensure that the views of the health sector are fully considered and incorporated wherever possible.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Highways and Transport Committee – 19 June 2025
Has public, service user, patient feedback/consultation informed the recommendations of this report?	An 8-week consultation will launch in July 2025 and the link to the consultation materials will be circulated to board.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Ensuring the views of the health sector are full considered and incorporated, wherever possible.

1 Report Summary

- 1.1 The Council are developing an Active Travel Strategy (see Appendix 1) and series of Local Cycling and Walking Infrastructure Plans (LCWIPs) and are keen to engage with the health sector as part of an 8-week consultation launching in July 2025. The strategy seeks to create and encourage opportunities to build active travel into everyday lives which will positively impact health and wellbeing outcomes in the borough.
- 1.2 The Council's Highways and Transport Committee are responsible for developing policies and making decisions on matters relating to highways and transport. The committee considered a report on the Active Travel Strategy and LCWIPs at its meeting on 19 June and approved the launch of stakeholder and public consultation.
- 1.3 Active travel contributes to the Cheshire East Plan aims of 'improving health and well-being' and 'unlocking prosperity for all'. The Health and Wellbeing Board are invited to help to shape the strategy and ensure alignment with broader strategic outcomes relating to health and wellbeing.

2 Recommendations

- 2.1 To note the development of the Active Travel Strategy (see Appendix 1) and Local Walking and Cycling Infrastructure Plans (LCWIPs) and respond to the forthcoming consultation to help shape the strategic direction of active travel in Cheshire East.
- 2.2 Support the promotion of the consultation and encourage health sector partners and their professional networks to respond to the consultation to inform and influence the plans.

3 Reasons for Recommendations

- 3.1 Regular walking and cycling helps people meet the recommended physical activity targets, improves physical and mental health, whilst preventing and reducing the risks of poor health and premature death. There is strong evidence that regular participation in active

travel contributes positively to both physical and mental health and wellbeing. The delivery of the strategy will help to reduce health inequality across the borough.

- 3.2 The consultation will take place at a formative stage and time for consideration and response will be given to feedback. The consultation will ensure that the Council will have robust plans in place to prioritise the future active travel network in line with potential future funding opportunities.

4 Impact on Health and Wellbeing Strategic Outcomes

- 4.1 Encouraging active travel choices supports all four strategic outcomes of the Joint Local Health and Wellbeing Strategy for the Population of Cheshire East 2023-28:
- 1) Cheshire East is a place that supports good health and wellbeing for everyone
 - 2) Our children and young people experience good physical and emotional health and wellbeing
 - 3) The mental health and wellbeing of people living and working in Cheshire East is improved
 - 4) That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place

5 Background and Options

- 5.1 The Cheshire East Plan 2025-29 sets out ambitions and commitments for delivering health improvement, sustainable and inclusive economic growth, and environmental improvement. A key element of achieving these ambitions is delivering investment in transport infrastructure that promotes active travel. A step change in levels of walking and cycling will support wider strategic priorities.
- 5.2 The existing Cycling Strategy 2017-2027 was prepared pre-pandemic, and prior to many policy and guidance changes including: Gear Change (2020), the Transport Decarbonisation Plan (2021) and Cycling and Walking Investment Strategy 2 (2022), as well as new cycle infrastructure design guidance.
- 5.3 The Cycling Strategy focused on a single mode only, without consideration of the interfaces with walking and wheeling, which have subsequently been emphasised in national policy. The government considers 'active modes' (walking, wheeling and cycling) holistically.
- 5.4 Developing a new strategy and infrastructure plans is a key part of demonstrating our ambition and commitment, with clear recognition that increasing levels of active travel supports the delivery of wider corporate priorities, particularly health improvement and local action to tackle the climate change emergency.
- 5.5 The draft vision for the Active Travel Strategy is "*A borough where walking, wheeling and cycling are the preferred option for short journeys, achieved through a connected, safe and accessible network that supports a healthy Cheshire East.*" The strategy is framed around three clear themes: create, culture and collaborate.

- 5.6 It is the intention for a succinct yet ambitious strategy that provides a clear strategic direction. Targets have been identified to show commitment both locally and nationally and will support the government's ambition for 50% of all journeys in towns and cities to be walked, wheeled or cycled.
- 5.7 The draft Active Travel Strategy sets out clear actions, including development of specific infrastructure plans and supporting policies to deliver the wider aims. The strategy provides the overarching vision and framework that sets the direction for these more specific policies.
- 5.8 The Department for Transport (DfT) guidance states that 'whilst the preparation of LCWIPs is non-mandatory, local authorities who have plans will be well placed to make the case for future official investment'. LCWIPs provide strong evidence to support future funding from DfT, Active Travel England, Sustrans and other external funding bodies, as well as through the Local Transport Plan allocations and developer contributions from the planning process.
- 5.9 The Council has LCWIPs for Crewe, Congleton, Macclesfield and Wilmslow which were adopted in March 2021 and remain current and valid. These four areas were selected following an evidence-based review, which identified them as having the highest potential in the borough to increase walking and cycling.
- 5.10 LCWIPs have now been prepared for the remaining 7 towns, which complement the emerging strategy and support the delivery of the "create" theme to develop high quality active travel infrastructure at key locations across the borough.
- Alsager
 - Handforth
 - Knutsford
 - Middlewich
 - Nantwich
 - Poynton
 - Sandbach
- 5.11 All key towns with over 10,000 residents are now covered by an LCWIP, which have identified a prioritised programme of potential active travel routes and infrastructure improvements for future investment. The improvements are evidence-based and take account of the volumes of cycling and pedestrian movements in Cheshire East, and the potential to increase these mode shares to achieve wider strategic outcomes.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:
- Name: Richard Hibbert
- Designation: Head of Strategic Transport & Parking
- Email: Richard.hibbert@cheshireeast.gov.uk

