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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday 24th March 2020**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

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.

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

1. **Apologies for Absence**

2. **Declarations of Interest**

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

3. **Minutes of Previous meeting** (Pages 3 - 6)

   To approve the minutes of the meeting held on 28 January 2020.

For requests for further information
Contact: Rachel Graves
Tel: 01270 686473
E-Mail: rachel.graves@cheshireeast.gov.uk with any apologies

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

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

5. **NHS Cheshire CCG Commissioning and Contracting Intentions 2020/21**
(Pages 7 - 66)

To consider a report on the Cheshire CCGs Commissioning and Contracting Intentions 2020/21.

6. **Special Educational Needs and Disability (SEND) Improvement Update**
(Pages 67 - 78)

To consider an update on progress against Cheshire East's SEND Written Statement of Action.

7. **Cheshire and Merseyside working together as a Marmot Community**
(Pages 79 - 94)

To consider a report seeking support for the proposal for the Cheshire and Merseyside Health and Care Partnership to become a Marmot Community.

8. **Cheshire East Partnership Transformation Update**

To receive a verbal update on the Cheshire East Partnership Transformation.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 28th January, 2020 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Councillor Sam Corcoran, Cheshire East Council (Chairman)
Dr Andrew Wilson, (Vice-Chairman)
Councillor Laura Jeuda, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council (sub for Councillor Flavell)
Mark Palethorpe, Cheshire East Council
Louise Barry, Healthwatch
Clare Watson, Cheshire CCGs
John Wilbraham, East Cheshire NHS Trust

Non-Voting Members
Superintendent Peter Crowcroft, Cheshire Police
Tom Knight, NHS England
Mark Larking, Cheshire Fire and Rescue
Caroline Whitney, CVS

Observer
Councillor Janet Clowes, Cheshire East Council

Councillors in Attendance
Councillor Jos Saunders

Cheshire East Officers
Guy Kilminster, Cheshire East Council
Alex Jones, Cheshire East Council
Alistair Jordan, Cheshire East Council
Rachel Graves, Cheshire East Council

36 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Kathryn Flavell (Cheshire East Council), Linda Couchman (Cheshire East Council) and Kath O'Dwyer (Cheshire East Council).

37 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

38 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 26 November 2019 be approved as a correct record.

39 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

40 **BETTER CARE FUND PLAN 2019 - 2020**

The Board considered a report which provided an overview of the Better Care Fund Plan for 2019/20.

The aim of the Better Care Fund was to bring about greater integration between health and social care. The Plan included the Improved Better Care Fund, Better Care Fund and winter pressures.

In total there were 21 schemes in operation across the fund and the report summarises the details of each scheme. In total the schemes covered £35m of expenditure.

RESOLVED:

That the Board agree the Better Care Fund Plan for 2019-20.

41 **BETTER CARE FUND QUARTER 2 UPDATE**

The Board considered a report which provided a summary of the progress made during Quarter 2 2019/20 of the Better Care Fund.

A range of activities had taken place during Quarter 2 which included the production and deployment of a winter plan, the commissioning of two interim trusted assessor services and the establishment of task and finish groups to provide greater focus on reducing delayed transfers of care which were attributed to social care.

RESOLVED:

That the Board note the Better Care Fund performance in Quarter 2 2019/20.

42 **PAN-CHESHIRE CHILD DEATH OVERVIEW PANEL ANNUAL REPORT**

The Board received a presentation on the Pan Cheshire Child Death Overview Panel Annual Report from Dr A Thirumurugan.

The presentation provided data on the number of child deaths, the number of reviews carried out, time taken to carry out reviews, categories of death, location of death and any modifiable factors which may help prevent unnecessary child deaths, and set out the priorities for 2019/20 and the challenges faced by the Pan Cheshire Child Death Overview Panel.

RESOLVED:

That the Pan Cheshire Child Death Overview Panel Annual Report 2018/19 be received and noted.

43 **CHESHIRE EAST LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

The Board considered the Annual Report of the Cheshire East Safeguarding Children Board for 2018/19.

The Annual Report highlighted the activities, progress, achievements and challenges faced by the Cheshire East Safeguarding Children Board. The Report also set out the key priorities for 2019/20.

RESOLVED:

That the Cheshire East Safeguarding Children Board Annual Report 2018/19 be received and noted.

44 **MENTAL WELLBEING STRATEGY - HEADING IN THE RIGHT DIRECTION**

The Board considered a report on the Cheshire and Warrington Mental Health Strategy – 'Heading in the Right Direction'.

The Cheshire and Warrington Public Sector Transformation Programme had identified mental health as a barrier to residents thriving across Cheshire and Warrington from the Case for Change evidence review in 2016. Partners had been looking at mental health and prevention since then and this had resulted in the creation of the Mental Wellbeing Strategy – 'Heading in the Right Direction'. The Strategy sought to demonstrate the potential impact of place on wellbeing. The Strategy proposed 11 recommendations – 5 actions and 6 enabler, which had been worked up into a delivery plan.

The Mental Health Strategy would be considered by all the Health and Wellbeing Boards in the Cheshire and Warrington Sub-region.

RESOLVED:

That the Board support the Mental Health Strategy.

45 CHESHIRE EAST PARTNERSHIP TRANSFORMATION UPDATE

The Board received an update on the Cheshire East Partnership Transformation.

A workshop would be taking place shortly to look at the expectations, work streams and performance for the next year.

RESOLVED:

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.50 pm

Councillor S Corcoran (Chairman)

Cheshire East
Health and Wellbeing Board

24th March 2020

Title
NHS Cheshire CCG Commissioning and Contracting Intentions 2020/21

Author	Contributors
Tracey Cole, **Executive Director of Strategy and Partnerships** **Cheshire CCGs**	**See Appendix A**
Date Submitted	**11th March 2020**

Report Summary

Each year commissioners in the NHS are required to set out their priorities for the coming year (from 1st April 2020) and how they will improve the health of the communities they serve. The Commissioning and Contracting Intentions 2020/21 (Appendix A) outline how the funding allocated to NHS Cheshire CCG will be spent to ensure:

- The maximum benefit to our population
- That the aims within the Cheshire East Place and Cheshire West and Chester Place Plans are realised
- The NHS Operational Planning and Contracting Guidance 2020/21 is implemented[1]
- The requirements of the NHS Long Term Plan are delivered in Cheshire.[2]

The Commissioning and Contracting Intentions 2020/21 outlines the CCGs priorities and have been based on feedback received following discussions with representatives of patients and the public, our Member Practices and other key stakeholders, as well as being informed by evidence where ever this is available, such as from the Joint Strategic Needs Assessment, and/or information from patients, the public and GPs.

The Governing Bodies of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG approved the Commissioning and Contracting Intention 2020/21 at their meetings in common on 20 February 2020.

Cheshire East Health & Wellbeing Board are asked to note the work undertaken to produce the intentions, consider the intentions and provide comment, and are asked to support the CCGs approach to commissioning for outcomes.

[1] NHS Operational Planning and Contracting Guidance 2020/21 https://www.england.nhs.uk/operational-planning-and-contracting/
[2] NHS Long Term Plan https://www.england.nhs.uk/long-term-plan/

Working together:
NHS Eastern Cheshire Clinical Commissioning Group
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group
NHS West Cheshire Clinical Commissioning Group

Any feedback provided will be reported back to the Cheshire CCG Governing Bodies for further consideration.

Appendices	
Appendix A	Commissioning and Contracting Intentions Powerpoint slide deck

Access to further information

For further information relating to this report contact:

Name	Tracey Cole
Designation	Executive Director of Strategy & Partnerships
Telephone	0773 0088261
Email	tracey.cole3@nhs.net

Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
- Cheshire East Integrated Care Partnership
- Cheshire West Integrated Partnership
- CVS Cheshire East
- Cheshire West Voluntary Action
- Primary Care Cheshire
- South Cheshire and Vale Royal GP Alliance
- Vernova Health Care
- Healthwatch
- NHS E/I

Cheshire Commissioning & Contracting Intentions 2020/21

20 February 2020

I wish that **Health and Social Care** would see me together as **one person** and **work together**

Contents

Executive Summary

Setting out our ambitions for Cheshire in 2020-21 and beyond….

Key features:

- Meeting the **population health needs** of those in Cheshire.
- A **partnership approach** to include all parts of the health and care system.
- Distributing **risk and reward** across the whole system.
- Clarified plans for **Integrated Care Partnerships** to mature and become tactical commissioners and integrated providers.
- **Increased proportion of spend** in primary, third sector, community services and prevention.
- **Reduced proportion of spend** in acute services – need to agree & fix bed base.
- **Joint strategic commissioning** between Local Authorities and CCG.

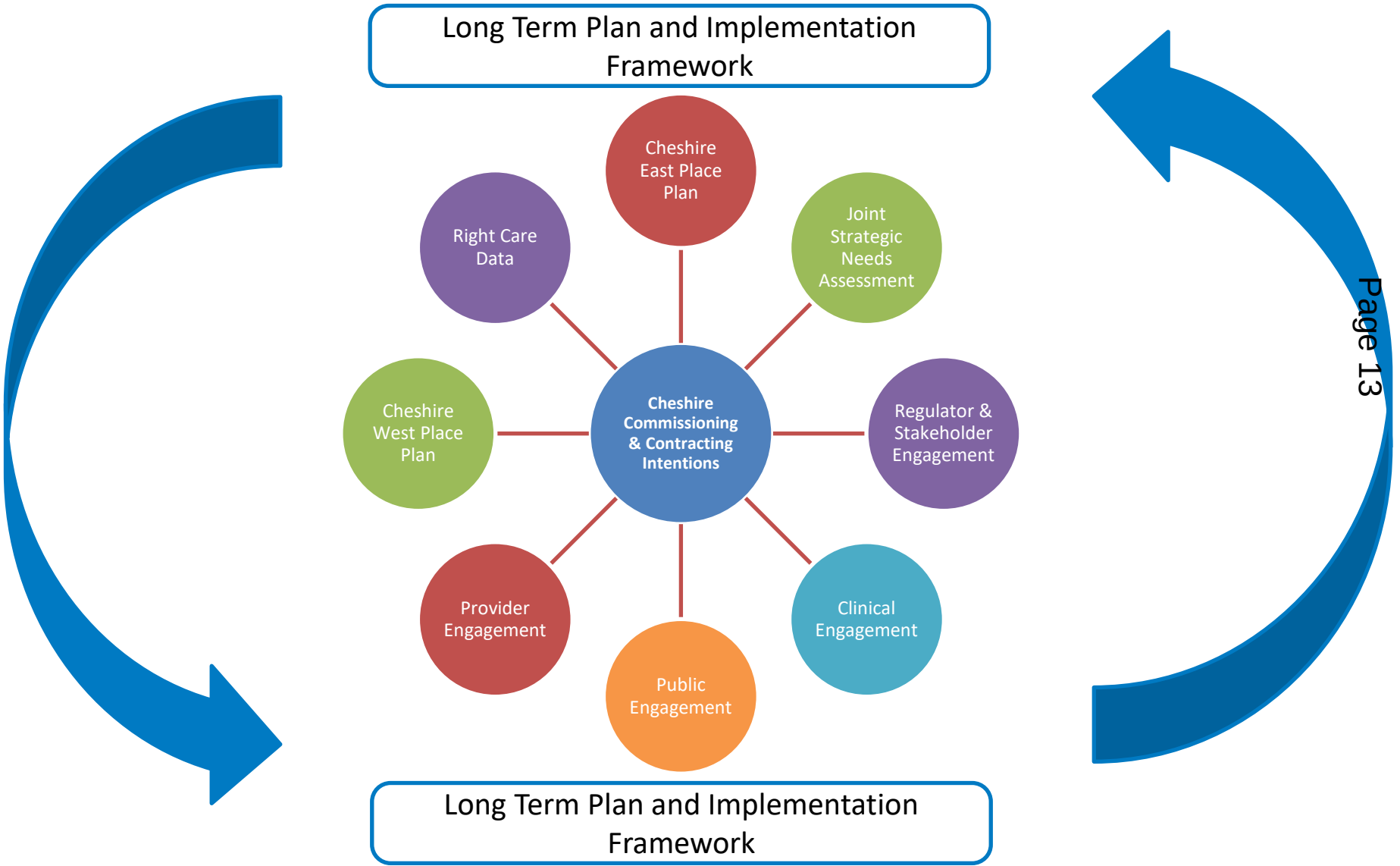
Contracting:

- **Capped contracts** - certainty of revenue and spend.
- **Lead provider contracts** - providers to lead beyond organisational boundaries.
- **Programme Budgets** – key areas to have finite resource across providers.
- Move towards **hospital group** and/or **shared services** model.
- **Social value charter and carbon neutral plans** – forming core aspects of contracts.

Drivers:

- **NHS Long-term plan**
- **Place Plans**
- Population **Growth** Assumptions
- Financial and operational **pressures**
- **NHS Operational Planning and Contracting Guidance 2020/21**

Building Cheshire Commissioning & Contracting Intentions



Clinical / Stakeholder Engagement Timeline

27 November 2019	West Cheshire CCG Membership Council	✓
6 December 2019	East Cheshire CCG Membership Council	✓
11 December 2019	Vale Royal CCG Membership Council	✓
19 December 2019	South Cheshire CCG Membership Council	✓
Jan/Feb 2020	Cheshire Local Medical Committee	✓
Jan/Feb 2020	Primary Care Cheshire	✓
Jan/Feb 2020	South Cheshire and Vale Royal GP Alliance	✓
Jan/Feb 2020	Vernova Health Care	✓
Jan/Feb 2020	Academic Health Science Networks (AHSN)	✓
Jan/Feb 2020	NHSE/I including Specialised Commissioning	✓
Jan/Feb 2020	Healthwatch Cheshire East & Healthwatch Cheshire West	✓
Jan/Feb 2020	Cheshire West Voluntary Action & Community & Voluntary Services Cheshire East	✓

Governance & Assurance

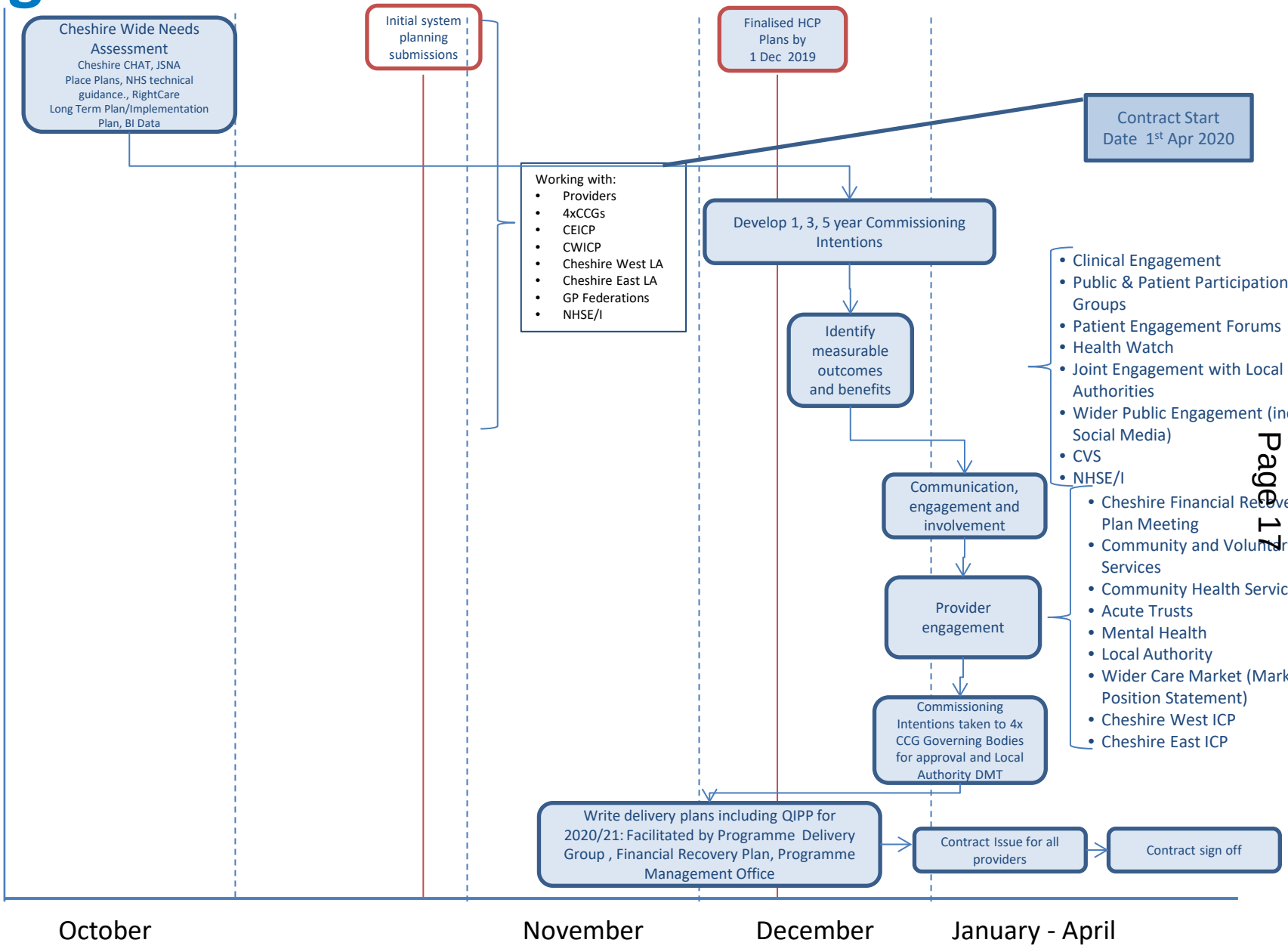
Date	Meeting	
December 2019	Discussions with NHS England/Improvement	✓
23rd January 2020	Cheshire CCGs Governing Body – in private	✓
January 2020	A range of Key Stakeholder Exec to Exec Meetings	✓
20th February 2020	Cheshire CCG Governing Body – in Public	✓
5th March 2020	Cheshire East OSC	
18th March 2020	Cheshire West and Chester HWBB	
24th March 2020	Cheshire East HWBB	
2nd April 2020	Cheshire West and Chester OSC	

Public Engagement

Our people and communities are at the heart of our commissioning and contracting intentions to ensure that our plans reflect what is important to the people of Cheshire.
Our plans have been informed by listening at all stages through our commissioning and engagement cycles and by hearing the feedback and experiences you have shared with our partners, such as Healthwatch Cheshire East and West.
We have also used the stories and comments you have shared through other engagement processes such as Place Plan engagement and Community Conversations in Cheshire West.

