

# Cheshire East Health and Wellbeing Board Agenda

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**Date:** Tuesday 23rd March 2021  
**Time:** 2.00 pm  
**Venue:** Virtual Meeting

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## How to Watch the Meeting

For anybody wishing to view the meeting live please click on the link below:

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or dial in via telephone on 141 020 3321 5200 and enter Conference ID: 462129615# when prompted.

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

It should be noted that Part 1 items of Cheshire East Council meetings are recorded and uploaded to the Council's website.

## **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 26 January 2021.

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For requests for further information

**Contact:** Rachel Graves

**Tel:** 01270 686473

**E-Mail:** [rachel.graves@cheshireeast.gov.uk](mailto: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 wishing to ask a question or make a statement 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. **Healthwatch Cheshire Survey: Health and Wellbeing During Coronavirus**  
(Pages 7 - 84)

To consider the findings of the Healthwatch survey on health and care during the coronavirus pandemic.

6. **Special Educational Needs and Disability (SEND) Improvement Update**  
(Pages 85 - 108)

To consider the update report on the work of the Cheshire East 0-25 SEND Partnership.

7. **Delaying the Refresh of the Cheshire East Pharmaceutical Needs Assessment**  
(Pages 109 - 112)

To consider the proposal for the postponement of a revised Pharmaceutical Needs Assessment for a period of 12 months.

8. **Terms of Reference Update** (Pages 113 - 124)

To consider the proposed changes to the Health and Wellbeing Board's Terms of Reference.

9. **Test, Trace, Contain, Enable' Update**

To receive a verbal update on Test, Trace, Contain, Enable.

10. **Cheshire East Place Partnership Update**

To receive a verbal update on the work of the Cheshire East Place Partnership.

11. **Cheshire East Integrated Care Partnership Update**

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

**CHESHIRE EAST COUNCIL**

Minutes of a virtual meeting of the  
**Cheshire East Health and Wellbeing Board**  
held on Tuesday, 26th January, 2021

**PRESENT****Voting Members**

Councillor S Corcoran (Chairman), Cheshire East Council  
Councillor Kathryn Flavell, Cheshire East Council  
Councillor Laura Jeuda, Cheshire East Council  
Mark Palethorpe, Cheshire East Council  
Dr Andrew Wilson (Vice-Chairman), NHS Cheshire CCG  
Clare Watson, NHS Cheshire CCG  
Louise Barry, Healthwatch Cheshire  
Steven Michael, Cheshire East Health and Care Partnership  
Dr Patrick Kearns, Cheshire East Integrated Care Partnership  
John Wilbraham, Cheshire East Integrated Care Partnership

**Associate Non-Voting Members**

Councillor Janet Clowes, Cheshire East Council  
Superintendent Peter Crowcroft, Cheshire Constabulary  
Chris Hart, Cheshire East Social Action Partnership  
Frank Jordan, Cheshire East Council  
Mike Larkin, Cheshire Fire and Rescue  
Caroline Whitney, CVS Cheshire East

**Cheshire East Council Officers/Others**

Professor Rod Thomson, Public Health  
Guy Kilminster, Cheshire East Council  
Rachel Graves, Cheshire East Council  
Madeleine Lowry, Cheshire and Wirral Partnership NHS Trust

**30 APOLOGIES FOR ABSENCE**

Apologies were received from Dr Matt Tryer (Cheshire East Council).

**31 DECLARATIONS OF INTEREST**

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

**32 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 24 November 2020 be approved as a correct record.

**33 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no public speakers.

**34 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP STRATEGY AND TRANSFORMATION PLAN**

The Board considered the Integrated Care Partnership Strategy and Transformation Plan.

The Transformation Plan set out four priority areas to be focused on – cardiovascular health, respiratory health, mental health and social prescribing, and children's health. These areas had been chosen following discussions between health and care professionals and other interested parties and selected as there was a perceived need in these areas in Cheshire East. The Plan set out in details the evidence of need for each of the priorities, the proposed interventions, resource requirements, the initial thinking in relation to innovation and doing things differently, and aspirations for taking things further.

**RESOLVED:**

That the Integrated Care Partnership Strategy and Transformation Plan be noted.

**35 INTEGRATING CARE - NHS ENGLAND'S PROPOSALS REGARDING INTEGRATED CARE SYSTEMS AND THE DRAFT MOU FOR THE CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP**

The Board considered a report on the proposals for an Integrated Care System and the draft Memorandum of Understanding for the Cheshire and Merseyside Health and Care Partnership.

NHS England had published in November 2020, as part of a national consultation, their proposals for the establishment of regional Integrated Care Systems from April 2022. The consultation had finished on 8 January 2021. The report provided a summary of the proposals, which were central to the delivery of the NHS England's Long-Term Plan. The Integrated Care Systems would have a key role in working with local authorities at 'Place' level. Through the Integrated Care System, commissioners would make shared decisions with providers how to use resources, design services and improve population health.

The Draft MoU for the Cheshire and Merseyside Integrated Care System had been circulated to Councils by the Cheshire and Merseyside Health Care Partnership. The MoU set out the vision and priorities of the Cheshire and Merseyside Health Care Partnership, detailed the governance arrangements and listed the members of the Partnership. Comments had been invited on the MoU by 20 January 2020 and it was expected that the final version would be signed off by partners in February/March.

**RESOLVED:**

That the proposals be noted.

**36 TEST, TRACE, CONTAIN, ENABLE' UPDATE**

Professor Rod Thomson gave an update on the Test, Track, Contain and Enable system in Cheshire East.

He reported that the infection rate had now started to decrease following the sharp increase at the start of January. The rate was now less than 300 per 100,000 in Cheshire East, with around a 1000 people testing positive in the last seven days. This was still higher than in the first wave and therefore it was still important to focus on the measures to reduce the spread of infection. There were over 300 covid patients in Leighton Hospital and Macclesfield Hospital with 260 in the Countess of Chester Hospital.

The local contract tracing team were dealing with referrals from the national centre, following up cases with individuals and businesses if there had been cases within the workforce. The contact tracing did not just rely on the initial phone call but also followed up individuals on several occasions by phone or visits to their homes. The contract tracing success rate was the highest in the region alongside Cheshire West and Chester.

An expression of interest had been registered with the Department of Health for extending community testing, as part of the recovery phase of the work, for those individuals who had to leave their home to work to receive some form of testing. Two models had been suggested. These being the use of local pharmacies and utilizing the two existing testing sites in Crewe and Macclesfield for lateral flow testing.

It was reported that the vaccination programme was going well, with over 50,000 people having been vaccinated across the Borough. The vast majority of these being those people in care homes, their carers, the over 80s age group and health and care worker.

**RESOLVED:**

That the verbal update be noted.

**37 CHESHIRE EAST PLACE PARTNERSHIP UPDATE**

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

It was reported that the Place Partnership had been discussing what its role would be with the introduction of the Integrated Care Partnership. It was also important that the work of the Place Partnership did not lose momentum with the departure of Mark Palethorpe from Cheshire East Council as he had ensured that Place was central in partnership discussions. The involvement of the Council in the Place Partnership was important, and discussions had been held with the Chief Executive to ensure this continued.

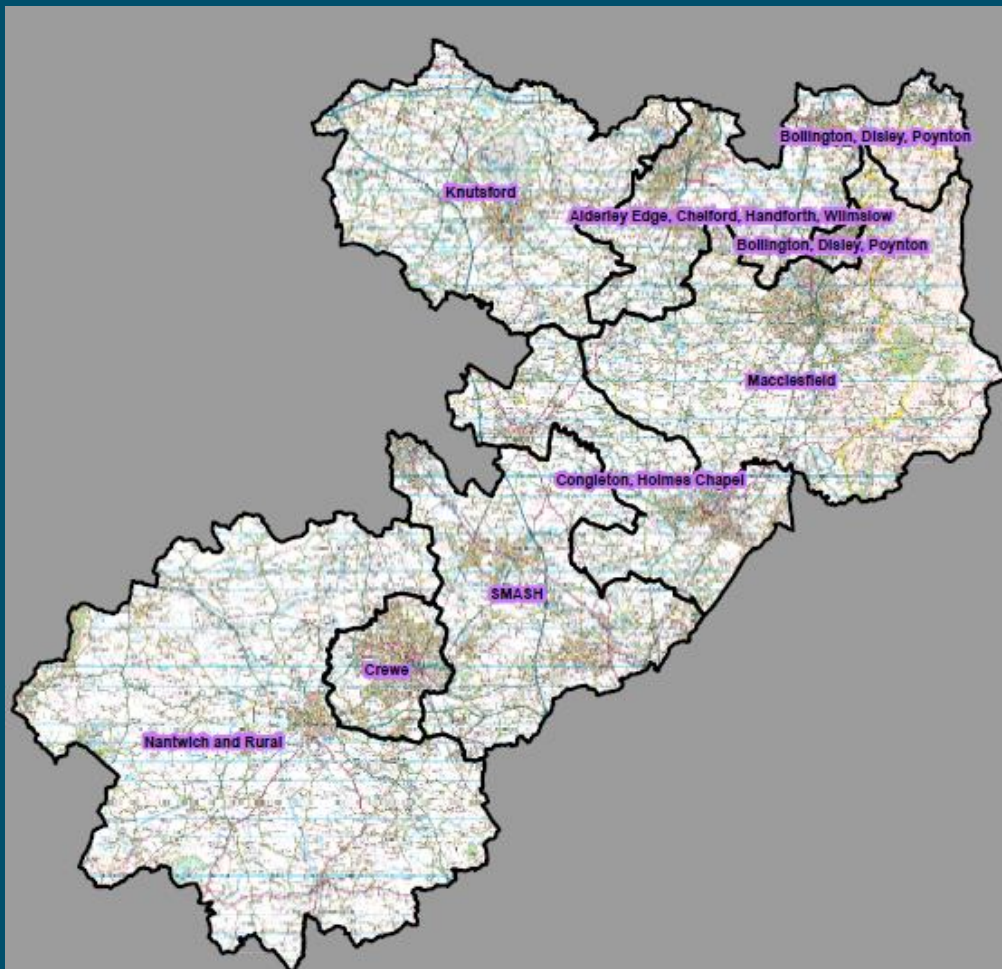
**RESOLVED:**

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.26 pm

Councillor S Corcoran (Chairman)

**Public Views on Health and Care during the Coronavirus  
(COVID-19) Pandemic in the Care Communities of  
Cheshire East  
May - October 2020**



## Introduction

Since the beginning of May 2020, we have been asking Cheshire residents to tell us about their personal experiences during the Coronavirus (COVID-19) pandemic. People shared their views and concerns on a wide range of topics, including health, care, mental health, wellbeing, and wider concerns both now and for the future.

This report details the findings from the *Healthwatch Cheshire Health and Wellbeing During Coronavirus* survey, from 4<sup>th</sup> May up until 15<sup>th</sup> October 2020. Across Cheshire, we received 1,661 responses during this period, which equates to over 6,000 individual comments. This report focuses on the 729 responses from people in Cheshire East, and breaks down the information to a local level. By presenting the information in this way, it allows Care Communities to better understand the views and needs of their local population. There are 8 Care Communities in Cheshire East, which aim to bring together people living, working or involved in an area to improve the health and wellbeing of local residents:

- Alderley Edge, Chelford, Handforth and Wilmslow
- Bollington, Disley and Poynton
- Congleton and Holmes Chapel
- Crewe
- Knutsford
- Macclesfield
- Nantwich, Wrenbury or Audlem
- Sandbach, Middlewich, Alsager, Scholar Green and Haslington.

The findings of this survey are reviewed regularly in order to provide up to date information to partners including Local Authorities, NHS Cheshire Clinical Commissioning Group (CCG), Hospital Trusts, voluntary sector organisations, the Care Quality Commission and Healthwatch England. The survey is ongoing and is updated regularly so that we can capture experiences over time. You can access the survey at:

<https://www.surveymonkey.co.uk/r/7LN6VYS>

## What is Healthwatch?

Healthwatch Cheshire, consisting of Healthwatch Cheshire East and Healthwatch Cheshire West, is an independent consumer champion for health and care across Cheshire East and Cheshire West and Chester, forming part of the national network of local Healthwatch across England. Our role is to make sure that those who run health and care services understand and act on what really matters to local people.

Healthwatch Cheshire East and Healthwatch Cheshire West undertake continuous engagement activities with the public to hear about concerns and compliments regarding health and care services. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in order to improve the services people use. We also share people's views locally with Healthwatch England who strive to ensure that the government put people at the heart of care nationally.



## Overview of Findings

The following provides an overview of the main themes and trends in Cheshire East, before providing the key findings broken down by each of the 8 Care Communities.

### Healthcare



- A significant number of people reported not feeling comfortable either making, travelling to, or attending appointments, or feel that they would be overburdening healthcare services if they did.
- The most common differences people experienced in accessing healthcare due to Coronavirus was people's GP appointments taking place over the telephone or by video call, increased waiting times for prescriptions, and being unable to find the over-the-counter medication required in shops and pharmacies.
- Changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures, were also commonly mentioned.
- Dependent on what the appointment was to discuss, the majority of people would be happy using phone or video calls for hospital-based appointments, GP appointments, other healthcare appointments, or social care assessments in the future.
- 77% of people in Cheshire East who had tried to access their GP Practice rated their experience as 'Good' or 'Excellent' (4 or 5 out of 5). The average rating was 4.02 out of 5.
- Of those who had tried to access Hospital during this time, 77% rated their experience as 'Good' or 'Excellent' (4 or 5 out of 5) in Cheshire East, with an average rating of 4.16 out of 5.
- There was praise for Pharmacies, with 81.6% of respondents in Cheshire East rating their experience as 'Good' or 'Excellent' (4 or 5 out of 5). The average rating was 4.19 out of 5.
- Communication around changes of services due to COVID-19 was mixed according to our respondents, in some cases it was clear what changes were being made either due to signage, online information, or the service contacting individuals, but in other cases people reported no contact or unclear information.

### Mental Health and Wellbeing



- In the most part people generally felt that they were coping well. However, respondents also talked about the stress and anxiety they felt, confusion over national guidance and missing family and friends.
- The top 3 things that people told us had affected their mental health during the pandemic were feeling sad about not seeing family or friends, worrying about the health of friends or family, and feeling sad about not being able to do leisure activities.

- The number of respondents who reported declining mental health decreased over time, which could in part be due to the easing of lockdown measures.
- People's current concerns mainly related to other people not observing social distancing rules, money or economic concerns, education, concerns about their mental and physical health, worries about the availability of food, and concerns about using public transport.
- Most people looked to their family and friends for mental health support, rather than from a mental health provider.
- In terms of what would help people maintain better physical and mental health, there was frequent mention of clearer information being provided, in particular relating to national government messages.
- Respondents also talked about the importance of family and friends, support from the community and the workplace, hobbies and exercise including access to parks and gyms, technology such as Zoom, and better access to services.

## Care



47 people across Cheshire East provided responses specifically to the Care section of the survey. Below is a sample of their responses and the richness of views, experience and individual stories they provide. In addition, during December 2020 and January 2021, Healthwatch are conducting a separate survey to capture the experiences of residents of care homes and their friends and families, the results of which will be published in another report.

### Experiences of care during the coronavirus pandemic

We asked people to tell us if their experiences of care had been affected by the coronavirus pandemic. Many people's responses broadly talk about delays or reductions in care across Cheshire during the Coronavirus pandemic. People talk about postponements in the implementation of care packages and assessments, and in some cases, concerns were raised about care packages not being implemented at all or being brought to an end due to the effects of the pandemic.

There was an appreciation that a change in visits from Personal Assistants is an understandable measure during the pandemic to reduce potential spread and infection. However, some respondents who receive care or assistance at home talked about visits from Carers and Personal Assistants being stopped or reduced, which has led to difficulties. Some people reported struggling to do things such as cleaning or shopping by themselves, creating risks in having to leave the house. Where care had been provided, people commonly described it as having been a 'good' or 'excellent' service.

Others have had to rely more upon friends and family to fill the role of caring support, which has created concerns for people having to go out for shopping and prescriptions, and the impact that has upon them or the person they are helping if they are supposed to be shielding.

All respondents who commented upon Care Homes talked about not being able to visit their relative or friend, which again was deemed to be an understandable measure. We are now conducting two surveys with questionnaires for residents of care homes and their friends and families, the results of which will be published separately.

Overleaf provides further details of the experiences people told us about.

Respondents who received care told us about changes and experiences relating to assistance with care at home, Care Homes and Personal Assistants.

Respondents told us about **assistance at home**, in particular in relation to visits from carers being stopped or reduced, and also about the excellent care they had received even with reduced visits. Example comments included:

- *"I cancelled the provider of care that my daughter had in her own home as I was concerned for my daughter who is vulnerable due to complex health needs. I am 69 and coping on my own... Disabled people and their families I feel are being ignored and not given enough support and advice on how to get back to some normality and parents are frightened of the consequences of having in-house care... I have had hardly any contact with a social worker."*
- *"My helper has stopped coming since the lockdown. She helps me clean as I am disabled."*
- *"Change in carers and their use of PPE, especially when COVID-19 was suspected."*
- *"Access to social care for adults I support in my job, they just sent forms out and won't help till the person has completed it. They are unable to do this!"*
- *"I visited a lady on a volunteer basis who kept falling, the ambulance crews were desperately trying to organise care but there was none available. It was a disgrace."*
- *"Little contact. Poorly written letter received from carers organisation several weeks in to the situation. Not sure it had any status re priority of carers - not used it."*
- *"Obviously the visits are massively reduced and unless people have internet/smart phone this is almost impossible to get support."*
- *"For me personally it's been very difficult. I haven't been able to be cared for as I usually would. I've struggled. My daughter is also disabled and we haven't been able to have her carer in."*
- *"Have had to do shopping on my own rather than with support, which has been hard, especially with queues etc. I'm autistic."*
- *"My helper has stopped coming since the lockdown. She helps me clean as I am disabled."*
- *"My father-in-law hasn't been able to go out with his carer to get his weekly shopping but we have just been providing it for him instead."*
- *"I have to have the carer help with my everyday care. One social worker told me I should only shower once a week, so need help if it's my appointment day. I have less normal care as she drives me to appointments and has to wait around for sometimes hours for me to be seen. I get home and the morning has gone. It's hard being stuck indoors alone for hours on end because your scared to go out... Just simple little things tend to upset you. I'm normally of a strong character but recently I've noticed I cry easily over silly things. COVID-19 has impacted in a way I didn't think it would."*
- *"We've all taken a big hit in income to support my parents to stay in their own home. My sisters and I and close family friends give our time free so that the budget that my parents previously spent on care agencies is instead used to pay the carers decent wages."*

There were also concerns about **services or packages of care not being implemented, delayed, or being ended**, due to the lockdown:

- *“My mum was due to have a social care package put in place after a 3-week hospital admission in December but this was put on hold and has only just been actioned this week. We have needed to pay for private care in the meantime.”*
- *“My husband's daytime care package was ended as they wouldn't put it on hold while he was shielding. His PA cannot come in at present due to him shielding so I am providing all his care unpaid.”*
- *“Respite for children with additional needs has stopped.”*
- *“Home visit from adult social care delayed.”*
- *“My initial assessment was postponed by mutual agreement - they would have still come if I had requested them to.”*

There were a number of comments relating to **Personal Assistants**, and comments about having to rely more upon **friends and family** for caring support:

- *“No PAs due to risk of infection. Relying on parents 100%.”*
- *“I have been kept up-to-date and involved in decision making throughout.”*
- *“Following the death of my husband and being a gay man with no immediate family, no one has been able to come into the house. You don't know what the word isolation means.”*

Respondents to this question told us about their experiences of **Care Homes**. All referred to a relative or friend that they had in a Care Home and all comments related to accessibility and being unable to visit:

- *“Not visiting my sister-in-law at Care Home, which makes total sense at this time for all concerned as she receives excellent care.”*
- *“Unable to visit grandmother who suffers with dementia in her Care Home.”*
- *“I can't visit my mum in a care home.”*
- *“My husband has not been able to come home and I have not been able to visit him due to lockdown in the care home... The care home has been very supportive.”*
- *“Particularly during periods of lockdown life in a care home has been very hard. I had only been there for 2 weeks when lockdown happened. Staffing has been affected badly and therefore care. Food quality has suffered. My mental health has been very badly affected. I feel claustrophobic as I cannot go out. I miss my old life, family and friends enormously. I am blind and my daughter was previously my carer and my eyes. Just being able to speak to her on the phone has been so frustrating. Life in a care home is not how I thought it would be - because of COVID-19. I am very unhappy.”*
- *“Not been able to visit my dad that went into care November 2019 and I have not been able to hug him since lockdown on 13<sup>th</sup> March, he has vascular dementia.”*
- *“Visiting my sister-in-law in care is difficult. It can only be done in the garden and must be booked in advance. Unwilling to make a 60+ mile journey to arrive and find it raining.”*

Comments also related to **other areas of care**, with some respondents commenting that nothing had changed for them regarding their care during the pandemic. People also talked about how other services had stopped, such as health services and weekly support groups:

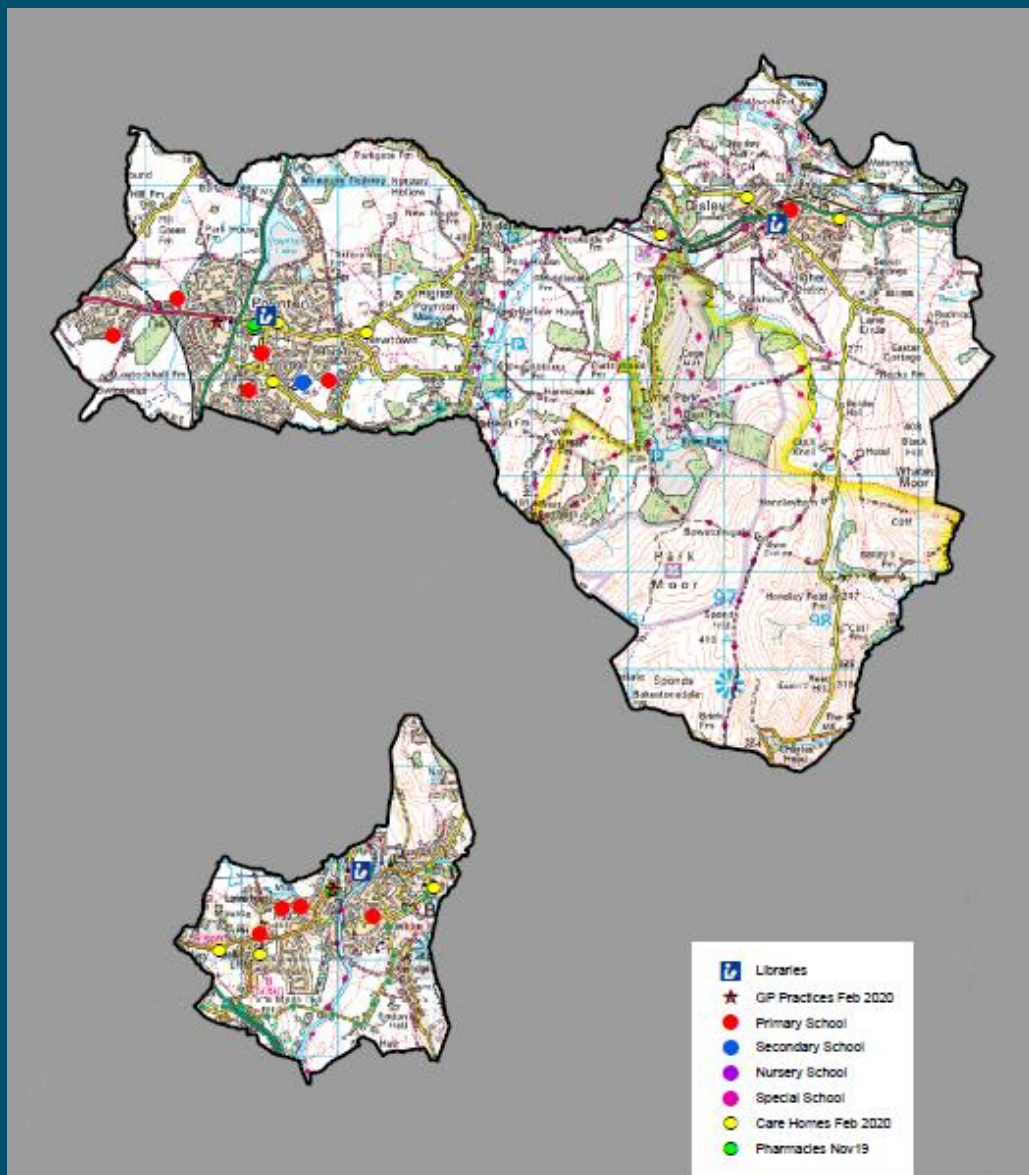
- *“The charity running the paraplegic settlement shut the office, the administrator works from home, told the handy-men not to come in for 2 weeks and now they are at work part-time, but are not allowed in our homes. I have a broken toilet flush, a door hanging off its hinges, a broken side piece on my wheelchair - but no help. I am in total self-isolation and this is day 57. The Trustees of the charity have not even been in touch with the residents - 29 bungalows with disabled, vulnerable adults and children.”*
- *“As a Community Nurse with a local District Nursing Team, our caseload has increased by up to 40% and we are visiting a lot of patients that the GPs and Practice Nurses won't visit. If that's not supporting vulnerable people during the pandemic, then I don't know what is!”*

The following breaks down the findings from our survey by each of the 8 Care Communities in Cheshire East, which are organised as appendices.



# Appendix 1 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Bollington, Disley and Poynton Care Community

May - October 2020



## Introduction

Between 4<sup>th</sup> May and 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 54 people who answered our survey from the Bollington, Disley and Poynton area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

Of the 51 people who told us about **how health services had changed**, most talked about their GP or Pharmacy. For example:

- *“Waiting for eye surgery and pre-op appointment. Not heard from hospital so assuming it’s been postponed.”*
- *“Dentists, orthodontists, opticians all cancelled appointments. Doctor’s surgery closed.”*
- *“General concern that local surgery closed, facilities no longer in walking distance if needed.”*
- *“Volunteer helpers and friends got my regular prescription medication for me.”*





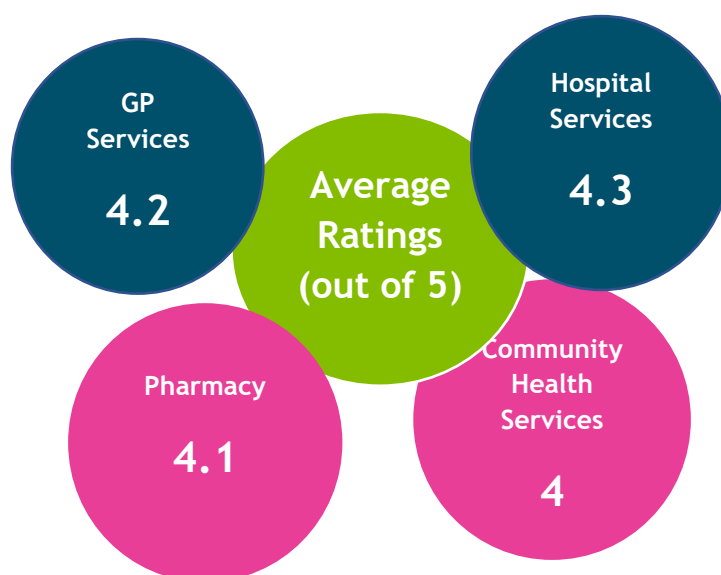
## People's views on video/phone appointments

People were asked about their opinions on video and phone appointments for hospital-based appointments, GP appointments, other healthcare appointments, or social care assessments. For each type of appointment, the majority of people would be happy using phone or video appointments dependent on what the appointment was to discuss.

- 50% of respondents would be happy using video calls for certain hospital appointments, 71% would for GP appointments, 40% for other healthcare appointments, and 75% for social care assessments.
- 33% of people told us they didn't like the idea of video calls for hospital appointments, No one said they didn't like it for GP appointments, 40% for other healthcare appointments, and 25% for social care assessments.

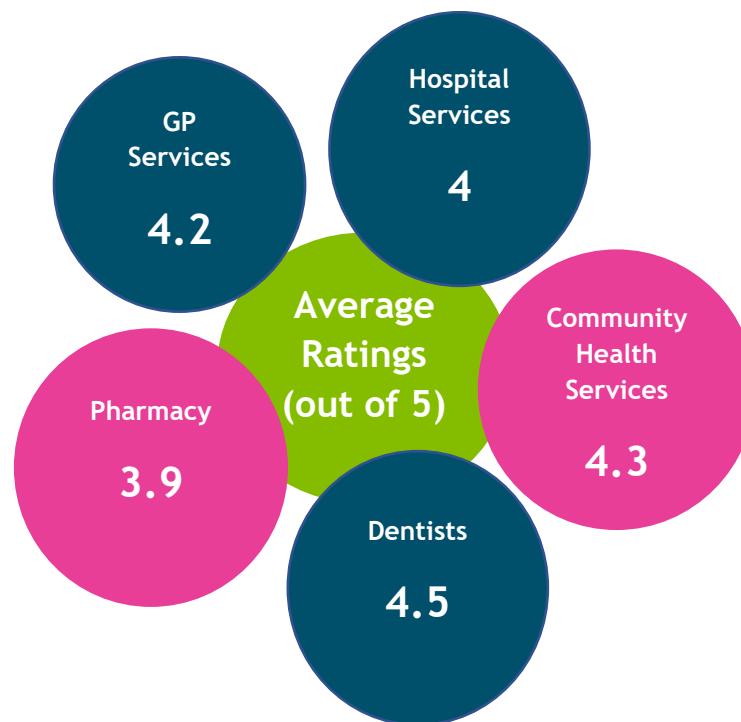
## How people rated their services

We asked people from the Bollington, Disley and Poynton area how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 16 people answered this question and rated their GP surgery, Hospital and Pharmacy services.



