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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 25th January, 2022**
Time:	**2.00 pm**
Venue:	**The Ballroom, Sandbach Town Hall, High Street, Sandbach, CW11 1AX**

PLEASE NOTE –This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. It is advised that this only be removed when speaking at the meeting.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:
https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

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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 decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

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

1. **Apologies for Absence**

   To receive any apologies for absence.

For requests for further information
Contact: Karen Shuker
Tel: 01270 686459
E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

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 - 8)

To approve the minutes of the meeting held on 23 November 2021.

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

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

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

5. **Special Educational Needs and Disability (SEND) Update** (Pages 9 - 48)

To receive an update on the work of the Cheshire East 0-25 SEND Partnership and the development of the SEND Strategy, 2021-24.

6. **Director of Public Health Annual Report 2020/21** (Pages 49 - 72)

To receive and note the Director of Public Health Annual Report 2020/21.

7. **Test, Trace, Contain, Enable update**

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

8. **Cheshire East Place Partnership update**

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

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

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

Membership: L Barry, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), Dr P Kearns, T Knight, S Michael, Dr L O'Donnell, Councillor J Rhodes, Dr M Tyrer, C Watson, J Wilbraham, Dr A Wilson (Vice-Chair), Councillor J Clowes (Associate Non-Voting Member), P Crowcroft (Associate Non-Voting Member), C Hart (Associate Non-Voting Member), J Traverse (Associate Non-Voting Member), C Whitney (Associate Non-Voting Member) and D Woodcock (Associate Non-Voting Member)

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 23rd November, 2021 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes (Chair), Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Denise Frodsham, Cheshire East Integrated Care Partnership
Steven Michael, Cheshire East Health and Care Partnership
Dr Matt Tyrer, Director of Public Health
Clare Watson, Cheshire CCG

Non-Voting Members
Tom Knight, NHS England
Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members
Councillor Janet Clowes, Cheshire East Council
Christ Hart, Cheshire East Social Action Partnership
Caroline Whitney, CVS Cheshire East

Cheshire East Officers and Others
Dr Matthew Atkinson, Specialty Registrar in Public Health
Guy Kilminster, Corporate Manager Health Improvement
Karen Shuker, Democratic Services Officer
Andrew Turner, Public Health Consultant

ALSO PRESENT
Suzanne Edwards, Cheshire and Wirral Partnership Trust

26 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Sam Corcoran, Leader of the Council (Cheshire East Council), Dr Patrick Kearns (Cheshire East Integrated Care Partnership), Dr Andrew Wilson (Eastern Cheshire and South Cheshire CCG), Lorraine O'Donnell (Cheshire East Council), Superintendent Peter Crowcroft (Cheshire Constabulary) and Jayne Traverse (Cheshire East Council).

27 DECLARATIONS OF INTEREST

There were no declarations of interest.

28 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 7 September 2021 be confirmed as correct record.

29 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

30 **THE MENTAL HEALTH COMMUNITY TRANSFORMATION PROGRAMME**

The Board received a presentation from Suzanne Edwards, Director of Operations, Cheshire and Wirral Partnership. The presentation provided an overview of the Cheshire and Wirral Community Transformation Programme including the case for change, the aims of the Community Mental Health Framework, the 8 principles included in the Long-Term Plan for Mental Health, Governance, and funding.

RESOLVED:

That the presentation be noted.

31 **PHARMACEUTICAL NEEDS ASSESSMENT UPDATE**

The board considered a report in respect of the statutory requirement to publish a new Pharmaceutical Needs Assessment (PNA) by 1 October 2022. To ensure a practical approach and efficient production of the Pharmaceutical Needs Assessment delegation of day-to-day authority for the development of the assessment would be given to the Director of Public Health. As there was a requirement to sign off the Assessment at board level it was proposed that this would be brought to the Cheshire East Health and Wellbeing Board, following a period of consultation, in September 2022.

The board welcomed the report and felt that it would be helpful to understand more in respect of what pharmacies responsibilities were in relation to the pandemic.

A request for non-voting members of the board to receive a copy of the Pharmaceutical Needs Assessment was noted.

RESOLVED That:-

(1) the Health and Wellbeing Board approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health.

(2) the Health and Wellbeing Board approved the formation of a working group to steer the production of the revised PNA.
(3) the Health and Wellbeing Board noted that a final draft would be presented to the board in September 2022 for final sign-off and that a virtual sign-off was agreed as a contingency arrangement in case the September meeting was cancelled, or timing was not sufficient to meet publishing deadline of the 1st October 2022.
(4) the Health and Wellbeing Board noted that there was a cost implication (mostly staff time) in the production of the PNA.
(5) noted that the PNA regulations had not changed since the production of the last PNA in March 2018.
(6) noted that the PNA would be presented for endorsement by the Health and Wellbeing Board in September 2022. Due to the consultation requirement of 60 days and to enable the final draft to go through the council review process, it would not feasible to present the final draft for endorsement at an earlier meeting.

32 **BETTER CARE FUND END OF YEAR REPORT 2020-2021**

The Board considered a report on the performance of the Better Care Fund, including the Improved Better Care Fund in 2020/21.

The end of year report formed part of the monitoring arrangements for the Better Care Fund and included an overview of the schemes, the financial income and expenditure, metric performance, the impact of COVID-19 on commissioned services and the individual scheme performance.

RESOLVED:

That the Better Care Fund programme performance for 2020/21 be noted.

33 **BETTER CARE FUND PLAN 2021-2022**

The Board considered a report on the Better Care Fund Plan 2021-22 which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2021/22. A number of schemes had been identified and a rationale of how they would meet the needs and demands of the local care and health economy were presented.

RESOLVED:

That the Board endorsed the Better Care Fund schemes and associated expenditure outlined in paragraphs 5.11- 5.94 of the report.

34 **RURAL HEALTH INEQUALITIES**

The board received a presentation in respect of Rural Health Inequalities which included work being carried out collaboratively with North Yorkshire, OHID (formally Public Health England), and Age UK, looking at healthy

aging in rural communities. The report produced had identified issues such as social isolation, gaps in public transport provision, and loneliness for specific groups. Peer led services and work with the voluntary sector would support the different groups outlined.

Work already carried out such as the Council's Rural action plan, transport plan and economic strategy would be reviewed to help identify how this would affect older people in rural areas.

Next steps would include a workshop in the new year organised by OHID, and all board members would be invited. Departments in the Council which held data in respect of rurality would feed into the data gathering exercise. Planned meetings with the commissioning team would help inform future policies and decisions to include health and rurality within them.

The presentation was well received, and it was hoped that the work would feed into the wider work around Cheshire and Merseyside.

RESOLVED

That the presentation be noted.

35 **CHESHIRE AND MERSEYSIDE ICS MARMOT COMMUNITY PROGRAMME**

The Board were briefed on the progress at a Cheshire and Merseyside level on developing as a Marmot Community which would raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. This would be the priority for the new Cheshire and Merseyside Integrated Care Partnership when it was formed in April 2022.

The Marmot report's key policy objectives were outlined, and the board were informed that the Institute of Health Equity would be running workshops to help identify how working more effectively together would help tackle health inequalities.

RESOLVED That: -

(1) The Health and the Wellbeing noted the update on progress in Cheshire and Merseyside to become a Marmot Community.
(2) The Health and Wellbeing Board supported the proposal that the Marmot Community Programme in Cheshire East would be picked up by the Increasing Equalities Commission.

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

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system.

It was reported that since the last Health and Wellbeing Board there had been a spike in covid cases which had seen an increase to over 700 per 100,000 population, although this had recently fallen to around 400. Although there had been an increase in all age groups, the significant increase had been driven by the 10–14-year-old age group with numbers increasing over the last two weeks, following the return to school after half term.

There hadn't been many reports of workplace outbreaks which had been helped by the wearing of face masks and maintaining lateral flow testing.

Hospital admissions due to covid had flattened although there had been a higher rate in other respiratory diseases so emphasis on pushing the flu vaccination, covid vaccinations and covid booster programmes would be the message going forward.

There continued to be a good uptake in the vaccination programme and work continued in those areas where uptake was lower to try and bring rates up, alongside the vaccination programme for the younger age groups and the roll out of the booster programme for the over 40s.

There had been an increase in the rise of anti-vaccination activity and work continued with colleagues in the police. The communication strategy continued to be based around the behavioural insight work carried out, and there was an expectation that there would be some national guidance to tackle the misinformation being shared.

RESOLVED:

That the verbal update be noted.

37 **CHESHIRE EAST PLACE PARTNERSHIP UPDATE**

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

Work continued on the development of the strategic vision, with one of the challenges faced, being that organisations also had to approve it formally through their own governance structures. A meeting was scheduled for December to discuss with the chairs of the organisations and the chief executive to ensure governance decisions would be aligned.

At the previous meeting discussions were had around the Gateway Model which identified what capabilities would be required to deliver the strategy which was complex and required technical skills and expertise. This would help to develop an integrated business plan for place, including a 5-year financial model which would come back to the Health and Wellbeing Board and to the Health Scrutiny Committee.

Work around the governance vehicle needed post 1 April 2022 was underway and advice had been sought to understand whether a place-based committee or a joint committee would be required.

Discussions were underway to agree collectively how the health and wellbeing agenda would be led in Cheshire East including communication, accountabilities, responsibilities, vision, and leadership. The Board felt that there was a strong strategic approach and model in Cheshire East.

RESOLVED

That the verbal update be noted.

38 **CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE**

The Managing Director of Cheshire East Integrated Care Partnership provided a verbal update which included an overview of the work currently being undertaken in respect of what was being done to support each other coming out of covid and implementing services such as end of life fast track services, two-hour rapid response, telemedicine, long covid service and the vaccination programme.

The longer-term plan would look at care communities and the development of the cohesive Care Community model, developing an integrated workforce across providers using the transformation funding received.

RESOLVED

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.55 pm

Councillor J Rhodes (Chair)

Agenda Item 5

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Special Educational Needs and Disability (SEND) Update
Date of meeting:	25 January 2022
Written by:	Cheshire East 0-25 SEND Partnership
Contact details:	Mark Bayley, Chair of the Cheshire East 0-25 SEND Partnership
Health & Wellbeing Board Lead:	Deborah Woodcock, Director of Children's Services, Cheshire East Council

Executive Summary

Is this report for:	Information ☒	Discussion ☒	Decision ☐
Why is the report being brought to the board?	To keep the Board updated on progress with the work of the Cheshire East 0-25 SEND Partnership and the development of the SEND Strategy, 2021-24.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above ☒		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above ☒		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Members of Health and Wellbeing Board are asked to: a. Note the update relating to the SEND Strategy, 2021-24 and associated action plan at Appendix 1 b. Determine whether it wishes to receive an annual report on the progress being made against the vision, values and actions contained in the SEND Strategy.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The strategy has been considered by all key stakeholders, including senior managers within the council and Cheshire CCG and the council's Children and Families Committee.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	The strategy and action plan has been informed by feedback from a wide range of professionals across education, health and care and members of the public (including parent carers).
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	All improvements relating to SEND are focused on improving experiences and outcomes for Cheshire East children and young people with SEND, and their families.

1. Report Summary

1.1. This report updates the Health and Wellbeing Board on the Special Educational Needs and Disabilities (SEND) Strategy, 2021-24 and associated action plan.

2. Recommendations

2.1. Members of Health and Wellbeing Board are asked to:

a. Note the update relating to the SEND Strategy, 2021-24 and associated action plan at Appendix 1.

b. Determine whether it wishes to receive an annual report on the progress being made against the vision, values and actions contained in the SEND Strategy.

3. Reason 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 the development of the SEND Strategy, 2021- 24 and has the opportunity to provide relevant support and challenge to the 0-25 SEND Partnership around the implementation of the strategy.

4. Impact on Health and Wellbeing Priorities

4.1. This report focuses on the development of the SEND Strategy for the next three years 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. Our vision for children and young people with SEND is the same as for all children and young people - that they achieve well in all aspects of their lives and are happy, fulfilled and play an active role in their communities. For children and young people and their parents and carers, this means that their experiences will be of a system which is supportive of everyone and we ensure our resources and energy are applied efficiently. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents and carers will know what services they can reasonably expect to be provided. Children and young people and their

parents and carers will be fully involved in decisions about their support and what they want to achieve.

5.2. We have drafted a SEND Strategy as we come out of unprecedented times due to the COVID-19 pandemic. Children with disabilities and their families have experienced significant pressures from the impact of COVID on them and their support services. There are significant pressures on resources across the SEND system (including a high needs funding block under extreme pressure) and children and young people and their parents/carers expectations quite rightly remain high. This strategy will support us to ensure that we are well placed to meet this changing landscape.

5.3. Due to the energy, commitment and dedication of all parties involved in this work, we have already moved a long way towards achieving our aims, but we still have more to do to ensure that children and young people achieve their best possible outcomes.

5.4. Our SEND revisit in May 2021 by Ofsted and the Care Quality Commission scrutinised whether we had made sufficient progress in addressing the two areas of significant weaknesses identified at a previous inspection in 2018, which were:

- The timeliness, process and quality of education, health and care (EHC) plans; and
- Establishing an effective autism spectrum disorder (ASD) pathway and in reducing waiting times.

5.5. Inspectors found that, since their last visit, the timeliness, process and quality of EHC plans have been transformed, saying that by early 2020, almost every needs assessment was completed within the 20-week deadline, compared to less than one in six in 2018.

5.6. Regarding support for children and young people with autism, inspectors found that more children are starting nursery and school with their needs understood and met. Families have also been offered support and training, so they can better understand and support their child. In terms of waiting times, in 2018 more than 200 children and young people were waiting more than 12 weeks for their first assessment, but by March 2020, this had reduced to two weeks.

5.7. The improvements identified in our revisit and the feedback from inspectors to improve our communication with parents and carers surrounding our improvement journey is captured within this strategy. This will be monitored and scrutinised on a bi-monthly basis by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this strategy. Our Communications and Engagement strategy is also being updated to reflect the need to be a listening and proactive partnership.

5.8. It is important that the delivery of the priority actions from the previous SEND Strategy, and the momentum that has been achieved, is not lost as we move to a new SEND Strategy. A significant amount of improvement has been achieved over the last three years and as you would expect across SEND, many of the improvements require further ongoing attention to ensure they are fully embedded and monitored to ensure their positive impact is a reality for children, young people and their families. The SEND Partnership Board structures will continue to focus on the following areas:

- Improving the quality of EHC Plans. Ensure a clear focus on SEND outcomes, and on what impact support is having for children and young people and how this is supporting them to achieve their aspirations.

- Sufficiency of local, good quality SEN school places.
- Improvements in the timeliness and transparency of the autism assessment pathways from referral, first appointment, assessment to receiving an outcome. Ensuring a continued focus on the support provided pre and post diagnosis.
- Ensuring co-production is at the heart of all we do.