Face to Face		
12 February 2020	Cheshire Chat in Cheshire East	✓
14 February 2020	Cheshire Chat in Cheshire West	✓
Socialising the Plan		
February 2020	Twitter/Facebook sharing – from websites	
February 2020	Partner comms packs – to share through their channels (e.g. Voluntary & 3rd Sector & Healthwatch)	
February 2020	Issuing on Local Authority Partner Websites	
March 2020	Short film & patient talking heads following Cheshire Chat	

High Level Timeline



Working together:

- Cheshire CCGs
- Cheshire East Council
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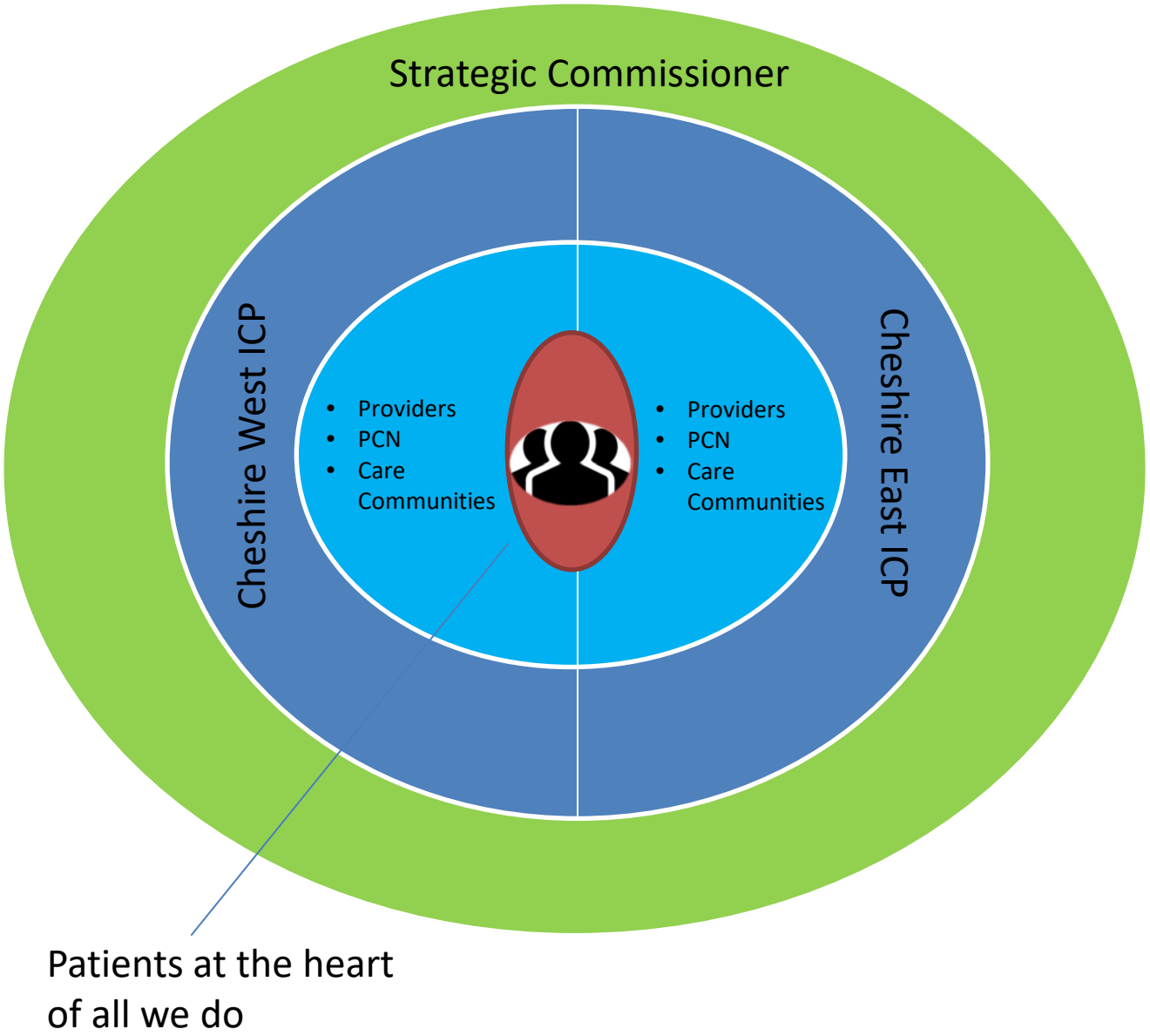
A Vision for Cheshire

A Vision for Cheshire



- Advocate for 770,000 population - strong voice in HCP, NW & Sub Region
- Single Cheshire Strategic Commissioning
- Management Agreement between main providers with single back office functions
- Delivery beyond organisations
- System Demand Management
- Growth of Primary, Community Health, Mental Health and Third/ Community Sector
- Reduction in some acute activity
- Focus on Prevention and Wellbeing
- Increase Health Equality

A Vision for Cheshire

- **Ambition** – 'best of the best'
- Leading **Collaborative Partner**
- **Engagement** – Conversation & Co-production
- **Unlock** barriers & **reduce** duplication
- Cheshire £ (repatriation, Specialised Commissioning…)
- All Age **Population Health & Wellbeing**
- Wider **Determinants** – Prosperity, Employment, Housing, Leisure…
- **Improve** outcomes & **reduce** unwarranted variation
- Single Approach & Standardisation/Equality
- **Active** & **Invested** Public & Patients – Help Shape Future
- **Commissioning** 'power & influence' – Size & Resource
- **Innovative** Market Management & Provider Development
- **Support** & **empower** Primary Care Networks, Care Communities & Integrated Care Partnerships
- **Sustain**, Develop & T**ransform** Primary Care
- Membership Organisation – **Accountability**
- **Values** & **Leadership**

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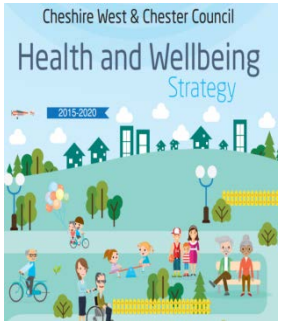
Health & Care Context and Population Growth Assumptions

Health and Care Context



BY 2029 THE PERCENTAGE OF THOSE AGED **65YRS+** WILL INCREASE BY 50%+

ALMOST 50% OF OUR ADULT POPULATION DO NOT GET ENOUGH **EXERCISE**

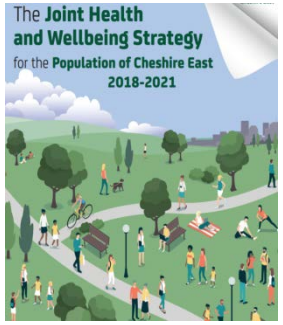
A HIGHER PROPORTION OF ADULTS ARE AFFECTED BY **HEART DISEASE** OR **CANCER**

HIGHER RATES OF **ALCOHOL** CONSUMPTION

HIGHER THAN AVERAGE RATES OF **SMOKING**

HIGHER RATES OF **FALLS** IN THOSE AGED 65YRS+

AT LEAST 1 IN 5 OF OUR 4/5 YR OLD CHILDREN ARE **OBESE**



Cheshire West and Chester

Total Population: 338, 000

- 60,100 Children Aged 0-15
- 206,400 People of Working Age (16 – 64)
- 71,500 Older People Aged 65 and above

2025

- Overall, the population is forecast to increase by around 19,200 (6%)
- The number of children (aged 0-15) is forecast to increase by around 3,900 (7%)
- The number of working age residents (16-64) is forecast to remain steady
- The number of older people (aged 65+) is forecast to increase by around 15,200 (21%)

Cheshire East Council

Total Population: 378, 800

- 67,400 Children Aged 0-15
- 226,100 People of Working Age (16-64)
- 85,300 Older People Aged 65 and above

2025

- Overall, the population is forecast to increase by around 10,800 (2.9%)
- The number of children (aged 0-15) is forecast to increase by around 300 (0.45%)
- The number of working age residents (16-64) is forecast to decrease by around 6,500 (-2.78%)
- The number of older people (aged 65+) is forecast to increase by around 102,300 (19.9%)

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Moving to a Strategic Commissioning Approach

Becoming a Strategic Commissioner

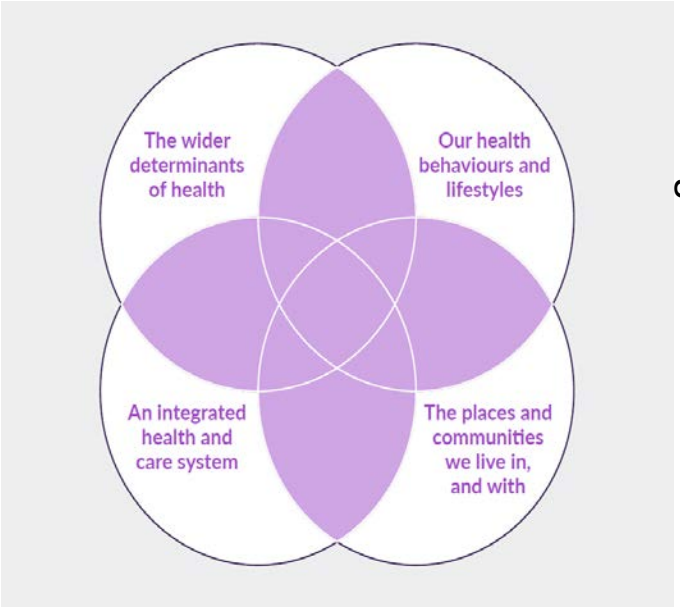
To be progressively delivered by Cheshire East Place/Integrated Care Partnership and Cheshire West Place/Integrated Care Partnership	To be progressively delivered by Cheshire Clinical Commissioning Group in partnership with Cheshire West and Chester Council and Cheshire East Council
TACTICAL COMMISSIONING is focused on **collaborative partnership relationships** with providers, the **procurement** of services, **sub-contracting**, and the management of the **provider chain** against **specification and performance criteria**. This would usually be focussed on the **short-term** but with increasing focus beyond annual cycles. Connections with the population are based on a **locality/neighbourhood approach**.	**STRATEGIC COMMISSIONING** is **system-wide** leadership and service planning across a defined area, involving the development of an understanding of needs and requirements at a population level working with citizens, **monitoring system performance** with agreed deliverables and outcomes, redesigning the system architecture and repositioning services to better meet local need. Looks to deliver improvements over the **longer term** and across a **wider area.**

Becoming a Strategic Commissioner for a Population Health System

- NHSE/I have been approached to support the parallel and symbiotic workstreams of:
  - Cheshire CCG developing as a strategic commissioner.
  - Cheshire ICPs/place developing as tactical commissioners and integrated providers.

    Resulting in:
  - Clarity of ambition and pace for all organisations.
  - Aligned understanding of risk appetite, organisational 'red lines' and levels of responsibility/authority within the systems.
  - Clear operating frameworks linking back to functions and capabilities.
  - Enabling governance arrangements necessary for ambitions to be realised.

- By June 2020, Cheshire West ICP and Cheshire East ICP will be asked to produce separate but interlinking Strategic Road Maps for 2020-2024 to contain planned developments which will ensure Commissioning & Contracting Intentions and Long Term Plan requirements will be delivered.



The Kings Fund - four pillars form the basis for a **population health system**
https://www.kingsfund.org.uk/publications/vision-population-health

Transformation of Commissioning

2019/20 to 2023/24		
Individual relationships with providers	Indicative Care Budgets	Population Health based budgets fully implemented
Detailed KPIs and Service Specifications per provider		Managing provider chain against specification and performance criteria
Commissioning of Services per provider with pathway gaps between Organisations		Commissioning of Services aggregated to Cheshire or place.
Elements of Pathway Improvement owned by Organisations	5 Year Transformation	Continued Service Integration and Improvement owned by place.
Individual Organisation Contract Monitoring Processes		Contract monitoring through outcome framework
Individual LA and CCG Commissioning		Joint Strategic Commissioning between LAs and CCG
4 Cheshire CCGs		Single Cheshire CCG

Primary Care Sustainability

- The development of integrated care within Cheshire cannot be achieved without strong and sustainable primary care services with particular focus on general practice
- The 17 Care Communities within Cheshire will be supported to continue to develop alongside the 18 Primary Care Networks
- The commitment from the Cheshire CCGs to 'level up' funding to general practice across all geographies within Cheshire will be realised during the coming years by working in partnership with Cheshire Local Medical Committee
- A single Cheshire service specification for community services will be developed and used to commission increasingly high quality and responsive services so as to meet the Long Term Plan implementation aims but also to ensure that wherever possible pressure upon primary care is alleviated
- The CCGs will increasingly wish to work with Primary Care Networks and Cheshire GP Alliances/Federations and ICPs as a conduit to commissioning from 79 practices in an aligned way either on a Cheshire or place basis
- A single prescribing incentive scheme will be developed so that all GPs are working to the same quality and value for money outcome markers and so that all areas within Cheshire can achieve the highest possible status in line with the CCG Outcome Framework prescribing indicators

Acute Sustainability

- The demands on an ageing population with increasing chronic health problems, together with financial pressures mean there is a need to support sustainable acute services across Cheshire as well as with regional partners
- Through the Cheshire and Mersey Healthcare Partnership acute sustainable programme we will continue to support local delivery as well as supporting good quality integrated services across Cheshire
- Where appropriate, to enhance resilience and service stability for patients, the CCG will work with hospital trusts to embed collaboration at scale and further develop opportunities with key providers such as:

    - East Cheshire Hospital Trust and Greater Manchester Providers
    - Countess of Chester Hospital NHS Foundation Trust and other partners such as Betsi Cadwaladr University Health Board
    - Mid Cheshire Hospital NHS Foundation Trust and University Hospitals of North Midlands NHS Trust

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Cheshire System Principles & Behaviours

Cheshire System Principles

The system has agreed to a number of principles under which it intends to operate:

- Changes will reduce unwarranted clinical variation
- All proposed changes will be Quality and Equality impact assessed before being implemented
- Improve population health outcomes through Cheshire wide partnership working
- Reduce inequality across Cheshire
- Aspire to meet all NHS Constitutional Standards and NHS Oversight Framework*
- Attract additional resources to support our system
- Develop solutions which improve the net system position