- "I contacted my GP via MyGP and was called in to the surgery due to suffering chest pains. I felt safe in the surgery with all Covid secure measures in place - staff wearing PPE, social distancing where possible etc."
- "Pharmacy has remained open face-to-face but other health settings have put in place very strict measures which others just have to work through. Not a very caring environment."
- "Delay at pharmacy for prescription to be ready, otherwise good."
- "The AskMyGP system enabled me to contact my surgery, although there was one occasion where my request didn't seem to get submitted so I had to do it again. There were also no options to ask for a named person to respond having selected this on the drop-down. The GP always responded online, even when I had asked to be contacted by phone, but she did ring me back when I asked her to in the comments after her original response. It was really useful to speak to her to understand what she was thinking and so we could discuss my options."

## How people rated communication from services



- “The information about the different zones in operation and different ways to contact my GP were comprehensive and reassuring on the Middlewood Partnership website.”
- “What to expect on attendance at the surgery was explained very clearly on the website and by the doctor who contacted me before my appointment.”
- “Clear information has been provided throughout in various formats.”

## How coronavirus has affected people’s mental health

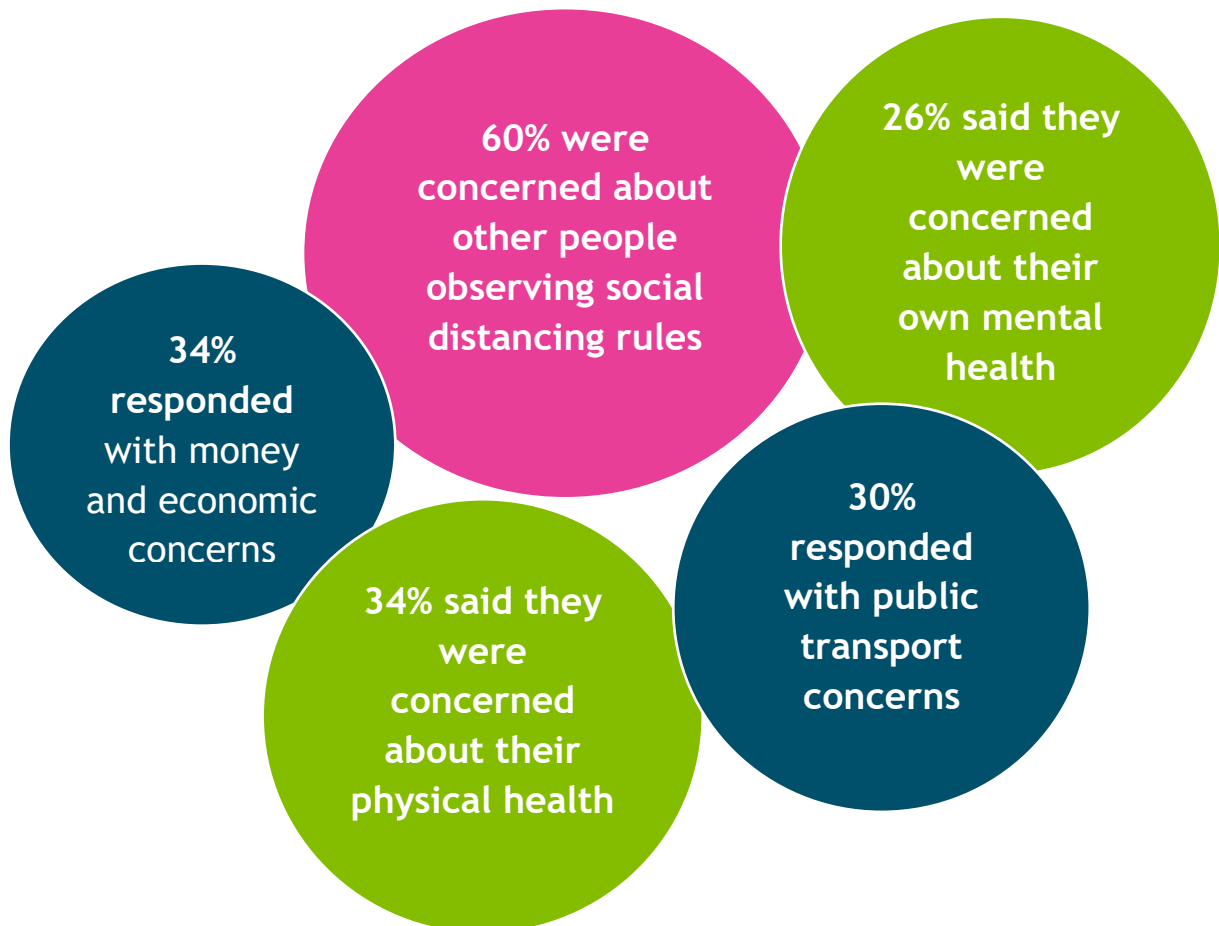


The top 3 things that the 52 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities.

- “Now the lockdown is being lifted I worry that as a vulnerable elderly person my need for social distancing will not be recognised. Though in practice at the moment on our daily health walks everyone is being very careful.”
- “I am affected by the changes but feel able to cope well and my wellbeing is not suffering adversely.”
- “I feel sad about not being able to have physical contact with anybody, family or friends.”
- “I’m more worried about what might happen to my son if we became ill.”
- “Mother unwell in care home. Recent admission to hospital now discharged. Unable to visit, or speak to her (deaf).”

### What are people’s current concerns or concerns about the future impact of the pandemic?



- “Concern about loss of or reduction in online access to networking, meetings, training as other people go back to face-to-face gatherings before I am comfortable with joining these.”
- “Concerns for family members at different stages of life, children, grandchildren siblings and partners etc.”
- “Concerns about being able to enjoy life.”

### **What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?**

- “Regular mindfulness meditation, working with a coach, daily exercise, cooking new recipes, reading more fiction, more regular phone calls with family.”
- “Having someone else in the household (husband) to talk through the issues of Covid. Being able to keep in touch with friends and family.”
- “Doctor’s Practice returning to its original, where we know most of the staff. Far too large and impersonal at the moment. Staff making unacceptable errors regarding gender of staff within the group.”
- “I think clear messages from the Health professionals for the elderly people who are obviously more seriously threatened (i.e. with death) due to the Coronavirus would have helped. This is especially important during the stages of lifting restrictions. And that message needs to be emphasised to others where the risk of serious effects is, I gather, much less.”



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

[www.healthwatchcheshire.org.uk](http://www.healthwatchcheshire.org.uk)

**You can contact us on:**

- **Tel:** 0300 323 0006
- **Email:** [info@healthwatchcheshire.org.uk](mailto:info@healthwatchcheshire.org.uk)
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

## Tartan Rug

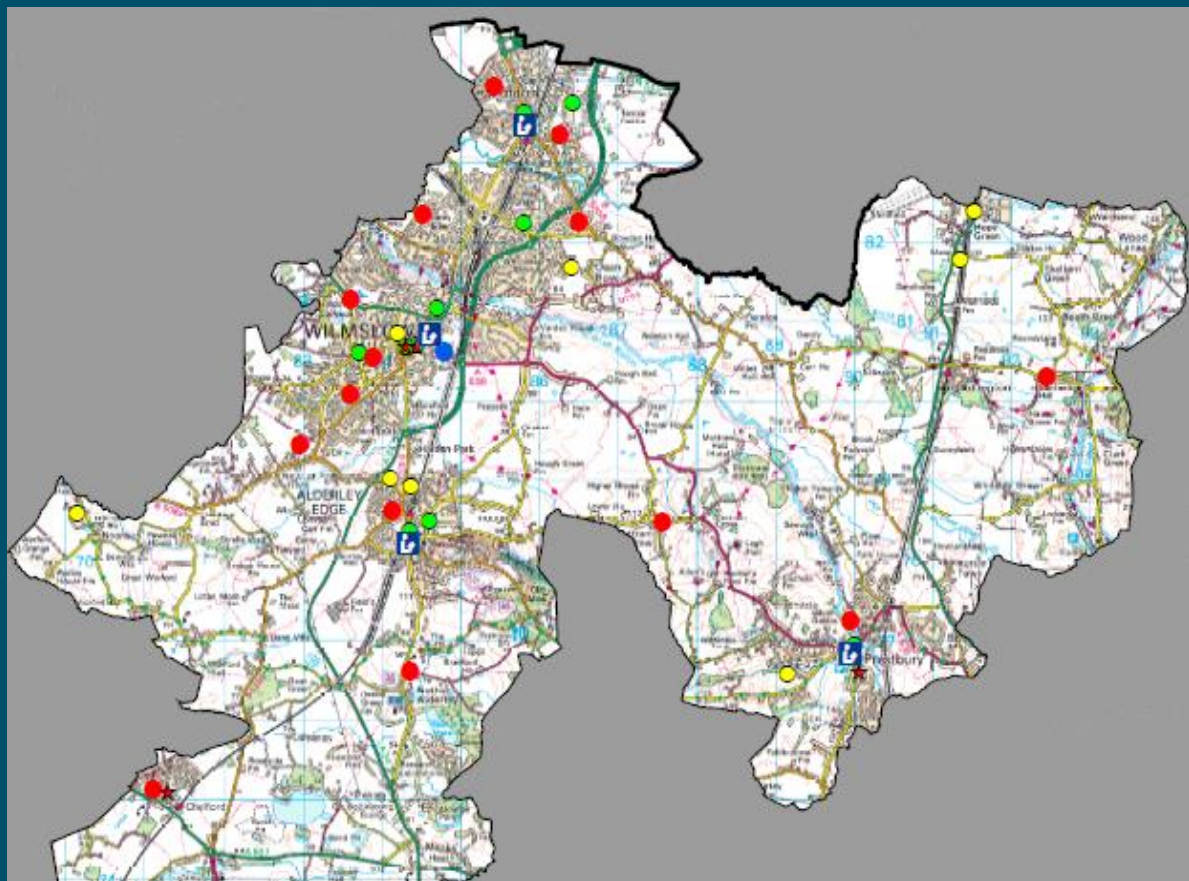
This is the Tartan Rug for the Bollington, Disley and Poynton Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Poynton									
		Bollington	Poynton West and Adlington	Poynton East and Pott Shrigley	Disley	NHS Eastern Cheshire	Cheshire East LA	England	
1	Total population	number	8342	8461	7697	4372	196525	375392	54786327
2	BME population	%	1.6	2.3	1.4	2.1	3.7	3.3	14.6
3	Proficiency in English	%	0.1	0.1	0.1	0.1	0.3	0.6	1.7
4	Population under 16	%	17.3	17.2	14.8	14.7	17.3	17.6	19
5	Population aged 65 and over	%	21.7	26.4	31.4	25.3	23.2	21.9	17.7
6	Pensioners living alone	%	33.5	26.1	24.9	27.3	29.7	30.0	31.5
7	Older people with low income	%	9.7	6.6	6.9	6.5	N/A	10.2	16.2
8	People with low income	%	7.4	4.9	5.3	6.2	N/A	9.4	14.6
9	Children in poverty	%	9.1	4.4	5.7	6.2	N/A	12.4	19.9
10	Long term unemployment	rate					1.1	1.6	3.7
11	Fertility rate	rate	58.3	50.4	52.7	63.4	75.2	60.8	63.2
12	Low birth weight	%	2.3	2.0	2.6	2.7	2.5	2.2	2.8
13	Deliveries to teenage mothers	%	0.0	0.0	0.0		0.6	1.0	1.1
14	A&E attendances age 0-4	rate	400.2	416.5	351.1	422.1	403.3	385.6	551.6
15	Admissions for injury age 0-4	rate	213.5	129.7	147.3	146.8	166.7	168.1	138.8
16	Emergency admissions age 0-4	rate	206.3	204.3	149.7	202.4	208.9	213.8	149.2
17	Child development at age 5	%	63.8	72.1	73.1	67.2	64.3	61.8	60.4
18	GCSE achievement	%	66.2	75.8	73.5	69.0	64.3	62.2	56.6
19	Excess weight age 4-5	%	18.7	19.3	18.2	18.5	17.9	19.1	22.2
20	Excess weight age 10-11	%	19.3	28.6	25.5	26.5	26.2	29.1	33.6

21	Smokers age 11-15	%	3.6	3.0	3.3	3.0	N/A	3.2	3.1	Lifestyle
22	Smokers age 16-17	%	16.1	13.5	12.5	13.9	N/A	15.2	14.8	
23	Healthy eating (adults)	%	33.6	36.2	36.7	35.6	33.6	31.4	28.7	
24	Obese adults	%	20.0	19.6	20.5	20.5	20.0	21.5	24.1	
25	Binge drinking (adults)	%	28.3	21.1	20.5	25.0	22.4	22.3	20	
26	Admissions for alcohol	SAR	86.0	74.0	70.3	68.3	86.7	90.4	100	
27	Self-reported bad health	%	4.6	4.3	4.8	4.4	4.6	4.9	5.5	Illness
28	Self-reported illness	%	17.1	17.0	18.4	17.3	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	74.7	70.4	61.8	57.5	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	106.0	90.0	111.4	117.7	91.0	94.9	100	
31	Emergency admissions stroke	SAR	79.0	79.2	86.7	69.6	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	72.3	58.0	52.6	79.1	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	88.8	91.7	84.8	94.9	94.0	97.9	100	
34	Emergency admissions all causes	SAR	85.6	86.5	86.1	90.0	91.7	102.3	100	
35	New cases -breast cancer	SIR	96.4	122.9	82.2	108.9	105.3	103.1	100	Cancer
36	New cases -bowel cancer	SIR	55.3	97.9	114.2	113.9	104.0	101.7	100	
37	New cases -lung cancer	SIR	107.2	52.7	50.8	68.4	79.3	87.0	100	
38	New cases -prostate cancer	SIR	61.1	139.5	103.6	101.3	95.0	100.5	100	
39	All new cancer cases	SIR	84.8	95.5	88.8	91.6	95.3	99.1	100	
40	Cancer deaths under 75	SMR	69.6	66.5	70.1	66.2	79.9	88.3	100	Death
41	Heart deaths under 75	SMR	88.6	37.8	59.9	45.1	78.7	91.1	100	
42	All deaths under 75	SMR	73.8	59.0	64.6	65.6	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	103.5	92.9	83.8	62.1	89.3	95.8	100	
44	All deaths all ages	SMR	90.3	88.4	97.6	79.9	89.9	93.9	100	
45	Female Life Expectancy	years	84.8	85.0	83.8	84.0	84.1	83.5	83.1	
46	Male Life Expectancy	years	81.5	81.7	80.9	83.3	81.0	80.3	79.4	



# Appendix 2 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Chelford, Handforth, Alderley Edge and Wilmslow May - October 2020





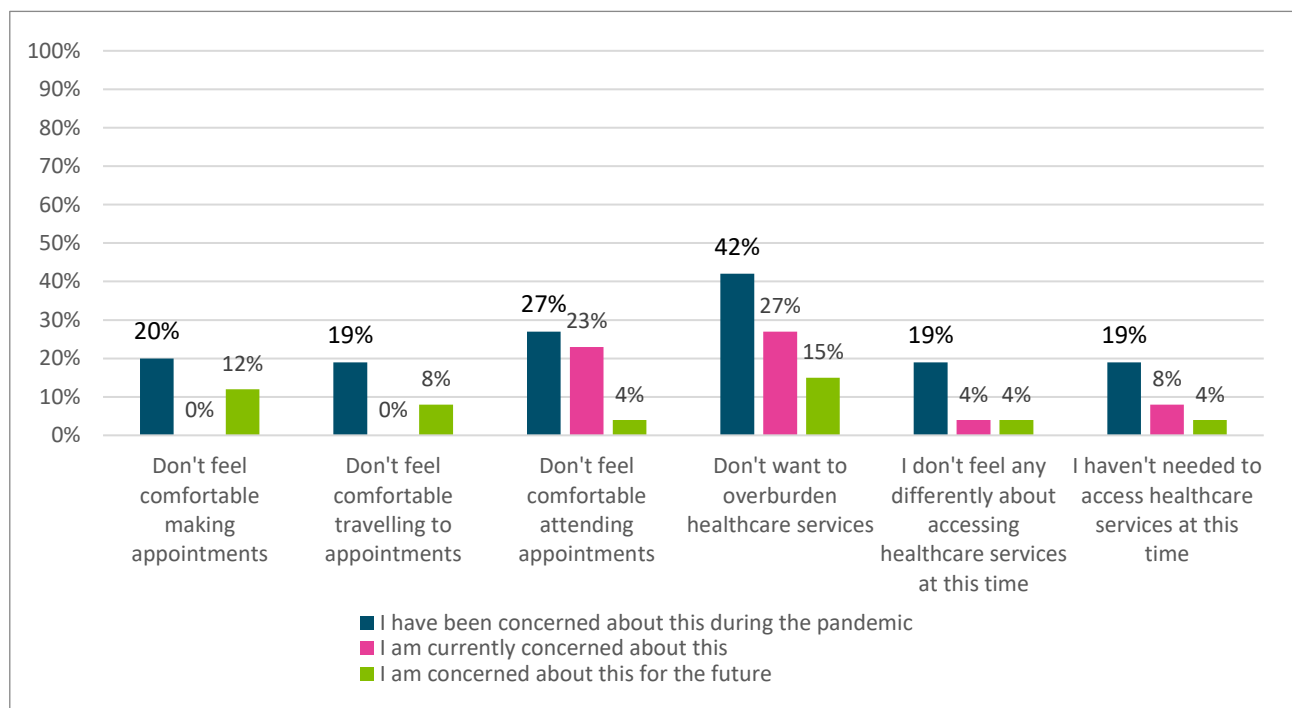
## Introduction

Between 4<sup>th</sup> May until 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 35 people who answered our survey from the Chelford, Handforth, Alderley Edge and Wilmslow area, to provide the residents and local service providers with a snapshot of the key findings.



## Accessing healthcare services during the pandemic

35 people told us how they feel about accessing services during the pandemic, with many people choosing more than one option. Similar to our findings across Cheshire, this demonstrates a trend of people feeling uncomfortable or apprehensive about accessing healthcare services during the height of the pandemic.



- *"I am concerned that my son will not be able to see a GP, or have minor surgery, for some time to come."*
- *"I am concerned that things are remaining closed down to some extent. I would not feel happy making an appointment unless matters were pretty serious."*
- *"I have been fortunate to be well during this period."*

## How health services have changed during the Coronavirus pandemic

Of the 11 people who told us about how health services had changed, most expressed concerns about the quality of care received by their relatives: For example:

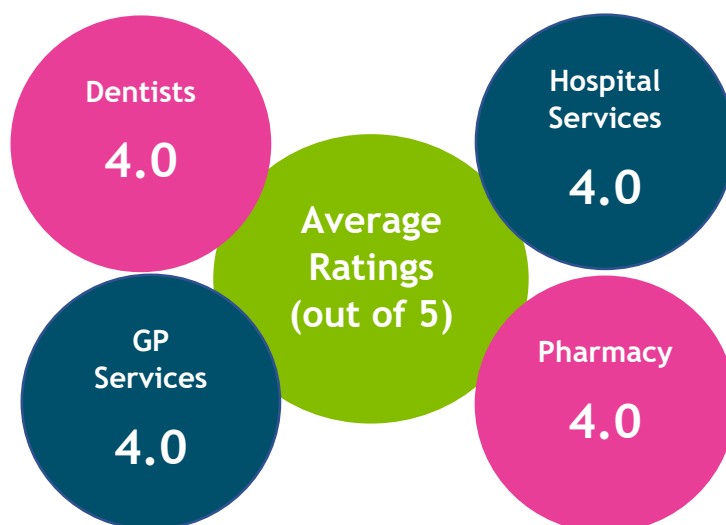
- *“I’ve found it much more difficult to get an appointment with my GP in the last few months.”*
- *“My hospital appointment has been postponed.”*
- *My appointment for a routine dental check-up was cancelled shortly before the scheduled date, with no explanation, apology or alternative date offered.”*
- *“At first my pharmacy would have someone deliver our medication for us, but now they won’t deliver anymore and we have to try and find someone to pick it up for*

## Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 5 people who responded to this question said they would be happy with this going forward, but only for certain GP and hospital appointments, if they had the choice.

- *“For certain simple queries and maybe ongoing things this would be acceptable.”*
- *“The key phrase is ‘certain’ appointments. There are times when there is no substitute for Face-to-face and even if a phone call is appropriate, there is still a reduction in rapport between the patient and the practitioner.”*

## How people rated their services



## How people rated communication from services

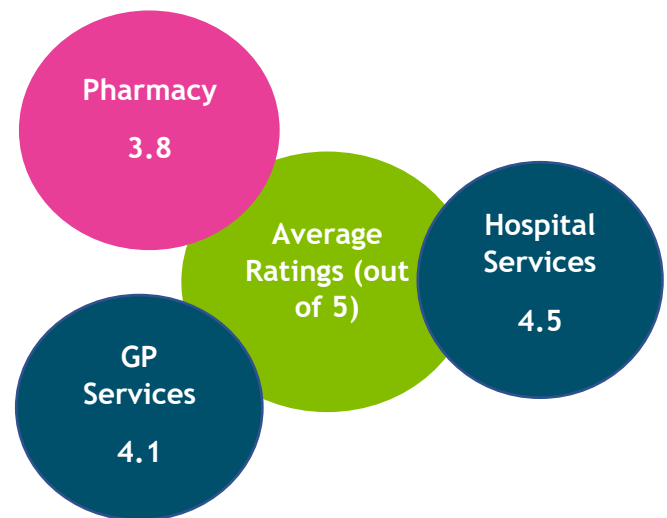
We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Above are the most commonly mentioned services and their average ratings. All respondents consistently voted these services 4 out of 5 on our scale.

- *“Considering the impact of Covid-19 on society as a whole, the NHS has continued to provide an excellent service. I have also been very impressed by GPs, my dentist - who has extracted a tooth recently, GP Surgery and ancillary staff, not to forget Boots Pharmacy, who have not let us down. Well done everyone and thanks.”*

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

### Comments on GP and Pharmacies

- *“The GP and its pharmacy have not updated their website to say that they are closed at lunchtime.”*
- *“The relevant services I may have needed did keep me informed via email or text.”*
- *“The pharmacy delivered prescriptions to my home from the onset of the pandemic. The GP practice answered the phone promptly and were very helpful with my appointments, they fit me in for a video consultation very easily.”*



### Comments on Social Care

- *“I am concerned Coronavirus is being used as an excuse for poor care in some care homes.”*
- *“I’ve had little contact with my mother’s carers, only a poorly written letter about the situation.”*
- *I’ve been unable to visit my mother who is in a care home, this must be affecting her wellbeing.”*



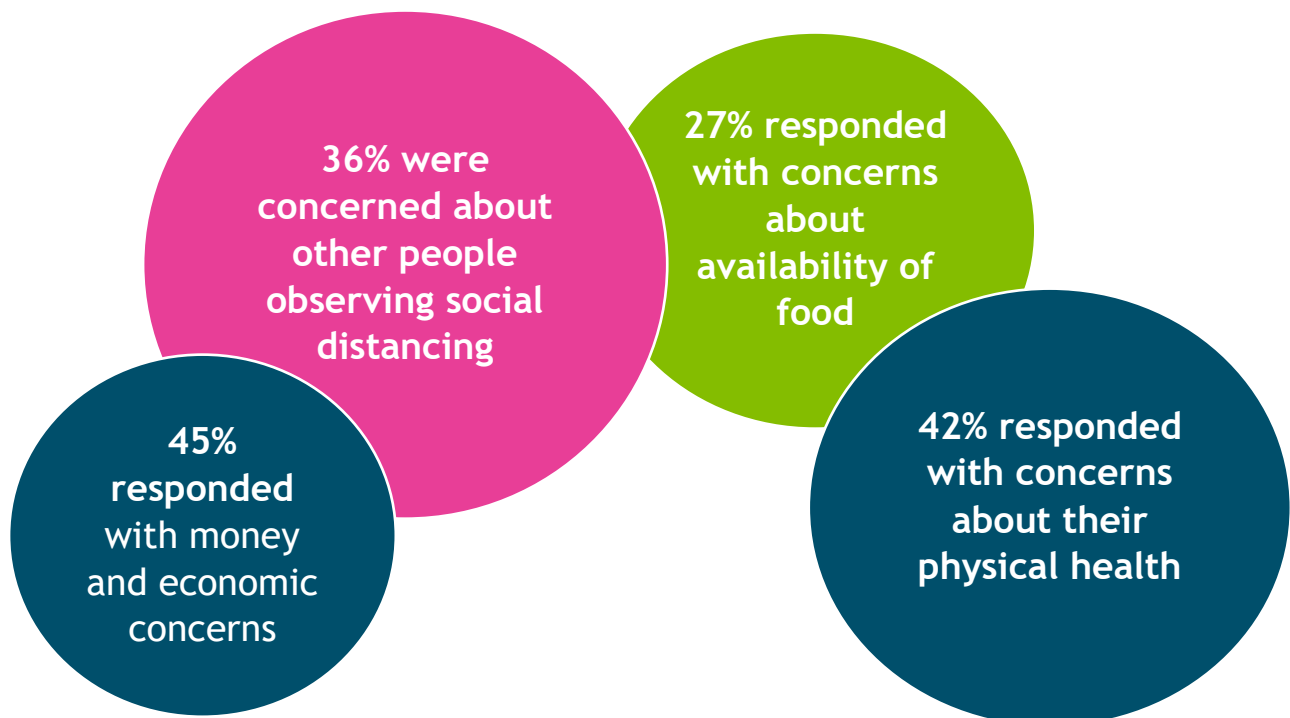
## How coronavirus has affected people's mental health



The top 3 things that the 35 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities

## What are people's current concerns or concerns about the future impact of the pandemic?



## What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Not having to book everything well ahead of time, it’s awkward.”*
- *“Being able to see more of my family and friends.”*
- *“Having improved financial security, such as a more consistent income - especially for the self-employed.”*
- *“Clearer and more consistent guidelines from the government.”*
- *“Increased accessibility to public parks, and public spaces such as toilets, especially for those with disabilities.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

[www.healthwatchcheshire.org.uk](http://www.healthwatchcheshire.org.uk)

**You can contact us on:**

- **Tel:** 0300 323 0006
- **Email:** [info@healthwatchcheshire.org.uk](mailto:info@healthwatchcheshire.org.uk)
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

## Tartan Rug

This is the Tartan Rug for the Chelford, Handforth, Alderley Edge and Wilmslow Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

