

Cheshire East Health and Wellbeing Board Agenda

Date: Tuesday, 29th November, 2022
Time: 2.00 pm
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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

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

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Declarations of Interest**

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

3. **Minutes of Previous meeting** (Pages 5 - 12)

To approve the minutes of the meeting held on 27 September 2022.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

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. **Cheshire and Merseyside Integrated Care System Strategy** (Pages 13 - 20)

To consider a report which outlines the statutory guidance the Department of Health and Social Care issued for the publication of an Integrated Care Partnership (ICP) Strategy by December 2022.

6. **Winter Planning update** (Pages 21 - 86)

To receive an update on winter planning for 2022/2023.

7. **Cheshire East Health and Care Partnership update**

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

8. **Cheshire East Domestic Abuse and Sexual Violence Partnership - Health Pathfinder Toolkit** (Pages 87 - 94)

To receive an update on key priorities within the Domestic & Sexual Abuse Strategy that relate to 'Health Settings' and 'Complexity'.

9. **Living Well in Crewe** (Pages 95 - 142)

To receive the 'Living Well in Crewe' report.

10. **Cheshire East Joint Outcomes Framework** (Pages 143 - 162)

To consider a report which seeks approval for the approach to developing the Cheshire East Joint Outcomes Framework.

11. **Cheshire East Safeguarding Children's Partnership Annual Report 2021-2022** (Pages 163 - 174)

To receive the Cheshire East Safeguarding Children's Partnership Annual Report 2021-2022.

12. **Children and Young People's Plan 2022-26** (Pages 175 - 204)

To receive the new Children and Young People's Plan for 2022-26.

13. **Cheshire East Mental Health Partnership Board update** (Pages 205 - 226)

To receive an update on the activities of the Cheshire East All Age Mental Health Partnership Board.

Membership: L Barry, C Bulman, Charlesworth-May, S Corcoran (Chair), Frodsham, Kearns, S Michael, J Rhodes, M Tyrer, M Wilkinson, Wilson (Vice-Chair), J Clowes (Associate Non Voting Member), V Elliott (Associate Non Voting Member), Hart (Associate Non Voting Member), C Jesson (Associate Non Voting Member), K Sullivan (Associate Non Voting Member), Traverse (Associate Non Voting Member) and Williamson (Associate Non Voting Member)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 27th September, 2022 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT**Voting Members**

Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Mark Groves, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Dr Matt Tyrer, Director of Public Health
Mark Wilkinson, Cheshire East Place Director

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Superintendent Claire Jesson, Cheshire Constabulary (attended virtually via Microsoft Teams)
Dr Andrew Wilson, GP

Cheshire East Officers and Others

Sarah Harrison, Programme Manager, East Cheshire NHS Trust (attended virtually via Microsoft Teams)
Guy Kilminster, Corporate Manager Health Improvement
Dr Susie Roberts, Public Health Consultant
Katherine Sheerin, Executive Director of Transformation and Partnerships, East Cheshire NHS Trust (attended virtually via Microsoft Teams)
Karen Shuker, Democratic Services Officer
Dr Andrew Turner, Public Health Consultant

11 APPOINTMENT OF CHAIR

It was moved and seconded that Councillor Sam Corcoran be appointed the Chair.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chair.

12 APPOINTMENT OF VICE CHAIR

It was moved and seconded that Dr Andrew Wilson be appointed as the Vice Chair.

RESOLVED:

That Dr Andrew Wilson be appointed as Vice Chair.

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Louise Barry, Dr Lorraine O'Donnell, Victoria Elliott, Denise Frodsham, Dr Patrick Kearns, Jayne Traverse and Deborah Woodcock.

Mark Groves attended as a substitute.

14 DECLARATIONS OF INTEREST

In the interest of openness Dr A Wilson declared an interest in respect of the fact that he had been appointed as a non-executive at mid Cheshire NHS Trust.

It was noted that Dr A Wilson made this declaration during minute no.21.

15 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 21 June 2022 be confirmed as a correct record.

16 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

17 NOMINATION OF NON-VOTING ASSOCIATE MEMBERS

RESOLVED:

That the following individuals be appointed as Non-Voting Associate Members of the Cheshire East Health and Wellbeing Board for the next 12 months

Councillor Janet Clowes, Superintendent Claire Jesson, Victoria Elliott, Dr Andrew Wilson, Jayne Traverse, Claire Williamson, Chris Hart and Kathryn Sullivan.

18 PHARMACEUTICAL NEEDS ASSESSMENT

The board considered the final version of the Pharmaceutical Needs Assessment (PNA) 2022- 2025 prior to publication by 1 October 2022. The board had previously received a draft version of the PNA in November 2021 and following this there had been a period of consultation and amendments made following analysis of the responses received.

Following the analysis, the overall conclusions of the PNA remained the same: pharmaceutical provision was adequate, and the PNA had not

identified current or anticipated future need for new NHS Pharmaceutical service providers in Cheshire East over the time frame of the latest PNA.

There would be regular reviews regarding need and provision and consideration given to the need for additional statements to update any substantial changes that emerge.

The board thanked the team that had been involved internally and externally for all their work.

RESOLVED (Unanimously)

That the Pharmaceutical Needs Assessment (PNA) 2022 - 2025 be approved for publication on the Cheshire East Council Website by 1 October 2022.

19 ANNUAL FLU REPORT 2021- 2022

The Board considered the Annual Flu Report 2021/22 which included

- A summary of the 2021/22 Cheshire East Council workforce influenza Vaccination scheme and recommendations for the future of the staff programme;
- A summary of the 2021/22 NHS-led Influenza Vaccination programme across Cheshire East and a forward look at the 2022/23 influenza Programme.

The rates for influenza had been unseasonably low throughout 2021/22 which had been associated with behavioural changes due to the continuation of the COVID-19 pandemic.

The uptake in Cheshire East of the flu vaccination had continued to be higher than the national average in most patient groups although uptake of those with learning disabilities was low. It was agreed that officers would liaise with NHS colleagues to discuss plans to address this.

In response to a question in respect of when feedback would be received on how this year's programme was going it was agreed that this would be added to the forward plan with a view to receiving a verbal update at the January meeting.

RESOLVED

That the Cheshire East Health and Wellbeing board noted the report and the recommendations set out in the report.

20 ALL TOGETHER FAIRER HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE

The board considered the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' report. The report's recommendations would be considered in the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five -Year Delivery Plan.

The board welcomed the report as it gave practical examples of the next steps but felt frustrated that health inequalities were still there. To help reduce the inequalities the board asked its partners in the Cheshire East Health and Care Partnership to note the publication of the report and to commit to considering its recommendations as they developed their corporate, operational and delivery plans for 2023-2024 and align those plans to the Health and Wellbeing Strategy.

RESOLVED (Unanimously) That:

1. The Cheshire East Health and Wellbeing Board endorsed the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' report.
2. The Board noted the recommendations and that these would be considered and, where appropriate, be included within the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five-Year Delivery Plan.
3. That the Board asks that all partners in the Cheshire East Health and Care Partnership take note of the publication of the report and commit to considering its recommendations as they develop their corporate, operational and delivery plans for 2023 – 2024 and beyond; and in due course, align those plans to the Health and Wellbeing Strategy, with the intention of contributing to the reduction of health inequalities.

21 CREATING SUSTAINABLE HOSPITAL SERVICES FOR THE PEOPLE OF EASTERN CHESHIRE AND STOCKPORT

During consideration of this item Dr Andrew Wilson declared an interest due to the fact that he was a non-executive at mid Cheshire NHS Trust.

Katherine Sheerin, Executive Director of Transformation and Partnerships and Sarah Harrison, Programme Manager from the East Cheshire NHS Trust provided the board with an update on the progress of the Creating Sustainable Hospital Services for the people of eastern Cheshire and Stockport programme. The board were given clarification on how the programme would fit with the East Cheshire NHS Trust Strategic Plan and in turn the Cheshire East Place Strategy.

The Board received a presentation which outlined the purpose of the programme, the governance structure for the programme, phases of the programme and its next steps.

The board heard that a series of workshops had taken place over the summer to develop the model of care and had been attended by patient representatives, people from voluntary, community, faith and social enterprise groups, Local authorities, primary care, commissioners, and clinical teams. Work would be undertaken to understand the financial, workforce, digital and capital implications, and to assess the level of potential changes in access in the ten clinical areas that the programme was focused on. If there were proposals for substantial service change then those would be subject to full public consultation.

The Board thanked Katherine and Sarah for their presentation and noted the complexities across two boards but felt that the target of reducing carbon emissions by 4%, outlined as part of the strategic plan could be more ambitious.

RESOLVED:

That the Board noted the progress with the work on creating sustainable hospital services for the people of eastern Cheshire and Stockport.

22 UPDATE ON THE ESTABLISHMENT OF HEALTH AND CARE PARTNERSHIP AND NHS CHESHIRE AND MERSEYSIDE'S TEAM IN CHESHIRE EAST

Mark Wilkinson, Cheshire East Place Director provided the board with an update on the establishment of the Health and Care Partnership and NHS Cheshire and Merseyside's team in Cheshire East.

There had been two meetings of the Health and Care Partnership Board who continued to meet in shadow form until the terms of reference had been agreed by all partners. The recruitment process for a new chair was underway and expressions of interest had been invited.

A Staff conference had taken place to provide clarity for former employees of the CCG and to receive feedback and comments from them. The board shared concerns that although the staffing structure was progressing there was still significant work to be done.

The board agreed that it was positive that there was agreement at the Cheshire and Merseyside level 80 or 90% of resources should be allocated at Borough level and that there were good working relationships at the Cheshire East level, along with a clear shared vision about tackling the wider determinants of health.

In response to questions and comments the board were assured that:

- Everyone who was employed by the former CCG had been transferred over although there were challenges ahead in meeting savings targets for the Integrated Care Board.
- The overarching objectives in the plans originally set out pre-pandemic hadn't changed but the key was how performance would be monitored and how to articulate the delivery plan.

The Board was assured that winter was at the forefront of people's minds but there was a need to work collaboratively as pressures would continue to increase over the winter period and the financial position would be challenging.

RESOLVED:

That the update be noted.

23 CHESHIRE EAST HEALTH AND CARE PARTNERSHIP UPDATE

The board received a verbal update on what actions were underway to help move forward the refresh of the Cheshire East Health and Wellbeing Strategy and five-year delivery plan. The update included the current Cheshire East Partnership interrelated strategies and the strategies outlined for the future which included: -

- Cheshire East Joint Health and Wellbeing Strategy 2023 – 2028 (and Place Plan)
- Five-year over-arching Cheshire East Partnership health and care system delivery plan 2023 – 2028
- Joint Outcomes Framework
- System Plans
- Organisational strategies and plans

Once the joint Health and Wellbeing Strategy and Place plan had been drafted and gone out for engagement it was important that those partners and organisations that would be contributing to individual behaviours, socioeconomic factors and built environment were part of the conversation.

The proposal was to stick with the existing outcomes which sat within the current strategy, with the addition of outcome 4 which covered the needs of children and young people. The delivery plan would incorporate the new models of care that had been agreed by the Place Partnership.

A list of issues that would influence the refresh of the strategy and would need to be taken into consideration were highlighted.

The Board supported the refresh but felt that more emphasis was needed on the 'how' as the 'what' was trying to be achieved had not changed.

The board heard from Andrew Turner, Public Health Consultant who stated that “I think we’re now at the point where we won’t get more health from more healthcare; we will have a much bigger impact on population health and wellbeing by improving the circumstances in which people live”. The Board acknowledged that there were real potential benefits from improving the quality of houses, communities, and jobs and that this could have more of an impact than improving the quality of the NHS services.

RESOLVED:

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.41 pm

Councillor S Corcoran (Chair)

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CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Developing the Cheshire and Merseyside Health and Care Partnership Strategy (Interim)
Report reference	HWB1
Date of meeting:	29 November 2022
Written by:	Neil Evans - (Associate Director of Strategy and Collaboration; NHS Cheshire and Merseyside ICB)
Contact details:	neilevans@nhs.net 07833685764
Health & Wellbeing Board Lead:	Mark Wilkinson/Councillor Corcoran

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	<p>To outline to the Board that the Department of Health and Social Care issued statutory guidance for the publication of an Integrated Care Partnership (ICP) Strategy by December 2022.</p> <p>The Cheshire East Health and Wellbeing Board is a key member of the Cheshire and Merseyside Health and Care Partnership Board and as such is an important stakeholder in developing the strategy.</p> <p>There will be a need to update this strategy during 2023-24 to reflect updated Joint Strategic Needs Assessment (JSNA) information and revised national guidance expected in June 2023.</p>		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	<p>Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/></p> <p>Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/></p> <p>Enable more people to live well for longer <input type="checkbox"/></p> <p>All of the above <input checked="" type="checkbox"/></p>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	<p>Equality and Fairness <input type="checkbox"/></p> <p>Accessibility <input type="checkbox"/></p> <p>Integration <input type="checkbox"/></p> <p>Quality <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Safeguarding <input type="checkbox"/></p> <p>All of the above <input checked="" type="checkbox"/></p>		

Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	<p>The Board is asked:</p> <ul style="list-style-type: none"> • To endorse the approach taken to developing the Cheshire and Merseyside HCP Strategy • Provide feedback on any material changes recommended to the draft strategy document, which will be issued separately by email, in advance of 13th December. • To Note that the HCP Board will be asked to agree to the publication of the interim HCP Strategy on 22nd December 2022.
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	<p>Earlier versions of this report have been considered at a number of meetings including:</p> <ul style="list-style-type: none"> • Cheshire and Merseyside Health and Care Partnership Board • Cheshire and Merseyside Integrated Care System Population Health Board • Cheshire and Merseyside Directors of Public Health • Cheshire and Merseyside Integrated Care Board, ICB Transformation Committee and ICB Executive Meeting
Has public, service user, patient feedback/consultation informed the recommendations of this report?	<p>As a result of the challenging timescales, and in reflection of both the previous work in developing our plans across Cheshire and Merseyside, the approach being taken to publish the ICP Strategy is to build from the existing strategies and plans developed across Cheshire and Merseyside; including the 2021 HCP Strategy and 2022 All Together Fairer Plans. As a result, the content of these existing strategies has been developed through engagement and consultation with our public and service users.</p> <p>In addition, we have worked closely with the nine Healthwatch organisations to identify common areas that need to be considered in the strategy.</p>
If recommendations are adopted, how will residents' benefit? Detail benefits and reasons why they will benefit.	<p>The strategy will outline the key priorities for the HCP, describing those areas we will collectively work together as a Cheshire and Merseyside system. This will help inform the work programmes and investment of financial and human resources across the ICS including through NHS Cheshire and Merseyside Integrated Care Board (ICB)</p>

1 Report Summary

- 1.1 The newly formed Cheshire and Merseyside Health and Care Partnership (HCP) is required by the Department of Health and Social Care to publish a Strategy by December 2022. This document will be interim in nature and will reflect the existing collaborative Cheshire and Merseyside priorities and strategies already developed in recent months/years.
- 1.2 The strategy will be used to inform our priorities for the coming years and is, alongside national NHS planning guidance and local Health and Wellbeing Strategies used to direct NHS Cheshire and Merseyside Integrated Care Board in its delivery commitments and key areas of focus.
- 1.3 The Board will be given the opportunity to review the draft document and provide feedback on the content, in advance of the HCP Board being asked to approve publication on 22nd December 2022.
- 1.4 From January the focus will be on ensuring the priorities have clear implementation plans and to align community engagement activities between Place plans, HCP Strategy and ICB Forward View.

2 Recommendations

- 2.1 That the Board endorses the approach taken to developing the Cheshire and Merseyside HCP Strategy
- 2.2 Provide feedback on any material changes recommended to the draft strategy document, which will be issued separately, by email by 13th December in order that the HCP Board can approve publication of the Strategy on 22 December.

3 Reasons for Recommendations

- 3.1 To ensure that the Cheshire East Health and Wellbeing Board has the opportunity to comment on the wider Cheshire and Merseyside strategic priorities and is assured this is complementary to the local Cheshire East Health and Wellbeing Board Strategy.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The HCP Strategy will complement the Priorities in local Health and Wellbeing Board strategies and describe the priorities and programmes of work taking place collectively across Cheshire and Merseyside. The overarching theme of the Cheshire and Merseyside HCP Strategy is on reducing inequalities and improving health and wellbeing.

5 Background and Options

- 5.1 The Department of Health and Social Care issued [statutory guidance](#) for the publication of an Integrated Care Partnership (ICP) Strategy by December 2022. For Cheshire and Merseyside we refer to the ICP as the Cheshire and Merseyside HCP (Health and Care Partnership)

The integrated care strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. The integrated care strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.

- 5.2 The guidance recognises that the HCP, and ICB, is only just developing and that the strategy is likely to need further development and that the documents will evolve as further intelligence becomes available to the ICP, e.g. a new JSNA is published. It is also highlighted that it is outlined that there will be a further update to this guidance, in June 2023 to reflect feedback from the first cycle of strategy development and 5-year joint forward planning process to inform further development of our strategy and plan. This aligned with our development as a system would direct us to maintaining the documents as live documents we refresh regularly rather than a static publication refreshed every five years.
- 5.3 The Strategy should build from local Place plans but focus on the areas where work will take place across the whole footprint or multiple Places and not to duplicate the local Place/Health and Wellbeing Board plans. Within the document a summary of each of the 9 Place/Health and Wellbeing Strategies will be included.

5.4 The guidance outlines the need for strategies to consider the following areas:

- personalised care;
- addressing disparities in health and social care;
- population health and prevention;
- health protection;
- babies, children, young people and their families, and healthy ageing;
- workforce;
- research and innovation;
- health-related services;
- and data and information sharing.

5.5 In our approach we are building on these areas to consider other locally agreed priorities, such as:

- climate change and sustainability,
- anchor institutions and social value,
- quality improvement,
- finance

5.6 As a result of the challenging timescales, and in reflection of both the previous work already undertaken in developing our plans and priorities across Cheshire and Merseyside, as well as feedback from Cheshire and Merseyside Health and Care Partnership (HCP) stakeholders, the approach being taken to publish the ICP Strategy is to build from the existing strategies and plans developed across Cheshire and Merseyside; including the 2021 HCP Strategy, 2022 All Together Fairer Plans, Social Value Framework and Anchor Institutions, Core20Plus5 and the wider pan Cheshire and Merseyside Programmes of Work. Appendix 1 shows a content planner summarising the planned content (as of 15th November 2022)

5.7 Through September and October, the approach and content has been discussed with a range of stakeholders and we are in the process of receiving proposed content, which will be incorporated into a single document. This will be widely shared with stakeholders at the end of November for feedback prior to being shared with the HCP Board and considered for publication by the HCP Board on 22 December 2022. We have worked closely with both Directors of Public Health, the Champs Support Team, current programme leads and colleagues in our Places in developing the content.

5.8 On Monday 21st November a “Microsoft Word” version of the document was made available and shared with contributors, HCP Chair and Vice Chair, ICB Executive Team and Directors of Public Health/Champs for initial feedback. In parallel the document was passed to copywriters to commence formatting of the document.

5.9 On 29th November the first draft formatted document is also being shared with the wider HCP membership, and Health and Wellbeing Boards, in order for a second version to be published on 15th December and prior to the extraordinary HCP Board meeting on 22 December to review the document and approve publication.

5.10 There is a separate requirement of ICB to produce a Five Year Forward Plan by April 2023. This will reflect the NHS Cheshire and Merseyside ICB plans to implement local Health and Wellbeing strategies, HCP Strategy and the national NHS Planning guidance.

5.11 The detail of plans will need further work during 2023 in the development of implementation plans, trajectories for improvement. This work will need to take place alongside the

development of the ICB Five Year Forward View in Quarter 4 Of 2022-23. With the HCP strategy refreshed following the issue of further guidance in the summer of 2023.

- 5.12 The approach to engaging on the content of the strategy will be agreed with each Place; in order to ensure clear communications with our stakeholders and to avoid confusion about the multiple strategies and plans.

6 Access to Information

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

Name: Neil Evans

Designation: Associate Director of Strategy and Collaboration; NHS Cheshire and Merseyside ICB

Tel No: 07833685764

Email: neilevans@nhs.net

Appendix 1 – Outline content in Cheshire and Merseyside HCP Strategy (as of 15th November 2022)

Section One	Forward from Chair
Section Two	Introduction to Cheshire and Merseyside HCP
<p>This section will describe:</p> <ul style="list-style-type: none"> • what the HCP is, describing membership and key partners (including ICB, Local Authorities, Places, NHS Providers, NHS Provider Collaboratives, Voluntary Sector, Healthwatch, Police, Fire, Education etc.) • Our vision to improve the wider determinants of health, be innovative and work across boundaries • The purpose of this strategy in describing our work collectively as C&M to complement HWB/Place Plans (including links to the 9 Place/HWB plan summary documents) • The way we work to influence the wider determinants through work with wider public and voluntary sector (housing, education etc.) • How we will engage with our stakeholders; including communities/residents 	
Section Three	Our Population
<ul style="list-style-type: none"> • Our context from a JSNA perspective variation in health outcomes and inequalities across our population • Our key current challenges – what we've heard from our public, which Healthwatch are helping to produce – Cost of Living/Fuel Poverty, Access (Dentist, GP, Social Care, Hospital Discharge), waiting times in elective care, impact of the pandemic on mental health, capacity constraints/workforce etc. 	
Section Four	Cheshire and Merseyside Health and Care Partnership Vision, Mission and Strategic Objectives
Our vision	We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer.
Our mission	We will tackle health inequalities and improve the lives of the poorest fastest. We believe we can do this best by working in partnership.
Our strategic objectives	<p>Explain what we mean when describing our strategic objectives</p> <ul style="list-style-type: none"> • Tackling health inequality, improving outcomes and access to services • Improving population health and healthcare • Enhancing quality, productivity and value for money • Helping the NHS to support broader social and economic development <p><i>Existing objectives updated to reflect:</i></p> <ul style="list-style-type: none"> • <i>All Together Fairer Priorities</i> • <i>Core20plus5 measures</i> • <i>Contextual main public concerns from Healthwatch joint work e.g., access</i>
Section Five	Tackling health inequality, improving outcomes and access to services
<p>All Together Fairer and Health Inequalities</p> <ul style="list-style-type: none"> • Background 	

- How we developed our priorities
- Key Actions being taken as an ICP
- Beacon Indicators and how we will measure progress
- Broader inequalities not covered by ATF
- Rural inequalities
- Core 20 plus 5
 - Maternity
 - CVD
 - Respiratory
 - Severe Mental Illness
 - Cancer
 - Tobacco
- Wider Prevention priorities and programmes e.g. exercise
- Inclusion Health (C&M and Place focus on this area and use examples to demonstrate commitment)

Section Six**Improving population health and healthcare**

Other Key transformation activity, including content related to:

- Personalised Care
- Maternity
- Children, Young People and Families (including women's health)
- Health Ageing
- Mental Health
- LD and Autism
- Dementia
- Health Protection
- Data and Digital (intelligence into Action)
- Research and Innovation

Section Seven**Enhancing quality, productivity and value for money**

To include responses to concerns from public (see list in Section 1 from Healthwatch)

- Elective Recovery
- Access (GP, Dentists, Care, Urgent Care etc.)
- Workforce
- Quality Improvement
- Financial planning principles
- Estates

Section Eight**Helping the NHS to support broader social and economic development**

To include:

- Social Value/Anchor
- Sustainability
- Climate Change

Section Nine**Health and Wellbeing Board Strategies and Place Plans for our Nine Places****Section Ten****Glossary, Links etc.**

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Cheshire East Place System Winter Plan 2022/2023

3	Introduction	21	7. Treatment in Emergency Dept	42	Care Communities
4	Key Deliverables	22	8. Workforce	43	Cheshire Fire & Rescue
5	National System drivers	23	9. Urgent Treatment Centres	44	Cheshire Police
6	Local System Drivers	24	10. Operational Management & escalation	45	East Cheshire NHS Trust – Assurance checklist
7	Demand Forecasting	25-26	11. Capacity and Flow (Discharge)	46-47	East Cheshire NHS Trust – 100 day Challenge
8	Demand Forecasting	27	12. Mental Health	48-55	East Cheshire NHS Trust – Winter Plan
9	Performance Management & Escalation	28	13. Primary Care	56	Mid Cheshire NHS Foundation Trust – Assurance checklist
10	System Oversight & Response	29	14. Elective Care, Cancer, Diagnostics & Children & Young People	57-58	Mid Cheshire NHS Foundation Trust – 100 Day Challenge
11	Monitoring, Oversight and Governance Structure	30-31	15. Communications	59-61	Mid Cheshire NHS Foundation Trust Winter Plan
12	Operational Intelligence Hub – Urgent Care	32	16. New variants of COVID-19 and respiratory challenges	62	North West Ambulance Service
13	Cheshire & Merseyside Areas of Focus	33	Third Sector – Cheshire East Community offer	63	West Midlands – Non Emergency Patient Transport Service (NEPTS)
14	1. Cheshire & Merseyside Integrated Care Board	34	Financial Investment	64	Falls Prevention
15	2. NHS111 Performance	35	Central Cheshire Integrated Care Partnership (CCICP)	65	Independent Care Providers Support Mechanisms
16	3. Ambulance service Performance	36-37	Cheshire & Wirral Partnership Mental Health Winter Plans	66	Indicative C&M Winter Planning Timeline
17	4. High Intensity Users	38-39	Cheshire East Council – Adult social Care Winter schemes		
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20	6. Emergency Departments	41	Cheshire East Council - Household Support Fund		

Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans have been developed in partnership with Cheshire East system partners across the place.

The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from November 2022 to 31 March 2023

Our system plans ensure that local systems are able to manage demand surge effectively and ensure people remain safe and well during the Winter months.

The planning process considers the impact and learning from last Winter, as well as learning from the system response to Covid-19 to date. Plans have been developed on the basis of robust demand and capacity modelling and system mitigations to address system risk.

Our system ambition is to ensure a good Winter is delivered by supporting people to remain well and as healthy as possible at home, having responsive effective services, and a system that is resilient, resolution focused and has a shared vision to deliver meaningful positive Health and Wellbeing outcomes for the population of Cheshire East.

Key Deliverables

Our ambition is to have a consistent and improved offer for our people, deliver improved outcomes and a better experience of support, whether that is by assistive technology, in the Community and when necessary, in Hospital for our local population.

The delivery of a quality, safe, effective and sustainable services to support people requiring health and social care, in order to manage flow and prevent people deconditioning in hospital, this will be measured through the delivery of the following;

- 4 hour emergency standards
- Local and National waiting time targets
- Bed Occupancy
- Operational Pressures Escalation Levels (OPEL)
- System Escalation Management and Oversight
- Delayed discharges / Long Length of Stay
- Criteria to Reside
- System Capacity – Acute & Community
- Access to Community Services
- Surge Management and Demand
- Mutual Aid Requests
- Maximisation of Community voluntary sector capacity
- Prioritising workforce Health and Wellbeing

In conjunction with these deliverables, system partners will continue delivery of the Elective care recovery and restoration trajectory.