5.9. Taking account of the continued work described above, and the detailed actions contained in our all-age strategies for Autism, Mental Health and Learning Disability, the priorities for 2021 – 2024 have been split into three years to ensure that the workload is spread and everyone driving the improvements is clear on achieving positive impact for children and young people. The following five area will be our main focus for action over the next three years:

1. Improving communication and coproduction with families
2. Access to provision and support
3. Improve timeliness and quality of annual reviews of EHC plans
4. Effective and supported workforce
5. COVID-19 recovery

5.10. It is important to recognise everyone who has made, and is continuing to make, this Strategy a reality, including:

- all the children, young people, parents and carers who gave their time and energy, and honestly told us how it is
- our Education professionals, including SEND and specialist support teams, and staff within educational settings
- early help and social care professionals in Children and Adults' Services
- health professionals within the Clinical Commissioning Group and provider services
- All members of the 0-25 SEND Partnership Board and workstreams.
- A special thanks to the Cheshire East Parent Carer Forum for their engagement and detailed feedback on the drafting of the strategy.

6 Access to Information

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

Name:	Mark Bayley
Designation:	Acting Director of Education and 14-19 skills, Cheshire East Council and Chair of the Cheshire East 0-25 SEND Partnership Board
Tel No:	01606 271564
Email:	Mark.Bayley@cheshireeast.gov.uk

Cheshire East Special Educational Needs and Disability (SEND) Strategy 2021 – 2024

Cheshire East
SEND Partnership

Contents

We would like to thank everyone who has made, and is continuing to make, this Strategy a reality, including:

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- Our Education professionals, including SEND and specialist support teams, and staff within educational settings
- Early Help and Social Care professionals in Children's and Adults' Services
- Health professionals within the Clinical Commissioning Group and provider services
- All members of the 0-25 SEND Partnership Board and workstreams.

1. Glossary

Term	Meaning
ADHD	Attention Deficit Hyperactivity Disorder is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.
ASC	Autistic Spectrum Condition is a condition related to brain development that impacts how a person perceives and socializes with others, which can cause problems in social interaction and communication.
ASD Pathway	Autistic Spectrum Disorder Pathway describes the expected practice in relation to people whose needs may fall within the Autism Spectrum Disorders.
CAMHS	The name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.
Child's Electronic Case Record	This refers to the electronic social care case management system used by the Local Authority. It is often referred to as Liquid Logic.
Coproduction	This is an approach whereby professionals, children and young people and their families work together as equal partners to plan services that affect them. In Cheshire East this is committed to our 'TOGETHER' values which support open and clear communication and accountability to all involved in providing support to children and young people with SEND.
EHC	Education, Health and Care
EHCP	An Education, Health and Care Plan is a legal document that sets out a child or young person's special educational, health and social care needs. It describes the extra help that will be given to meet those needs and how that help will support them to achieve what they want to in their life.
Engagement Session	Sessions where children and young people, parents and carers and members of the SEND partnership come together to share their views and ideas about the strategy.
First Concerns	Children and young people who have been identified as having emerging difficulties.
High Needs Funding Block	The funding allocated and received from central government by Local Authorities for pupils with SEND and high needs
JSNA	Joint Strategic Needs Assessment. This is an assessment of how well the health and wellbeing needs of children and young people living in Cheshire East are being met.
Local Offer	The Local Offer lets parents and young people know what special educational needs and disabilities services are available in the borough, and who can access them.
Ofsted	Office for Standards in Education, Children's Services and Skills is responsible for inspecting the effectiveness of local area services for children with SEND.

OT	An Occupational Therapist's role is to help people overcome the effects (physical, psychological, social and environmental) of disability so that they can carry out everyday tasks or occupations.
Parent Carer Forum	The Cheshire East Parent Carer Forum is a voluntary group who work in partnership with professionals within the Cheshire East Local Authority area to ensure the voice of parents and carers with children that have additional needs is heard throughout the decision-making process of service initiatives.
Quality Assurance	The maintenance of a desired level of quality in service delivery by routinely evaluating stages in the process.
Quality First Teaching	A style of teaching that emphasises high quality, inclusive teaching for all pupils in a class.
Resource provision	A mainstream school receives additional funding to provide extra specialist support or facilities for children with SEND.
SALT	Speech and Language Therapy helps people who have speech and communication difficulties. They also help people with eating, drinking and swallowing problems.
SEN	Special Educational Needs (SEN) covers a wide range of needs. These include behavioural, emotional and social difficulties, speech, language and communication, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autism
SEN Support	The process by which schools assess the needs of children, and then provide appropriate support.
SENCO	Special Educational Needs Co-ordinator. The SENCO is responsible for the operation of a school's SEN policy and coordination of specific provision made to support individual pupils with SEN, including those who have EHC plan.
SEND	A child or young person who has a learning difficulty and/or a disability that means they need special health and education support, which is shortened to SEND.
SEND Partnership	A multi-agency partnership arrangement which leads and drives developments around support, processes and provision for children and young people with Special Educational Needs and Disability (SEND) aged 0-25 years in Cheshire East.
SEND Partnership Board	A group made up of senior representatives that drive and monitor the work of the Partnership in line with our joint SEND strategy.
SEND Passport	A tool used by the Council to aid and capture the voice of children with SEND through 1:1 and group participation.
SEND Toolkit	Explains the responsibilities, outlines the provision and support that the Local Authority expect to be in place in all educational settings which support Cheshire East children and young people with Special educational needs.
Written Statement of Action	A document which sets out the actions that are needed to address the significant areas of weakness in a local area identified by Ofsted and/or the Care Quality Commission following inspections.

2. Introduction

This **Special Educational Needs and Disabilities (SEND) Strategy** has been written after taking the views of all partners at the SEND Partnership Board, three engagement sessions with partners, and one session with Special Educational Needs Co-ordinators (SENCOs) throughout March to May 2021, and also by listening to children and young people through completion of their individual SEND Passports. The engagement sessions have been supplemented with email correspondence from across partners. The Strategy also takes account of our previous SEND Written Statement of Action, along with data and intelligence gathered through a range of feedback routes.

All our engagement to develop the Strategy and our delivery of support for SEND is premised on our TOGETHER principles of co-production. 'TOGETHER' in Cheshire East is outlined in the poster on the right, and was created by our children and young people, in conjunction with a range of professionals and parent carers, as they didn't understand the word 'co-production'.

Every attempt has been made to write the strategy so that the many people who are interested in how SEND works in Cheshire East can easily understand it. Throughout the strategy the word 'we' has been used many times on purpose because, without us all working TOGETHER, we won't achieve the excellent outcomes that we want for our children and young people with SEND.

In this strategy, 'we' includes: parents and carers, children and young people, the Local Authority, Health, education settings, providers etc.

3. Our Vision

"**Together we will make Cheshire East a great place to be young**". We believe that…

- Children and young people are best supported within their families and their communities.
- All children and young people should enjoy the best education which prepares them to thrive in adulthood.
- Cheshire East families and communities are strong and resilient, with the right help, from the right people, at the earliest opportunity.

Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people - that they achieve well in all aspects of their lives and are happy, fulfilled and play an active role in their communities. For children and young people and their parents and carers, this means that their experiences will be of a system which is supportive of everyone and we ensure our resources and energy are applied efficiently. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents and carers will know what services they can reasonably expect to be provided. Children and young people and their parents and carers will be fully involved in decisions about their support and what they want to achieve.

4. Our commitment

As a SEND Partnership, all relevant organisations in Cheshire East are committed to providing the best quality education and support for children and young people.

We want all our children and young people with special educational needs and/or disabilities to be **HAPI**:

Happy and healthy
Achieving their potential
Part of their communities
Independent as possible, making choices about their future.

5. What we face

We are publishing this strategy as we come out of unprecedented times due to the COVID-19 pandemic. Children with disabilities and their families / parent carers in particular have experienced significant pressures from the impact of COVID on them and their support services. There is significant pressures on resources across the SEND system (including a high needs funding block under extreme pressure) and children and young people and their parents/carers expectations quite rightly remain high. This strategy will support us to ensure that we are well placed to meet this changing landscape.

Due to the energy, commitment and dedication of all parties involved in this work, we have already moved a long way towards achieving our aims, but we still have more to do to ensure that children and young

people achieve their best possible outcomes. Our SEND revisit in May 2021 by Ofsted and the Care Quality Commission scrutinised whether we had made sufficient progress in addressing two areas of significant weaknesses identified at a previous inspection in 2018, which were:

•the timeliness, process and quality of education, health and care (EHC) plans; and

•establishing an effective autism spectrum disorder (ASD) pathway and in reducing waiting times.

Inspectors found that, since their last visit, the timeliness, process and quality of EHC plans have been transformed, saying that by early 2020, almost every needs assessment was completed within the 20-week deadline, compared to less than one in six in 2018.

Regarding support for children and young people with autism, inspectors found that more children are starting nursery and school with their needs understood and met. Families have also been offered support and training, so they can better understand and support their child. In terms of waiting times, in 2018 more than 200 children and young people were waiting more than 12 weeks for their first assessment, but by March 2020, this had reduced to two weeks.

The improvements identified in our revisit and the feedback from inspectors to improve our communication with parents and carers surrounding our improvement journey is captured within this strategy. This will be monitored and scrutinised on a bi-monthly basis by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this Strategy. We will revisit and refresh our priorities in three years to ensure we continue to develop our services in response to what is most important and what makes the most difference to our children and young people with SEND and their families.

We will only achieve a stable, creative and personalised offer for children and young people with SEND by maximising our capacity and resources available to support children and their families. Early identification of support needs and strategies to prevent those needs escalating should be a key focus.

6. Local and National drivers

National drivers

- The Children and Families Act (2014)
- The SEND Code of Practice (2015)
- The Care Act (2014)
- The Mental Capacity Act (2005)
- NHS Long Term Plan (2019)
- NHS Mental Health Investment Standard (2020)
- NICE Transition from Children's to Adults' Services for young people using health and social care services (2016)
- Equality Act 2020
- Autism Strategy
- Outcome of the current national SEND Review

Local drivers

- Children and Young People's Plan (2019-2021)
- Cheshire East Corporate Plan (2021-2025) and Medium-Term Financial Strategy
- Cheshire East Partnership 5-Year Plan
- Access to SEND services Framework
- Multi-agency Preparing for Adulthood (PfA) Strategy
- Children's Joint Commissioning Strategy (2021-2023)
- SEND Partnership Sufficiency Statement (2020) and SEN Provision Plan (2020-2023)
- NHS Cheshire CCG Plan (2019/20)
- Cheshire East All-Age Autism Strategy (2020-2023)
- 'My Life, My Choice' Cheshire East Learning Disability Strategy (2019-2022)
- Cheshire East All-Age Mental Health Strategy (2019-2022)

7. What our children and young people tell us

Local children and young people with SEND shared their views on what is important for this strategy through the completion of individual SEND Passports with sections on different topics. All of their individual contributions were captured and have been summarised below.

Area	What is working well?	What's not working well?	What would make it better?
Education, Health and Care Plan	• My Plan helps people to understand me, to think about all of my needs, and to know what I need help with. • I feel listened to and that my views are heard, and I am involved in meetings. • The support I get in class/college/my support internship is helpful, and I am enjoying college/my supported internship. • I feel there are people I can talk to.	• The Coronavirus pandemic has made some things more difficult, e.g. finding work experience, starting new support from organisations etc. • Anxiety needs can be a barrier to attending meetings or can be triggered by certain class/course subjects.	• More subject options and work opportunities. • More support around anxiety needs. • More opportunities to do things on my own at an earlier age to make me a little bit more independent. • Recapping what my EHC Plan says and what the next step will be.
My Education and Work	• Having support from different places to prepare for the world of work, including job coaches and organisations being proactive in looking for work experience. • I have a good plan in place for what I what to do when I'm older/after school or college, and how to get there. • I am enjoying my classes/course and am happy to be working towards milestones and targets.	• Some difficulties in finding suitable options and work experience placements, especially due to the Coronavirus pandemic.	• More support for employers to encourage more of them to offer job opportunities, and more options for older young people. • Being able to visit colleges and providers, and access my placement, when Covid-19 restrictions ease. • Improved communication, such as people repeating instructions about tasks or giving me specific dates about when things are going to happen.
Health	• I am able to get the health appointments and treatments that I need and can book appointments fairly quickly and know how to do this. • I have been referred to, or have received, a diagnosis, and appreciate the support I have from different professionals to manage my health needs.	• I may need more support or specialists to meet my health needs fully.	• Easier access to some services, and shorter assessment times.
Care	• I get the support and help I need to meet my care needs. Support is given by different people, including school/college staff, social workers, job coaches, carers, personal assistants and family. I also do self-care.	• I sometimes need more support with practical issues, e.g. to resolve issues with manoeuvring a frame around pot holes, or being able to hear in noisy places.	• For people to give me more independence. • More deaf awareness in the general population.

Area	What is working well?	What's not working well?	What would make it better?
People who help me	• There are lots of different people who are aware of my needs that I can speak to and ask for help if I need it.	• Some struggles with friendships and being in lockdown during the Covid pandemic.	• People to continue to treat me as a young adult. • Being able to attend social groups and clubs again in person.
Opportunities and Experiences	• I spend time with my friends and family. • I access different activities, such as virtual youth groups, attending a Duke of Edinburgh group, sports clubs, dance lessons etc.	• There are no youth club activities, or activities for people with learning disabilities, where I live. • Covid-19 has stopped me doing things.	• I hope some of the activities that I did before Covid-19 will restart soon, and that we can meet in person when it is safe. • Local groups or opportunities to socialise with people in our area.

8. What parents and carers tell us

"Honest and open communication using clear language with children and young people and their parents"

"A single point of contact who provides support during and after the initial assessment and timely / effective communication"

"Kindness, understanding and empathy demonstrated in all communications"

"Parents, children and young people are central to all discussions and contribute as equal partners"

"Information and support are provided to enable children, young people and parents to engage meaningfully"

"Clear information on the role of the local authority and partners in monitoring provision"

"To truly understand the needs of children and work collaboratively to develop a person centred plan"

"Understanding of current legislation with regular training to ensure everyone is up to date"

"Children, young people and their parents will proactively be asked to provide feedback"

"Children and young people have the support they need"

"Settings deliver what is in the plan and parents are happy with provision"

"A greater range of provision is available"

9. Need in Cheshire East

There are approximately **84,200** children and young people under 19 in Cheshire East, which is 22% of our population.

There is a comprehensive Joint Strategic Needs Assessment (JSNA) for children and young people with special educational needs and/ or disabilities. Our JSNA, which reviews the health and social care needs of our population, estimates that we should expect around **8,252** children and young people aged between 5 and 18 in Cheshire East to have a special educational need. That equates to 10% of all children and young people – or **one in ten**. This number is based on the prevalence of different needs within the national population and within research literature.