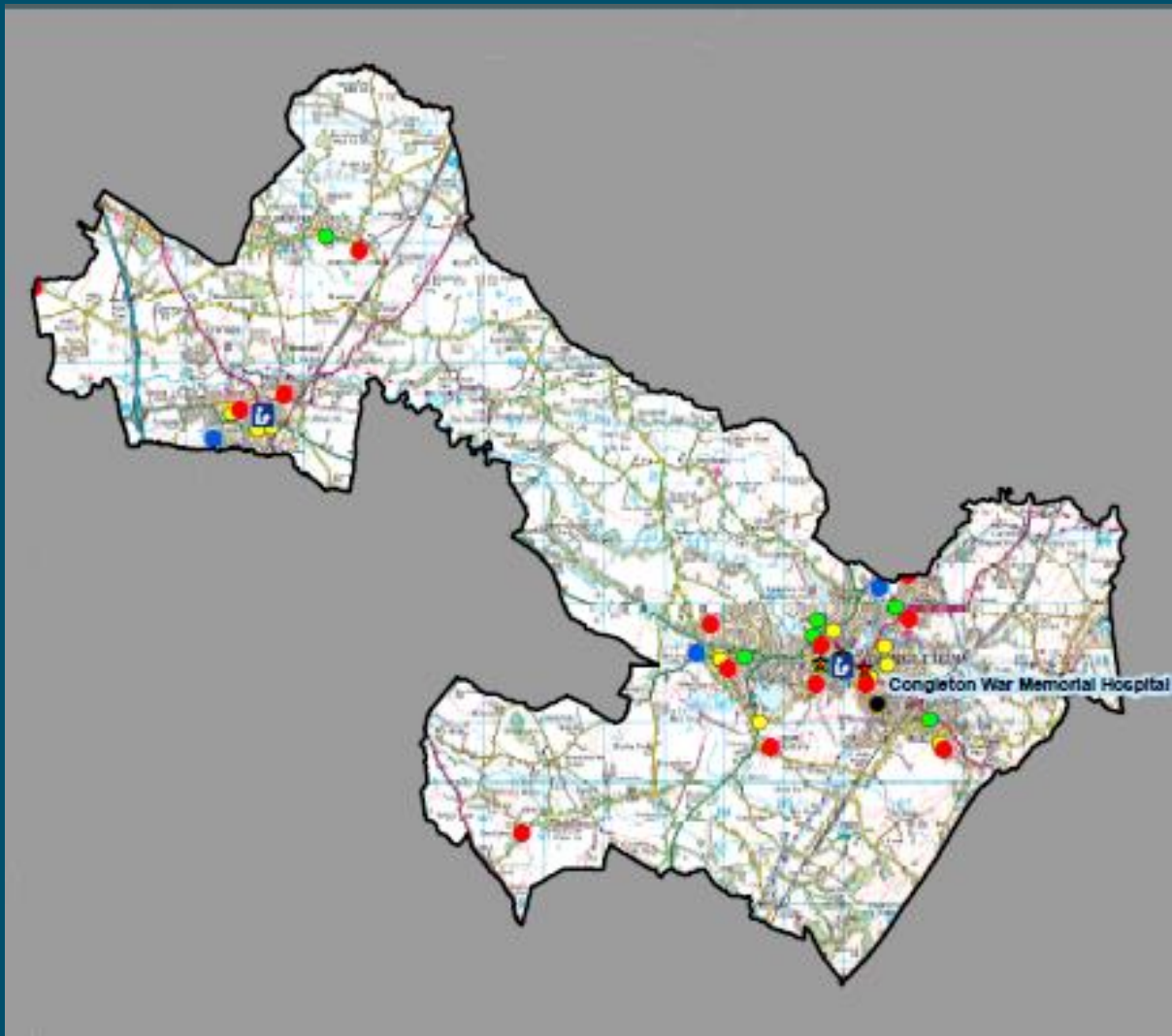
			Wilmslow												
			Chelford	Wilmslow West and Chorley	Wilmslow Lacey Green	Handforth	Wilmslow Dean Row	Wilmslow East	Alderley Edge	Presbury	NHS Eastern Cheshire	Cheshire East LA	England		
1	Total population	number	3864	10134	4946	9377	4588	4441	4893	4349	196525	375392	54786327	Population	
2	BME population	%	2.5	3.8	6.6	8.4	11.9	8.6	6.0	3.7	3.7	3.3	14.6		
3	Proficiency in English	%	0.1	0.4	0.5	0.3	0.6	0.6	0.3	0.1	0.3	0.6	1.7		
4	Population under 16	%	14.7	21.0	18.0	18.7	17.7	17.5	16.3	15.2	17.3	17.6	19		
5	Population aged 65 and over	%	28.3	20.4	19.4	20.1	15.9	26.2	25.4	31.4	23.2	21.9	17.7		
6	Pensioners living alone	%	27.9	31.5	28.6	39.6	22.5	30.2	34.0	24.0	29.7	30.0	31.5		
7	Older people with low income	%	7.5	7.4	15.2	18.0	5.8	2.5	7.9	3.3	N/A	10.2	16.2	Income	
8	People with low income	%	6.2	4.3	12.3	16.5	4.2	2.2	5.2	2.9	N/A	9.4	14.6		
9	Children in poverty	%	4.8	3.9	16.0	20.7	4.3	1.9	4.0	3.4	N/A	12.4	19.9		
10	Long term unemployment	rate									1.1	1.6	3.7		
11	Fertility rate	rate	56.2	73.5	58.1	68.8	56.4	59.3	56.6	48.6	75.2	60.8	63.2	Young People	
12	Low birth weight	%	2.4	1.8	2.7	3.0	3.0	2.1	3.3		2.5	2.2	2.8		
13	Deliveries to teenage mothers	%	0.0	0.0	0.0			0.0	0.0	0.0	0.6	1.0	1.1		
14	A&E attendances age 0-4	rate	391.2	377.3	423.6	474.5	445.1	380.4	377.0	379.8	403.3	385.6	551.6		
15	Admissions for injury age 0-4	rate	174.5	189.1	149.8	192.9	156.6	199.3	203.6	143.9	166.7	168.1	138.8		
16	Emergency admissions age 0-4	rate	188.0	174.9	166.3	210.7	178.2	169.6	195.2	141.9	208.9	213.8	149.2		
17	Child development at age 5	%	63.5	80.4	67.7	59.7	65.7	79.2	69.5	72.5	64.3	61.8	60.4		
18	GCSE achievement	%	72.3	74.5	56.6	52.2	51.9	73.0	73.7	80.9	64.3	62.2	56.6		
19	Excess weight age 4-5	%	16.6	12.5	13.9	18.1	15.6	11.9	20.5	20.2	17.9	19.1	22.2		
20	Excess weight age 10-11	%	22.4	17.8	23.7	29.3	25.6	19.2	22.4	16.3	26.2	29.1	33.6		

21	Smokers age 11-15	%	2.3	3.0	3.1	4.3	2.3	3.0	3.0	2.8	N/A	3.2	3.1	Lifestyle
22	Smokers age 16-17	%	14.4	13.0	15.4	16.8	11.5	12.0	14.0	12.9	N/A	15.2	14.8	
23	Healthy eating (adults)	%	37.9	39.3	35.9	29.6	32.1	40.2	38.2	40.8	33.6	31.4	28.7	
24	Obese adults	%	18.5	16.1	19.0	21.0	20.1	15.7	17.2	16.5	20.0	21.5	24.1	
25	Binge drinking (adults)	%	20.1	20.7	22.7	21.9	22.9	20.7	19.4	16.6	22.4	22.3	20	
26	Admissions for alcohol	SAR	74.4	65.2	70.1	112.5	86.7	67.5	73.8	57.9	86.7	90.4	100	Illness
27	Self-reported bad health	%	3.8	2.9	6.0	6.3	2.6	2.3	5.0	3.2	4.6	4.9	5.5	
28	Self-reported illness	%	14.8	13.2	19.0	19.8	11.6	13.5	17.4	14.9	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	77.1	42.9	50.2	140.5	84.9	39.5	81.1	27.2	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	77.7	63.3	97.4	92.3	100.1	60.8	58.0	53.2	91.0	94.9	100	
31	Emergency admissions stroke	SAR	89.6	83.0	91.5	108.0	94.4	89.2	77.4	86.1	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	46.5	40.9	47.6	104.7	79.2	31.9	51.9	31.3	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	96.8	84.8	88.8	83.3	81.6	95.7	98.3	127.7	94.0	97.9	100	
34	Emergency admissions all causes	SAR	81.4	74.0	85.5	112.0	97.2	74.2	73.4	70.3	91.7	102.3	100	Cancer
35	New cases -breast cancer	SIR	101.7	98.2	98.5	132.2	112.4	101.0	106.4	95.3	105.3	103.1	100	
36	New cases -bowel cancer	SIR	104.6	91.3	129.2	138.1	143.5	94.5	102.9	133.8	104.0	101.7	100	
37	New cases -lung cancer	SIR	63.9	53.5	87.0	142.9	119.6	51.4	50.3	43.2	79.3	87.0	100	
38	New cases -prostate cancer	SIR	105.8	102.3	102.5	76.3	90.9	96.1	99.2	124.2	95.0	100.5	100	
39	All new cancer cases	SIR	92.7	91.1	94.3	108.2	99.3	93.2	88.5	89.2	95.3	99.1	100	Death
40	Cancer deaths under 75	SMR	61.8	70.6	97.6	86.9	77.9	46.2	74.0	60.7	79.9	88.3	100	
41	Heart deaths under 75	SMR	81.0	82.3	142.5	121.9	41.7	55.3	59.8	69.0	78.7	91.1	100	
42	All deaths under 75	SMR	68.0	64.1	110.1	101.6	64.5	49.0	71.8	52.6	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	44.2	76.0	137.8	94.4	102.6	46.9	96.1	51.7	89.3	95.8	100	
44	All deaths all ages	SMR	70.6	70.2	122.0	92.3	99.2	55.2	95.1	63.7	89.9	93.9	100	
45	Female Life Expectancy	years	83.6	87.8	81.4	83.5	83.8	89.6	83.7	87.3	84.1	83.5	83.1	
46	Male Life Expectancy	years	85.3	82.4	78.8	79.8	81.4	84.7	82.1	84.1	81.0	80.3	79.4	



# **Appendix 3 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Congleton and Holmes Chapel**

**May - October 2020**



## Introduction

Between 4<sup>th</sup> May and 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the Coronavirus pandemic via our online survey. This information sheet uses the responses of the 61 people who responded to our survey from the Congleton and Holmes Chapel area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

Of the 52 people who told us about how health services had changed, most talked about their GP Practice or Pharmacy. For example:

- *“Not been able to get a doctor’s appointment for my husband - very unhelpful”*
- *“My husband needed a regular three-monthly B-12 injection but was told to take vitamin B tablets instead. I did not think that was appropriate!”*
- *“I was due to have a lung function test for possible asthma and it was cancelled.”*



41% of people told us about changes to pharmacy services, including not getting prescription medication, increased waiting times for prescriptions and not finding over the counter medication in shops or pharmacies.

34% told us their GP appointment was by telephone or video call

## How people rated their services

People gave an average rating of 3.9 out of 5 for GP services.

On average, people rated their experience of Pharmacies as 4.3 out of 5.

We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Above are the most commonly mentioned services and their average ratings.

- *"The nurse took extra care with my case- above and beyond what was expected of her."*
- *"Well Pharmacy was organised, staff pleasant, when an item wasn't in stock they contacted me to advise availability."*
- *"Operated as well as they could under the restrictions."*
- *"Procedures in place to protect both themselves and the public."*

## How people rated communication from service

People gave an average rating of 3.8 out of 5 for GP services.

People gave an average rating of 4 out of 5 for Pharmacies.

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *"Doctors sent messages through straight away to keep me up to date."*
- *"They were concise easy to understand instructions, very easy to follow would imagine most people understood."*
- *"Not had any communication from services."*

## How coronavirus has affected people's mental health



The top 3 things that the 55 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities

## What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?



- *“More information relayed from GP Practice.”*
- *“Clearer instruction from the government, which might encourage the general public to behave better.”*
- *“More access to outdoor for wellbeing.”*
- *“Support from community healthcare.”*
- *“More online GP consultations.”*
- *“Clear communication and not constantly changing e.g. schools meant to open 1st June, Cheshire East council have now changed that to later in June. It causes anxiety and confusion.”*
- *“Opening leisure facilities and reducing the 2M safe distance rule.”*

### **What are people’s current concerns or concerns about the future impact of the pandemic?**



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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**You can contact us on:**

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- **Email:** [info@healthwatchcheshire.org.uk](mailto:info@healthwatchcheshire.org.uk)
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

## Tartan Rug

This is the Tartan Rug for the Bollington, Disley and Poynton Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

			Congleton			NHS Eastern Cheshire	Cheshire East L.A	England	
			Congleton West	Congleton East	Dane Valley				
1	Total population	number	13157	13674	9268	196525	375392	54786327	Population
2	BME population	%	2.3	1.7	1.9	3.7	3.3	14.6	
3	Proficiency in English	%	0.2	0.1	0.1	0.3	0.6	1.7	
4	Population under 18	%	16.1	18.7	16.3	17.3	17.6	19	
5	Population aged 65 and over	%	25.6	21.9	28.8	23.2	21.9	17.7	
6	Pensioners living alone	%	30.5	25.6	27.1	29.7	30.0	31.5	
7	Older people with low income	%	12.3	12.2	6.2	N/A	10.2	16.2	Income
8	People with low income	%	9.1	12.1	4.5	N/A	9.4	14.6	
9	Children in poverty	%	8.9	17.4	4.4	N/A	12.4	19.9	
10	Long term unemployment	rate				1.1	1.6	3.7	Young People
11	Fertility rate	rate	59.3	69.2	47.2	75.2	60.8	63.2	
12	Low birth weight	%	2.2	2.2	1.7	2.5	2.2	2.8	
13	Deliveries to teenage mothers	%		1.3	0.0	0.6	1.0	1.1	
14	A&E attendances age 0-4	rate	394.6	423.3	301.6	403.3	385.6	551.6	
15	Admissions for injury age 0-4	rate	189.4	181.3	124.1	166.7	168.1	138.8	
16	Emergency admissions age 0-4	rate	220.0	203.5	192.6	208.9	213.8	149.2	
17	Child development at age 5	%	53.0	57.7	68.4	64.3	61.8	60.4	
18	GCSE achievement	%	64.6	56.5	69.5	64.3	62.2	56.6	

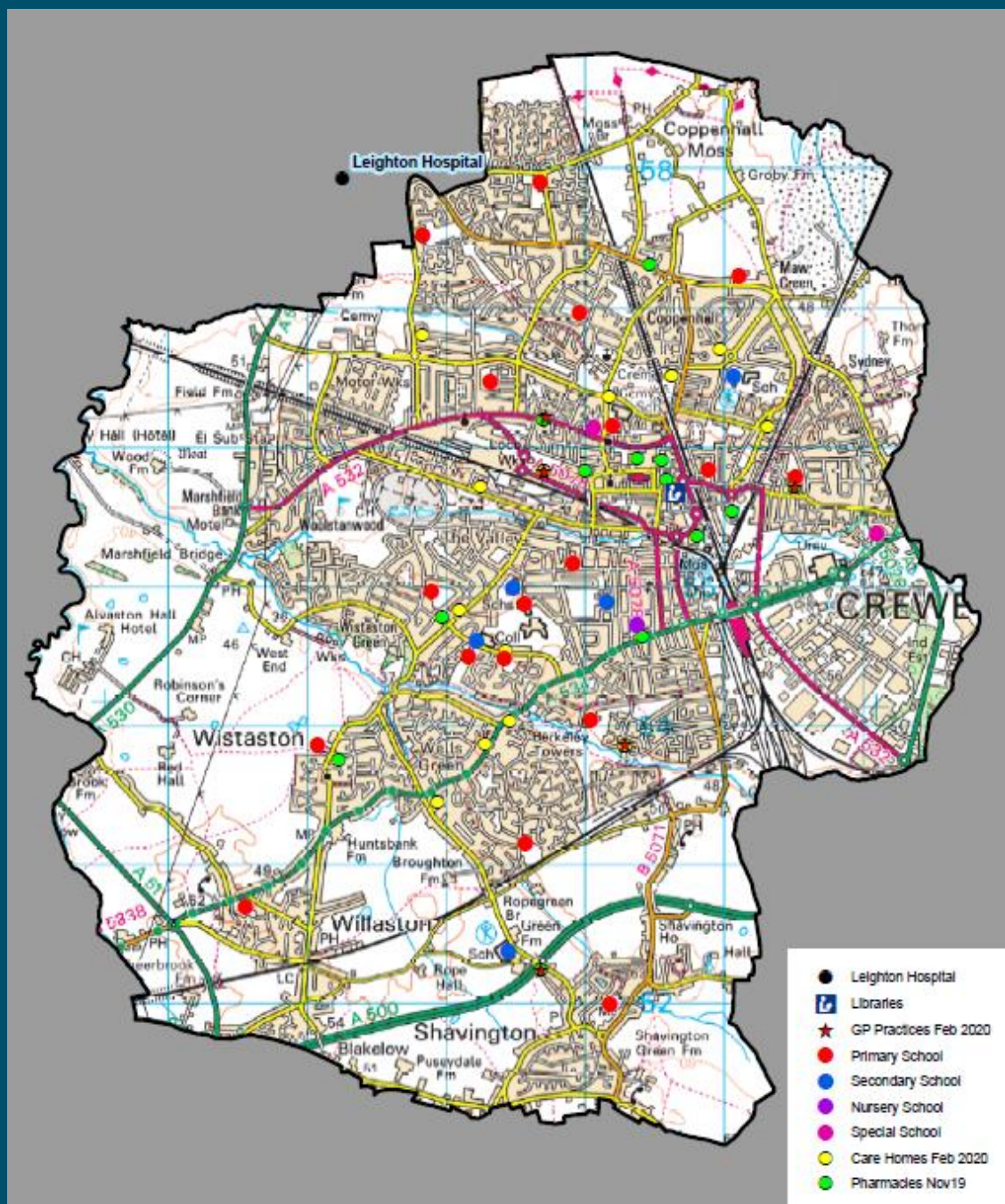


19	Excess weight age 4-5	%	18.7	18.6	18.6	17.9	19.1	22.2	Lifestyle
20	Excess weight age 10-11	%	31.1	31.3	24.8	26.2	29.1	33.6	
21	Smokers age 11-15	%	2.7	3.0	4.7	N/A	3.2	3.1	
22	Smokers age 16-17	%	15.4	15.9	21.1	N/A	15.2	14.8	
23	Healthy eating (adults)	%	30.2	29.5	37.0	33.6	31.4	28.7	
24	Obese adults	%	23.2	23.6	19.0	20.0	21.5	24.1	
25	Binge drinking (adults)	%	22.3	20.0	21.4	22.4	22.3	20	
26	Admissions for alcohol	SAR	87.5	94.3	61.1	86.7	90.4	100	
27	Self-reported bad health	%	5.6	5.0	3.7	4.6	4.9	5.5	Illness
28	Self-reported illness	%	19.6	18.1	15.0	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	116.3	149.6	63.4	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	106.0	102.0	77.0	91.0	94.9	100	
31	Emergency admissions stroke	SAR	104.7	104.5	77.1	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	62.7	86.8	40.7	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	86.8	123.2	75.8	94.0	97.9	100	
34	Emergency admissions all causes	SAR	90.6	98.6	78.6	91.7	102.3	100	
35	New cases -breast cancer	SIR	100.4	84.3	105.4	105.3	103.1	100	Cancer
36	New cases -bowel cancer	SIR	108.3	98.0	100.6	104.0	101.7	100	
37	New cases -lung cancer	SIR	100.7	94.7	61.6	79.3	87.0	100	
38	New cases -prostate cancer	SIR	94.5	99.4	89.6	95.0	100.5	100	
39	All new cancer cases	SIR	99.5	96.5	87.6	95.3	99.1	100	
40	Cancer deaths under 75	SMR	100.8	88.8	65.4	79.9	88.3	100	Death
41	Heart deaths under 75	SMR	103.7	91.9	54.6	78.7	91.1	100	
42	All deaths under 75	SMR	105.3	91.2	63.6	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	103.4	115.0	69.8	89.3	95.8	100	
44	All deaths all ages	SMR	100.2	99.2	71.6	89.9	93.9	100	
45	Female Life Expectancy	years	83.2	83.2	86.5	84.1	83.5	83.1	
46	Male Life Expectancy	years	78.9	80.4	83.4	81.0	80.3	79.4	



# Appendix 4 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Crewe Care Community

May - October 2020



## Introduction

Between 4<sup>th</sup> May and 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 185 people who answered our survey from the Crewe area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

Of the 173 people who told us about how health services had changed, most talked about their GP or Pharmacy. For example:

- *“I think has been impacted massively but not affected me as their fab triage phone service helped me as always.”*
- *“Prescription review appointment backlog; repeat prescription procedure changed without communication.”*
- *“No support from mental health hub as closed due to the virus. GP gave me websites to look at instead and stopped ringing to check on me once I said I never wanted tablets. No mental health support offered until this is over, told to re-try the hub.”*



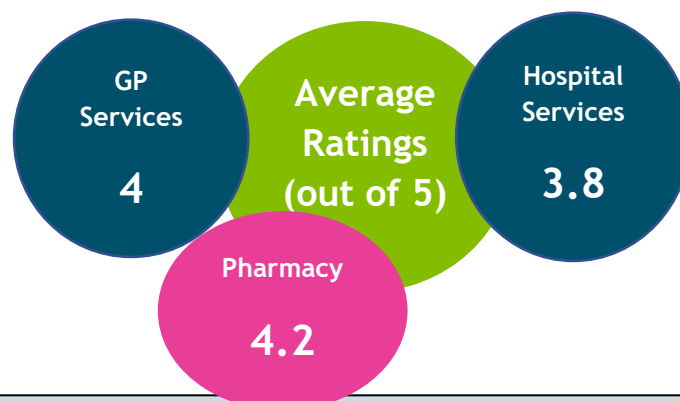
## People's views on video/phone appointments

People were asked about their opinions on video and phone appointments for hospital-based appointments, GP appointments, other healthcare appointments, or social care assessments. For each type of appointment, the majority of people would be happy using phone or video appointments dependent on what the appointment was to discuss.

- 75% of respondents would be happy using video calls for certain hospital appointments, 74% would for GP appointments, 82% for other healthcare appointments, and 70% for social care assessments.
- 20% of people told us they didn't like the idea of video calls for hospital appointments, 13% didn't like it for GP appointments, 14% for other healthcare appointments, and 26% for social care assessments.

## How people rated their services

We asked people from the Crewe area how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 60 people answered this question and rated their GP surgery, Hospital and Pharmacy services.

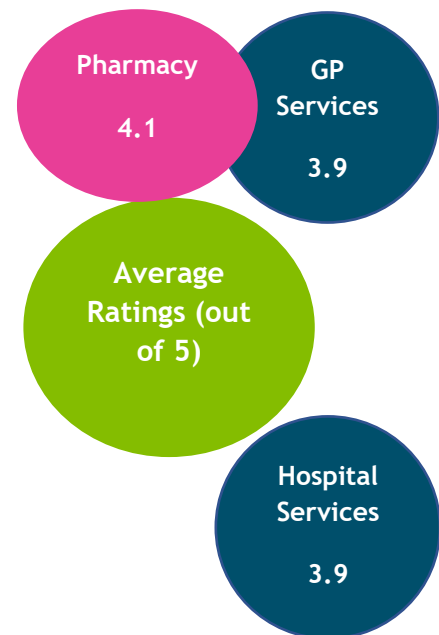


- "Good repeat prescription service from GP once they got organised. Physio phone call was reasonable in the circumstances. I was unable to access my private podiatrist for 4 months and private dentist for 5 months."
- "I have had nothing but exceptional service from all of these. I have felt safe at all times."
- "Diabetic nurse review was good in difficult circumstances. GP Practice receptionist did not give me adequate information when I did not know what had happened to my repeat prescription but on another occasion was helpful in explaining the backlog of prescription review appointments."
- "Health visitor visits do not happen and I understand why, but not even a phone call to check in with mother and child to ensure we are coping OK. Especially if the mother showed signs of mental health issues before lockdown. Mental health has practically stopped, I have been waiting for an appointment since baby was born (nearly 8.5 months) I was asked if I wanted them over the phone, this to me is not a service as how can the Counsellor determine how bad you are if they cannot see you and see your body language."
- "The automated pharmacy system was much smoother than the manual pre-lockdown method."

## How people rated communication from service

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- "Staff were helpful and we could obtain information there."
- "It wasn't until I needed to access the services I have marked as fair that I was finding out bit by bit what had changed and how things were going to be run. After saying that, when I did access the service needed it was explained as fully as possible."
- "Received four letters telling me to shield as I was considered exceptionally vulnerable. I certainly got the message which I read as 'we really don't want to see you unless you're dying.' I've hidden away and continue to do so."
- "Hard to find out what's happening and what you're supposed to do. Information given is



## How coronavirus has affected people's mental health

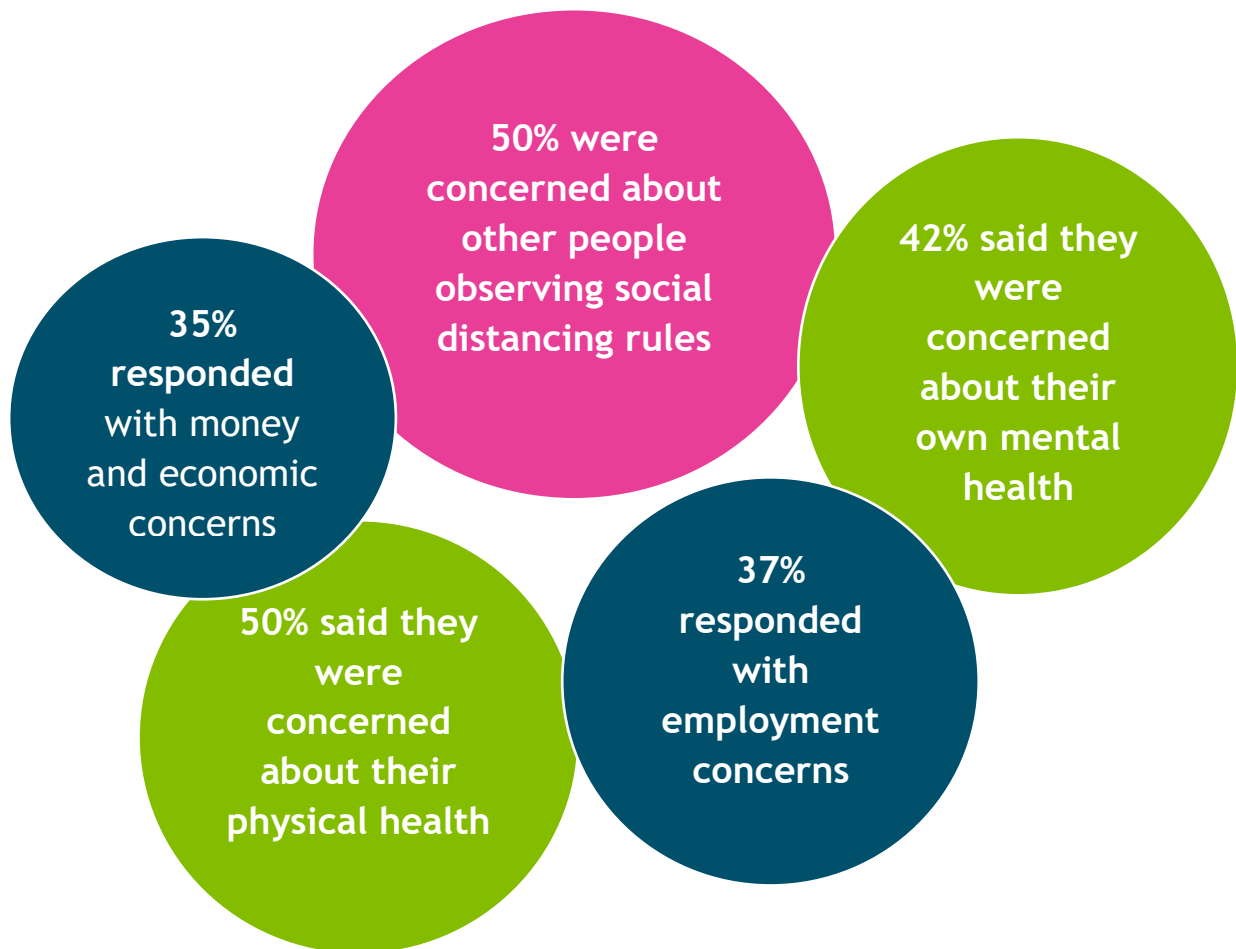
The top 3 things that the 179 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities.

- "Lockdown has been both unnecessary and a disaster, the damage from which will continue to be felt for years to come."
- "Apart from a few isolated incidents, I've actually enjoyed Shielding. Living with a doctor has been a bit difficult but I've given myself time off over the past months."
- "I feel, as part of the disabled category that the government, not including the food parcels, seem to have left us on the back burner and it makes you feel like an afterthought."
- "I have a general anxiety disorder and this has been exacerbated by the current conditions."
- "No one has ever offered assistance, even though I have to look after my wife."
- "If it wasn't for the Internet and face time, I would have missed the social side of my family far more. However, to be able to safely hug my children and grandchildren again will be amazing."



## What are people's current concerns or concerns about the future impact of the pandemic?



- "Concern for future prospects of our young adult children."
- "Concerned about impact on son as he goes in to sixth form in September. Hope his education won't be disrupted."
- "The impact of Covid-19 plus Brexit gives me cause for concern about both availability of food and rising costs of food."
- "Other people disregarding social distancing rules."
- "My daughter's mental health - finished degree from home and now no hope of employment. Loss of self-esteem; loss of graduation ceremony and social events surrounding this."
- "My husband is extremely high risk and I work in care so this concerns me. Also, too many people do not observe the social distancing rules."