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National System Drivers



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NHS England 9 Winter Priorities 2022-23

New variants of COVID-19 and respiratory challenges

Demand & Capacity

- Bed based resource
- Virtual wards
- High intensity user services
- Community 2 Hour response
- Primary Care
- Mental Health
- Cancer referrals
- Elective care

Discharge (reduce delays/LLOS)

Ambulance service performance

NHS 111 performance

Preventing avoidable admissions

Workforce

Data and performance management

Communications

UEC Objectives

- 1 Prepare for variants of COVID 19 and respiratory challenges
- 2 Increase capacity outside acute trusts
- 3 Increase resilience in NHS111 and 999 services
- 4 Target category 2 response times and ambulance handover delays
- 5 Reduce crowding in A&E departments and target the longest waits in ED
- 6 Reduce hospital occupancy
- 7 Ensure timely discharge
- 8 Provide better support for people at home

Local System Drivers



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Cheshire East Winter Ambitions

To meet a fluctuating demand and maintain flow with safe and responsive Health & Social Care services

Ability to access community provision unhampered by covid or other viral infections & Infection Prevention

To protect, expand and retain a healthy and resilient workforce

To support and improve access to Primary Care

To promote Self-Care and help our population to 'Choose Well' when contacting Health Care Services

To maximise the transformation momentum and current resources to construct a sustainable model of Home First delivery

Increased use of Voluntary Community Faith Sector

To attain performance recovery as agreed with NHSE/I and achieve favourably amongst Cheshire & Merseyside peers
A&E attendances reduced and no ambulance delays

High uptake in the Flu and COVID-19 vaccination boosters

Patients deemed to no longer meet the criteria to reside in hospital have clear exit and support routes out.

Robust governance and system oversight

Demand Forecasting



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Demand & Forecast modelling detail: [BI Demand Modelling Oct to Mar 2023](#)

Forecasted demand (October 2022 to March 2023) for A&E attendances, non-elective admissions and total discharges, for Cheshire East registered patients attending an NHS trust in England. These forecasts are reported for all providers, for Mid Cheshire Hospital NHS Foundation Trust and East Cheshire NHS Trusts, and for all other trusts excluding East and Mid.

A&E attendances

Forecast month	All	East	Mid	Other
Oct-22	9,700	3,610	4,940	1,960
Nov-22	8,920	3,330	4,620	1,790
Dec-22	8,720	3,220	4,530	1,720
Jan-23	8,660	3,220	4,600	1,680
Feb-23	7,970	2,970	4,280	1,550
Mar-23	9,180	3,300	4,760	1,830

Non-elective admissions

Forecast month	All	East	Mid	Other
Oct-22	3,630	980	2,050	660
Nov-22	3,500	940	1,990	650
Dec-22	3,430	910	1,950	640
Jan-23	3,390	900	1,950	620
Feb-23	3,140	850	1,800	570
Mar-23	3,500	950	1,990	660

Total discharges

Forecast month	All	East	Mid	Other
Oct-22	5,110	1,090	2,820	1,270
Nov-22	5,000	1,070	2,750	1,260
Dec-22	4,830	1,040	2,670	1,200
Jan-23	4,720	1,010	2,640	1,160
Feb-23	4,510	950	2,510	1,140
Mar-23	5,150	1,090	2,830	1,330

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Pathway 0 discharges

Forecast month	All	East	Mid	Other
Oct-22	4,440	910	2,380	1,140
Nov-22	4,340	890	2,320	1,130
Dec-22	4,200	870	2,250	1,080
Jan-23	4,110	840	2,230	1,040
Feb-23	3,932	800	2,110	1,020
Mar-23	4,500	910	2,390	1,190

Pathway 1 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	68	170	55
Nov-22	290	67	170	54
Dec-22	280	65	160	52
Jan-23	270	64	160	50
Feb-23	260	60	150	49
Mar-23	300	69	170	57

Pathway 2 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	59	190	42
Nov-22	290	58	190	42
Dec-22	280	56	180	40
Jan-23	280	54	180	38
Feb-23	260	52	170	37
Mar-23	300	59	190	44

Pathway 3 discharges

Forecast month	All	East	Mid	Other
Oct-22	160	51	76	33
Nov-22	160	50	74	33
Dec-22	150	49	72	31
Jan-23	150	47	71	30
Feb-23	140	45	68	30
Mar-23	160	51	76	35

Demand Forecasting



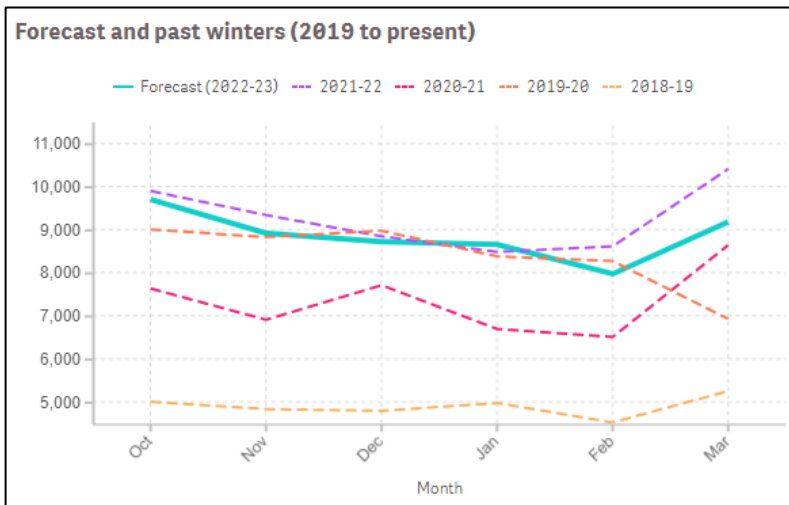
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Each of the provider splits (all, East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other) have been forecast separately to capture specific yearly patterns and long-term trends, and as such the all-provider forecast is not always equal to the sum of the East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other provider forecasts.

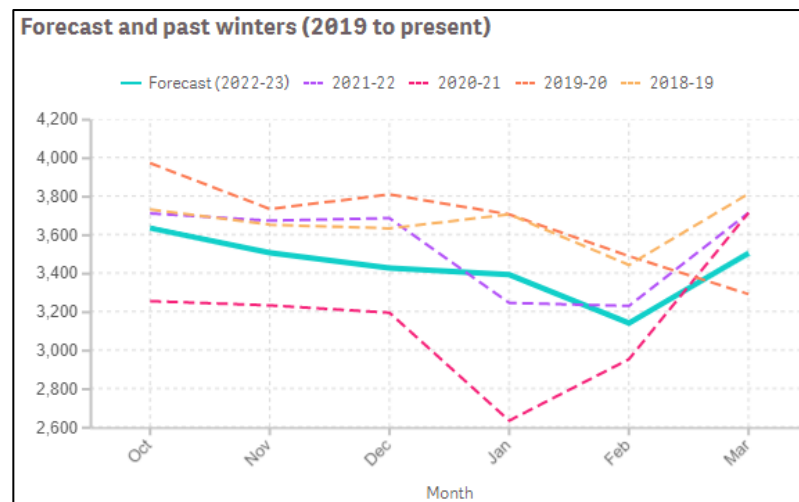
Generating Forecasts

- Historic data on demand metrics was used to create models of yearly patterns and long term trends, using the Facebook Prophet algorithm.
- These models were used to forecast monthly demand figures for winter 2022-23.
- Data on demand in the periods of 2020 and 2021 impacted by COVID-19 was included in the modelling to help inform yearly patterns. The models used are able to separate these yearly patterns from sudden changes in trend driven by COVID-19 through comparison with other years of training data.
- The latest overall trends in demand are determined by data from winter 2021-22 onwards, not by data from the periods of 2020 and 2021 impacted by COVID-19.

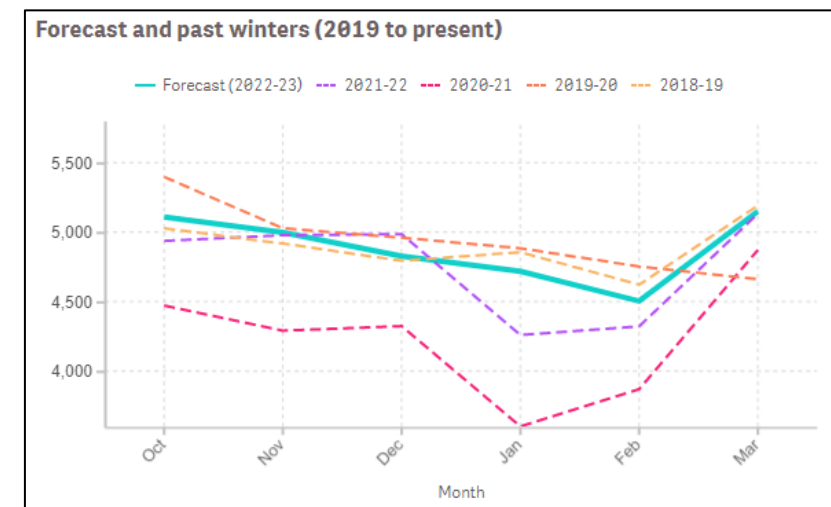
A&E attendances (all providers):



Non-elective admissions (all providers):



Total discharges (all providers):



Performance Management & Escalation



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Cheshire East Assurance:

- ✓ Daily Multi Disciplinary Team meetings
- ✓ Weekly Capacity Dashboard – System understanding of current capacity issues and risks
- ✓ Patient harm reviews, reflective learning and measures and controls implemented to reduce harm – Quality & Safety Forum
- ✓ Monitoring of key improvement initiatives to demonstrate system impact and effectiveness
- ✓ Outcomes for individuals
- ✓ Review accuracy of Emergency Clinical Data Set (ECDS) submissions and utilise data to target admission avoidance activities
- ✓ Review and utilise A&E forecasting tool
- ✓ Realtime system monitoring – NHS A&E wait times app includes East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust
- ✓ Cheshire East Operational Delivery Group
- ✓ Winter System Oversight call
- ✓ System escalation calls to monitor capacity and flow
- ✓ Cheshire East Council Covid Operational Group
- ✓ Primary Care APEX System

Our Local System Governance is in place which ensures oversight of System and Capacity Monitoring. There are 3 key domains to our Oversight and Governance approach, which is:

1. Operational Delivery Group
2. Monitoring Performance impact and effectiveness
3. Senior Leadership oversight

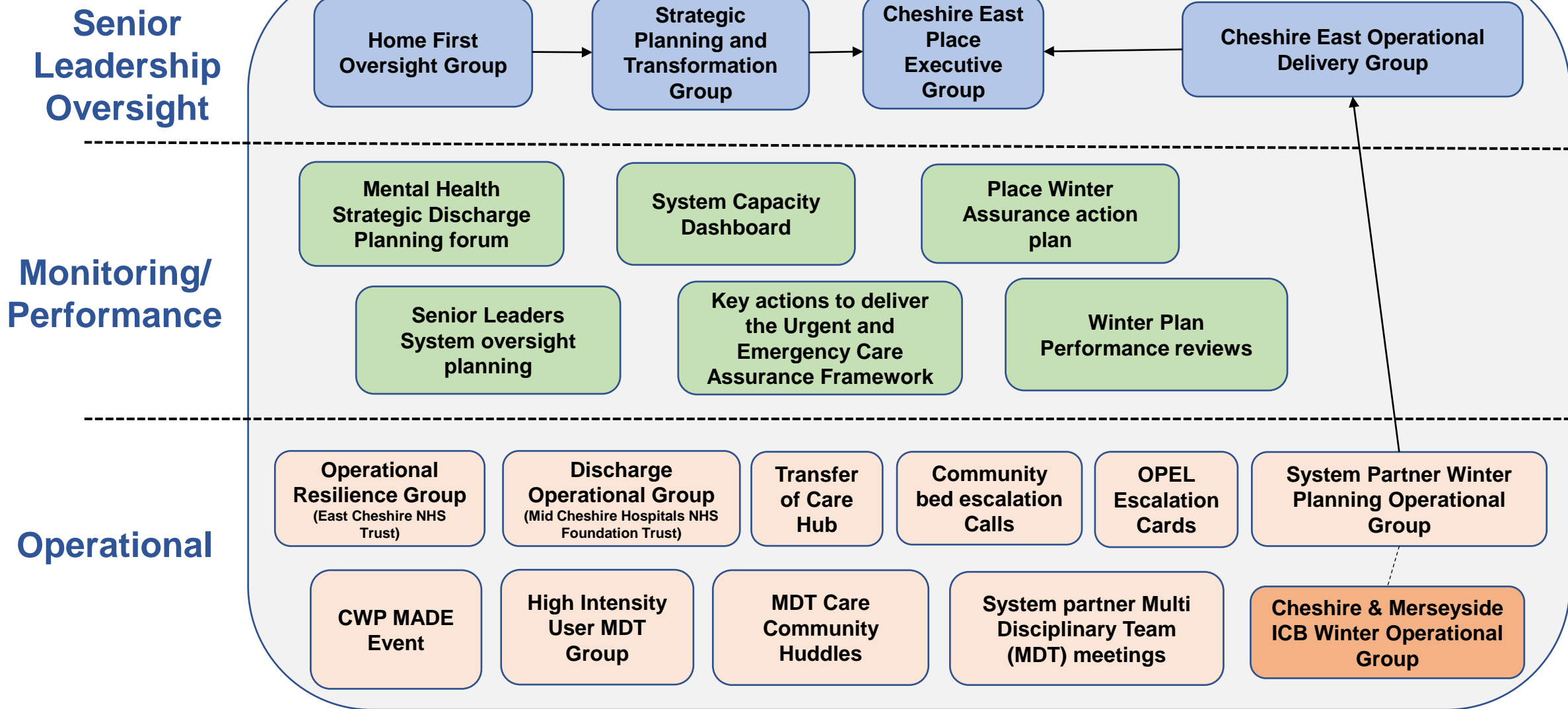
The Operational Delivery Group identifies critical points of emerging risks and significant operational barriers.

Its role is to recommend remedial actions where required, coordinate responses and mutual aid and escalate issues through Emergency Preparedness Resilience and Response (EPRR) or other appropriate routes.

Monitoring, Oversight and Governance Structure



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Operational Intelligence Hub – Urgent Care

There is work underway with Cheshire and Merseyside Health and Care Partnership to develop an Operational Intelligence Hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand at ICS, Provider and Place level to further inform system management and assist with operational delivery.

Operational Intelligence Hub for Urgent Care: Content



Cheshire & Merseyside “Better than Before” Areas of Focus and supporting information

1. ICB Assurance
2. NHS 111
3. Ambulance
4. High Intensity Users
5. Alternative Acute & Community Pathways/Services (AAP)
6. Emergency Department
7. Treatment in Emergency Department (TiED)
8. Staffing
9. Urgent Treatment Centres
10. Operational Management & Escalation (OME)
11. Flow
12. Mental Health
13. Primary Care
14. Elective Care
15. Communications
- 16 Preparation for variants of COVID19 and respiratory challenges



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[Link to the](#)
[Cheshire East Assurance Framework](#)

1. Cheshire & Merseyside Integrated Care Board

Integrated Care Boards take responsibility for oversight of UEC recovery, improvement and transformation through the implementation of robust governance arrangements across the ICS and place based systems

The Integrated Care Board aims to:

- Add value
- Be a delivery partner
- Address long standing issues
- Lead on UEC improvement and assurance
- Operational Intelligence hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand

ICB Cheshire East will also:

- ✓ Seek system wide assurances of winter planning through the Cheshire East Winter Planning Board “Warm Up for Winter a Joint Approach”
- ✓ Coordinate Cheshire East Winter Plans
- ✓ Coordinate Operational Performance Escalation Level (OPEL) contacts and action cards
- ✓ Coordinate a Cheshire COVID Board
- ✓ Coordinate a Cheshire Flu Strategic Group
- ✓ Cascade national communications and provide a Winter Communications Strategy
- ✓ Explore escalation plans in place to support with redeployment of staff

2. NHS 111 performance

Patients are signposted to the most appropriate services for their need every time, all the time



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Cheshire East assurance:

Within the Cheshire footprint there are three Clinical Assessment Services – 1 in Cheshire West & 2 in Cheshire East provided by Cheshire & Wirral NHS Partnership Trust, Central Cheshire Integrated Care Partnership and East Cheshire NHS Trust.

24/7 service to review NHS111 calls destined for ED, they have an excellent rate of diversion:

- ✓ Recently implemented resilience to support each other at times of high demand
- ✓ Recently implemented programmes to allow direct booking into GP Practices, this is expected to release capacity
- ✓ Additional staff resource has been difficult to obtain despite service investment
- ✓ Cheshire & Wirral Partnership NHS Foundation Trust (CWP) operate a Mental Health Crisis Line which now receives electronic referrals from NHS111, CWP now phone back the caller. NHS 111 Option 2 to connect directly is still a work in progress.

Outcome: Increase 111 & 999 Resilience
Cheshire East Metric: 111 Call abandonment
Cheshire East Metric: Mental Health Crisis line activity



3. Ambulance service performance

Patients receive timely emergency and urgent ambulance care and conveyance, with minimal delays

Cheshire East Assurance:

Ambulance Handover

- ✓ East Cheshire Hospitals NHS Trust (ECT) and Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) have implemented NWS guidance regarding handovers
- ✓ East Cheshire Hospitals NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust are committed to all patients being offloaded into the department and no patients being kept in ambulances
- ✓ Cheshire East Capacity Dashboard monitoring of handover delays and hours lost
- ✓ North West Ambulance Service Sector Manager attends weekly Silver Command (ECT & MCHT) to report on performance. The Sector Manager is also a member of the Cheshire East Operational Winter Board – Warm Up for Winter a Joint Approach

Outcome: Increase 111 & 999 Resilience

Metric: Mean 999 call answering times, Category 2 ambulance response times, Average hours lost to ambulance handover delays,



4. High Intensity Users

Patients receive consistent care at all times, minimising the need to access acute and emergency services unless clinically needed

Cheshire East assurance:

- ✓ High Intensity Users (HIU) pre planning call winter system preparation with key partners 4/10/22
 - ✓ East Cheshire NHS Trust – Multi Agency HIU focused meeting in place to focus on proactive early interventions that will support a reduction of attendance at ED
 - ✓ Mid Cheshire Hospitals Foundation Trust – Multi Agency HIU focus Group to be stood up
 - ✓ Cheshire & Wirral Partnership Foundation Trust in collaboration with the British Red Cross have developed and provide 3 HIU posts located in the three Cheshire A&E Departments
-
- ✓ Link to High Intensity User Group Action Tracker
[High Intensity User Group - Action Tracker](#)

Outcome: Reduce crowding in ED and target longest waits
Metric: Adult G&A occupancy; Longest waits

5. Alternative Acute & Community Pathways – Hospital Avoidance



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Cheshire East assurance:

Directory of Services (DOS)

- Reviewed monthly with clinical service leads
- Promote better use of the DOS by clinicians
- Dispositions not diverted are regularly reviewed for alternative pathways

Same Day Emergency Care (SDEC)

- Improve Acute Frailty services (8-8, 7days, assessment within 30mins)
- Mid Cheshire Hospitals NHS Foundation Trust Frailty Service MDT assessment – Partially implemented
- East Cheshire NHS Trust Frailty Team 8 till 8 7 days a week
- None Emergency Patient Transport Services
- Robust in-hours services
- Confirm Acute Trust commissioned GP out of hours services

East Cheshire NHS Trust Acute Visiting Service – robust process with a Single Point of Access for paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Mid Cheshire Hospitals NHS Foundation Trust Acute Visiting Service - paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Same Day Emergency Care Pathways	
East Cheshire NHS Trust	Mid Cheshire Hospitals Foundation Trust
Medical: Atrial Fibrillation Cellulitis DVT Headache Hypertension Suspected PE Surgical abscess Surgical Haemorrhoids	Urology Orthopaedics All GP referrals through Single Point of Access NEW for Winter Medical

5. Alternative Acute & Community Pathways – Hospital Avoidance continued

Alternatives to ED attendance and hospital admission Inc. direct access from community and ED. Patients are treated in the right care setting at the right time by the right person



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Cheshire East Assurance:

- ✓ Home First Programme: Hospital prevention, which includes the Community 2 Hour Response, Virtual Wards, Falls Prevention (slide 64), Rapid Home Care and Community Voluntary Sector support
- ✓ Community Step up Care Home beds
- ✓ Transformation projects in place to increase and monitor Virtual Wards
- ✓ Robust Home Oximetry and MABS in place which continues to be promoted to the public
- ✓ Transformation project in place to increase and monitor Community 2Hr Response and Frailty Wards
- ✓ Falls pathway available on the Directory of Services (DOS)
- ✓ Reduce A&E attendances for coughs/colds/flu/covid/respiratory infections through self management/escalation packs

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside acutes

Metric: Adult G&A occupancy; Hours lost to ambulance handover delays

Local metrics: C2HrR

6. Emergency Departments

Patients with an emergency need will be managed in a timely manner within the ED



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Cheshire East assurance:

Confirm plans to alleviate ED congestion currently caused by:

- Limited ED streaming capacity
- Limited overnight medical assessment, particularly at the weekends
- Waits for bed requests dependent on hospital flow or capacity to staff escalation areas without disrupting elective care schedules
- Non standard Urgent Treatment Centre provision
- Mid Cheshire Hospital NHS Foundation Trust (MCHFT) – Consultant Management
- MCHFT – Acute Frailty services
- East Cheshire NHS Trust (ECT) – Speciality and acute call down within 1 hour of referral
- ECT – ED Granted one way referral rights
- ECT – All minor illness streamed to GPs
- ECT – Cubical capacity & short stay emergency patient area

Outcome: Reduce crowding in ED and target longest waits;
UEC ED metrics: Average hours lost to ambulance handover delays

7. Treatment in Emergency Departments

Clinical care and treatment will be delivered on time, aligned with best practice. Safety is never compromised.



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Cheshire East Partnership

Cheshire East Assurance:

East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust share the ambition for clinical care and treatment to be delivered on time, aligned with best practice. Safety never to be compromised.

Each Hospital will continue to:

- Continue to rollout NHS 111 First & Directory of Services (DOS) development
- Optimise 'Streaming' to other services
- Sign post to the virtual ward model

Outcome: Reduce crowding in ED and target longest waits;
UEC ED metrics: Average hours lost to ambulance handover delays

8. Workforce

Staff will be in the right place, at the right time with the appropriate skills to care for patients and keep them safe



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Cheshire East Assurance:

- Wellbeing - ICB to sustain, develop & promote staff Mental Health Hubs in line with guidance.
- A phased workforce Capacity & Demand modelling project will focus on the system understanding of staff vacancies, recruitment, retention and bank availability
- Organisations are reviewing enhanced payments for peak periods and bank holidays. CEC Uplift for providers on the Home Care Framework via the Better Care Fund
- Workstream to review integrated workforce opportunities to increase cross system staff capacity
- Escalation plans for redeployment of staff
- Community volunteers can support services and improve patient experience - Helpforce Volunteer plan to be implemented
- NHS (central) volunteers, Hospital volunteers, Community responders
- Staff sharing arrangements and maximising collaboratives banks
- Embed reservist model in each ICS to increase capacity and capability to respond to surge and major incidents
- Develop and launch managing attendance challenge toolkit
- International Support to support UEC recovery plans - identify shortages for key roles & skills and implement recruitment programme targeting towards shortages to support UEC and winter pressures
- Vaccination Programme underway to deliver this autumn's COVID-19 and flu vaccination programme.
- Care provider oversees recruitment underway with a selection of Care Home and Care at Home Providers
- Staff wellbeing programmes are in place within each organisation

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;
Local metrics: staff absence rates, staff vacancy rates, length of recruitment times



9. Urgent Treatment Centre

Patients with urgent and minor ailments/illnesses will be managed in Urgent Care settings every time, at all times

Cheshire East Assurance:

Applies to Mid Cheshire Hospital only:

- Maximise use and promoting use of the Urgent Treatment Centre via system partners being fully appraised of this resource
- Increase the number of referrals from Ambulance services and care homes.
- Consider staffing availability for the Urgent Treatment Centre and explore system opportunities to enhance where possible

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside trust.
UEC ED metrics: treatment times



10. Operational Management & Escalation

Patients on an urgent and emergency care pathway are managed in the right care setting at the right time to maximise their health outcomes with operational processes in place to deliver this

Cheshire East assurance:

Assurance handover framework, site meetings, full hospital protocol,

- ✓ Cheshire East Dashboard provides oversight of the UEC capacity
- ✓ Operational Delivery Group in place who will monitor impact and effectiveness of the Winter Plan
- ✓ Cheshire East has an Operational Performance Escalation Level (OPEL) system of contacts and actions.
- ✓ The OPEL action cards have been reviewed and updated in preparation for Winter
- ✓ Key Contacts reviewed and updated and shared with system partners every bank holiday
- ✓ Scenario Planning meetings in place
- ✓ Effective inpatient management procedures in place across each hospital
- ✓ Infection Prevention Control measures and operating protocols in place
- ✓ COVID-19 early warning system in place and managed by Public Health

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;
Local metrics: UEC metrics

11. Capacity and Flow (Discharge)

No patient will reside in an acute hospital bed once their clinical care has been completed



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Cheshire East assurance:

Transformation programme – Home First: Discharge to Maximising Care at Home Services and Hospital

The agreed short term system priorities that have been agreed are as follows:

1. Discharge to Assess (D2A) – *We create a more centralised approach to step down/rehabilitation and identify facilities to acquire and staff from NHS/LA*

Supporting people out of hospital: To develop an Options Appraisal which will enable the Integrated Care System to adopt a preferred approach to delivering Discharge to Assess community beds to provide high quality, sustainable local care to meet gaps in future need. The preferred option for the long-term sustainable plan will then be developed into a full business case for approval. The interim plan (short/medium term) will be developed, resources will be identified and aligned to meet the objectives of the long-term plan. The preferred option for the short/medium-term plan (recommendation) for the Discharge to Assess community bed base inclusive of Mental Health provision will be implemented as part of the Winter planning process for 2022/23.

2. Maximising Care at Home services and Hospital Prevention : The objectives of the of this proposal is to enhance our workforce, build in additional system resilience, create capacity by way of sharing staffing resource and available service capacity , design an infrastructure that provides daily operational contact between the identified service and agree an operating model in preparation for Winter pressures and a more long-term sustainable model thus providing improved outcomes for the Residents of Cheshire East. This proposal will be implemented in a staged approach as follows:

- **Stage 1:** Care4CE Reablement, Central Cheshire Integrated Care Partnership, General Nursing Assistants , Rapid Response Care (Routes Health Care & Evolving Care) , Voluntary Community Faith Sector, Assistive Technology and Equipment Services.
- **Stage 2:** Urgent Crisis Response, Hospice at Home, Mental Health Reablement, Care4CE Mobile nights, Out of Hours District Nursing

3. Mental Health Prioritise

- To work with Care at Home providers and develop an offer that supports people with Physical and Mental Health needs.
- Develop an all-male specialist unit within Borough that supports people with complex behaviours
- Increase bed base capacity and community support options for people living with Autism and Mental Health needs
- Identify service gaps and develop service specifications that can be shared with care providers to develop the market

4. Here and Now Prioritise

- Building on the GNA service create a joint health and care workforce employed by health to provide capacity to support people in their own homes
- Invest to save- to meet current priorities
- Primary Care is critical - work with primary care to develop potential opportunities.