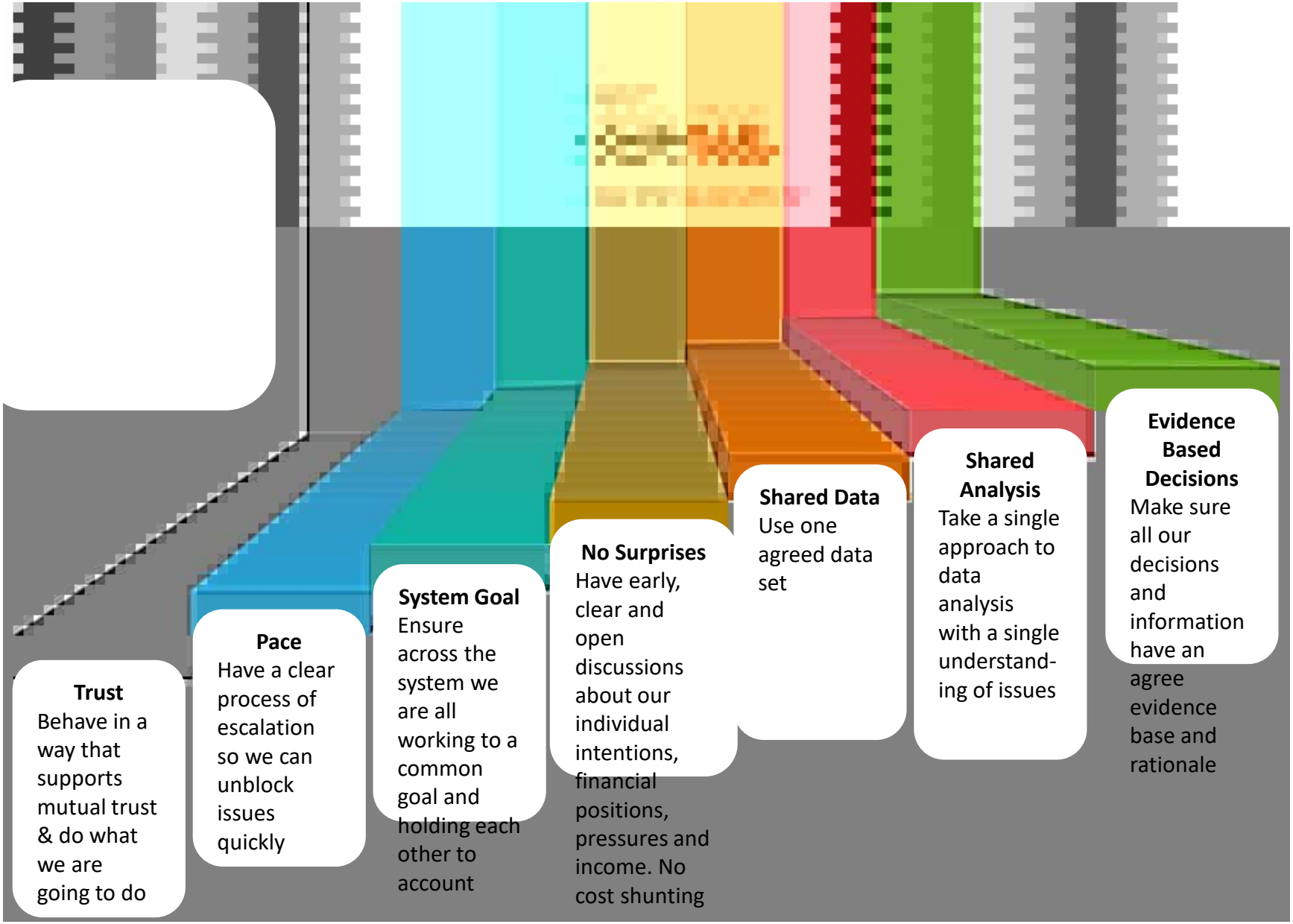
* https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

Cheshire System Behaviours:

The Cheshire System will:

- Work together in new ways to achieve our ambitions
- Make time for our top leaders to visibly lead the recovery and transformation efforts
- Shift existing resources from low to high priority activities – stopping some projects now
- Share teams, taking increased responsibility for other parts of the system and/ or releasing responsibility to others in the system to carry out functions for all of us
- Develop a level of urgency for actions

Cheshire System Behaviours:



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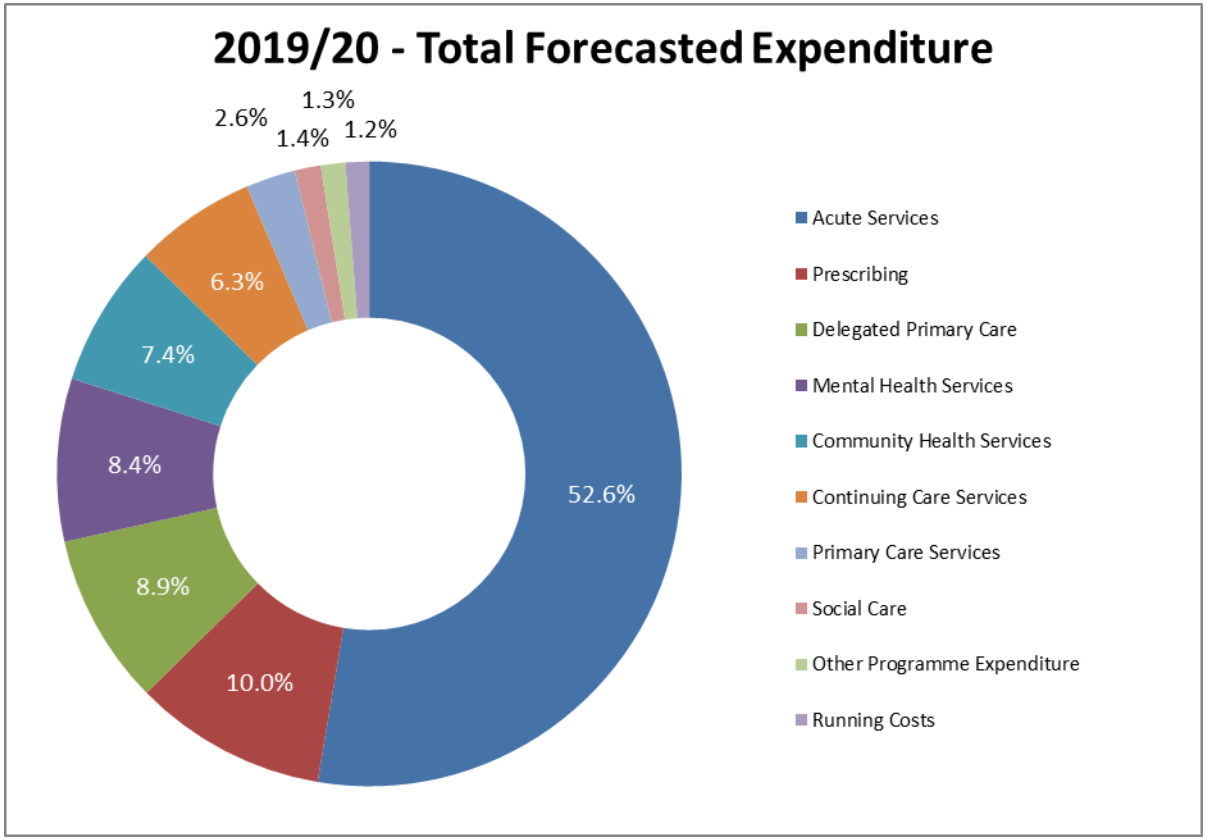
Financial Context

How we spend £1.18bn (2019/20)

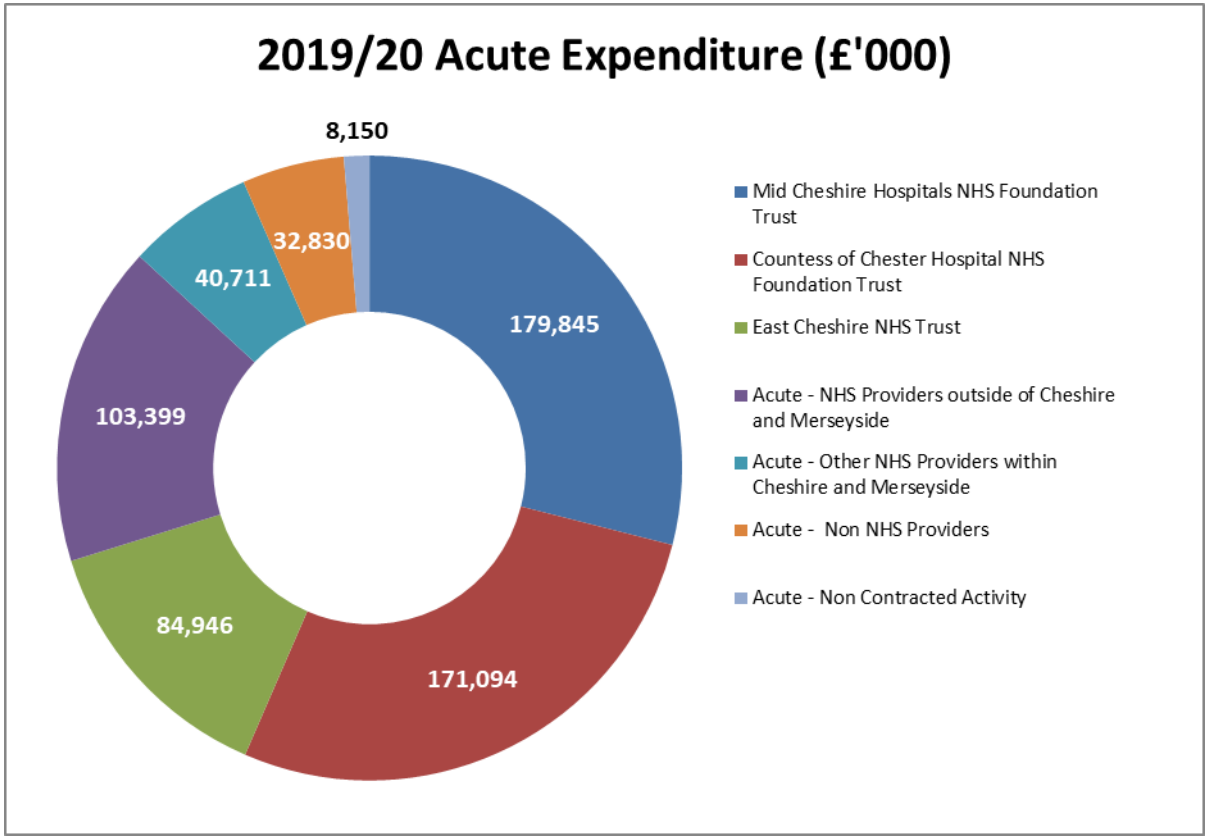


Expenditure Type (£'000)	19/20
Acute Services	622,174
Prescribing	118,142
Delegated Primary Care	104,821
Mental Health Services	99,580
Community Health Services	86,944
Continuing Care Services	74,418
Primary Care Services	30,309
Social Care	16,100
Other Programme Expenditure	14,901
Running Costs	14,461
Total	**1,181,850**

Voluntary Sector expenditure is spread across a number of categories above but totals £5.3m which equates to 0.5% of the total expenditure.

We will increase the investment in this sector and be innovative in our partnering with them.

How we spend £1.18bn (2019/20)



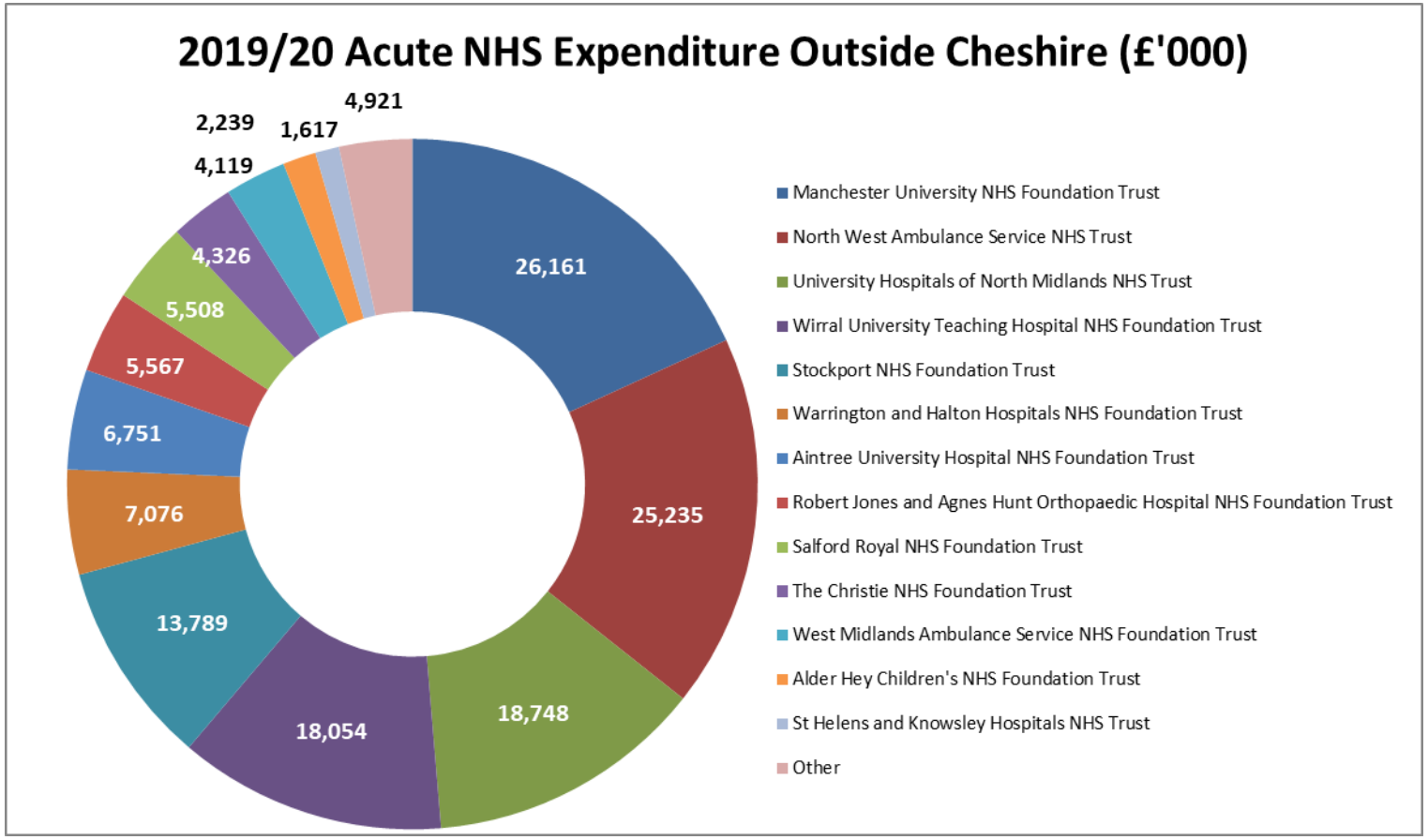
The three Cheshire DGH trusts make up approximately 70% of the total expenditure on Acute Services

16.5% of the commissioned acute spend goes to NHS providers outside Cheshire and Merseyside

5.2% is spent with non-NHS providers; this equates to £32.8m

Note this does not include any work sub-contracted by NHS trusts

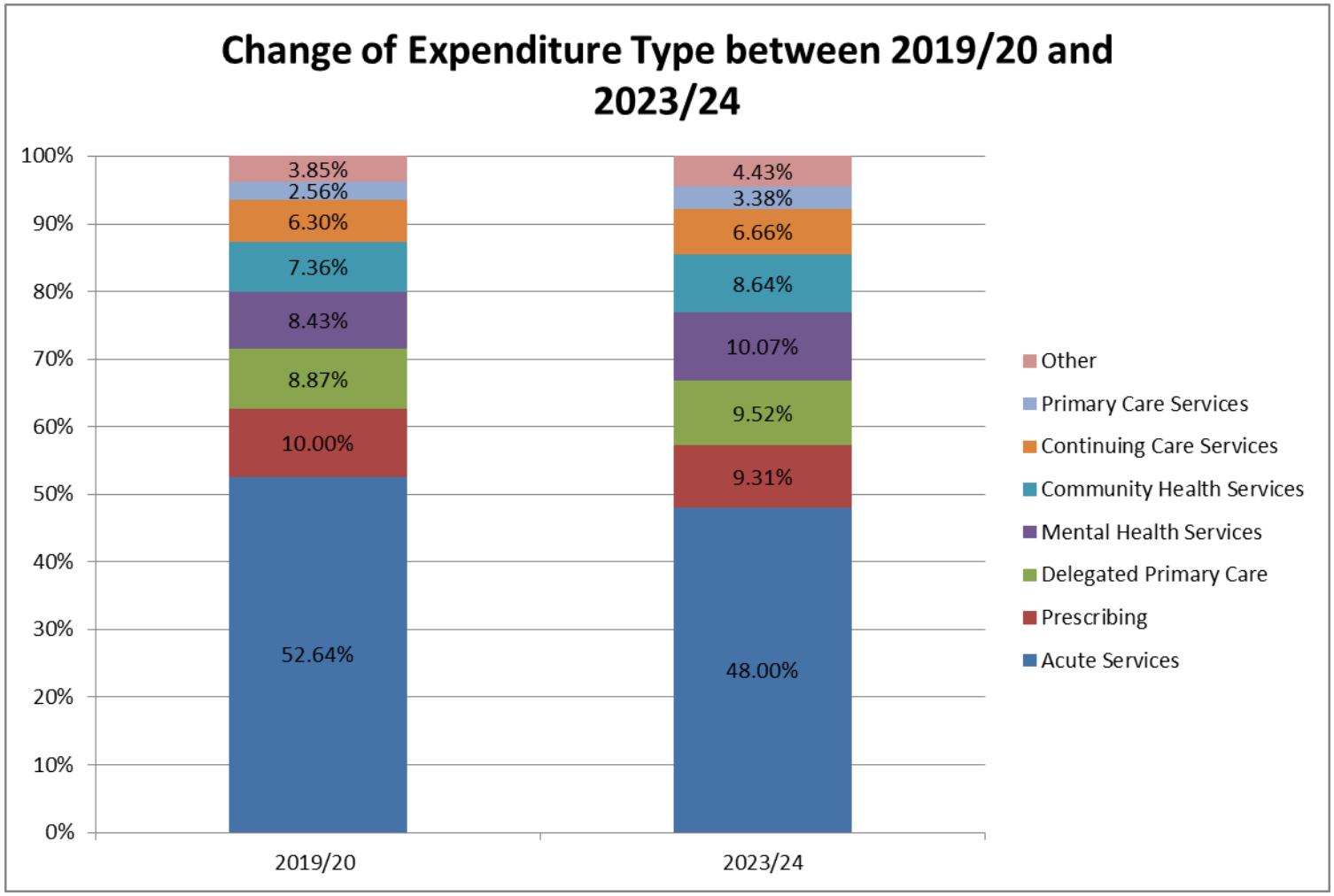
Finances:
£103m acute spend outside Cheshire