Appendix 1

Cheshire East Active Travel Strategy

A strategy for walking, wheeling & cycling

Draft for consultation – June 2025

1. Introduction

Our Active Travel Strategy sets out the vision for walking, wheeling¹ and cycling across Cheshire East. We want to create a culture where active modes are the first consideration for local journeys, with individuals having the tools and infrastructure to travel safely, efficiently and with confidence.

The benefits of increasing use of active modes for travel are clear. For the individual:



It supports a healthy lifestyle – travelling actively can form part of your daily routine particularly for short, local journeys. Exercising, which includes walking and cycling, just once or twice a week can reduce the risk of heart disease, stroke and other major illness (Live Well, Cheshire East).



It is more affordable – with no significant cost per kilometre travelled, travelling actively can save you money compared to a journey by car.

Benefits are also community wide, including:



It is better for the environment – walking, wheeling and cycling in place of the private car will reduce carbon emissions associated with travel. With 34% of carbon emissions from transport, a reduction in vehicle kilometres would support a lowering of emissions with a positive impact on air quality.



It can take vehicles off the road – travelling actively instead of using a private car can help support the efficiency of the road network, with reduced vehicle kilometres resulting in less impact on road condition.



It supports the vitality of town centres and community spaces – providing permeable, attractive and connected routes, particularly for pedestrians, can encourage linked-trips between different public amenities and maximise the amount of time and money spent in our town centres.

However, there are challenges and travelling by active modes is not always the natural first choice across the borough. Barriers exist, such as perceptions of safety, available routes and infrastructure, confidence and length of journey required. It is acknowledged that not all trips can be undertaken by active modes. However, we are committed to enabling and encouraging more people to choose walking, wheeling and cycling for short, local journeys or as part of a longer public transport journey.

This strategy provides a clear vision and actions to support an increase in the number of walking, wheeling and cycling trips made across Cheshire East.

1.1 Background and Policy Context

The strategy will replace the existing Cheshire East Cycling Strategy (2017), bringing our vision up to date and ensuring a more holistic, active travel approach, rather than solely focusing on one mode. This provides the opportunity to create an up-to-date vision that responds to our rapidly changing world.

The existing Cycling Strategy, and other relevant documents including the Local Transport Plan (LTP), were prepared pre pandemic, and prior to many recent changes in national transport policy including but not limited to: Gear Change (2020), The Transport Decarbonisation Plan (2021) and the second Cycling and Walking Investment Strategy (2023). In addition, there is emerging evidence and strategy at the pan-Northern level by Transport for the

¹ Wheeling refers to the activity of moving using a wheeled mobility aid, such as a wheelchairs or mobility scooters.

North including the Strategic Transport Plan and supporting documentation. The publication of cycle infrastructure design guidance (LTN1/20) also set new standards on the design of high-quality, safe infrastructure, providing a focus on how to best deliver improvements.

A new Local Transport Plan and a new Rights of Way Improvement Plan are in development for Cheshire East, and this Active Travel Strategy aligns to their emerging visions, providing a focus for walking, wheeling and cycling that will sit underneath these statutory documents.

Also supporting this strategy, and responding to our commitments as the Council, we are developing Local Cycling and Walking Infrastructure Plans (LCWIPs) for the key service centres in the borough. 61% of the Cheshire East population live in urban areas and there are significant opportunities to enable and encourage active travel for short, local journeys. The Active Travel Strategy also equally applies to rural areas and the application will need to be tailored to needs in the local communities where the population is more dispersed over a larger geographical area.

Within these plans, key routes have been identified for improvements and ranked on how quickly they can be implemented and on their deliverability. These plans will play an integral role in the delivery of this strategy and achieving the targets we are measuring our progress against.

However, we must remain mindful of our ability to access the level of funding needed to deliver the network and measures required to influence and achieve a notable change in travel behaviour. This strategy aims to provide a framework to achieve our vision, explained in Section 3.

2. Challenges and opportunities

To increase the numbers walking, wheeling and cycling in the borough, we need to be mindful of the challenges and how these barriers can be overcome whilst also considering the opportunities that exist. There is a focus on enabling and encouraging active travel for short, local journeys.