11. Capacity and Flow (Discharge)

Winter Schemes	Timescales
Hospital support scheme family and friends - to enable family and friends to provide informal care and payment for up to 6 weeks	Operational
Community Connectors positioned in the two Transfer of Care Hubs promoting the Community Voluntary Sector services	Operational
Personal Health Budgets to support Rapid Hospital Discharge	Operational
Help Force volunteer Programme	November 2022
Housing pathway agreed for rough sleepers	December 2022
Increase of the General Nursing Assistant service capacity	Dec / Jan 2022
C/o locate Care4CE Mobile Nights service and East Cheshire Trust Out of Hours District Nursing Teams thus increasing night time care, support and resilience	November 2022
Additional 200 hours per week, Rapid Response Care linked to East Cheshire Trust Frailty team. November to March 2023	Nov / Dec 2022
Capacity for Pathway 1 – 36 System resilience beds	Operational
Capacity for Pathway 2 – 39 block beds are funded via the ICB up to 31st March 2023	Operational
Supported Living – Mental Health step down self contained apartments x 6	December 2022
Complex Dementia 18 Step up/step down beds	Nov / Dec 2022
Nursing Dementia beds x 6	November 2022
ED In reach support for Mental Health patients	November 2022

System Resilience Beds funded via BCF Up to 31/03/23	
Care Home	Block Contract Beds
Mayfield House, Crewe	1
Leycester House, Mobberley	5
Turnpike Court, Sandbach	4
Elm House, Nantwich	4
The Elms, Crewe	3
Corbrook Park, Audlem	3
Brookfield House, Nantwich	8
Cypress Court, Crewe	3
Twyford House, Alsager	5
Total	36

Additional Capacity, ECT Hospital Footprint Pathway 2 up to 31st March 2023	
Care Home	Block Contract Beds
Prestbury House, Macclesfield	5
Priesty Fields, Congleton	4
The Rowans, Macclesfield	4
The Willows, Mobberley	4
Total	17

Additional Capacity, MCHFT Hospital Footprint Pathway 2 up to 31st March 2023	
Care Home	Block Contract Beds
Clarendon Court, Nantwich	8
Lawton Manor, Church Lawton	3
Newton Court, Middlewich	2
Richmond Village, Nantwich	5
Telford Court, Crewe	4
Total	22

12. Mental Health

Patients receive timely services and treatment as needed, with a greater focus on early intervention services that can prevent mental health crisis

Cheshire East assurance:

- ✓ Cheshire East have a 12 hour breach multi partner group which resolves issues, particularly
- ✓ around mental health delays in Emergency Department.
- ✓ Current Place of Safety is East Cheshire NHS Trust A&E Department
- ✓ Mental Liaison within the Emergency Departments at East Cheshire NHS Trust & Mid Cheshire Hospitals Foundation Trust
- ✓ Community crisis cafes in Maclesfield and crewe open 7 days per week. Yes transformation work continues at the front end of the crisis I pathway .
- ✓ 27/7 First Response Service

Brief for Winter Plan: [CWP Winter Plan 2022/23](#)

Key Lines of Enquiry Mental Health: [Key Lines of Enquiry Mental Health](#)

Find the right support for you

Mental health services in Cheshire East

NHS Cheshire and Wirral Partnership NHS Foundation Trust

IAPT - talking therapies self-referral	IAPT (Improving Access to Psychological Therapies) services are for adults and older people, with mild, moderate-to-severe symptoms of anxiety or depression. People can self-refer through the CWP website. You can also find your local IAPT service at www.nhs.uk/help	
Shout mental health support text 'BLUE' TO 85258	Are you feeling anxious or stressed and need support? Text 'BLUE' to 85258 to start a conversation, via text, with a trained volunteer, who will provide free and confidential support. Open 24/7	
Crisis Cafes <small>safe spaces for people struggling with emotional distress who consider themselves to be in a self-defined crisis</small>	The Weston Hub 01625 440700 Open 10am-10pm	The East Cheshire Housing Consortium (ECHO) provide the service and it is located at: The Weston Centre, Earlsway, Macclesfield, Cheshire, SK11 8RL
	Crewecial 07516 029050 Open 1pm-10pm	The service is operated by Independence Support Living (ISL) and is located at: 3 Partridge Close, Flat 2, Dunwoody Way, Crewe, CW1 3TQ
24/7 Urgent mental health crisis line 0800 145 6485	If your mental health gets worse and you feel you are unable to cope, this is a mental health crisis. It is important to access support quickly. The CWP urgent mental health crisis line supports people to access the help they need and is here to help 24/7	

13. Primary Care

Ensuring primary care have extended hours for evenings and weekends



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Cheshire East Assurance:

- Primary Care Network led Extended Hours for evening and Saturdays
- Robust and resilient General Practice Out of Hours service including Acute Visiting Service.
- Business case underway to extend Primary Care Assessment Unit
- The nationally commissioned Community pharmacy consultation service (CPCS) as this will have a potentially bigger and synergistic impact with the Pharmacy First minor ailments service on lower acuity conditions. CPCS takes referrals from general practice and NHS111, while Pharmacy First provision also takes walk ins
- Primary Care resilience and activity data
- Exploring initiatives to enhance the falls prevention programme, including access to falls exercise classes and care home work (System)
- Health & Well being services for Asylum seekers and Refugee communities
- Full implementation of the Primary / secondary care interface recommendations

14. Elective Care, Cancer & Diagnostics; CYP services;

Protecting services



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Cheshire East Assurance:

- The main pressure on elective care normally comes in terms of the re-purposing of the Orthopaedic inpatient elective ward for urgent & emergency care (UEC) pressures. Contingency plans in place to find an alternative ward location for this service.
 - Mid Cheshire Hospitals FT capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March 2023.
 - East Cheshire NHS Trust has no further escalation provision therefore the only option to support UEC pressures is cancelling elective activity
- Cancer remains clinically prioritised amongst other demands
- Children and Young People services have additional ward nursing to help manage the rise in winter admissions for paediatrics and appropriate pathways are in place
- Diagnostic services will be Business As Usual with not specific schemes to support them over winter but, with support to restore services following the Covid pandemic.

15. Communications



#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

Our system winter campaigns will be based around the following 'key pillars'

- 1. Prevention:** Reducing avoidable hospital admissions by helping people stay well – with a focus on people with respiratory illnesses, frailty and mental health. This includes the flu and Covid vaccination programmes.
- 2. Signposting:** Reducing inappropriate attendances by helping people choose the right service, linking to the national Help Us Help You campaign, pharmacy, GP access, emergency dental care, NHS 111, Urgent Treatment Centre's and other urgent care services.
- 3. Self-care:** Messages in relation to the promotion of pharmacies to get expert advice, gastrointestinal illnesses, with hand washing/hygiene advice, respiratory illness and common childhood illnesses.



15. Communications (Continued)

Winter Wellbeing communication campaigns in Cheshire East will provide information and advice to people on how to stay safe, well and warm during the colder weather.

Areas of focus will be;

- The cost of living crisis – food and fuel poverty and accessing benefits (September/October)
- Warm banks (September/October)
- Flu (November)
- Preparing your home for winter (late November weather dependent)
- Ensuring you are accessing appropriate winter-related benefits to help pay for heating bills etc (November)
- Being a good winter neighbour including social isolation (November)
- Using services appropriately (December)
- Staying Warm, including energy efficiency (January)
- Staying active (January)
- Nominated neighbour scheme
- Winter ailments: Covid/Flu/Pneumonia
- Physical and Mental Health during winter
- Walking stick repairs/winter proofing

16. New variants of COVID-19 and respiratory challenges



#BecauseWeCare
Cheshire East Partnership

Cheshire East assurance:

COVID-19 Escalation plans

- ✓ Acute Trusts internal escalation plans, including designated wards and Infection Protection Control guidelines
- ✓ Potential designated community setting at Eden Mansions Care Home
- ✓ Confirm system resources e.g. masks, Lateral Flow Tests etc
- ✓ Acute Trusts Infection Prevention & Control plans to avoid Void beds
- ✓ Primary Care Networks signed to deliver COVID vaccinations, mix of Patient Group Directions (PGD) & National Protocol. Some sites whilst using predominantly registered Healthcare professionals have opted to use with National Protocol as this gives flexibility to used non registered vaccinators should the need arise

COVID & Flu Vaccination campaigns

- ✓ Two strategic Cheshire wide oversight groups with two robust campaigns interacting where possible
- ✓ Weekly monitoring of vaccination uptake in the public and staff
- ✓ CQUIN in place to incentivise health organisations to improve workforce flu vaccine uptake

Infection Prevention & Control guidelines [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)

- ✓ Robust processes are already in place with Public Health Cheshire East and Cheshire West to maximise discharges to closed care homes where appropriate and minimise vacant beds
- ✓ Priority work load framework

Respiratory Care for children

- ✓ CATCH app promoting self-care for respiratory conditions to parents and pregnant women
- ✓ Plans to promote the flu vaccination to pregnant women via CATCH
- ✓ Primary Care education session has been organised with a Paediatrician on Bronchiolitis

Outcome: Reduce hospital occupancy

Metric: Adult G&A Occupancy

Third Sector – Cheshire East Community Offer – Responding to local need & supporting our communities to recover in 2022/23

Welcome to your guide to our recently funded Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Cheshire East.

During 2021/2022 Cheshire East Council have relied on grants to ensure they can support the VCFSE sector. This enabled an environment where we can work together to meet the needs of our communities through extremely challenging times and at speed. We want to build on the last two rounds of grant funding and the amazing response to the objectives we set, by giving the opportunity for our VCFSE sector organisations to showcase their services and demonstrate the real differences that they make to our residents.

We want to enhance relationships and connectivity between organisations and create the opportunities for collaborative working, making sure that together we meet the needs of our residents by delivering services that they need and also ensuring that they are more accessible.

This document can be shared and used by anyone for self-referral or referral by an organisation. The project information included is only a small part of what the organisations do and also timescales vary for each organisation, so please contact them directly to discuss how they can support you or a client.

To make your search for services easy, we have used a key to show geographic delivery area and theme for each organisation. You can also click on the organisation logo to go to their websites where available



Area	Description	Theme	Key
BDP	Bollington, Disley & Poynton	Food provision	MD = Meal delivery FP = Food provision
Macc	Macclesfield	Mental Health/emotional support	A = Adult YP = Young People
Knuts	Knutsford	Practical tasks	
CHAW	Chelford, Handforth, Alderley Edge & Wilmslow	Befriending/isolation	T = Telephone F = Face to face
CHOC	Congleton & Holmes Chapel	Hard to reach groups	L = Language support available
SMASH	Sandbach, Middlewich, Alsager, Scholar Green & Haslington	Carer support/dementia	C = Carer support D = Dementia support
Crewe	Crewe	Digital inclusion	
Nant	Nantwich & rural area	Money advice/form filling	MA = Money advice FF = Form filling
		Community transport	
		Supporting Community Links	
		OOH Hospital discharge	
		Social activity/loneliness	
		Fuel poverty	

[Further detail is available in the Link to Third Sector Grants Brochure Cheshire East Grant Brochure 2022](#)

Financial Investment

Provider	Scheme title	Brief description	Type of scheme	Beds	Lead in period	Expected start date	Revenue cost
East Cheshire Trust	Prestbury House/Various (Bed Cost)	Additional beds and management of	Community service	13	With immediate effect	Oct-22	£ 474,501
Mid Cheshire Hospital Trust	Vaccination Centre	8 additional escalation beds.	G&A beds	8	1	Oct-22	£ 320,000
Mid Cheshire Hospital Trust	Telford Court Care Home	Care home beds with therapy and GP support.	Community service	4	1	Oct-22	£ 157,297
Mid Cheshire Hospital Trust	Newton Court Care Home	Care home beds with therapy and GP support.	Community service	2	1	Oct-22	£ 78,648
Mid Cheshire Hospital Trust	Clarendon Court Care Home	Care home beds with therapy and GP support.	Community service	10	1	Oct-22	£ 432,350
Mid Cheshire Hospital Trust	Richmond Village Care Home	Care home beds with therapy and GP support.	Community service	5	1	Oct-22	£ 190,103
Mid Cheshire Hospital Trust	Lawton Manor	Care home beds with therapy and GP support.	Community service	6	1	Oct-22	£ 212,325
	TOTALS			48			£ 1,865,224

SUMMARY

- ✓ Urgent Community 2 Hour Crisis Response – Directory Of Services developed & focus on communications with ED, Wards and Care homes to maximise utilisation.
- ✓ Housebound Vaccination programme – COVID/Flu
- ✓ Home Intravenous expansion – additional posts to enabling patients to step down from hospital
- ✓ Integrated Placement of Care Hub - new temp role/ project – Long Length of Stay practitioners to focus on early identification & planning
- ✓ Integrated Placement of Care (IPOC) – General Nursing Assistant expansion supporting bridging, Urgent Community Response & Palliative Care in Partnership (PCIP) to maintain flow and offer step up capacity.
- ✓ Temporary funding - Remote monitoring service to support Long Term Conditions – promotion with Primary Care to support step up.
- ✓ Temporary funding to deliver MABS for eligible Covid patients
- ✓ Temporary funding to jointly deliver Long Covid service
- ✓ Continue to provide the Home Oximetry Service dependent on funding
- ✓ Virtual Ward implementation

Cheshire & Wirral Partnership Mental Health Winter Plans



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

Actions taken and planned to increase capacity in acute/ community service

The established bed base across Cheshire and Wirral Partnership NHS Foundation Trust is 164 (excluding rehab/eating disorders/secure)

Number of beds available

Wirral	
Lakefield	20
Brackendale	20
Riverwood	6
Brooklands (PICU)	10
Meadowbank (Organic)	13
Meadowbank (Organic)	13
Total	82

West Cheshire	
Beech	22
Juniper	24
Willow (PICU)	7
Cherry (organic)	11
Total	64

Cheshire East	
Mulberry	26
Silk	15
Total	41

Cheshire & Wirral Partnership Mental Health Winter Plans



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

Actions already taken			Aims to be achieved
Additional crisis support (admission avoidance)	Improve quality and focus on Discharge/ Flow through Acute	Support earlier intervention in the community	
Created Crisis line for patients 24/7 access – divert from ED/earlier intervention	Reviewed and relaunched Trust acute care standards (in line with best practice)	Community transformation schemes – ARRS roles in primary care, team redesign in process of implementation to support more patients in the community. Public engagement process ongoing at present on new model of care	Reduction in DTOC to improve inpatient flow
Opened Crisis café's in all four localities – divert from ED/earlier intervention – suicidal for same day response	Engaged with all NHSE Acute groups and discharge groups.	Crisis Cafes in Crewe & Macclesfield open 7 days a week. Operated by third sector colleagues with wraparound from CWP's crisis resolution home treatment teams. Individuals who present or are referred and are suicidal they receive a same day response from the team. To commence a learning review process for each admission so that themes can feed into CMH transformation.	Reduction in LOS due to high acuity to improve patient flow
Created a First Response service – divert from ED and inpatients – currently carry increased caseloads circa 25% more	Monthly meetings with LA and commissioners re strategic approach DTOC's and discharges	24/7 First response team. Triage by the crisis line individuals (inc those who are suicidal) will be seen at home. Developed place-based alliances with 3rd sector to offer earlier well-being support and intervention.	Repatriation of out of area patients with private providers
Provide in-reach support to ED when patients delayed admission (3rd sector provider) this funding comes to an end September 2022	Run MADE events in 3 localities weekly – support operational actions to enable discharges	To help and support frequent attenders in Emergency Departments	
After a person is discharged the community mental health teams check in & follow up patients discharged within 72 hours (highest risk period for suicide post discharge)	Escalation to Place based meetings – e.g., ED Boards	Community Teams also facilitate early discharge into home treatment from acute inpatients. This Team has access to community crisis beds as a less restrictive option.	

For Urgent Mental Health Support

If you have an immediate, life threatening emergency, you should still call 999 or attend A&E

- 24 hours a day
- 7 days a week
- All ages

0300 303 3972

This helpline is the first port of call for urgent mental health help - it is operated by people in your local area who will know best how to support you.

For non-urgent help and wellbeing advice, please visit the CWP website: www.cheshire-nhs.uk
For children and young people there is also a dedicated site: MyMind.org

Launched by Cheshire and Wirral Partnership for residents of Cheshire West, Cheshire East and Wirral who need urgent mental health support

Cheshire East Council – Adult Social Care Winter Schemes - 1



Number	Scheme	Summary	Potential KPI's
1	Care homes - designated setting	Establish a designated setting to assist with increased pressure as a result of winter and COVID. The designated setting will assist with hospital discharge.	Waiting list for care home placement.
2	Care homes - IPC	Work with Infection Prevention Control teams to see what support that will be providing over the winter period to support care homes. This scheme will ensure that care homes remain open during the winter period and any disruption is minimised.	Number of home closures throughout the year in comparison to winter.
3	Care homes - dehydration	It's noted that if care home residents are dehydrated, they are at greater risk of falls, infection etc, recently a scheme to improve hydration in care homes in Staffordshire was implemented, public health through Matt Tyrer was also leading on a similar piece of work before COVID. The aim of this scheme is to increase hydration in care homes and in doing so reducing the number of falls, admissions to hospitals.	Number of falls taking place in care homes, information could be gathered through safeguarding information.
4	Care homes - pressure ulcers	Service users who may have mobility issues may be at increased risk of pressure ulcers, there has been a recent campaign 'react to red' to increase awareness of pressure ulcers and to help reduce grade 4 ulcers from occurring. The local authority will ask the hospital trusts to lead on increasing awareness of this campaign in care homes.	Number of reported incidences of grade 4 pressure ulcers.
5	Care home - falls	A number of business cases have been prepared for the public health SMT to help reduce the number of falls happening. The lead will progress the business cases to see if they are approved and can be implemented.	Number of falls in care homes. Number of falls in the community. Admission to hospital.
6	Voluntary sector - transport	Transport pays a key role in ensuring a person returns home from hospital this scheme will aim to ensure there is adequate transport provision in place to support people throughout the week through winter.	Number of older people transported home, with winter performance compared to the rest of the year.
7	Voluntary sector - supermarkets & cleaning	Try to partner with a supermarket to assist with getting meals/food delivered to those service users who have that need met through domiciliary care. Try to partner with a cleaning company who can provide cleaning to people who have that need met through domiciliary care.	Number of current shopping calls as provided by domiciliary care Number of cleaning calls as provided by domiciliary care.
8	Voluntary sector - community and hospital discharge	Data suggests increasing numbers of the over 50 population are retired and could be in a position to provide voluntary support to help people return home from hospital, this could be free or paid care.	Number of newly enlisted volunteers aged 50+.
9	Mental health - A&E support	Establishing the correct level of mental health support to A&E to ensure where possible hospital admission is avoided.	Hospital Admissions Avoided due to enhanced community support - Via Mental Health Crisis beds, Via Mental Health Crisis Café, Via Mental Health A&E In Reach.
10	Mental health - bed capacity	Ensure that there is the correct level of mental health bed stock which can be accessed as step-up or step-down to support hospitals.	The number of mental health Step Up/Down beds in use and the occupancy of those beds.
11	Mental health - provider engagement	Engagement with the market to articulate the key themes through winter but to also identify how providers can support through the winter period.	The number of people discharged from hospital in to step down provision, Mental Health Crisis Beds, MH Step Down Beds.
12	Mental health - community support	Identify what support people with mental health needs require when returning home to ensure they feel supported and settled.	Readmission rate to hospital following discharge from hospital to home, Via MH Reablement, MH Floating Support and any other schemes that are commissioned to support people back into the community.

Number	Scheme	Summary	Potential KPI's
13	0-19-cost of living crisis- new mothers may encounter difficulty with feeding new borns/infants.	The cost-of-living crisis will impact new mums and may in turn impact the ability to feed their babies. This scheme will aim to identify whether this is will be an issue and will put in place support to help meet this potential need.	The number of incidents being reported in relation to this cohort.
14	Substance misuse - hospital frequent flyers	Work with hospital trusts to identify and work with potential frequent users of hospitals/A&E as a result of substance misuse. The aim of this scheme is to highlight the services available to hospital trusts and gp's through the winter period. Recent data suggests increased admissions and attendance at hospital for patients aged 0-4, this work will look to identify the size of this problem and will work with hospitals trusts to put in place mitigating actions.	The number of frequent flyer visits prior to and after intervention. Admissions to hospital for children aged 0-4 before and after intervention.
15	Poverty - cost of living	Residents are facing a number of pressures over the winter period this includes cost of living crisis. This scheme will identify what links can be made with GP surgeries to help support, highlight services and signpost.	Referrals for support received from GP surgeries .
16	Poverty - cost of living	Develop and advertise the offer around cost-of-living crisis for residents and staff, this would include warm spaces (libraries, council buildings) which can be accessed to stay warm during winter, access to warm blankets through community development officers, food banks, winter heating schemes, £10,000 of funding for staying warm.	The number of contacts made where people have requested support.
17	Public health campaigns	A number of public health schemes and campaigns operate throughout winter, this scheme will seek to bring forward promotional campaigns to increase awareness and uptake of schemes such as flu and COVID jabs.	Flu jab number/% uptake for the health and social care sector.
18	Direct payments - bank of personal assistants	This scheme will seek to increase the pool of available personal assistants, partnering with a suitable organisation to operate and organise the bank of personal assistants which could then be accessed, this in turn would increase capacity within the community.	The number of personal assistants prior to and after the intervention The number of people receiving a direct payment prior to and after the intervention.
19	Direct payment - carers	Identify and support carers out of hospital through the use of direct payments.	Number of new direct payments issued to carers.
20	Domiciliary care - provider reviews	Establish a process for domiciliary care providers to review any packages which they believe are excessive and could be reduced. Within this also look at whether any alternative support could be offered for example a 'just checking' phone call to make sure the person is safe.	Volume of calls provided prior to and after the intervention.
21	Domiciliary care - review of waiting list	There are a number of people waiting for domiciliary care services, in advance of the winter period the number waiting will be reviewed and identified and a target of 50% will be applied to reduce the wait list.	The number of users waiting for domiciliary care service prior to and after the intervention.
22	Fire service support - home support	A number of people are waiting for elective surgery, once they have had surgery its important that they can return home and that home is a suitable environment. This scheme will seek to explore whether the fire service can support with the home checks to make sure the home is ready for the person to return to following surgery. Links through the fire service representative of the HWB will be utilised.	Number of home checks carried out . Readmission to hospital following elective surgery .
23	Carers - winter support	Develop and articulate the offer for carers over winter and then advertise and make carers aware, this would include: winter wellbeing programme, carer breakdown offer, access over winter, take a break crisis phone line, and the mobile bus being deployed.	Carer breakdown prior to and after the intervention.

Public Health prioritise over the winter period will be as follows:

1. Flu and COVID-19 booster vaccinations
2. Supporting National messaging to increase uptake and deploy regional teams to the areas of lowest uptake to make vaccination accessible with wrap around services through outreach
3. Completing multi-disciplinary Infection Prevention and Control (IPC) Risk Assessments for the safe reopening of Care Homes / commission bed placements, where an outbreak of COVID-19 is ongoing.
4. Providing free Influenza vaccination to all Cheshire East Council staff - promoting regularly to front-line teams to boost protection over the winter months
5. COVID-19 early warning data analysis audits

Winter Wellbeing Campaign:

Health and Wellbeing Bus – Cheshire East Council is offering FREE wellbeing checks across Cheshire East October 2022 to February 2023.

Links to Bus locations:

- [1.Stay Well Bus Dates & Locations](#)
- [2. Stay Well Bus Dates & Locations](#)

Infection prevention controls are as follows:

- Infection Prevention & Control Link Worker meetings [IPC Link Workers](#)
- Assisted medicines taking good practice guide [Assisted medicines taking good practice guide](#)
- Winter Preparedness Webinars:
 - Outbreak management procedures
 - Staff training, education and advice
 - Communicating updated Infection Prevention Control guidance

✓ **Household Support Fund**

Cheshire East Council with the help of a wide range of partners are distributing vouchers worth £2.2 million on behalf of the Department of Work and Pensions to support the most vulnerable households across the county with food, utilities and other essentials.

The fund is available to support vulnerable households who need additional financial support. Support for children via the grant will be delivered in line with the previous household Support Fund and COVID Support Grants

❑ [Household Support Fund](#)

✓ The areas of focus will be:

- ❑ Winter ailments: Covid/Flu/Pneumonia
- ❑ Physical and mental health during winter
- ❑ Fuel poverty
- ❑ Food poverty
- ❑ Warm banks
- ❑ Accessing benefits
- ❑ Job hunting and CV writing advice
- ❑ Walking stick repairs/winter proofing

✓ Cheshire East Council will also be sharing information and advice on the **Help Us to Help You NHS 111 campaign and GP access campaign** their social media channels using campaign toolkits

Care Communities

- ✓ Delivery of urgent community response across the Place to support people at home and avoid ED attendances or admissions
- ✓ Provision of 5 care community wards with East Cheshire NHS Trust footprint i.e. crisis support, rehabilitation, palliative care, complex care and pressure ulcer prevention to coordinate and monitor patient care
- ✓ Development of speciality virtual wards for frailty and respiratory patients in partnership with secondary care offering specialist guidance and advice
- ✓ Working with system partners to build resilience in local communities with particular reference to mental health e.g. mental health awareness training, link with drop-in centre, warm places and health and well-being bus.
- ✓ Continued development of priority workstreams i.e. cardio-vascular, respiratory, mental health and paediatrics
- ✓ Implementation of agreed Business Continuity Plan
- ✓ Focus on staff Health and Wellbeing actions in response to staff survey results
- ✓ Social Prescribers - taking a holistic approach focusing on individual need

- ✓ Working with partners Cheshire East Council and the NHS to look at ways to prevent some of the consequences of Winter Pressures, particularly with the added pressure of the energy price increases.
- ✓ Safe and Well visits
- ✓ “Keep warm” packs with a number of other agencies, given out during a Safe and Well visit
- ✓ Promotion of ways to keep well and warm during winter via our comms channels and community engagement
- ✓ Reminder of flu vaccine offer to over 65’s during Safe and Well visits
- ✓ Safe and Well offer for residents who may use unsafe fire practices to heat themselves/homes

- ✓ October – Operation Treacle – additional officers out over Halloween offering reassurance
- ✓ November – World Cup – targeted work around the matches with additional patrols out for Night Time Economy and Domestic Abuse cars supported by the Independent Domestic Advisor's
- ✓ November – 'Day of Action' targeted work by partner agencies Include Police, Cheshire East Council, Cheshire Fire and Rescue, the local NHS and local housing association. Bromley Farm Congleton. Engagement with 800 households to include addressing support needs for cost of living crisis
- ✓ December – Night Time Economy over the festive period, safety buses and additional patrols in the town centres to keep people safe

East Cheshire NHS Trust – Assurance Check List 30/09/22 ‘Good Practice Basics’



East Cheshire
NHS Trust

Out of Hospital		
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Partial
3	111 clinical contact > 50%	Yes
4	Abandoned 111 call rate	Yes
5	Ambulance conveyance to ED <49%	Partial
6	Virtual wards in place that support admission avoidance and length of stay reduction	Partial
7	Ensuring primary care have extended hours for evenings and weekends	No
8	Urgent community response within 2 hours	Yes
Site/Operational Discipline		
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Partial
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Partial

Emergency Department		
16	Streaming of all patients who could be appropriately managed by a co-located urgent/primary care service in place at times matching the demand.	Partial
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Yes
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	No
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap shouldn't be in place.	Yes
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	No
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
Emergency Department Environment		
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	No
27	CDU adjacent or equivalent short stay Emergency patient area	No
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
Emergency Department IT		
29	ED system in place to enable patient flow against national standards	Yes

Inpatient Management		
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	Yes
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
Discharge		
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	Partial
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Partial
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Partial
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

System and Trust Oversight		
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Yes
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform future ways of working.	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

East Cheshire NHS Trust – 100 Day Challenge

Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
1	Identify patients needing complex discharge support early	Discharge commences on admission. Information leaflets designed to help inform patients of their discharge. Nursing assessments include any support required on discharge and current “home” provision in place	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas. When am I going home campaign in progress.
2	Ensure multidisciplinary engagement in early discharge plan	Multidisciplinary teams attend board rounds. Transfer of care hub includes Social Care, Intermediate Discharge Team, therapies and nursing.	Information for patients being reviewed by matron -re discharge planning from admission.	Daily MDT discussions related to pathways 1 to 3.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	EDD’s inputted into Extramed on admission however these are not reviewed an updated Daily reporting demonstrates that there isn’t consistency with data input	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
4	Ensuring consistency of process, personnel and documentation in ward rounds	Different wards approach the board and ward rounds differently,	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home ECT need to develop a clinical vision of flow and ensure internal escalation triggers at ward level are in place	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
5	Apply seven-day working to enable discharge of patients during weekends	Limited Therapies and IDT cover over a weekend ?? Laura can you expand please. No IDT substantive at weekends. Frailty 6 days.	Scope out the requirements to support 7 day working for core elements of service provision	
6	Treat delayed discharge as a potential harm event	Daily in put of Criteria to Reside with national reporting to the system	Maintain risk register log	There is not a specific incident logged for every delayed discharge but reported to the system daily.