Financial Intentions

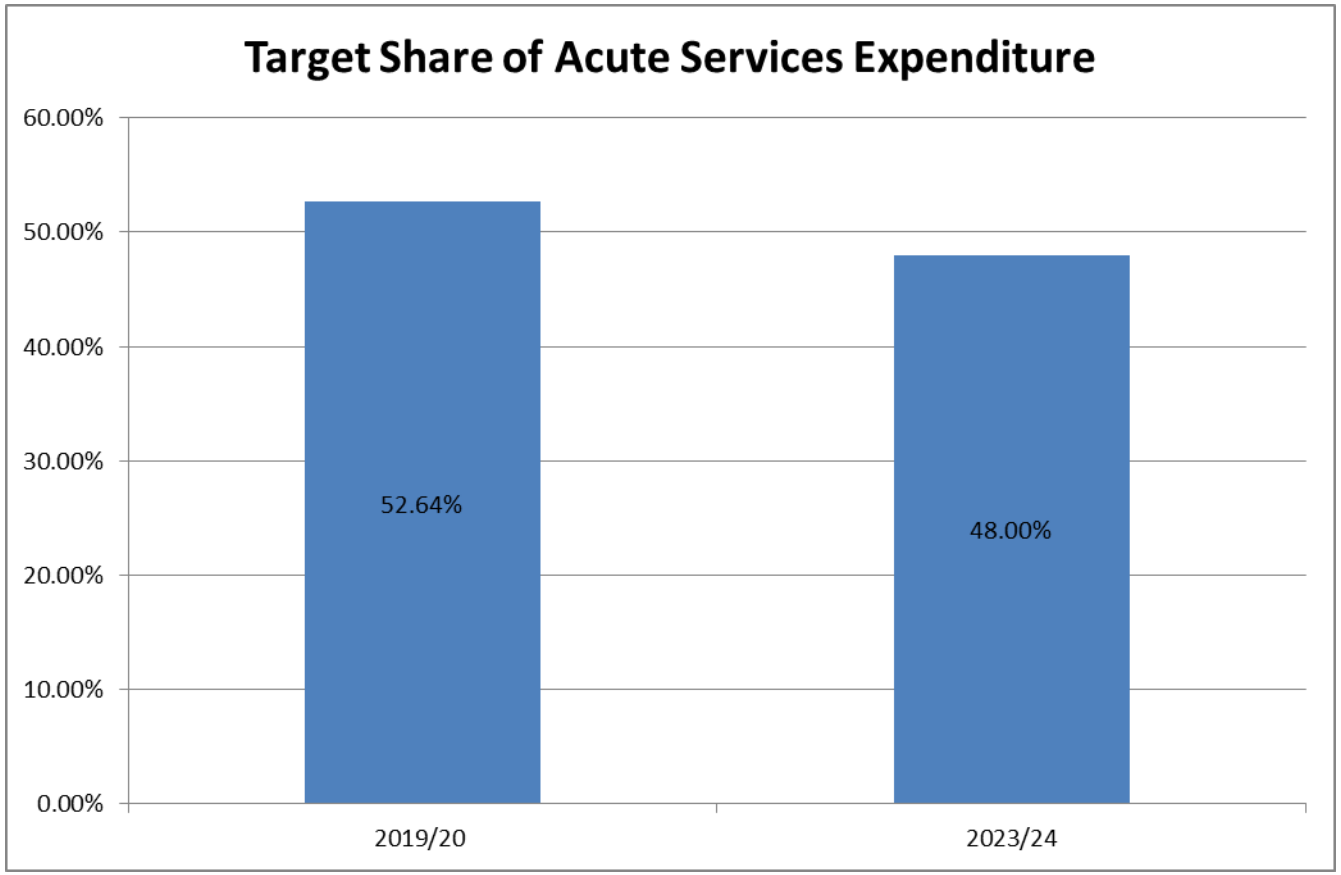
- Spend to fit with allocation
- Spend based on need not activity
- Differential geographical spend based on need

Financial Intentions – All Spend



This modelling assumes the additional expenditure transfer (approx. £32m) from Acute Services to Mental Health Services, Community Health Services and Primary Care.

Financial Context – Transformation



In **2019-20** the system Cheshire systems spends more than **52.6%** of its allocation in acute care

With current must-do assumptions applied and the remaining deficit removed from Acute Services, the system will be spending approximately **50.5%** of total expenditure on acute services in **2023/24**

We will **aim** to reduce acute spend to a maximum of **48%** of the overall CCG budget. To do this the system will need to move a further £32m of expenditure from Acute Services to other sectors.

Financial Intentions - Planning Assumptions

In line with National and Local Guidance the following growth assumptions have been used to increase budgets available:

- Mental Health – 1.7% above allocation growth in 20/21, in line with allocation growth for future years of approximately 4%
- Community Services and Continuing Care – in line with the allocation growth
- Local Primary Care Services - in line with the allocation growth of approximately 4%
- Delegated Primary Care – in line with ring fenced allocation plus current pressure forecast in 2019/20
- Prescribing – 0.5% based on national guidance. Further work will take place to ensure a long-term sustainable financial model

In addition the following local assumptions:

- Social Care (s256) – 3%
- Other Programme Expenditure – 2%
- Acute (Contracts outside of Cheshire) – 0% growth, tariff/inflation as per the guidance

For all planning returns and in particular the long term financial plan, income for Cheshire providers has been matched by the commissioner as expenditure to ensure that there is triangulation between expenditure and income within the Cheshire System.

Growth has not been broken down at a detailed level. For mental health, community and primary care the associated growth is shown separately and not allocated to providers or budgets.

Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
- Cheshire East Integrated Care Partnership
- Cheshire West Integrated Partnership
- CVS Cheshire East
- Cheshire West Voluntary Action
- Primary Care Cheshire
- South Cheshire and Vale Royal GP Alliance
- Vernova Health Care
- Healthwatch
- NHS E/I

Contracting Intentions

Contracting Intentions

The CCG wishes to:

- Enter in to **fixed price contracts** with each of the 4 main Cheshire NHS providers; aligned to a system control total based on cost , aligned to allocations and supported by NHSE/I.
- Agree **risk and gain share joint delivery schemes** with each of the 4 main Cheshire NHS providers, based on activity & expenditure delivered within out of area providers, independent sector and within associated health care expenditure such as medicines prescribing.
- Work with providers to develop governance structures to deliver two **alliance approaches across the two places**, hosted by each Integrated Care Partnership by 2021/22.
- Identify **programme budgets** within existing expenditure to be contracted and delegated to a lead provider through-out the year, to remove barriers to flow caused by traditional contracting approaches. To be included in a Integrated Care Partnership Contract in 2021/22.
- Empower each **Integrated Care Partnership to become accountable** for key aspects of QIPP delivery in 20/21.

Contracting Intentions

The CCG wishes to:

- Ensure all contracts include principles of **social value** that encourage and support community asset building, local workforce development as well as enhancing volunteering opportunities. Social value will support providers to sustain local services whilst providing work opportunities for local people.
- Work with a co-ordinating organisation per place (however could be across Cheshire) for third sector community and voluntary service commissioning.
- Ensure all providers have **environmental policies** that support clean air, reduce air pollution, increase health & wellbeing that will encourage greener energy and savings.
- Ensure all providers adhere to statutory requirements within the **Modern Slavery Act 2015.**
- Ensure all contracting is compliant with the **Public Contract Regulations 2015**; and that contracts are considered to be aggregated where possible to ensure value for money and improve user experience.

Minimum Requirement for 2020-21 Contracts

- Aligned Incentive Agreement for 20/21 - including risk share
- NHS Standard Contracts for all current Cheshire providers based on a fixed price
- Support priority areas through an Alliance Contract/Agreement with a requirement for
  - Delivery of Change
  - Delivery of Activities in a Community Setting
  - Integration with Primary Care
  - Delivery of Constitutional Targets
- Lead Provider & Programme Budget Contracts to be developed on a place basis and/or Cheshire wide for Right Care areas by 2021/22
- Act collaboratively, moving towards a hospital chain across Cheshire and/or shared services models with non-Cheshire providers
- Move towards monitoring all contract performance on an Integrated Care Partnership footprint by 2021/22, within year arrangements being reviewed and changed to move to shadow arrangements in November 2020

Programme Budgets - RightCare

Analysis from the RightCare packs demonstrates in detail where there are opportunities to improve patient outcomes and remove duplication and waste.

6 Key Clinical Areas for improvement in 2020-21 have been identified – where there is the greatest opportunity to improve care and reduce waste:

- Gastroenterology
- Cardio Vascular Disease
- Neurology
- Respiratory
- Trauma & Injuries
- Musculoskeletal conditions

The CCG wishes to **find a single provider per Clinical Area** on a place basis to take budgetary responsibility for the population.

Each provider will organise **the whole system** which

- Manages demand
- Treats and manages conditions included within the RightCare area
- Leads on effective prevention
- Ensures that patients receive improved outcomes

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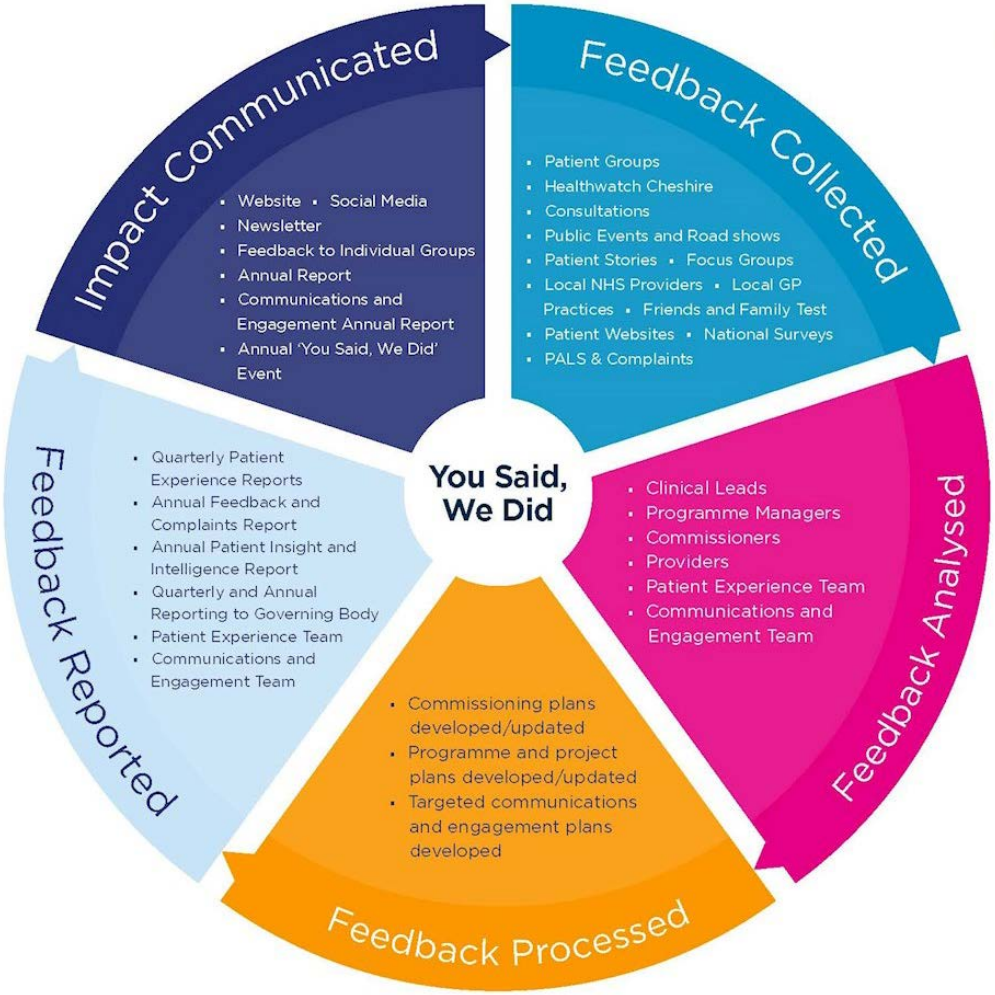
Partnership with Patients and Communities



In line with national guidance, when required, we will formally consult with our population on service improvement & change

We believe that by **working together** we can be outstanding by **communicating** and sharing in an open and honest way,

We want to **empower** our local **communities** by giving an opportunity for each individual to be **involved**, making **engagement meaningful** and **valuable.**

We are **committed** to **listening** to the **experiences** of local people

Our Communities spoke, we listened…

1 Development of a New Service Model	2 Prevention and Health Inequalities	3 Improving the Quality of Care and Outcomes
"The development of care communities and primary care networks feels like a really positive step"	"Focus on healthy lives and risk factors such as smoking, alcohol and substance misuse and poor diet"	"There needs to be more emphasis on preventing and managing ill-health – particularly for our children"
"Planned care is brilliant but waiting times can be long. Reduce waiting times for appointments"	"Self Care is the first step on a vital journey for improving healthcare in our community"	"Don't lose the personal touch – more information and better access to IAPT services"
"Good to see that a coordinated and shared local plan for social prescribing is being developed"	"Over-the-counter medicines should not be prescribed for short-term minor ailments"	"Plans for the crisis cafés in Cheshire will support people when they need it most"
"Early discharge of people from hospital is counterproductive if there isn't adequate social care and intermediate care, especially for people without friends and family who can care for them"	4 Developing and supporting the workforce	5 Technology and digital innovation
	"More training and support for GPs to support early detection"	"Public sector websites can be difficult to navigate around"
	"We need more mental health first aid training for front line staff"	"Break down barriers – IT/Infrastructure/Estates"
	"I'd like to see Autism Awareness training to support care home staff supporting adults with Autism"	"Make accessing services online easy for people are aren't confident with a computer or online"

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- Vernova Health Care
- Health watch
- NHS E/I

Working with our GP Members

Our GP members spoke, we listened…

1 Development of a New Service Model	2 Prevention and Health Inequalities	3 Improving the Quality of Care and Outcomes
"Mental Health: Prompt access and increased capacity"	"Good example of service working well – Rapid Access Pathway for Paediatrics"	"Access to Urgent Care -emergency admissions to mirror general practice opening times so that patients can be admitted from general practice".
"Commissioned community follow up service which would include specialist nurses to support and discuss the patients diagnosis"	"Alcohol/detox services"	"Improve capacity for Rapid Response nurses/service in community"
"Standard approach to general practice commissioning"	"Primary MH practitioner embedded into Primary Care"	"Community and Mental Health Services run as multiple disjointed teams"
"Commission Primary Care Networks to provide services, for example micro-suction and wound care"	"Eating disorders service for children"	"Respiratory service in hospital too focussed on lung cancer, improve links to spiro, Feno, breathlessness"
"Easy and quick assessable service for mild to moderate mental health service"	"Prevention – (Medicines, education and possibly a focus on diabetes)"	"Lack of urgent neurology service, neuro services disjointed"
"Equality of primary care services across Cheshire level up first"	"Commissioning more advice and guidance"	
"Mental health Physician's Associates"	"Target areas of deprivation"	

Our GP members spoke, we listened…

Developing and Supporting the Workforce	Technology & Digital Innovation
“Recruit, support and retain health workforce in Cheshire”	“Virtual follow ups, could work well with rheumatology and gastro”
“Programme to support new GPs”	“Better advice and guidance”
“Care home commissioning should be linked to Long Term Plan and workforce / skill mix”	“Improved patient correspondence”
“Create opportunities to expand the roles of the wider workforce”	“Diagnostic support in general practice”
“Commission in a way that supports PCNs”	“Virtual clinics to reduce lead time”

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Commissioning for Outcomes

1 Development of a New Service Model

Personalised Care: Increased focus on person centred care for individual s and their carers.