## What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Regular exercise, gardening chatting with and helping neighbours.”*
- *“Keeping in touch with friends and family. Telephone support from professionals. Meditation. Being kind to myself. Lowering my expectations. Playing with kids. Outside when nice weather.”*
- *“Maybe more information for disabled/vulnerable people. We do feel brushed aside somewhat.”*
- *“Knowing when the dentists would be offering appointments again and when I might be sent on the exercise and pain management programme.”*
- *“Concentrating on a high-level career while caring for two boisterous boys at home on my own as husband has a business to keep afloat has been impossible. I have been so resentful of people who are furloughed. I can’t as I work for a public body. I could cope with just work or kids but both together is too much.”*
- *“Not feeling I am putting extra pressure on the NHS so mustn’t bother them.”*
- *“Someone to talk to. Almost like a befriender service to have conversations that are not about Covid. Could be matched up to a few people of similar age who are also socially isolated due to living on their own. Provide free access to online exercise classes like Zumba, aerobics etc. Better availability of local mental health resources aimed particularly at stress, burnout and anxiety.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

[www.healthwatchcheshire.org.uk](http://www.healthwatchcheshire.org.uk)

**You can contact us on:**

- **Tel:** 0300 323 0006
- **Email:** [info@healthwatchcheshire.org.uk](mailto:info@healthwatchcheshire.org.uk)
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

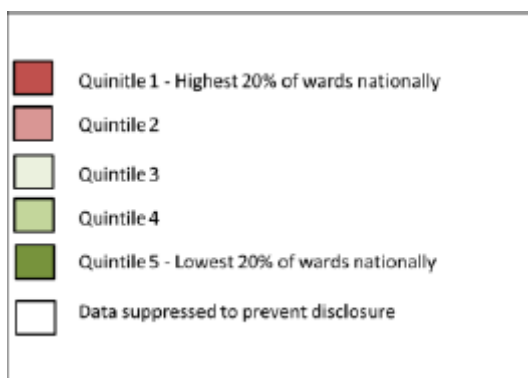
## Tartan Rug

This is the Tartan Rug for the Crewe Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

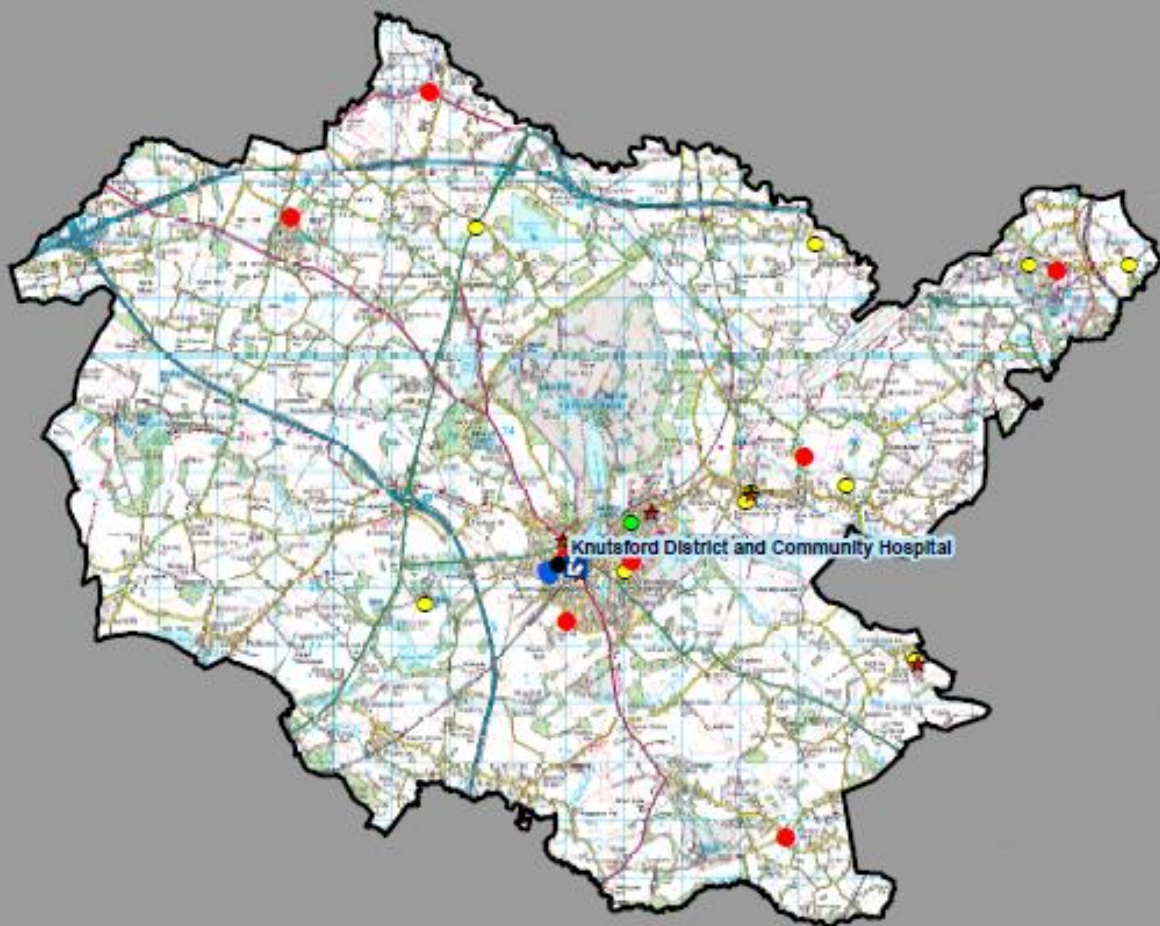
			Crewe														
			Wybunbury	Shavington	Willaston and Rope	Willaston	Crewe South	Crewe West	Crewe Central	Crewe St Barnabas	Crewe North	Crewe East	Leighton	NHS South Cheshire	Cheshire East LA	England	
1	Total population	number	4626	3790	4688	8931	11941	10798	6178	5844	4788	15432	5365	178867	375392	54786327	Population
2	BME population	%	1.2	1.7	1.6	1.9	8.5	4.4	7.3	4.1	3.3	3.7	3.9	2.9	3.3	14.6	
3	Proficiency in English	%	0.1	0.2	0.2	0.3	4.9	2.1	5.3	2.5	1.6	1.0	0.7	0.9	0.6	1.7	
4	Population under 16	%	15.8	13.4	15.4	14.7	19.8	20.5	23.4	26.5	21.0	18.4	21.7	17.9	17.6	19	
5	Population aged 65 and over	%	24.9	28.9	24.2	26.2	12.2	15.7	10.3	12.9	18.2	18.4	8.5	20.4	21.9	17.7	
6	Pensioners living alone	%	22.6	31.5	24.4	26.5	35.6	34.3	46.4	39.4	32.7	33.6	15.7	30.4	30.0	31.5	
7	Older people with low income	%	8.3	6.8	5.3	7.5	17.7	15.4	27.5	30.6	13.5	15.0	5.6	N/A	10.2	16.2	Income
8	People with low income	%	6.8	5.0	4.1	6.2	16.9	15.7	24.1	28.8	18.9	15.3	4.0	N/A	9.4	14.6	
9	Children in poverty	%	8.0	5.2	4.5	7.4	23.4	23.4	32.4	36.6	31.6	26.0	5.5	N/A	12.4	19.9	
10	Long term unemployment	rate												2.1	1.6	3.7	
11	Fertility rate	rate	46.6	53.5	46.1	48.1	67.4	61.8	89.5	81.9	73.0	58.1	57.7	68.2	60.8	63.2	Young People
12	Low birth weight	%	1.0	2.2	1.8	1.7	2.3	2.4	2.7	1.4	2.5	2.5	2.1	2.1	2.2	2.8	
13	Deliveries to teenage mothers	%	1.2			3.1	1.7	2.2	2.3	3.0	2.4	3.8		1.4	1.0	1.1	
14	A&E attendances age 0-4	rate	251.5	298.2	305.3	345.2	364.4	394.9	414.4	423.1	406.0	435.4	361.4	357.2	385.6	551.6	
15	Admissions for injury age 0-4	rate	132.1	114.3	134.6	180.7	171.0	209.3	231.6	247.9	213.3	184.5	128.5	162.2	168.1	138.8	
16	Emergency admissions age 0-4	rate	138.5	188.0	203.7	226.0	221.6	222.7	217.7	223.5	212.3	253.0	201.5	216.6	213.8	149.2	
17	Child development at age 5	%	59.1	61.5	61.6	57.2	50.7	56.7	52.8	54.0	48.1	50.6	46.6	59.2	61.8	60.4	
18	GCSE achievement	%	77.5	53.5	66.1	64.5	49.7	45.6	41.0	31.7	48.1	49.4	67.0	60.2	62.2	56.6	
19	Excess weight age 4-5	%	18.5	14.2	13.0	17.0	18.7	20.7	21.1	23.4	21.1	22.0	16.4	20.2	19.1	22.2	
20	Excess weight age 10-11	%	29.7	22.0	21.4	27.1	35.0	35.5	39.1	39.2	39.7	34.5	32.1	31.9	29.1	33.6	
21	Smokers age 11-15	%	3.3	3.2	2.6	2.8	4.2	3.8	8.0	4.4	4.2	3.3	2.9	N/A	3.2	3.1	
22	Smokers age 16-17	%	15.9	13.4	12.9	12.6	17.6	16.7	24.3	23.2	16.1	16.0	12.1	N/A	15.2	14.8	
23	Healthy eating (adults)	%	34.4	31.9	32.3	29.1	25.0	24.3	22.5	20.7	23.6	24.0	28.2	28.8	31.4	28.7	
24	Obese adults	%	21.1	23.7	22.3	23.0	24.9	25.5	27.1	27.4	26.8	25.8	24.7	23.2	21.5	24.1	



25	Binge drinking (adults)	%	20.6	23.0	21.2	19.5	26.7	24.5	24.2	23.1	23.0	21.8	23.2	22.2	22.3	20	Lifestyle
26	Admissions for alcohol	SAR	61.0	70.9	64.9	70.9	130.3	119.7	147.0	131.8	129.3	122.1	76.1	94.7	90.4	100	
27	Self-reported bad health	%	4.4	5.4	3.6	4.6	5.0	6.9	6.7	7.9	6.2	6.0	2.3	5.2	4.9	5.5	Illness
28	Self-reported illness	%	16.1	20.8	16.4	18.2	15.6	19.5	19.0	19.1	19.2	19.9	9.9	17.9	17.5	17.6	
29	Hospital stays for self-harm	SAR	46.9	79.3	64.4	65.1	162.6	137.9	132.5	142.8	107.1	131.6	72.8	99.9	104.9	100	
30	Emergency admissions heart attack	SAR	93.5	87.8	80.7	84.4	119.0	121.2	146.6	133.5	138.0	128.9	97.7	99.7	94.9	100	
31	Emergency admissions stroke	SAR	77.5	82.5	76.9	85.7	117.9	125.5	121.1	111.0	109.2	113.2	108.7	96.1	91.7	100	
32	Emergency admissions respiratory	SAR	49.2	40.1	38.2	66.4	139.7	199.6	189.4	183.9	139.5	183.1	87.9	91.5	80.2	100	
33	Emergency admissions hip fracture	SAR	96.0	95.6	80.5	77.9	145.5	113.1	138.9	121.3	125.0	98.1	99.6	103.1	97.9	100	
34	Emergency admissions all causes	SAR	86.7	100.7	94.5	102.6	132.8	141.9	152.4	155.7	141.4	141.1	112.7	114.8	102.3	100	
35	New cases -breast cancer	SIR	102.3	81.8	95.0	101.7	120.7	90.3	75.9	90.8	74.0	105.9	84.6	100.4	103.1	100	Cancer
36	New cases -bowel cancer	SIR	90.1	92.6	103.7	104.4	98.9	115.9	99.7	86.1	97.2	92.6	163.3	98.9	101.7	100	
37	New cases -lung cancer	SIR	70.2	101.4	80.8	78.9	109.5	131.3	170.9	141.0	154.7	146.7	76.5	96.6	87.0	100	
38	New cases -prostate cancer	SIR	105.7	108.9	122.9	120.6	117.4	83.9	102.3	80.0	115.3	98.2	125.7	107.3	100.5	100	
39	All new cancer cases	SIR	97.2	107.9	105.7	106.3	104.8	106.4	105.5	97.1	108.1	111.0	115.1	103.7	99.1	100	
40	Cancer deaths under 75	SMR	82.3	108.1	81.0	75.8	139.7	111.0	137.7	114.5	155.6	125.2	78.7	98.3	88.3	100	Death
41	Heart deaths under 75	SMR	104.0	113.4	85.5	118.0	157.2	117.5	207.3	124.3	180.3	144.4	73.2	105.7	91.1	100	
42	All deaths under 75	SMR	86.7	95.8	65.7	87.9	142.6	127.9	185.7	154.5	139.1	133.8	72.2	100.2	89.9	100	
43	Deaths from respiratory disease	SMR	99.3	79.4	88.0	76.3	117.3	117.9	203.9	183.8	126.3	132.6	87.4	104.6	95.8	100	
44	All deaths all ages	SMR	94.0	83.0	76.1	83.1	114.1	122.9	181.1	117.4	106.6	115.8	102.8	99.2	93.9	100	
45	Female Life Expectancy	years	83.6	86.5	87.1	85.5	80.2	80.0	77.3	81.2	82.0	81.0	81.4	82.8	83.5	83.1	
46	Male Life Expectancy	years	81.6	80.1	83.4	80.4	78.2	77.2	72.8	74.6	77.3	76.7	82.0	79.5	80.3	79.4	



# Appendix 5 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Knutsford Care Community



## Introduction

Between 4<sup>th</sup> May and 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 36 people who answered our survey from the Knutsford area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

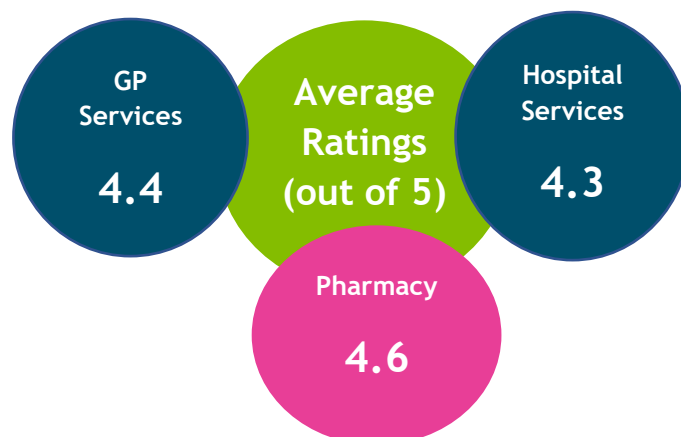
Of the 32 people who told us about how health services had changed, most talked about their GP or Pharmacy. For example:

- *"All I needed was my prescription for tablets for high blood pressure and everything is fine. No problems."*
- *"Cancelled appointments at GP and hospital."*
- *"Cannot register with nearby GPs."*
- *"Outpatient appointment just never happened."*
- *"District nurses understaffed (more than usual)."*
- *"Physiotherapy appointment over the phone."*



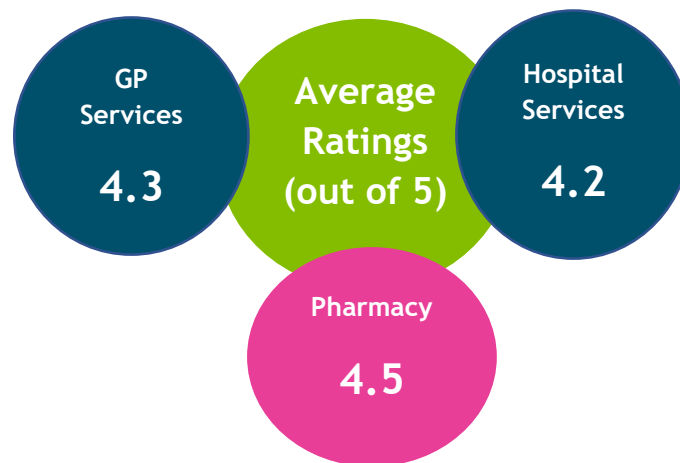
## How people rated their services

We asked people from the Knutsford area how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 36 people answered this question and rated their GP surgery, Hospital and Pharmacy services.



- “We have excellent support from my parents’ GP as always - we have a good working relationship and they recognise that we only call upon them when we have a problem that we can’t resolve. Ditto the independent pharmacy that works with the GP. Community nurses are very good in themselves, but they are clearly over-stretched and it is very hard at times to organise the regular necessary procedures that they have to undertake with her such that someone can be available to assist them at our end. My mother has significant communication issues and her responses can easily be misinterpreted by medical staff. We aim to be available to assist as it minimises the risk of things going wrong and an emergency return visit being necessary, as well as reduce my mother’s significant pain and distress that accompany these episodes. But, but, but - it continues to have a massive impact on the extended family’s employment and other activities in order to do this as we are unable to reliably obtain even a morning/afternoon slot. This has been exacerbated by lockdown and COVID-19.”*
- “Rang up and told them that I was struggling to get paracetamol - they ensured that some was put aside for me - Boots Knutsford.”*
- “GP - telephone appointment within 3 hours is good. Mostly unknown GP? Locum. Sometimes felt my concerns not fully answered. Feel this was because no face to face meeting. (Video would have been better than telephone). Felt all GPs were doing their best and not any way at fault, but not entirely satisfactory. Hospital appointments - views as above.”*
- “I was seen at A&E on a Sunday and given an outpatients’ appointment for further investigations on the next day. This was at the start of the pandemic in the UK, when services were almost normal. Cancellation of the follow-up outpatients’ appointment was understandable. The optician had scheduled a telephone consultation which didn’t take place.”*

## How people rated communication from service



- *"I had to initiate service check to find orthotics was still closed despite existing appointment."*
- *"I use Patient Access and it works very well."*
- *"Clear concise information given."*
- *"Text messages good and clear information."*
- *"Up to date texts on services offered and opening times."*
- *"Received text messages which are good and recorded phone messages which are excellent."*

## How coronavirus has affected people's mental health

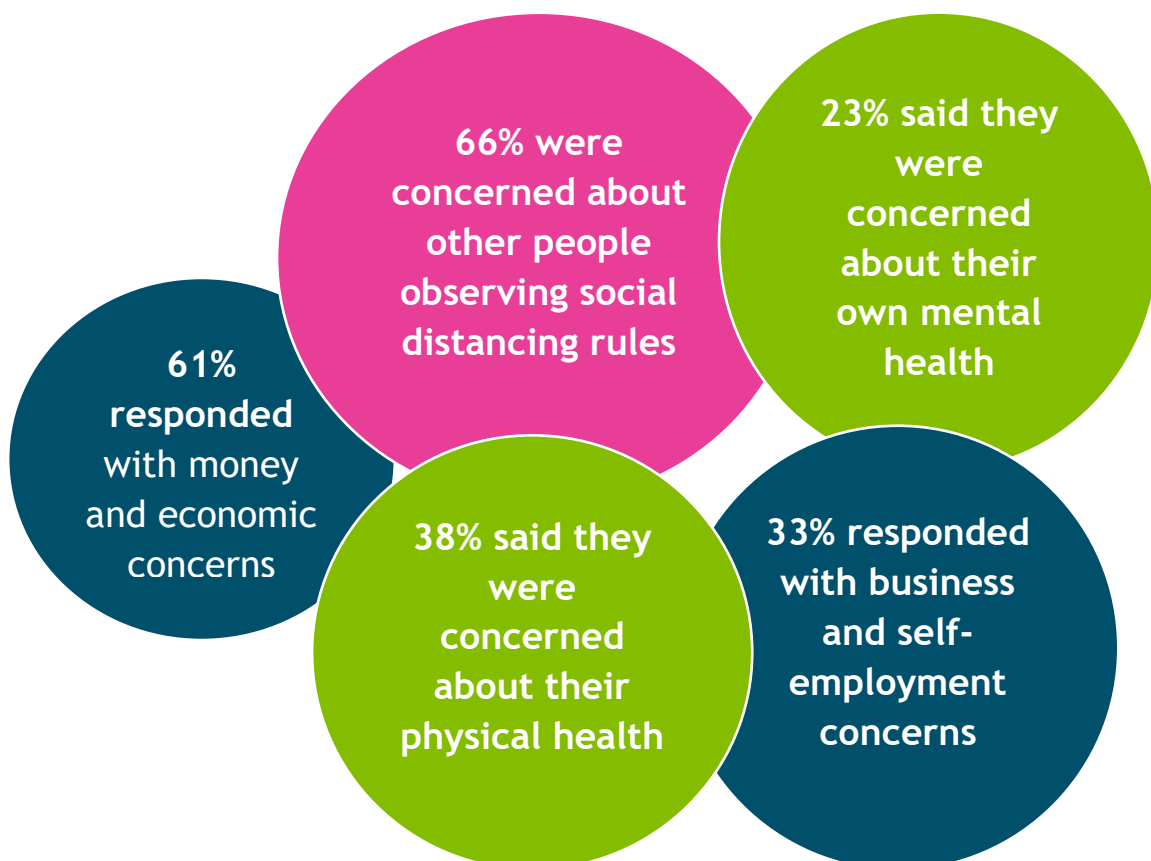


The top 3 things that the 36 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities.

- *"I am very concerned about readiness for the inevitable second wave. Government information is confused and laggardly. Given the moribund state of both the NHS and the social care sector, and the lack of contingency planning and poor decision making up until now, I do not have much optimism that the correct decisions in preparation are being made."*
- *"Rural internet is very poor excludes me from Zoom or Skype groups. No mobile phone signal for calls makes it worse."*
- *"I am very lucky and am very independent, but my family all keep in touch regularly."*
- *"With all the modern gadgets we have today it is easy to keep in touch with family and friends. I have an iPad and do FaceTime and Zoom."*
- *"I miss my grandchildren, FaceTime does not do hugs."*

### **What are people's current concerns or concerns about the future impact of the pandemic?**

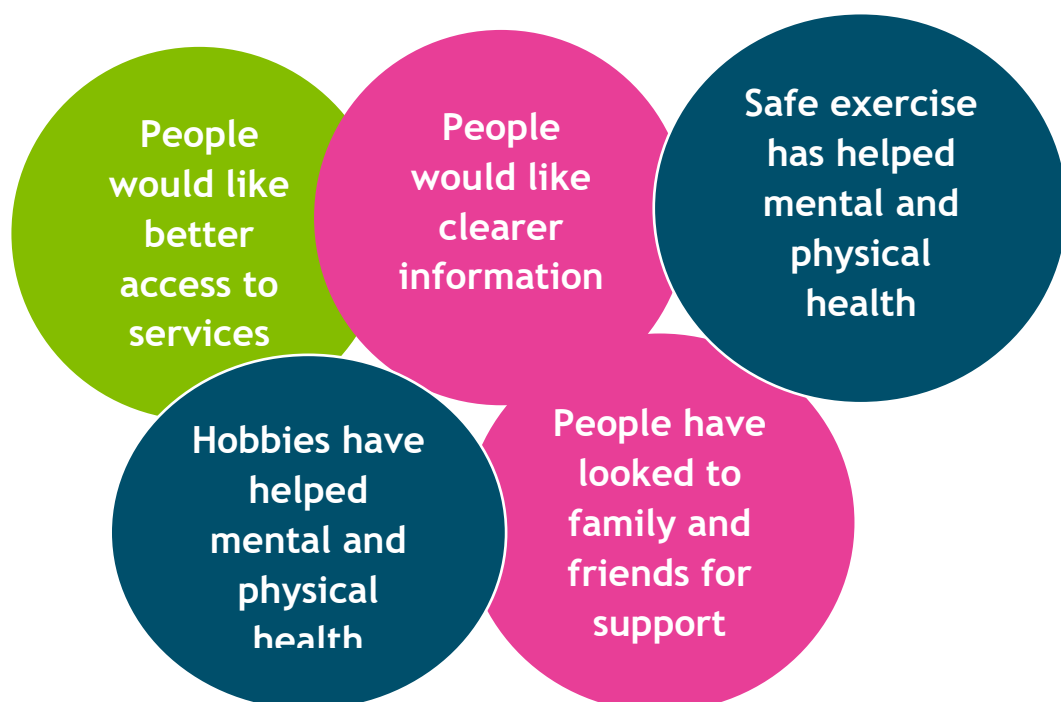




- *“Continuing poor communication from UK government. I’ve taken to listening to Nicola Sturgeon’s daily briefing. Much better and definitely more grown up.”*
- *“As a widow it is very lonely self-isolating despite being able to talk to family and friends via technology. I wonder when I will have the confidence to go out again!”*
- *“Selling my late Mother’s apartment now a concern. My return to rented housing a worry.”*
- *“How to fund care costs for my husband out of our meagre savings.”*

### **What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?**

- *“A common goal to keep my parents safe. Looking after each other in our care bubble. Confidence in our care team and their decisions about isolating etc. Regular exercise. Making scrubs for the NHS/care sector early on in lockdown via the FTLOS Facebook group. Feeling that I was able to make a small contribution to helping our fabulous health and social care frontline staff in a very small way.”*
- *“Community have offered help through We Are Knutsford which is great and I have volunteered as a befriender. Zoom meetings and preparation re community commitments. Gardening. FaceTime with grandchildren. Regular online shopping from Tesco as I must be dairy free which could have been very stressful if not available. Book group reading and zoom meetings to chat about the books.”*
- *“Support to help make informed and sensible decisions that protect myself and the people I care for on how to move forward with on-going care from support workers coming into the home.”*
- *“Access to a GP for conditions unrelated to Covid-19.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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**You can contact us on:**

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- **Email:** [info@healthwatchcheshire.org.uk](mailto:info@healthwatchcheshire.org.uk)
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU



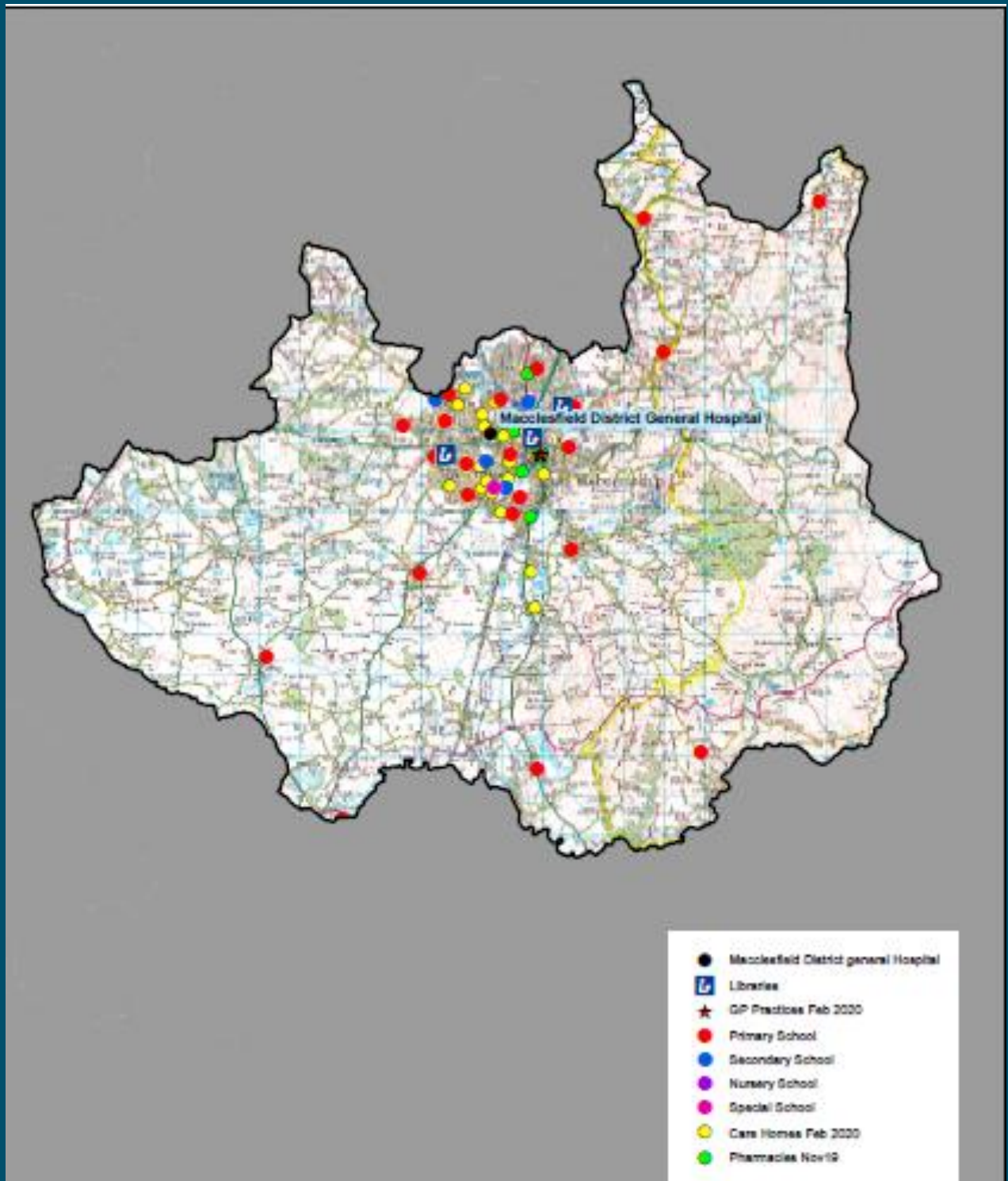
## Tartan Rug

This is the Tartan Rug for the Knutsford Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

			Knutsford			NHS Eastern Cheshire	Cheshire East LA	England	
			Knutsford	High Legh	Mobberley				
1	Total population	number	13216	4391	4678	196525	375392	54786327	Population
2	BME population	%	3.5	3.2	2.5	3.7	3.3	14.6	
3	Proficiency in English	%	0.2	0.2	0.5	0.3	0.6	1.7	
4	Population under 16	%	19.3	16.3	14.3	17.3	17.6	19	
5	Population aged 65 and over	%	24.1	26.1	29.5	23.2	21.9	17.7	
6	Pensioners living alone	%	32.6	21.7	23.7	29.7	30.0	31.5	
7	Older people with low income	%	10.5	7.5	6.5	N/A	10.2	16.2	Income
8	People with low income	%	9.3	5.2	4.6	N/A	9.4	14.6	
9	Children in poverty	%	11.2	4.4	4.1	N/A	12.4	19.9	
10	Long term unemployment	rate				1.1	1.6	3.7	
11	Fertility rate	rate	77.2	73.6	69.0	75.2	60.8	63.2	Young People
12	Low birth weight	%	1.4	1.6	1.8	2.5	2.2	2.8	
13	Deliveries to teenage mothers	%	0.0	0.0	0.0	0.6	1.0	1.1	
14	A&E attendances age 0-4	rate	327.6	402.7	399.8	403.3	385.6	551.6	
15	Admissions for injury age 0-4	rate	182.8	151.0	157.0	166.7	168.1	138.8	
16	Emergency admissions age 0-4	rate	171.3	182.1	183.6	208.9	213.8	149.2	
17	Child development at age 5	%	64.0	60.2	61.3	64.3	61.8	60.4	
18	GCSE achievement	%	66.1	71.1	71.5	64.3	62.2	56.6	
19	Excess weight age 4-5	%	12.8	15.0	15.5	17.9	19.1	22.2	
20	Excess weight age 10-11	%	24.5	22.5	22.5	26.2	29.1	33.6	