East Cheshire NHS Trust – 100 Day Challenge

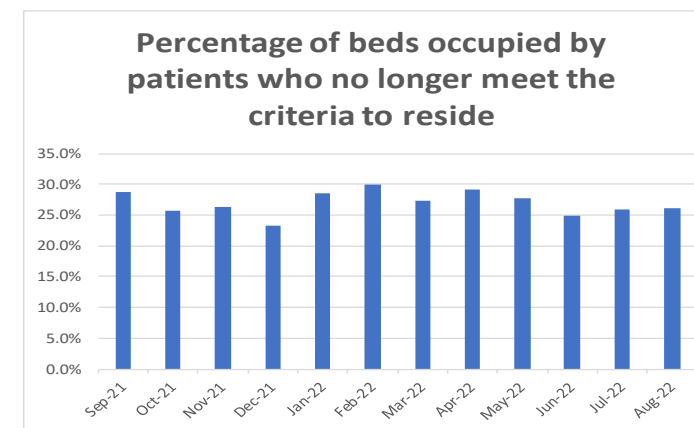
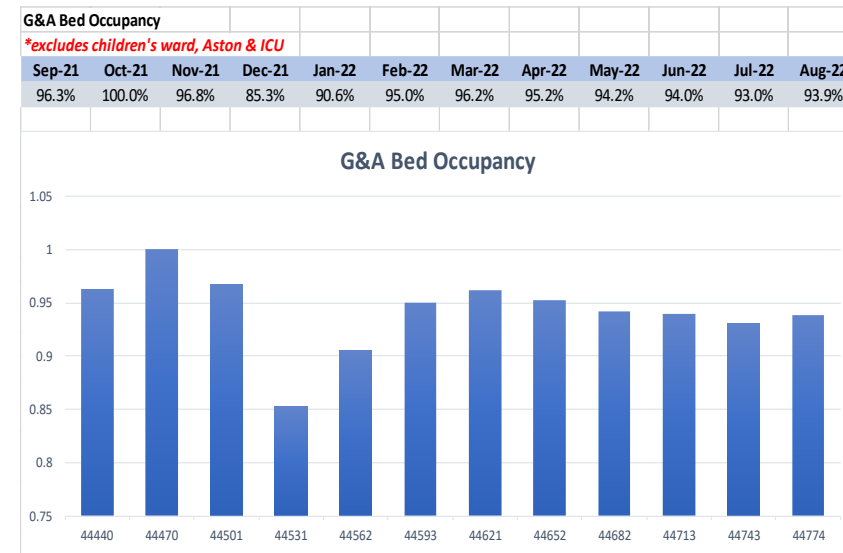
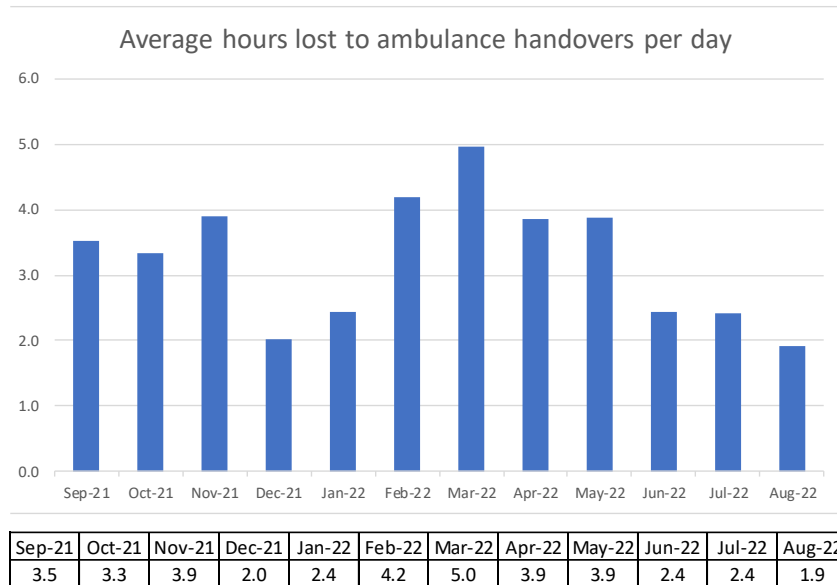
Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
7	Streamline operation of transfer of care hubs	Transfer of care hub in place on site involving IDT, Social Care, brokerage, Independent transfer of care coordinator and third sector e.g. Red Cross.	System wide leadership model to be developed	
8	Develop demand/capacity modelling for local and community systems	No local capacity and demand modelling undertaken however there is clearly a deficit of all pathway 1 – 3 patients given the number of No Criteria to reside %	ICB modelling to commence	
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges		Pursue home first principles and the amalgamation of teams to form a single approach	
10	Revise intermediate care strategies to optimise recovery and rehabilitation	Intermediate care is embedded in care communities with access to community beds and therapy at home. Limited access to domiciliary care and reablement due to capacity challenges		



East Cheshire Trust

Winter Preparedness

How are we doing against the metrics last 12 months?



Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
28.9%	25.7%	26.3%	23.3%	28.5%	30.0%	27.4%	29.2%	27.8%	25.0%	26.0%	26.1%

Prepare for variants of Covid-19 and respiratory challenges

- 5 week Covid-19 and flu vaccination programme
- Increase in community workforce to deliver house bound vaccinations
- Consideration as to how Ward 11 is used for respiratory infections and utilising the 10 side rooms to support acute respiratory illness conditions and maintenance of Infection Prevention Control standards

Increase capacity outside Acute trusts

Whilst plans include the following there is a risk that the capacity will not materialise due to workforce and financial constraints.

- Increase in domiciliary care provision (General Nursing Assistant provision Congleton via Central Cheshire Intergrated Care Partnership)
- Increase in pathway 2 & 3 bed based provision (Wilmslow Manor)
- Cheshire East Place Home First - Alignment of Care at Home Services
 - To enhance the workforce, build additional system resilience, create capacity by sharing staffing resource and available service capacity, design an infrastructure that provides daily operational contact between the identified service and agree an operating model.
- 2 hour Urgent Community Response Provision
- Community and Specialty Virtual Wards
- Community Ward model
- East Cheshire NHS Trust has no further escalation provision therefore the only option to support is cancelling elective activity

Target Category 2 response times and ambulance handover delays

- Private Transport Provider to support pre noon discharges
- Increase in ED Nurse staffing to support surge / triage
- ED Escalation Policy
- ED Standing Operating Procedure for review of patients waiting in ambulances

Reduce crowding in A&E departments and target the longest waits in ED

- Workforce – Adequate nursing workforce to maintain safety and quality care
- Streaming Audit – 15th September 2022
- Criteria to Admit Audit – 22nd September 2022
- Additional Post Take Consultant
- Crisis Response Inreach
- Review of GP Out Of Hour's and Acute Visiting Service
- Escalation Capacity (44 beds already open)

Reduce hospital occupancy / Ensure timely discharge

- Ward / Board round principles – Test for Change planned for October
- Home First
- Transfer of Care Hub (Occupational Therapy funded post & Connected Community Coordination)
- Frailty @ the front door – Test for Change planned for October
- Virtual Wards
- Urgent Community Response
- Review of Step Up Capacity and Provision at Aston
- Point Prevalence Study

Provide better support for people at home

- Monitoring/support of patients via community wards – crisis, rehabilitation, complex and end of life
- Monitoring/support of patients via step-up to speciality advice for frailty and COPD patients using virtual ward approach.
- Pathway 2 weekly multi-disciplinary team reviews of patients in community beds
- Continued development of transfer of care hub to target home care support appropriately, including expertise of occupational therapist

Mid Cheshire Hospitals NHS Foundation Trust – Assurance Check List 30/09/22 ‘Good Practice Basics’



	Out of Hospital	
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Yes
3	111 clinical contact > 50%	
4	Abandoned 111 call rate	
5	Ambulance conveyance to ED <49%	
6	Virtual wards in place that support admission avoidance and length of stay reduction	Yes
7	Ensuring primary care have extended hours for evenings and weekends	Yes
8	Urgent community response within 2 hours	Yes
	Site/Operational Discipline	
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Yes
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Yes

	Emergency Department	
16	Streaming of all patients who could be appropriately managed by a co-located urgent/primary care service in place at times matching the demand.	Yes
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Partial
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	Yes
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap	Partial
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	Yes
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
	Emergency Department Environment	
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	Yes
27	CDU adjacent or equivalent short stay Emergency patient area	Yes
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
	Emergency Department IT	
29	ED system in place to enable patient flow against national standards	Yes

	Inpatient Management	
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	No
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
	Discharge	
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	No
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Yes
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Yes
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

	System and Trust Oversight	
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Partial
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge



Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
1	Identify patients needing complex discharge support early	Optimal Flow	Evidence of delay in relaying patient needs to the IDT	Training needed about when to activate IDT and how to decide what pathway a patient is on	Training needs analysis is incorporated into the length of stay plan, link to DOG workstreams continue to report via Optimal flow and UEC
2	Ensure multidisciplinary engagement in early discharge plan	Optimal Flow	Variation in approach currently on wards some have MDTs other Huddles. Recent changes in pathways for discharge still need embedding	No standard approach Training needed across the MDT regarding the pathways	Incorporated into the ward process work proposed in the LOS plan. This work will work alongside wards to co design a standard approach for discharge planning.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	Optimal Flow	Baseline audit to be conducted as part of CLD work		Await findings but likely will need to form part of ward-based work under LOS plan
4	Ensuring consistency of process, personnel and documentation in ward rounds	Optimal flow	Ward round frequency and construct currently varied	No standard approach	Potentially could be added to the CLD and ward level work would need to link to the wards overall process for managing flow.
5	Apply seven-day working to enable discharge of patients during weekends	N/A	7 day working is not embedded across all clinical and non clinical support services	No standard approach	Out of scope for UEC
6	Treat delayed discharge as a potential harm event		Not currently in a scope of a work stream	No standard approach	Currently out of scope although the possibility is being explored with the Quality Governance team.
7	Streamline operation of transfer of care hubs	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Established links with third sector and looking to build links with wider sector such as housing Mapped out triage process to identify areas for improvement and streamline where possible (out of area referrals, completion of STTF, safeguarding process, daily 1pm MDT meetings). Benchmarking undertaken against ToCH Good Practice guide	Not all stakeholders fully aware of the pathways and processes to access the hub	Reviewing roles and responsibilities within the hub Developing directory of services for the hub, outline of offer, key contacts and referral routes Pathway processes (1, 2 & 3) are being reviewed, streamlined and clearly defined to ensure they can be easily understood and followed by staff Standardising processes across East and West i.e., accessing care and accessing brokerage

Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge (Continued)

Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
8	Develop demand/capacity modelling for local and community systems	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Acute and Community Gateway used to monitor demand and bed availability in the community. Brokerage dashboard developed and is being reviewed on a fortnightly basis for people going into short term nursing or residential placements		Additional reports will be accessible from the end of August 2022, which will allow closer monitoring of the outcomes and associated with D2A Linking in with a wider piece of work being undertaken around demand/capacity modelling at place level Capacity and utilisation of D2A beds in the community currently being reviewed
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Workforce capacity will be better understood following the Home First trial and once the demand/capacity modelling is complete		Looking at therapy offer in each of the pathway 2 settings
10	Revise intermediate care strategies to optimise recovery and rehabilitation.	Transfer of Care hubs/ Pathway 2	Planning to trial a Home First model of D2A with Ward 19 (end of July), in collaboration with British Red Cross. This will help to inform future strategies to optimise recovery and rehab.	Not currently in project plan	Incorporate into UEC or DOG workstream



The plan is intended to provide additional resilience in the hospital system to support an increase in demand on urgent and emergency care services and to also recognise and respond to the operational context described above. The plan recognises, however, that the level of operational resilience required is likely unachievable, due to financial, workforce and other constraints. It is important therefore that the plan is ambitious but deliverable. The focus of the plan and the funding available is therefore around improving flow and discharge.

The full plan is available via the following link

<https://westcheshireway.glasscubes.com/share/s/j1a51i39u31s7vug79bui62385>

The UEC pressures faced by the Trust over the coming months are likely to continue to test the resilience of services and our staff. To ensure the organisation is as prepared as it possibly can be, the Trust has developed a winter surge plan. The key components of the plan are summarised in the below table.

Bed based capacity	Ward 9 – repurpose the orthopaedic ward to a medical ward with 18 beds
	Open James Cross Unit (JCU) with 8-12 beds
	Open Ward 24 with 11 beds for either medical patients or to continue with the delivery of the orthopaedic elective programme. Operational pressures will determine which option is enacted.
	Critical Care (4-7 beds)
	The unit already has physical capacity to escalate from the baseline 11 to 18 beds. The staffing and costs of these escalation beds have not been factored into the plan – see below.
	Points to note:
	<ul style="list-style-type: none"> • The plan assumes that the current bed capacity including the escalation beds remain open throughout winter, the financial consequences of which are already factored into the Trust’s financial plan. • This plan is based on additionality not already operational and open • The modelling described above requires a maximum of an additional 56 beds. • The winter plan identified a maximum of 41 additional beds, exc. critical care but would result in a significant impact on the orthopaedic elective programme however it would protect the urgent/cancer elective programme.



CCICP	GNA / Domiciliary Care Additional funding of £281k for between 8-10 WTE staff for the General Nursing Assistants (Service).
	Virtual Ward Current bid for System money for an additional 44 beds at a cost of £1.4m. A system decision of funding this capacity is still awaited.
	Complex Patients / Long Length of Stay (LOS) Review Additional LOS Coordinator and Discharge coordinator to review all patients who are 'Not Ready for Discharge', with a LOS over 14 days, to ensure timely progression of care plans. Cost £86k.
Hospital Services (Non-Bed-Based Services)	Discharge Lounge Mon-Fri service to create bed capacity earlier in the day, by supporting the progression of discharge plans for patients in a separate location.
	Paediatric Nursing Additional Registered Nurse on nights to support acuity increases in winter.
	Transport Extra Discharge Vehicles Additional daytime (Mon-Fri) vehicle to reduce delays of patients awaiting discharge
	Additional Out of Hours Site Support Additional SMOC or CSM during the evenings and at weekends to support the management of the site and staff issues.
	Pharmacist Support Additional pharmacy support in ED and on AMU to support more timely discharges in these areas.
	Therapy Support Additional therapy support on the core wards and to support flow via a Discharge to Assess model.
	Trust Wide Discharge Coordinators Additional staff to support the progression of discharge plans for patients on core wards covering weekends and annual leave/ sickness.
	Additional Transfer Team To support patient moves later in the day to support flow of DTA patients out of the Emergency Department.
	Orthopaedic Elective Inpatient Service (Ward 24) The capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March.
Elective resilience	service



Staff Health & Wellbeing	<p>The organisation has provided a significant amount of health and wellbeing support to staff over the last 2-3 years during Covid-19. Most of the support, along with additional offers, will continue to be available as the Trust considers the health and wellbeing of staff a priority. The support being provided can be categorised in to four buckets:</p> <ul style="list-style-type: none"> • Psychological wellbeing • Social wellbeing • Physical wellbeing • Financial wellbeing • The Trust will continue, especially throughout the winter, listen to staff about what further we could offer to support them from a health and wellbeing perspective.
Vaccination	<p>1. The vaccination of our workforce and eligible patients will be a key undertaking to provide greater resilience and protection to people during the winter. The vaccination of staff is underway, and the ambition is to provide most staff (>90%) with the Covid-19 booster vaccination and 70-90% off staff with the flu vaccination. This will protect staff and keep them well.</p>
Cheshire West and Cheshire East PLACE Plan	<p>The Trust has engaged with the development of the wider PLACE winter plan to increase and provide greater operational capacity and resilience across the full breadth of care services, particularly out of hospital services. At the time of writing this paper, the winter plan for Cheshire West PLACE and Cheshire EAST PLACE was not available.</p>
COVID-19	<p>The organisation will need to adopt an agile approach to planning for Covid-19 and will need to adapt plans based on circumstances at the time of any spikes or future waves. The Trust will continue to comply with relevant IPC guidelines including the ongoing separation of suspected symptomatic patients that attend ED and will continue to test only symptomatic patients in line with national guidelines. The Trust will continue to implement national guidance in relation to the management of Covid-19 and take a risk-based approach to decision making to keep both patients and staff safe during spikes in Covid-19. To protect staff and prevent the spread of Covid-19 in hospital, the Trust has already made the decision that patients and staff will be expected to wear a facemask in all clinical areas until March 2023.</p>



- ✓ The North West Ambulance NHS Trust (Nwas) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The link to Strategic Winter plan is included below

[North West Ambulance Service - Strategic Winter Plan 2022 v2](#)

Non Emergency Patient Transport Service

In Hours

- Non means tested, eligibility criteria dependent on medical requirement
- **Winter Plan due October**
- prioritise patient discharges
- Increased support around bank holidays



Out of Hours – Details of transport Services organised by
East Cheshire Trust
Mid Cheshire Hospital NHS Foundation Trust

Mental Health

- Cheshire and Wirral Partnership NHS Foundation Trust commissioned Independent Support Living (ISL) contract in place in reach support to mental health patients in A&E
- ICB funded secure transport - utilise Response 365 to ensure quality & value

Falls Prevention

Working together to reduce falls, promote independence and reduce the number of admissions into hospital will be supported by the following:

Falls Pick Up Service delivered by Rosscare / Millbrook who provide a falls pick up service 24/7 through the assistive technology contract.

One You Cheshire East stand strong classes: 26 week strength and balance training programme to improve strength, balance and mobility.

Urgent Community Response: The Urgent Community Response services provided by Central Cheshire Integrated Care Partnership and East Cheshire Hospitals NHS Trust operate 12 hours a day, 7 days a week, is a multidisciplinary service which responds to falls within 2 hours of referrals.

Falls Prevention Specialist Therapists: Two integrated falls prevention specialist therapists who will operate across Cheshire who will provide falls prevention specialist care in the community and including clinic settings.

Assistive Technology and Community Equipment inclusive of falls sensors and detectors that link to a monitoring centre that will raise alerts to a carer or monitoring centres

Independent Care Providers Support Mechanisms

- ✓ Maximising Flu & COVID-19 vaccinations amongst residents and staff (monitored by national capacity tracker)
- ✓ Flu outbreak preparations and support via Infection Prevention control and Public Health
- ✓ Mutual aid calls for care at home and care homes
- ✓ React to red (pressure ulcer) Webinar
- ✓ Capacity Tracker training offered to all Care Homes
- ✓ Care Homes who have highest hospital admissions, a targeted review and additional support package being worked up
- ✓ Working Group to increase weekend discharges into care homes and wrap around support
- ✓ Public Health and Cheshire Infection Prevention & Control guidance in place to support discharges into Care Homes
- ✓ Enhanced Health in Care Homes programme of work underway
- ✓ Urgent Community Response
- ✓ Cheshire Infection Prevention Control Winter webinar for Care Homes
- ✓ End of Life Partnership training

Indicative C&M Winter Planning Timeline

When	What	Who
24 August	Convene inaugural winter plan operational group (WPOG) to develop and oversee production of local and system winter plans, based on local and national objectives and areas of focus, and informed by national winter letter issued 12/08 (frequency weekly)	Anthony Middleton
29 August	ICB to feed into regional return on 29/08 on progress on delivery of additional capacity plans (c. £15m for C&M)	Anthony Middleton
14 September	C&M ICB Winter Planning Event, with a focus on: <ul style="list-style-type: none"> • Touch point for sharing learning and best practice • Place led review of self assessments against local and national criteria • Identification of key risks and areas of focus for mitigating actions 	Hosted (clinically led) and facilitated by ICB Places
Mid-Late September	Continued development of winter plans based on self assessments and learning from C&M event	WPOG
Late September	NW regional winter event, date TBC	NW Regional UEC Team
w/c 26 September	Return of Operational Self-Assessment Good Practice Checklist First return of national tracker against winter assurance framework, monthly thereafter	Anthony Middleton
29 th September	National UEC system flow event around winter preparation. North-based event will be held on Thursday 29th September in Manchester.	WPOG members and other relevant leads as identified
29 th September	Update to ICB Board if required	Anthony Middleton, Chris Douglas, Rowan Pritchard- Jones
October	Continued development of winter plans Engage with national/regional assurance process, timelines and outputs TBC	WPOG, NW Regional UEC Team, relevant systems
November	Full implementation of winter plans Winter room arrangements stepped up to seven days no later than 01/12/2022	All



Working for a brighter future together

BRIEFING REPORT

Health & Wellbeing Board

Date of Meeting: 29/11/22

Report Title: Cheshire East Domestic Abuse and Sexual Violence Partnership - Health Pathfinder Toolkit

Report of:

1. Purpose of Report

- 1.1. The purpose of this report is to provide an update on key priorities within the Domestic & Sexual Abuse Strategy that relate to 'Health Settings' and 'Complexity'. Domestic abuse affects the achievement of all Health & Well Being Board priorities and improving health and multi-agency responses to complexity in particular is a concern to all organisations represented on the Board.
- 1.2. The Domestic & Sexual Abuse Strategy contributes towards the key priority within the Council's Corporate Plan 2021-25 "A Council which empowers and cares about people". It contributes to the aim to "protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation".

2. Executive Summary

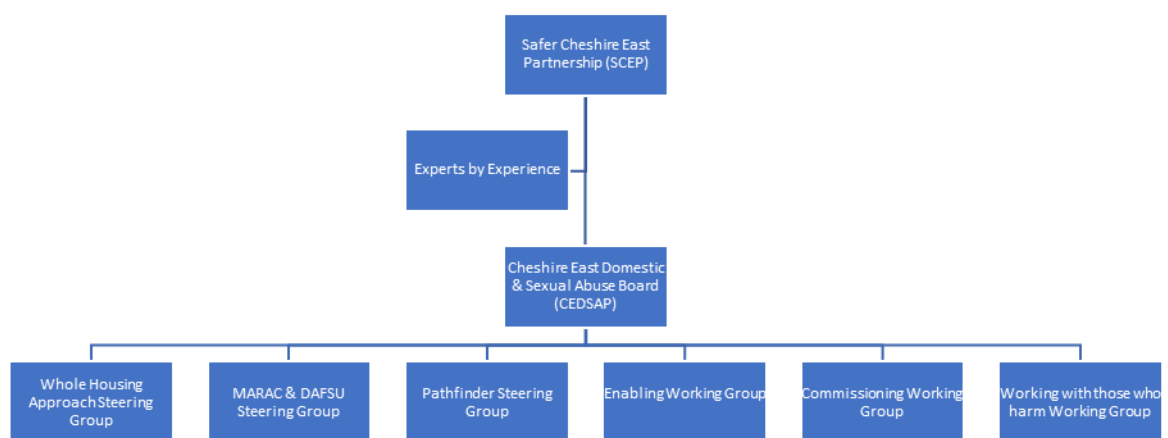
- 2.1. The Domestic Abuse Act, which became law in April 2021, introduced a new statutory definition of domestic abuse. It defines domestic abuse as any incident or pattern of incidents between those aged 16 years or over who are a partner, an ex-partner, a relative or there has been a time when they each have had, a parental relationship in relation to the same child

The Act outlines the following behaviours as abuse:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse

The Act recognises children under the age of 18 years who see, or hear, or experience the effects of the abuse, as a victim of domestic abuse if they are related or have a parental relationship to the adult victim or perpetrator of the abuse.

- 2.2.** The Cheshire East Domestic & Sexual Abuse Partnership (CEDSAP) Board is well established and has representatives from across the local multi-agency network including statutory and voluntary sector services. CEDSAP reports to the Safeguarding Cheshire East Partnership (SCEP) and has strategic oversight of the response to domestic abuse and sexual violence.



- 2.3.** The CEDSAP Board launched a comprehensive [Strategy](#) in 2021 for addressing domestic abuse and sexual violence.

The Strategy has 6 workstreams:

1. Focus on those who harm
2. Complexity
3. Cared for/care leavers
4. Health settings
5. Enabling
6. Commissioning

All the workstreams have a link with the activity of the Health & Wellbeing Board but this report focuses on progress and planned activity in the Health Settings and Complexity workstreams.

2.4. The need for a Whole Health Approach to domestic abuse

Domestic abuse is a public health issue and health professionals play a critical role in its response. Repeated findings from Domestic Homicide Reviews (DHRs) have

highlighted that health professionals can offer patient survivors a safe place to disclose and seek support at an earlier opportunity. Evidence tells us that 80% of women experiencing domestic abuse seek help from health services and these are often their first, or only, point of contact, with general practice often being an access point for many survivors. It is therefore essential that health services are equipped and supported to respond appropriately and safely to domestic abuse¹.