Community Care: Increased emphasis on proactive/anticipatory care.

Primary Care Networks: Greater integration of community based care.

Urgent Care: Community health crisis services will be more responsive .

Planned Care: Reduced Waiting times for planned care.

Learning Disabilities (LD) : Improved outcomes for people with LD and Autistic Spectrum Disorder.
Implementation of a new shared care model for Attention Deficit and Hyperactivity Disorder assessments and diagnostics.

Paediatrics: Improved integration of paediatric services

2 Prevention and Health Inequalities

Strong Start: Improve the life chances of children, young people &families.

Obesity: Reduce obesity rates across the population over the next 5 years.

Smoking: Reduce the smoking rates across the population over the next 5 years.

Alcohol: Reduce the impact of alcohol on the population of Cheshire.

Medicines Management: Reduce variation in prescribing.

Mental Health: Improving the quality of Mental Health and Emotional Wellbeing for the population of Cheshire focussing on loneliness and isolation.

Self Care: Promoting Healthy Living Pharmacies and Health Champions building on public health initiatives and self care approaches.

3 Improving the Quality of Care and Outcomes

Cancer: Improved 1 year survival for those diagnosed at stage 1 or 2.

End of Life: Increase the proportion of people dying in their preferred place of care.

Cardio Vascular Disease (CVD): Improve the prevention, early detection and management of cardiovascular disease.

Diabetes: Improve the prevention, early detection and management of diabetes.

Respiratory: Improve the prevention, early detection and management of respiratory disease

Neurological Conditions: Improved quality of life for people with Neurological conditions
Special Education Needs & Disability (SEND)
Improve the long term outcomes of Children & Young People in Cheshire.

Gastrointestinal Conditions (GI): Increased focus on proactive management of GI conditions.

Maternity and Neonatal: Improve the quality of care and outcomes for maternity and neonatal services.
Mental Health: Improve access for all-ages to mental health and wellbeing support across Cheshire.

4 Developing and Supporting the Workforce

Health and Care Workforce: Increased support enabling staff to maintain their health and

5 Technology and Digital Innovation

Digital Transformation: Improve the digital and technological infrastructure and the introduction

Integrated Urgent Care: Integration of local urgent care services with call handling of 999 &

Priority One: Development of a New Service Model

What?	How?
Personalised Care: Increased number of people accessing support via social prescribers Increased focus on personalised care and people feeling empowered to self care using digital options to make informed choices Reduced demand for appointments – GP, Hospital & Community Services Improved staff awareness of personal health budgets (PHB) Support carers to maintain their caring role	Support implementation of social prescribing link workers Continue to expand on current PHB offer & expand to children and young people and section 117 aftercare Community Contracts to support staff development and training around person patient centred care. Continue to build on programmes such as One You, Healthy You & NHS Long-term Plan To develop digital options for people to manage their own wellbeing Further developing an all age model to support carers across Cheshire
Primary Care Networks: Greater level of care out of hospital in the community Improved timeliness of access to Primary Care Services Improved digital access to Primary Care Patient Records and Services	PCN support to develop and implement the national Directed Enhanced Service Specification (DES) Develop wider partner and stakeholder relationships Single operating model for Care Communities moving to an ICP Development of online consultation system in GP Practices
Community Care (emphasis on proactive /anticipatory care) More people supported to live well for longer closer to home Earlier identification of ill health Reduce number of falls emergency admissions & length of stay	Population Health Based Commissioning using Joint Strategic Needs Assessment (JSNA) and other population tools Single operating model for Care Communities based on population need and flexible service delivery including risk stratification models Enhance community models such as frailty
Carers Support: More people to access support to maintain their caring role Increase support to young carers Consistent offer for carers across Cheshire	Further develop integrated services with Cheshire West and Chester Council and Cheshire East Council Further integration between health and social care in connection with existing contracts To develop and implement an integrated carers strategy

Priority One: Development of a New Service Model

What?	How?
Urgent Care (Community Crisis Services will be more responsive) Reduce reliance on emergency & urgent care Improved timeliness of treatment and patient outcomes Improve support for those known to Mental Health Services to reduce crisis Develop same day discharge across acute hospitals People to have access to our crisis support services to increase early safe discharge	Develop an integrated assessment for patients building towards 7 day assessment services with partners Use of data intelligence including risk stratification Targeted training programme within care homes Development of alternatives to A&E incl. GP OOHs & Urgent Treatment Centre Development of a Community Crisis Support Service that includes reablement support
Planned Care (reducing waiting times) Reduction in outpatient appointments & number of people waiting longer than six weeks for diagnostic tests Reduction in prescribing costs for appliances	Virtual hospital model & transformation of outpatient pathways and an introduction of hub models across Care Communities Implementation of community hub model for appliances Empowering self care and shared decision making
Paediatrics: Reduction in short & long stay paediatric admissions Increase amount of paediatric care that happens in communities Increase confidence of children & families to manage conditions Improvement in outcomes for children with LT conditions	Develop integrated community paediatric assessment model Provision of women & children's services in the community Promotion of Self Care Refresh pathways for high referring conditions such as asthma
LD & Autistic Spectrum Disorders: Reduce the number of people being cared for outside of Cheshire Reduce number of people being cared for in hospital Reduced cost of care Improved outcomes for people with LD & ASD Improved outcomes for people with ADHD	Individuals being settled into the community – where they & their family would like them to live, through community alternatives Services provided jointly by local health & social care of assessment and diagnostic support for people with ADHD

Priority One: Development of a New Service Model
Outcomes over the next five years of the plan

2020/21	2022/23	2024/25
85% of individuals living in own home, section 117 eligible individuals & eligible children & young people will receive a Personal Health Budget.	85% of individuals in receipt of NHS CHC funding will receive a PHB.	All health funded packages of care (where eligible) will be offered a PHB as default.
Development of an all age carers service across Cheshire.	Crisis Response delivered within 2 hours & re-ablement care within 2 days of referral.	All patients with Severe Mental Illness (SMI) with have a yearly health check to support the prevention of ill health.
Virtual hospital model implemented GP Practices to have in place an online consultation system.	Working towards 20% reduction in nutrition prescribing costs.	A single integrated Mental Health Crisis Response delivered 7 days a week, 24 hours a day.
Women will have continuity of care during pregnancy, birth & postnatally.	Introduction of a Health Care Partnership approach to community maternity support for Women across Cheshire.	Further development of a single approach to maternity including community options and shared care.
70% reduction of people with Learning Disability and/or Autism being cared for outside of Cheshire.	There will be no more than 10 patients accessing secure out of area LD provision.	Local Learning Disability provision will be commissioned jointly with the Local Authority to support.
20% reduction in paediatric admissions. 15% reduction in Paediatric outpatient appointments.	Community Hubs to be in place to support the reduction in paediatric admissions as well as senior streaming support within the ED to ensure reduced admissions.	Community Hubs will be in place across Cheshire and provide walk-in services for children requiring non-emergency care.
Improved autism diagnostic pathways and further implementation of the dynamic support tool within SEND.	Development of outreach and in-reach models of care to support community based provision.	Outreach clinics in place to support children who require further support and introducing further training to support GP with special interests (GPSI) approach.
67% of individuals with Dementia will receive a formal diagnosis leading to a bespoke care	Enhanced community services will support individuals and their carers to live	Support will be provided across care communities bringing support for individuals

Priority Two: Prevention and Health Inequalities

What?	How?
Smoking (reduce smoking rates across Cheshire in next 5 years) Increase in 4 week quit rates Improved access to cessation services Reduction in acute respiratory admissions Increase access to IAPT and other early intervention services for MH Work together with partners to introduce the Cure Programme following good practice evidence from Manchester Develop incentive programmes to encourage people to deter people from smoking in the first place Enhance and encourage the update of NHS funded tobacco treatment services for all inpatients	Develop and implement Prevention and Early Intervention Strategy Enhance NHS funded treatment services for patients Introducing a new smoke free pregnancy pathway Specialist smoking cessation offer for MH service users & those in LD services People over 40 offered digital health checks by 2022 Further development of the all age hub to support a early intervention and prevention, no wrong door approach Skilling up staff to ensure every contract counts and every mind matters and to include smoking cessation in all assessments and treatment programmes
Alcohol (reduce impact of alcohol on the population of Cheshire) Increased integration of specialist alcohol services within care communities and inpatient settings Increased availability, awareness & access to healthy lifestyle programmes and promotion of self care Reduction in alcohol related emergency admissions, specific readmissions, A&E attendances & liver disease mortality Support people in Cheshire to make informed decisions around alcohol consumption	Implement and promote healthy lifestyle programmes amongst young people working closely with Local Authorities Ensure trauma informed practice is in place to support people to recognise the cause as well as supporting them with programmes of care Revised alcohol pathway across acute and community, linking in with Local Authority Use of digital technology and online support programmes System wide approach to alcohol awareness, prevention and treatment Further development of the High Intensity User Programme to support frequent A&E attenders
Medicines Management (reduce the prescribing variation) Optimise use of antibiotics Reduce need for antibiotics Reduce expenditure on items identified as being of limited value Empowerment of patients to self care for minor conditions	Antibiotic prescribing guidance Prescribing decision support Delivery of programmes to restrict the prescribing of items not to be routinely prescribed. Programme to support patients to self care and empower to self care

Priority Two: Prevention and Health Inequalities
Outcomes over the next five years of the plan

2020/22	2023/24	2024/25
Introduce a Curing Tobacco Addiction Programme based on the Manchester model of Conversation, Understand, Replace and Evidence Based Advice (CURE)	All women to have their own digital maternity record	20% reduction of people smoking within the community
Extend stop smoking information and advice & provide a universal smoking offer	Introduce the Salford model of reduction in smoking for people with LD and those accessing MH services	90% reduction in women smoking in pregnancy whilst received acute care
Introduce a new smoke free pregnancy pathway	Introduce an integrated digital 'our family' health offer	100% uptake of the smoke free pathway
Reducing obesity and encouraging physical activity to support patients with Long-term conditions to maintain healthy lifestyles	Every patient with a Long-term conditions will have access to their care plan via the NHS digital app	Reduction in still births as per better birth guidance
Introduce 12 week physical programmes across Cheshire	60% of people referred into IAPT seen within 6 weeks and 90% of people referred into IAPT begin with 18 weeks	95% of children with an eating disorder receive services within 4 weeks (routine) or 1 week (urgent)
Introduce the Healthy Families Programme to support families to maintain healthy eating and exercise	36% of children to receive targeted mental health services	50% of people receiving IAPT service should recover and support to be continued as required, depending on the need of the individual
To support and implement the Healthy You Programme and Healthy Schools	Develop and implement of a 24hr children and young people crisis offer	Enhanced support for military veterans across Cheshire
Increase the number of people with LD accessing services across Cheshire	Develop and implement the child obesity plan introducing best practice models	70% of all patients to receive a formal dementia diagnosis
Increase the uptake of health checks	Continue supporting the national child measurement programme	56% of all people referred to receive Early Intervention in Psychosis support

Priority Three: Improving the Quality of Care and Outcomes

What?	How?
Cancer (Prevention, Earlier Diagnosis and Improved Survival from Cancer) Reduction in the growth of new cancer cases Earlier diagnosis of cancer through planned referral routes Faster diagnosis of cancer High quality treatment of cancer Personalised Care for all people diagnosed with cancer Improved uptake in screening programmes Improved emotional wellbeing & self-management	Action on Cancer community cancer awareness programme Increase uptake to cancer screening programmes Primary Care Network support for delivery of cancer Quality Initiative Implementation of optimal diagnostic pathways (Gynaecology, Head & Neck, Oesopho-Gastric, Prostate, Colorectal & Lung) Implementation of Rapid Diagnostic Centres for people with non-specific symptoms Implementation of FIT testing for low risk symptomatic patients Development of the Christie @ Macclesfield Macmillan Right By You programme bringing Holistic Needs Assessments and Care Planning into the community Stratified follow-up pathways (breast, prostate, colorectal)
Rest of Life (Increasing the proportion of people dying in their preferred place of care) Increase the proportion of the population on the GSF register Increase use of Electronic Palliative Care Coordinative Systems (EPaCCS) across the system Reduce the proportion of people who have 3 or more emergency admissions in the last 90 days of life Supporting a confident and competent workforce in Rest of Life (ROL) Care Improving patient and carer/family experience at Rest of Life (ROL)	Delivery of the Collaborative ROL plan across Cheshire Public Health Approaches to ROL Care Early identification and Improved Advanced Care Planning at ROL Implement of shared electronic ROL information across professional groups and organisations Transformation of domiciliary ROL Care across Cheshire Work towards integrated 7 day specialist palliative care nursing service Advanced Dementia ROL Care across Cheshire Bereavement services across Cheshire Education and facilitation for staff in ROL Care Gathering patient and carer experience
Long Term Conditions (LTC) Improved Quality of Life & Outcomes Improve Prevention and Early Identifications Increase care provided in community & referral & uptake of management programmes Reduce A&E Attendances, Emergency Admissions & Length of Stay	Targeted support and enhanced community support offers for patients with the following Long-term Conditions:- Cardiovascular, Respiratory & Gastrointestinal Health Enhanced support using risk stratification tools to target support for patients who are at risk of deterioration . Reducing inequalities variation through right care strategies
Cardiovascular Disease (CVD) Improved identification of AF, hypertension & high cholesterol Improved management of patients diagnosed with hypertension Increase referral & uptake of cardiac rehab Increase Access to Echocardiography	Work with Care Communities to develop a community response to the prevention and management of CVD Closer working with pharmacies to promote self care options Further enhancement of community services to support those more at risk through targeted training programmes

Priority Three: Improving the Quality of Care and Outcomes

What?	How?
Diabetes Increased support & reduced inequalities for people living with diabetes Reduced emergency admissions Increased access to structured education and self management tools Enhancing foot care for type 1 diabetics to reduce further health implications	Develop a Cheshire Wide Diabetes Strategy with place based implementation plans. Further enhancement of the structured education programmes for patients with Diabetes as well as further enhancing Diabetes Prevention Programmes through the HCP. Additional clinical support for patients through foot care clinics
Respiratory Improved identification of COPD & asthma Improved access to treatment and care Reduced emergency admissions Improved access & uptake of pulmonary rehab	Review of Pulmonary Rehabilitation Services Inhaler Technique Training Triple Therapy Inhalers Self Management
Gastrointestinal Conditions Increased focus on preventions of GI conditions Reduced number of people waiting more than 6 week for diagnostic tests Reduced length of stay for people with GI conditions	Work with Care Communities to develop a community response to the prevention and management of GI conditions
Neurological Conditions Improved quality of life – specific focus on chronic pain Increased number of people supported to manage their condition Medicines optimisation	Cheshire Wide Diabetes Strategy Innovative approaches and technology to Deliver Structured Education Programmes
Mental Health Support more people to manage their condition at home or in community Improved access to IAPT, serious mental illness care in the community, perinatal mental health services, wellbeing support, children & young people's support , community based crisis support & specialist provision for rough sleepers Eliminate inappropriate adult acute out of area placements Reduce the number of suicides Increase dementia diagnosis rates	Health Implementation Plan Delivery Adult: common MH & IAPT Adult severe mental illness community care Specialist community perinatal MH Children & young people's MH Crisis care and Liaison Suicide reduction and bereavement support Dementia diagnosis & post diagnosis support Problem gambling MH support

Priority Three: Improving the Quality of Care and Outcomes
Outcomes over the next five years of the plan

2020/22	2023/24	2024/25
100% every person diagnosed with cancer will have access to personalised care where appropriate	5% of all deaths have an EPaCCS record that records Gold Standards Framework (GSF), Advanced Care Planning (ACP) conversation and Cardio Pulmonary Resuscitation options (CPR) status	Visible reduction in cancers diagnosed through emergency route
28 day faster diagnostic 62 day standards achieved	35% of all deaths have an EPaCCS record	Visible reduction in rates of new cancers. With Three in four cancers will be diagnosed at either stage 1 or 2
10% reduction in cancer outpatient appointments	0.45% of the Practice Population are on the GSF register	75% cancers diagnosed at stage 1 or 2 (By 2028)
87% of people diagnosed with AF receiving anticoagulation therapy	0% of all deaths will have a recorded GSF code	Increase one year survival rate of all cancers to 75% (by 2026)
62% for estimated vs actual diagnosis of hypertension	Increase access to IAPT services to 25% of those in need	85% of those eligible accessing cardiac rehabilitation
82% patients with hypertension with blood pressure reading ≤ 150/90mmHg	1% reduction in the number of patients diagnosed with type 2 diabetes	75% of people aged 40 to 74 to have received a formal CVD risk assessment in last 5 years