The key challenges

Perceived safety in travelling actively	Perceptions of safety are a key challenge to encouraging further journeys on foot or by cycle, with main barriers including a lack of confidence, limited continuous or connected infrastructure and lack of lighting.
The quality of infrastructure discourages travel by active modes	The increasing need for maintenance to our network, as a result of vehicle kilometres, severe weather impacts and natural growth, can lead to degradation of infrastructure including potholes, lighting and obstructions which limit the confidence and accessibility to travel actively.
Lack of physical activity and poor health	Across Cheshire East, 62.5% of adults are classified as obese or overweight, with 22.4% physically active for less than 30 minutes a week. Crewe is in the top 20% most deprived areas nationally for child poverty and the elderly living alone, and for deaths from respiratory diseases.
Difficulty in accessing services by active modes, particularly in urban areas	Poor conditions for walking, wheeling and cycling can result in Transport Related Social Exclusion (TRSE), which is the inability to access opportunities, key services, and community life, and facing major obstacles through the wider impacts of having to travel. In Cheshire East, 7.1% of the population live in exclusion, predominately focused in the urban centres, particularly north of Crewe, Sandbach,

	Middlewich, Congleton, north of Macclesfield, Knutsford and Handforth.
Insufficient active travel routes lead to reliance on the private car	With approximately 85% of households owning a car in 2021, Cheshire East has a higher level of car dependency compared to both England (76%) and the North West (75%). Cheshire East also has more households with multiple cars (33%) compared to the national average (26%), suggesting a larger household dependency on cars. In 2019, transport was responsible for 34% of carbon emissions in Cheshire East, which was the second biggest source of emissions.

The key opportunities

Improving public health	Active people live healthier, longer and happier lives, with physical activity reducing the risk of disease. More walking, wheeling and cycling can contribute to improved health.
Supporting our town and local centres	Active travel has a key role to play in increasing linked trips in town and local centres, increasing footfall, dwell time and spend, boosting the economy and enhancing places for people.
High potential for a shift to more sustainable travel	Short trips have the most potential for walking, wheeling and cycling and an estimated 60% of car trips in Cheshire East are under 10km in distance. 69% of the borough's population has a medium or high potential for mode shift, with urban areas such as Crewe and Macclesfield providing a great opportunity.
Collaboration with partners	Working with local communities, town and parish councils and major employers will provide opportunities to jointly

and the community to develop active travel solutions	identify needs and collaboratively develop solutions that can be delivered effectively.
Technology can support active journeys	Technology provides a real opportunity to support an individual's travel on foot, wheels or by cycle, including route planners or journey times, supporting informed decision making. In addition, advances in e-bikes can also support journeys by cycle.

3. Our vision

3.1 Active travel in Cheshire East

We have an ambitious vision for active travel in the borough. We want to see a significant increase in the numbers travelling on foot, wheels or by cycle and commit to the following vision to provide the infrastructure and culture needed to succeed.

Our vision is:

A borough where walking, wheeling and cycling are the preferred option for short journeys, achieved through a connected, safe and accessible network that supports a healthy Cheshire East

3.2 Themes

To deliver on our vision, and overcome the challenges and take advantage of opportunities, we have defined three priority themes. These have been identified through internal workshops and discussions, with the aim to consider active travel in the broader strategies, planning and delivery in the borough.

Our themes - CREATE – CULTURE – COLLABORATE - will together help facilitate active modes being the first choice for appropriate journeys. The themes should not be taken in isolation but integrated into one overarching approach to support better outcomes and deliver demonstrable change.



Create – our aim is to create a more connected network for walking, wheeling and cycling



Culture – our aim is to support a culture where walking, wheeling and cycling are the natural travel choice for local, short journeys



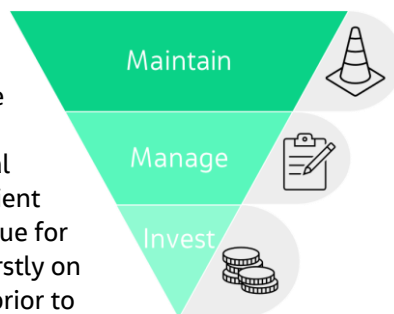
Collaborate – our aim is to collaborate with local communities, businesses and within Cheshire East Council to create a unified approach to walking, wheeling and cycling.

Within each theme, we have identified objectives and required actions to influence greater uptake of active travel journeys. These themes will be the basis of delivering on the opportunities and finding solutions to the challenges within Cheshire East.

4. Create

To encourage uptake in travel by walking, wheeling and cycling, there needs to be accessible, safe and connected infrastructure in place that supports people to get to where they need to.

We are mindful of limited funding and the need to ensure we prioritise spending in those areas that will bring the most benefit, alongside ensuring that our existing asset delivers its potential. Therefore, we will adopt a hierarchical approach of Maintain-Manage-Invest – an efficient delivery model that balances user need and value for money. This will focus funding and resources firstly on maintenance to ensure safety and availability, prior to developing new infrastructure.



Maintain: Our existing walking, wheeling and cycling infrastructure needs to be maintained and it is a priority that this asset continues to be fit for purpose and attractive to use. This will include updating of road markings and signage to meet our safety policies, as well as the management of vegetation to ensure safe passage for everyone.