2.5. Recommendations

- 2.5.1.** The Health and Wellbeing Board to endorse implementation of the Pathfinder Toolkit and deliver the recommendations
- 2.5.2.** The Health and Wellbeing Board to work with IRIS to determine the size and scope of the IRIS service that is needed locally and the funds needed to support this model in Cheshire East to address the existing gap in provision
- 2.5.3.** Consider how the HWBB can support improved crisis responses of mental health services to those whose needs cross multiple issues and are long term/complex
- 2.5.4.** The Health and Wellbeing Board to commit to improve data collection, in relation to domestic and sexual abuse, from Health settings.
- 2.6.** The recommendations above will contribute to the Council corporate objective to “protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation”

3. Background

- 3.1.** The report has been developed following analysis of the progress of the CEDSAP Strategy.

4. Briefing Information

4.1. [Health Pathfinder Toolkit](#)

The Pathfinder project was a 3-year national pilot project, working across eight sites in England to transform Health’s response to domestic abuse. The project was led by Standing Together alongside expert partners AVA, Imkaan, IRISi and SafeLives. It brought together the expertise of specialist domestic abuse organisations through its consortium of experts and the experience and good practice of professionals working at the local sites.

In June 2020 the Health Pathfinder toolkit was launched bringing together the research and findings from the pilot into a best practice guide for Health settings. The CEDSAP Board agreed to implement the toolkit within the ‘Health Settings’ priority of the strategy.

4.2. [IRISi](#)

¹ Health Pathfinder Toolkit 2020

IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial.

Research shows that GP practices with IRIS are 30 times more likely to make a referral to specialist support for their patients than those without IRIS (Panovska-Griffiths et al, 2020);

The IRIS programme saved £14 for each woman aged 16 or older registered in the IRIS trained general practice (Barbosa et al, 2018); the same study shows an increase in quality of life for each woman affected by domestic abuse;

The IRIS programme is cost-effective and cost-saving from a societal perspective in the UK and cost-effective from a health service perspective (NHS perspective) (Barbosa et al, 2018).

4.3. Complexity

Specialist Domestic Abuse Practitioners and multi-agency teams are reporting increased complexity for increased numbers of people. Whether lives are more complex, or we know more about them is debatable, but currently we have limited overarching local multi-agency strategic response that maximises the resources of the sectors involved in providing support. Practitioners are restricted or worn down by circumventing the parameters of their statutory or commissioned provision. This means that service users do not receive the best that we could offer together and the human cost and that to the public purse of repeat presentations remains high.

We recently held a Domestic Homicide Review where the complex factors of domestic abuse, mental ill health and substance misuse affected those involved and we hope that the learning can provide impetus to efforts to improve our work together.

While the DHR relates to one individual our two stage MARAC process has shone a spotlight on a wider cohort of people whose relationships are similarly affected by unresolved complexity and who live, probably permanently, in high risk relationships and come to attention when serious incidents occur. Cheshire East Safeguarding Adults Board allocated resources to reviewing some 33 of these cases and the resulting report provides further evidence for the urgency of improved strategic and operational responses.

We are also aware that domestic abuse is itself a complex issue in terms of the typology of abuse. While relationships marked by power and control are often the most concerning, we recognise the harm caused by situational and retaliatory abuse and need to adopt whole family approaches to safeguarding and recovery that are based on a sound analysis of abuse typology. Complex needs are often the result of and in turn cause, further Adverse Childhood Experiences (ACEs) and we welcome efforts to roll out a more systematic approach to equipping the multiagency workforce to deliver trauma informed and strengths-based practice. Starting with the key question 'What happened to you? and understanding individuals' and families'

stories is more likely to result in the shared and sustainable safety and recovery we seek.

4.4. Cheshire East Domestic & Sexual Abuse Partnership Strategy 2021-23

This strategy was launched at a time when services were beginning to plan for future delivery in a new post Covid-19 landscape. Now in the second year of implementation and the families and individuals we seek to support are facing the additional pressures of the cost of living crisis.

Never has a co-ordinated community response been needed so much, as we have seen escalation in seriousness and frequency of harm in recent months with a 26% increase in high risk referrals in the past year. Alongside this is evidence of the real difference we can make when we are able to work together, consider the needs of the whole person, family and community.

This strategy was developed based on:

- a review of the effectiveness of previous implementation
- the context nationally and sub regionally
- qualitative and quantitative data from a range of contributors, the most important of which is the voice of those affected

The lived experience of people affected by domestic abuse and sexual violence continues to be the driver of all that we plan and deliver together.

The Strategy has 6 workstreams:

7. Focus on those who harm
8. Complexity
9. Cared for/care leavers
10. Health settings
11. Enabling
12. Commissioning

All the workstreams have a link with the activity of the Health & Wellbeing Board but this report focuses on progress and planned activity in the Health Settings and Complexity workstreams.

4.5. A summary of achievements against the strategy action plan for each of these priorities is outlined below

<i>Health settings – Apply Health Pathfinder model locally</i>	
Achievements 2021-22	Goals for next year
All providers and NHS Cheshire Clinical Commissioning staff completed a self-assessment tool which demonstrated good progress in all areas of the Health Pathfinder model.	<p>Embed a consistent offer of training for Health staff.</p> <p>Improve pathways to support for people who are experiencing mental ill health,</p>

<p>Identified priority areas for implementation and developed an implementation plan.</p> <p>Identified training as a challenge for all areas and established a task and finish group to address this issue.</p>	<p>including suicidal ideation, in addition to their experience of domestic abuse.</p>
<p><i>Complexity - Establishment of a strategy, including shared resources, to tackle the most complex cases across substance misuse, mental ill health and domestic abuse</i></p>	
<p>Achievements 2021-22</p> <p>Developed the Marac + model, using the person centred 'Team Around Me' approach, to improve the co-ordinated response for people for whom we have been unable to reduce the risk.</p> <p>Mapped existing provision, including multi-agency fora, and identified areas for improvement.</p> <p>Specialist domestic abuse staff co-located with CGL (Substance Misuse service) to facilitate joint support work and shared learning for staff.</p> <p>Strengthened links between Talking Therapies team and Specialist domestic abuse services.</p> <p>Worked with colleagues in Adult Services to support the Complex Safeguarding pathway.</p>	<p>Goals for next year</p> <p>Work with Housing colleagues to support the development of the Homelessness Prevention Multi-Disciplinary Team.</p> <p>Develop and test other approaches that provide an integrated, wrap around, response for people with multiple disadvantage.</p>

5. An example of good practice

Macclesfield Hospital Idva Role – During the period of Covid restriction the support for Macclesfield Hospital was provided remotely via the DA Hub, between April-Sept 21 the hospital referred fewer than 10 cases to the Hub. Direct co-located Idva support resumed in September 2021 and in the period Sept 21- Mar 22 the Idva received 70 referrals. The impact of having a member of specialist Domestic Abuse staff co-located in the hospital is evident in the number of people the service has been able to reach.

The Hospital Idva has also developed a referral pathway for people who are allocated to the midwifery unit in Macclesfield Hospital and they can be supported by the Idva within the community and in the hospital.

In addition to direct support the Idva has supported with training delivery and rolling out intervention to enable people to ask for support discretely in the Hospital Pharmacy. In the next 12 months the Idva will train other departments within the hospital so that survivors of domestic abuse have a way to discretely ask for support and staff know how to respond and refer on.

Access to Information	
Contact Officer:	Emma Storey Domestic & Sexual Violence Development Lead Advisor 07816 366328
Appendices:	N/A
Background Papers:	Cheshire East Domestic & Sexual Abuse Strategy 2021-23 Health Pathfinder Toolkit

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Working for a brighter future together

Health and Wellbeing Board

Date of Meeting:	29th November 2022
Report Title:	Living Well in Crewe – Report of the Cheshire East Increasing Equalities Commission
Report of:	Helen Charlesworth-May Executive Director – Adults, Health and Integration
Report Reference No:	HWB4
Ward(s) Affected:	Crewe South, Crewe West, Crewe Central, Crewe North, Crewe East and St Barnabas

1. Purpose of Report

- 1.1. This is a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who have considered what would help improve the health outcomes and life chances of the people of Crewe.
- 1.2. It considers the contribution of people's environment to their health and takes a life course approach from early years and education, to work and then to preventing illness through health services.
- 1.3. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".
- 1.4. This report provides recommendations for all partner organisations within Cheshire East on approaches they can consider to improve outcomes for residents of both Crewe and the whole of Cheshire East.

2. Executive Summary

- 2.1.1 Life expectancy in every central Crewe ward is lower than Cheshire East overall with people dying over ten years earlier on average in parts of Crewe compared to the Cheshire East wards with the longest life expectancies. This report highlights opportunities for building healthy communities and raising healthy life expectancy.

- 2.1.2** We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs. A thriving Crewe will benefit the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.
- 2.1.3** We recognise that health and wealth are inextricably linked. Deprivation contributes to poor health outcomes and, conversely, better health and wellbeing leads to increased productivity and economic success.
- 2.1.4** There are tremendous opportunities to act in Crewe, leveraging the change we are already seeing through regeneration and capital investment, and the integration of health and social care services at place level. NHS services have new commitments around reducing inequalities and Cheshire East Council has committed to being an organisation that empowers and cares about people and to reducing health inequalities across the borough. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".
- 2.1.5** We collaborated through multi-organisation workshops (one for each of the six themes below) to bring together current programmes and projects in the public and the voluntary, community, faith and social enterprise (VCFSE) sectors that are already benefitting Crewe's residents. We explored the gaps in provision to inform our recommendations. We then undertook a programme of community engagement, speaking to over 100 residents as well as reviewing relevant engagement exercises from other recent programmes of work for health services and for children.

2.2 Recommendations of the Increasing Equalities Commission to public sector organisations and partners

- Important ideas emerged across several workshops and discussions and can have a positive impact across multiple themes.
- Put improving health and wellbeing and the reduction of inequalities at the heart of decision making – a Health in All Policies approach. Use power as employers, as providers, as commissioners of services and as purchasers to generate social value. Embrace proportionate universalism by creating an offer for all but with the greatest investment given to the areas with the greatest need.
- Continue to listen to residents and service users to co-produce solutions.
- Make the best of what we have, through improved information sharing and co-ordination of services.

- Select a small number of key metrics to tell us whether we are making meaningful change to residents' life chances.

2.2.1 Make Crewe a health-creating environment

Our health is shaped by the environment in which we live, learn and work. Well-designed places promote and support good health by making the healthy choice the easy choice.

- Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to support active travel, provide green spaces and improve the food and drink environment.

2.2.2 Support strong communities in Crewe

People are proud of Crewe, whilst also recognising that it could be a better place to live. Our VCFSE sector gives us strong foundations to build on and we can leverage the corporate responsibility agendas of local businesses and organisations to benefit local people.

- Use regeneration opportunities to develop community spaces. Facilitate intergenerational and intercultural engagement.
- Coordinate action to address poverty and the cost-of-living crisis.

2.2.3 Give every child in Crewe the best start in life

The inequalities in life chances begin at an early age and often widen throughout a person's life. Parents and children in our most deprived areas, such as those in Crewe, are often those most in need of the help of high-quality ante-natal services, parenting support and early years services.

- Develop a clear and ambitious plan for supporting the vital First 1000 days of life. Use our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

2.2.4 Boost education and skills development in Crewe

For regeneration and investment to benefit Crewe's residents, we need to support our young people to get the skills they need to take advantage of any new opportunities. On average, students in more deprived areas achieve poorer exam results than their peers and are more likely to experience school exclusion but schools in Crewe are already coming together to make strategic improvements to benefit their young people.

- Use The Pledge and the Institute of Technology programme to boost skills and employability.
- Continue to develop targeted support for those with special educational needs and those at risk of exclusion or involvement in crime.

2.2.5 Improve working lives in Crewe

Crewe remains a centre for high-quality manufacturing but also has many important entry-level jobs. Regeneration will bring new opportunities, including in the cultural sector. We should ensure that pay and conditions are adequate to support wellbeing and that Crewe's residents are able to progress and access higher quality jobs.

2.2.6 Prevent ill health in Crewe

All themes of the report contribute to a person's health and wellbeing and, consequently, their life expectancy and need for health and social care services. However, preventative and treatment services can also play a key role in narrowing the gaps we see. Further analysis is needed to understand the causes of the avoidable deaths we see and allow us to target our response.

- Establish governance for place-based prevention and the reduction of inequalities and implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient.
- Ensure primary care services in our most deprived areas are adequately resourced and are able to support prevention and proactive care.

3. Recommendations

- 3.1.** For the Board to note and support the recommendations within 'Living Well in Crewe'
- 3.2.** For the Report to be used as a source document in the development of the Joint Health and Wellbeing Board Strategy

4. Reasons for Recommendations

- 4.1.** Partners on the Board are asked to review the recommendations and progress those within their gift that are feasible and expected to be effective.
- 4.2.** Whilst the report focuses on the central electoral wards of Crewe, many of the recommendations would apply across the Borough and as such it will serve as a useful reference when developing the Joint Health and Wellbeing Board Strategy

5. Other Options Considered

- 5.1.** Not applicable

6. Background

- 6.1.** In 2020, Cheshire East Health and Wellbeing Board established the Increasing Equalities Commission to lead and co-ordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough. The Commission quickly recognised that Crewe should be its initial focus.
- 6.2.** The report sections were originally taken from the “Marmot Report”, but these were later adapted to a Crewe context with a greater emphasis on the environment and communities. These changes reflect the importance of place for health and the opportunities we have through the regeneration of Crewe Town Centre.
- 6.3.** Workshops were held for each of the six main sections of the report. For each section, one or more co-authors were identified. Their contributions were invaluable in providing key reports and references, sense-checking recommendations and ensuring alignment with other workstreams. Workshop invitees included:
- Membership of the Increasing Equalities Commission
 - All members of Cheshire East Public Health Team
 - Third sector Organisations who operate within the Crewe area
 - Those whose job role related to the workshop
 - Membership of Crewe Town Council
 - Membership of South Cheshire Chamber of Commerce
- 6.4** **The report has been presented to:**
- Adults, Health and Integration DMT
 - Children and families DMT
 - CLT
 - Joint Directorate meeting (Adults, Health and Integration & Place)

7. Consultation and Engagement

- 7.1.** Cheshire East Council’s Communities Team led a programme of engagement in Spring 2022. The team met more than 100 people in Crewe to gather the experiences of residents.
- 7.2.** The team also reviewed relevant consultation and engagement exercises for other projects and included relevant findings and experiences as part of this report. Examples include engagement with young people around parks and green spaces and Healthwatch review of service provision in Crewe during the COVID-19 Pandemic.

8. Implications

8.1. Legal

- 8.1.1.** Each partner organisation will need to consider the legal implications of any recommendations it chooses to take forward.

8.2. Finance

- 8.2.1. Many of the recommendations require changes in processes and prioritisation rather than new funding. Each partner organisation will need to consider the financial implications of any recommendations it chooses to take forward.

8.3. Policy

- 8.3.1. The findings of the report should be considered when developing policies to ensure that health and the reduction of inequalities are considered at all stages.

8.4. Equality

- 8.4.1. The report focuses on deprivation and addressing the inequalities seen in our most deprived areas in central Crewe. Whilst other protected characteristics are not explicitly addressed, there are implications for many groups.
- 8.4.2. Age - A life course approach focussing on improving early years and giving residents the best start in life is a recommendation of the Marmot report to reduce inequalities. While it emphasises more investment earlier in life, this means people will be healthier as they age.
- 8.4.3. Disability - Our most deprived areas tend to have a higher proportion of people with disabilities – both as cause and consequence of deprivation. We make specific recommendations around supporting young people with special educational needs and consider needs of those with disabilities as part of built environment and planning.
- 8.4.4. Race - CHAWREC (Cheshire and Warrington Racial Equity Commission) are currently undertaking a specific project around race, ethnicity and access to services, which is reporting to the IEC. We are waiting 2021 census to better understand which of our residents identify as being from an ethnic minority group but previous results show that Crewe has a higher proportion of people identifying as non-white British than Cheshire East overall and partner organisations will need to consider the implications of any recommendations taken forward.

8.5. Human Resources

- 8.5.1. There are no direct implications arising from this report.

8.6. Risk Management

- 8.6.1. There are no direct implications arising from this report.

8.7. Rural Communities

- 8.7.1. The report does not directly assess rural areas and focuses on Central Crewe. However, many of the recommendations would be valid across Cheshire East, including for its rural areas. A thriving Crewe will benefit

the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.

8.8. Children and Young People/Cared for Children

- 8.8.1.** The report addresses giving children the best start in life and improving outcomes for looked after children, taking forward the actions in the Children and Young People's Plan, which is in development

8.9. Public Health

- 8.9.1.** The report focuses on health outcomes in one of most deprived areas and recommends a place-based and preventative approach to improving health and life chances. This is a public health approach and the development was led by the public health team in Cheshire East Council.

8.10. Climate Change

- 8.10.1.** The report makes recommendations about encouraging active travel and improving the energy efficiency of homes. While the report primarily addresses the health of residents, these actions would have the co-benefit of reducing carbon emissions and would thus contribute to the Council's climate change agenda.

Access to Information	
Contact Officer:	Dr Matthew Atkinson, specialty registrar in public health Matthew.Atkinson@CheshireEast.gov.uk 01270 686008
Appendices:	Living Well in Crewe AHC 1.0
Background Papers:	

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Living well in Crewe

Executive summary

Why Crewe

This is a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who have considered what would help improve the health outcomes and life chances of the people of Crewe and who should consider taking action.

In this report, we see how lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing. Life expectancy in every central Crewe ward is lower than Cheshire East overall with people dying over ten years earlier on average in parts of Crewe compared to the Cheshire East wards with the longest life expectancies.

We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs. A thriving Crewe will benefit the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.

We recognise that health and wealth are inextricably linked. Deprivation contributes to poor health outcomes and, conversely, better health and wellbeing leads to increased productivity and economic success.

Why now

There are tremendous opportunities to act in Crewe, leveraging the change we are already seeing through regeneration and capital investment, and the integration of health and social care services at place level. NHS services have new commitments around reducing inequalities and Cheshire East Council has committed to being an organisation that empowers and cares about people and to reducing health inequalities across the borough. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".

This report

We collaborated through multi-organisation workshops (one for each of the six themes below) to bring together current programmes and projects in the public and the voluntary, community, faith and social enterprise (VCFSE) sectors that are already benefitting Crewe's residents. We explored the gaps in provision to inform our recommendations. We then undertook a programme of community engagement, speaking to over 100 residents as well as reviewing relevant engagement exercises from other recent programmes of work for health services and for children.

Recommendations of the Increasing Equalities Commission to public sector organisations and partners

Important ideas emerged across several workshops and discussions and can have a positive impact across multiple themes.

- Put improving health and wellbeing and the reduction of inequalities at the heart of decision making – a Health in All Policies approach. Use power as employers, as providers, as commissioners of services and as purchasers to generate social value. Embrace proportionate universalism by creating an offer for all but with the greatest investment given to the areas with the greatest need.
- Continue to listen to residents and service users to co-produce solutions.
- Make the best of what we have, through improved information sharing and co-ordination of services.
- Select a small number of key metrics to tell us whether we are making meaningful change to residents' life chances.

1. Make Crewe a health-creating environment

Our health is shaped by the environment in which we live, learn and work. Well-designed places promote and support good health by making the healthy choice the easy choice.

- Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to support active travel, provide green spaces and improve the food and drink environment.

2. Support strong communities in Crewe

People are proud of Crewe, whilst also recognising that it could be a better place to live. Our VCFSE sector gives us strong foundations to build on and we can leverage the corporate responsibility agendas of local businesses and organisations to benefit local people.

- Use regeneration opportunities to develop community spaces. Facilitate intergenerational and intercultural engagement.
- Coordinate action to address poverty and the cost-of-living crisis.

3. Give every child in Crewe the best start in life

The inequalities in life chances begin at an early age and often widen throughout a person's life. Parents and children in our most deprived areas, such as those in Crewe, are often those most in need of the help of high-quality ante-natal services, parenting support and early years services.

- Develop a clear and ambitious plan for supporting the vital First 1000 days of life. Use our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

4. Boost education and skills development in Crewe

For regeneration and investment to benefit Crewe's residents, we need to support our young people to get the skills they need to take advantage of any new opportunities. On average, students in more deprived areas achieve poorer exam results than their peers and are more likely to experience school exclusion but schools in Crewe are already coming together to make strategic improvements to benefit their young people.

- Use The Pledge and the Institute of Technology programme to boost skills and employability.
- Continue to develop targeted support for those with special educational needs and those at risk of exclusion or involvement in crime.

5. Improve working lives in Crewe

Crewe remains a centre for high-quality manufacturing but also has many important entry-level jobs. Regeneration will bring new opportunities, including in the cultural sector. We should ensure that pay and conditions are adequate to support wellbeing and that Crewe's residents are able to progress and access higher quality jobs.

- Introduce a Fair Employment Charter to improve pay and conditions and ensure that jobs promote health and mental wellbeing.
- Take a multi-agency approach to tackling long-term unemployment.
- Ensure new job opportunities are promoted locally and support local residents to access them.

6. Prevent ill health in Crewe

All themes of the report contribute to a person's health and wellbeing and, consequently, their life expectancy and need for health and social care services. However, preventative and treatment services can also play a key role in narrowing the gaps we see. Further analysis is needed to understand the causes of the avoidable deaths we see and allow us to target our response.

- Establish governance for place-based prevention and the reduction of inequalities and implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient.
- Ensure primary care services in our most deprived areas are adequately resourced and are able to support prevention and proactive care.

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Introduction

In 2020, Cheshire East Health and Wellbeing Board established the Increasing Equalities Commission to lead and co-ordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough. The Commission quickly recognised that Crewe should be its initial focus.

In this report, we see how lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing. We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs, and a thriving Crewe will help the whole of Cheshire East as an attractive service town which brings investment into the borough.

We present the voices of the people of Crewe and call for co-production of plans to address their concerns and reduce the stark inequalities evident within the town.

Through this report, the Commission asks all public sector partners to use every lever available to improve health and wellbeing outcomes and to consider the reduction of inequalities in all decision making. This report outlines what the Commission believes will work to reduce inequalities in Crewe and across Cheshire East and builds on work already being undertaken. This will be an important source document for the refreshed Health and Wellbeing Strategy and an important next step will be for all partners to work together to identify priority areas for action, focusing on those interventions that will have the greatest impact.

As a system, we must act reduce the inequalities we see, as those in our most deprived areas who are living shorter lives will also spend more years in poor health, relying on our services. The planned update of the Joint Health and Wellbeing Strategy is an excellent opportunity for the local system to implement changes that will benefit the residents of Crewe and all in Cheshire East.

Background

The planned **economic regeneration** of Crewe, the arrival of HS2 and the levels of capital funding allocated to invest in the town, all provide an opportunity to take a much more strategic approach, connecting the residents of Crewe with the opportunities that this investment offers over the coming decade and beyond. Through enhanced economic wellbeing we can create the conditions that allow for better health outcomes as well. Conversely, a healthier Crewe will boost productivity and generate economic success.

The UK Government has published its aspirations for Levelling Up the United Kingdom¹. It recognises that, “While talent is spread equally across our country, opportunity is not.” The paper sets out “12 missions” to rebalance the regions and increase the “6 capitals”. See *Appendix 4 – Levelling Up the United Kingdom – 12 Missions and 6 Capitals*.

“It is equally critical that we improve productivity, boost economic growth, encourage innovation, create good jobs, enhance educational attainment and renovate the social and cultural fabric of those parts of the UK that have stalled and not – so far – shared equally in our nation’s success¹.”

We have referenced these missions and capitals throughout the report and linked them to our priority areas.

The Cheshire and Merseyside Health and Care Partnership have placed the reduction of health inequalities as a key aim for our local system. It gave a commitment for the sub-region to become a “Marmot Community” – one in which the entire system is committed to tackling health inequalities throughout people’s lives, through a determined and joint effort across a number of sectors to achieve common goals.

¹ [Levelling Up the United Kingdom - GOV.UK \(www.gov.uk\)](https://www.gov.uk/levelling-up-the-united-kingdom)

Our **Primary Care Networks** have new responsibilities around reducing health inequalities and NHS bodies must consider the effects of their decisions on inequalities².

Cheshire East Council has established fairness as one of the three core aims of its Corporate Plan (2021–2025)³.

“We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents³.”

The Council has committed to being an organisation that empowers and cares about people and one that will reduce health inequalities across the borough. The Corporate Plan echoes the themes in this report, from developing a “thriving and sustainable place” and working with “residents and partners to support people and communities to be strong and resilient”, to supporting “all children to have the best start in life”.

Why Crewe?

“Poverty in Crewe has got worse over the last ten years”

Though Crewe remains a centre for advanced engineering and manufacturing, it has joined other towns in the north of England, where long-term economic decline has been associated with poor health and wellbeing among its residents. But Crewe is changing, with a programme to transform the built environment already well underway. This is a once in a generation opportunity to level-up Crewe and improve the life chances of all its people.

Whilst Cheshire East is a relatively affluent borough overall, Crewe contains some of the most deprived areas in England. People in these areas are not only living shorter lives but are spending more years in poor health. Health and wealth are inextricably linked, with those in so-called ‘Left Behind Neighbourhoods’ in England being nearly 50% more likely to die from COVID-19 and the poor health faced in these communities costing billions of pounds in health and social care costs and lost productivity⁴. These problems start early, and child poverty is a major contributing factor. There has been little improvement in recent decades.

“Areas are obviously deprived”

Crewe’s residents are on average younger than those in Cheshire East as a whole and households are more likely to be made up of single adults or lone parents than Cheshire East overall⁵.

Based on the latest available data (2015-2019), the average life expectancy at birth in Cheshire East was 80.3 for males and 83.9 for females. For both sexes, life expectancy in every central Crewe ward is lower than the Cheshire East average. It is lowest for both in Crewe Central, at 72.7 for males and 76.8 for females. On average, males and females in Crewe Central are dying 11.6 and 12.1 years earlier, respectively, than their neighbours in Wilmslow East⁶.

Crewe Central is in the top two worst wards across the whole of Cheshire and Merseyside for all-cause mortality under 75 and deaths from causes considered preventable⁷.