9.1. Needs are increasing and changing

As at January 2021, **5072** children and young people receive SEN Support in Cheshire East, and **3145** children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan. A number of children and young people with SEN will have their needs met through universal support within Quality First Teaching and Learning, or First Concerns.

The SEN Team are working with schools and other settings to improve our data on the number of pupils receiving SEN Support to ensure that we are consistently and accurately capturing the number of children and young people we support. As a result of this joint work, we expect to see the number of pupils recorded as receiving SEN Support increase over the next year.

Children and young people with SEND are changing in the range and complexity of need they require support with. Proportionally more children and young people with SEND are eligible for free school meals: this equates to just over 25% of pupils with SEND compared to 9.5% children and young people with no SEND in Cheshire East (25.5% of pupils receiving SEN Support and 25.8% pupils with an EHCP are eligible as in the School Census, January 2020).

10. Three stages of system confidence

This Strategy sets out the important building blocks to achieve our vision and commitment to children and young people with SEND and their families. We will utilise the analogy of riding a bike to explain the Strategy in a straightforward manner. The principles of riding a bike from a young age are:

Riding a bike	SEND
Good stabilisers and confidence	Our partnership is clear on its priorities, has sufficient resources that are used effectively, and everyone is confident in our work together.
Right frame and servicing	As children show signs of needing support, they are supported early and effectively. As needs grow, a person-centred approach is taken, and this is checked with parents on a regular basis.
Personal touches	Children are at the centre of all we do; regular co-production and personalised communication ensures children and young people's hopes, and aspirations are met.

A group of our parents and partners got together and listed all the important things we should remember when working together (co-producing) on SEND. The results are shown as 'visual minutes' on the following page. Although a strategic discussion with our Parent Carer Forum these minutes can be used as the basis for improving co-production across the wider body of parents and carers.

We will hang this in every office, clinic, school and setting across our partnership, along with our TOGETHER principles, as a constant reminder of putting children and families at the centre of all that we do.

In order to build on this piece of work, a charter for how the SEND Partnership and parents and carers work together will be developed to build on the mantra of 'co-production, co-production, co-production'.

GOOD STABILISERS AND CONFIDENCE
CULTURE – *"Culture eats strategy for breakfast"* - the culture across our SEND partnership will determine the success of our drive to improve the outcomes and life-chances for children with SEND. By putting children and young people at the heart of all we do and supporting their **individual** needs and what is important to them, both now and in the future, we will achieve success. A positive / transparent culture across the SEND partnership and improved communication with parents and carers will build confidence and trust in all we do.
INCLUSION - children and young people are supported to access the same services, activities, and opportunities as their peers wherever possible.
FLEXIBLE AND WELL-TRAINED WORKFORCE - training the whole workforce and parent and carers **Together** will create a skilled and cohesive force for achieving good outcomes. Given the increase in demand and complexity of needs, it is even more important that our workforce can respond proactively and flexibly to patterns of demand.
Co-production, Co-production, Co-production is embedded and **Together principles applied** to ensure children and young people are always involved in the decisions that affect their lives. Parents and carers are experts on their children's needs and are essential partners in decision making.
SUFFICIENT LOCAL, GOOD QUALITY SEN SCHOOL PLACES - children and young people can access their school place, support and activities within their local area wherever possible, and they are part of their local community.
DEMAND MANAGEMENT AND BEST USE OF RESOURCES - support is planned to meet the needs of children and young people in our area so we have the right types of support, with the right amount of availability, that are delivered effectively through multi-disciplinary teams. We are creative and innovative in meeting children and young people's needs. Needs are met early to prevent escalation.
GOOD INTELLIGENCE - targeting support effectively and efficiently based on comprehensive, good quality, timely data and feedback from as many sources as possible.
SUPPORT - the best quality support is underpinned by good quality, timely, child and young person-centred processes, assessments and plans.
ASSESSMENT - a strong SEN needs assessment enables us to determine what support is needed, and a good quality EHCP ensures all the key parties are involved in developing a solution together. Child-centred support means providing integrated support that meets children and young people's individual needs, across education, health and care, in line with what is important to them, both now and in the future.

OVERARCHING REQUIREMENTS

How we ensure good stabilisers and confidence is achieved:

- Regular checking in with children and young people, parents/carers & settings and clear routes for constructive feedback that maintains relationships.
- Timely, effective Annual Reviews of EHC Plans.
- Quality Assurance.
- Reflection on feedback and making the necessary changes.

RIGHT FRAME AND SERVICING
SEN SUPPORT - support is tailored to the needs of the individual child. A graduated approach means that we expect reasonable adjustments to be made to ensure that the majority of children and young people with special educational needs are able to access and have their needs met within mainstream provision, so they enjoy the same opportunities as their peers wherever possible and are fully included within their communities.
A GRADUATED APPROACH - we expect reasonable adjustments to be made to ensure that the majority of children and young people with special educational needs are able to access and have their needs met within mainstream provision, so they enjoy the same opportunities as their peers wherever possible and are fully included within their communities. Quality First Teaching and Learning, as well as effective health and social care services is the key.
MAINTAINING STABILITY OF SCHOOL PLACE - our support teams are well trained, proactive and flexible to meet the changing profile of needs. Our teams work in a multi-disciplinary way and make best use of our Cheshire East Toolkit for SEND.
DIAGNOSIS AND PATHWAYS (e.g. AUTISM, ADHD) - assessment processes and diagnosis are timely, and communication along the way is effective. It is important that pre and post diagnosis support is person-centred, and evidence based, not based on what support/skills we have available. We should avoid silo pathways as needs commonly co-exist.
JOINT COMMISSIONING - we need to make the most of our resources as a partnership to meet the needs of individuals and groups of children and young people. We utilise all the rich intelligence and feedback to plan the purchase/redesign of support needed, and constantly review that outcomes for children are being achieved.
EARLY EFFECTIVE PLANNING FOR KEY TRANSITION POINTS - from Early Years through to Post-16 preparation for adulthood, each transition point should be carefully thought through for each young person, taking account of the different environment they are moving on to, clear and timely data sharing between settings, and sharing of good practice.
EARLY PLANNING FOR PREPARING FOR ADULTHOOD - to ensure young people have time to adjust and feel comfortable with their preparation for adulthood, allowing time to build the right Post-16 offer that recognises the wide range of young people's goals and unique solutions to achieving them.

OVERARCHING REQUIREMENTS

How we ensure the right framework and servicing is achieved:

- Regular checking in with children and young people, parents/carers & settings and clear routes for constructive feedback that maintains relationships.
- Timely, effective Annual Reviews of EHC Plans.
- Quality Assurance.
- Reflection on feedback and making the necessary changes.

PERSONAL TOUCHES
BESPOKE OUTCOMES THAT ARE ASPIRATIONAL - we aim high for children and young people with SEND, and every plan, review and action to support has the lived experience and outcome for the child at the heart.
PERSONAL BUDGETS - an amount of money to deliver the provision set out in an Education, Health and Care Plan where the parent or young person is involved in securing that provision, increasing personalisation of support and involvement of families in decision making.
EVERYONE FEELING A GENUINE PART OF THE SEND FAMILY - if we let it, SEND can feel complicated and lonely for children/young people and their families. We will look for every opportunity to act as one SEND family working TOGETHER, embracing feedback, views and input from parents. We will welcome it as the useful gift it is and use it effectively to improve support and outcomes.
KNOWING THE INDIVIDUAL CHILD AND PERSONALISED COMMUNICATION - ensure support teams contacting families have familiarised themselves with the young person before engaging. Ensure learning from complaints changes practice and changes are visible to parents.

OVERARCHING REQUIREMENTS

How we ensure that personal touches are achieved:

- Regular checking in with children and young people, parents/carers &settings and clear routes for constructive feedback that maintains relationships.
- Timely, effective Annual Reviews.
- Quality Assurance.
- Reflection on feedback and making the necessary changes.

11. Potential Risks

The Local Authority and NHS Cheshire Clinical Commissioning Group have invested significant financial resources into the SEND teams and support for autism, emotional and mental health over the past two years. This has provided a basis for good improvement across SEND; however, the demands at SEN Support, levels of EHC needs assessments, and Education, Health and Care Plans, continues to put pressure on the whole SEND system.

As with many local authorities across the country, Cheshire East Council's high needs funding is projecting a £10m - £12m deficit over the coming three years and we are currently working with the Department for Education on a Recovery Plan.

In 2021-22 the government is set to announce the findings of a national SEND Review and our SEND Strategy will have to flex and respond to the recommendations.

12. Governance

This is an ambitious programme which cannot be achieved without the full commitment from all the key partners at every level, from strategic directors to frontline practitioners within Social Care, Education, and Health across children's and adult services.

The whole SEND system needs to work together effectively in order to improve the support for children and young people with special educational needs and disabilities (SEND) across Cheshire East. This work is being driven by the 0-25 SEND Partnership Board.

The Board is responsible for developing and delivering our SEND Strategy, in order to maximise life opportunities and positive outcomes for children and young people with SEND and their families. It includes representatives from the local authority, primary and secondary schools, further education providers, CCG and health provider services, early years, and the Cheshire East Parent Carer Forum. A governance structure for the SEND Partnership is shown on the following page.

0-25 SEND PARTNERSHIP GOVERNANCE

Cheshire CCG, Cheshire East Place Based Board

CCG SEND Management Group

- CCG strategy, policy and resources

Cheshire East Health and Wellbeing Board

0-25 SEND Executive Management Group
Deborah Woodcock

0-25 SEND Partnership Board
Jacky Forster

Children and Families Committee

LA SEND Management Group

- Dedicated Schools' Grant (DSG) – Management Plan, budget, and resources.

Communication and Engagement	Assessment, Monitoring and Quality	Practice Champions	Provision and Sufficiency
Lead Officer: Lead Parent:	Lead Officer: Lead Parent: Health Lead:	Lead Officer: Social Care Lead:	Lead Officer: Education Lead: Health Lead:
• SEND Newsletter • SENDing you the news • Parental Engagement • Young People's Engagement • Surveys • Local Offer	• EHC needs assessments • Annual Reviews of EHC Plans • Health assessments (e.g. ASC, ADHD) • Quality assurance processes • Co-production • Early years effectiveness • Learning from complaints and Tribunals	• Multi-agency training • Service standards and effectiveness • Early intervention • Advice and SMART outcomes • Good practice • Multi-disciplinary teams	• School places • School provision (e.g. audits, SEND Support, SEND Toolkit) • Personal Budgets • Health provision (e.g. SALT, OT, Mental Health, Pre and post-autism diagnosis support) • Joint commissioning • Preparing for Adulthood

Reference Groups

- **Health Providers Reference Group** – Gill Tyler
- **Cheshire East Parent Carer Forum** – Mandy Dickson, Kate Walters
- **SEND Youth Forum** – Carrie-Anne Charlesworth
- **Post 16 Network** – Sarah Ramsey
- **SENCO Network** – Inclusion Quality Team

13. Impact

13.1. How will we know we have succeeded?

We are committed to working in partnership with our key stakeholders in developing and shaping our services. Children, young people, parents, carers, early years' providers, schools and colleges, health and social care professionals are the people that are best placed to know what is needed and what works well. This strategy has been co-produced with these key stakeholders, and they will continue to be involved in helping us deliver our priorities and in evaluating what difference we are making.

Ultimately, we will evaluate our success against the difference we make to the lives of our children and young people. We will use our Quality Assurance Framework alongside the following sources to inform us on how well we are performing, what's working well, and where we need to take action to achieve change:

13.2. Qualitative Measures

Multi-agency audits will be used to evaluate the quality of our work to support families across the partnership. Findings from these audits will be reported to the 0-25 SEND Partnership Board.

13.3. Performance Measures

A SEND scorecard is in place which is reported to the 0-25 SEND Partnership Board for scrutiny. This scorecard considers a variety of information, such as the number of children and young people with Education, Health and Care (EHC) Plans by primary need, age group and locality, the number of requests for EHC needs assessments, and the timeliness of completion, and the performance of various health services.

13.4. Feedback from Families and Practitioners

We will embed a culture and structure of listening to families and practitioners to ensure effective recording and monitoring of all feedback and queries. Clear and transparent structures will be in place to evidence learning from feedback and where this has prompted change and further service developments. Mechanisms for gaining feedback on EHC needs assessments and Plans, and our Local Offer (both our provision and the quality of support) will be further enhanced and embedded.

14. Action Plan

It is important that the delivery of the priority actions from the previous SEND Strategy, and the momentum that has been achieved, is not lost as we move to a new SEND Strategy. A significant amount of improvement has been achieved over the last three years and as you would expect across SEND, many of the improvements require further ongoing attention to ensure they are fully embedded and monitored to ensure their positive impact is a reality for children, young people and their families. The SEND Partnership Board structures will **continue to focus** on the following areas:

- Improving the quality of EHC Plans. Ensure a clear focus on SEND outcomes, and on what impact support is having for children and young people and how this is supporting them to achieve their aspirations.
- Sufficiency of local, good quality SEN school places.
- Improvements in the timeliness and transparency of the autism assessment pathways from referral, first appointment, assessment to receiving an outcome. Ensuring a continued focus on the support provided pre and post diagnosis.
- Ensuring co-production is at the heart of all we do.

Taking account of the continued work described above, and the detailed actions contained in our all-age strategies for Autism, Mental Health and Learning Disability, the priorities for 2021 – 2024 have been split into three years to ensure that the workload is spread and everyone driving the improvements has a clear focus on achieving positive impact for children and young people.

1. Improving Communication and coproduction with families

We want to achieve:

- An embedded culture of co-production when planning support and services
- An embedded culture and structure of listening to families and effective communication and relationships between families and professionals
- Families have a clear understanding of the progress and achievements of the SEND Partnership
- Clear information for families on all aspects of the SEND system and in particular the range of support and services available

How we will know if we have achieved this:

- Multi-agency audits will show that plans are effective, person-centred, focused on the lived experience and tangible outcomes and that families have been fully involved in developing solutions to meet the child/young person's individual needs.
- Service developments, plans and strategies will clearly evidence the views of parents / carers, children and young people from a wide age range and ability and how they have been involved in shaping services.
- Families will provide positive feedback on the quality of service they receive and will report that there is good communication between themselves and professionals and that they were involved and informed throughout the process.
- Families will be able to see how their views have shaped services and will feel listened to and valued by the partnership.
- Professionals will report that they have good relationship with families, and there is good communication and strong links between their service and other professionals, and a good understanding and appreciation of each other's roles.
- Usage and feedback on the Local Offer will show that families find the information on our services clear, informative, and accessible.