Priority Three: Improving the Quality of Care and Outcomes
Outcomes over the next five years of the plan

2020/21	2022/23	2024/25
Estimated to actual prevalence in line with best 5 CCG peers by 2021 e.g. Eastern Cheshire CCG increase by 4.3% - to be calculated for Cheshire.	35% of all deaths will have a recorded ACP discussion (including declining of ACP discussion) 60% of all deaths have a recorded CPR discussion/status.	25% of people with Familial Hypercholesterolaemia (FH) are diagnosed and treated optimally according to NICE guidance.
Estimated to actual prevalence in line with best 5 CCG peers by 2021 e.g. Eastern Cheshire CCG increase by 4.3%.	25% of all deaths will have a Preferred Place of Death (PPoD)/Preferred Place of Care (PPoC) and an actual Place of Death (PoD) recorded.	45% of people aged 40-74 identified as having a 20% of greater risk of developing Cardiovascular Disease (CVD) treated with statins.
20% increase in proportion of people with asthma/ Chronic Obstructive Pulmonary Disease (COPD) prescribed triple therapy inhalers.	5% reduction of diabetic foot disease and Cardiovascular Disease (CVD) events relating to diabetes.	10% increase in early identification of diabetic retinopathy.
90% improvement in the achievement of 6 week timescale for turnaround of initial EHC assessment request.	Cheshire CCGs will be in the top quartile for achieving death in usual place of residence.	Additional 10% Improvement in patients accessing structured education programmes.
90% improvement of the 20 week timescale for turnaround of agreed EHC plans.	10% Improvement in patients accessing structured education programmes.	Additional 1% reduction in the number of patients diagnosed with type 2 diabetes.
20% reduction in paediatrics admissions to hospital.	100% of 24/7 age-appropriate crisis care	50% reduction in stillbirth, neonatal and maternal deaths and brain injury by 2025.
10% reduction in paediatrics short stay admissions.	5% reduction in Cardiovascular Disease (CVD) events relating to diabetes.	70% of mental health liaison services meeting core 24 standard
10% reduction in paediatrics outpatient appointments.	30% increase on people completing pulmonary rehab.	Further reduction of 5% of diabetic foot disease.

Priority Four: Developing and Supporting the Workforce

What?

Support the health and care workforce across Cheshire to deliver integrated personalised care in line with the NHS LTP
Enable all staff to maintain their own good health and wellbeing including through flexible working arrangements
Increase capacity and capabilities across Cheshire of staff to deliver personalised care
Improve staff retention across the system & efficient use of resources
Increase development opportunities across the health and care system

HOW?

Develop and implement the NHS LTP workforce must do's
Work collectively with partners to ensure training and individual workforce strategies support flexible multi skilled approaches Ensure through contractual arrangements that all providers implement healthy mind strategies for all staff including the CCG.
Implement ongoing training and progression for staff within the CCG and contracted providers
Ensure social value is embedded into contractual arrangements to encourage volunteering, apprenticeships and workforce diversity
Through the HCP Local Workforce Action Board (LWAB) we will continue to develop integrated workforce approaches

Outcomes – over the five years of the plan

2020/22	2023/24	2024/25
Enhance training across the workforce Health and social care, building on existing plans.	Ensure the CCGs and Partners implement the Disability Equality Standards & the development of the WRES by 2025.	Ensure compliance with the Disability Equality standard & WRES.
Work with providers to increase nurse workforce by 5%.	Develop system workforce plans to increase capacity and capabilities.	Implement the Community Health and Social Care Training Hub.
Each organisation to set their own target for BAME representation across each Leadership Team.	Develop a Multi Disciplinary Community Health and Social Care Training Hub.	Integrate workforce development standards within all contracts reflecting the overarching strategy.
Introduce coaching and mentoring models of support for staff.	Implement coaching models across the workforce.	Implement the workforce strategy across Cheshire with partners.
The plans to include the offers of fellowships for newly qualified doctors and nurses.	Develop a leadership diagnostic tool to ensure workforce sustainability.	We will work to improve leadership culture within Cheshire East Place.

Priority Five: Technology and Digital Innovation

What?

Reduce unnecessary duplication and costs
Increase compliance with NHS Digital Cyber Security standards
Increase access to care plans with the NHS App
Expand Continuing Health Digital workflow management system
Increase access to digital maternity records for those eligible
Reduce paper flow into General Practice
Support Digitisation of all Patient records
Provide Practices with access to approved Health Apps that support Patients Health and wellbeing

How?

Development of new ICT contract support model with Primary Care and PCN leads to support Practices
Develop joint Health & Social Care digital strategic investment plan
Implementation of the Health Care Partnership Digital Strategy
Enhance the Cheshire Care Record data sets and usage, to included integration into Share 2 Care patient record
Integration of NWAS and other providers digital patient record information
Provision of approved Clinical Health apps

Outcomes over the next five years of the plan

2020/22	2023/24	2024/25
Support the delivery of the Cheshire and Mersey Digital Strategy ambition 2018-2023. Ensuring alignment with NHS Digital Cyber Security requirements.	Ensure electronic correspondence is standardised through Digital aligned Care strategies to reduce duplication and costs.	Secondary Care providers to achieve new Digital EPR records and electronic information that integrates with all Cheshire Health and Care Systems.
All patients with a long term condition will be able to access their care record through the NHS Digital app or My Care View solution.	All women to have access to their own digital maternity record by 2022.	Digitising Outpatients, in terms of referrals and moving towards outpatients virtual consultations.
Increase the usage of approved Health Apps across Cheshire, to include patient access to health data and correspondence.	The child red book record to be made digital by 2022.	Further develop genomics digital programmes to support population health.
Develop workforce readiness to adapt to new digital models and mobile integrated care.	Support the delivery of Video patient consultations.	Increase telehealth options of support moving to digital solutions.

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Title of Report:	Special Educational Needs and Disability (SEND) Improvement Update
Date of meeting:	24th March 2020
Written by:	Cheshire East 0-25 SEND Partnership
Contact details:	Jacky Forster (Chair of the Cheshire East 0-25 SEND Partnership)
Health & Wellbeing Board Lead:	Mark Palethorpe

Executive Summary

Is this report for:	Information ☒	Discussion ☒	Decision ☐
Why is the report being brought to the board?	It was agreed that regular updates on progress against Cheshire East's SEND Written Statement of Action would be brought to the Health and Wellbeing Board for scrutiny.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well ☐ All of the above ☒		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above ☒		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Members of Health and Wellbeing Board are asked to: a. Note the progress to date against the SEND Written Statement of Action and preparations for the SEND Revisit. b. Endorse the Introduction document at Appendix 1		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Prior to this meeting, this report has been considered by the Council's People Departmental Management Team (DMT) and Corporate Leadership Team (CLT). Within the CCGs, this paper has been considered by the Executive Team and the Strategy and Partnerships and Performance Committee.		
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Feedback from a wide range of professionals across education, health and care and members of the public (including parent carers) contributed to the development of the SEND Written Statement of Action and the Action Plan within it. We are continuing to use both data and feedback as a measure of the impact of our improvement actions.		

If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The SEND Written Statement of Action aims to ensure that, where appropriate, children and young people with SEND, and their families, have access to: ▪ timely child and young person-centred EHC needs assessments and EHC Plans of high quality ▪ efficient, consistent and timely pathways of assessment and support for Autism

1 Report Summary

1.1 Following the Ofsted and CQC Special Educational Needs and Disability (SEND) Local Area Inspection in March 2018, Cheshire East was asked to produce a Written Statement of Action which described the actions the area would take to improve identified significant weaknesses relating to Education, Health and Care (EHC) Plans and Autism pathways. Our Written Statement of Action was considered by the Health and Wellbeing Board in July 2018 and was subsequently deemed fit for purpose by Ofsted in October 2018. An update was provided to the Board in September 2019. This report provides a further update, in particular around the preparations for the SEND Revisit.

2 Recommendations

2.1 Members of Health and Wellbeing Board are asked to:

a. Note the progress to date against the SEND Written Statement of Action and preparations for the SEND Revisit; and

b. Endorse the overview document at Appendix 1.

3 Reasons for Recommendations

3.1 The Cheshire East Health and Wellbeing Board is the overarching governance board for the 0-25 SEND Partnership. This report ensures that the members of the Health and Wellbeing Board are updated on SEND improvement work and have the opportunity to provide relevant support and challenge to the 0-25 SEND Partnership around improvements relating to SEND, in line with the SEND Written Statement of Action.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 This report focuses on improvements to services for Cheshire East children and young people aged 0-25 with SEND, and is linked to all of the Health and Wellbeing Board priority outcomes.

5 Background and Options

5.1 Introduction and background

5.1.1 In March 2018, Ofsted and the Care Quality Commission (CQC) carried out a joint local area inspection of Special Educational Needs and Disabilities (SEND) in Cheshire East. The inspection looked at how effectively partners in Cheshire East work together to identify,

assess and meet the needs of children and young people aged 0-25 with SEND to improve their outcomes.

5.1.2 As a result of two areas of significant weakness, Cheshire East was required to produce and submit a Written Statement of Action (WSOA) to Ofsted that explains what the local area is doing to address these:

- Area 1 - the timeliness, process and quality of education, health and care (EHC) plans
- Area 2 - the lack of an effective autism spectrum disorder (ASD) pathway and unreasonable waiting times

5.1.3 Our Written Statement of Action was considered by the Health and Wellbeing Board in July 2018 and was subsequently deemed fit for purpose by Ofsted in October 2018. Since then, significant progress has been made in improving SEND services. Whether or not we have made sufficient progress will be considered in detail as part of the Ofsted/CQC revisit.

5.2 **Preparation for Ofsted/CQC re-visit**

5.2.1 An update on preparations was provided to the Board in September 2019. In summary, Ofsted and the CQC will carry out a re-visit to Cheshire East before the end of April 2020. Notification of the inspection will be given 10 working days before the re-visit team arrives on site for around two to four days. The sole purpose of the re-visit is to determine whether sufficient progress has been made in addressing the areas of significant weakness detailed by the WSOA (including an evaluation of the impact of the actions taken). The focus of the re-visit will be the areas identified in the WSOA. However, if any other serious weaknesses are identified during the re-visit, these will be referenced in the re-visit letter.

5.2.2 Preparations are underway for the revisit. This includes preparing key documents to evidence progress, communication and engagement with all stakeholders and ensuring arrangements are in place to respond quickly on notification of the revisit.

5.2.3 It is expected that the following documents will be provided to Inspectors on day 4 of the first off-site week of the inspection:

- A short overview document in relation to the WSoA (Appendix 1).
- The latest updated WSoA – detailed progress on each action.
- A report on the timeliness of Education, Health and Care (EHC) Plans
- A report on the process and quality of Education, Health and Care (EHC) Plans.
- A report on autism timeliness and pathways.

5.2.4 We are also preparing a number of supporting documents to be ready should Inspectors request them.

5.2.5 Following the re-visit, Ofsted and CQC will produce a letter that will include:

- the decision as to whether the local area has made sufficient progress in improving each of the serious weaknesses identified at the initial inspection

- a clear and brief summary of the effectiveness of leaders' actions against each serious weakness identified in the WSOA
- reference to any other serious concerns, with the underpinning evidence, identified during the re-visit, and clarification that these will be communicated to the DfE and NHS England and will be used to determine the timing of the next inspection (under any future LA SEND framework).

5.2.6 If Cheshire East is considered to have made sufficient progress, the formal quarterly support and challenge visits that we currently have with the DfE and NHS England will cease.

5.2.7 If Cheshire East is making insufficient progress in any of the serious weaknesses identified, it is for the DfE and NHS England to determine the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and the CQC will not carry out any further re-visits unless directed to do so by the Secretary of State.

6 Access to Information

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

Name:	Jacky Forster
Designation:	Director of Education and 14-19 skills, Cheshire East Council and Chair of the Cheshire East 0-25 SEND Partnership Board
Tel No:	01606 271504
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Cheshire East Overview of progress against our SEND WSoA

March 2020

NHS

Cheshire East Council

1. Introduction

The SEND Inspection of Cheshire East in March 2018, identified a number of strengths in our arrangements but these were undermined by **two key areas of significant weakness** (the timeliness, process and quality of EHC plans; and the lack of an effective ASD pathway and unreasonable waiting times). Cheshire East was therefore required to submit a Written Statement of Action (WSoA) in relation to these two areas. Cheshire East's **WSoA was deemed to be fit for purpose by Ofsted on 23rd October 2018.**

This document provides an overview of the progress we have made and is supported by themed reports on the areas of significant weakness, along with a detailed progress review on each action within the WSoA.

2. Senior Leaders' Statement

In Cheshire East we are proud of the **significant improvements we have made since 2018** for children and young people who have special educational needs and/or disabilities (SEND). Our Written Statement of Action (WSoA) has been an effective **driver in improving the experiences of children, young people and their parent/carers** in the two areas of significant weaknesses set out in the inspection report.

As a partnership we have worked tirelessly over the past two years against a **backdrop of significant increased demand and budget pressures**. However, we are confident that the energy and enthusiasm of leaders at a strategic level to improve provision, observed in our inspection, is now resulting in positive change for children, young people and their families. **Children and young people with SEN now have their needs met earlier**; the majority get their education, health and care (EHC) needs met within 20 weeks and **no children and young people wait more than 12 weeks for an autism assessment.**

These improvements would not have been possible without the **continued commitment of our parent carers.** Co-production has been essential to understand the experiences of parent carers and their children and how these can be improved. We are not complacent and we know that there is much more we need to do in Cheshire East. However, we are confident that **we have the right culture, staff and resources to develop and sustain quality services** that children and young people with SEND in the borough need and deserve.

3. Impact

A highlight of actions from the WSoA within key milestone periods is set out at Appendix 1.

The impact we have achieved across the two areas within the WSoA from May 2018 (September 2018 for autism) to January 2020 is set out in detail in our themed reports, but includes:

- ✓ An **increase in the percentage of EHC needs assessments completed within 20 weeks** from **16%** to **62%** (based on monthly data) and 19% to 51% (71% for EHC Plans due in 2019) for cumulative data over the same time period
- ✓ An **increase in percentage of health advice for EHC needs assessment submitted within 6 weeks** (performance for individual months for advice due in that month) from **37%** to **83%.**

- ✓ **ASD diagnostic pathways** across Cheshire East are now **consistent and compliant with NICE guidance.**
- ✓ A **reduction in the number awaiting the start of autism assessment** for more than 12 weeks from **210** to **0** children and young people.
- ✓ A **reduction in the average length** of wait in weeks between referral and first appointment from **56 weeks** to **8.3 weeks.**
- ✓ **A consistent 0-4 pathway** is now available across Cheshire East.
- ✓ **There has been an increase in parental satisfaction –** whilst we are still working to improve in this area, our latest survey of plans completed shows improved parental satisfaction, particularly for those parents where plans have been completed in the past 6 months. A telephone survey (10% of those completed) shows that 58% of parents were satisfied with the ECHP process overall.

4. Leadership Commitment

Strong leadership across all agencies has ensured a focus on making sure that **the WSoA actions have been completed** and **performance has significantly improved in the target measures**.

Strategic Leadership and management in Cheshire East is visible and well established. The Leader of the Council, Chief Executives in the Council and Health, and Portfolio Holder recognise and prioritise the needs of children and this is reflected through increased budget allocation, decision-making and membership at meetings and boards. Whilst the Director with lead responsibility for SEND has experienced some change over the past couple of years, the existing experienced Director has worked closely with the Deputy Director for Strategy and Partnerships within in the CCG to **significantly increase the pace of change** over the past 12 months.

Management oversight at all levels has been strengthened through the development of better performance information, trackers, weekly and monthly meetings. A **new health governance structure** for management oversight of SEND improvements and performance has increased the scrutiny in this area. The 0-25 SEND Partnership **Executive Management Group**, established in May 2019, has provided a formalised agreement of how leaders in education, health and care work together. The group provides strategic oversight of the progress, outcomes and impact of the work carried out by the 0-25 SEND Partnership and progress against the WSoA.

The Council's **Children and Families Overview and Scrutiny Committee** has received updates on the progress of the WSoA and provide scrutiny and challenge around key SEND performance measures, which are included in a quarterly scorecard to the Committee.