Manage: By assessing barriers to movement, identifying gaps in the existing network and delivering on quick wins, we can enhance the existing network to improve access and safety for users. This could be additional crossings or addressing missing sections of cycleway or footway, that open up the existing infrastructure to more people.

Invest: Where no suitable walking, wheeling or cycle infrastructure currently exists, but a need has been identified, sustainable investment in new facilities and infrastructure may be required. This will be targeted at locations that provide the most benefit to the most people, for example our key urban centres, and support delivery against the targets and vision of this strategy. This is expected to require external funding to deliver.

Our aim for this theme is to:

Create a more connected network for walking, wheeling and cycling.

Our key priorities for this theme are:

- Developing our active travel network through an efficient Maintain-Manage-Invest approach.
- Providing improvements that support the safety of active travel users on our network.
- Supporting connections to key places within our urban centres.

We will do this by:

- Adopting the Maintain-Manage-Invest hierarchy when considering all projects, policy and development, to ensure funding is best allocated and that we make better use of our existing asset.
- Developing an active travel 'Key Route Network' to support prioritisation of maintenance, ensuring safe passage for everyone.
- Developing a borough-wide LCWIP that draws together the individual town networks, providing a broader strategic plan.
- Managing the existing network, identifying gaps and seeking opportunities for quick wins, including the provision of secure cycle parking and maintenance hubs in busy locations such as Crewe and Macclesfield train stations.
- Developing policy and guidance to support network improvements and deliver effective design including documents emerging through the Local Plan.
- Identify investment opportunities to support with the delivery of the LCWIPs and incorporate future maintenance into scheme costs.

- Improving signage and wayfinding around urban centres and encouraging use of new technologies to improve navigation and linked trips.
- Identify opportunities to manage and maintain cycle traffic through roadworks, noting the importance to prioritise active travel movements during periods of works.

5. Culture

To complement the network infrastructure, we need to foster a culture that prioritises the use of more sustainable modes of travel. We cannot expect to see increased numbers of those walking, wheeling and cycling with infrastructure alone. Providing the tools, knowledge and support will help individuals and wider communities make informed choices on how best to make each journey.



Supporting individuals through the provision of one-to-one support and signposting will help with travel choices. Working with social prescribers, based in all GP surgeries, will provide an opportunity to support people to reach their health and

wellbeing goals, promoting being more active, spending more time outside and reducing reliance on other forms of transport.

Working with schools can introduce the benefits of using active modes for short journeys, such as to school, from an early age. Encouraging the development and monitoring of School Travel Plans and prompting discussions between children and adults on their journeys, can further influence travel behaviour. Relationship building with education providers can support shared goals, including reduced vehicles around the school gates.

Supporting communities with initiatives and schemes can be pivotal in an individual's travel choices. By working with both existing and new developments, we can offer more choices and create opportunities through various schemes and initiatives. This aids the use of active modes, especially schemes that assist with equipment purchase, sharing skills or support understanding of the benefits of walking, wheeling and cycling rather than using a car.

Promoting facilities allows potential users to gain a better understanding of what is available so they can make informed choices on how they travel. Priority routes, identified through the LCWIPs, alongside marketing of leisure routes (such as the Middlewood Way) create a coordinated approach to support knowledge and increase active mode journeys.

Our aim for this theme is to:

Support a culture where walking, wheeling and cycling are the natural travel choice for local journeys

Our key priorities for this theme are:

- Supporting communities and individuals with their travel choices.
- Promoting existing and new facilities and routes.
- Making safe spaces for people of all abilities to walk, wheel and cycle.

We will do this by:

- Working with social prescribers (e.g. GPs) to provide information, training and tools to influence active travel choices by those engaged with.
- Focus promotion and marketing on new developments, supporting individuals as they are creating new travel habits, i.e. as they move home.
- Promoting the integration of new and existing green spaces and recreational areas within the active travel network, to serve as attractive destinations and promote physical activity and well-being.
- Ensure new infrastructure is supported with appropriate promotional initiatives to encourage uptake of active travel.
- Support individuals with their travel choices through providing more easily accessible information and support.

- Create and develop opportunities with educational facilities, working with them to support training, for example Bikeability sessions and encourage development of School Travel Plans.
- Promote existing routes (e.g. the Middlewood Way) which offer both leisure and commuter opportunities.
- Support residents and visitors to navigate the network easily by provision of coherent and consistent information.
- Developing inspiring and impactful active travel campaigns to influence mode choice.

6. Collaborate

Travel is part of our everyday lives, providing us access to work, education and leisure. The journeys we make have an impact on wellbeing, our health, the environment, and the economy. With this in mind, it is imperative to embed travel mode choice across policy and into society.

Collaboration through policy: Future policy in the borough must ensure the inclusion of active travel, due to its physical and mental health, economic and environmental benefits. This is a pivotal time to engage and strengthen interdepartmental connections and allow a better understanding of current events, projects, and initiatives. This will support the identification of opportunities to introduce an active travel influence on projects and provide opportunities for combined resources to deliver better value for money solutions.