21	Smokers age 11-15	%	4.2	2.9	2.5	N/A	3.2	3.1	Lifestyle
22	Smokers age 16-17	%	15.5	15.3	14.7	N/A	15.2	14.8	
23	Healthy eating (adults)	%	34.5	37.7	37.7	33.6	31.4	28.7	
24	Obese adults	%	17.9	19.9	19.5	20.0	21.5	24.1	
25	Binge drinking (adults)	%	20.9	20.8	20.6	22.4	22.3	20	
26	Admissions for alcohol	SAR	78.4	75.0	74.8	86.7	90.4	100	
27	Self-reported bad health	%	4.4	4.7	5.8	4.6	4.9	5.5	Illness
28	Self-reported illness	%	17.2	15.7	21.5	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	69.0	72.8	74.1	109.7	104.9	100	
30	Emergency admissions heart attack	SAR	90.9	100.4	93.1	91.0	94.9	100	
31	Emergency admissions stroke	SAR	81.5	104.4	99.5	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	67.6	40.5	42.4	71.2	80.2	100	
33	Emergency admissions hip fracture	SAR	77.5	94.8	95.6	94.0	97.9	100	
34	Emergency admissions all causes	SAR	82.6	90.4	87.5	91.7	102.3	100	
35	New cases -breast cancer	SIR	117.1	96.6	98.3	105.3	103.1	100	Cancer
36	New cases -bowel cancer	SIR	125.6	106.5	105.9	104.0	101.7	100	
37	New cases -lung cancer	SIR	92.6	78.8	74.1	79.3	87.0	100	
38	New cases -prostate cancer	SIR	104.9	112.6	110.6	95.0	100.5	100	
39	All new cancer cases	SIR	104.2	97.3	95.8	95.3	99.1	100	
40	Cancer deaths under 75	SMR	77.6	67.4	88.6	79.9	88.3	100	Death
41	Heart deaths under 75	SMR	94.4	30.2	72.3	78.7	91.1	100	
42	All deaths under 75	SMR	75.9	63.7	97.0	81.2	89.9	100	
43	Deaths from respiratory disease	SMR	75.8	56.7	95.4	89.3	95.8	100	
44	All deaths all ages	SMR	73.8	113.2	109.8	89.9	93.9	100	
45	Female Life Expectancy	years	86.6	82.7	81.1	84.1	83.5	83.1	
46	Male Life Expectancy	years	82.1	81.7	78.4	81.0	80.3	79.4	

# Appendix 6 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Macclesfield Care Community



## Introduction

Between 4<sup>th</sup> May and 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 107 people who answered our survey from the Macclesfield area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

Of the 98 people who told us about how health services had changed, most talked about their GP or hospital. For example:

- *“My daughter could only have a telephone appointment with her GP and my Dad has stage 4 heart failure and has had 2 hospital appointments cancelled which I have found stressful.”*



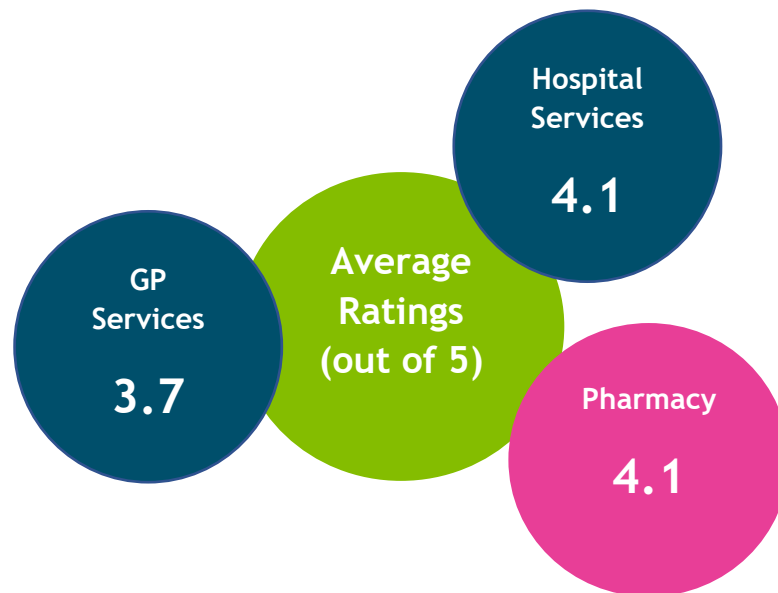
41% told us their GP appointment was by telephone or video call or that they couldn't get an appointment at all.

29% told us about changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures.

35% told us that they couldn't get a prescription, that there was increased waiting times and they couldn't find over the counter medication.

## How people rated their services

We asked people from the Macclesfield area, how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 33 people answered this question and rated their GP surgery, Hospital and Pharmacy services.

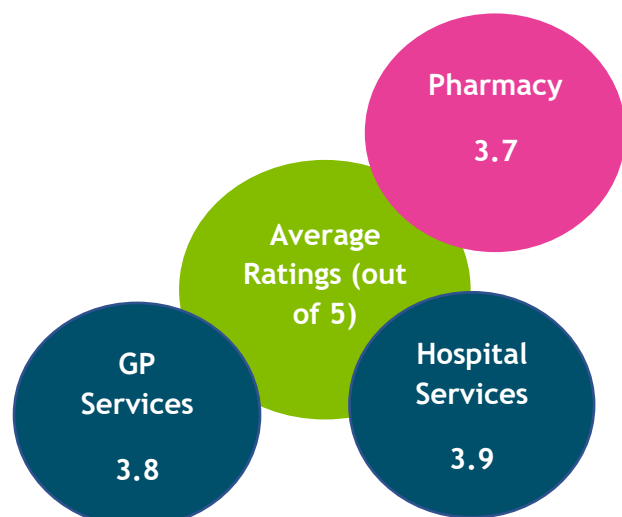


- *“For my appointment with my GP, was fully advised of the requirements regarding a mask and was given clear instructions from arrival to leaving the practice. The pharmacy is in a supermarket so the mask is worn anyway but the prescription is done electronically so I get a text from the pharmacy when it is ready. Must admit, they have been much quicker over the course of this pandemic. I have been getting the text just 24 hours after requesting the prescription on patient access!”*
- *“Have had no problems with GP Practice have been seen promptly and referred on for a Hospital appointment which I am still waiting for 6 weeks later.”*

## How people rated communication from service

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *“The practice provided helpful pre-recorded advice when I rang to order a repeat prescription, then the person I spoke to gave me instructions and help to access Patient Online Services at High Street Surgery so I can now order online.”*



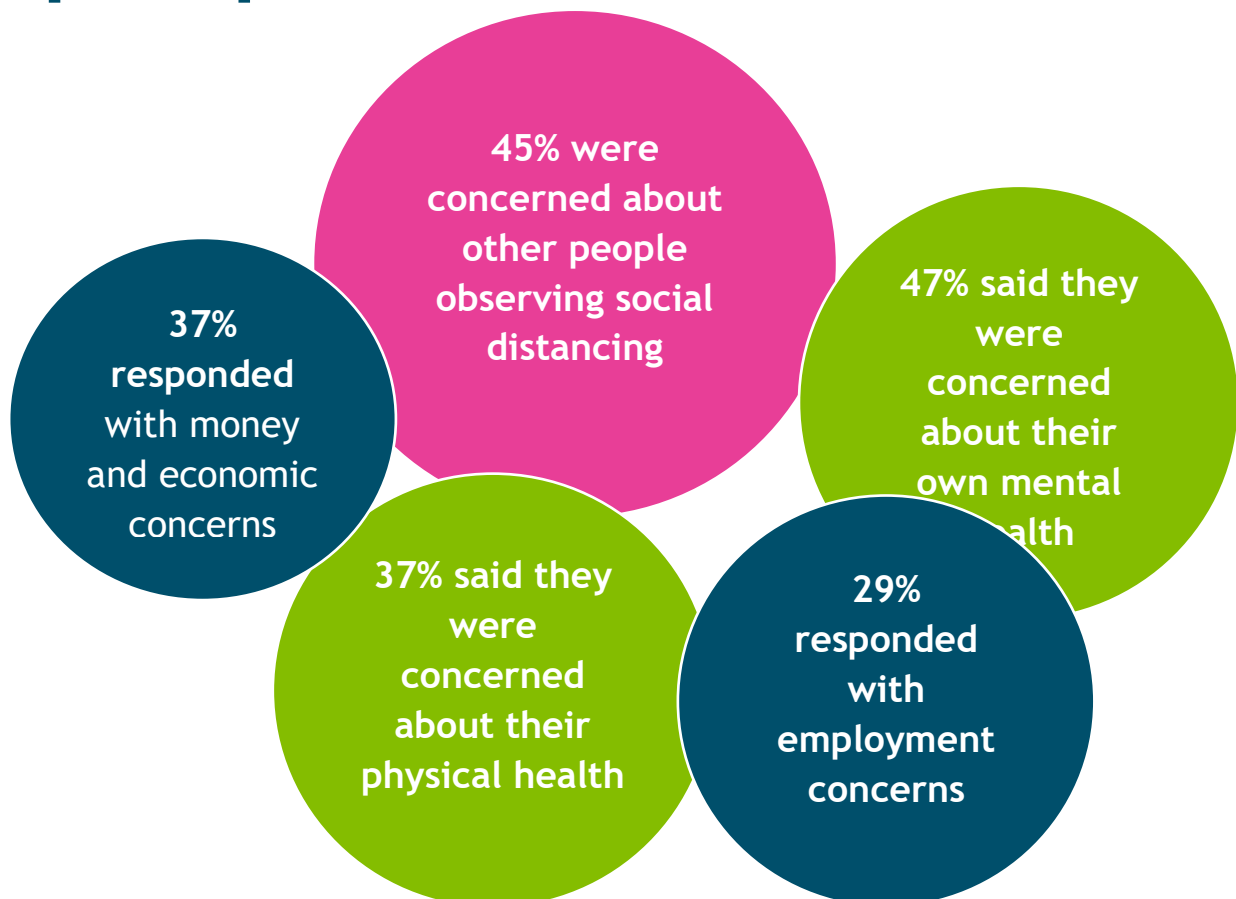
## How coronavirus has affected people's mental health



The top 3 things that the 102 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities

## What are people's current concerns or concerns about the future impact of the pandemic?





## What has been helping or would help people to maintain a better level of physical and mental wellbeing during the

- *"A support group where I could talk to people who have gone through this."*
- *"Exercise, family and friends contact especially Zoom meetings as it is delightful to "see" people that I miss so much."*
- *"Better access to local information for those isolated at home."*
- *"Access to my registered GP for continuity of care, face to face appointments, the reopening of leisure facilities."*
- *"Gardening and the good weather. Gone a bit downhill since it started raining and can't get out in the garden."*
- *"More support/contact from my employer to know what's happening at work."*
- *"Someone actually checking up that we are OK. CEC have put me and a volunteer in touch for shopping occasionally for me. I need the bed clothes changing, I need jobs doing in the house, but as I am self-isolating, this is not possible."*

## pandemic?



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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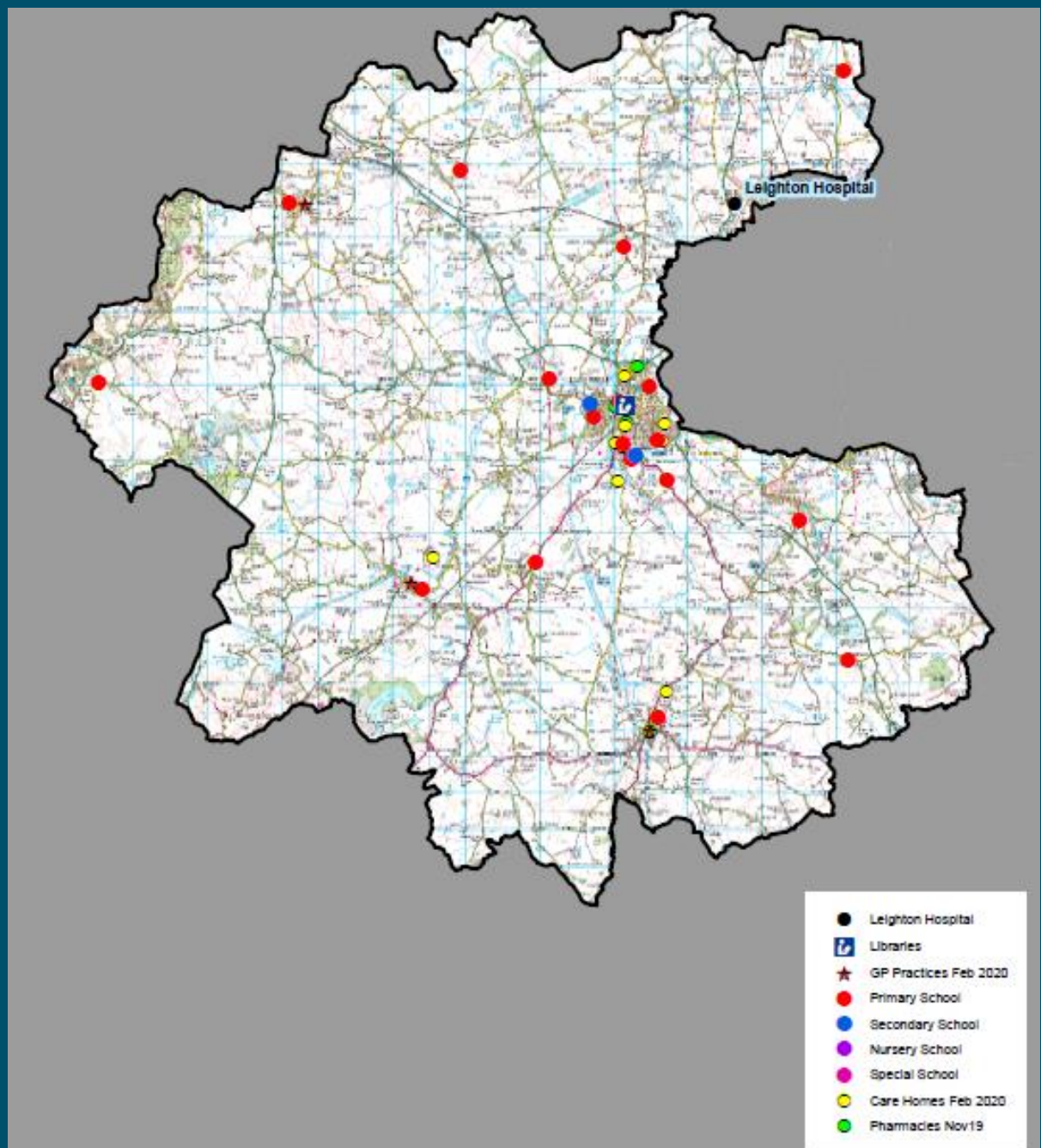
## Tartan Rug

This is the Tartan Rug for the Macclesfield Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

		Macclesfield													
			Gosworth	Sturton	Broken Cross and Upton	Macclesfield West and Ivy	Macclesfield South	Macclesfield Central	Macclesfield East	Macclesfield Hurlersfield	Macclesfield Tytheington	NEIS Eastern Cheshire	Cheshire East L.A.	England	
1	Total population	number	3797	4316	2993	8187	8346	8248	4429	4475	8578	196525	375382	54796327	Population
2	BME population	%	1.4	1.3	5.9	2.8	3.7	6.3	2.3	3.2	3.5	3.7	3.3	14.6	
3	Proficiency in English	%	0.1	0.1	0.3	0.2	0.6	0.5	0.3	0.5	0.3	0.3	0.6	1.7	
4	Population under 18	%	13.4	15.3	19.8	17.5	18.8	16.8	17.4	17.7	16.6	17.3	17.6	19	
5	Population aged 65 and over	%	29.6	27.0	18.4	21.8	18.8	14.8	19.2	18.7	22.6	23.2	21.9	17.7	
6	Persons living alone	%	21.8	25.2	28.4	35.6	28.1	42.3	34.9	45.2	29.4	29.7	30.0	31.5	
7	Older people with low income	%	5.8	6.9	8.6	16.2	16.8	17.3	10.2	19.3	6.7	N/A	10.2	16.2	Income
8	People with low income	%	4.7	4.8	8.3	13.7	14.3	10.9	9.8	16.6	4.9	N/A	9.4	14.6	
9	Children in poverty	%	6.5	2.4	9.8	15.8	17.1	12.9	12.6	20.1	4.9	N/A	12.4	18.9	
10	Long term unemployment	rate										1.1	1.6	1.7	Young People
11	Fertility rate	rate	40.9	48.9	63.3	66.4	76.3	68.4	78.0	61.8	45.5	75.3	60.8	63.3	
12	Low birth weight	%		2.7	2.6	1.9	2.7	3.1	4.0	4.1	2.5	2.5	2.3	2.8	
13	Deliveries to teenage mothers	%	0.0	0.4	0.0	0.0	1.8	1.4	1.3	1.3	0.0	0.6	1.0	1.1	
14	A&E attendances age 0-4	rate	384.6	397.0	480.3	500.6	454.3	429.7	460.6	463.9	364.5	403.3	385.6	551.6	
15	Admissions for injury age 0-4	rate	123.1	134.3	166.6	193.0	182.9	156.2	177.6	179.9	79.0	166.7	168.1	138.8	
16	Emergency admissions age 0-4	rate	295.4	215.5	263.9	294.0	263.8	249.8	274.1	276.8	186.7	208.9	213.8	148.2	
17	Child development at age 5	%	60.7	59.0	64.1	60.5	55.2	56.1	60.8	61.1	78.0	64.3	61.8	60.4	
18	GCSE achievement	%	68.1	63.3	74.7	51.9	46.2	60.6	48.4	46.7	76.1	64.3	62.2	56.6	
19	Excess weight age 4-5	%	16.0	17.7	18.2	21.7	24.7	20.6	22.2	22.3	16.3	17.9	19.1	22.2	
20	Excess weight age 10-11	%	23.3	24.9	29.0	27.6	29.5	27.3	26.2	27.3	19.7	26.2	29.1	33.6	
21	Smokers age 11-15	%	3.2	5.1	3.3	3.7	4.6	6.0	3.4	4.8	2.1	N/A	3.2	3.1	

22	Smokers age 16-17	%	15.4	18.5	11.7	17.2	17.7	17.2	16.8	20.4	13.1	N/A	15.2	14.8	Lifestyle
23	Healthy eating (adults)	%	38.3	36.2	31.5	27.2	26.9	30.4	28.6	28.3	34.9	33.6	31.4	28.7	
24	Obese adults	%	19.2	19.7	20.2	22.8	21.9	20.3	21.6	21.8	18.2	20.0	21.5	24.1	
25	Binge drinking (adults)	%	17.9	19.2	24.9	23.4	25.5	21.2	25.6	24.7	21.8	22.4	22.2	29	
26	Admissions for alcohol	SAR	63.3	78.1	85.6	119.3	145.6	114.6	145.2	148.2	65.4	86.7	90.4	100	
27	Self-reported bad health	%	3.6	4.3	4.4	6.2	5.9	4.7	4.8	7.2	3.3	4.6	4.9	5.5	Illness
28	Self-reported illness	%	17.2	17.8	15.0	21.6	19.4	15.5	15.9	21.7	14.6	17.1	17.5	17.6	
29	Hospital stays for self-harm	SAR	72.1	81.2	87.2	184.5	178.0	182.3	205.0	221.3	85.3	108.7	104.9	100	
30	Emergency admissions heart attack	SAR	72.4	82.7	81.7	98.1	137.3	108.7	77.8	73.1	76.4	81.0	84.8	100	
31	Emergency admissions stroke	SAR	78.8	85.1	87.3	87.8	116.7	96.3	82.3	81.6	55.5	88.2	91.7	100	
32	Emergency admissions respiratory	SAR	48.4	51.0	66.0	144.4	141.3	128.5	145.5	147.1	58.7	71.2	80.2	100	Illness
33	Emergency admissions hip fracture	SAR	78.8	88.9	96.8	81.9	138.5	94.3	100.2	101.2	87.6	94.0	87.9	100	
34	Emergency admissions all causes	SAR	75.2	81.9	100.1	118.3	125.6	111.5	116.5	122.1	80.7	91.7	102.3	100	
35	New cases -breast cancer	SIR	122.8	118.1	120.4	107.8	94.6	112.3	101.6	100.2	97.5	105.3	103.1	100	
36	New cases -bowel cancer	SIR	100.8	99.6	97.9	100.0	92.5	94.7	97.1	97.3	89.5	104.0	101.7	100	
37	New cases -lung cancer	SIR	48.6	55.3	71.6	133.0	104.6	71.7	80.1	81.1	59.7	79.3	87.0	100	Cancer
38	New cases -prostate cancer	SIR	85.4	84.0	81.1	86.3	74.6	57.9	96.3	100.7	64.8	93.0	100.5	100	
39	All new cancer cases	SIR	91.1	92.9	95.3	105.9	103.2	87.8	103.4	105.2	87.8	93.3	99.1	100	
40	Cancer deaths under 75	SMR	70.9	67.1	78.5	116.4	112.8	84.4	62.7	128.7	81.5	79.9	88.2	100	
41	Heart deaths under 75	SMR	54.9	48.9	100.8	67.8	125.4	98.7	66.2	116.0	63.7	78.7	91.1	100	
42	All deaths under 75	SMR	56.2	79.0	101.7	107.9	116.2	106.9	85.6	123.7	68.2	81.2	89.9	100	Death
43	Deaths from respiratory disease	SMR	62.5	93.4	97.6	84.9	120.9	114.8	91.6	118.7	89.5	89.3	95.8	100	
44	All deaths all ages	SMR	66.4	95.6	116.3	87.4	122.9	103.7	82.7	90.8	82.2	89.9	93.9	100	
45	Female Life Expectancy	years	86.1	84.9	81.4	84.1	81.7	82.4	84.1	84.1	85.1	84.1	83.5	83.1	
46	Male Life Expectancy	years	84.9	80.7	79.8	79.9	77.4	79.4	80.6	78.3	82.5	81.0	80.2	79.4	

# Appendix 7 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Nantwich Care Community



## Introduction

Between 4<sup>th</sup> May and 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 105 people who answered our survey from the Nantwich area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

Of the 97 people who told us about how health services had changed, most talked about their GP or Pharmacy. For example:

- *“My 8 weekly Hospital Eye clinic appointment was cancelled indefinitely. No dental service for my broken tooth - not in pain.”*
- *“Had no contact re hospital appointment been waiting since 9<sup>th</sup> Jan for appointment.”*
- *“Ongoing treatment was not impacted, still continue to have monthly injections at Macmillan, had mammogram and consultant appointments.”*
- *“Labour and postnatal care excellent but no visitors on postnatal ward.”*



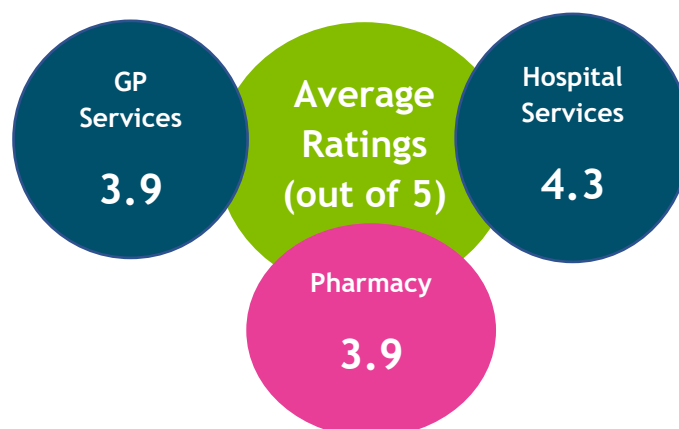
## People's views on video/phone appointments

People were asked about their opinions on video and phone appointments for hospital-based appointments, GP appointments, other healthcare appointments, or social care assessments. For each type of appointment, the majority of people would be happy using phone or video appointments dependent on what the appointment was to discuss.

- 71% of respondents would be happy using video calls for certain hospital appointments, 70% would for GP appointments, 61% for other healthcare appointments, and 45% for social care assessments.
- 19% of people told us they didn't like the idea of video calls for hospital appointments, 18% didn't like it for GP appointments, 27% for other healthcare appointments, and 36% for social care assessments.

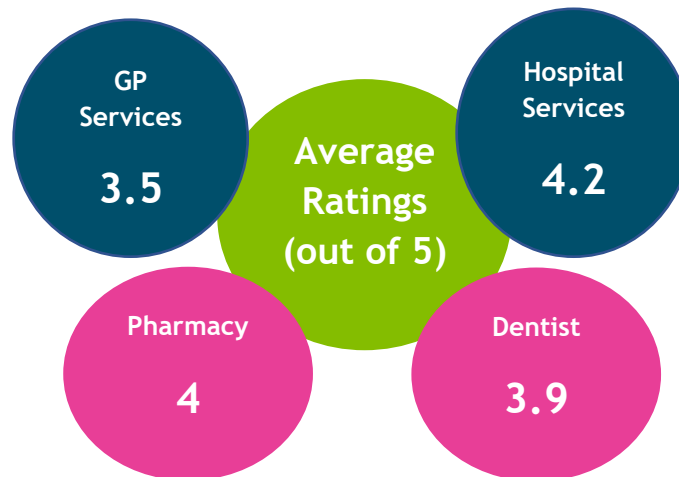
## How people rated their services

We asked people from the Nantwich area how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 37 people answered this question and rated their GP surgery, Hospital and Pharmacy services.



- "Pharmacy - the turnaround on prescriptions is ridiculously long and the staff quite rude."
- "Dentist and Opticians have been closed. Hospital was excellent, good social distancing well thought through and continuing to deal with ongoing issues. GP appointment was ok but could only get on the day appointments - they seem unable to get beyond crisis management, at some point they will have to start seeing people again or the hospitals will get overwhelmed. Why is it ok for them to say they can't see anyone and send everything up to the hospital for other people to deal with?"
- "Phone call from doctors on time, very patient and understanding. Hospital appointment on time and very quick, I was only there for about fifteen minutes."
- "No negative impact for me at GP practice. The service feels different as numbers of patients accessing the surgery seem to be being managed but the few services I have needed have been available."

## How people rated communication from service



- “Nothing from my GP practice/dentist/opticians at all.”
- “GP: the answer phone message was good, didn't look online as practice website not immediately obvious. Dentist: website has good info and easy to find.”
- “GP practice. Had no communications whatever. Hospital out patients. Information eczema a few days before the appointment after weeks of worrying about it and having written to the hospital.”
- “They have communicated to different levels the impact of services. However not a personal response to emails.”
- “Pharmacy was particularly poor with poor signage when you turned up and had been waiting for best part of 15 minutes to find out that there were times now when not open but this was not easily visible.”
- “Haven't needed to use most services, but feel I could access in an alternative way if necessary.”

## How coronavirus has affected people's mental health

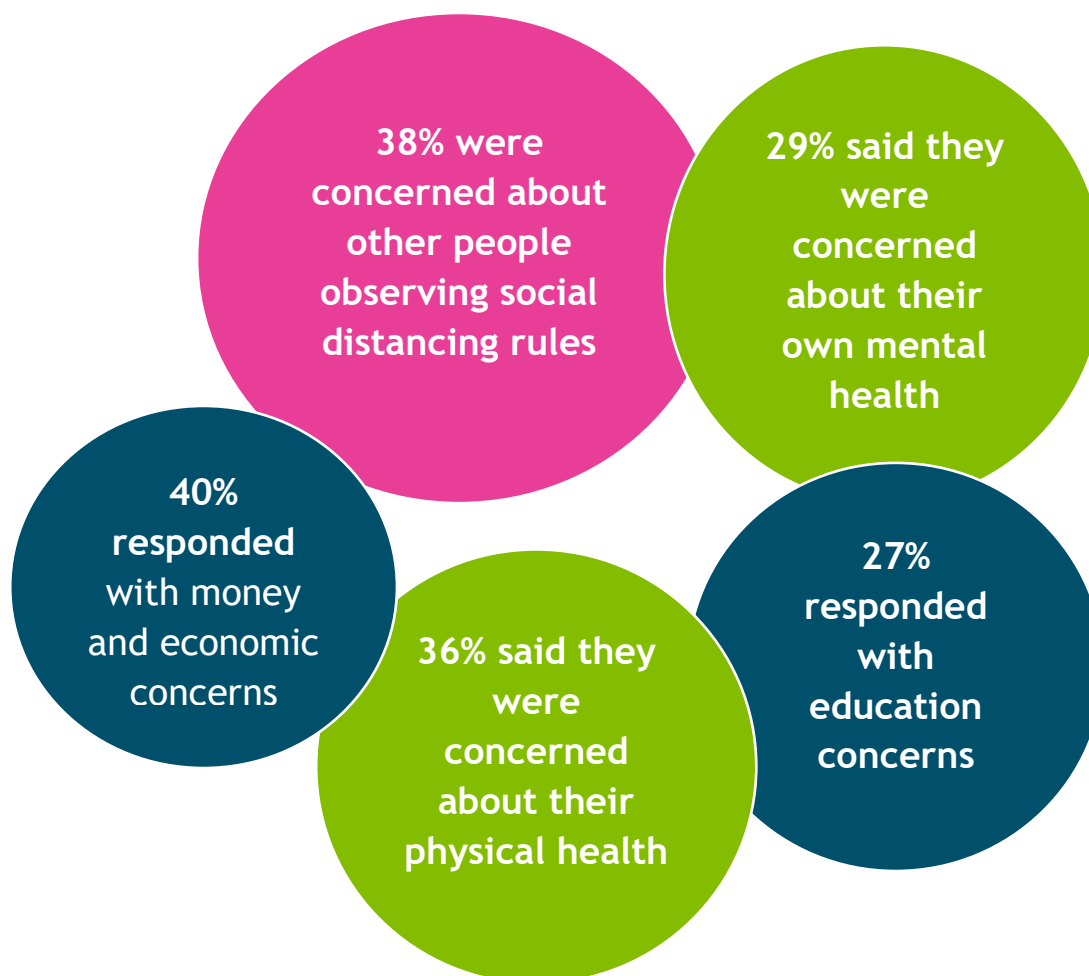


The top 3 things that the 96 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities.