A number of **services have been restructured to better meet the needs of children and young people and their families**, including the SEND and Specialist Teams within the Council, to strengthen management oversight. The previous Head of Service, Service Manager and Team Manager have left Cheshire East which enabled **strengthening of leadership and Management** by increasing capacity at a senior level (Head of Service) will further strengthen management oversight of the timeliness and quality of SEND services from the Locality Manager and Quality Manager. **A secondment from Health** to a Head of Service position will further support integrated working across education, health a care partners.

Both the local authority and health have **commissioned additional capacity to address the backlog** in EHC needs assessments and waiting lists for autism assessments. This has resulted in significant improvements in timeliness and compliance with NICE guidance. The Local Authority and CCG have ensured that additional funding into the services will remain to ensure longer term sustainability. Whilst temporary and agency staff have enabled us to meet some of our short term issues around timeliness, developing our workforce is key; our **priority is to ensure that we have the right permanent workforce, with the right support and development in place** to enable them to carry out their roles effectively.

5. Strong Partnerships

Since its establishment, Cheshire East's **0-25 SEND Partnership has been committed to improving outcomes for children and young people with SEND**. The partnership has **parent carers at the heart** of decision making and at all levels of governance. It has very good representation and engagement from all key stakeholders and continues to focus on making a difference for children and young people with SEND.

We **revised and streamlined all workstreams and governance** of the SEND Partnership Board in order to ensure delivery and focus in relation to the Written Statement of Action (WSoA). Our practice and procedures are becoming increasingly integrated across agencies and we now **jointly commission** a number of services, including a Speech and Language Therapy and Occupational Therapy pilot. A Children's Joint Commissioning Strategy and Commissioners meeting ensures that partners work together across the range of children's services, and clear action plans are in place to ensure we commission seamless services.

Ensuring that children, young people and young adults with additional needs have better chances in life is **Outcome 6 of our new Children and Young People's Plan,** 2019-21, co-produced with children and young people.

We have **strengthened our partnership with schools**. This includes regular Headteacher and Governor Briefings, along with termly SENCO conferences, which provides both local and national updates and development opportunities; the number of attendees has risen from 35 to 235.

Improving **communication and engagement** has been an area of focus. The introduction of *SENDing you the News,* aims to provide regular updates to all stakeholders, supported by increased and improved information on our Local Offer. A Communication and Engagement Strategy has been co-produced with our Parent Carer Forum which sets the framework for all future communication and engagement.

6. Developing our services TOGETHER

Building our relationships with parent carers and young people has been a priority. Co-production has been at the heart of our improvement journey and our Parent Carer Forum and SEND Youth Forum are central to this. As a partnership we developed and signed up to TOGETHER in Cheshire East (see below) as our shared definition of co-production as it is inclusive to all. This work has been endorsed and adopted by key partnerships and agencies across children and adult services in Cheshire East in addition to the SEND Partnership.

Examples of some of the areas we have produced TOGETHER include information about how to request an EHC needs assessment, Standards for EHC Plans, a single delivery model across Cheshire to align the diagnostic process for ASD, an All Age Autism Strategy and our Quality Assurance Framework for SEND.

7. Using our Learning to Sustain Improvements

As a learning partnership, we intend to use the experiences of our services and those who have used them over the past two years to ensure we sustain these improvements in the future. This includes the **importance of putting parent carers and children and young people at the heart of decision making**; they know how services can best meet their needs.

We are also much **clearer about peaks and troughs in demand** and, through challenge and support, we have a much better understanding and systems in place to manage these. Our **management oversight and monitoring** now provide us with the tools we need to manage demand. **Getting the right staff with the right culture and commitment** is also key building confidence and trust with our parents and carers. We will continue to learn from good practice in other areas, to embrace peer challenge.

We are currently revising our 0-25 SEND Partnership Strategy. This will be informed by our self evaluation, but priorities are likely to include:

- The **quality of EHC Plans.**
- **Satisfaction of parent carers** through refreshed communication and engagement strategy.

- The quality and effectiveness of **annual reviews** of EHC Plans and transitions.
- Preparing for **adulthood and transitions earlier.**
- **Better access to health services.**
- Improvements in the **time between completion of an autism assessment and feedback** of a diagnosis to ensure hidden waits do not develop.

8. Any finally….

From those who have had a positive experience of our services….

Improvements related to SEND are palpable. x High had noticed a transformation in the effectiveness of the service provided by the SEND Team over the last 6+ months. There appears to be better join up between officers, greater resource becoming available to support the frontline and some very motivated team members who appear to be making things happen. For example, [staff member] had been excellent and [staff member] has quickly impressed. Similarly Education Psychologist reports have been more useful, helping to lead to improved provision.

[Cheshire East School]

"The commitment, effort and energy by everyone involved is very much appreciated - if I could rate this on a scale of 1 - 5 it would be 100."

[Parent/carer in telephone survey, Feb 2020]

"The Education Psychologist's report was superb and a 'game change' in our house. We had not had one of these before and everything was documented so well."

[Parent/carer in telephone *survey, Feb 2020]*

"My reading has improved significantly due to the plan."

[Young person]

I would also just like to say how supportive and valuable your seconded SENCOs are. Other than at the networking meetings, I have only had contact with [IQ Officer] but she has been extremely helpful to not only me as a covering SENCO but to our school, staff and parents. The support from someone who works in a SENCO role, is always available to give advice, visit and even attend meetings is very much appreciated".

[Cheshire East School]

"I said what works well for me and my worker listened."
"It is a plan that has all my needs and helps others understand my needs."

[Young people]

Appendix 1

WSOA Progress

6 months post-WSoA approval (by April 2019)

- ✓ **Weekly support** and training workshop sessions established to focus on improving the quality of EHC Plans.
- ✓ **Weekly reports** created (using data from comprehensive live trackers) to provide detailed information on the number and timeliness of EP advice requests and ongoing EHC needs assessment requests.
- ✓ Established **weekly operational meetings** for SEND Team managers focused on timeliness of EHC needs assessments, which provide management oversight and challenge around timeliness of EP advice and EHC Plans using the detailed trackers.
- ✓ **Access in place** for settings and health professionals in all provider trusts to share information from annual review meetings directly within the **local authority's case management system.**
- ✓ **Additional capacity** secured through an external provider (Enhance EHC Ltd.) completed work to assist with short term review processes for current EHC plans.
- ✓ Published revised, co-produced details about **how to request an EHC needs assessment.**
- ✓ **New clear pathway and paperwork** for bringing children and young people with SEN to the attention of the local authority published.
- ✓ Content of all **standard letters** within the EHC needs assessment process **reviewed and revised.**
- ✓ **Multi-agency Quality Assurance Task and Finish Group** in place monthly to drive forward improvements relating to the quality of EHC needs assessments and EHC Plans.
- ✓ **Quality Assurance Framework**, calendar of quality assurance activities and our co-produced standards for EHC Plans in place.
- ✓ **New 'Ignition' process** to improve person-centred transition planning within the EHC needs assessment process introduced.
- ✓ A set of '**non-negotiables'**, and more detailed quality standards in place for EHC Plans.
- ✓ **Waiting List Initiative** (WLI) to increase the assessment capacity for Autism and 'Dual' Autism and ADHD assessments in place.
- ✓ **0-4 years Autism Assessment Pathway established**.
- ✓ Multi-disciplinary team of healthcare and education **experts set up to assess the needs of 0 to 4 year olds** in the Eastern Cheshire part of Cheshire East.
- ✓ **Clinical care co-ordinators** to ensure that children and young people get all the help they need during the ASD assessment process in place as a result of additional health funding secured.
- ✓ **New post diagnostic support pack** developed, along with a bespoke post diagnostic 3-hour training course.
- ✓ Launched **'TOGETHER',** co-produced shared definition of co-production.
- ✓ **SEND Youth Forum** in place.

- ✓ **Termly conferences** to provide local, regional and national updates, continuing professional development and networking opportunities for Cheshire East **SENCOs** established.

One year post-WSoA approval (by October 2019)

- ✓ **Recurrent £500,000 investment to increase capacity** across the SEND service agreed by the Council.
- ✓ Newly established multi-agency 0-25 SEND Partnership **Executive Management Group** in place.
- ✓ **Finalised, and consulted on, a new structure** for the SEND team and the Educational Psychology (EP) Service.
- ✓ Multi-agency **workshop focusing on 'Defining Excellence across SEND'** with a wide range of representatives from across education, health and care services, along with parent carers, to input into our refreshed Quality Assurance (QA) Framework for SEND by considering what 'good' looks like in Cheshire East.
- ✓ Additional **£300k investment into health services** to ensure consistency of offer across Cheshire East in regards to diagnosis and pre and post diagnostic support.
- ✓ **The waiting list initiative** for children and young people (CYP) age 4-19 years **extended** in Eastern Cheshire until February 2020 (**£80k new investment**).
- ✓ **Updated Autism JSNA** published.
- ✓ **Two seconded part-time Health Visitors** in place (one for Eastern Cheshire and one for South Cheshire) to act as specialist HVs for SEND.
- ✓ **Health scorecard developed** so that there is now consistent information gathered by both CCGs from all provider trusts in order to track performance.
- ✓ Increased **engagement with PCF**, including through their Annual General Meeting and Preparing for Adulthood event.

18 months post-WSoA approval (by April 2020)

- ✓ Interim **dedicated team to focus on timeliness and quality of annual reviews** in place.
- ✓ New **SEND Service structure in place**, including three Locality Manager roles and two Interim Head of Service posts to ensure that we can move the improvement of the service forward with greater pace.
- ✓ **Service offer and processes** within the **Cheshire East Autism Team** and **Educational Psychology** service **reviewed.** A review of our Sensory Inclusion Service is currently in progress and will be completed by the end of March 2020.
- ✓ **Experienced Head of Service** leads on driving forward changes in the **Educational Psychology** service
- ✓ **Autism Strategy** published.
- ✓ Director for Education and Skills/Chair of SEND Partnership attends **termly meetings with PCF.**
- ✓ **Additional recurrent £500,000 investment to increase capacity** across the SEND service agreed by the Council.

NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

Cheshire East Council

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

10 Years onTitle of Report:	**Cheshire and Merseyside working together as a Marmot Community: Strengthening system leadership for population health and reducing health and wellbeing inequalities.**
Date of meeting:	24th March 2020
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast .gov.uk
Health & Wellbeing Board Lead:	Cllr Laura Jeuda, Adult Social Care and Health Cllr Jill Rhodes, Public Health and Corporate Services Cllr Kathryn Flavell, Children and Families Matt Tyrer, Acting Director of Public Health

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	To seek the Cheshire East Health and Wellbeing Board's support of the proposal for the Cheshire and Merseyside Health and Care Partnership to become a Marmot Community.		
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 ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	1. That the Cheshire East Health and Wellbeing Board supports this proposal of Cheshire & Merseyside becoming a Marmot Community. 2. To note that the Cheshire and Merseyside Health and Care Partnership will finance, oversee and assure this initiative with the support of partners. 3. To note the findings of 'Health Equity in England: the Marmot Review 10 years on' in February 2020.		
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?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Becoming a Marmot Community will raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. It will give us access to expertise and research that can then be used to inform best practice locally across Cheshire and Merseyside and within Cheshire East. The intended outcome is improving health and wellbeing for residents in Cheshire East and a reducing health inequalities gap.

1 Report Summary

1.1 The purpose of this paper is to set out the benefits to Cheshire East and the wider Cheshire and Merseyside Health and Care Partnership, of becoming a Marmot Community. In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, '**Fair Society Healthy Lives**', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

1.2. The Cheshire and Merseyside Health and Care Partnership has, as one of its priorities, the reduction of health inequalities. Adopting the Marmot principles is regarded as a key step, to focus all partners and all nine Places (including Cheshire East) on this objective.

1.3. Within Cheshire East, our own health inequalities are highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. Signing up to being a Marmot community will assist in our efforts to improve the health and wellbeing outcomes for our residents and reduce those inequalities.

1.4 Sir Michael Marmot published 'Health Equity in England: the Marmot Review 10 years on' in February 2020. A summary of this is attached as Appendix One.

2 Recommendations

2.1 That the Cheshire East Health and Wellbeing Board supports this proposal of Cheshire & Merseyside becoming a Marmot Community.

2.2 To note that the Cheshire and Merseyside Health and Care Partnership will finance, oversee and assure this initiative with the support of partners.

3 Reasons for Recommendations

3.1 To ensure that the Cheshire East Health and Wellbeing Board is sighted upon and supportive of the Cheshire and Merseyside Health and Care partnership's aspiration to become a Marmot Community.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners. It will specifically assist with delivering the outcomes of the Joint Health and Wellbeing Strategy and the Cheshire East Place partnership Five Year Plan.

5 Background and Options

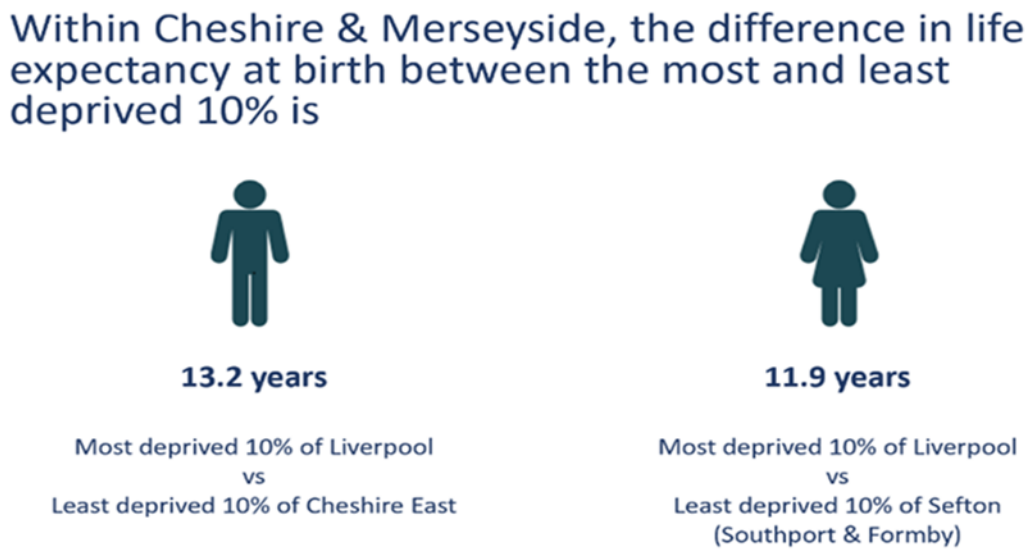
5.1 In common with The Cheshire East Health and Wellbeing Board, the Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the difference between England and C&M in life expectancy and healthy life as a key priority. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it is proposed that the C&M Health and Care Partnership become a Marmot Community.

5.2 The landmark Marmot Review: Fair Society, Healthy Lives outlined the causes of health inequalities and the actions required to reduce them. The Review proposes an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

5.3 Evidence tells us that health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case due to lost taxes, welfare payments and costs to the NHS.

5.4 The Partnership and the nine local Places are already working to reduce health inequalities. This paper outlines how becoming a Marmot Community will enhance and enable this approach so we drive out inequalities through the C&M 5 Year Strategy, the chosen priorities, the cross cutting themes and the Place Based Plans. Inequalities in health persist both between C&M, and within C&M. Despite improvements in life expectancy within most local authorities in C&M, the region remains below the England average. In addition, within C&M, as with the rest of England, there is a social gradient in health – the lower a person's social position, the worse his or her health.

5.5 Health Inequalities in Cheshire and Merseyside remain a challenge:



- Male life expectancy at birth (2015-17) was lower than England in 7 out of 9 Local Authorities within C&M (Only Cheshire West and Chester and Cheshire East being above the national rate).
- Female life expectancy at birth (2015-17) was lower than England in 8 out of 9 Local Authorities within C&M (Only Cheshire East being above national rate).
- Men living in the poorest neighbourhoods in C&M will on average die between 9 and 13 years earlier than men living in the richest neighbourhoods.
- Women living in the poorest neighbourhoods in C&M will on average die between 7 and 11 years earlier than women living in the richest neighbourhoods.
- People living in poorer areas of C&M not only die sooner, but spend more of their lives in poor health:
    - Men living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 14 - 22 years in poor health.
    - Women living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 13-21 years in poor health.

5.6 In Cheshire East we face our own challenges with a difference in life expectancy of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for women; for men there is an 11 year gap between the lowest rate, again in Crewe Central and the highest in Wilmslow East.

5.7 The examples outlined above highlight the stark differences between the poorest and richest 10% of our population. However, the social gradient in health affects all, except those at the very top. This means most people in C&M are not living as long as the best off in society and are spending longer in ill-health.