1.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
1.1.1.	Refresh the communication strategy to promote the work of the 0-25 SEND Partnership and engage and update key stakeholders on progress.	Our stakeholders feedback that they receive appropriate, timely and clear communication	Communication and Engagement working group	October 2021
1.1.2.	Refresh the SEND communication promise between professionals, parents/carers and young people with SEND.	Families tell us that support staff take a personalised and proactive approach when communicating.	Communication and Engagement working group	December 2021

1.1.3.	Develop a co-production charter with families to support working **TOGETHER** across the partnership.	Regular audits of the application of co-production confirm the charter is embedded in practice	Communication and Engagement working group	December 2021
1.1.4.	Develop a mechanism to capture and share best practice and person-centred work.	Practice workshops evidence that learning has been applied and changes are visible to parents.	Practice Champions	January 2022 (termly)
1.1.5.	Develop a termly e-newsletter for distribution to all parents and carers of children/young people with SEND through education and health settings.	Our parents and carers feedback that they receive appropriate, timely and clear communication	Communication and Engagement working group	November 2021
1.1.6.	Simplify key communications into 'at a glance' one-page summaries.	Parents and carers feedback that communication is user friendly	Communication and Engagement working group	Ongoing
1.1.7.	Develop a forward plan of joint training opportunities for parents and carers to up-skill together with support teams.	All stakeholders report that they have the right skills to succeed and there are fewer complaints, fewer queries and greater confidence	Practice Champions	February 2022
1.1.8.	Agree process for preparing and publishing annual Local Offer feedback and partnerships' response.	Effective plan in place that listens and acts upon feedback	Communication and Engagement working group	TBC
1.1.9.	Replicate Local Offer 'quick links' webpage on the Parent Carer Forum website.	To help facilitate parent carer use of the Local Offer for SEND and ensure that parent carers can easily access relevant information.	Communication and Engagement working group	September 2021

1.2.	Year 2 (September 2022 – August 2023)			
Ref	**Action**	**How do we measure success**	**Who's Responsible**	**Complete by**
1.2.1.	Implement Parent / Carer access to Child's electronic case record (Liquid Logic).	Parents and carers feedback they are confident with the approach to share information from all SEND areas	Assessment, Monitoring and Quality	September 2022
1.2.2.	Embed joint training opportunities for parents and carers to up-skill together with support teams.	All stakeholders report that they have the right skills to succeed	Practice Champions	Ongoing
1.3.	**Year 3 (September 2023 – August 2024)**			
Ref	**Action**	**How do we measure success**	**Who's Responsible**	**Complete by**
1.3.1.	No new actions			

2. Access to Provision and Support

We want to achieve:

- Early and effective support at each level of a graduated response to children's needs
- Children and young people access good quality local schools
- Best use of resources across partner agencies which deliver good outcomes for children and young people
- Effective monitoring and quality assurance of settings and support services that ensures continuous improvement of services and proactive use of feedback from all stakeholders

How we will know if we have achieved this:

- Feedback from children and young people, parents / carers, settings, professionals and providers on the lived experience of children and young people and their families
- Fewer parental needs assessment requests
- Fewer crises and better outcomes for children and young people.
- Children and young people are in the most appropriate setting. The rational for children and young people that attend independent non-maintained special schools is complexity of need, location of most appropriate school and links to SEN code of practice

2.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
2.1.1.	Ensure effective joint commissioning arrangements in place	Every opportunity is taken to join commissioned delivery of services and make best use of resources	Sufficiency and Provision Workstream	Ongoing
2.1.2.	Review of Resource Provision to ensure sufficiency of provision is aligned to need (initial focus on HI and SALT)	HI and SALT Resource Provisions impact on children and evidence best use of resources	Sufficiency and Provision Workstream	December 2021
2.1.3.	Ensure sufficient and sustainable pre and post Autism Support	Children and young people and their parents, Providers and settings feedback that support is effective / timely and has a positive impact on ongoing lived experience	Sufficiency and Provision Workstream	October 2021

2.1.4.	Review health provisions to ensure sufficient assessment capacity and provision to meet needs of children and young people. (OT, SALT, ASD, ADHD and CAMHS)	Performance management structures and parents and carers report that assessments across the range of needs are timely	Sufficiency and Provision Workstream	January 2022
2.1.5.	Ensure the SEND Toolkit is embedded to support SEN Support to make interventions more robust, trustworthy and enforceable, with clear escalation routes if Toolkit not being applied. The Toolkit should model the support required to enable children/young people to stay in mainstream as appropriate (SEMH should be a focus).	Fewer parental needs assessment requests. Needs assessment requests evidence that a graduated response and appropriate elements of the Toolkit have been applied. Children and young people are stable and progressing in their school place. Settings, professionals and Parent and carers feedback that early identification of needs and support strategies are effective.	Sufficiency and Provision Workstream	Ongoing
2.1.6.	Ensure sufficient SEN school capacity and wrap around services are in place to meet the increased demand through rising EHCPs.	Children and young people can access good quality local schools Travel time to school is minimised through increased sufficiency of local SEN places	Sufficiency and Provision Workstream	Phases over 3 years
2.1.7.	Implement the Multi-Agency Preparing for Adulthood Strategy	Young people tell us that that they feel prepared for adult life and continued analysis of destinations shows positive outcomes	Sufficiency and Provision Workstream	Actions over 3 years
2.1.8.	Review and make improvements to the early signposting of families with children with disabilities to the full range of support across community settings and provision. Extend the reach and content of coffee morning to ensure families are referred	Designated Social Care Officer, children and young people and parents and carers tell us that they are advised and supported early and when they most need it.	Short breaks team and Children's Commissioning	December 2021

	to services early and consistent / effective information is offered to parents about the full breadth of the short break local offer.			
2.1.9.	Recommission care at home to broaden the offer to families of children with disabilities.	A good range of support in the home is available to families	Head of Children's Commissioning	June 2022

2.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
2.2.1.	Provide clear guidance on Education other than at School (EOTAS) and Personal Budgets.	Professionals across the SEND partnership and parents and carers tell us that arrangements surrounding EOTAS and access to Personal Budgets are clear	Sufficiency and Provision Workstream	October 2022
2.2.2.	Ensure Personal Budgets are offered to parents where this may be a preference.	Uptake of Personal Budgets increases	Sufficiency and Provision Workstream	Ongoing
2.2.3.	Develop a system of quality audits - ensuring settings deliver the provision in the SEN Plan and EHCP and checking out the lived experienced of children and families.	Partners understand the quality of provision and agree timely improvement plans with the setting as appropriate. We should see less escalation of need and better outcomes for children and young people and confidence in the system from the perspective of parents and carers.	Sufficiency and Provision Workstream	Ongoing
2.2.4	Review the process for school staff and parents to flag up concerns about meeting the needs of children in schools and delivery of provision in the plan.	The process is seen to be effective and has a clear understanding of context. Staff and parents feel supported and positive relationships are maintained	Sufficiency and Provision Workstream	November 2022

2.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
2.3.1.	Enhance the online platform for education staff and SENCOs in different schools to collaborate, ask questions and share best practice.	SENCOs report that they feel connected	Sufficiency and Provision Workstream	September 2023

3. Improve timeliness and quality of Annual Reviews of EHC Plans

We want to achieve:

- All EHC Plans are reviewed in a timely manner and issued within statutory timescales (requirement!).
- Existing EHC Plans are updated to the same quality standards as new EHC Plans.
- EHC Plans better reflect the whole range of needs of children and young people with SEND.
- Preparing for Adulthood is a thread throughout all EHC Plans.

How we will know if we have achieved this:

- Parents and carers and children and young people tell us they understand the review process and expected impact.
- All stakeholders report fewer queries and complaints arising from different expectations.
- The best outcomes for individual children and young people are achieved

3.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
3.1.1.	Increase capacity to process annual reviews following review meetings, through increasing capacity in EHC Plan Writers.	Children and young people receive an accurately updated EHCP following review in a timely manner	Assessment, Monitoring and Quality Workstream	December 2021
3.1.2.	Further develop our annual review tracker to ensure improved monitoring through the stages and ensure timeliness.	Children and young people receive an accurately updated EHCP following review in a timely manner	Assessment, Monitoring and Quality Workstream	September 2021
3.1.3.	Introduce non-negotiables for settings to support the annual review process.	Children and young people receive an updated plan that has full input from all those who know them	Assessment, Monitoring and Quality Workstream	October 2021

3.1.4.	Develop and share guidance for parents on what to expect and how to maximise effectiveness of an annual review.	Parents and carers and children and young people tell us they understand the review process and expected impact. Cheshire East Information and Advice Service, SEND Team and Cheshire East Parent Carer Forum will report fewer queries and complaints arising from different expectations. Ultimately the measure of success is the outcomes for individual children and young people.	Assessment, Monitoring and Quality Workstream	December 2021
3.1.5.	Ensure that proactive forward planning is in place for all transition stages.	Children and young people and their parents and carers tell us that Annual Reviews have had a positive impact on transitions	Assessment, Monitoring and Quality Workstream	Ongoing
3.1.6.	Ensure annual reviews are holistic and that health, social care and other specialist services or providers contribute to reviews where appropriate.	Children and young people and their parents and carers receive an updated plan that has full input from all those who know the child	Assessment, Monitoring and Quality Workstream	Ongoing
3.1.7.	Develop and share clear guidance on when and how EHC Plans are ceased.	Everyone involved with a child understands the rationale and timing of a plan ending and what next and continuing safety nets / supports available	Assessment, Monitoring and Quality Workstream	February 2022

3.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
3.2.1.	No new actions			

3.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
3.3.1.	No new actions			

4. Effective and Supported Workforce

We want to achieve:

- A knowledgeable, flexible, and integrated workforce that is passionate and dedicated in all its work.
- Support and information for children and young people and their families, that is accessible, timely and of the highest quality.

How we will know if we have achieved this:

- Multi-agency audits will show that plans are effective (tracking the lived experience), integrated and person-centred, and that families have been fully involved in developing solutions to meet the child/ young person's individual needs
- Families will provide positive feedback on the quality of service they receive and the outcomes achieved. Families will experience integrated support and will report that they are confident that professionals are knowledgeable in supporting SEND.
- Professionals will report that they feel confident in supporting children and young people with SEND and fully explaining the sometimes difficult decision that need to be made.
- Children and young people and parents and carers appreciate the consistent, well informed responses that breeds greater confidence and fewer queries and complaints.

4.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
4.1.1.	Introduce the Dedicated Social Care Officer role to further improve the assessment of wider social needs of children and young people and appropriate provision.	Better identification of wider social needs with provision specified in EHC Plans.	Practice Champions	October 2021
4.1.2.	Deliver our multi-agency Workforce Development and Training Programme, responding to the needs of the workforce and learning from feedback from children, young people, parents, and carers.	All partners have the same expectations and understanding of the SEND offer. Greater satisfaction, improved outcomes for children and young people and better staff and user confidence. All stakeholders report fewer queries and complaints. The	Practice Champions	Ongoing

		training programme is constantly adapted evidencing a learning culture that continually improves practice and is responsive to complaints, feedback and effectiveness		
4.1.3.	Tailored intervention and intensive support for individual settings based on data/intelligence collation.	All settings understand and deliver interventions in line with our Toolkit for SEND.	Practice Champions	Ongoing
4.1.4.	Create an Autism aware workforce and provider infrastructure through the implementation of the Autism Education Trust (AET) Training hub.	Autistic children and young people tell us they experience an Autism Friendly SEND partnership.	Practice Champions	Phased over 3 years
4.1.5.	Establish more early intervention strategies for behaviour support through Education Psychologists and SEND partners.	Settings understand and have the skills to manage appropriate inventions at SEN support and manage behaviour.	Practice Champions	February 2022

4.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
4.2.1.	Co-produce and deliver joint sessions for parents and professionals to explore and develop understanding of a 'day in the life of' each other and improve early identification of SEND and support parents with new issues seen at home.	All Partners value the role and contributions of others and work within a positive solution focused culture.	Practice Champions	Sept 2022 and Phased over 2 years

4.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
4.3.1.	No new actions			

5. COVID-19 Recovery

We want to achieve:

- A flexible, agile and effective SEND partnership that manages crisis situations well and takes the learning and positives and makes them the norm.

How we will know if we have achieved this:

- Children and young people and parents and carers regularly respond to say that our SEND Partnership is flexible, openly listens to service users and responds quickly.
- Our business continuity plans are independently assessed and deemed fit for purpose to manage any future crisis effectively.
- There is improved communications and open routes for services users to escalate concerns and queries.

5.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
5.1.1.	Refresh business continuity plans in light of the COVID-19 pandemic and develop services utilising the learning, positive feedback and flexibility evidenced during the pandemic	A SEND partnership on the front foot. Children and young people and parents and carers regularly respond to say that our SEND Partnership is flexible, openly listens to service users and responds quickly. There is improved communications and open routes for services users to escalate concerns and queries where their experience didn't match the published expectations.	SEND Partnership	September 2021

5.1.2.	Embed the Emotional Health and Wellbeing Return to School resources and support team.	Children and young people feel healthy in mind when returning to school	SEND Partnership	September 2021
5.1.3.	Plan a workshop with NHS Cheshire CCG, mental health providers and other partners to assess best practice and gaps in support (with a focus on early identification and prevention, and anxiety training).	The SEND partnership recognises mental health needs are increasing as co-existing conditions alongside SEND and take action to improve support	SEND Partnership	November 2021

5.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
5.2.1.	No new actions			

5.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
5.3.1.	No new actions			

Your thoughts matter

If you have any views on this document or how we can improve our services, please do contact us at SENDPartnerships@cheshireeast.gov.uk

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livewell Cheshire East

Public Health **Annual Report**

2020-21

Contents

The Cheshire East Health and Wellbeing Board: 2019-2020

Dr Matt Tyrer, Director of Public Health, Cheshire East

It gives me great pleasure to present my first annual report as Director of Public Health for Cheshire East. The last two annual reports from my predecessor covered the themes of "people" and "place". This year the theme is "partnership".

One of the most important partnerships is that between people and place: connecting the people who live, work and study in the area to their environment and communities, adding benefit all round. That is a recurring message throughout this report.

Partnership is integral to the definition of Public Health:

"The science and art of preventing disease, prolonging life and promoting health through organised efforts of society" (Sir Donald Acheson, Chief Medical officer for England, 1988).

This report outlines some of our key partnerships and plans. It covers the main threats to healthy life expectancy and to wellbeing. There is a special section on Covid-19 which has been a major new threat to the health of the public this year. The causes, the consequences and the response to this pandemic threat all relate to the social determinants of health and wellbeing. This pandemic was not just a viral phenomenon – it was a sociological and economic one too. The same can be said of the other threats to health, and this report refers to these too.