- *"I am really concerned about young people to whom social relationships outside the home are key."*
- *"Worried is probably too strong a word, but I am concerned being of a certain age with a couple of health conditions, but generally just get on with things."*
- *"I miss socialising with friends over morning coffee and eating out."*
- *"I feel concerned, (not worry) about my health, and friends and family."*
- *"I have enjoyed being able to dedicate time to things that I didn't give enough attention to in the past."*
- *"Stress of other people's response to COVID-19"*
- *"Finding it really difficult to work from home whilst trying to home school my 12 year old son and having to download lots of different apps on my personal phone to get access to work meetings."*
- *"Generally coping well and keeping busy."*

### What are people's current concerns or concerns about the future impact of the pandemic?





- *“Concerns about my husband’s health due to postponed operation.”*
- *“Concern about new-born’s development, socialisation and developing immune system to all other 'normal' germs etc. before he needs to start childcare and I return to work.”*
- *“Concerned about my son’s mental health and his access to what will be helping him.”*
- *“Concerned about the availability of PPE like gloves.”*

### **What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?**

- *“People following the rules so I would feel safe going outside for a walk. Socially distancing, wearing masks.”*
- *“Access to information about the progress of the pandemic, to enable me to make informed decisions about how to proceed. Or clear intelligent guidance from government, which I feel is totally absent. I no longer believe any information dished out by the health secretary as he has clearly adjusted the figures to suit his own ends.”*
- *“I’ve had much more opportunity to exercise and have been doing 4 online HIIT sessions per week plus started cycling to work. I also walk a couple of times a week.”*
- *“Spending quality time with family in my household. Having pets. Gardening. Keeping in touch with extended family online.”*
- *“Being outdoors, crocheting projects for charity makes me feel useful & gainfully employed.”*
- *“FaceTime essential as we have grandchildren abroad. Walking, garden, craft activities. Zoom quiz every Saturday with 6 groups of family.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

[www.healthwatchcheshire.org.uk](http://www.healthwatchcheshire.org.uk)

**You can contact us on:**

- **Tel:** 0300 323 0006
- **Email:** [info@healthwatchcheshire.org.uk](mailto:info@healthwatchcheshire.org.uk)
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

## Tartan Rug

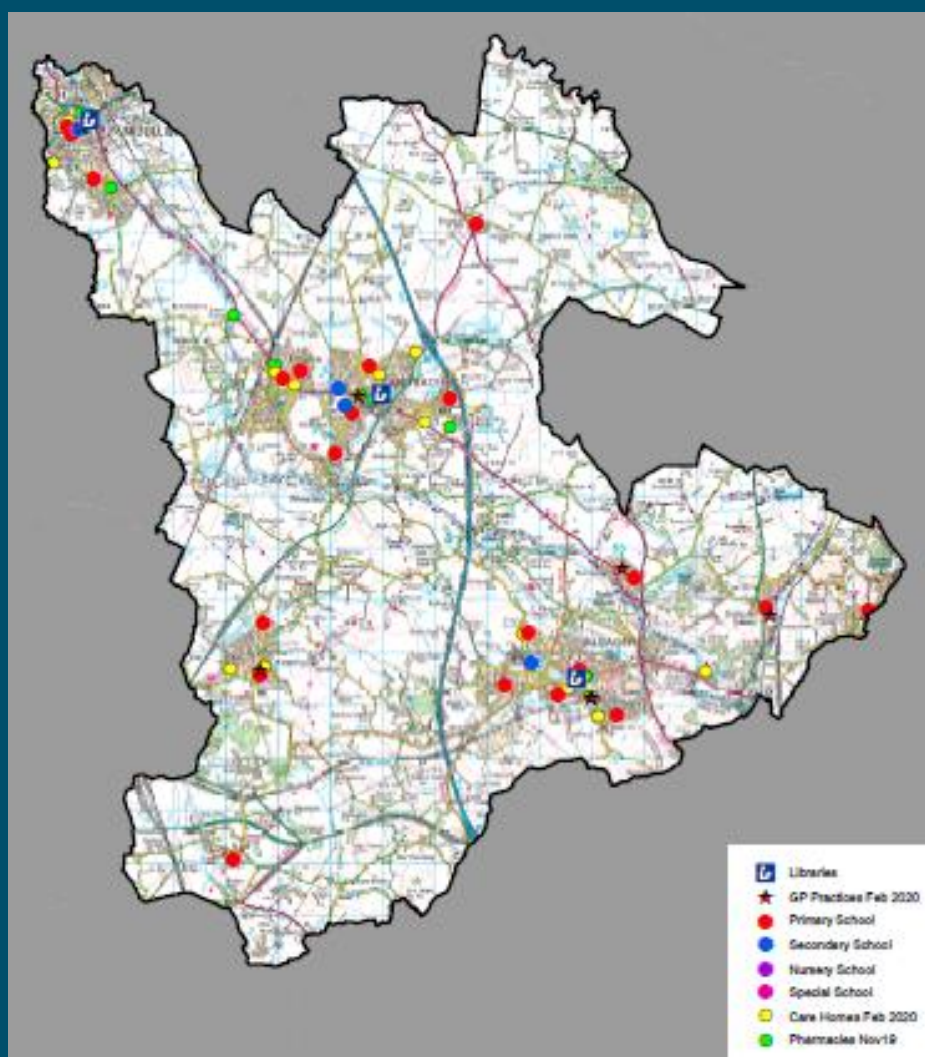
This is the Tartan Rug for the Bollington, Disley and Poynton Care Community (Cheshire East Council, November 2017). The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

			Nantwich								
			Wrenbury	Bunbury	Audlem	Nantwich South and Stapleley	Nantwich North and West	NHS South Cheshire	Cheshire East LA	England	
1	Total population	number	4626	4979	4908	9174	8737	178867	375392	54786327	Population
2	BME population	%	1.2	0.9	1.4	2.4	1.8	2.9	3.3	14.6	
3	Proficiency in English	%	0.1	0.2	0.1	0.1	0.2	0.9	0.6	1.7	
4	Population under 16	%	15.8	16.0	15.1	19.5	16.0	17.9	17.6	19	
5	Population aged 65 and over	%	24.9	20.3	28.2	22.1	24.7	20.4	21.9	17.7	
6	Pensioners living alone	%	22.6	28.5	23.3	30.0	40.4	30.4	30.0	31.5	
7	Older people with low income	%	8.3	7.4	8.1	8.5	13.0	N/A	10.2	16.2	Income
8	People with low income	%	6.8	6.2	5.8	6.0	12.2	N/A	9.4	14.6	
9	Children in poverty	%	8.0	8.0	5.0	6.5	15.3	N/A	12.4	19.9	
10	Long term unemployment	rate						2.1	1.6	3.7	
11	Fertility rate	rate	46.6	45.5	45.3	54.7	63.5	68.2	60.8	63.2	Young People
12	Low birth weight	%	1.0	0.8	0.9	1.7	2.6	2.1	2.2	2.8	
13	Deliveries to teenage mothers	%	1.2	1.2	1.2	1.2		1.4	1.0	1.1	
14	A&E attendances age 0-4	rate	251.5	273.5	256.6	324.7	365.5	357.2	385.6	551.6	
15	Admissions for injury age 0-4	rate	132.1	150.4	136.3	168.4	170.3	162.2	168.1	138.8	
16	Emergency admissions age 0-4	rate	138.5	167.1	145.1	222.5	257.1	216.6	213.8	149.2	
17	Child development at age 5	%	59.1	62.6	59.2	63.8	61.8	59.2	61.8	60.4	
18	GCSE achievement	%	77.5	77.8	77.6	64.8	54.0	60.2	62.2	56.6	
19	Excess weight age 4-5	%	18.5	19.4	18.6	21.8	22.6	20.2	19.1	22.2	

20	Excess weight age 10-11	%	29.7	26.7	29.3	26.4	31.9	31.9	29.1	33.6	Lifestyle
21	Smokers age 11-15	%	3.3	1.8	2.6	4.3	3.2	N/A	3.2	3.1	
22	Smokers age 16-17	%	15.9	15.9	14.5	15.0	18.1	N/A	15.2	14.8	
23	Healthy eating (adults)	%	34.4	33.9	34.3	30.7	30.3	28.8	31.4	28.7	
24	Obese adults	%	21.1	20.9	21.1	22.0	22.5	23.2	21.5	24.1	
25	Binge drinking (adults)	%	20.6	20.8	20.6	21.0	21.1	22.2	22.3	20	
26	Admissions for alcohol	SAR	61.0	64.8	61.4	87.6	97.7	94.7	90.4	100	
27	Self-reported bad health	%	4.4	4.0	5.4	4.3	6.5	5.2	4.9	5.5	Illness
28	Self-reported illness	%	16.1	14.9	18.6	16.6	21.4	17.9	17.5	17.6	
29	Hospital stays for self-harm	SAR	46.9	43.0	46.4	89.7	128.1	99.9	104.9	100	
30	Emergency admissions heart attack	SAR	93.5	93.1	93.5	86.6	88.6	99.7	94.9	100	
31	Emergency admissions stroke	SAR	77.5	77.0	77.4	96.6	102.6	96.1	91.7	100	
32	Emergency admissions respiratory	SAR	49.2	46.6	48.9	61.2	73.6	91.5	80.2	100	
33	Emergency admissions hip fracture	SAR	96.0	93.3	95.9	85.2	90.6	103.1	97.9	100	
34	Emergency admissions all causes	SAR	86.7	89.9	87.1	112.0	120.4	114.8	102.3	100	
35	New cases -breast cancer	SIR	102.3	104.7	102.6	109.1	123.3	100.4	103.1	100	Cancer
36	New cases -bowel cancer	SIR	90.1	93.0	90.4	92.5	94.3	98.9	101.7	100	
37	New cases -lung cancer	SIR	70.2	63.6	69.5	74.0	73.0	96.6	87.0	100	
38	New cases -prostate cancer	SIR	105.7	103.9	105.5	91.0	84.7	107.3	100.5	100	
39	All new cancer cases	SIR	97.2	97.5	97.2	100.1	100.6	103.7	99.1	100	
40	Cancer deaths under 75	SMR	82.3	83.0	101.5	101.6	98.1	98.3	88.3	100	Death
41	Heart deaths under 75	SMR	104.0	48.2	78.8	64.8	92.9	105.7	91.1	100	
42	All deaths under 75	SMR	86.7	71.8	91.9	75.8	99.2	100.2	89.9	100	
43	Deaths from respiratory disease	SMR	99.3	91.7	122.3	80.4	101.9	104.6	95.8	100	
44	All deaths all ages	SMR	94.0	78.8	114.1	94.4	95.6	99.2	93.9	100	
45	Female Life Expectancy	years	83.6	85.8	80.4	83.7	82.6	82.8	83.5	83.1	
46	Male Life Expectancy	years	81.6	82.3	80.5	81.1	79.5	79.5	80.3	79.4	

# Appendix 8 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Sandbach, Middlewich, Alsager, Scholar Green & Haslington (SMASH)

May - October 2020



## Introduction

Between 4<sup>th</sup> May until 15<sup>th</sup> October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 141 people who answered our survey from the Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) area, to provide the residents and local service providers with a snapshot of the key findings.

## Accessing healthcare services during the pandemic

We had 130 responses regarding how access to healthcare services has changed during the response to the pandemic, with some respondents giving more than one reply.



Some comments regarding how health services had changed included:

- *“Due to photographic evidence GP couldn’t see clearly and made me an appointment that needed a referral, still waiting.”*
- *“I had a filling that came out but cannot go to the Dentist so have to order temporary filling online.”*
- *“Blood test, CT scan and follow up appointments were cancelled, now being rearranged, follow-up after Lung Cancer.”*
- *“I decided not to go to the doctor’s during the current pandemic.”*
- *“I believe I have suffered some health problems due to not being examined.”*
- *“I did get a home visit as well.”*
- *“Mine isn’t impacted but patients are having difficulty getting face-to-face reviews with GPs.”*
- *“Had blood test at surgery.”*

26% told us that their GP appointment was by telephone or video call

28% of responses related to changes to hospital services; outpatients’ appointments being either via video/phone call, postponed or cancelled, or planned procedures cancelled

26% told us that they experienced longer waiting times for prescriptions or couldn’t get their prescription



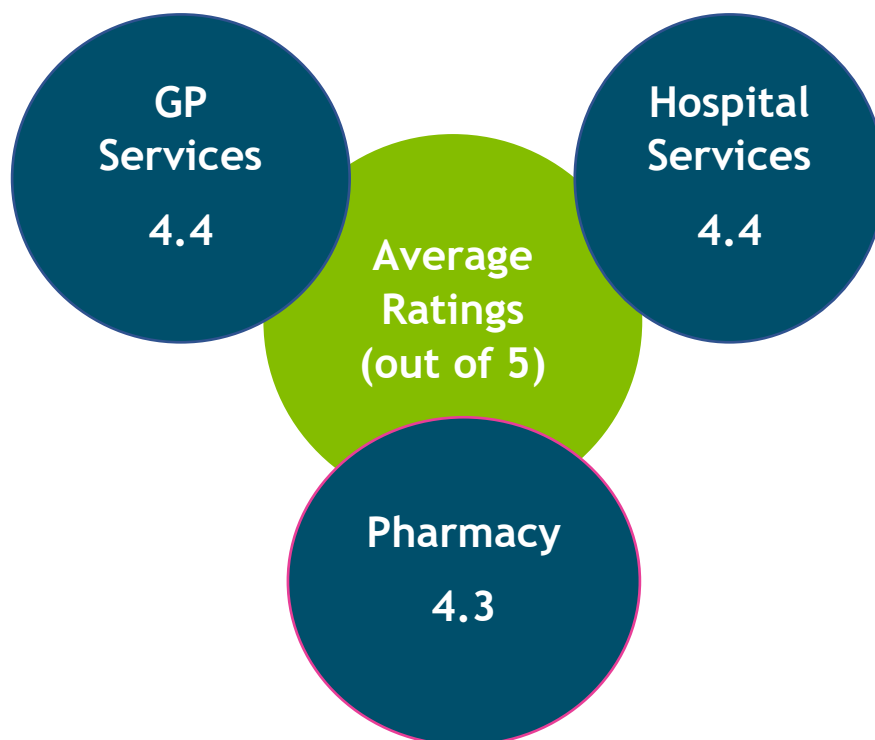
## Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 5 of the 13 people who answered this question in relation to GP appointments said they would be happy with this continuing in the future, and 8 out of 14 for hospital-based appointments. Comments included:

- *"I feel that certain healthcare issues require a face-to-face appointment."*
- *"I've had phone appointments at my previous practice before moving to Sandbach last year. My appointments this year were part of ongoing consultations, but I think I'd prefer initial consultations to remain face-to-face."*
- *"Not had one but worth saying they would be fine with me - I use zoom a lot for business meetings."*

## How people rated their services

We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Below are the most commonly mentioned services and their average ratings.

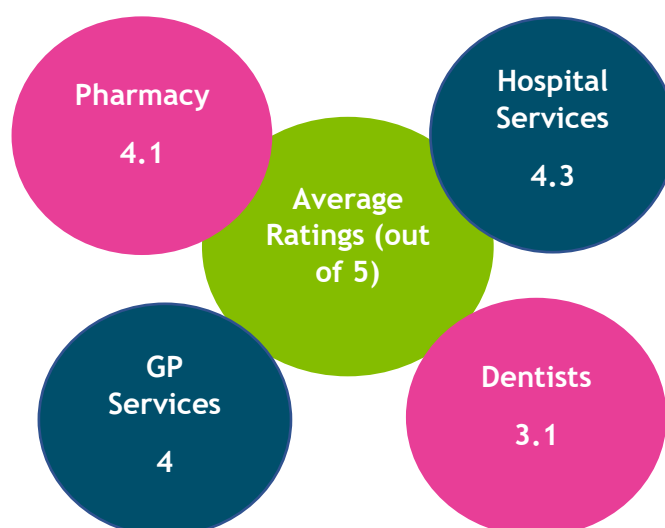




The below are comments relating to why services were rated this way:

- *“Well organised, good doctor, quickly and thoroughly resolved issue.”*
- *“Waiting over 15 minutes on phone to make appointment for blood test at surgery.”*
- *“Swift service, social distancing and protective equipment used. Felt safe.” (GP and Pharmacy)*
- *“Was given medical help within 5 minutes of arriving at A&E, staff were very helpful and caring.”*
- *“GP Practice was quick and easy to do telephone assessment for my toddler - much easier in fact than taking toddlers/small children into the practice where waiting times vary and ‘entertainment’ for kids whilst waiting is limited. Only downside was attached pharmacy (for ‘prescriptions’) waiting times/queues were so long I had to leave and come back later in the day.”*

## How people rated communication from services



The below are comments relating to why communication from services were rated this way:

- *“Although GP appointments have been restricted to telephone conversations the information received has been clear and concise. The same also applies to Dental services, Pharmacy and Opticians.”*
- *“In some cases, have heard nothing; GP Practice have sent out emails and have rung my home. Hospital sent a letter cancelling appointment and have heard nothing since.”*
- *“Communication could’ve been better.”*

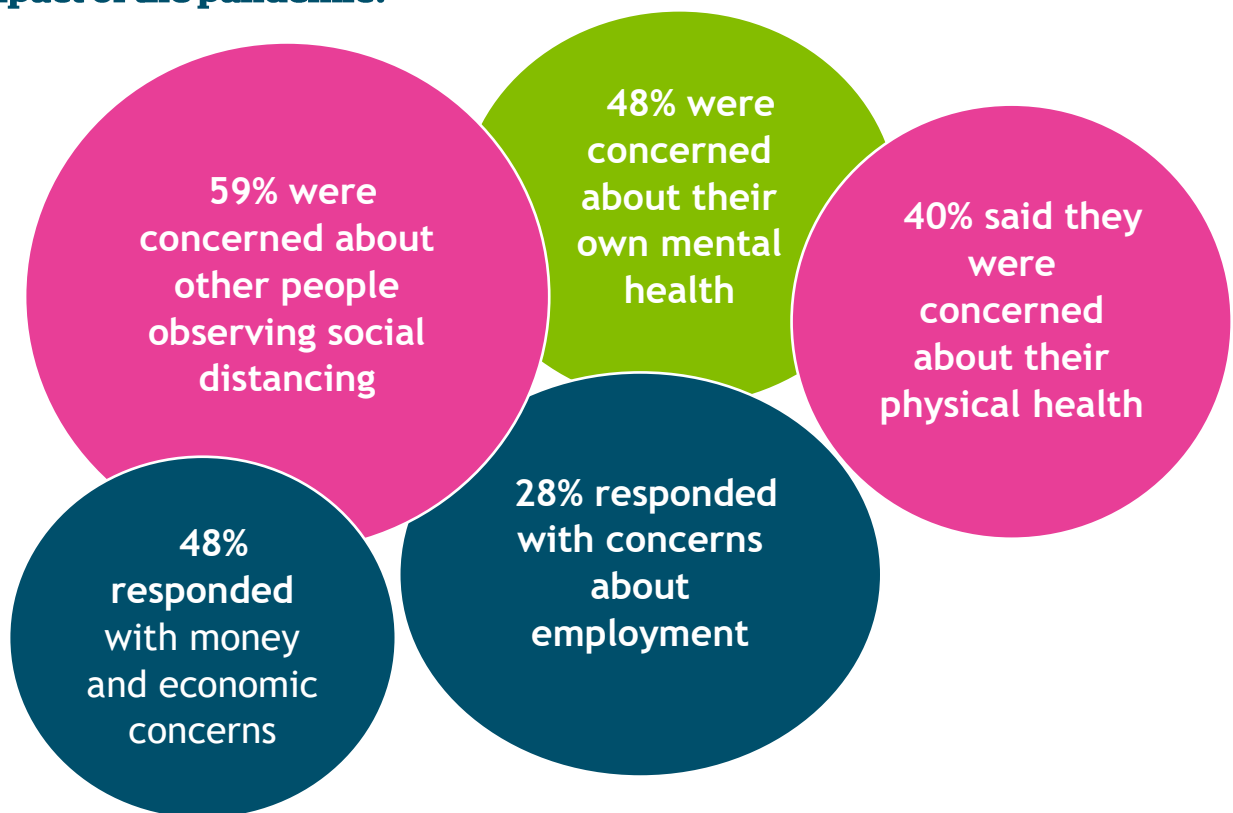
## How coronavirus has affected people's mental health



The top 3 things that the 134 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (85 responses)
- Worrying about the health of friends or family members (73 responses).
- Feeling sad about not having access to leisure activities, e.g. going out, going on holiday (72 responses)

## What are people's current concerns or concerns about the future impact of the pandemic?



## What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *"Sensible advice from the government, which seems sadly lacking."*
- *"Some assistance for mum to talk though what happened and how she is feeling now. To be sure that the carers will be in attendance like they are supposed to be. Also contact with her family is vital and the portal we bought her has helped with this."*
- *"Easy access to someone professional to talk to. Better information from NHS."*
- *"I am able to go for regular walks in the countryside and don't need any additional support, thank you."*
- *"If the pandemic was managed better and if I felt there was going to be an end to it soon."*
- *"To see my friends, go to the gym."*
- *"I do my usual Thai Chi via Zoom with my tutor."*
- *"Because of support from our neighbour and daughter I feel we have all the support we need."*
- *"I wish others would keep 2 metres apart."*
- *"Clearer communication from local services and NOT just volunteers."*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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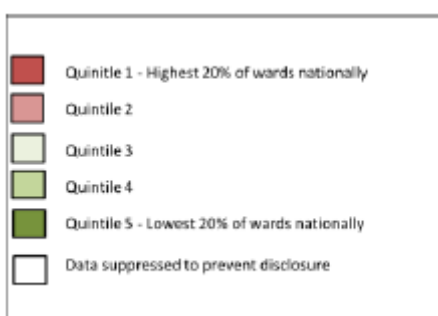
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## Tartan Rug

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			SMASH												
			Leighton	Haslington	Sandbach Ebley Heath and Wheelock	Sandbach Elworth	Sandbach Town	Sandbach Heath and East	Middlewich	Breneton Rural	Alsager	Odd Rode	NHS South Cheshire	Cheshire East LA	England
1	Total population	number	5365	7954	4622	4722	4796	4455	14036	5056	11698	8271	178867	375392	54786327
2	BME population	%	3.9	1.4	2.0	2.2	2.2	1.4	1.5	1.0	2.4	1.1	2.9	3.3	14.6
3	Proficiency in English	%	0.7	0.1	0.3	0.1	0.1	0.0	0.3	0.1	0.2	0.1	0.9	0.6	1.7
4	Population under 16	%	21.7	14.5	18.1	18.1	15.2	15.3	18.7	17.3	17.0	13.5	17.9	17.6	19
5	Population aged 65 and over	%	8.5	23.8	16.2	19.9	27.6	26.2	17.7	21.8	26.8	28.1	20.4	21.9	17.7
6	Pensioners living alone	%	15.7	25.1	28.2	27.4	28.8	37.7	30.2	21.8	32.1	24.7	30.4	30.0	31.5
7	Older people with low income	%	5.6	7.6	7.9	7.3	7.5	13.5	12.2	7.9	8.2	7.5	N/A	10.2	16.2
8	People with low income	%	4.0	5.3	4.7	7.3	7.1	10.8	9.2	7.3	9.1	6.3	N/A	9.4	14.6
9	Children in poverty	%	5.5	6.5	4.9	11.7	9.6	13.6	11.2	10.4	12.0	8.1	N/A	12.4	19.9
10	Long term unemployment	rate											2.1	1.6	3.7
11	Fertility rate	rate	57.7	40.0	60.7	58.3	50.3	56.0	60.0	52.0	53.2	53.3	68.2	60.8	63.2
12	Low birth weight	%	2.1	2.3	2.4	2.3	2.4	3.0	1.8	2.2	2.5	2.5	2.1	2.2	2.8
13	Deliveries to teenage mothers	%							0.0	0.2	0.0	0.0	1.4	1.0	1.1
14	A&E attendances age 0-4	rate	361.4	345.9	310.7	312.2	316.3	314.8	363.6	361.6	292.0	381.6	357.2	385.6	551.6
15	Admissions for injury age 0-4	rate	128.5	142.1	121.5	125.1	135.7	133.9	125.0	153.8	109.9	167.7	162.2	168.1	138.8
16	Emergency admissions age 0-4	rate	201.5	227.5	211.0	200.9	172.7	182.5	279.7	196.2	155.1	204.0	216.6	213.8	149.2
17	Child development at age 5	%	46.6	68.9	69.5	72.2	75.2	66.7	62.4	63.9	59.3	65.3	59.2	61.8	60.4
18	GCSE achievement	%	67.0	71.9	69.6	71.1	71.2	61.7	56.9	70.9	68.1	69.2	60.2	62.2	56.6

19	Excess weight age 4-5	%	16.4	18.5	19.5	19.0	18.5	20.3	18.7	21.6	23.1	23.4	20.2	19.1	22.2	Lifestyle
20	Excess weight age 10-11	%	32.1	31.7	27.8	27.7	28.9	32.4	35.6	30.3	31.0	31.5	31.9	29.1	33.6	
21	Smokers age 11-15	%	2.9	2.5	2.3	2.4	3.0	2.9	2.1	2.6	3.2	4.3	N/A	3.2	3.1	
22	Smokers age 16-17	%	12.1	13.9	14.2	13.6	15.3	16.5	15.3	14.5	14.8	14.5	N/A	15.2	14.8	
23	Healthy eating (adults)	%	28.2	31.5	29.0	30.5	32.2	29.3	28.6	32.0	32.4	29.9	28.8	31.4	28.7	
24	Obese adults	%	24.7	23.2	21.4	21.3	21.9	23.1	23.5	22.0	18.7	23.3	23.2	21.5	24.1	
25	Binge drinking (adults)	%	23.2	25.7	21.8	20.6	19.1	21.2	21.8	19.2	23.3	19.5	22.2	22.3	20	
26	Admissions for alcohol	SAR	76.1	68.8	100.6	95.4	90.2	101.5	94.2	71.9	95.2	76.5	94.7	90.4	100	
27	Self-reported bad health	%	2.3	4.9	4.2	3.4	5.3	6.4	5.3	3.4	5.0	5.3	5.2	4.9	5.5	Illness
28	Self-reported illness	%	9.9	18.3	14.2	16.0	19.7	22.4	17.1	15.4	19.5	20.2	17.9	17.5	17.6	
29	Hospital stays for self-harm	SAR	72.8	43.6	82.9	75.8	78.0	116.9	103.0	60.7	130.3	61.6	99.9	104.9	100	
30	Emergency admissions heart attack	SAR	97.7	85.1	101.5	95.7	83.6	79.0	113.8	86.5	84.6	88.6	99.7	94.9	100	
31	Emergency admissions stroke	SAR	108.7	89.3	85.2	101.6	112.5	85.5	98.6	85.6	76.5	91.0	96.1	91.7	100	
32	Emergency admissions respiratory	SAR	87.9	67.8	54.1	57.4	69.2	81.3	116.2	57.9	56.6	59.9	91.5	80.2	100	
33	Emergency admissions hip fracture	SAR	99.6	114.2	96.6	101.2	108.4	110.5	132.3	87.1	98.8	97.2	103.1	97.9	100	
34	Emergency admissions all causes	SAR	112.7	94.2	106.2	103.1	102.7	113.6	135.0	85.0	92.7	89.3	114.8	102.3	100	
35	New cases -breast cancer	SIR	84.6	102.9	133.9	120.3	110.6	139.2	75.6	108.7	77.9	101.2	100.4	103.1	100	Cancer
36	New cases -bowel cancer	SIR	163.3	93.7	74.1	93.1	115.7	99.9	100.0	85.0	111.3	87.9	98.9	101.7	100	
37	New cases -lung cancer	SIR	76.5	75.6	86.1	87.5	102.1	125.2	127.9	69.8	76.6	70.9	96.6	87.0	100	
38	New cases -prostate cancer	SIR	125.7	104.9	113.7	116.9	118.8	112.6	124.9	104.9	120.8	104.3	107.3	100.5	100	
39	All new cancer cases	SIR	115.1	95.0	106.7	111.0	117.3	115.3	111.3	92.6	97.6	92.7	103.7	99.1	100	
40	Cancer deaths under 75	SMR	78.7	78.7	104.7	77.8	120.2	104.6	103.1	70.5	75.3	64.9	98.3	88.3	100	Death
41	Heart deaths under 75	SMR	73.2	73.4	89.9	94.2	66.9	135.2	132.4	93.2	81.6	90.1	105.7	91.1	100	
42	All deaths under 75	SMR	72.2	81.3	106.4	82.0	104.3	111.5	110.7	74.7	73.8	72.1	100.2	89.9	100	
43	Deaths from respiratory disease	SMR	87.4	111.1	117.5	116.7	86.8	93.1	108.4	95.0	67.8	111.1	104.6	95.8	100	
44	All deaths all ages	SMR	102.8	101.7	84.8	100.0	86.8	91.3	107.0	83.5	79.9	95.5	99.2	93.9	100	
45	Female Life Expectancy	years	81.4	81.9	86.6	84.0	83.9	86.9	81.6	84.8	85.8	83.5	82.8	83.5	83.1	
46	Male Life Expectancy	years	82.0	81.6	81.1	79.5	81.8	76.7	78.9	82.3	80.4	82.7	79.5	80.3	79.4	





**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
**Reports Cover Sheet**

<b>Title of Report:</b>	Special Educational Needs and Disability (SEND) Improvement Update
<b>Date of meeting:</b>	23 <sup>rd</sup> March 2021
<b>Written by:</b>	Cheshire East 0-25 SEND Partnership
<b>Contact details:</b>	Jacky Forster (Chair of the Cheshire East 0-25 SEND Partnership)
<b>Health &amp; Wellbeing Board Lead:</b>	Ged Rowney (Interim Director of Children's Services, Cheshire East Council)

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To keep the Board updated on progress with the work of the Cheshire East 0-25 SEND Partnership.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	Members of Health and Wellbeing Board are asked to: a. Note the provided updates relating to preparations for the SEND Re-visit; and b. Note and endorse the contents of the SEND Self-evaluation in Appendix 1.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	Prior to this meeting, this report has been considered by all relevant Directors within the Council's Children and Families Service and the Cheshire CCG.		