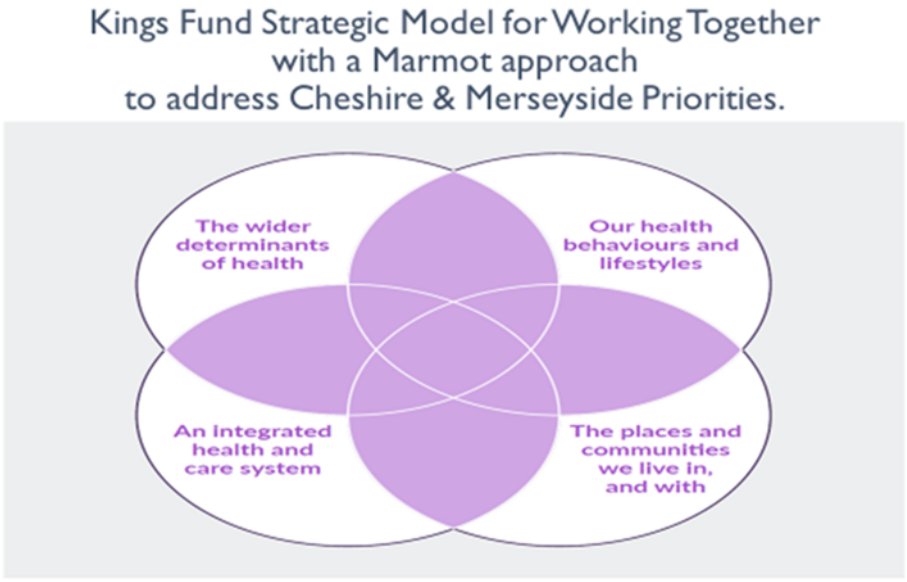
5.8 The Marmot Indicators measure inequalities in health and life expectancy in every local authority in England. They also track the ‘social determinants of health’ which drive how healthy we are and how long we are likely to live. An overview of the Marmot indicators for

C&M is provided in Appendix 1. For many indicators, local authorities within C&M are currently below the England average.

5.9 The C&M Partnership Strategy – Better Lives Now – sets out the case for taking action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the social determinants of health. The C&M Health and Care Partnership has committed to:

- Focusing on population health to achieve our universal goal of reduced health inequalities for C&M
- Addressing the social determinants of health and wellbeing
- Working with local communities and partners
- Aligning our strategy and efforts with those who share our goal to make a bigger impact towards better lives.

5.10 In September 2019, the Partnership held an event co-hosted with Sir Michael Marmot, the Local Government Association, Champs (the Cheshire and Merseyside Public Health Collaborative), and The King's Fund to bring together over 150 system leaders from a wide range of backgrounds and across the political spectrum to explore opportunities and priorities for our population's health. At this event the Partnership endorsed taking a "whole population, whole system" approach as outlined in the figure below:



5.11 The advantages of this approach are:

- A clear focus on reducing health inequalities
- Driven by intelligence and evidence
- Whole system engagement

5.12 The Partnership recognises that good quality health care is a determinant of health. But that most of the determinants of health lie outside the health care system. It recognises that the NHS cannot resolve its problems on its own and cannot deliver population health improvements or reduce health inequalities without trusted and effective working

relationships between NHS and Local Authority colleagues, with the broader system. As Sir Michael Marmot himself puts it *'..why treat people and send them back to the conditions that made them sick?'* In order to reduce health inequalities a broad range of actions are needed involving stakeholders from across the system.

5.13 Local Authorities are key leaders in any place-based actions as they are already acting on Marmot's key policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

They do this through a range of drivers for health inequalities including:

- Best start in life including children's services and 0-19 Healthy Child Programmes
- Healthy schools and pupils
- Jobs and work
- Active and safe travel
- Warmer and safer homes
- Access to green spaces and leisure services
- Public protection
- Regeneration
- Health and spatial planning
- Strong communities: wellbeing and resilience

5.14 In addition, local authorities have a large web of interactions and linked responsibilities with other public-sector bodies including police, fire and rescue, welfare agencies, education and housing.

5.15 Within C&M, we already have really good examples of activities we are delivering at scale that we can build upon as a Marmot Sub-Region. This includes (but is not limited to):

- Taking a Place Based Approach. Place at the local authority level is the primary building block for integration between health and care and other sectors of the service system
- Development of a Cheshire and Merseyside Population Health Framework
- Collaborative work to reduce child poverty
- Work around social value and the role of the NHS as anchor institutions
- Strong links to LEPs within the Liverpool City Region and Cheshire and Warrington - with a focus upon the links between "wealth and health"
- Cheshire and Merseyside FRS have received a 'Marmot Partnership Award'
- Examples of asset-based community development activities
- Taking a public health approach to violence prevention
- Utilising Behavioural Sciences to Improve Health and Wellbeing

5.16 There are a number of key benefits of becoming a Marmot Community:

- Access to international expertise:
  Being part of the Marmot Network will provide us with access to the international expertise of the Institute for Health Equity (IHE) based at University College London (UCL). We will be able to use their expertise and resources in supporting us in our plans for accelerated action on the social determinants of health in the region.

- Developing excellence in systems leadership for Population Health:
  IHE can help to inspire and shape C&M strategic direction and implementation of place based, population and prevention focussed approaches, which maximise fully the opportunities in C&M and ensure a strong focus on health equity. The team could deliver workshops and attend key strategic events to enthuse and build the knowledge and skills of particular key groups such as senior leaders in health and social care including the HCP Board, NHS and Local Authority CEOs, Leaders and elected members. Practice based resources and tools could be shared both in workshops and online including webinars to enhance knowledge across the system with practitioners.

- Strengthening joint working with the NHS and local authorities:
  IHE can work with Cheshire and Merseyside local authorities and the Health and Care Partnership to further develop a whole system approach to tackling health inequalities and governance and partnership arrangements to facilitate it. This will strengthen joint working with local government to enhance openness, coproduction and dialogue at both a local and sub-regional level. An effective engagement plan will be developed with advice from the lead local authority CEOs and the LGA.

- Maximising our impact on health inequalities together:
  IHE can work across Cheshire and Merseyside to build upon existing strategies and policies to develop future plans and strategies which can make real impact across health inequalities – including providing evidence about what would make the difference, and how to do it in practice and evaluation of outcomes. Examples from other areas in England and internationally will be drawn on and from a range of relevant stakeholders from statutory, voluntary and community sectors across early years, education, housing, employers, environment, culture and leisure, transport, police and fire services and others.

- Promoting excellence in practice in Cheshire and Merseyside:
  IHE will help to raise the profile of the strategic ambition and achievements in Cheshire and Merseyside in national and international forums. Becoming a Marmot sub-region provides the opportunity for national and international recognition for our local work to reduce health inequalities.

5.17 Cheshire and Merseyside Health and Care Partnership will build on current work and:

- Collaborate with the Marmot Team including providing all relevant documents and strategies
- Identify and collaborate with key stakeholders from across the system including regular engagement and workshop sessions
- Develop a steering group and implementation group to oversee this work
- Work with the political and executive leadership to support this work

- Provide the capacity and capability to input into the development of strategies by the IHE and to support the implementation of the work.
- Identify and collaborate with key stakeholders from across the system including regular engagement and workshop sessions, developing a strong engagement plan.

5.18 In summary, being part of the Marmot Network provides Cheshire and Merseyside with the opportunity to work with international experts to accelerate action on the social determinants of health and to learn from other areas in England and internationally about the most effective ways to take action within the region. IHE will enhance the C&M HCP strategic direction, providing advice and supporting delivery on the agreed priorities, implementation strategies and monitoring outcomes. It also provides the opportunity for national and international recognition for our local work to reduce health inequalities.

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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Appendix One

Health Equity in England: The Marmot review 10 years on

Inequalities in health since 2010

- Since 2010 life expectancy in England has stalled; this has not happened since at least 1900.
- The more deprived the area the shorter the life expectancy. This gradient has become steeper; inequalities in life expectancy have increased. Among women in the most deprived 10 percent of areas, life expectancy fell between 2010-12 and 2016-18.
- There are marked regional differences in life expectancy, particularly among people living in more deprived areas. Differences both within and between regions have tended to increase. For both men and women, the largest decreases in life expectancy were seen in the most deprived 10 percent of neighbourhoods in the North East and the largest increases in the least deprived 10 percent of neighbourhoods in London.
- There has been no sign of a decrease in mortality for people under 50. In fact, mortality rates have increased for people aged 45-49.
- For women, healthy life expectancy has declined since 2010. The amount of time both men and women spend in poor health has increased across England since 2010.
- PHE survey shows that Pakistani, Bangladeshi and White Gypsy Travellers have much lower quality of life than other ethnic groups

Key points

- The slowdown in life expectancy increase cannot for the most part be attributed to severe winters, or problems with the NHS or social care (although declining funding relative to need will have played a role)
- Large funding cuts have affected the social determinants across the whole of England, but deprived areas and areas outside London and the South East experienced larger cuts.
- Despite the cuts and deteriorating outcomes in many social determinants some local authorities and communities have established effective approaches to tackling health inequalities. The practical evidence about how to reduce inequalities has built significantly since 2010.
- The national government has not prioritised health inequalities, and there has been no national health inequalities strategy since 2010. We see this as an essential first step
- We set out a clear agenda for national government to tackle health inequalities
- The goal should be to bring the level of health of deprived areas in the North up to the level of good health enjoyed by people living in affluent areas in London and the South

Appendix One

- Report sets out progress against 5 of the 6 priority objectives set out in the original Marmot report. Ill health prevention not covered, as this has been addressed elsewhere
- Outcomes and actions in England have been disappointing BUT social determinants are increasingly considered/ on the agenda

Proposals to support action on health inequalities

1. **Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health.**
   Ensuring a strong focus on the social determinants. Establishing a Cabinet Level cross-departmental committee to lead on prioritisation of equity considerations, and implementation.

2. **Ensure proportionate universal allocation of resources and implementation of policies.**
   i.e. proportionately greater improvements in the North. Strengthen the deprivation components in the Revenue Support Grant to LAs and the NHS Resource allocation formula.

3. **Early intervention to prevent health inequalities.**
   Take action in the 5 areas outlined below. Increase spending on public health to 7% of the NHS budget.

4. **Develop the social determinants of health workforce.**
   Police, fire fighters, social care, housing and early years workforces have all developed approaches to tackling health inequalities, by extending and adapting their day-to-day practices and procurement.
   Recommend: Development of education programmes focusing on the social determinants for a range of workforces; Development of anchor institution approaches; Develop a health system approach to population health, with partnerships to improve population health among a range of sectors, locally and nationally.

5. **Engage the public.**
   The public and political debate on health needs to move towards the social determinants and away from the overwhelming focus on individual behaviours and health care.

6. **Develop whole systems monitoring and strengthen accountability for health inequalities.** National government must be responsible for regional and socioeconomic health inequalities and be held accountable for progress. Effective monitoring systems are essential for this. Recommend improving data for ethnicity, as this is currently poor – ethnicity is not recorded at death registration.

Social determinants of health

Give every child the best start in life

- Rates of child poverty have increased since 2010/11 with over four million children affected, and is predicted to continue increasing under current policies.
- Many OECD countries have considerably lower rates of child poverty than England.
- Child poverty rates are highest for children living in workless families - in excess of 70 percent.
- In 2017/18, 45 percent of minority ethnic children lived in families in poverty after housing costs, compared with 20 percent of children in White British families in the UK.
- Funding for Sure Start and Children's Centres, and other children's services, has been cut significantly, with greater cuts in more deprived areas. A 29% reduction between 2010/11 and 2017/18.
- There are still low rates of pay and a low level of qualification required in the childcare workforce.
- Free childcare for 3-4 year olds has been introduced, but at the expense of Sure Start and Children's Centres.
- Greater Manchester has rapidly improved outcomes for children in the early years, a result of concerted system-wide efforts and prioritisation of support for families and children during these years

Recommendations

- Increase levels of spending on early years and as a minimum meet the OECD average and ensure allocation of funding is proportionately higher for more deprived areas.
- Reduce levels of child poverty to 10 percent – level with the lowest rates in Europe.
- Improve availability and quality of early years services, including Children's Centres, in all regions of England.

- Increase pay and qualification requirements for the childcare workforce.

Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Socioeconomic inequalities in educational attainment that were present in 2010 remain.
- Regionally, the North East, North West and East Midlands have the lowest levels of attainment at age 16 and London has the highest.
- Since 2010 the number of exclusions from school have significantly increased in both primary and secondary schools. In 2012, children eligible for free school meals were 4 times as likely to be excluded as those not eligible.
- Pupil numbers have risen while funding has decreased, by eight percent per pupil, with particularly steep declines in funding for sixth form (post-16) and further education.
- Youth services have been cut since 2010 and although overall youth crime has declined, violent youth crime has increased greatly over the period.

Recommendations

- Put equity at the heart of national decisions about education policy and funding.
- Increase attainment to match the best in Europe by reducing inequalities in attainment.
- Invest in preventative services to reduce exclusions and support schools to stop offrolling pupils.
- Restore the per-pupil funding for secondary schools and especially sixth form, at least in line with 2010 levels and up to the level of London (excluding London weighting).

Create fair employment and good work for all

- Employment rates have increased since 2010, but there has been an increase in poor quality work, including part-time, insecure employment such as zero hours contracts.
- The incidence of stress caused by work has increased since 2010, at least partly as a result of poor-quality work.
- Real pay is still below 2010 levels
- The majority of people below the poverty line live in households where at least one adult is working
- Risk of long-term unemployment is greater for minority ethnic groups, women, lone parents, and people with disabilities.

Appendix One

- Lowest employment rate in North East. Highest in South West.
- Nearly half of those in poverty in the UK in 2018 were from families in which someone had a disability. Some ethnic groups also face much higher rates of poverty than others, particularly those who are Black and Bangladeshi and Pakistani origin
- Automation is leading to job losses, particularly for low-paid, part-time workers; the North of England will be particularly affected. Can be an opportunity if boring, repetitive jobs are eliminated and replaced with interesting, fulfilling work.
- Since 2010, conditionalities and tougher sanctions for people who are unemployed have increased. Criticised by a Uni of York welfare study.

Recommendations

- Invest in good quality active labour market policies and reduce conditionalities and sanctions in benefit entitlement, particularly for those with children.
- Reduce in-work poverty by increasing the National Living Wage, achieving a minimum income for healthy living for those in work.
- Increase the number of post-school apprenticeships and support in-work training throughout the life course.
- Reduce the high levels of poor quality work and precarious employment.

Ensure a healthy standard of living for all

- Wage growth has been low since 2010 and wage inequality persists.
- Regional inequalities in wealth have increased
- The National Living Wage has helped raise wages, but it is still too low to meet the Minimum Income Standard (allows an acceptable standard of living as defined by the public).
- The number of families with children who do not reach the minimum income standard has increased.
- Food insecurity has increased significantly. Percent of low-income adults who were food insecure rose from 28 percent to 46 percent between 2004 and 2016.
- Social mobility in England has declined. Policies have undermined, not supported, social mobility.
- Tax and benefit reforms have negatively impacted the poorest 50%, and positively impacted the top 40%. Universal credit has pushed people further into poverty, particularly through delays in being awarded credit.

Appendix One

- Tax revenues in the UK are below the OECD average. 60% of the UK public in 2018 were in favour of increased tax and increased spend (up from 31% in 2010).

Recommendations

- Ensure everyone has a minimum income for healthy living through increases to the National Living Wage and redesign of Universal Credit.
- Put health equity and wellbeing at the heart of local, regional and national economic planning and strategy.
- Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency.
- Review the taxation and benefit system to ensure it achieves greater equity and ensure effective tax rates are not regressive.

Create and develop healthy and sustainable places and communities

- The costs of housing have increased significantly, including social housing.
- The number of non-decent houses has decreased, including in the private rental sector, but this sector still has high levels of cold, damp and poor conditions, including insecure tenures.
- In the West and East Midlands, Yorkshire and the Humber, >20% of homes fail to meet the decent homes standard
- 21% of adults in England said a housing issue had negatively impacted their mental health
- Homelessness has increased by 74% since 2010, including more children in homeless families living in temporary accommodation.
- Health harm from climate change is increasing, and will likely affect more deprived communities most.
- On average, pollution levels are worse in areas of highest deprivation
- The government's prioritisation of road and train travel over buses has widened inequalities
- Government targets to increase cycling and walking rates have not been met; inequalities in this have widened and budgets have declined, while road investment budgets have increased.
- Climate change worsens inequalities for a variety of reasons
- Programmes to insulate houses have been cut over the decade

Recommendations

Appendix One

- Invest in the development of economic, social and cultural resources in the most deprived communities
- 100 percent of new housing is carbon neutral by 2030, with an increased proportion being either affordable or in the social housing sector
- Aim for net zero carbon emissions by 2030 ensuring inequalities do not widen as a result

Jemima Churchhouse
March 2020

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