Community engagement: The broader community plays a key role in supporting both infrastructure and culture. Working with town and parish councils could support effective maintenance in rural areas and provide further insight into those areas that require improvements related to walking, wheeling and cycling, as well as supporting promotion and information sharing amongst residents and visitors. Schools and colleges also have the potential to provide a future generation with a more centralised focus on active travel, which will drive future behaviour and sustainable travel. Working with community groups will enable active travel measures to be introduced effectively in key locations across the borough.

Working with businesses, business groups and other local trader organisations: Commuting and business requirements produces significant levels of travel. Working with businesses to embed active travel and sustainable practices alongside corporate objectives can support an increase in the level of those walking, wheeling and cycling. Building closer relationships could support both infrastructure development, staff travel behaviours and support the delivery of wider goals and objectives. Providing information and tools to empower businesses to develop Travel Plans for their workforce and

actively monitor and update these, will support further growth opportunities and management of local travel.

Our aim for this theme is to:

Collaborate with local communities, businesses and organisations within Cheshire East Council to create a unified approach to walking, wheeling and cycling

Our key priorities for this theme are:

- Improving engagement with local communities.
- Building relationships with local businesses and stakeholders.
- Driving collaboration to deliver cross-cutting policy.

We will do this by:

- Working across departments within the Council to ensure active travel is embedded in the delivery of shared goals and is included in relevant policy development, for example the Local Plan and Neighbourhood Plans
- Utilise existing working groups, committees and community groups to promote infrastructure changes or support behaviour change.
- Identify opportunities to work with schools and colleges to embed the promotion of walking, wheeling and cycling and provide support in the development of School Travel Plans.
- Maintain and strengthen relationships with major employers to understand and support change for the journey to work.
- Supporting employers and community groups to facilitate the use of active modes for those travelling to them, for example through secure storage and access to shower/changing facilities.
- Encouraging the development and ownership of Travel Plans to support travel to work, education and leisure.

- Robust assessment of development planning to ensure suitable active travel infrastructure and initiatives are secured.

7. Achieving our ambition

7.1 Our commitment

We are committed to creating a culture, and the infrastructure needed, to promote walking, wheeling and cycling as the natural choice for shorter journeys, or as part of a longer public transport journey.

By prioritising the maintenance of the current network and its management, we can provide a coherent network whilst identifying investment in key areas.

By supporting and promoting active travel we will build a culture that can influence individuals and communities to make informed choices about how they reach the places they need to get to.

Through building effective relationships, within the Council and externally, we can collaborate to achieve shared goals across health and wellbeing, inclusion, the economy and the environment.

7.2 Our targets

To support this strategy, we have identified the following borough-wide targets against a 2023 baseline. We understand there are geographical variations across the borough and will develop local targets to be incorporated into LCWIPs or Local Delivery Plans.

Double the number of people cycling by 2030
Increase the number of people walking regularly by 10% by 2030
Reduction in pedestrian and cyclist collisions by 5% by 2030
Increase the number of physically active adults in Cheshire East by 5% by 2030

7.3 Need for investment

Our actions and commitments will only take us so far in delivering real change. To fully deliver on our vision, external funding is a necessity. Without sufficient levels of both capital and revenue funding, delivery towards the targets set will be stifled.

We will work with partners and central government to highlight investment opportunities that will support delivery of our strategy. We have well progressed proposals to complement our strategy and enable us to act quickly when opportunities arise.

The current and developing LCWIPs will provide the priorities for infrastructure improvements and will directly align with this strategy's ambitions. Alongside infrastructure improvements, there is a clear need for complementary 'activation' funding to be present which supports the delivery of our objectives.

7.4 Monitoring and evaluation

We have set ambitious targets, which are meaningless without robust monitoring to support evaluation of our progress. We will actively monitor against these targets, whilst also seeking opportunities to further determine the growth of active travel across the borough.

To monitor against our targets, we will use available data sources, listed below, which will enable trends to be established annually.

Target	Baseline	Data
Double the percentage of people cycling by 2030	9.5% (2023, at least once per week)	DfT data sources including the Active Lives Survey ² (Table CW0302)
Increase the number of people walking regularly by 10%	43.2% (2023, at least 3 times a week)	DfT data sources including the Active Lives Survey (Table CW0303)
Reduction in pedestrian and cyclist collisions by 5% by 2030	167 casualties in 2023	DfT data sources including Police Stats19 data (Table RAS0403)
Increase the number of physically active adults in Cheshire East by 5% by 2030	70.5% (2022/23)	Public Health England Outcomes Framework

- In addition to the above, and to support our understanding of areas for improvement, we will actively:
- Review, challenge and monitor the targets set in travel plans submitted to the Council.
 - Utilise our Streetlight data system, to review trends in travel behaviour and patterns, where applicable, and support our understanding of where and how people are travelling. This will aid decisions for infrastructure requirements that support active modes.
 - Work with our Public Health team and Care Communities to monitor social prescribing support and referrals where active travel has been supported.
 - Work with major employers to support a culture change in staff travel, and to capture data on the journey to work.
 - Monitor the use of new or enhanced infrastructure, to support evaluation of scheme delivery.