The Cheshire East Partnership Five-Year Plan for 2019-2024, reminds us of evidence that 40% of the contribution to health outcomes comes from socioeconomic factors, a further 30% from health behaviours and 10% from the public environment. Only 20%, albeit a highly important and skilled element, is from health care itself.

An innovation in this year's report is an account of public health resources. It outlines briefly where the money earmarked for public health went and what it was for. But our even greater resource is our staff and the wide partnerships into which they contribute, so this report shows the public health "family tree": who we are, what we do and how to contact us.

A report of this nature cannot cover every threat to wellbeing, every initiative undertaken and every result, but there should be something of interest and relevance to anyone who lives in our borough. There is a role in the overall public health effort, summarised in the definition above, for all the people of East Cheshire to connect with their place and, through partnership, make their personal impact on health and wellbeing of all.

I hope you will find the report informative, insightful and inspirational in making your contribution to our collective partnership.

Cheshire East Partnership Five-Year Plan for 2019-2024

"Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live."

The Plan has four main areas of focus.

1. Tackling inequalities through an integrated approach to reducing poverty, isolation, housing problems and debt. The next two chapters of this annual report show current inequalities and measures being taken to address them.
2. Prevention of ill-health, early intervention, health improvement and healthy environments. These themes are very much to the fore in the four workstreams of the Integrated Care Partnership (ICP) for Cheshire East, namely: respiratory health, cardiovascular health, mental health and child health.
3. Recognising strengths and helping individuals and communities to help themselves. In the ICP workstreams mentioned above, the emphasis is on health rather than disease, building on the positives rather than just the deficits. Instead of asking "what is the matter with you?", the question becomes "what matters to you?". Interactions between individuals and the caring services is more of a partnership relationship than dependency relationship.
4. Sharing planning and decision-making with residents. This is partnership at collective, population level.

The Plan sets out four strategic goals.

1. Develop and deliver a sustainable, integrated health and care system. This goal is now reinforced by the latest NHS White Paper, subtitled: "Integrated and innovative".
2. Develop a financially balanced system. The emergency response to the Covid19 pandemic, both nationally and locally, has put financial planning on a radical new trajectory, but as the "new normal" settles in, this requirement returns. It is possible to be innovative with the same or even reduced financial resources – it just requires deploying resources in new ways, and perhaps drawing on new resources such as neighbourliness social capital.
3. Build a sustainable workforce.
4. Significantly reduce health inequalities.

The Plan points to four main outcomes.

1. Create a place that supports health and wellbeing. The NHS White Paper on reform recognises and emphasises the importance of place – of planning, built environments, green spaces, and sustainability to health. There is a lot more potential for "social prescribing" in all its forms to build a stronger link between people and their place, with benefits in both directions.
2. Improve the mental health of those living and working in Cheshire East. This outcome was written before the current pandemic but is more important than ever as we enter recovery. There are two especially important new aspects: the mental of health of children and young people and the rebuilding of fitness and resilience in older people.
3. Enable more people to live well for longer.
4. Ensure happiness of children and young people – physical and mental wellbeing.

The Cheshire East Health and Wellbeing Board: 2019-2020

The Health and Wellbeing Board is a strategic partnership of the Council, the health commissioners and the providers of health services. The voice of the public is represented by Healthwatch Cheshire East. Health and Wellbeing Boards were established across England in 2013 to be a forum in which leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

The Board is tasked with promoting greater integration and partnership between bodies from the NHS, public health and local government and has a number of aims to:

- bring together the key decision makers across the NHS and local government;
- develop a common understanding of needs and assets (the Joint Strategic Needs Assessment);
- set a clear direction for the commissioning of health care, social care and public health (the Cheshire East Partnership Five Year Plan);
- drive the integration of services across communities;
- improve local democratic accountability;
- tackle inequalities in health.

In 2019-2020 the Board met four times, with the March meeting having to be cancelled because of the COVID-19 outbreak.

At each meeting there were updates on the work of the Cheshire East Place Health and Care Partnership, which is leading on the work to integrate health and care. This ensured that Board members were aware of the progress made and could comment on key issues being raised. In September the Board endorsed the Partnership's 'Five Year Plan' which set out the vision and priorities through to 2024.

With regard to Children and Young People the Board considered the Children and Young People's Plan 2019-2021 and agreed to revised arrangements regarding the Child Death Overview Panel. Progress in relation to the Special Educational Needs and Disability Written Statement of Action was also reported. The new model of locality working for the Children and Families Service, 'Together in Communities' was endorsed and the Local Safeguarding Children Board Annual Report was received.

Other key issues considered included the new All Age Autism Strategy 2020-2023, the proposed merger of the Cheshire Clinical Commissioning Groups and the new Falls Prevention Strategy, all of which were supported. Annual reports were received regarding Influenza, Healthwatch Cheshire East and the Safeguarding Adults Board and the Board received updated reports regarding the Better Care Fund.

A Mental Wellbeing Strategy for Cheshire and Warrington, 'Heading in the Right Direction' was considered and supported and the Cheshire End of Life Partnership presented their strategic priorities for palliative and end of life care.

The Cheshire East Wellbeing Network Group

The Cheshire East Wellbeing Network Group is a networking group set up by Cheshire East Council (CEC) and previously Eastern Cheshire Clinical Commissioning Group. With the recent merger of the 4 CCGs to become one Cheshire Clinical Commissioning Group (CCG), the group has started to expand the footprint of the network to cover the whole of Cheshire.

Cheshire NHS Trust (ECT), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Everybody Sport and Recreation (ESAR), One You, Healthwatch, Connected Communities, Plus Dane Housing Trust and the Cheshire East Council for Voluntary Services (CVS).

The Network's aim is to align our communications and actions during four quarterly campaigns for maximum impact across the population and the staff of the member organisations. A successful campaign for 2020, using a collaborative approach, was Mental Health Awareness Week. It offered support to other organisations and the sharing of resources, and resulted in reaching a wider target audience and greater community engagement.

NO MORE Suicide Partnership – Working Together to Prevent Suicide. The Cheshire and Merseyside NO MORE Suicide Partnership consists of a wide range of partners, including charity and voluntary sector organisations, people with lived experience, local Councillors, emergency services, mental health trusts, NHS clinical commissioning groups, HMP Prisons & Probation, Highways England, Public Health England and the Cheshire and Merseyside Health and Care Partnership. The Zero Suicide Strategy outlines the priorities which every local authority across Cheshire and Merseyside is working to improve.

Collaboration is used to deliver awareness campaigns which promote positive messages on mental wellbeing and suicide prevention, letting people know it is ok to ask & ok to talk about suicide and that support is available. Training courses have been commissioned to raise awareness and give people the confidence to talk to people when they are in a difficult place.

A Real Time Surveillance system has been implemented in order to support the closest people affected and the Amparo support after suicide service was developed and commissioned to help people bereaved by suicide. The latest development is a Lived Experience Network, where people who have experienced suicidal thoughts or have been affected by suicide, who can support others in a variety of ways. This collaborative approach across Cheshire and Merseyside has resulted in receiving the Suicide-Safer Community designation by Living Works Education Inc.

https://no-more.co.uk/wp-content/uploads/2021/01/Suicide-Safer-Communities-2017.pdf

Partnerships between "people" and "place": health and wellbeing from green spaces

"The art of healing comes from nature, not the physician."
(Paracelsus, 16th century BCE)

"Action by the NHS is a complement to – not a substitute for – the important role of individuals, communities, government and business in shaping the health of the nation."
(NHS Long Term Plan, 2018)

What's the problem?

The local NHS has a huge problem from life-style and environment-related illnesses for which greater access to green spaces would be beneficial in terms of improved health outcomes, reduced health inequalities and reduced demand on services. These illnesses can reduce quality of life in areas such as mental health, impaired mobility and addictive behaviours, or reduce length of life through diseases such as cancer, heart disease and respiratory disease.

The Council's "people" directorate has similar problems that could ameliorated by greater access to, and involvement in, green spaces: for example loneliness, antisocial behaviour, acquisition of skills and demands on child and adult social care, and the "place" directorate has a problem of lack of human resources to maintain and regenerate, let alone create, green spaces.

What's the proposed solution?

In principle this is simple. We need to tap into the large potential human resource that is currently in good health, or seeking better health, that could benefit from "purposeful activity, outdoors, with other people". We need to direct this human resource towards the need for green spaces: creation, restoration and maintenance of healthy outdoor environments, and spending more time in them. This needs to be done at scale to realise significant and lasting benefits, and release savings for redeployment. We need a wide menu of opportunities, many of them small and very local but collectively reaching all 370,000 people living in Cheshire East. That's how big the ambition is. It requires imagination and flexibility (and a bit of courage) from of all the caring agencies, and then communicating the excitement and benefits to the population at large.

Some of this is already happening through commissioned and voluntary efforts – we now need to act as a catalyst to speed up the reaction. In addition to the untapped potential in social capital mentioned above, we could bid for initiatives as they come up. We might also unlock resources from services like NHS medicines prescribing that could be deployed in new ways. There is an evidence base where this has been tried successfully elsewhere.

Is there an evidence base?

There is a huge evidence base for the health benefits of access to green spaces, ever since civic reformers around the world started building large urban parks and model housing estates. The UK, Ireland and Holland were earliest pioneers of "social prescribing", where clinicians would refer patients to social interventions in green spaces to achieve health benefits. There is a large and growing database of evidence of effectiveness and cost-effectiveness, including social return on investment, from the National Institute for Health and Clinical Effectiveness (NICE), Public Health England, and around the world. This includes research into the mechanisms by which referral to green spaces works.

The New Economics Forum in Manchester has published evidence on the "5 ways to wellbeing", which are: be active, be mindful, keep learning, be connected and make a contribution. Much of the evidence comes from mental health and cardiovascular illness, but other body systems benefit too, and not just at individual level but at population level on things like reducing social inequality and boosting economic growth. The added benefit of activities in green spaces is that they bring all of these "ways" together so that they reinforce each other and promote sustained engagement.

The Oxford textbook of nature and public health, edited by Matilda van den Bosch and William Bird, published in 2018, is a standard reference work.

What are the potential benefits and how would they be evaluated?

"Evaluation" is measuring the degree to which a programme meets its stated objectives. It follows that the anticipated benefits in Cheshire East should be clearly stated and then measured (in numerical and narrative form) at intervals.

Here are some areas of benefit to be anticipated and evaluated:

- At personal, individual level. Participants could be invited to rate improvement in all five of the "ways to wellbeing" listed above, or by one of the other wellbeing tools such as "SF36" for which there are huge comparative databases. Other measures are activities of daily living and independence. Biomedical markers such as weight, blood pressure, serum cholesterol, diabetes control, depression score, could be measured by the referring clinician where these were desired outcomes, and validated reductions in smoking, alcohol and illicit drug use. Personal scores could be aggregated to assess overall effectiveness of specific projects. Note that those schemes which draw simultaneously on all five of the "ways to wellbeing", such a community tree-planting initiative, have an additive benefit and tend to be more sustainable than, say, exercise alone.
- At population level. Examples of measures that have been used elsewhere are markers of antisocial behaviour, crime, addictive behaviours, educational and skills attainment, employment, and membership of leisure facilities, volunteer groups and clubs (such as book clubs, walking groups).
- Impact on services. Examples include reduced visits to the GP (overall, and in those referred to specific schemes), reduced prescribing of medicines (especially antidepressants, antihypertensives, statins and diabetes medicines), reduced hospital attendances or re-attendances, reduced school absences and exclusions, reductions in falls in the home and prolonged independent living for older people.
- Economic outcomes. These could include savings or scope for redeployment of current funds falling to caring services and markers in the wider economy of economic regeneration.
- Environmental outcomes. Depending on the scheme and locality, outcomes might be measures of air and water quality, increased numbers and diversity of plants, insects, birds and mammals, flooding, acreage of green space, new green corridors. Even turning fences into hedges would be a benefit aesthetically and environmentally. For planners, there may be scope for insisting on more green space (eg active green space for gardening, walking, cycling) in all new developments, and water capture to support green areas. Measuring increased footfall in desired open spaces would help.

How would people find their way to green schemes?

- Self-referral is probably the best way to achieve participation and benefits at scale. These would be people in good health or recognising early risk factors (such as smoking, alcohol, overweight, loneliness) who are able to find their own way, or by a friend's recommendation, to one or more green schemes.
- Referrals from schools (or projects within schools). These are a good way of involving young people early and setting healthy life-long interests. There are many examples around the country of schools bringing gardening or other green activities into the curriculum or as an extracurricular club. This can include inter-generational projects with older people or twinning a school with an older people's home – with spin-off benefits for both groups. For older children, especially those with special needs or at risk of exclusion, there are GCSE-equivalent schemes outdoors in regeneration or agriculture. Forest schools at younger ages are another educational model. In individual cases, it might be helpful for pastoral care teachers to be able to refer pupils in need to a specific local project.
- Referrals from GPs, Hospitals and Social Workers. This is a potentially large pool, addressing secondary prevention in the main, where a lifestyle factor is impeding recovery. Some such patients and clients need skilled behavioural interventions first so they are ready and accepting of change. There is a big role for the GP networks and link workers in this, though that model cannot cater for all demand so we need to facilitate access to green schemes to get this route widened up. Potential partners in this are the Cheshire Wildlife Trust, National Trust, Areas of Outstanding Natural Beauty, Royal Horticultural Society, etc. When it comes to rehabilitation after hospital admission, we should aspire to making a social referral part of the plan every time. A relatively new term is that of "pre-hab", ie preparing a patient for a major operation or course of therapy before the event, or to a new chronic progressive illness, so they are in the best state of mental, physical and social resilience to face the treatment and the future.

Where to start?

- Identify some priority "Green Schemes" already planned by Cheshire East, eg in Crewe, and get these off the ground. It would, for example, be helpful to re-instate a few Rangers as we used to have, to lead walks, ensure sensible developments take place, and to give leadership and governance to volunteers.
- A communications strategy and campaign. Develop a wider awareness and publicity of this sea change in approach, and its advantages, to the population and the professional caring agencies. Canvass for ideas for schemes, especially low-cost or no cost ideas.
- Compile a succinct summary of the current evidence base, collect our own evidence as it grows, and share the learning.
- Be clear of intended benefits and how evaluation will be carried out, including economic, environmental, and markers of both personal and population-level wellbeing.
- Work with NHS colleagues in primary and secondary care to see if there are realistic opportunities for redeploying money, staff or buildings to better effect through use of green spaces – in the immediate term, medium term and strategic long term. We should seek advice on how best to engage and enthuse clinicians, social workers and teachers, and also check that these schemes are clinically sound and safe.

The future is bright – the future is green.