<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	<p>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.</p> <p>We are continuing to use both data and feedback as a measure of the impact of our improvement actions.</p>
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	<p>All improvements relating to SEND are focused on improving experiences and outcomes for Cheshire East children and young people with SEND, and their families.</p>

## 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. Regular updates on SEND improvements have been considered by the Board throughout 2019 and 2020. This report provides the latest update, and in particular, shares our SEND Self-evaluation and the latest information on our local preparations for the SEND Re-visit.

## 2 Recommendations

- 2.1 Members of Health and Wellbeing Board are asked to:
- Note the provided updates relating to preparations for the SEND Re-visit; and
  - Note and endorse the contents of the SEND Self-evaluation in 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 the identified areas:
- 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 WSOA 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 SEND re-visit.

## 5.2 The impact of COVID-19 on Ofsted/CQC SEND Inspections and Re-visits

- 5.2.1 In previous updates to the Health and Wellbeing Board, we advised that Ofsted and the CQC were due to carry out a SEND re-visit in Cheshire East before the end of April 2020 (in line with re-visits being carried out within 18 months of an area's WSOA being approved by Ofsted). The sole purpose of the re-visit is to determine whether sufficient progress has been made in addressing the areas of significant weakness detailed in the WSOA (including an evaluation of the impact of the actions taken).
- 5.2.2 On 17<sup>th</sup> March 2020, all Ofsted inspections (including Local area SEND inspections and SEND re-visits) were suspended as a result of the COVID-19 (coronavirus) pandemic.
- 5.2.3 From autumn 2020, Ofsted and CQC have been carrying out joint interim visits to local areas regarding their SEND arrangements, in lieu of SEND inspections or re-visits. These visits are intended to support improvements and to understand the impact of the pandemic on children and young people with SEND and their families. The visits do not result in a published letter or graded judgement. Details of arrangements for these visits were provided in our September 2020 update to the Board.
- 5.2.4 Latest intelligence indicates that Ofsted and the CQC are likely to re-commence routine local area SEND Inspections and SEND re-visits from 1<sup>st</sup> April 2021. However, this will most likely be contingent on any further nationally-imposed restrictions relating to the COVID-19 pandemic.

## 5.3 Arrangements for SEND monitoring and inspection preparation in Cheshire East

- 5.3.1 Our most recent SEND monitoring visit with representatives from the Department for Education (DfE) and NHS England and Improvement (NHSE/I) took place on 20<sup>th</sup> January 2021.
- 5.3.2 In their notes from the last monitoring meeting, the DfE and NHSE/I representatives noted that *'Cheshire East have clearly made significant progress since the inspection'*.

5.3.3 Following the Ofsted/CQC SEND re-visit, 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 NHSE/I will cease. Our next SEND monitoring visit with the DfE and NHSE/I is scheduled to take place in June 2021; however this will be dependent upon the outcome of the Ofsted/CQC SEND re-visit should this have taken place by then.

5.3.4 We are continuing with preparations for our Ofsted/CQC SEND re-visit. This includes preparing key documents to evidence progress, carrying out communication and engagement with all stakeholders and ensuring arrangements are in place to respond quickly upon notification of the re-visit.

#### 5.4 SEND Self-evaluation

5.4.1 As part of our preparations for the latest North West Peer Review and Annual Conversation with Ofsted, we have updated our SEND Self-Evaluation. This has been attached in Appendix 1 and provides a detailed update for the Board on improvements, strengths, areas for developments and key priorities for the next 12 months across various aspects of SEND.

#### 5.5 Additional developments since the SEND Self-Evaluation

5.5.1 Since the Self-evaluation was finalised, further significant developments have taken place across a number of SEND areas.

5.5.2 Timeliness of EHC needs assessments has remained high since the start of 2021 with 100% of EHC Plans issued within the statutory 20-week timescale in January 2021 (excluding exceptions), with an average time of 16.4 weeks for completion. As at 19<sup>th</sup> February 2021, there are no requests awaiting advice from our Educational Psychology for over 6 weeks, and timeliness of health advice remains high (with 93.5% of health advice being submitted within 6 weeks in January 2021). The numbers of complaints, and number of appeals registered with the First-Tier Tribunal, have both also shown a further fall since December 2020 (with a reduction from 81 complaints in the 12 months prior to 1<sup>st</sup> December 2020 to 70 complaints in the 12 months prior to 1<sup>st</sup> January 2021).

5.5.3 A multi-agency Preparing for Adulthood strategy was approved by the SEND Partnership Board on 29<sup>th</sup> January 2021, and work on an implementation plan is underway. In addition, we have also started to carry out a specific programme of work with the National Development Team for inclusion (NDTi) around Preparing for Adulthood (PfA), which includes targeted PfA audits of 48 cases, along with the next phase of SEND ignition events and Person Centred Planning training to support transition of some of our young people with the most complex needs.

5.5.4 The Cheshire East Autism Team (CEAT) has recently been accredited as an Autism Education Trust (AET) Training Hub. The AET is a not-for-profit organisation established by the Department of Education and is led by two autism charities: The National Autistic Society and Ambitious about Autism. Cheshire East have acquired an all phases licence which will allow us to deliver accredited training modules to early years settings, schools and post-16 colleges. This will ensure a consistent, early intervention approach to support

our children and young people with autism through all stages of their education at the earliest opportunity. Training to early years settings will be delivered jointly by the Cheshire East Early Start Team and CEAT. Training for schools and post-16 settings will be delivered by CEAT. Rollout of this training will begin towards the end of this half term.

- 5.5.5 Since 2017, we have planned investment into additional SEN places in specialist provision through the use of our SEND Sufficiency Statement and Three Year Provision Plan. An updated Sufficiency Statement and refreshed Provision Plan were approved by the SEND Partnership Board on 27<sup>th</sup> November 2020. Following this, we sought expressions of interest to operate new provisions, with a deadline for submissions of 22<sup>nd</sup> January 2021. These are currently being considered by the relevant multi-agency workstream, and we will share details of the proposals to further expand local provision in a future update to the Committee. If we deliver all the places outlined within the updated SEN Provision Plan, we will have achieved a 48% increase in local provision through 9 additional specialist SEN Provisions.
- 5.5.6 Our Access to SEND Services Framework was also approved by the SEND Partnership Board in November 2020; this sets out our approach to managing demand for Education, Health and Care Needs Assessments and Plans. A key aspect of this focuses on further strengthening support at the SEN Support level to ensure that we have the right input and strategies in place early in order to meet needs without the need for a EHC Plan, where this is appropriate.
- 5.5.7 Our new multi-agency SEND Induction and Training Programme is well underway. Each phase will have a specific theme to connect and maximise learning. For Spring 2021 the focus is on 'Understanding SEND' and 'Positive Communication and Relationships' and 14 new training sessions are being delivered from January – March 2021. This supports us in ensuring that there is effective CPD for staff across services within the LA and our partners.
- 5.5.8 Our annual survey of parent carers around the two WSOA areas has recently closed and we will share the feedback once this is analysed. We had a record number of responses, with almost double the number of responses from the previous year (345 compared to 181 in 2020). We are currently finalising a children and young people's survey.

## 5.6 SEND Strategy and future improvements

- 5.6.1 The 0-25 SEND Partnership Board has continued to meet virtually to oversee our SEND improvements. We are currently in the process of reviewing all workstream action plans and targets for 2021 and beyond. At the last meeting of the SEND Partnership Board on 29<sup>th</sup> January 2021, we held an extended workshop session to discuss and agree our future shared priorities across the themes of education, health, care and working TOGETHER (linking in with our shared definition of co-production).
- 5.6.2 Information from this workshop session and our SEND Self-evaluation will now be used to update our shared SEND Strategy. We will be engaging and consulting with partners during the development of this shared Strategy and will share the updated document with the Board in a future update.

## **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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Cheshire East

**TOGETHER** for Children  
and Young People

*Together we will make Cheshire East a great place to be young*

# Cheshire East Self Evaluation Special Educational Needs and/or Disabilities (SEND)

January 2021



## Summary

Our strengths, areas for development and key priorities for the next 12 months as outlined in this self-evaluation are summarised below:

### Strengths:

- Visible and well-established strategic leadership and governance.
- Experienced permanent staffing structure for SEND.
- Significant improvements against our two Written Statement of Action (WSOA) areas – the timeliness and quality of Education, Health and Care (EHC) needs assessments and Autism Pathways.
- Robust data and intelligence relating to EHC needs assessments and advice
- Good examples of working TOGETHER with children and young people, parents and carers.
- Flexible support during Covid-19.
- Innovative Preparing for Adulthood developments.

### Areas of focus:

- Timeliness and quality of Annual Reviews of EHC Plans, including transitions.
- Improving communication and processes around transport for children and young people with SEND to improve transparency.
- Ensuring we have addressed the wider recommendations from our SEND inspection and that improvements are fully embedded across the partnership.

### Key priorities for the next 12 months:

- Sustaining our improvements in the two WSOA areas. Implementing our new SEND Induction and Training Programme.
- Reviewing and updating the SEND Strategy with the priorities for the next 3 years.
- Managing increasing demand and reinforcing SEN Support in settings through our 'Access to SEND Services' strategy.
- Fully embedding our Quality Assurance Framework and processes to embed consistently good quality practice.
- Implementing the revised SEN Sufficiency and Provision Plan.
- Further strengthening transitions.





# Impact of Leaders on Outcomes for Children

## Strategic Leadership and Partnership Working

Strategic leadership and management in Cheshire East is visible and well established. Strong leadership across all agencies has delivered improvements against the two areas in our Written Statement of Action (WSOA). Children and young people with SEND now have their needs met earlier;

- we have significantly decreased the number of ongoing Education, Health and Care (EHC) needs assessments over 20 weeks - there was only one assessment over 20 weeks as at 8 January 2021 compared to 180 assessments on 17 December 2018.
- no children and young people in the Eastern Cheshire area wait more than 12 weeks for an autism assessment.

We have ensured service developments have been co-produced, and these improvements would not have been possible without the continued commitment of our parent carers.

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. Six-monthly reports relating to SEND improvements and progress against our WSoA have also been provided to the Health and Wellbeing Board for oversight, challenge and scrutiny.

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.

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 provision. 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.

As a partnership, we have worked tirelessly over the past two years following our inspection against a backdrop of significant increased demand and budget pressures, and now the challenges of a global pandemic. 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. 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.



### Key Priorities for the next 12 months:

- Sustaining our improvements in the two WSoA areas.
- Ensuring we have addressed the wider recommendations from our SEND inspection and that improvements are fully embedded across the partnership.
- Reviewing and updating the SEND Strategy with the priorities for the next 3 years.
- Celebrating success, building on good practice identified through compliments and feedback and audits, and ensure learning from complaints is used effectively to further improve practice.
- Further embedding the culture of co-production with a focus on further improving communication across the SEND Partnership
- Improving the timeliness and quality of Annual Reviews of EHC Plans, including transitions.
- Further strengthening transitions.
- Fully embedding our Quality Assurance Framework and processes to embed consistently good quality practice.

“A quick note to...pass on the sense that the improvements related to SEND are palpable. [School] 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, [SEND Keyworker] had been excellent and [SEND Locality Manager] has quickly impressed. Similarly, EP reports have been more useful, helping to lead to improved provision.”

**Feedback from a Headteacher, February 2020**

## Co-production

Building our relationships with children, young people, and parent carers, is a key priority as part of our drive to continually improve services. As a SEND Partnership we developed and signed up to working [TOGETHER](#) in Cheshire East as our shared definition of co-production, and we are committed to working TOGETHER with children, young people, and parent carers to understand their experiences and develop solutions jointly. Our Parent Carer Forum (CEPCF) and SEND Youth Forum are central to our service development work.

The Council for Disabled Children (CDC) supported us with a workshop on coproduction in November 2020 and were very impressed with TOGETHER and asked if they could use this as a national example of good practice.

We have good examples of working TOGETHER strategically, such as the development of our Quality Assurance Framework, our multi-agency Preparing for Adulthood Strategy and our revised Annual Review processes and paperwork.

Following a suggestion from our Parent Carer Forum, we have introduced virtual locality-based Coffee Mornings for parents and carers with local authority SEND staff to improve



communication and ensure that parents can 'drop-in' and ask questions to SEND Keyworkers, Locality Managers and Heads of Service. We have received very positive feedback from parents on these sessions to date. 'Themed' Coffee Mornings will also be arranged across localities going forward on topics identified by parents.

### Key Priorities for the next 12 months:

- Further embedding TOGETHER, ensuring strategic co-production priorities agreed with children, young people and parent carers lead to further improvements.
- Improving the timeliness and quality of Annual Reviews of EHC Plans, including transitions.
- Fully embedding our Quality Assurance Framework and processes to embed consistently good quality practice.
- Managing increasing demand and reinforcing SEN Support in settings through our 'Access to SEND Services' strategy.
- Improving communication and processes around transport for children and young people with SEND to improve transparency.

"Learnt so much more about coproduction and working together. Really helpful to have all the discussions and comments in the chat and the PCF reps perspectives and views. Really enjoyed it, particularly the real time ratings which I thought were a great tool."

**Anonymous Feedback for the CDC session on 'Working TOGETHER', November 2020**

"The feedback from the parents was really positive, parents who attended found them very informative. I feel that parents are relieved that they have an avenue such as the coffee mornings for open communication. In this current climate parents are feeling isolated and having the chance to be able to speak with other parents and members of their SEN locality team has given the parents a voice and reassurance that they have a listening ear... I would like to thank the locality teams and [Head of Service: SEND Quality] for offering their time and for answering so many questions in a professional and knowledgeable manner."

**Feedback from PCF Co-chair on the virtual coffee mornings, November 2020**

## Our Response to Covid-19

We have maintained regular contact with the Parent Carer Forum throughout the pandemic and have worked with them to develop our approach. We have provided lots of support remotely and services have been creative and adapted their offer to ensure that families have continued to be supported during this time. During school closure to most pupils, we provided learning resources tailored to different types of needs to support children, along with a helpline for parents with children with Autism, and support via video conferencing for children with sensory impairments. Support and equipment were provided for families where needed to enable them to support remote education.



Following government announcements regarding temporary amendments to Education, Health and Care (EHC) Plans, we worked in co-production with health and social care partners, educational partners and parent carers to design temporary changes to the provision plan template document to ensure children and young people's provision during this current time could be discussed, recorded and reviewed.

The Covid-19 pandemic has had an impact on our planned improvement journey creating some delays on our pace of improvement. However, we can demonstrate that we have remained focused on the aim to ensure a quality service with good timeliness.

Our Short Breaks Team continued to support children and young people with SEND during the first lockdown in March by enabling continued access to direct payments and allowing for funding to be used in more flexible, alternative ways – some examples of this include:

- Allowing direct payments to older siblings in the same home that have returned from university to support care
- Live online ballet classes for children to access teachers/classes directly into their living rooms
- Purchasing of items such as trampolines and climbing frames to ensure children have access to safe play outdoors
- Support from PAs through weekly FaceTime contact with children and families.

During Covid-19, the CCG and partners have supported families and young people to access ASD assessments and pre and post diagnostic support online. Space 4 Autism and ChAPS increased access to support the waiting list. Where required, face-to-face assessments have been booked dependant on Covid-19 guidance. We are continuing to use a mix of video, telephone clinics and face-to-face support as deemed appropriate by the clinician. Additional hours were worked over the summer to undertake more Speech and Language Therapy (SALT) assessments within the Central Cheshire Integrated Care Partnership.

In general, the feedback received from parents during the lockdown period has been positive. Teams have continued to keep in contact with families who have understood that face-to-face visits/assessments could not be completed during this time and that virtual appointments would not necessarily be appropriate to complete a more formal assessment.

### Key Priorities for the next 12 months:

- Continuing to support children, young people, families and schools/settings to respond to Covid-19, including with remote education and return to education following national lockdowns.
- Working with schools/ settings to ensure robust arrangements are in place for catch-up and remote learning which addresses the needs of children and young people with SEND.
- Providing support to encourage children's attendance.

"I wish to commend the East Cheshire Authority for their proactive, up to date emails and communications with myself as Interim-Headteacher of the school, by far the best authority during these unprecedented times."

**Feedback from a Headteacher, August 2020**





“Everybody we have had contact with has been extremely supportive throughout the process. In addition, even though we have all faced some challenges with the current circumstances we have not felt that has in anyway hindered the process at all. [SEND Keyworker] has kept us constantly updated and we could not have asked for any more.”

**Feedback from a Parent/Carer, June 2020**

## Workforce Development

The workforce development programme for SEND comprises both the recruitment of new staff to increase capacity, as well as a newly developed comprehensive Induction and Training Programme to improve the knowledge, skills and effectiveness of individuals and teams within the SEND Partnership.

The training programme is a five-phase approach (launched in September 2020 and to be completed by the end of 2022) which responds to staff feedback, as part of an anonymised survey, as well learning from the Quality Assurance process for EHC Plans, a review of complaints, and informal feedback from parents and carers.

### Key Priorities for the next 12 months:

- Implementing and evaluating the SEND Induction and Training Programme.
- Implementing the SEND Handbook for all new and existing staff.
- Developing a multi-disciplinary approach across specialist services to respond to changing and increasing needs.

## Identifying and Meeting Need

### SEN Support

The Cheshire East Toolkit for SEND has been in place since November 2017. Evidence (from SEND Conferences) shows that it is in daily use in 92% of Cheshire East schools. Feedback has been provided about how it has positively impacted on improving SEN Support in mainstream settings. SENCOs have confirmed that the Toolkit has ensured all teachers understand how to support their pupils more effectively at SEN Support level and know that they are responsible for all pupils in their class, including those with SEND.

Bespoke training and specialist advice is provided for schools (including out of borough and independent settings) by the specialist SENCOs working in the Inclusion Quality Team to ensure that the SEND Toolkit is routinely used and embedded.

A review of SEND provision took place in the majority of school settings in 2018/19 and 2019/20 with schools agreeing a 12-month Action Plan. Support has then been provided by the Inclusion Quality Team to ensure that actions are met. One of the areas of improvement was the use of clear, consistent SEN Support plans containing SMART targets using the information from the graduated approach tables in the Toolkit.



Training on all aspects of SEND has been available at termly SEND Conferences. The Conferences have grown from 35 attendees in May 2018 to 295 in February 2020.

SEN Support documentation exemplars have also been developed and shared on the SENDAP (SEND Access Portal for SENCOs). This supports implementation of the graduated approach and provides a forum for questions and support. It has been utilised by SENCOs looking for additional advice, strategies and interventions for pupils on SEN Support to prevent escalation of needs.

There has also been a project taking place with 'Whole School SEND' regarding the data collection in schools and all school settings have been asked to complete a document about their SEN Support cohort, their strengths, areas for development and Quality First Teaching, along with specific data. This work continues and we are hoping to work with 'Whole School SEND' as part of a DfE project on data collection.

We have robust data and intelligence relating to EHC needs assessments and advice. The local authority is facing a rising trend of demand for SEND services at a time of rising financial pressures. Demand is predicted to both change and increase exponentially post Covid-19 against an existing rising trend of need. This will lead to a step-change increase in demand for services in 2020/21. The aim of our 'Access to SEND Services 2020/21' work is to strengthen our understanding and approach to increasing levels of demand on SEND services and to identify and implement practical strategies to ensure effective access to SEND services for those children and young people who will benefit most from them with improved support at SEN support level.

### Key Priorities for the next 12 months:

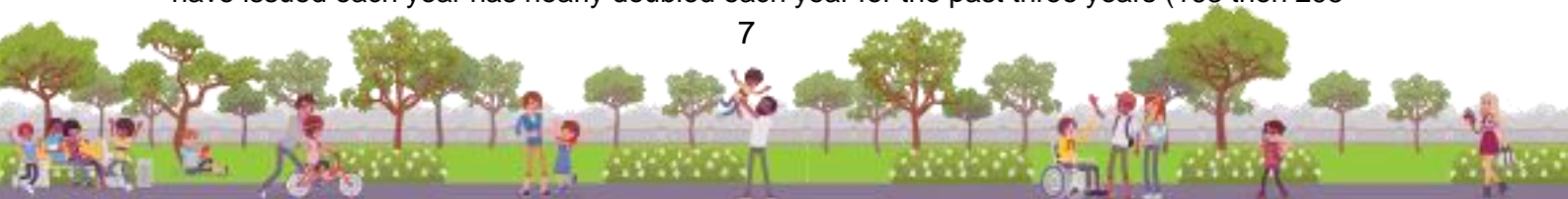
- Managing increasing demand and reinforcing SEN Support in settings through our 'Access to SEND Services' strategy.
- Developing a strong multi-disciplinary team approach to establish criteria for possible de-escalation of needs.

"The Inclusion Quality Team are a dedicated Team determined to support the best outcomes for SEN pupils across Cheshire East during very challenging times. The workshops that I have attended during the conference led by Inclusion Team members have been inspiring and useful e.g. Provision Mapping, SMART targets, annual Review process"

**Anonymous feedback, February 2020**

## Timeliness, Quality and impact of Education, Health and Care assessments and plans

As at 1 November 2020, 2,879 children and young people had an EHC Plan. The number of EHC Plans continues to rise; the number has risen by a third in just two years with 422 more EHCPs at the above date as compared to one year earlier. The number of new plans that we have issued each year has nearly doubled each year for the past three years (163 then 295



then 521). It is forecast to be over 600 for the current year. There continues to be a significant number of new cases for children aged under 5, meaning we are identifying and meeting children's needs at an earlier age, although there has been growth in requests for new plans from all age bands below 20 years old.

Since our SEND Inspection in 2018, we have continued to decrease the number of ongoing EHC needs assessments over 20 weeks, and to increase the timeliness of advice and the number of EHC needs assessments that were completed within the 20-week timescale. The number of EHC needs assessments over 20 weeks has decreased significantly, with only 1 assessment over 20 weeks as at 8 January 2021 compared to 180 assessments on 17 December 2018.

There has also been a significant decrease in the average time to complete an EHC needs assessment. Following our 2018 SEND inspection, our average time reduced from 35.8 weeks in our WSoA (May 2018) with our current performance at 20.4 weeks in December 2020. This represents a significant improvement in our performance from our WSoA levels.

Timeliness of advice has also continued to improve since our 2018 SEND Inspection. There has been a significant and sustained increase in the percentage of health advice submitted within 6 weeks, going from 37% in our WSoA (May 2018) to 95% in November 2020 and 94.4% in December 2020. This has remained above 83% throughout 2020, despite the ongoing impact of the Covid-19 pandemic on our health services. We have also successfully managed the impact of Covid-19 on our Educational Psychology (EP) service, and from October 2020, we had no current assessments awaiting advice from our EP service for over 6 weeks for the remainder of 2020.

Whilst we recognise that there is more work to do to further increase satisfaction rates, progress since the 2018 SEND Local Area Inspection is demonstrable when the January 2020 online parent carer survey results are compared with the results from the 2018 inspection webinar - where only 20% of parent carers felt that their child's needs had been identified, only 12% felt their child's needs were being met and only 34% of parent carers felt involved in the assessment.

In our parent carer survey carried out in January 2020:

- 57% of parent carers that took part said they felt involved in making decisions about the EHC Plan and about how best to support their child/young person.
- When asked how satisfied or dissatisfied they were that their views and those of their child/young person were taken into account during the last review of their EHC Plan, 67% of parent carer participants said they were very or fairly satisfied.
- 56% of parents were very or fairly satisfied that their child/young person's EHC Plan accurately describes their needs and how their needs should be met. For more recent plans (where the EHC plan was finalised in 2019) this increased to 67%.





In February 2020, a telephone survey was carried out with a sample of parent carers whose child had recently had a new EHC Plan finalised:

- over half of respondents (65%) were satisfied with the EHC needs assessment process overall.
- 88% agreed that the EHC Plan included all the relevant information, including strengths and needs
- 88% agreed that the EHC Plan was easy to understand
- 82% agreed that they could see themselves and the child in the EHC Plan
- 76% agreed that we explained the needs assessment process clearly
- 76% agreed that the process was child centred
- 71% agreed that their views and opinions were considered.

The number of complaints received relating to EHC needs assessments and EHC Plans within 12 month periods has shown an overall reduction when compared to our performance at the time of our WSoA – with a reduction from 110 complaints in the 12 months prior to 1 May 2018 to 81 complaints in the 12 months prior to 1 December 2020. The number of appeals registered with the First-Tier Tribunal has declined since the start of 2020 – going from 38 appeals in the 12 months prior to 1 April 2020 to 18 in the 12 months prior to 1 December 2020.

The SEND Team is now receiving very constructive feedback from parents and carers in a positive way that shares their experiences and helps us to shape the service. We are also receiving more compliments relating to SEND services than we have previously.

### Key Priorities for the next 12 months:

- Fully embedding our Quality Assurance Framework and processes to embed consistently good quality practice.
- Further embedding working TOGETHER and co-production as a continual way of working throughout the EHC needs assessment process and across the SEND Partnership.

“I felt [SEND Keyworker] had great understanding and took on board everything I raised with her, making suggestions or offering advice. I would not hesitate to contact her again, if needed, to ask advice now the plan is in place. I have had a positive experience with the SEND team so far and appreciate the help and support I have received.

**Feedback from a Parent/Carer, August 2020**

“It was only a pleasure to deal with such a wonderful keyworker [name] and her knowledge. She went out of the way to assist me and communicate with me each step of the process what an asset you have a jewel to have in your team. The whole process is daunting and she made me feel at ease and comfortable and take the fear out of the process.”

**Anonymous feedback, November 2019**



“We were kept up to date about progress and the time frame we could expect. The Plan is clear and the changes that were made to the draft were an improvement and were also explained to us. We had the chance to comment before the text was finalised. All contact with the SEND team has been friendly and professional, with prompt responses and help available in case we needed it. Thank you!”

**Feedback from a Parent/Carer, November 2020**

“I would like to feedback that [SEND Keyworker] has been a breath of fresh air as our case officer. She is very personable and understanding as well as being good at prioritising and being efficient. It makes such a difference when we can work together so well and so it doesn't become a battle but a constructive professional relationship. It's so easy for schools to criticise the local authority and so I wanted to give this feedback at the start of what will be an interesting academic year.

**Feedback from a SENCO, September 2020**

## Annual Reviews of EHC Plans

Processing annual reviews of EHC Plans was not taking place in a timely enough manner, and there was not a robust process for monitoring the timeliness of review meetings. To address this in processing new reviews, and to support processing of overdue reviews, we have carried out the following actions:

- An Annual Review Working Group was established, which included representatives from our parent carers, with a focus on developing and producing a standardised process, developing further guidance on the Annual Review Process and Meetings, producing web text for the Local Offer, and developing refreshed training.
- New Advice templates have been developed for Annual Reviews to ensure all information required is collated through the review process and information gathered from children, young people and parents, carers, or family members, is consistent between new EHC assessments and Annual Reviews.
- Throughout the last year we have sent updates to all settings, professionals, and families to ensure they are kept up to date with developments within the SEND Team.
- We have increased team capacity to process both annual reviews and new EHC needs assessments with the expansion of the SEND Team to include permanent Plan Writers and additional SEND Keyworkers.
- SENCOs have been supported with training on Annual Review processes, writing SMART outcomes, and use of our case management system and our Toolkit for SEND, which is helping to support improvements in quality.