7.5 Progress Reporting

Each year, we will prepare an Annual Monitoring Report to assess our progress towards delivery of this Active Travel Strategy. We will collect data on outputs delivered in line with our three themes, alongside measuring progress against the overarching targets. Monitoring our delivery will also support in demonstrating alignment with emerging future strategies, both regional and national, such as the Integrated National Transport Strategy.

² The Active Lives Survey, conducted by Sport England, is an annual survey that measures activity levels in both adults and young people, through a range of criteria. The sample size of 175,000

enables comparisons across England to be established, with data being presented at a borough-wide level.

Appendix A: Access Control Barrier Policy

Background

Cheshire East Council (the Council) has responsibility for walking, wheeling and cycling routes within the highway and Public Rights of Way networks in the borough. The Council, as a landowner, also has many routes for walkers, wheelers and cyclists in its portfolio, outside of those networks, particularly linear country park routes, such as the Biddulph Valley Way and Middlewood Way which form part of the National Cycle Network.

There are access control barriers at some locations that were historically installed with the aim of limiting anti-social use by motorbikes, quad bikes etc. which can pose a risk to users, as well as causing damage to the routes themselves. It is recognised, however, that these access controls are not fully effective at limiting such usage.

Current design guidance (including [Paths for All Outdoor Accessibility Guidance](#), [Department for Transport's Cycle Infrastructure Design](#)) states that restrictive access control barriers should not be provided on traffic-free routes and that there should therefore be a general presumption against the use of access controls unless there is a persistent and significant problem of anti-social moped or motorcycle access that cannot be controlled through periodic policing.

It is also noted that a 2021 Court of Appeal judgement concluded that “*it cannot possibly be justified to prevent bicycles from taking advantage of what would otherwise be a lawful use of the track in order to inhibit the unlawful use by motorcycles*” (Garland v Secretary of State for Environment, Food and Rural Affairs, Surrey County Council).

With this in mind, the Council’s Green Infrastructure team is working with the University of Westminster on a 3-year research project using two sites in the borough; one as a trial where barriers are removed, and one as a control where barriers remain in situ. This is intended to provide academically-robust evidence as to the impact of barrier removals. It is noted that both Stockport and Manchester Councils are removing barriers at some locations, with Cheshire East Highways and the Green Infrastructure team (Public Right of Way (PROW) and Countryside Ranger Service) doing likewise in response to requests.

The Need for a Policy

The Council has a [duty under the Equality Act 2010](#) to make reasonable adjustments for people to ensure that they are not discriminated against and that everyone can access routes and destinations. The Council frequently receives requests for improved access that can include reference to the Equality Act, as barriers make access difficult or impossible for users with wheelchairs, pushchairs, trikes, cargo bikes etc.

The Council has one current known access policy, [Policy on structures on Public Rights of Way](#). In addition, minutes from the [Cabinet meeting of 9th March 2021](#) provide further guidance. There is a requirement to balance the needs of access of legitimate users with minimising risk to users from anti-social use such as by motorbikes and risks associated with off-road routes meeting the highway network where barriers are often located to indicate the transition. The Council is also mindful of the cost implications associated with removing, repositioning, or replacing access controls.

In addition, [The Local Government Association Corporate Peer Review March 2024 report](#) noted improvements that were needed to the

Council's approach to Equality, Diversity, and Inclusion. It identified that *“further training for both Members and Officers on the Council's requirements under the Equality Act would support the organisation in addressing these matters. This training will be an important first step, but the Council should also illustrate their organisational support for this issue through clear leadership and sponsorship of the agenda.”*

The adoption and implementation of this policy will provide a consistent approach and enable a greater understanding among all staff of accessibility issues.

Aims of Policy

Our vision for active travel in the borough is to support a culture where walking, wheeling and cycling are the preferred option for short journeys, achieved through a safe, connected and accessible network that encourages users to make healthy choices. Our vision for accessibility in Cheshire East is to provide routes that enable active travel as an option for all of Cheshire East's communities, with those using the network feeling that their individual needs are catered for. We also want our communities to know that the Council listens to their concerns.

Our new Active Travel Strategy notes that despite the obvious benefits for health, the environment and cost savings, travelling by active modes is not always the natural first choice across the borough, due to barriers such as the perceptions of safety, the availability of routes and infrastructure, confidence and the length of journey required. It is acknowledged that not all trips can be undertaken by active modes. However, we are committed to making it easier for people to choose, walking, wheeling and cycling for trips that are well suited to active modes.

This policy seeks to encourage and enable the Council's wider active travel goals by increasing access where possible and increasing consistency in service across the borough and departments. It sets out the consistent and transparent approach that the Council will use to provide access for all across the highway, PROW and wider access networks and sites to promote active travel and leisure activities as one of the Council's priorities.