A snapshot of health and inequalities

Healthy life expectancy and the link with affluence

Figure 1 and Figure 2 clearly show, for females and for males respectively, that there is a correlation between healthy life expectancy at birth and the Index of Multiple Deprivation (IMD) score in wards in Cheshire East. As the IMD score rises (deprivation gets worse), healthy life expectancy decreases.

The IMD combines information from the seven domains to produce an overall relative measure of deprivation. The domains are combined using the following weights:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Figure 1: Female healthy life expectancy at birth vs index of multiple deprivation

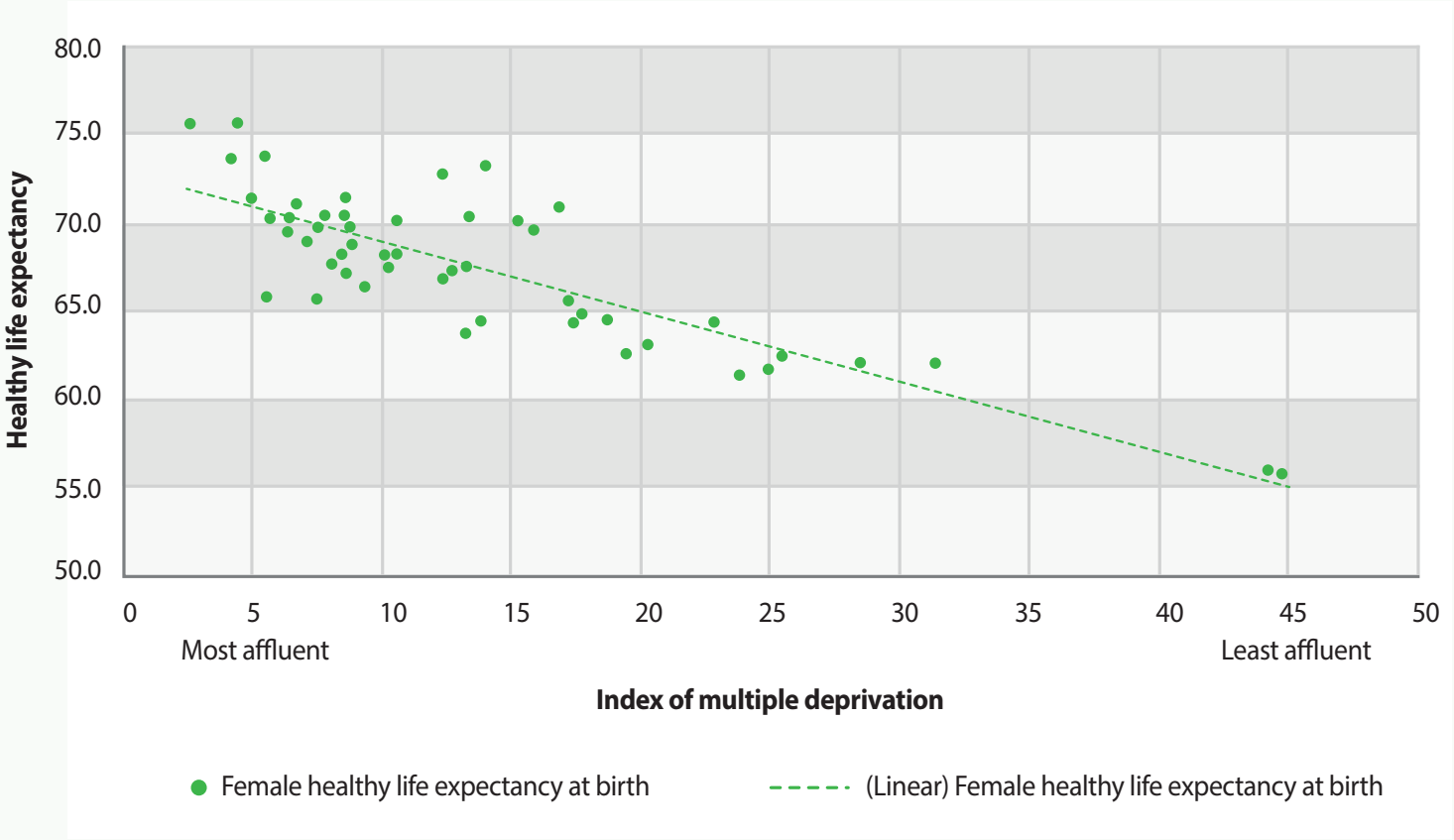
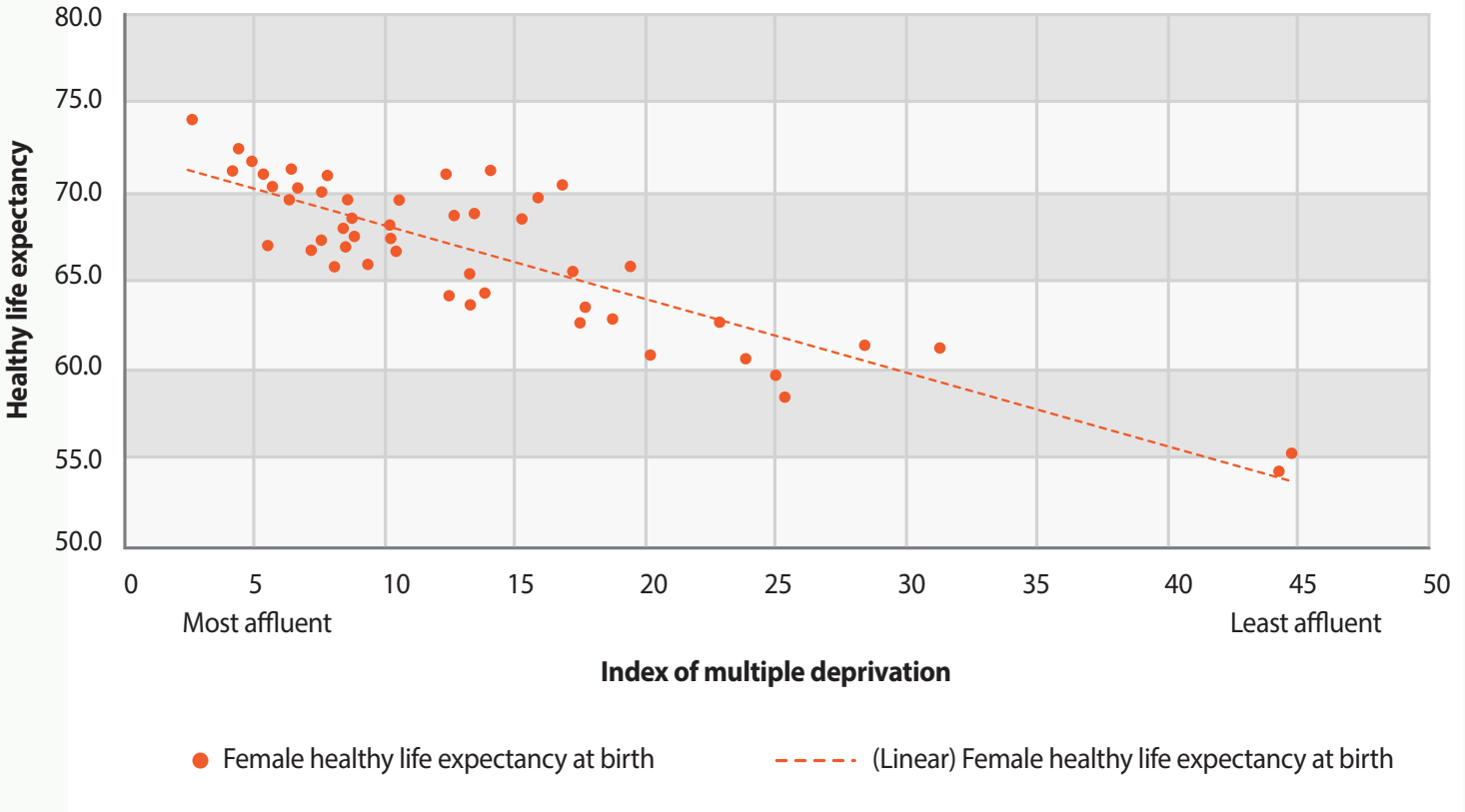


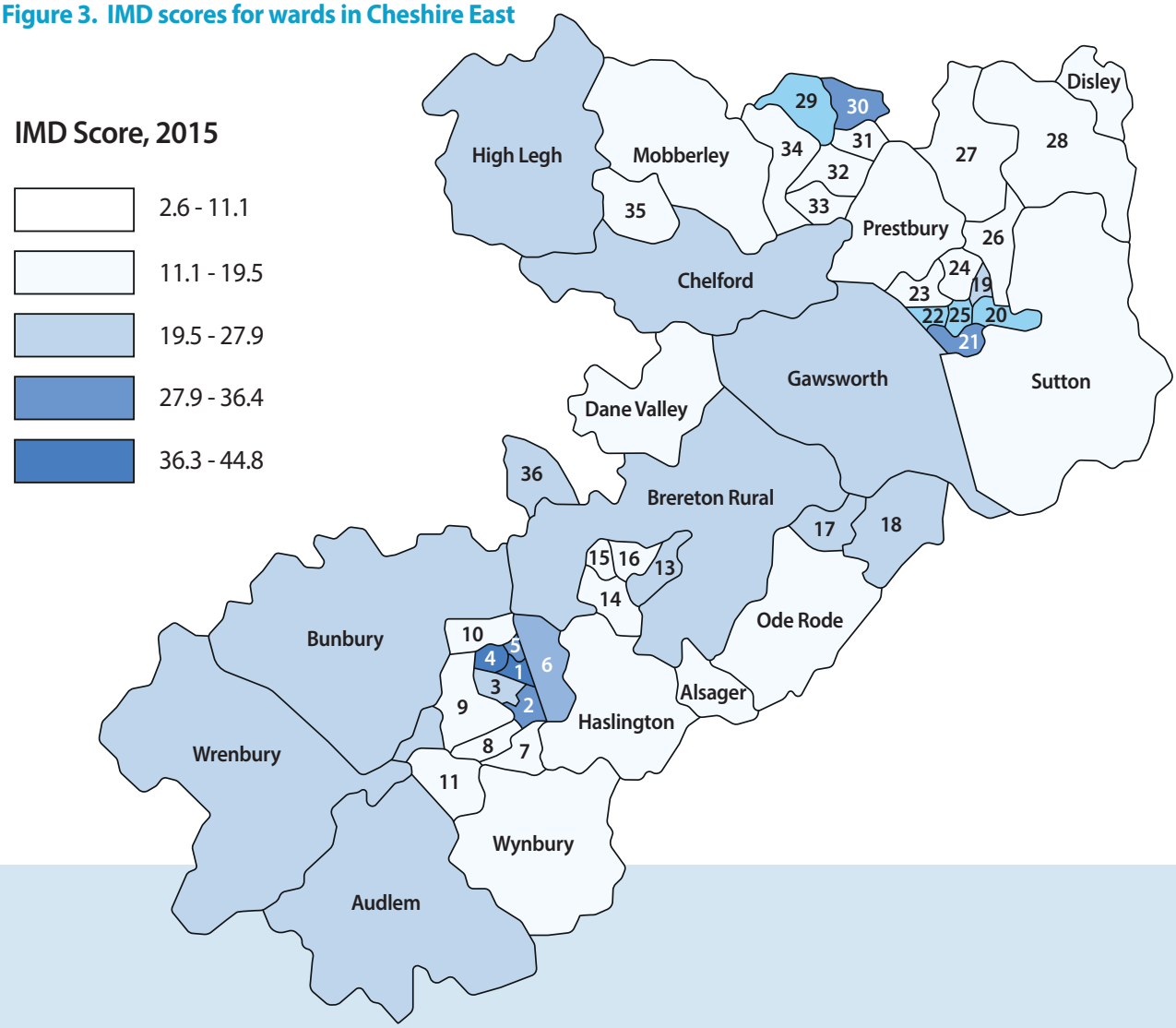
Figure 2: Male healthy life expectancy at birth vs index of multiple deprivation



Respiratory Disease

Figure 3 is a map which shows the IMD score for all wards in Cheshire East. Most of the area has a relatively low score (ie relatively affluent by the norm for England). Scores are higher (ie relative deprivation) in urban areas of Crewe and Macclesfield. The ward of Handforth (30) also has a relatively high score.

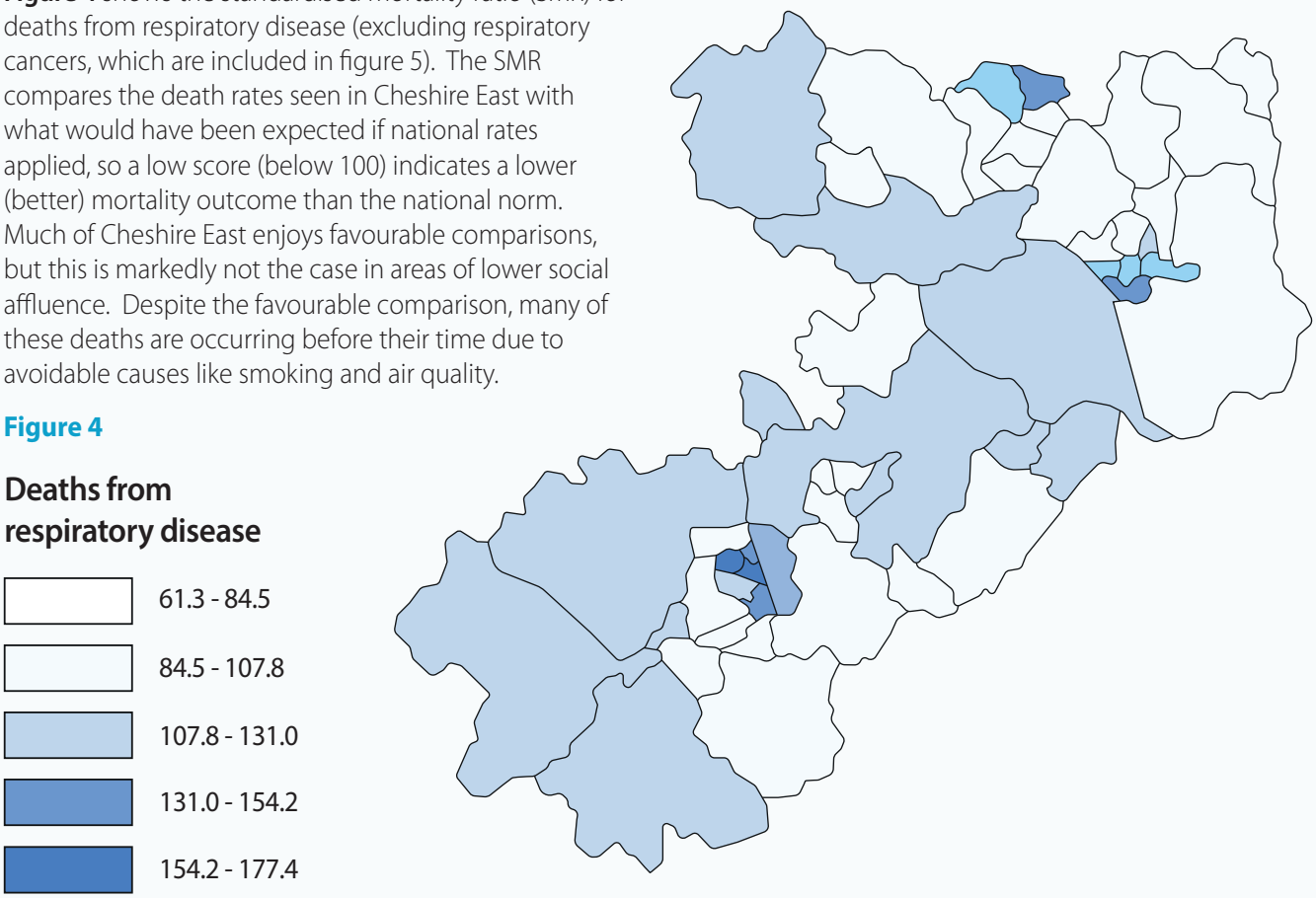
Figure 3. IMD scores for wards in Cheshire East