Crewe has the only ward in Cheshire East designated as a ‘Left Behind Neighbourhood’ by Local Trust – one in which the community suffers from the highest levels of combined social, cultural and economic deprivation⁸. This is associated not just with poorer health and shorter life expectancy, but more challenging working lives and a lack of

² [NHS England » Network Contract DES](#)

³ [Corporate Plan \(cheshireeast.gov.uk\)](#)

⁴ [New report shows almost £30bn health cost of England’s most deprived communities - The NHS A](#)

⁵ Analysis of Acorn data for Cheshire East Council 2021

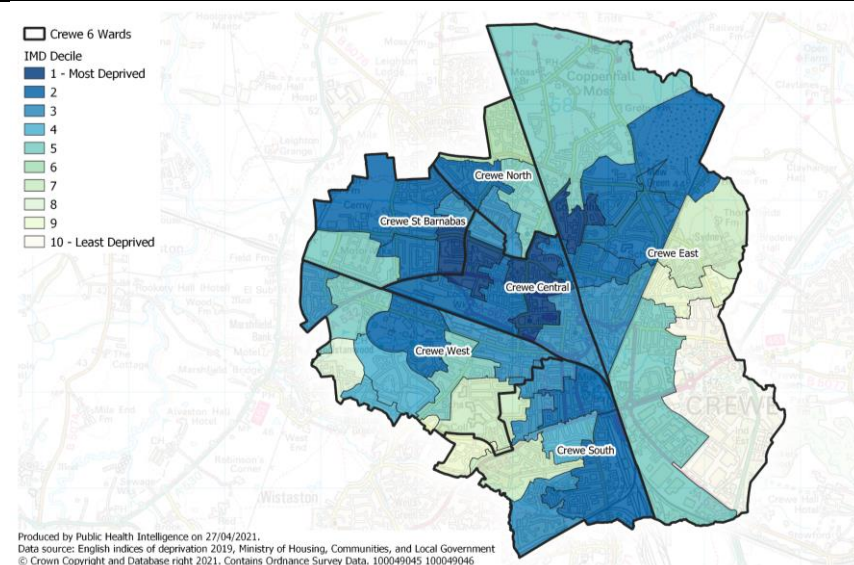
⁶ Note that there is a level of uncertainty when calculating life expectancy using a relatively small number of deaths at ward level.

⁷ [Partnership-Board-Agenda-Papers-Wednesday-28th-April-2021.pdf \(cheshireandmerseysidepartnership.co.uk\) – P.86](#)

⁸ [‘Left behind’ neighbourhoods - Local Trust](#)

social infrastructure (the connections, organisations and spaces to meet that enable communities to make positive changes for themselves)⁹.

The **quotations in orange boxes** were taken from a programme of resident engagement described in *Appendix 3 – Engagement with Crewe residents 2022*.



Based on the Index of Multiple Deprivation (IMD), all the wards in central Crewe are amongst the most deprived in Cheshire East with three (Central, South and St Barnabas) being designated “priority wards” by the Cheshire and Merseyside Health and Care Partnership as health outcomes are even worse than might be expected for their level of deprivation⁷.

Figure 1 - Lower super output area (LSOA) deprivation for six central Crewe wards (IMD 2019)

However, the arrival of HS2 by 2033 will be a catalyst for growth and we have already secured a multimillion-pound plan for regeneration of the town centre, incorporating investment via the Future High Street Fund and the Towns Fund¹⁰.

“It’s a doughnut town – lots around the outside and nothing in the middle”

The true wealth of an area is the wellbeing of its people. We must use this moment to ensure that the changes benefit local residents by improving their environment and allowing them to reach their full potential and take advantage of the exciting opportunities incoming. A comprehensive and holistic approach is required that addresses the place and people’s individual circumstances.

⁹ [Overcoming health inequalities in ‘left behind’ neighbourhoods - APPG for Left Behind Neighbourhoods](#)

¹⁰ [Phase 2a: West Midlands to Crewe - High Speed 2 \(hs2.org.uk\)](#)

Cross-cutting themes and recommendations

Work together to reduce the gap between Crewe and the rest of Cheshire East

Halve the gap in **life expectancy** between the six central Crewe wards and the wards with the highest life expectancy in Cheshire East within ten years.

Halve the gap in **healthy life expectancy** between the six central Crewe wards and the wards with the highest life expectancy in Cheshire East within ten years.

Prioritising health and wellbeing

Public sector organisations should **put improving health and wellbeing and the reduction of inequalities at the heart of decision making**. We should **agree wellbeing and inequality indicators** against which progress can be measured. The entire local system shares responsibility for improving these outcomes and we should all work towards **becoming a Marmot Community**.

Public sector partners have tremendous power as employers, as providers, as commissioners of services and as purchasers. To **generate social value**¹¹, we must recognise that spending money locally can generate long-term benefits, and these are more important than short-term savings. Local companies may need support to bid for local work.

To contribute to reducing inequalities, everyone from central government to frontline services should **embrace proportionate universalism** – creating an offer for all but with the greatest investment given to the areas with the greatest need.

Listen to our residents

This strategy highlights issues and makes recommendations to partner organisations for how inequalities can be reduced, but partner organisations should **co-produce solutions to these issues with residents**.

Information and services must be **culturally appropriate and accessible to all, including those who don't have English as a first language**.

Focus on Crewe

Crewe suffers from a mix of historic deprivation and poor health outcomes, but also has a tremendous opportunity for improvement through regeneration and health and care reorganisation. Place-based approaches should be supported, which means that **teams should be created with Crewe as their primary focus**. The Crewe Care Community and two Primary Care Networks provide strong foundations to build upon.

Make the best of what we already have

Many great services already exist in Crewe and beyond. It is vital that information is in the hands of those that need it and that people access or are referred to both commissioned and non-commissioned services that will benefit them.

To do this, we should **review sources of information and referral pathways**, such as the LiveWell site, from the users' perspective and ensure they work for frontline practitioners and residents alike. This links to digital inclusion work to make sure services are accessible to all.

¹¹ [Social-Value-Charter.pdf \(cheshireandmerseysidepartnership.co.uk\)](https://social-value-charter.pdf(cheshireandmerseysidepartnership.co.uk))

Measure and track a small number of key metrics

Deprivation is deeply entrenched in the centre of Crewe. While its residents have experienced poorer health outcomes than other local areas for many years, these have fluctuated in response to national policies and economic conditions, local actions, and external factors. We are used to seeing data that shows these inequalities but now must **select a small number of priority measures that will tell us whether we are making meaningful changes to residents' life chances.**

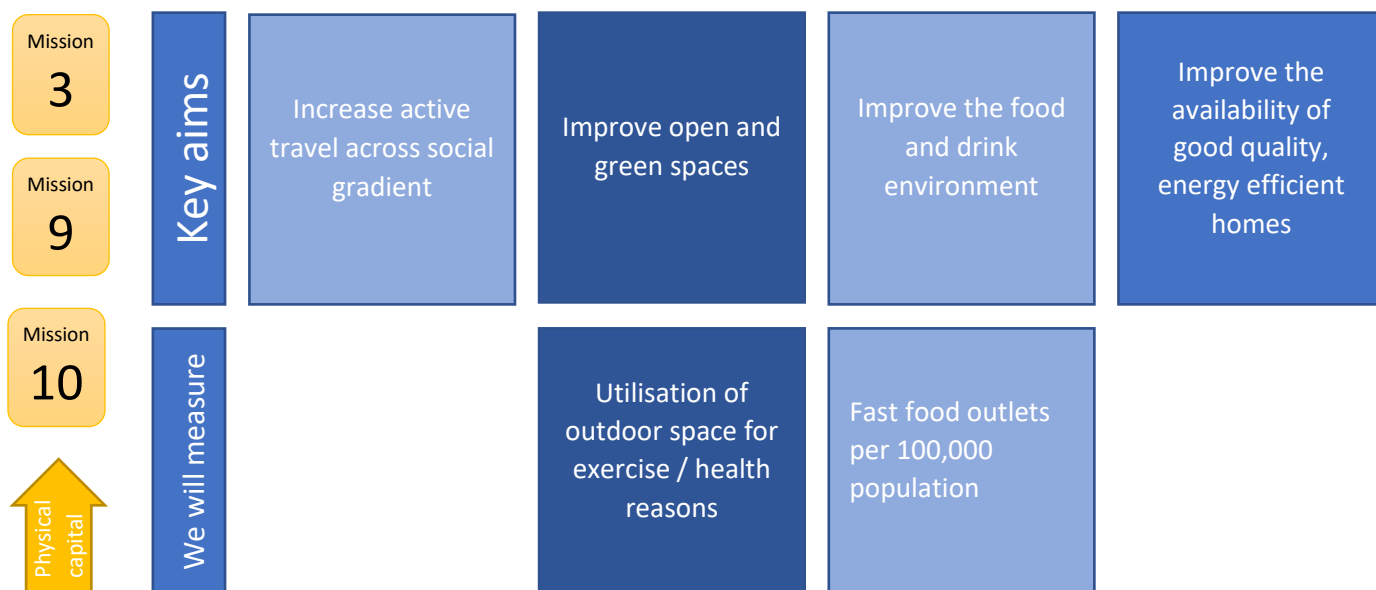
A more detailed breakdown of health indicators for all wards in Cheshire East can be seen in Appendix 5 – with a high-resolution version available online¹².

These metrics must be supplemented by ongoing engagement as, ultimately, the people of Crewe will tell us whether we have done a good job.

¹² [Tartan Rug \(cheshireeast.gov.uk\)](http://TartanRug.cheshireeast.gov.uk)

Increase the proportion of people in central Crewe who are regularly cycling or walking for travel by 50% in ten years.

Priority 1 – Making Crewe a health-creating environment



Background

Our health is shaped by the environment in which we live, learn and work (see *Appendix 6 – The determinants of health and wellbeing in our neighbourhoods*). Well-designed places promote and support good health by making the healthy choice the easy choice.

While services are vital for supporting those in need, their effect on the overall health and wellbeing of a population is limited.

“Too many new houses, not enough infrastructure

“Pavements are unsuitable for wheelchair users... one young lady has been tipped out three times”

The planning of buildings, homes, and infrastructure to provide attractive and safe

Current projects and services

Active travel

Travel	Strategic developments planned to encourage active travel through improved cycle and footpaths. Development of Crewe Railway Station, HS2 and the addition of a bus interchange.
Regeneration	Improvements to corridor between train station and town centre. Developing Valley Brook Corridor crossing town as a route for active travel with improved outdoor recreation facilities.

Open and green spaces

Cleaner Crewe	Reclaiming and cleaning the alleyways in and around Crewe.
Green infrastructure	Pocket parks programme to improve current play spaces for children and young people and add to the area with more plants and trees.
Leisure & sport	Re-development of parks and green space to make them more attractive to use.

neighbourhoods with access to green space and opportunities to exercise can dramatically influence the wellbeing of Crewe's people.

“Nature is a sanctuary. If you feel like you can't relax and your kids are unsafe, it's not a sanctuary”

Nearly a third of households in central Crewe do not have access to a car and so services and amenities should be convenient and accessible with provision made to support and

encourage active travel.

Consideration should be given to interventions that can improve both health and the environment. For example, shifts from private car use to active travel modes can increase exercise, improve air quality and reduce carbon dioxide emissions.

We invited the **Town and Country Planning Association** to lead a multi-agency workshop around creating compact and complete neighbourhoods that support health. Much of the work of our planning teams and the forthcoming regeneration work in Crewe use similar concepts and ideas and we are using development opportunities to connect and enhance key areas of central Crewe to improve walkability and promote wellbeing. A future challenge is to ensure all of Crewe's residents can access everything they need within a manageable walk or cycle from their homes.

Retail/commercial development	Use of empty retail space and improvements to the area's accessibility so that more people want to come and shop in Crewe and businesses want to set up in the town.
Food and drink environment	
Market Hall redevelopment	A social space for local business and residents redeveloped to give it a more welcoming and open feel.
Licensing	Broad programme of inspection and enforcement of food establishments and licensed premises.
Quality homes	
New homes	New housing developments within Crewe to encourage residents to stay in the area and for more people/families to choose Crewe as their home. Housing companies contribute to the New Homes Scheme, which benefits local projects and communities.
Guinness Partnership	Good quality social housing available.
Retrofitting	Planned energy efficiency improvements to existing homes
Planning	Article 4 directions introduced to require planning permission to convert properties to small houses of multiple occupancy (HMOs) in an area surrounding three streets in central Crewe.

Crewe regeneration plans¹³

<ul style="list-style-type: none"> • A diversified town-centre offer for residents and visitors, with retail, commercial and leisure developments supporting 24-hour town-centre use and linked with thoughtful public realm improvements • An enhanced cultural offer around Lyceum Theatre, a History Centre, a youth zone, redevelopment of Flag Lane Baths into a Community Hub • Improvements to existing and new green infrastructure including tree-lined boulevards, children's play areas – Valley Brook Corridor connecting Queens Park to the Town Centre. • Rationalised and improved car parking, new bus interchange, improved walking and cycling links, improvements in and around Crewe railway station with significant improvements along the Southern Gateway (Mill Street between station and town centre). • Potential leisure and sporting developments • Technology and Digital Innovation Campus • New homes, warm and healthy existing homes 	<p>“Rejuvenated completely, no cheap crap shops like pound bakeries”</p> <p>“Lack of toilets limits the time we can spend in parks”</p> <p>“Children need equipment for all ages and abilities”</p> <p>“We want more safe cycling for commuting and leisure”</p> <p>“One time I [a child] fell off my bike and cut my lip on the broken glass”</p>
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¹³ [Crewe Town Centre Regeneration Programme \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Recommendations

No.	Detail
1	Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to ensure new developments support active travel and provide green environments.
2	Maximise wellbeing gains to local residents in our capital projects and regeneration programmes. Capture Crewe's unique heritage and use signage, plaques or statues to link residents and visitors to places of interest.
3	Improve energy efficiency of housing across the social gradient ¹⁴ (this is to be part of the housing strategy).
4	Engage residents to ensure regeneration plans meet their needs. Involve them in decisions and ensure plans and current progress are communicated through multiple channels with dedicated communications resources for Crewe.
5	Support community-level schemes to introduce low traffic neighbourhoods or play streets.
6	Use all available powers to improve the food and drink environment to make the healthy choice the easy choice. This includes licensing of premises and limits on outdoor advertising of unhealthy products and services ¹⁵ .
7	Consider developing a selective licensing scheme and support increased housing and landlord enforcement to improve private rental housing standards. Monitor the impacts of Article 4 directions.
8	Map services and infrastructure to determine how compact and complete Crewe's neighbourhoods are.
9	Allocate revenue funding to properly maintain current active travel routes and public spaces. Design out crime with appropriate lighting, street furniture and use of CCTV.

¹⁴ SOCIAL GRADIENT – Rather than there being two opposing groups (the 'haves' and 'have-nots'), there is a social gradient in health that runs from top to bottom of the socioeconomic spectrum. Inequalities are experienced by most people and the lower someone's socioeconomic status, the poorer their health is likely to be. PROPORTIONATE UNIVERSALISM – interventions should help those across the social gradient, with most resources invested towards those with greatest need.

¹⁵ [Taking down junk food ads | Sustain \(sustainweb.org\)](#)

Halve the proportion of Crewe's residents who regularly experience loneliness within ten years.

Priority 2 – Supporting strong communities in Crewe



Background

People are proud of Crewe, whilst also recognising that it could be a better place to live. Crewe is increasingly diverse, with the highest proportion of people identifying as non-White British in Cheshire East¹⁶.

Our Crewe community has strong foundations, many of which are led by our VCFSE sector¹⁷. This includes charities that provide a dedicated service, community groups that provide a safe haven for many, and individuals that look out for their fellow Crewe residents.

“I want more group activities or speakers for people my age [20s] as there's only pubs & football”

Current projects and services

Hope Church Asylum Cafe	Hope Church provide a safe space for those who have sought asylum in the UK to interact, learn English, learn how to ride a bike and help to access relevant services such as primary care.
The Haven on North Street Café	A community café offering placements and volunteering options for those with additional needs, as well as providing a wide variety of activities, such as Tai Chi sessions, newbie Tuesdays and games events.
St Paul's Centre	Like many VCFSE organisations, St Paul's offers a broad range of support. They help adults with learning disabilities by providing personalised work opportunities, alongside repairing second-hand bikes, operating a food bank, offering skills workshops, provision of free shoes and selling household furniture at affordable prices.
Senior Forum	The forum based at St Michael's Church Hall provides essential social and community support opportunities for older Crewe residents. This has recently become even more crucial as the local pensioners' group, which provided trips out and

¹⁶ [Ethnicity Cheshire East Summary | Insight Cheshire East \(arcgis.com\)](#)

¹⁷ VCFSE – Third sector organisations comprising voluntary, community, faith and social enterprises

<p>With this strength comes a real opportunity to develop the conditions that help the community to flourish and promote the health and wellbeing of those living and working in Crewe.</p> <p>When we spoke to our residents, they wanted greater opportunities to connect with others like themselves and those from other nationalities and backgrounds. They wanted to retain the sense of history of Crewe and have more reasons to visit the town centre, which is currently missing its community spirit. Above all, they wanted to remove the barriers that stand in the way to community engagement and increase the number of positive activities that help them feel connected to their community.</p>		speaker events, folded in May 2022 due to lack of resource.
	YMCA Crewe	As a Connected Community Centre, the YMCA provides vital accommodation and support to those experiencing homelessness. They offer an academy which offers dedicated sessions to help those wanting to develop their independent living, relationship, gardening and sports skills, to name a few examples.
	Lighthouse Centre	Services and support for people experiencing homelessness, substance misuse, mental health disorders and social isolation.
	Chance. Changing Lives	Community Pantry and Saturday Kitchen to help those struggling to buy healthy food.

If we are to truly support our Crewe community, this support must be ‘done with’ and not ‘done to’ our residents. Co-production opens up the opportunity to find sustainable solutions that truly meet the needs of our residents.

“There’s no integration of different nationalities & religions... if organisations existed that could introduce people, that would be good”

“The lack of buses later on is like a curfew if you don’t have other transport options”

“It needs to be local – for some it can be a choice between heat or spending time in the community”

“The heart's gone from the town all together, we need to get it back”

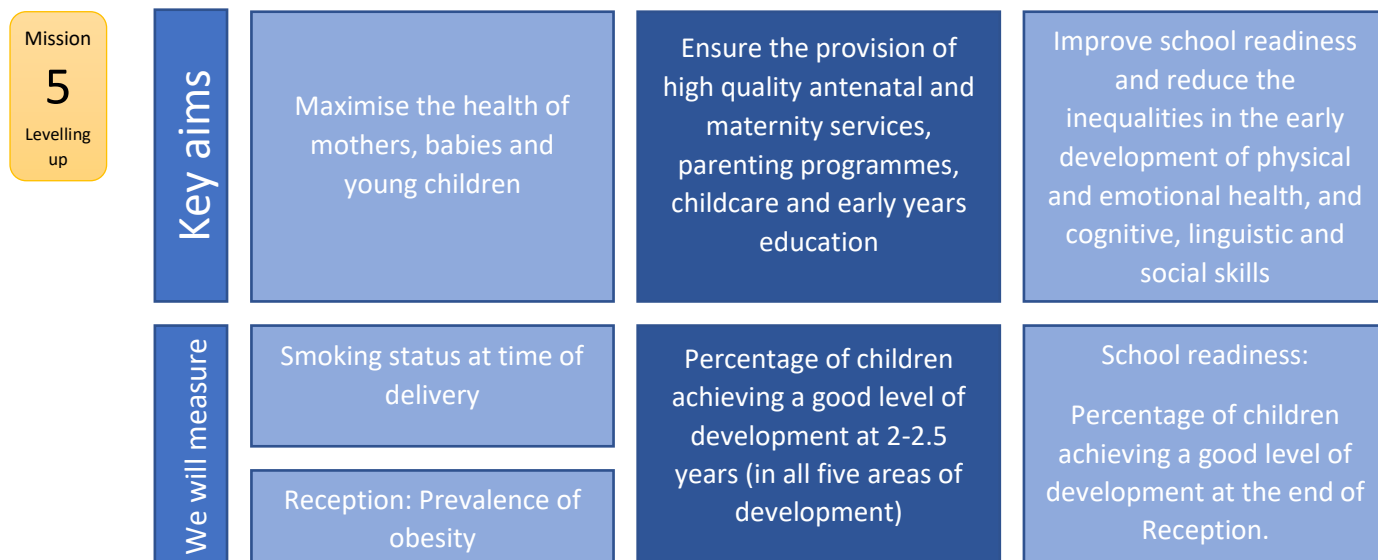
Recommendations

No.	Detail
10	Use regeneration opportunities to involve residents alongside promoting community and resident wellbeing.
11	Empower local people by engaging them in decision making at every level, from co-producing strategies to the design and delivery of interventions.
12	Facilitate and encourage intergenerational and intercultural engagement to rebuild the sense of community spirit that is inclusive to all.
13	Understand where we can begin to address poverty and the cost-of-living crises, for example through the poverty JSNA, the provision of fuel vouchers and housing improvements.
14	Ensure schools and public places lead through healthy food and beverage offers, and support community food infrastructure such as through urban agriculture.

15	Use all planning and enforcement levers to remove barriers and ensure that we are doing everything we can, in line with behavioural insights, to make the healthy choice the easy choice.
16	Use the purchasing and commissioning power of the Council and its public sector partners to invest in the local economy and prioritise social value.
17	Call on government to repair our social safety net by reforming Universal Credit and lifting statutory sick pay.
18	Support community use of spaces – e.g., open booking of Lyceum Square, schools and playing fields.
19	Engage local businesses to leverage corporate responsibility agendas to benefit local residents
20	Harness Crewe's heritage - organise events and activities to bring communities together, promote physical activity and aim to attract prestigious sporting events

Halve the gap in the percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception) between Crewe and Cheshire East's best performing wards within ten years.

Priority 3 - Giving every child in Crewe the best start in life



Background

Giving every child the best start in life starts with improving women's health and providing excellent ante-natal and maternity care. Support should be given around nutrition and breastfeeding. Parents should be given the backing they need through paid leave and parenting skills training. High-quality, affordable children's centres, childcare and nursery provision with a skilled and valued workforce can support a child's development, backed up by opportunities to learn and play in parks, libraries and homes.

National situation

Millions of British children live in poverty and fewer than half of those reach expected levels for English and maths by the end of primary school. In England and Wales, the public sector spends billions of pounds each year dealing with problems that start in childhood¹⁸. Looked-after children continue to

Current projects and services

Health of mothers and children

Child Health Hub project	Delivery via children's centre – an approach which is closer to home and accessible for parents.
CATCH App	Common Approach to Children's Health - Free NHS health app for parents and carers of children from pregnancy to age five.
Crewe Autism Inclusive	Support for those with autism (diagnosed or suspected) and other neurodiversity, and families.
Better Health website – Start for Life	Website offering trusted advice for pregnancy, babies and toddlers.
Maternity Voices Group	A group formed of women and their families who work alongside commissioners and providers to develop and improve maternity services.

Development and school readiness

Lifestyle Centre	Sensory room, Parent & baby swim sessions, toddler swimming sessions, play and stay sessions, dance for younger children.
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¹⁸ [The cost of late intervention: EIF analysis 2016 | Early Intervention Foundation](#)

experience poor outcomes that persist throughout their lives.

As child poverty has increased, the funding for Sure Start and Children's Centres and other children's services has been cut, particularly in more deprived areas. Low rates of pay and qualifications in the childcare workforce are ongoing issues.

Children in Crewe

The six central Crewe wards have rates of child poverty, hospital admissions for injury (age 0-4), emergency hospital admissions (0-4) and child development at age 5 that are all worse than the England average (See *Appendix 7 – "Tartan Rug" – Health profiles for electoral wards 2021*). A new Children and Young People's Plan is in development, co-produced with Cheshire East Youth Council and the Children and Young People's Trust.

"As a mum of two young children I want parks to be a community space - it can be isolating to be a stay-at-home parent"

Parenting Journey and 12 Stops Sessions	Delivered at Children's Centres. Starts from pregnancy up until your child begins school. Learn about your child's development all along the journey.
Library	Story Times, Baby Bounce, Rhyme Times, school visits.
Early Years speech and language therapy	Support of children and young people who struggle with feeding, swallowing, speech & communication, social interaction issues and stammering.
Family support	
South Cheshire CLASP	Support for single parent families.
Wishing Well Project	Children & Families service including parenting programme.
Motherwell Cheshire	Counselling services and mental health support, uniform hub, wellbeing walks.

Recommendations

No.	Detail
21	Develop a clear and ambitious plan for supporting the vital First 1000 days of life, from conception to age two ¹⁹ .
22	Improve outcomes for children we care for utilising the priorities identified within the new Children and Young People's plan. <i>This recommendation T.B.C.</i>
23	Undertake a Joint Strategic Needs Assessment deep-dive review into Emotional and Mental Wellbeing in Children and Young People and take forward its findings. Ensuring there is clarity with other initiatives on this theme is essential.
24	Continue to develop and actively promote integrated family hubs in communities with the greatest need.
25	Advocate for increased national spending to reduce child poverty and support early years education and ensure allocation of funding is proportionately higher for more deprived areas. Advocate for increased pay and qualification requirements for the childcare workforce.
26	Target evidence-based support to help pregnant women become smoke free including incentivising quitting.

¹⁹ [First 1000 days of life \(parliament.uk\)](https://www.parliament.uk/first-1000-days-of-life/)

27	Ensure early years staff are trained in special educational needs and early recognition of neurodevelopmental conditions.
28	Ensure support for infant nutrition and breastfeeding is accessible and sufficient.
29	Review services to prevent and support where there are Adverse Childhood Experiences. Ensure workforce are appropriately trained.
30	Support and expand parenting programmes.
31	Invest in training for early years workforce – ensure private providers have sufficient resources to attend training sessions provided.
32	Utilise our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

“My son had problems with chronic stomach pains and started being anxious about going to the loo. We were quickly referred to Eagle Bridge Health Wellbeing Centre’s Children’s Bowel and continence clinic³³.”

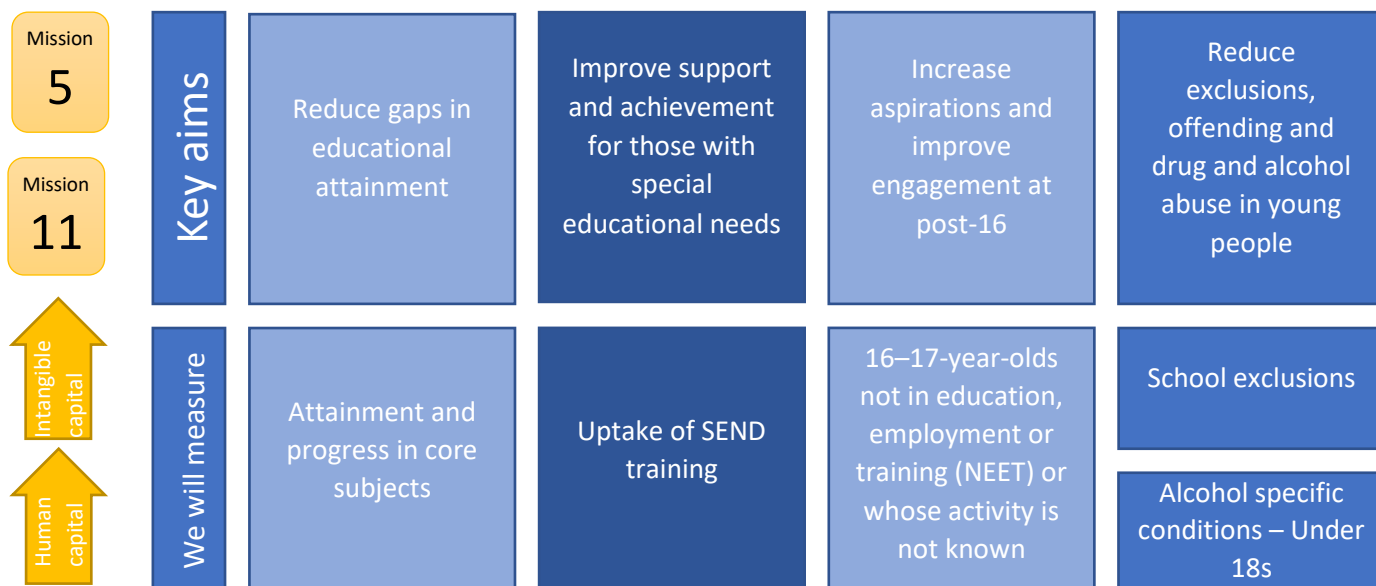
“[The hospital] does not have a good reputation with post-natal care³³.”