The policy will:

- Ensure that the Council meets the requirements of the Equality Act 2010
- Work towards ensuring that all residents and visitors are able to access routes, unhindered by unnecessary or unsuitable access controls where possible
- Define a process to assess if access controls should be removed
- Develop a prioritised programme for removal or improvement of existing access controls, subject to resources.

Roles and Responsibilities

Cheshire East Council is the Local Transport Authority for the Borough and, as such, is responsible for setting and maintaining local policies related to all modes of travel, including active travel, within the Borough.

This policy has been developed in collaboration with all of our asset management roles and landholdings, including Highways, Estates, Environment & Communities, Farms, Economic Development, Tatton Park and Green Infrastructure so as to provide a framework for decision makers and consistency for users.

Process

Access controls should be used only if there is a persistent and significant problem of unauthorised motorised vehicle usage, for example fly-tipping or anti-social behaviour, or if there is a particular safety concern.

Where access controls are deemed necessary, they should be designed to be accessible to all active travel users, including wheelers (pushchairs, wheelchairs, mobility scooters) and all types of cycles (tandems, cargo bikes, tricycles and cycles pulling child trailers). This can include bollards that provide a minimum 1.5m horizontal clearance or inclusive chicane barriers with a sufficient stagger to allow wheelchairs and larger types of cycle to safely manoeuvre through without needing to stop.

The installation or removal of access controls needs to consider new and future schemes, as well as existing provision:

- a) For new routes, the presumption should be towards no access controls being installed during the design process. During consultation, if feedback on the design suggests that such access controls may be required due to unauthorised motorised vehicle use, they will be designed to be accessible to all active travel users.
- b) On existing routes where there is no persistent and/or significant problem of unauthorised motorised vehicle access, the Council will endeavour to remove any restrictive access controls.
- c) On existing routes where there is a persistent and/or significant problem concerning unauthorised motorised vehicle access that cannot be controlled through periodic policing, the Council will seek to work with the local community, Police and other agencies

to educate and reduce the problem, while providing access control barriers that retain access for all active travel users.

In each of these different scenarios, third party private landowners may have stipulations for particular access control arrangements, including for stock control purposes, which may necessitate pieces of path furniture which are restrictive to some users.

Access controls should not be required simply to control cyclists on the approach to a road or footway crossing. It will normally be sufficient to provide signage (to support both safety and wayfinding), good sightlines and road markings so that cyclists clearly understand the need to take care and give way to pedestrians and other traffic at such points. However, it is acknowledged that sometimes road safety concerns may require a pragmatic approach, in which case non-restrictive bollards or inclusive chicane arrangements may be installed.

Policy Implementation

Scheme designers will be required to provide the rationale for any access control measures proposed.

We will also develop an inventory of access controls, dependent upon suitable funding being made available, initially focussing on leisure routes and in town centres. Criteria will be defined in consultation with council departments and relevant stakeholders to prioritise the asset register to inform an improvement programme.

The standards that will be considered and applied, wherever practicable / appropriate, are:

- Outdoor Accessibility Guidance (2023), *Paths for All*. Available at <https://www.pathsforall.org.uk/resources/resource/outdoor-accessibility-guidance-download>
- LTN 1/20 Cycle infrastructure Design (2020), *Department for Transport*. Available at: <https://www.gov.uk/government/publications/cycle-infrastructure-design-ltn-120>
- Traffic-free Routes and Greenway Design Guide, *Sustrans*. Available at <https://www.sustrans.org.uk/for-professionals/infrastructure/sustrans-traffic-free-routes-and-greenways-design-guide/>
- British Standard 5079:2018 for gaps, gates and stiles.



CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	All Together Fairer Commission – Poverty Review
Report Reference Number	HWB 79
Date of meeting:	1 st July 2025
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Councillor Jill Rhodes

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To advise the Board of the proposed review of Poverty that will be undertaken by the All Together Fairer Commission.		
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	1. Cheshire East is a place that supports good health and wellbeing for everyone <input type="checkbox"/> 2. Our children and young people experience good physical and emotional health and wellbeing <input type="checkbox"/> 3. The mental health and wellbeing of people living and working in Cheshire East is improved <input type="checkbox"/> 4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To note and comment upon the proposed work.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A
Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	N/A

1 Report Summary

- 1.1 The All Together Fairer Commission was established as a sub-group of the Cheshire East Health and Wellbeing Board in late 2020. Its first focussed work led to the 'Living Well in Crewe' report endorsed by the Board in November 2022 and published in 2023. Councillor Rhodes is the Chair of the Commission.
- 1.2 Over recent months there has been discussion amongst officers and partners about potential subject areas for the Commission to look into this year and it is proposed that this should be poverty, specifically the interventions that are currently in place, both national and local; whether there are gaps or duplication and whether we are able to demonstrate impacts in relation to the levels of poverty within Cheshire East and on the health and wellbeing of our population.
- 1.3 There are many aspects of poverty that have been reported on and discussed over the last 12 months, for example child poverty, food poverty, fuel poverty and digital poverty. However, it is likely that if you suffer from one form of poverty, you will be affected by poverty in all aspects of your life.
- 1.4 The intention will be to produce a report that provides a clear system wide overview of what is in place to support people in poverty and considers how we ensure that the interventions are as effective and impactful as possible.