1. Crewe Central
2. Crewe South
3. Crewe West
4. Crewe St Barnabas
5. Crewe North
6. Crewe East
7. Shavington
8. Willaston and Rope
9. Willaston
10. Leighton
11. Nantwich South and Stapeley
12. Nantwich North and West
13. Sandbach Heath and East
14. Sandbach Ettiley Heath and Wheelock
15. Sandbach Elworth
16. Sandbach Town
17. Congleton West
18. Congleton East
19. Macclesfield Hurdsfield
20. Macclesfield East
21. Macclesfield South
22. Macclesfield West and Ivy
23. Broken Cross and Upton
24. Macclesfield Tytherington
25. Macclesfield Central
26. Bollington
27. Poynton West and Adlington
28. Poynton East and Pott Shrigley
29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Aderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

Figure 4 shows the standardised mortality ratio (SMR) for deaths from respiratory disease (excluding respiratory cancers, which are included in figure 5). The SMR compares the death rates seen in Cheshire East with what would have been expected if national rates applied, so a low score (below 100) indicates a lower (better) mortality outcome than the national norm. Much of Cheshire East enjoys favourable comparisons, but this is markedly not the case in areas of lower social affluence. Despite the favourable comparison, many of these deaths are occurring before their time due to avoidable causes like smoking and air quality.

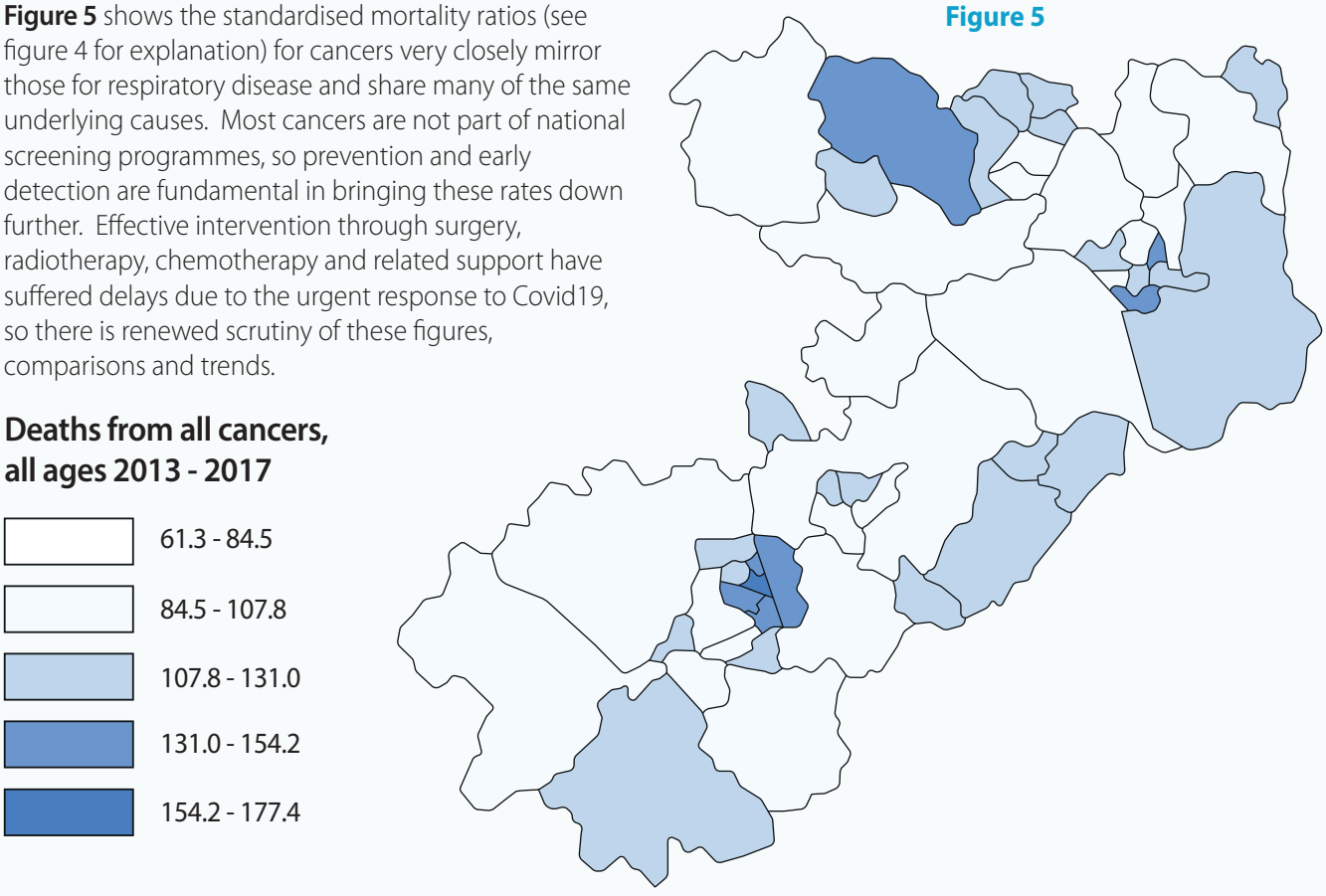
Figure 4



Cancers

Figure 5 shows the standardised mortality ratios (see figure 4 for explanation) for cancers very closely mirror those for respiratory disease and share many of the same underlying causes. Most cancers are not part of national screening programmes, so prevention and early detection are fundamental in bringing these rates down further. Effective intervention through surgery, radiotherapy, chemotherapy and related support have suffered delays due to the urgent response to Covid19, so there is renewed scrutiny of these figures, comparisons and trends.

Figure 5



Circulatory diseases (chiefly heart attacks and strokes)

Figure 6 shows the standardised mortality ratios (see figure 4 for explanation) for circulatory diseases in the wards of Cheshire East. Once again, they correlate closely with the pattern for respiratory diseases and cancers and point to common causes. Up to date figures for the Covid19 pandemic period are not available when going to press, but indications are that there is already an increase in these rates during the pandemic, for reasons which are under investigation by Public Health England regionally and nationally.

Figure 6

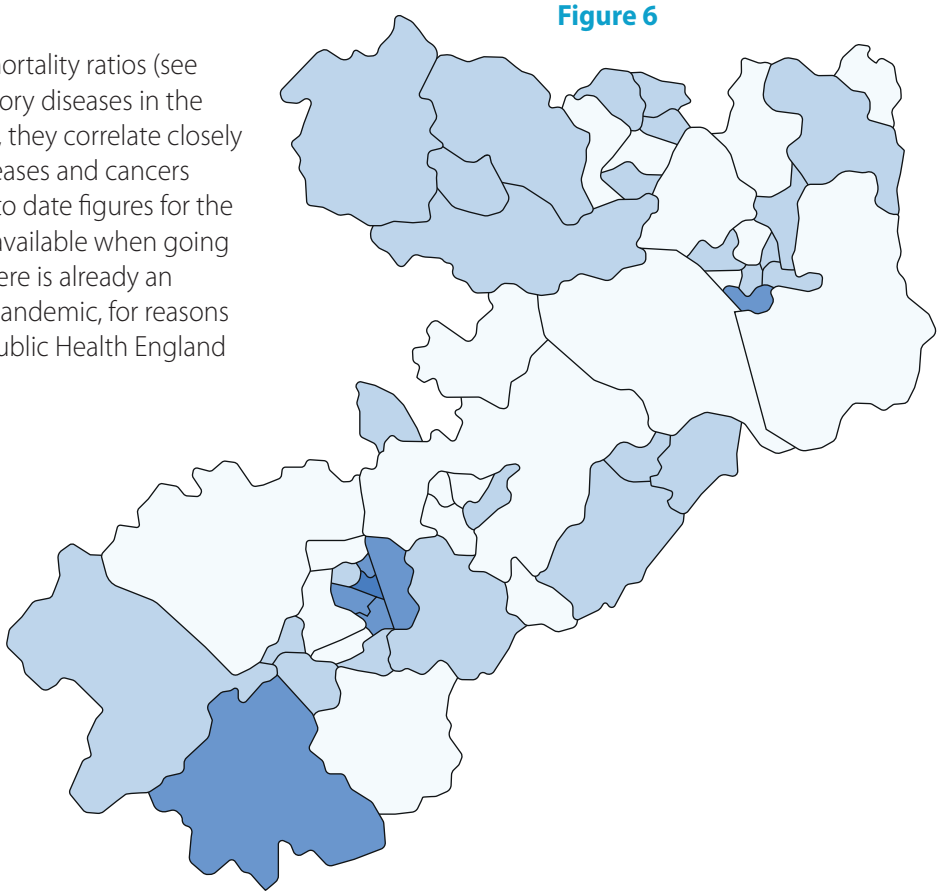


Table 1 shows how Cheshire East compares with the North West Region and with England on a number of key indicators. These examples are illustrative, taken from a much richer source which can be obtained from the references cited.

A more detailed list of indicators at ward level is also available in the "Tartan Rug" spreadsheet.
www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/ward-profile-tartan-rug-nov17-ce-produced-18-08-23.pdf

Affluence (or a lack of it) is a strong determinant of length and quality of life, as are educational attainment and employment, which are listed here. The main diseases that shorten life are listed here, but not those that impair quality of life, such as sensory impairments, mobility problems and mental health struggles. We have relatively weaker data on these, but their importance is increasingly recognised as we look at living longer better. Suicide rates have been a particular focus for this Council, so a figure is included.

Overall, the comparisons with the region and with England are favourable, but we will try to improve further.

Table 1: Indicators of health, wellbeing, and underlying causes: how does Cheshire East compare?

Indicator	Cheshire East	North West	England
Index of Multiple Deprivation (IMD) Score 2015	14.1	28.1	21.8
Educational attainment (5 or more GCSEs): % of all children	60.5	56.3	57.6
Percentage of people aged 16-64 in employment	81.5	74.9	76.2
Estimation of Life Satisfaction	7.7	7.6	7.7
Female Healthy Life Expectancy at Birth, 2016 - 2018	69.8	63.3	63.9
Male Healthy Life Expectancy at Birth, 2016 - 2018	66.5	61.6	63.4
Deaths from respiratory diseases, all ages, standardised mortality ratio & 2013 - 17	94	111.2	100
Deaths from all cancer, all ages, standardised mortality ratio & 2013 - 17	91.2	107.8	100.0
Deaths from circulatory disease, all ages, standardised mortality ratio & 2013 - 17	91.4	108.4	100
Suicide rate (Persons)	10.2	10.6	10.1

Sources:

Public Health England Fingertips - https://fingertips.phe.org.uk
Office for National Statistics - https://www.ons.gov.uk/
Cheshire East Joint Strategic Needs Assessment - https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/ward-profile-tartan-rug-nov17-ce-produced-18-08-23.pdf
Local Government Association LG Inform - https://lginform.local.gov.uk/reports/

A commentary on health inequalities

Health inequalities have been defined as: "Avoidable, unfair, systematic differences in health between different groups of people."

Inequalities in health cannot be completely eliminated. This is because each of us has a unique genetic endowment, undergoes unique life experiences, makes unique personal choices, and encounters unique contact with services. Not every baby will be born with the same birth weight, grow up in identical housing, earn an identical wage, suffer the same accidents and diseases and die at the same age. So we cannot eliminate health inequality but we can address the causes, diminish the impact and reduce the gaps.

What matters, in the definition here, are the inequalities that are: avoidable, so we must address what is causing them; unfair, so we must press for equal opportunities and provide extra help for those who need it more; and systemic, so we must look at our systems for any built-in inequalities in our assessment of need and access to services where these might be inadvertently perpetuating inequalities.

The "inverse care law" described decades ago by Welsh GP, Dr Julian Tudor Hart, applies in this context: "The availability of good medical care tends to vary inversely with the need for it in the population served." A contemporary example of this is digital exclusion. During the Covid19 pandemic more GP and related services have gone on-line or over the telephone, as has access to home delivery of food and shopping, access to education and access to work for many adults. Some of the most in need are those without access to the internet, laptop or mobile phone, either because they cannot afford them or because they never learned to use them.

One of the most frequently used measures of underlying inequality is the "Index of Multiple Deprivation". The components of this index reflect what we know are some of the major causes of inequality in health: income, living environment, housing, crime, employment, education, skills, health and disability. It is notable that the NHS's direct contribution is to the last two, and the others lie chiefly with local and national government.

All these causes overlap, hence the vital importance of tackling them in partnership. Not included in this index, but also important, are factors such as ethnicity and digital exclusion, so we must factor these in locally.

In understanding health inequalities we need to start with these underlying causes and the inequalities we see. Making healthier choices and avoiding unhealthier ones are not equally easy in all parts of the Borough and in some cases there may be little choice at all. Material (financial) inequality is an obvious example, and lack of money or a job impacts severely on life chances. These are not "hard to reach groups" as such because loan sharks and drug dealers find them easy to reach and exacerbate the problems. Through our local networks of neighbourhoods, voluntary organisations and statutory services we need to make sure no one in material deprivation is left behind.

Other types of deprivation include lack of access to green spaces, positive adult role models, hope, aspiration, education, skills, hobbies or the reason to get up in the morning. Then there are the systemic exclusions: digital exclusion, social isolation, stigma, prejudice, bullying and indeterminate immigration status. Although strongly associated with later inequalities in length and quality of life, these are not necessarily directly causal. Some people overcome adversity and lead full and rewarding lives, but many do not and these are of relevance to public health and partnerships.