“Have a toddler and it’s been hard in lockdown not being able to do the usual activities and meet up with other mums and children. Not sure what activities are taking place now and what is going on in the local area for families. Enjoy the swimming lessons for pre-schoolers at Everybody Leisure³³.”

Halve the gap in exclusions and attendance between Crewe and the best performing areas in Cheshire East within ten years

Halve the gap in the proportion of pupils who achieve a level 2 and level 3 qualification between Crewe and the best performing areas in Cheshire East within ten years

Priority 4 – Boosting education and skills development in Crewe



“We want more for young children to do, free or cheap so that all have a chance to go and keep the kids entertained”

“There is very little offered for teen and school-aged groups”

Background

Nationally, there are persistent gaps at GCSE level between disadvantaged pupils and their peers, with a North-South divide evident. This gap is also experienced among pupils from ethnic minority groups, especially those who speak English as an additional language²⁰. At age 16-18, those eligible for free-school meals are more likely to attend a further education college, rather than a sixth form school or college (where students are more likely to be studying for A levels)²¹. Regardless of institution type and prior attainment, those

Current projects and services

Reduce gaps in educational attainment

Libraries	Provision of support for children and young people: homework help, Summer Reading Challenge, access to IT equipment, advice and support
Cubs, Brownies, Cadets, Duke of Edinburgh Award, Prince's Trust	Groups such as these give children and young people the chance to build friendships, confidence and skills. The Duke of Edinburgh scheme is internationally recognised allowing challengers to develop themselves through a range of experiences.

²⁰ [Covid-19 and Disadvantage gaps in England 2020 - Education Policy Institute \(epi.org.uk\)](https://www.epi.org.uk/covid-19-and-disadvantage-gaps-in-england-2020)

²¹ [Going Further - Sutton Trust](https://www.sutton-trust.org.uk/going-further)

from more deprived backgrounds in further education are likely to have a lower income at age 28 than their counterparts.

School exclusions have been rising since 2010 and a child from a disadvantaged background is three times as likely to be excluded from school²¹. Youth services have been cut and violent youth crime has been rising. The COVID-19 pandemic disrupted education and home-schooling exacerbated inequalities. One in eight young people in Cheshire and Warrington don't have access to a PC or laptop and 1 in 20 don't have access to suitable Wi-Fi. Many would not have had a quiet place to work or additional support from parents or carers²². Young people have lost vital social interaction with a mental health impact likely.

Several areas of Crewe have high levels of income deprivation affecting children²².

Our primary schools perform well and achieve relatively good Ofsted results. Though some secondary schools perform well, Crewe has a lower proportion of secondary school places at good or outstanding schools as rated by Ofsted than Cheshire East overall. The Crewe and Nantwich constituency has Attainment 8 and Progress 8 scores that are lower than the England average, but this could be due to local deprivation as well as school quality. Over half (55%) of primary pupils in Crewe move to another area for secondary education, though schools and the College are working together to address this. Three Crewe secondary schools are now part of 'The Learning Alliance' (TLA) academy trust and are making strategic improvements to practice. Other primary focused academy trusts are also integrating their work to improve outcomes for younger pupils.

Making a Difference for Disadvantaged Pupils	11 Crewe primary and secondary schools joined the 2020/21 cohort to improve on high-quality teaching, targeted academic support and school-wide approaches and to develop and implement a Pupil Premium strategy fit for their setting.
Before and after schools' clubs	Local schools promote a range of initiatives including national tutoring programmes to secure better outcomes. Work needs to take place to evaluate the effectiveness of such initiatives and share best practice
Support for health and those with special educational needs	
SEND training	SEND Toolkit and evidence of impact of SEN training Offer.
SEND reviews	Several Crewe settings have already completed reviews of whole school practice to target improved outcomes for SEN learners
New SEN provisions	Planned new resource provision at Monks Coppenhall, Wistaston and Shavington High School. Enhanced mainstream provisions also available in local Crewe schools – e.g. Mablins Lane
Better Health – School Zone	Guidance on physical and mental health
Increase aspirations and improve engagement at post-16	
Post-16 education	Broad offer of apprenticeships, vocational qualification and A-levels can be tailored to student's abilities and aspirations e/g Cheshire College South and West; Crewe UTC
Inspiring the Future	Education and employers working together to build the skills needed for work.
Reducing exclusions, offending and harm from substance misuse	
Crewe Youth Zone	Zone to provide sports facilities, arts activities, café and social area for young people in and around Crewe.
CGL	Drug and alcohol services for young people

We are building on Crewe's past to boost civic pride through education. Crewe Town Council's heritage officer has provided local history packs to support the curriculum in primary and secondary schools.

²² Young People, Learning and Skills in Cheshire and Warrington – Presentation to Cheshire and Warrington LEP

Crewe has a popular and varied post-16 offer, though Crewe has rates of progression to higher education that are amongst the worst 20% in England²². This progression to higher education is negatively associated with deprivation nationally²¹. It is important that education and skills training help prepare people for success in their careers, and we can use the successful Cheshire and Warrington Institute of Technology bid to catalyse this²³.

“I used to let my kids go to the park quite happily. Wouldn’t dream of letting my grandkids go now”

“Want youth clubs with more safeguarding against bullying and intimidation”

Recommendations

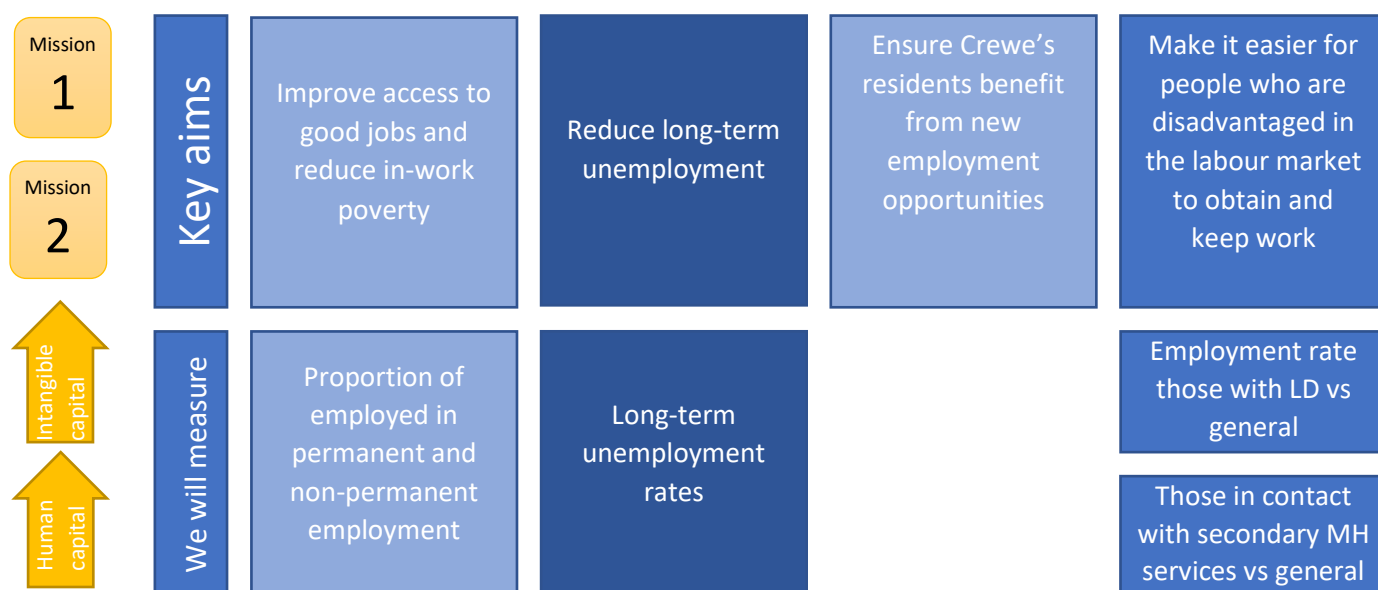
No.	Detail
33	To further implement a skills and employability initiative in Crewe coordinated through ‘The Pledge’ to help schools and colleges achieve the Gatsby Benchmarks
34	Review SEND toolkit and increase awareness in schools to support SEN children and develop a local response to the national SEND green paper ²⁴ . Review uptake in training and compare to needs assessment requests to ensure schools with greatest need are benefitting from a bespoke training offer.
35	Review and clarify pathways for schools and colleges to access wellbeing and mental health support for pupils, students and staff through the DfE’s Wellbeing in Education programme and associated initiatives.
36	Continue support for improving school attendance, specialist support for excluded or at risk of exclusion or being victims or perpetrators of crime including the development of a targeted Youth Support offer.
37	Develop training offer to ensure our young people can benefit from new employment opportunities in Crewe. Use Institute of Technology programme to catalyse change and ensure curriculum offer meets need and maximises the opportunity for young people to access employment.
38	Advocate for equitable funding for primary, secondary and post-16 education, at least in line with 2010 levels, and quality life-long learning opportunities across the social gradient.
39	Develop and promote role models via an alumni programme.

²³ [Cheshire and Warrington are winners in the £120m Institute of Technology Competition – Cheshire College – South & West \(ccsw.ac.uk\)](https://www.ccs.ac.uk)

²⁴ [Summary of the SEND review: right support, right place, right time - GOV.UK \(www.gov.uk\)](https://www.gov.uk) SEND: special educational needs and disabilities

Halve the proportion of employees earning below the real living wage across Crewe within five years.

Priority 5 – Improving working lives in Crewe



Background

Crewe remains an important centre for high-quality manufacturing and engineering, with Bentley, Whitby Morrison and Bombardier Transportation in the area.

While there are high level jobs in Crewe with many skilled workers, many live elsewhere and choose to commute to their workplace. There are important entry-level jobs but these do not always offer the opportunity to progress. Some lower-paid roles, like care work, are vital for society and we should improve pay and conditions to attract and retain staff.

“Opportunities [for asylum seekers] around learning and jobs are targeted at non-educated or low skilled, but we need opportunities relevant to our skills and experience”

Current projects and services

Good jobs

Regeneration	The development and progression of Crewe into an accessible and thriving space for business and life.
Technology & Digital Innovation Campus	Campus within the centre of Crewe – attract new talent and keep young people within the Town.
Rail projects	HS2 will cement Crewe's place as a vital transport hub. Its rich railway history and excellent location makes it the right place for the headquarters of Great British Rail.

Reduce unemployment

ESF Programmes	European Social Fund. To create employment opportunities and support local growth. E.g., Journey First – 12 months of support for those long-term unemployed to support education, training and work.
LEP (Local Enterprise Partnership)	Examining jobs, long-term unemployment, school engagement, strategic careers and enterprise.

Workshop participants described many barriers to entering work and local services are not seen as sufficient to overcome them.

There is a perceived lack of English as a second language classes and frontline services report poor adult literacy amongst those in poverty and undiagnosed learning difficulties may be an issue for some.

“The bus isn’t running when I finish some of my shifts”

Ensure Crewe’s residents benefit

Apprenticeships	Numerous businesses/services offer apprenticeships to young people as a way to get them started in employment.
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Access for disadvantaged people

IPS (Individual Placement and Support)	Supporting people with severe mental ill health into work.
CWP Access to Work scheme	
Supported Employment Services	Offering people with learning disabilities support to find and retain employment.

COVID-19 has exacerbated inequalities. Those who were out of work are now further removed from world of work. Some benefitted from homeworking, but this was not an option in public facing roles or in routine and manual occupations, who have been more exposed to COVID-19²⁵. Overall, those in more insecure employment (often women and those from minority ethnic groups) experienced the greatest fall in earnings over the course of the pandemic²⁶.

Many local businesses are small and medium-sized enterprises and have struggled during the pandemic and so are not taking on staff.

Whilst employment rates have risen over the previous decade, there has been an increase in poor quality or insecure work. Automation is leading to

“Wage doesn’t correlate with cost rises”

“Minimum wage is too low, especially with bills, kids and the house to pay for”

job losses, particularly for low-paid, part-time workers and the north of England will be particularly affected²⁷. Though unemployment has fallen, pay has not kept pace with rising living costs²⁸.

Support to individuals and businesses during the COVID-19 pandemic is discussed in Appendix 2 - COVID-19 and Crewe.

Acorn analysis for Cheshire East Council (Figure 2), where income, social grade of work and employment for those resident in the six central Crewe wards was compared for the other wards in Cheshire East, shows that Crewe residents are more likely to be on a low income and much less likely to be on a high income, that they are more likely to be in routine and manual occupations and also more likely to be unemployed (Index of 100 is equal, 50 is half as likely, 200 is twice as likely).

²⁵ [COVID-19 risk by occupation and workplace \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁶ [Unequal impact? Coronavirus and the gendered economic impact - Women and Equalities Committee - House of Commons \(parliament.uk\)](https://parliament.uk)

²⁷ [The rise of the robots could compound Britain’s North/South divide – with 1 in 4 jobs at risk in cities outside the South | Centre for Cities](https://www.centreforcities.org)

²⁸ [UK Labour Market Statistics - House of Commons Library \(parliament.uk\)](https://parliament.uk)

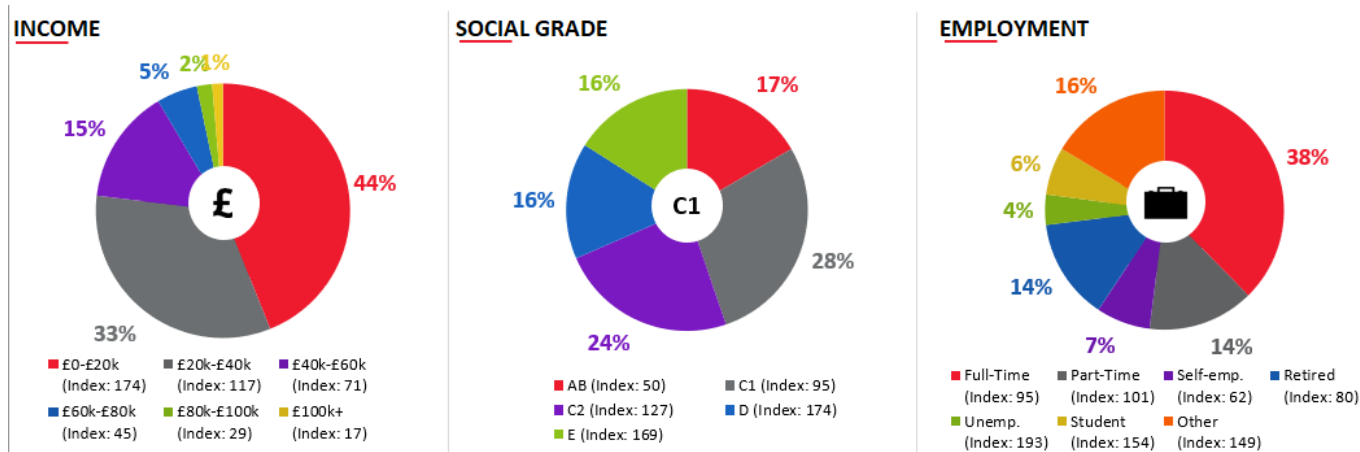


Figure 2 - Six central Crewe wards compared to all other wards in Cheshire East

Existing regeneration developments completed or in progress will deliver a small number of new jobs. More opportunities will be available in construction of major projects and the new infrastructure, and a more attractive, thriving and prosperous town will encourage more employers to invest in the area. Local partners collaborated on an excellent bid for Crewe to host the headquarters of Great British Rail in 2022.

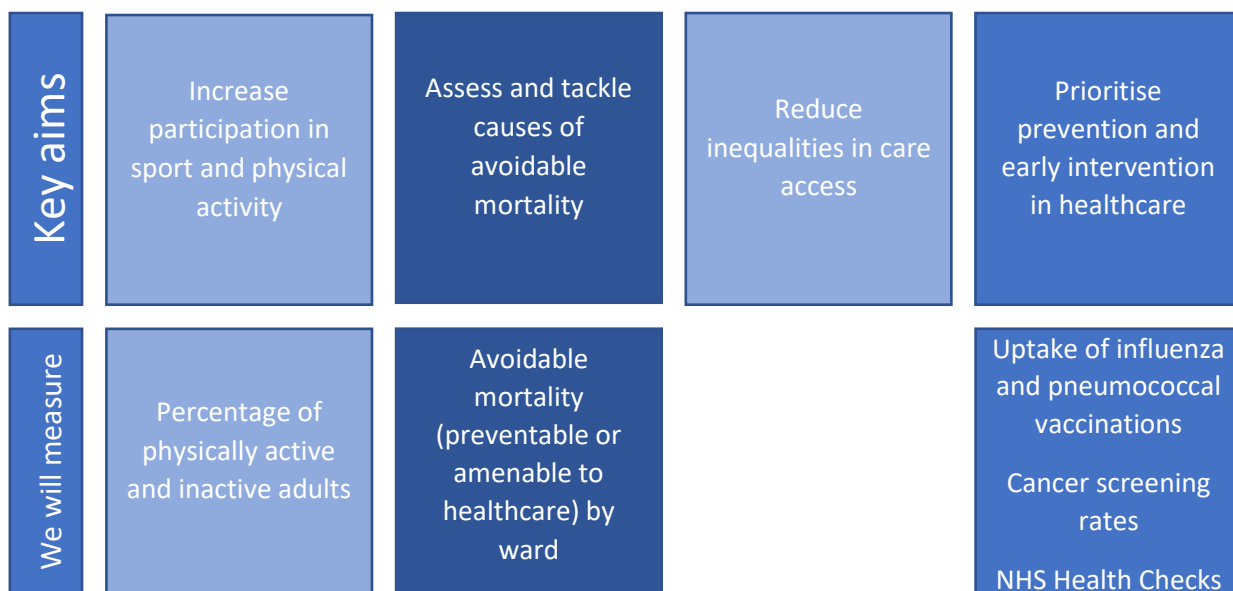
Recommendations

No.	Detail
40	Focus on improving employees' mental health and adapt jobs to make them suitable for those facing barriers to employment.
41	Procure and commission locally so that spending and investment benefits Crewe.
42	Work with partner organisations across Cheshire and Warrington to support good quality employment in the subregion
43	Upskill local people to take advantage of regeneration and HS2 and work with incoming investors to ensure that job opportunities are promoted locally.
44	Work with LEP and local partners to tackle the long-term unemployment which has been exacerbated by COVID. Examine replacement models such as ESF Journey First working alongside the Job Centre to match young people to appropriate jobs.
45	Work with partners such as Citizens Advice to ensure adequate legal advice and support for those with issues around work. Advocate for reduced conditionalities and sanctions in benefit entitlement, particularly for those with children.
46	Support Lyceum powerhouse development to provide career connections. Develop skills, co-create local activities and events (mentoring and skills development). Amplify opportunities for local residents to take up jobs in culture.
47	Create an innovation centre - TADIC (Technology and Digital Innovation Centre) to support (incubate) start-ups and small businesses.

Increase the proportion of physically active adults in Crewe by 50% within ten years.

Halve the gap in avoidable mortality rates between Crewe and Cheshire East's best performing wards within ten years.

Priority 6 – Preventing ill health in Crewe



We come to prevention and treatment services at the end of the report intentionally. “The NHS we all value and rely on was never meant to go it alone. It was supposed to be part of a wider system supporting people from cradle to grave; with decent jobs, pay, homes and education. To make sure the NHS can keep helping us in the way it was intended to, we need a broader system of support that can help all of us to thrive.”²⁹

However, many causes of illness and poor wellbeing can be modified through public health programmes or by proactive and preventative care in health services. We know that the environment shapes people's choices and behaviours but there is an awareness amongst Crewe's residents of the role lifestyle plays in health.

“Good health is a lifestyle choice”³³

Mission 8 of the Levelling Up paper references improved wellbeing. Moving beyond physical health to a more holistic concept of health and wellbeing, we should consider the Five Ways to Wellbeing in our work³⁰:

1. Activity – physical and mental improvement due to increased exercise
2. Connectivity – a sense of belonging and purpose
3. Mindfulness – sensory experiences, reduced stress, better mental health
4. Education and learning – health literacy, awareness and increased ownership, new skills
5. Giving back to the community – increased participation and enjoyment

²⁹ [How to talk about the building blocks of health - The Health Foundation](#)

³⁰ [5 steps to mental wellbeing - NHS \(www.nhs.uk\)](#)

GPs in the centre of Crewe are seeing patients with multiple health issues, complex social issues, communication difficulties and people who may not have English as their first language. Nationally, practices in more deprived areas have less funding per patient once the increased need is adjusted for³¹.

“I would like to say that my GP practice has been amazing. I've had long term problems with a shoulder injury and have been very well looked after, being referred for physiotherapy and the musculoskeletal service and eventually surgery³³.”

COVID-19 led to delayed access to non-urgent healthcare, with those who were poorer or had existing health conditions most affected³². According to Healthwatch research in Cheshire East, many in Crewe struggled to access face-to-face GP appointments. Telephone and virtual appointments were accessible and convenient for some, but there is a definite perception that in-person appointments are missing and would be valued. However, others praised the work of GP surgeries, pharmacies, hospitals and care homes during the incredibly difficult and disruptive period³³.

“We want GPs to be seeing people³³”

Further information on the effects of, and response to, COVID-19 can be found in Appendix 2 - COVID-19 and Crewe.

Current projects and services

Health improvement and community services

One You Cheshire East	Supports residents to eat well, move more and be smoke free. They also have family wellbeing programmes and falls prevention classes for older residents.
Community Pantry	Free fruit and vegetables available – encourage healthier lifestyle. Members can also receive support on a variety of issues including mental wellbeing.
Reading Well	Book collections within libraries to support a variety of physical and mental health conditions.
Bikeability	Courses ran within schools teaching children bike safety. There are also more inclusive courses for those with mobility issues. All run by Everybody Leisure. Further courses will be available to encourage active travel with improved town infrastructure too – making it safer and more accessible to bike and walk.
Saturday Kitchen	Support for the Homeless Community within Crewe. Food and essentials are available as well as access to services. Further developments to include a dental service.
Water Fluoridation	Fluoride added to the water to improve dental health.
Social Prescribing	Accessible from most GP surgeries the social prescriber deals with the wider determinants of health and will support patients who are struggling with debt, loneliness and social isolation as well as those looking to improve health through weight loss and exercise.
Crewe Lifestyle Centre	A hub within the centre of Crewe to encourage good physical and mental wellbeing through various activities and areas including a gym and pool. A library and café/social space is also located here.

³¹ [Level or not? - The Health Foundation](#)

³² [COVID-19 and disruptions to the health and social care of older people in England - Institute For Fiscal Studies - IFS](#)

³³ [Crewe-Healthwatch-Across-Cheshire-Report-Sep-Nov-2021.pdf \(healthwatchcheshireeast.org.uk\)](#)

Walking for Health	Walks delivered in the local area. Organised by the Canals & Rivers Trust and Everybody Leisure and Wishing Well.
Mental Health Support/Suicide Prevention	Crisis cafés, IAPT service and tailored Mental Health support for Men within Crewe (Twelfth Man Project). Suicide Prevention training offered via Cheshire East Council Health Improvement Team for any frontline service including more recently schools. CHAMPs suicide prevention board and specific services like 24/7 SHOUT and AMPARO
Prevention in health and care services	
Crewe Care Community	A closer look at ill-health prevention through the encouragement of patient self-care. Raising awareness of key conditions such as high blood pressure. Re-development of Patient Participation Groups within Crewe.
CURE Project (Leighton Hospital)	Smoking Cessation therapy offered to inpatients who smoke – prescribing the correct Pharmacotherapy and encouraging abstinence whilst in hospital and upon discharge.
NHS Transformation	A new integrated, place-based system for care.
NHS Health Checks	Offered to residents who are 40 to 74 with no known heart disease. A physical health assessment delivered by the GP surgery with a view to detecting health issues – such as high cholesterol – early.
MECC (Making Every Contact Count)	Training of front-line staff to encourage lifestyle change and refer residents to appropriate services.

Recommendations

No.	Detail
48	Implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient, e.g., focussing on alcohol reduction and obesity programmes across the social gradient, and taking forward the recommendations in the Khan Review to make smoking obsolete ³⁴ .
49	Establish governance for place-based prevention; build on the localities model and localities JSNA. Ensure primary prevention (tackling risk factors before a disease occurs) is a priority for the Crewe Care Partnership.
50	Primary Care Services to be reviewed and made more easily accessible within the most deprived areas of Crewe.
51	Undertake “deep-dive” on Crewe as part of the JSNA process, this will identify key priority areas for ill health prevention.

³⁴ [Making smoking obsolete: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674442/making-smoking-obsolete-summary.pdf)

52	Provide MECC training ³⁵ for all frontline services and ensure that culture, leadership and systems are in place to make the interactions meaningful and effective.
53	Support GP practices to become Active Practices using the Active Practice Charter.
54	Focus core efforts of public health departments, and wider commissioned programmes, on interventions to improve the determinants of health.
55	Advocate for increased healthcare funding to deprived areas, especially in primary care.
56	Create neighbourhood hubs to keep care accessible and local.

³⁵ [Training in MECC \(makingeverycontactcount.co.uk\)](https://www.makingeverycontactcount.co.uk)

Appendix 1 – About this report

This report was developed by a subgroup of the Cheshire East Increasing Equalities Commission. It was led by Dr Matthew Atkinson (Specialty Registrar in Public Health at Cheshire East Council) with project support provided by Rebecca Jackson.

The report sections were originally taken from the “Marmot Report”, but these were later adapted to a Crewe context with a greater emphasis on the environment and communities. These changes reflect the importance of place for health and the opportunities we have through the regeneration of Crewe Town Centre.

Workshops were held for each of the six main sections of the report. For each section, one or more co-authors were identified. Their contributions were invaluable in providing key reports and references, sense-checking recommendations and ensuring alignment with other workstreams.

In the report we use data and narrative to create a sense of urgency, engage subject matter experts and the IEC to build a coalition and create and communicate a vision for a Health in All Policies approach.

Workshops method

Across the 6 workshops we have had 67 individual delegates, many of whom attended multiple workshops.

Attendees were invited based on the following criteria:

- Membership of the Increasing Equalities Commission
- All members of Cheshire East Public Health Team
- Third sector Organisations who operate within the Crewe area
- Individual’s job role and its purpose in relation to each workshop
- Membership of Crewe Town Council
- Membership of South Cheshire Chamber of Commerce

(See appendix for details of organisations and Cheshire East Council Teams)

These individuals were identified via the following methods:

- Cheshire East phonebook
- Research into Crewe and active community groups within the area
- Requests to other invitees to pass invitations on to any relevant colleagues

Individuals were invited via email and provided with an overview of the IEC and the themes of the workshop in question.