### Key Priorities for the next 12 months:

- Funding has been approved for another increase in capacity within the SEND Team to support improvements in annual review timescales and sustain timeliness of new needs assessments.
- Continuing the development of the Power BI recording and monitoring system.
- Continuing training to all schools in the use of LiquidLogic to reduce the number of paper-based review paperwork we receive.
- Annual Review training sessions will be built into the new induction training programme for new members of staff to retain consistent, high-quality practice.

"It's great to be able to talk openly and with shared understanding with us parents, my son, teachers and professionals at the EHCP reviews to ensure my son is getting the help he needs."

**Feedback from a Parent/Carer, July 2019**

"Communicating with the SEND EHCP Interim Annual Review team re updating the EHCPs for my sons following their Annual Reviews. [SEND Keyworker] and [SEND team admin] were very efficient in keeping me informed on progress. [SEND Keyworker]'s professional input and friendly manner were much appreciated, and we managed to sort out finalising the amended EHCPs in quick turnaround."

**Feedback from a Parent/Carer, June 2020**

## ASD timeliness and pathways

In April 2020, the four Cheshire CCGs merged to form NHS Cheshire CCG. Despite the impact of the Covid-19 pandemic, work to implement and embed the single integrated and co-produced Autism assessment model/ pathway has continued.

Recurrent funding for the 0-4 multi-disciplinary team in the Eastern Cheshire area has continued, which means that, where required, Autism assessments are available to all children and young people aged 0-25 across Cheshire East. The CCG has invested in assessment services to bring waiting times in line with the three-month guideline recommended by the National Institute for Health and Care Excellence (NICE).

As a result, waiting times for diagnosis fell by 80% in one year despite a large rise in referrals. In October 2018 there were 478 children and young people waiting for an Autism assessment across Cheshire East with the longest wait being 104 weeks (almost 2 years). At the end of September 2020 there were only 15 children and young people waiting longer than 12-weeks in the Eastern Cheshire area.

Our All-Age Autism Strategy for Cheshire East (which was informed by a revised All-Age Autism Joint Strategic Needs Assessment (JSNA)) is now in place and work to deliver on the priorities is ongoing.



The local Third Sector charities commissioned to provide additional pre and post diagnosis support and training for the parents or carers of children diagnosed with Autism, or on the Autism assessment pathway, continue to operate successfully.

We have recently evaluated, reviewed and widened the programme to ensure there are more courses available for children, young people and adults with Autism (including widening social groups where attendance has doubled since the programme began).

Training support for staff (health, education and social care sector) has also been reviewed. More work needs to be done to review and align the offers available across Cheshire, where it makes sense to do so. A two-day accredited training course was commissioned for 15 professionals from across Cheshire East in standardised Autism assessment (ADOS), including the 'toddler module', to ensure that we have enough staff trained to deliver the new assessment pathway both now and in the future.

The Autism Resource Provision in one of our High Schools (Wilmslow High) has won two national awards in the last 12 months, including 'Inspirational Educational Provision (secondary and further)' at the Autism Professional Awards run by the National Autistic Society (two staff members in the assessment team were also nominated by parents for these awards) and the Nasen Award for Secondary Provision.

### Key Priorities for 2021:

- Ensuring timescales are maintained and improvements sustained, supporting the increase in virtual assessments as well as supporting young people and parents by ensuring safe clinic areas should a face to face assessment be required.
- Learning from the adapted ways of working and feedback from parents, carers, children and young people to utilise good ideas to take forward.
- Increasing speech and language support across providers and the coordination function across the whole of Cheshire East.
- Progressing with the prevention of crisis pathway and links with the Dynamic Support Database.
- Learning and embedding revised CETR process following a regional review.
- Continuing to deliver on the priorities and actions within our All-Age Autism Strategy.

### Preparing for adulthood

Since our previous SEND inspection in March 2018 we have focused on improving the range and quality of our offer, and the information and advice available, for young people when preparing for adulthood. There are pockets of excellent Preparing for Adulthood (PfA) practice within services and examples of positive outcomes for young people - for example, two young people who have completed supported internships have gained paid employment.

There is strong multi-agency partnership working, commitment and excellent engagement from the Cheshire East Parent Carer Forum on PfA.





The Youth Support Service Participation Workers are supporting the proactive involvement of young people across children's services and increasing working TOGETHER with young people. There are three large Further Education colleges in the local footprint, along with special schools, a large training provider and a large range of community providers, which means that young people have a range of choices.

There are staff throughout the SEND Partnership with specialist knowledge in Preparing for Adulthood. To extend this and improve the knowledge, skills and confidence of staff across the SEND Partnership, we have developed a **PfA e-learning module** for Local Authority and health staff that work with children or young people with SEND. This was launched in November 2020, and by December 2020 78 staff had completed this training. The module covers involving young people in decision making, legislation, roles and responsibilities, and potential pathways. Initial feedback from professionals has been very positive. We are currently looking at access to this module for our foster carers, and are working with our Parent Carer Forum to consider how we could potentially adapt the module for parents and carers.

We have updated the post-16 section of our **Local Offer for SEND** in order to facilitate improved access by both families and professionals to information on available PfA options.

Our previous SEND inspection highlighted a lack of awareness around Supported Internships, and we have worked hard since then to increase the range and awareness of our **Supported Internship (SI) offer**. There were 37 SI places in 2019/2020 compared to 19 in 2018/19, giving a 94% increase on last year's cohort. In 2019/20, SI placements also increased from two providers to five providers all offering bespoke SI programmes - with one additional provider launching their SI provision in 2020/21, which will thereby give a total of 6 SI Providers. Outcomes for young people are good. Out of the 3 new SI Providers launched in 2019, 30% of interns have already secured paid work, with 4 months still remaining on their programme.

**SEND Ignition** explores a variety of different options for young people when they leave education and prepare for adulthood. We have delivered three sessions across the county and have trained facilitators from multi-agency services in order to roll out this approach over the coming 12 months. SEND Ignition is a person-centred approach with young people and parent carers undertaking live planning with a complete range of commissioners, providers and partners who all become invested in listening to the voice of the child and building a better offer for 16-25 year olds.

### Impact of our changes

The following provides an example of the impact of our PfA improvements for one local young person. Due to the impact of Covid-19, one of our interns had not left his house for 6 months. He returned to his work placement at the beginning of September 2020. We completed a support plan and applied for additional job coach support through the DWP to support his transition back into the workplace. This intern has been fantastic and support has already significantly reduced. Conversations regarding paid work at the end of the SI have already started.



### Key Priorities for the next 12 months:

- Implementing our multi-agency PfA strategy through the 0-25 SEND Partnership
- Developing and piloting an Outcomes Framework for PfA which reflects a wide range of indicators in addition to educational outcomes.
- Improving the range and breadth of local provision for our young people and increasing the number of providers for those who are NEET (not in education, employment or training) or at risk of being NEET.
- Working with the NDTi to deliver specific, targeted PfA programmes and improvements

"I just wanted to let you know that I completed your e-learning module on the Learning Lounge yesterday and found it extremely useful. The way it had been put together in sections in a concise way made it much easier to understand and 'get my head round it all'. I really liked the mix of reading and videos and especially the questions at the end of each section which ensured that my understanding was correct. Well done."

**Feedback from a Sensory Inclusion Service Specialist, November 2020**

## Transitions

We wrote out to all parents and carers of children and young people in receipt of EHC Plans, in Year Groups Nursery 2 (N2), Year 6 (Y6) and Year 11 (Y11) asking them to ensure that they submitted their preferences of school for September 2021 by the end of October 2020. A review of the preferences took place to establish the demand for local mainstream, resourced and specialist provision. This will ensure that transition planning for children and young people, and their families, can take place in a timely manner.

SEND Managers have met with local maintained specialist provisions to identify the projected number of placements that will be available in Reception, Y7 and Y12 in September 2021.

SEND Managers have met with the Early Years Team to discuss the current N2 cohort and to establish workers' professional views around suitable provision. We have also been provided with information/data of children whose Nurseries are likely to submit EHC needs assessment requests for them during the Autumn Term (2020) and Spring Term (2021) so that these can be factored into the equation when decisions are made as appropriate.

We have liaised with colleagues in the Youth Support Service to ensure that Intended Destinations for all current Y11s are captured and recorded on our case management system. SEND Managers have also arranged meetings with local mainstream schools who have onsite resourced provisions, to discuss any preferences for resourced provision.

### Key Priorities for the next 12 months:

- Further strengthening transitions.
- Increasing local school places for our children and young people.



## Key Developments

### Educational Psychology Service Development

A full-service appraisal of the Educational Psychology service has been undertaken and key areas for delivery and improvement have been identified and implemented. Remodelling of the team resulted in recruitment of an additional Senior Educational Psychologist to oversee supervision and support the team, plus the development of a new post has seen recruitment to 3 Assistant Educational Psychologists and an increase in locums in order to continue to support the improved and sustained timeliness of new EHC needs assessments.

The SEN Statutory Framework continues to be a core function of the Educational Psychology Service. A new allocation and case management tracking system has been implemented and has resulted in a positive impact on the timeliness for advice from the Educational Psychologist (EPs). Progress was seen in the reducing the number of requests awaiting advice for over 6 weeks from EPs at the beginning of 2020 (going from a peak of 50 assessments in October 2019 to only 7 assessments at the beginning of April 2020). On 16 October 2020, there were no advice requests over 6 weeks.

Work to develop a traded EP service to work preventatively, enhance teaching and learning, and build capacity within schools to support positive change and reduce the volume of EHC needs assessments received into the service has been a focus over the summer. The launch of the traded service will focus on Emotional Literacy Support Assistant training, Emotion Coaching and Restorative Approaches training and aims to launch in January 2021.

### Key Priorities for the next 12 months:

- Continue to build on and sustain timeliness of EP advice.
- Work with schools to reduce the volume of EHC needs assessment requests.
- Embed a traded service to deliver focused training and early intervention to schools.
- Strengthen the consultation process to a multi-agency approach across SEND to support schools.

"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."

**Feedback from a Parent/Carer, February 2020**

### Attendance

SEND children missing out on education have been identified, and joint work across the SEND Team and Attendance Service has taken place to increase the attendance of children attending specialist provision.

We employed six tutors to support SEND students who are struggling to access education with a high rate suffering with high anxiety and mental health issues. The team has continued to





provide educational support for all children throughout the pandemic by utilising online platforms, telephone and the delivery of work packs and resources.

Elective Home Education (EHE) advisors continue to challenge off rolling if identified in their initial contact with children and families. This has resulted in children being put back on school rolls and support put in place to ensure the child is supported to transition back into school.

Targeted work with the children out of school team and SEND ensured the SEND children were well prepared to return to education in September 2020. This involved:

- Developing example letters for schools to send to all parents with a child with an EHC Plan to reassure them all measures have been taken to ensure school is safe and the main focus will be their welfare and supporting them to return to school. This resulted in good attendance with 87% pupils with an EHC Plan attending school in September 2020.
- In August 2020, we issued a Principles of Attendance document to all schools advising that support would be required for some children with EHC Plans to help them back into school after a long period away.
- The children out of school team liaised regularly with SEND locality leads to discuss attendance and support for children with EHC Plans.
- Education Family Support Workers have worked alongside SEND keyworkers to improve attendance and support transition to new school provision.
- SEND tutors have continued to educate and work with students at home over lockdown. Working remotely resulted in an increase in engagement, with over 50% of learners' engagement increasing. This learning will be taken forward into our future service development.

### Key Priorities for the next 12 months:

- Continuing to target work to improve the percentage of Special School pupils with less than 90% attendance.
- Ensuring schools are notifying the children out of school team early if patterns of decreased attendance emerge so we can support early intervention.
- Building additional resources into the tuition team to support any SEND children out of education.

"SEND Tuition service provide an exemplary service and represent a high-quality provision which I think is one of the shining lights of Cheshire East Local Authority. The tutors that I've worked with are well organised, build excellent relationships with the students and their families, are passionate about education and reengaging students, they deliver varied and high-quality lessons but most of all they care about each student. This team is well led by a highly thought of manager who never gives up on the students in her care."

**Feedback from a SENCO, November 2020**



## SEND Sufficiency and Capital

Since 2017, we have planned investment into additional SEN places in specialist provision through the use of our SEND Sufficiency Statement and Three-Year Provision Plan. Outcomes from this work to date has seen increases in SEN provisions in the following schools:

- Shavington Primary – new 12 place Resource Provision
- Park Lane Special School – agreed new building to increase capacity from 82 up to 126
- Springfield Special School – completed new building to increase capacity from 132 up to 170
- Axis Special School – successful Wave 12 bid developing new provision for up to 48 learners
- Puss Bank Primary – new Key Stage 2 Resource provision building for an additional 7 learners.

We continue to commission places other than our state funded schools. The recent opening of Lavender Fields School in Crewe has allowed for additional commissioning capacity at a local level thus reducing travel times for some learners.

There is real evidence of impact to increase localised SEN provision across our school's estate which is based upon robust trend analysis. More of our SEN learners now attend localised provisions with new Special schools and Resource Provisions coming online. Whilst demand for specialist places increases, travel times of 45 mins or more have not increased which is critical to minimise 'lost time' via transport. The development of new provisions called enhanced mainstream provisions has been monitored and seen to be effective through pilot schemes and this will now form part of our future planning provision. The careful planning of future needs has also helped to shape our future capital investment and shaping of specialist SEN teams.

### Key Priorities for the next 12 months:

- Implementing the revised SEN Sufficiency and Provision Plan.
- Expanding the enhanced mainstream provision programme to more schools.
- Continuing to achieve best value for money in the use of independent schools through robust commissioning.





**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
**Reports Cover Sheet**

<b>Title of Report:</b>	Delaying the refresh of the Cheshire East Pharmaceutical Needs Assessment
<b>Date of meeting:</b>	23 <sup>rd</sup> March 2021
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Dr Matt Tyrer

**Executive Summary**

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision X
<b>Why is the report being brought to the board?</b>	The Health and Wellbeing Board is required to ensure a Pharmaceutical Needs Assessment is published and updated on a regular basis.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above X		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness X Accessibility X Integration <input type="checkbox"/> Quality X Sustainability X Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	That the Cheshire East Health and Wellbeing Board agree to the postponement of a revised Pharmaceutical Needs Assessment for a period of 12 months.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		

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

## 1 Report Summary

- 1.1 The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require Health and Wellbeing Boards to publish and keep updated, a Pharmaceutical Needs Assessment (PNS) for their area.
- 1.2 The current Cheshire East PNA was published in 2018 <https://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/cheshire-east-pna2018-final.pdf> and is due for renewal in 2021. However, COVID pressures on the Public Health Team and the Pharmacy profession require this to be delayed.
- 1.3 The Department of Health and Social Care has announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022.

## 2 Recommendations

- 2.1 That the Cheshire East Health and Wellbeing Board agree to the postponement of a revised Pharmaceutical Needs Assessment for a period of 12 months.

## 3 Reasons for Recommendations

- 3.1 Following guidance from the Department of Health and Social Care it is advised that there is no capacity in the system currently to undertake revisions to the PNA.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Not applicable.

## 5 Background and Options

- 5.1 The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:
  - A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
  - A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);

- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

5.2 Because the PNA development goes through an extensive engagement and formal consultation process, a PNA is likely to take in excess of 6 months to prepare, and the process can take up to a year or even more. The service demands placed upon the Public Health Team and the Pharmacy profession in dealing with the COVID pandemic mean that the capacity to review the PNA this year is not available.

5.3 Recognising this and that Pharmaceutical Needs Assessments are due to be renewed in 2021, the Department of Health and Social Care has announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022. Health and Wellbeing boards will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course.

5.4 The current Cheshire East PNA is published on the Council website and will remain 'live' over the next twelve months. Plans will be put in place to begin the work on the refresh of the PNA from June onwards, if the COVID 19 response requirements have reduced and created capacity to undertake the work.

## **6 Access to Information**

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

Name: Guy Kilminster

Designation: Corporate Manager, Health Improvement

Tel No: 07795 617363

Email: [guy.kilminster@cheshireeast.gov.uk](mailto:guy.kilminster@cheshireeast.gov.uk)

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**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
**Reports Cover Sheet**

<b>Title of Report:</b>	Terms of Reference Update
<b>Date of meeting:</b>	23 <sup>rd</sup> March 2021
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	N/A

**Executive Summary**

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To agree changes to the wording of the Terms of Reference required by recent personnel changes and the forthcoming introduction of the Council's new Committee System.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To consider and agree the proposed changes to the wording of the Health and Wellbeing Board's Terms of Reference, to allow for consideration by Staffing Committee and endorsement by Council, in preparation for the new Committee system being introduced later in the year.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		



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

## **1 Report Summary**

- 1.1 Recent changes within the Council's senior management team and the forthcoming introduction of the new Committee decision making system later in the year, requires changes to the wording of the membership section of the Health and Wellbeing Board's Terms of Reference (ToR).
- 1.2 The report summarises the proposed changes to the ToR and seeks the agreement of the Board to those changes. The draft Revised ToR are attached as Appendix One.

## **2 Recommendations**

- 2.1 That the Board consider and agree the suggested amendments to the ToR.
  - 2.1.1 That the Acting Director of Adult Social Services be included as a core voting member of the Health and Wellbeing Board and the Interim Director of Children's Services a core non-voting member.
  - 2.1.2 That the wording regarding the nomination of Councillors to sit on the Health and Wellbeing Board be amended as shown in paragraph 5.1 of the ToR
  - 2.1.3 That the amended references to the naming of the Scrutiny Committee in paragraph 4.6 of the ToR be accepted.

## **3 Reasons for Recommendations**

- 3.1 To ensure the ToR are fit for purpose as the Council introduces changes to its senior management team and a new decision-making structure.

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

- 4.1 N/A

## **5 Background and Options**

- 5.1 The Cheshire East Health and Wellbeing Board's Terms of Reference are usually reviewed at the Annual General Meeting every two years. They were last reviewed in 2020 so are not due for review until next year, 2022. However recent senior management personnel changes and the forthcoming introduction of the Committee System impacts upon the membership section (paragraph 5.1) of the current ToR and thus require these to be updated.

- 5.2 With the departure of the Executive Director of People (Mark Palethorpe) an interim arrangement has been put in place to cover the roles of Director of Adult Social Services (DASS) and the Director of Children's Services (DCS).
- 5.3 The existing ToR include the post of Executive Director of People as a core voting member of the Board and acting as both the DASS and DCS. These two posts are both required to be members of a Health and Wellbeing Board by the Health and Care Act 2012, the legislation that set out how the Boards would function. The Council's interim arrangements to cover these posts are for two separate post holders, Jill Broomhall as Acting Director of Social Services and Ged Rowney as Interim Director of Children's Services.
- 5.4 It is proposed that whilst these interim arrangements are in place the DASS is added as a Core Voting Member of the Board and the DSC as a core non-voting member. If both were added as voting members the voting balance on the Board would be weighted in favour of the Council.
- 5.5 With regard to the implications of the introduction of the Committee system, these impact upon the membership of Councillors on the Board. The current Terms of Reference state that the Leader of the Council will nominate the three Councillors who will join the Board. This will not be possible under the new arrangements.
- 5.6 It is therefore proposed to simplify the wording and state that three councillors will be nominated by Cheshire East Council, leaving the Council to determine how those Councillors are selected.
- 5.7 Further changes to membership may be required when the Council's new permanent senior management arrangements are finalised and the outcomes of the changes to NHS organisations brought about by the NHS 'Integration and Innovation' White Paper are concluded.
- 5.8 A change to the wording in paragraph 4.6 of the ToR has been made to reflect the new Scrutiny Committee arrangements that are being introduced.
- 5.9 If accepted by the Board, the proposed changes will be taken before the Constitution Committee and then the Council for sign off as required by the Council's Constitution.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:  
Name: Guy Kilminster  
Designation: Corporate Manager Health Improvement  
Tel No: 07795 617363  
Email: [guy.kilminster@cheshireeast.gov.uk](mailto:guy.kilminster@cheshireeast.gov.uk)

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## Cheshire East Statutory Health and Wellbeing Board

### Terms of Reference August 2020

#### 1. Context

- 1.1 The full name of the Board shall be the Cheshire East Health and Wellbeing Board. (CEHWB)
- 1.2 The CEHWB was established in April 2013.
- 1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).
- 1.4 For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

#### 2. Purpose

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence based focus on improved outcomes and reducing health inequalities.
- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- To be a forum that enables member organisations of the Board to hold each other to account for their responsibilities for improving the health of the population
- To assist in fostering good working relationships between commissioners of health-related services and the CEHWB itself.
- To assist in fostering good working relationships between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- To undertake any other functions that may be delegated to it by the Council under section 196(2) of the Health and Social Care Act 2012.

Such delegated functions need not be confined to public health and social care.

- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

### **3. Roles and Responsibilities**

- 3.1 To work with the Council and CCG effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- 3.2 To work within the CEHWB to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
- 3.3 To participate in CEHWB discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
- 3.4 To champion the work of the CEHWB in their wider work and networks and in all individual community engagement activities.
- 3.5 To ensure that there are communication mechanisms in place within partner organisations to enable information about the CEHWB's priorities and recommendations to be effectively disseminated.
- 3.6 To share any changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the CEHWB to consider the wider system implications.

### **4. Accountability**

- 4.1 The CEHWB carries no formal delegated authority from any of the individual statutory bodies.
- 4.2 Core Members of the CEHWB have responsibility and accountability for their individual duties and their role on the CEHWB.
- 4.3 The CEHWB will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.
- 4.4 The Council's Core Members will ensure that they keep Cabinet and wider Council advised of the work of the CEHWB.
- 4.5 The CEHWB may report and be accountable to Full Council and to the relevant Governing Body of the NHS Clinical Commissioning Group by ensuring access to meeting minutes and presenting papers as required.

- 4.6 The CEHWB will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East ~~Health and Adult Social Care Overview and Scrutiny Committee and in respect of children's health, the Children and Families Overview and Scrutiny Committee~~. Decisions taken and work progressed by the CEHWB will be subject to scrutiny by ~~the Health and Adult Social Care Overview and~~ that Scrutiny Committee.
- 4.7 The CEHWB will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The CEHWB is supported by an Engagement and Communications Network across HWB organisations to ensure this function can operate successfully.

## 5. Membership

- 5.1 The Core membership of the CEHWB will comprise the following:

Voting members:

- **Three** councillors from Cheshire East Council
- The ~~Executive Director of People (Director of Adult Social~~ Services Care and Director of Children's Services)
- The Director of Public Health
- A local Healthwatch representative
- Two representatives from the Cheshire Clinical Commissioning Group
- Two representatives from the Cheshire Integrated Care Partnership
- The Chair of the Cheshire East Place Partnership

Non-voting members:

- The Chief Executive of the Council
- The Director of Children's and Families
- A nominated representative of NHS England / NHS Improvement

The councillor membership of the CEHWB ~~(the three core voting members) will be determined by Cheshire East Council. is nominated by the Leader of the Council. The Leader can be a member of the CEHWB as one of the three councillors who are voting members.~~

- 5.2 The Core Members will keep under review the Membership of the CEHWB and if appropriate will make recommendations to Council on any changes to the Core Membership.
- 5.3 The above Core Members <sup>1</sup> through a majority vote have the authority to appoint individuals as Non-Voting Associate Members of the CEHWB. (Committee Procedure Rule 20.1 refers). The length of their membership will

<sup>1</sup> Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section 104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards

be for up to one year and will be subject to re-selection at the next Annual General Meeting “AGM” of the CEHWB. Associate Members will assist the CEHWB in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the CEHWB.

5.4 The above Core Members <sup>2</sup> through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate Members of the CEHWB. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting “AGM” of the CEHWB.

5.5 Each Core Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Core Members.

## **6. Frequency of Meetings**

6.1 There will be no fewer than four public meetings per year (including an AGM), usually once every three months as a formal CEHWB.

6.2 Additional meetings of the CEHWB may be convened with agreement of the CEHWB’s Chairman.

## **7. Agenda and Notice of Meetings**

7.1 Any agenda items or reports to be tabled at the meeting should be submitted to the Council’s Democratic Services no later than seven working days in advance of the next meeting. Generally, no business will be conducted that is not on the agenda.

7.2 Any voting member of the Board may approach the Chairman of the Board to deal with an item of business which the voting member believes is urgent and under the circumstances requires a decision of the Board. The Chairman’s ruling of whether the requested item is considered / tabled or not at the meeting will be recorded in the minutes of the meeting.

7.3 In accordance with the Access to Information legislation, Democratic Services will circulate and publish the agenda and reports prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.

## **8. Annual General Meeting**

8.1 The CEHWB shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core voting Members present at the meeting.

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<sup>2</sup> Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section 104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards



*As approved on behalf of Council August 2020 (by Urgent Decision Notice)*

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- 8.2 The CEHWB will approve the representative nominations by the partner organisations as Core Members.

## **9. Quorum**

- 9.1 Any full meeting of the CEHWB shall be quorate if there is representation of any three of the following statutory members: –the relevant NHS Cheshire CCG(s), Local Health Watch, a Councillor and an Officer of Cheshire East Council.
- 9.2 Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

## **10. Procedure at Meetings**

- 10.1 General meetings of the CEHWB are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time Session. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.
- 10.2 The Council's Committee Procedure Rules will apply in respect of formal meetings subject to the following:-
- 10.3 The CEHWB will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.
- 10.4 Core Members are entitled to speak through the Chairman. Associate Members are entitled to speak at the invitation of the Chairman.
- 10.5 With the agreement of the CEHWB, subgroups can be set up to consider distinct areas of work. The subgroup will be responsible for arranging the frequency and venue of their meetings. The CEHWB will approve the membership of the subgroups.
- 10.6 Any subgroup recommendations will be made to the CEHWB who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.
- 10.7 Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

## **11. Expenses**

- 11.1 The partnership organisations are responsible for meeting the expenses of their own representatives.
- 11.2 A modest CEHWB budget will be agreed annually to support engagement and communication and the business of the CEHWB.

## **12. Conflict of Interest**

- 12.1 In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all CEHWB Members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest.
- 12.2 In the case of non pecuniary matters Members may remain for all or part of the meeting, participate and vote at the meeting on the item in question.
- 12.3 In the case of pecuniary matters Members must leave the meeting during consideration of that item.

## **13. Conduct of Core Members at Meetings**

- 13.1 CEHWB members will agree to adhere to the seven principles outlined in the CEHWB Code of Conduct when carrying out their duties as a CEHWB member [Appendix 1].

## **14. Review**

- 14.1 The above terms of reference will be reviewed every two years at the CEHWB AGM.
- 14.2 Any amendments shall only be included by consensus or a simple majority vote, prior to referral to the Corporate Policy Constitution Committee and Council.

January 2017

Revised July 2019

Revised August 2020

Revised March 2021

## **Definition**

### **Exempt Information**

*Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to "the authority" were references to "CEHWB" or any of the partner organisations.*

### **Confidential Information**

*Information furnished to, partner organisations or the CEHWB by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.*

### **Conflict of Interest**

*You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;*

- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*

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- A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.

### **Associate Members**

Associate Member status is appropriate for those who are requested to chair sub groups of the CEHWB.

### **Health Services**

Means services that are provided as part of the health service.

**Health-Related Services** means services that may have an effect on the health of individuals but are not health services or social care services.

### **Social Care Services**

Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970)

## **Appendix 1**

# **CEHWB Member Code of Conduct**

## **1. Selflessness**

Members of the Cheshire East Health and Wellbeing CEHWB should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

## **2. Integrity**

Members of the Cheshire East Health and Wellbeing CEHWB should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a CEHWB member

## **3. Objectivity**

In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing CEHWB should make choices based on merit and informed by a sound evidence base

## **4. Accountability**

Members of the Cheshire East Health and Wellbeing CEHWB are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

## **5. Openness**

Members of the Cheshire East Health and Wellbeing CEHWB should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the CEHWB. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

## 6. Honesty

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Members of the Cheshire East Health and Wellbeing CEHWB have a duty to declare any private interests relating to their responsibilities and duties as CEHWB members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing CEHWB

## 7. Leadership

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Members of the Cheshire East Health and Wellbeing CEHWB should promote and support these principles by leadership and example

## Health and Wellbeing Board Principles and Behaviours

The Cheshire East Health and Wellbeing Board Partners shall work together to achieve the objectives of the Cheshire East Health and Wellbeing Strategy and The Cheshire East Place Partnership Five Year Plan. The Board shall:

- (a) Collaborate and work together on an inclusive and supportive basis, with optimal use of their individual and collective strengths and capabilities;
- (b) Engage in discussion, direction setting and, where appropriate, collective agreement, on the basis that all the Partners will participate where agreed proposals affect the strategic direction of the Health and Wellbeing Board and/or of Services, and in establishing the direction, culture and tone of the work and meetings of the Board;
- (c) Act in the spirit of partnership in discussion, direction setting and, where appropriate, collective agreement making;
- (d) Always focus upon improvement to provide excellent Services and outcomes for the Cheshire east population;
- (e) Be accountable to each other through the Board by, where appropriate, taking on, managing and accounting to each other in respect of their financial and operational performance;
- (f) Communicate openly about major concerns, issues or opportunities relating to the Board;
- (g) Act in a way that is best for the delivery of activity to drive forward the Five Year Plan, and shall do so in a timely manner and respond accordingly to requests for support promptly;
- (h) Work with stakeholders effectively, following the principles of co- design and co-production;