The causes of ill health start very early – even in the womb – and in the crucial first year or two of life. Evidence is accumulating about the importance of "adverse childhood experiences" (ACEs). ACEs act through "toxic stress". If an infant or child experiences an adverse event such as violence, verbal abuse, sexual abuse or neglect, it provokes a normal stress response. But if that stress is unremitting and inescapable, the stress is constant and the body's response becomes toxic. At this crucial stage of brain and body development, toxic stress and lack of positive inputs, affect the number of nerve connections in the brain and reinforce unhelpful emotional development and behaviours. Brains of children with high ACE scores are physically smaller. The raised level of stress hormones, like cortisol, have an adverse effect on other developing body organs such as heart and lungs, as well as overall growth and height. To add to the problem, a high ACE score also correlates with higher-risk lifestyles like smoking, substance dependency and violence. These risk factors add further damage to the impaired organ development and reveal themselves in higher rates of heart disease, lung disease and cancer.

The prevention of ACEs in the first place involves skilled intervention, especially in the pre-school period with parenting and peer support, but also well into primary school and beyond. It starts with alert and responsive midwifery care in the antennal period. In families where ACEs have occurred, it is still not too late for some mitigation and secondary prevention The solutions lie in three main interventions: removing the source of stress, providing a trusted and supportive adult, and teaching coping mechanisms to re-educate the abnormal brain connections. One area of intervention is dealing with challenging behaviour and offending in school-age children. The starting point for remedial therapy is that the child is not wicked but wounded. Training for supporting such children is available at individual professional or parenting level, or at institutional level or even larger scale. Scotland and Wales have declared themselves "ACE-aware" as have several English boroughs.

Having addressed determinants of ill health, the next objective is to secure fairer access to care services of a high quality. There are many barriers to fair access. For some it is a mistaken belief about disease and treatment, for others it might be a lack of awareness or misinformation such as the anti-vaccination conspiracy theories. For some individuals and cultures there are deep stigmas or taboos relating to certain subjects like mental health or gynaecological conditions.

Distance from services, rurality, impaired mobility and lack of transport are other barriers, or there may not be a service at all in some areas.

The final arbiter of success in tackling the root causes of health inequality is to see if indicators of length and quality of life - the outcomes - are showing a narrowing of the gap. This is shown in the previous chapter.

Another significant area for understanding and tackling inequalities is to look at whether public investment in services is "fair". One way of checking for fairness is to see whether there is anyone not receiving a service who has greater need (ability to benefit) than those who are in receipt of that service. As public bodies, local authorities and NHS need to be efficient not only in the how they commission or deliver services but also in how they allocate resources. The Integrated Care Partnership has taken this on board and is exploring "programme budgeting and marginal analysis" (PBMA) to assess this aspect of fairness. Put simply, PBMA asks where our investment as health and social care partnership goes to in the major programmes, what good it does, how we compare with similar populations elsewhere in England, and how we could invest it better next year. It requires us to look at each step in the journey from prevention through to diagnosis, treatment, continuing care and end of life care, to see whether we have the balance right within each programme and between programmes. Even when there is no new money, we can often redeploy what we have – money, people and buildings, to better effect. And the significance of partnership is that we share our resources as well as our expertise to address shared programme objectives.

Taking on board these considerations, Cheshire East has set up a commission to tackle inequalities. In this it is supported by a North West Regional Inequalities Network which is providing a lot of the evidence and data. Given this report's theme of "partnership" we should explore all opportunities for reducing inequalities through partnership. This includes closer partnership between the residents of the borough and the environments in which they live and work – their green spaces, the urban landscape, the active transport infrastructure, the work and educational environment and the home environment. There is an inter-dependency to be developed here.

In the Integrated Care Partnership being developed for Cheshire, considerations of "place" need as much attention as "people" because there lie the antecedents - and the answers - causes and cures - to health inequalities.

Covid-19: diary of a pandemic

The defining public health challenge of 2020/21 was the Covid-19 pandemic. This chapter summaries the main challenges, successes and lessons learned to date.

Towards the end of 2019 the international medical community and Public Health England, along with the media in general, were increasingly aware and concerned about a new variant of a virus, apparently originating in China, belonging to the coronavirus disease (Covid) group. It was officially labelled Covid-19. Since it had some characteristics of an earlier outbreak of another coronavirus disease, SARS (Severe Adult Respiratory Syndrome), it prompted particularly close scrutiny. It emerged that it was more infectious than SARS but generally caused less severe infection, especially children and young adults, but with significant exceptions in certain vulnerable and susceptible people. In Cheshire East, the initial public health response was to keep councillors and directors briefed, set up an incident room, put emergency planning on standby, and begin looking at clinical and related response capacity.

March 2020

On 23rd, the Prime Minister announced the first lockdown in England ordering people to stay at home, legally enforced from 26 March.

Covid-19 took longer to reach Cheshire East than more heavily populated and crowded areas like London. Our early period was spent setting up support for vulnerable groups and those self-isolating, and securing personal protective equipment for care staff. Not all the national procurement schemes and related logistical schemes were suited to Cheshire East, so local refinement was needed. The NHS largely catered for its needs through its own channels. Our Council area has more older people than the national average. It also has more care homes (92 registered with the Council) and some of those care homes cater for people coming in from other areas. In line with national policy, the NHS needed to increase hospital bed capacity by accelerated discharge of older people to nursing and care homes.

The provision of guidance to individuals, schools, care homes and businesses was a major focus of the initial phase of the local response. The Council set up public-facing information on numbers of cases and practical advice on control measures in different settings. This was the end of the season of winter coughs and colds, so respiratory symptoms were common and the distinguishing characteristics of Covid-19 (like loss of taste) were only just becoming apparent, as was its severity in certain cases. National guidance was often general at this stage as globally health agencies were learning more about the virus and how it was transmitted, and local needs were often more specific. During this time the Council's public health staff were working closely with Public Health England and similar national agencies, receiving and supplying information on a daily basis. Keeping "business as usual" going was a challenge for public health services such as substance misuse and sexual health, but other areas of health promotion had to take lower priority during the peak months.

May 2020

On 10th, the Prime Minister announced a conditional plan for lifting lockdown.

The Council promoted a strong line on not coming in to work unless needed, in its own workforce and with other businesses. This is believed to help to reduce the spread of the virus to other areas of the region.

June 2020

On 1st, schools started a phased reopening, and on 15th, non-essential shops re-opened.

This was a very busy time for our advice teams, often related to children at higher risk and how to meet their educational needs as well as keep them safe from infection. There was limited testing capacity nationally.

July 2020

On 4th, local lockdowns were introduced, starting in Leicestershire. On 18th, Local Authorities in England were given additional powers to enforce social distancing.

Our experience in Cheshire was more of clusters of cases in small specific locations rather than generalised spread. The pattern, as expected, related to movements to and from the conurbations on our borders, such as Manchester to the north and Staffordshire to the south.

August 2020

On 3rd, "Eat out to help out" scheme of subsidised meals was launched, with government subsidies to help the catering and hospitality industry.

September 2020

The "rule of six" was introduced on 14th, limiting social gatherings to no more than six people, and on 22nd, further restrictions began including a return to working from home.

Nationally it was becoming increasingly apparent that this pandemic was worsening pre-existing health inequalities. It was spreading faster in groups already at disadvantage, for example crowded households and those made vulnerable by diabetes, overweight and smoking. Those with limited access to the internet were losing out on education, shopping deliveries, information about the pandemic and access to health care. Regional work by PHE was starting to show an above-trend rise in death rates from heart disease and respiratory disease. It was still the case that more people were dying from non-Covid-19 diseases than Covid-19 itself.

October 2020

On 14th, a new three-tier system of restrictions started in England, based on rates of spread of infection.

Two groups were showing particular strain from restrictions. The older age group were losing fitness and resilience by lack of social contact and lack of outdoor physical activity and contact with nature. Younger people were suffering significantly greater mental health and emotional stress. Social media use was increased during lockdown and this was a double-edged problem – maintaining contact but also raising stress and spreading misinformation. Since many track and trace measures were either voluntary or difficult to enforce, and given some high profile breaches of the regulations, some people were simply bypassing the regulations.

November 2020

On 5th, the second national lockdown began to prevent "a medical and moral disaster" for the NHS. New variants of the virus, from within the UK and abroad, were causing concern.

The peak rate of new cases of Covid-19 was over 500 cases per 100,000 population. In general, our experience was of lower rates than the prevailing national or regional average, and that applied to cases, hospital admissions and deaths.

The NHS was learning rapidly how to manage the unusual features of the illness, and survival rates improved.

With the arrival of lateral flow rapid testing and results, Cheshire East became the first in the country to set up a dual testing site (in Crewe) with testing of asymptomatic people in the morning and then lateral flow testing for symptomatic people in the afternoon.

Reaching all the villages and market towns, often with limited public transport, meant we had to create a local solution to testing. This was the "Covid testing dynamic team" or "Swab squad" which was a mobile, domiciliary testing team, including to schools and businesses.

They could also get a Covid test result within 2 hours where hospital admission was being considered, so that appropriate care was delivered with appropriate isolation. Pharmacies became a great ally in the testing of people without symptoms.

December 2020

On 2nd, the national lockdown was lifted but the three-tier system remained in place. On 21st December a fourth tier was introduced, initially in London and the South-East, in response to particularly rapid spread. Over Christmas, for five days, some travel and gathering restrictions were lifted.

January 2021

On 3rd, in response to a surge in cases, England entered a third national lockdown.

Vaccine started arriving in Cheshire East, and roll-out was swift with a very high uptake (over 96% in the over-70's, and 95% in the over 64's and vulnerable groups).

February 2021

On 15th, compulsory hotel quarantine began for travellers from a list of 33 high risk countries. India was not initially one of them but was added later. On 22nd, the Prime Minister announced a "road map" for lifting restrictions.

March 2021

Schools started re-opening on 8th.

April 2021

As we move into another year affected by Covid-19 Cheshire East will continue to respond to a situation that has been changing rapidly since it began. We will continue to deliver measures that protect public as restrictions are eased or lifted. We will be looking ahead to the winter months to ensure that we help our residents to stay well.

There are many outstanding challenges, and these are just a few:

- Maintaining control measures and encouraging vaccine take-up.
- Helping the local economy get back on its feet.
- Helping those, especially older people, to regain lost fitness and resilience, both physical and mental, to overcome fear, and return to active and engaged living
- Helping the NHS to catch up with the backlog of non-emergency and non-Covid diseases.
- Tackling the widened inequalities in health and wellbeing
- Maintaining vigilance for new variants or other threats to health from pandemic disease
- Helping exhausted staff in all sectors to recover, including especially the strain of "moral injury" from seeing potentially avoidable deaths
- Sharing and learning the lessons from this pandemic so that the "new normal" represents progress towards a fairer, safer and healthier society and environment.

Resources for public health

Every year, central government provides each local authority with a public health grant. This funds the core of the public function: its staff, commissioned services and directly-funded services. The deployment of the public health grant is described briefly below to illustrate the nature and scale of that deployment.

Additional funds come from bidding for specific initiatives.

The true public health resource is much wider, if we adopt the definition that public health is: "The science and art of preventing disease, prolonging life and promoting health through organised efforts of society." That covers the entire resource and workforce of the Council and NHS, and many more besides.

Finances – 2020/21 forecast public health budget

(Note: this does not include the emergency Covid-19 response)

Public health commissioned activity (block contracts)

	Cost £'s
Child health 0-19 service	5,560,664
Sexual health	2,526,888
Substance misuse	2,138,248
Alcohol misuse	952,745
Diet, activity and smoking	896,202
Other (eg water fluoridation, collaboratives)	257,191
Total	**12,331,938**

Public health commissioned activity (activity-based contracts)

	Cost £'s
NHS Health Checks	280,000
Other (eg Pharmacy schemes)	139,590
Total	**419,590**

Contributions to wider Council public health work

	Cost £'s
Mental Health	881,816
Adults	475,621
Children	420,000
Corporate overheads	251,359
Total	**2,028,796**

People – our greatest resource

The list below covers the core team in the Directorate of Public Health. This team has undergone a few arrivals and departures in recent months. Here is the current list of who we are, what we do and how to contact us. Partnership is the theme of this report and at the core of how we work. We would like to hear from you.

In order to e-mail any of the following, use:
firstname.secondname@cheshireeast.gov.uk

Core Public Health Team

Matt Tyrer – Director of Public Health

Susie Roberts – Consultant in Public Health

Guy Kilminster - Corporate Manager Health Improvement

Andrew Turner – Consultant in Public Health

Ann Hart – Personal Assistant to Director of Public Health

Paul Cooke – Business and Governance Officer

Grace Walley – Business Officer

Health Improvement

Sheila Woolstencroft – Health Improvement Manager

Kirsty Reid – Public Health Development Officer

Rachael Nicholls – Project Officer

Public Health Business Intelligence

Sara Deakin – Head of Public Health Intelligence

Rhonwen Ashcroft – Public Health Information Analyst

Andrew Moss – Public Health Information Analyst

Jack Chedotal – Public Health Information Analyst

Christopher Lamb – Public Health Information Analyst

Chinwe Ngadi – Public Health Analyst

Georgia Carsberg – Public Health Analyst

Public Health Protection

Emily Kindred – Health Protection Officer

Naomi Wilkinson – Health Protection Officer

Joel Hammond-Gant – Health Protection Officer

Public Health Business Team

Paul Cooke – Business and Governance Officer

Grace Walley – Business Officer

Ann Hart – Personal Assistant to Director of Public Health

Interim Public Health Support

Rod Thomson - Consultant in Public Health

Peter Brambleby - Consultant in Public Health

Clare Walker - Consultant in Public Health

Irfan Ghani - Consultant in Public Health

Siva Chandrasekaran - Public Health Intelligence Lead

Thomas Inns - Public Health Registrar

Conclusions - preparing for a new normal

These are exciting times for public health, both locally and nationally.

There is a new UK Office for Health Improvement and Disparities that will lead national efforts to improve and level up the health of nation with a special emphasis on tackling obesity, promoting physical activity and improving mental health.

In a parallel development, the new UK Health Security Agency will be responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level.

Extracts from the NHS White Paper – Integration and innovation: working together to improve health and social care for all (11 February 2021):

> "Our experience of the pandemic underlines the importance of a population health approach: preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience…"

> "The factors which prevent poor health are shaped by many different parts of government, public services and broader health system. So rather than containing health improvement expertise within a single organisation, driving change in the future will mean we need many different organisations to have the capability and responsibility for improving health and preventing ill health…"

> "Taken together, the proposals will strengthen local public health systems, improve joint working on population health through Integrated Care Systems, reinforce the role of local authorities as champions of health in local communities, strengthen the NHS's public health responsibilities, strengthen the role of the Department of Health and Social Care in health improvement, and drive more joint working across government on prevention…"

> "Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy."

Contact Us

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