2 Recommendations

- 2.1 That the Cheshire East Health and Wellbeing Board consider and comment upon the proposed poverty review.

3 Reasons for Recommendations

- 3.1 To gain the support of the Board for the proposed review of poverty to be undertaken by the All Together Fairer Commission.

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 The proposed piece of work will be of relevance in relation to all four of the strategic outcomes:

- Cheshire East is a place that supports good health and wellbeing for everyone
- Our children and young people experience good physical and emotional health and wellbeing
- The mental health and wellbeing of people living in Cheshire East is improved
- That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

5 Background and Options

5.1 In 2022 the Council, working with partners, initiated a piece of work to support people with the cost of living crisis that had materialised post-Covid and as a result of the impact of the war in Ukraine on energy prices. This included a spotlight review on the 'Right to Food' the creation of detailed 'Cost of Living' support pages on the Live Well website [Cost of living support](#) and a joint strategic needs assessment focussed upon [Poverty](#).

5.2 A number of recommendations came out of this work. These included, from the Spotlight Review:

- Establish a working group and co-create a strategy with service users
- Establish a referral pathway/process
- Upskill the volunteer workforce to advise, signpost and make referrals
- In collaboration with the Food Network, provide social space for information sharing
- Collaborate with producers and manufacturers to support a food surplus model of food procurement.

and from the Poverty JSNA:

1. **Work together with people with lived experience** to improve our understanding of the current and emergent challenges and to work out solutions for these. This will be supported by the Cheshire East People's Panel project and learning from the Transfer of Care hubs (see full report for more information).
2. **Widely share our knowledge of services and community assets** available to support people experiencing poverty, including those online and those available in person.
3. **Encourage professionals to take a holistic approach** to consider the why and the wider implications for the individual.
4. Encourage as many people who work with our residents as possible to **signpost** them to the support available. For example, schools, employers and health and care professionals. We need to make sure they are equipped to do this.
5. Work to **reduce the stigma** associated with seeking support, where possible.
6. Ensure support and advice is **accessible** for people with disabilities, where there are language barriers, where people are not online or where they do not have transport. Our community engagement teams will be important in highlighting gaps to us.
7. Further **explore approaches to addressing the rising rates of long term unemployment**.
8. **Explore ways to reduce and address the challenges in housing provision** and are mindful of these challenges when developing approaches to address fuel poverty.

In supporting people with **food poverty** we need to:

- Develop approaches to address food poverty that consider supply, sustainability and transport issues and focusing on areas at greatest need.
- Note the good practice examples and our areas of increased need.

In supporting people with **fuel poverty** we need to:

- Implement actions from the cold homes audit (see full report for more details) to ensure our local approach is following the best practice guidance in supporting people experiencing cold homes.
- Note the good practice examples and our areas of increased need.
- Use the Cheshire and Merseyside fuel poverty dashboard to inform our approach.

In supporting those experiencing poverty with their **health and wellbeing** we need to:

- Make sure we make the most of opportunities to **prevent illness** in deprived areas and particularly in Crewe. We need to promote signposting to support services across health and care including for support with transport, lifestyle change, NHS health checks, vaccination and cancer screening. We also need to make the most of schemes such as CORE20Plus5. (See full report for more details.)
- Explore ways of **supporting our areas with the highest patient GP ratios**, particularly in areas of deprivation.
- Make the most of, and **develop further, opportunities to walk or cycle safely** within deprived urban areas with low car ownership.

- 5.3 More recently the Cheshire and Merseyside Health and Care Partnership commissioned research into child and family poverty that was published in August 2024 and brought to the Health and Wellbeing Board in November last year [Child & Family Poverty](#) . The Cheshire East Plan 2025 – 2029 includes a commitment to ‘Unlock prosperity for All’ and the objective of reducing child and family poverty through a coordinated approach with partners. The work proposed for the Commission would help to establish this partnership approach.
- 5.4 The starting point of the Commission’s work will be to review the recommendations from the Cost of Living Spotlight Review, the JSNA and the Cheshire and Merseyside report, to determine progress made against them. There would also be a piece of research undertaken to identify the changes that have taken place over the last three years in relation to national policy / interventions that might have had a positive or negative impact and consideration of what is forthcoming that may provide opportunities for local people (for example there are a number of initiatives in hand in relation to boosting support for and the skills of those who are economically inactive to help them into work). Recent announcements regarding increased access to free school meals and the winter fuel payments are also relevant. Other measures such as auto-enrolment for free school meals will also be considered.
- 5.5 Officers from across the council will be involved together with representatives of the community and voluntary sector. Our housing providers will be important contributors and the Police and Fire and Rescue Services may have contributions they wish to make. It is recognised that local NHS colleagues are under significant pressure through reorganisation and demand pressures, but their involvement would be welcomed if feasible within the capacity available. The pieces of work referenced above included the voices of people with lived experience of poverty and we will work with partners to ensure these are heard again.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:
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Email: guy.kilminster@cheshireeast.gov.uk

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