Workshops were started with an introduction and presentation from Matthew Atkinson (Public Health Senior Trainee), around the current situation within Crewe and included an overview of the work of the Marmot Community.

Following on from the initial presentation the group was split into 2 breakout rooms. This was completed manually to ensure a good mix of individuals, organisations, and job roles.

Within the first breakout room, the group were asked to consider the following:

- What is happening now?
- What’s planned?
- What are the opportunities?
- What are the threats?

After approximately 15 minutes, the group reconvened in the main room and fed back results from discussion.

A short presentation followed, after which the theme for the second breakout room was given prior to going back into the same group as previously.

The group were asked to now consider:

- Are we meeting the needs?
- What are the gaps
- Who needs to be involved?
- What do we wish to be different at a national level?
- What do we wish we could do locally?

Again, the breakout rooms were used for approximately 15 mins, before reconvening and feeding back findings to the wider group.

The chat from both rooms, and Facilitator notes, were captured and saved.

External organisations represented at workshops

Central Cheshire Integrated Care Partnership
[Central Cheshire Integrated Care Partnership: Cheshire and Wirral Partnership NHS Foundation Trust](#)
cwp.nhs.uk

Healthwatch
 Cheshire East
[Home - Healthwatch Cheshire East](#)

Chance Changing Lives
 11-13 Coronation Crescent
 Crewe
 CW1 4EJ
[Chance Changing Lives | Homeless Charity | Social Supermarket Crewe](#)

MotherWell Cheshire CIC
 156 Nantwich Road
 Crewe
 CW6 6BG
[Motherwell CIC](#)

Cheshire Halton & Warrington Race & Equality Centre
 17 Cuppin Street
 Chester
 CH1 2BN
[Cheshire Halton & Warrington Race & Equality Centre](#)
chawrec.org.uk

South Cheshire Chamber of Commerce
 Couzens Building, Manchester Metropolitan University,
 Crewe Green Road, Crewe CW1 5DU
[South Cheshire Chamber of Commerce | SCCCI Community](#)

Child Health Hub
 Oak Tree Children's Centre
 Newcastle Street
 Crewe
 CW1 3LF
[Oak Tree Children's Centre \(cheshireeast.gov.uk\)](#)

Standguide Ltd
 Cecil House
 Samuel Street
 Hightown
 Crewe
 Cheshire
 CW1 3BZ
[Homepage - Standguide Group](#)

Crewe Town Board
[Meet the board - We Are All Crewe](#)

Crewe Town Council
1 Chantry Court
Forge Street
Crewe
CW1 2DL
[Crewe Town Council](#)

Wishing Well Project
156 Nantwich Road
Crewe
CW2 6BG
[Home - Wishing Well Project](#)

CVS Crewe
1A Gatefield Street
Crewe
CW1 2JP
[CVS Cheshire East | Supporting Voluntary, Community
and Faith Organisations across Cheshire East
\(cvsce.org.uk\)](#)

Everybody Sport & Leisure
Moss Square
Crewe
CW1 2BB
[Crewe Lifestyle Centre - Everybody Sport & Recreation](#)

Appendix 2 - COVID-19 and Crewe

“People living in more socio-economically disadvantaged neighbourhoods and minority ethnic groups have higher rates of almost all of the known underlying clinical risk factors that increase the severity and mortality of COVID-19, including hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart disease, liver disease, renal disease, cancer, cardiovascular disease, obesity and smoking³⁶.”

COVID-19 revealed and exacerbated inequalities. Our multi-agency approach sought to mitigate the harms to the most vulnerable groups and support businesses, and we have learned many lessons which will be useful in future situations.

Cheshire East recorded a high number of cases, with 1,825 daily cases being recorded at the most recent peak in January 2022³⁷. The pandemic has had widespread impacts on Crewe’s residents beyond the direct effects of the disease. Mental health has deteriorated, with increased loneliness and social isolation. Financial hardship has led to worry about the ability to support a family and the Council has worked hard to minimise the economic hit experienced. More than a quarter of our COVID-19 main and discretionary support payments since September 2020 have been to Crewe’s residents.

“COVID is being used as an excuse, when things around Crewe were bad beforehand”

Supporting vaccination uptake:

Some areas of Crewe have the lowest vaccination rates across Cheshire East, with one of the lowest uptakes being in our Eastern European migrant communities. These communities were testing and getting vaccinated at a much lower rate compared to the rest of the Cheshire East population. This therefore puts these communities at a greater risk of contracting and transmitting COVID-19.

Local partners recognised the need for fixed clinics at GP practices, pharmacies, and mass vaccination centres. However, we quickly learnt that we needed a hyperlocal approach in our more hard-to-reach communities.

Cheshire East: Booster Dose Vaccination Percentage (18+) as of 25/03/2022 by MSOA (Ward overlayed)

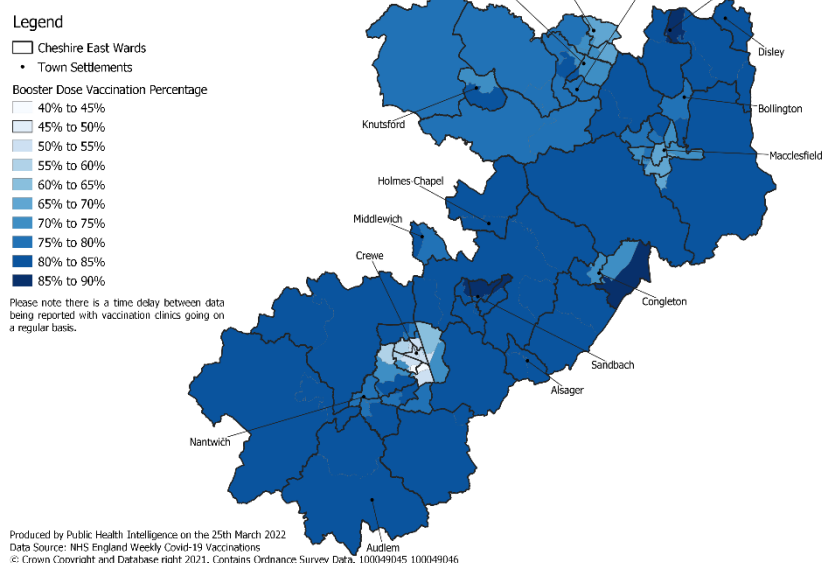


Figure 3 - COVID-19 booster vaccination coverage for Cheshire East (lighter areas in Crewe show poorer uptake of vaccination)

This approach included:

- Engaging with Voluntary Faith Sector Organisations and key local messengers to help encourage uptake.
- Local clinics in accessible locations and a vaccination bus as well as clinics in hotels housing refugees.
- We have worked closely with employers who have Eastern European employees to encourage uptake.
- Plans in development for other communities such as the Gypsy, Roma and Traveller, and boating communities.

³⁶ [Health inequalities: Deprivation and poverty and COVID-19 | Local Government Association](#)

³⁷ [Cases in Cheshire East | Coronavirus in the UK \(data.gov.uk\)](#)

COVID-19 and Schools

Crewe childcare and education settings have reported over 3000 cases of COVID-19, more than 1 in 7 of the cases reported across the whole of Cheshire East. The COVID team gave expert advice when outbreaks and situations occurred and proactively engaged settings with higher numbers of reported cases.

COVID-19 and Businesses:

COVID-19 restrictions had huge impacts on the business community. Requirements were often complex and, in some cases made opening unviable. Crewe's businesses adapted where they could, with hospitality businesses increasing takeaway offers and others moving to online business models.

Cheshire East gave plainly written translations of legislative changes, and businesses were contacted directly, when necessary, backed up by online information and a single point of contact for queries. Working with the Public Health team made it possible to offer onsite testing opportunities and links to vaccination to a number of businesses and these relationships have been maintained beyond the lifting of restrictions.

The pandemic has been particularly tough for small and medium-sized employers who might not have wider organisational support or the financial resilience to cope with huge disruptions to their operations. Over the past two years Cheshire East Council co-ordinated support to many local businesses by distributing 36,924 payments totalling over £166.5m through a number of different grant schemes. More than a quarter of this total went to businesses in Crewe, and this has helped businesses survive through the pandemic, to reopen safely and support growth.

Lessons learnt:

- Understand local people and stakeholders to find key partners and credible messengers
- Generic communications will largely only be effective for the 'engaged majority', and while this is a large and important group, targeted engagement will be more effective for engaging minority groups.
- The Communities' team play an essential role in developing a hyperlocal approach that engages all groups.
- Go where the people are to make services convenient and accessible. Take opportunities to address wider health and wellbeing issues.
- Maintain and strengthen new relationships between Council teams, businesses, services and other settings. We can leverage these to address a wide range of health and wellbeing issues in the future.
- We must consider different ethnicities and languages, as well as considering the cultures in other countries. For example, Eastern European Migrants were more heavily informed and engaged by the media from their own countries than that in the UK.
- The Council is not always the most appropriate messenger, particularly in relation to young people. Work closely with young people and let them influence each other and others such as families and older persons.
- While the Youth Support Service offered online and phone support, detached teams were out weekly to ensure young people who were on the streets were informed and supported. Joint work was undertaken with the police to support the dispersal of groups of young people. This visible presence is vital.
- We must build resilience in Crewe to effectively respond to disruptive events.
- We must be solution focused and not problem focused. A slight shift in mentality makes a huge difference practically

"The pandemic has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in the wealthiest. Recovery needs to prioritise creating opportunities for good health – a vital asset needed to 'level up' and rebuild the UK economy³⁸."

³⁸ [Unequal pandemic, fairer recovery - The Health Foundation](#)

Appendix 3 – Engagement with Crewe residents 2022

Cheshire East Council's Communities Team led a programme of engagement in Spring 2022. Many thanks to the Swab Squad who were out meeting more than 100 people in Crewe to gather the experiences of residents. The team also reviewed relevant consultation and engagement exercises for other projects. Of those engaged specifically for this strategy:

Gender

45% were female

55% were male

Age

Approximately 60 children were engaged with as part of the Crewe Pocket Parks project which feeds into the green spaces section

26% were aged 20-39

38% were aged 40-59

36% were aged 60+

Ethnicity

19% were from ethnic minority groups

81% were white

Healthcare related quotations may reference a separate piece of community engagement undertaken by Healthwatch Cheshire East – these are indicated by numbered footnotes³⁹.

³⁹ [Our Reports - Healthwatch Cheshire East](#)

Appendix 4 – Levelling Up the United Kingdom – 12 Missions and 6 Capitals⁴⁰

12 Missions	
Mission 1	By 2030, pay, employment and productivity will have risen in every area of the UK, with each containing a globally competitive city, with the gap between the top performing and other areas closing.
Mission 2	By 2030, domestic public investment in R&D outside the Greater South East will increase by at least 40%, and over the Spending Review period by at least one third. This additional government funding will seek to leverage at least twice as much private sector investment over the long term to stimulate innovation and productivity growth.
Mission 3	By 2030, local public transport connectivity across the country will be significantly closer to the standards of London, with improved services, simpler fares and integrated ticketing.
Mission 4	By 2030, the UK will have nationwide gigabit-capable broadband and 4G coverage, with 5G coverage for the majority of the population.
Mission 5	By 2030, the number of primary school children achieving the expected standard in reading, writing and maths will have significantly increased. In England, this will mean 90% of children will achieve the expected standard, and the percentage of children meeting the expected standard in the worst performing areas will have increased by over a third.
Mission 6	By 2030, the number of people successfully completing high-quality skills training will have significantly increased in every area of the UK. In England, this will lead to 200,000 more people successfully completing high-quality skills training annually, driven by 80,000 more people completing courses in the lowest-skilled areas.
Mission 7	By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
Mission 8	By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.
Mission 9	By 2030, pride in place, such as people's satisfaction with their town centre and engagement in local culture and community, will have risen in every area of the UK, with the gap between top performing and other areas closing.
Mission 10	By 2030, renters will have a secure path to ownership with the number of first-time buyers increasing in all areas; and the government's ambition is for the number of non-decent rented homes to have fallen by 50%, with the biggest improvements in the lowest-performing areas.
Mission 11	By 2030, homicide, serious violence and neighbourhood crime will have fallen, focused on the worst-affected areas.
Mission 12	By 2030, every part of England that wants one will have a devolution deal with powers at or approaching the highest level of devolution and a simplified, long-term funding settlement.
6 Capitals	
Physical	Buildings (including housing), machinery, equipment
Intangible	Software, databases, R&D, branding, art, training

⁴⁰ [Levelling Up the United Kingdom: missions and metrics Technical Annex \(publishing.service.gov.uk\)](#)

Human	Knowledge, skills, competencies
Financial	Loans and financial mechanisms needed to fund activity
Social	Personal relationships, social network support, civic engagement, trust and co-operative norms
Institutional	Leadership and local governance, autonomy, relationships between organisations

Appendix 5 – Proposed indicators in Cheshire and Merseyside Marmot Community

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)-	Yearly	LA	IMD	Active lives survey

41

⁴¹ <https://www.instituteofhealthequity.org/resources-reports/all-together-fairer-health-equity-and-the-social-determinants-of-health-in-cheshire-and-merseyside>

Appendix 6 – The determinants of health and wellbeing in our neighbourhoods

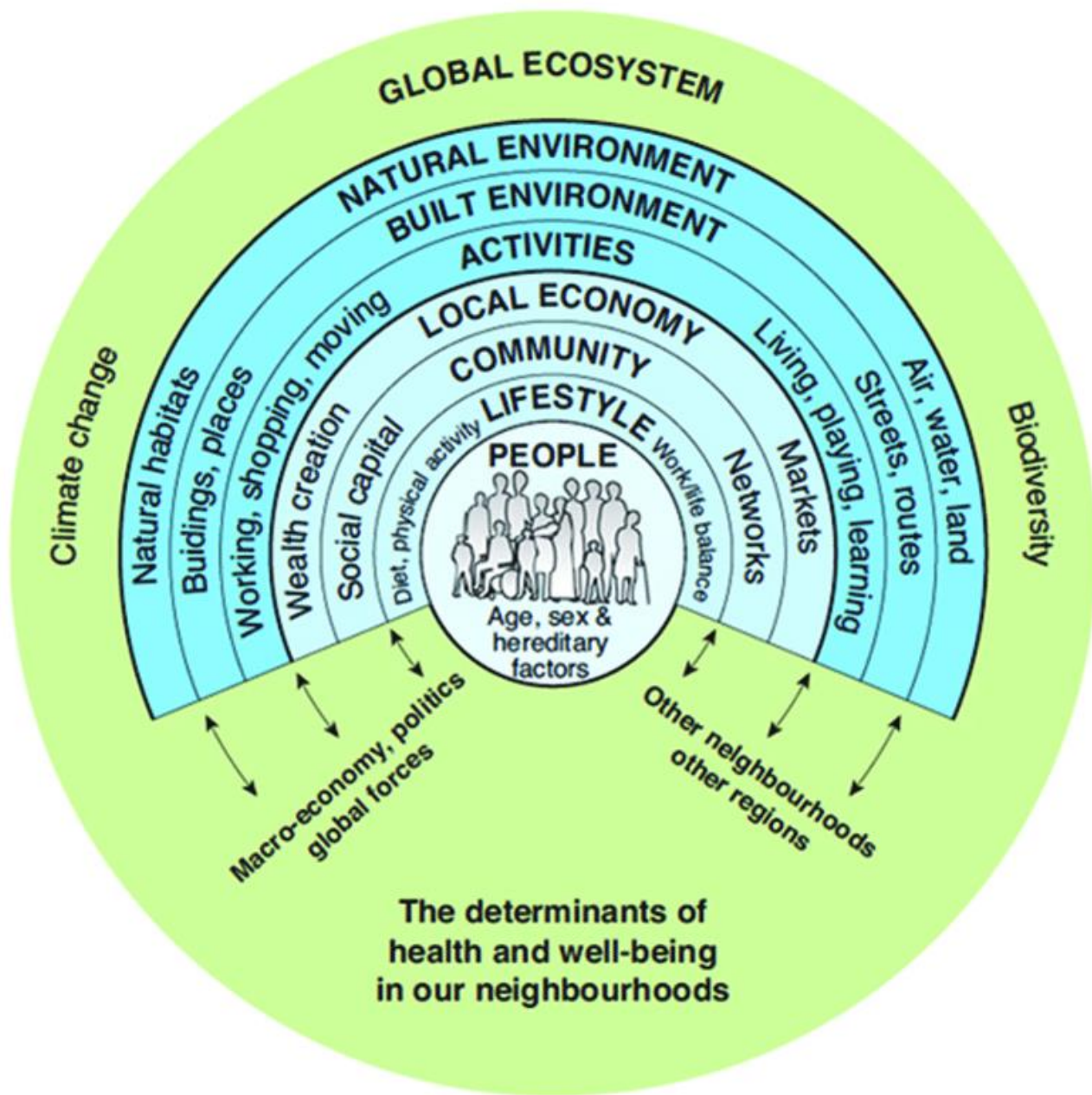


Figure 4 - Neighbourhood determinants of health and well-being⁴²

Appendix 7 – “Tartan Rug” – Health profiles for electoral wards 2021⁴³

See final page

⁴² [Spatial Planning for Health: an evidence resource for planning and designing healthier places \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612341/spatial-planning-for-health-evidence-resource.pdf)

⁴³ <https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-cec.pdf>

The chart below shows how the health of people in Cheshire East compares with the rest of England

Figure 1: Distribution of COVID-19 deaths by age group and deprivation quintile.

The chart displays the number of deaths (y-axis, 0 to 1000) across five deprivation quintiles (x-axis, from highest to lowest). The age groups are color-coded: 0-4 (light blue), 5-14 (medium blue), 15-44 (dark blue), 45-64 (light green), 65-74 (medium green), 75-84 (dark green), and 85+ (light yellow). The highest number of deaths is concentrated in the highest deprivation quintile, especially for the 75-84 and 85+ age groups. The number of deaths decreases significantly as deprivation decreases, with the lowest deprivation quintile showing the fewest deaths across all age groups.

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CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Cheshire East Joint Outcomes Framework and Business Intelligence (BI) Enabler Workstream developments
Report Reference	HWB5
Date of meeting:	29 November 2022
Written by:	Dr Susan Roberts, Consultant in Public Health, Cheshire East Council and lead for the Cheshire East Place BI Enabler Workstream
Contact details:	Susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr Matt Tyrer, Director of Public Health, Cheshire East Council

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is the report being brought to the board?	<ul style="list-style-type: none"> To seek approval for the approach to developing the Cheshire East Joint Outcomes Framework. 		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The BI Enabler Workstream Group ask the Health and Wellbeing Board to: <ul style="list-style-type: none"> Consider the proposed multi-phased approach to developing a Cheshire East Joint Outcomes Framework Consider the range of indicators proposed for Phase 1 of the framework (Appendix C) and to contribute to a consensus building event to finalise a list of ten key indicators Note that shift in the Phase 1 indicators, which focus on very high-level outcomes, is likely to be very gradual. 		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The proposals in this report are as a result of partnership conversations within the Cheshire East Business Intelligence Enabler Workstream Group.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Members of Healthwatch, Cheshire East Social Action Partnership, and Voluntary, Community, Faith and Social Enterprise representatives have had sight of this draft via email. However, it is recognised that further engagement over the second phase will be essential.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>The Cheshire East Joint Outcomes Framework is being developed to be used in conjunction with the Joint Strategic Needs Assessment (JSNA) and relevant Integrated Care System and national tools to:</p> <ul style="list-style-type: none"> • Inform and monitor health and care transformation towards closer integration and summarise progress in relation to the Place Plan through a Joint Outcomes Framework • Optimise primary, secondary and tertiary prevention and wellbeing • Address inequalities.

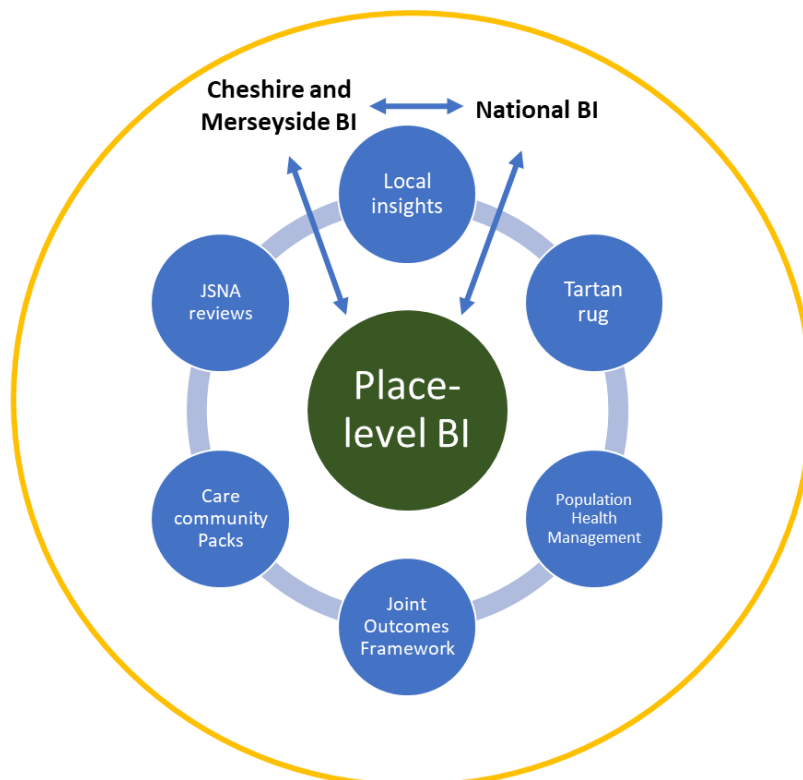
1 Report Summary

- 1.1 A Business Intelligence (BI) Enabler Workstream Group has been convened to guide the development of Place-level BI that can:
 - Optimise primary/secondary and tertiary prevention and wellbeing
 - Address inequalities
 - Inform and monitor health and care transformation towards closer integration, and to summarise progress in relation to the Joint Health and Wellbeing Strategy/ Place Plan and Place-level Delivery Plan through a Joint Outcomes Framework.
- 1.2 Key objectives of the BI Enabler Workstream are:
 - To develop the Cheshire East Joint Outcomes Framework
 - To consider the implications of findings from the JSNA work programme in relation to health and care transformation
 - To consider the implications of Cheshire and Merseyside population health and population health management programmes (for example, System P)
 - Sharing learning/best practice from local population health management programmes.
- 1.3 The BI Enabler Workstream Group conversation has included input from strategic and BI representatives from:
 - The Cheshire and Merseyside Integrated Care Board
 - Cheshire East Council
 - NHS Providers
 - East Cheshire NHS Trust
 - Mid Cheshire Hospitals NHS Foundation Trust
 - Cheshire and Wirral Partnership NHS Foundation Trust
 - General practice
 - Healthwatch

- Cheshire East Social Action Partnership and the Voluntary, Community, Faith and Social Enterprise Sector representatives (have been sighted on the work but unable to contribute directly to conversation so far due to capacity challenges)
- Transformation, including leads involved in developing Care Community approaches at Place level.

1.4 In considering the development of BI capabilities to inform transformation across Cheshire East Place, and in particular, the development of a Joint Outcomes Framework, there are a wide variety of alignment considerations at local, Integrated Care System and national level (Figure 1).

Figure 1- Place-level Business Intelligence (BI) considerations



1.5 These considerations include:

at Cheshire East Place level:

- Refresh of the Joint Health and Wellbeing Strategy/Place Plan
- Development of a Place-level delivery plan aligning with the proposed care models
- The JSNA work programme, which for 2022/23 includes: poverty; emotional and mental and wellbeing in children and young people, Crewe, special educational needs/autism/attention deficit and hyperactivity disorder; smoking, substance misuse; falls; a refreshed Tartan Rug
- Development of Care Community packs and local insights from Care Community conversation
- The existing Integrated Care Workstreams: mental wellbeing and social prescribing; children's, cardiovascular health; and respiratory health
- Social impact and wider determinants work

- Home First and Child Health Hubs developments (as the agreed first key priorities for Place)
- Cheshire East Council corporate performance dashboard.

at Cheshire and Merseyside level:

- Cheshire and Merseyside programmes: particularly Population Health (including System P population health management work); Women's Health and Maternity; Mental Health; Beyond (Children and Young People's); Ageing Well, Cardiac, Medicines and Pharmacy Optimisation, Neurosciences, Elective Recovery, Diagnostics; and Digital
- Marmot Community programme: All Together Fairer, progress through which is being measured by the "Marmot Beacon Indicators".

Nationally:

- Recommendations from the Fuller Stocktake report¹
- Core20PLUS²
- Social Care Quality Assurance Frameworks
- "Tackling Neighbourhood Inequalities" Directed Enhanced Service (DES)
- "Making it real: how to do personalised care and support" agenda³
- National guidance on Place-level Outcomes Frameworks- due to be published next year.

Due to the complexity of alignment required, it is recommended that development of a Joint Outcomes Framework is undertaken over a series of phases.

1.6 Proposed Phase 1: Overarching place-level outcomes, inequalities and scene setting for care communities

Phase 1 will produce a framework to monitor overall progress against the Health and Wellbeing Strategy using validated, benchmarkable, routinely available metrics that will only be updated annually at most frequent and are provided via the Office for Health Improvement and Disparities Public Health Fingertips tool⁴.

The Joint Health and Wellbeing Strategy is currently being refreshed. The Health and Wellbeing Board have agreed the Joint Health and Wellbeing Strategy 2018-2021 strategic outcomes remain appropriate and that the additional outcome relating to children, which is outlined in the Cheshire East Place Plan 2019-2024, should be added.

As such, the proposed strategic outcomes for the Joint Health and Wellbeing Strategy refresh are:

¹ NHS England and NHS Improvement (2022). Next steps for integrating primary care: Fuller Stocktake report. May 2022. Available from: <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf> (Accessed 29 September 2022).

² NHS England. Core20PLUS5 – An approach to reducing health inequalities. Available from: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/> (Accessed 13 September 2022).

³ Think local act personal. Making it Real - how to do personalised care and support. Available from: <https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-how-to-do-personalised-care-and-support/> (Accessed 29 September 2022).

⁴ Office for Health Improvement and Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk/> (Accessed 20 October 2022).

- Create a place that supports health and wellbeing for everyone living in Cheshire East
- Ensure that children and young people are happy and experience good physical and mental health and wellbeing
- Improve the mental health and wellbeing of people living and working in Cheshire East
- Enable more people to Live Well for Longer in Cheshire East.

These broad outcomes remain pertinent to Cheshire East with its persistent inequalities (illustrated by the Tartan Rug, Appendix A), as they align with Marmot recommendations to addressing inequalities⁵. It has been agreed that the Joint Health and Wellbeing Strategy runs from 2023 to 2028 and that this also represents the Cheshire East Place Plan.

Phase 1 methodology

So far, Phase 1 has involved

- A series of consensus-building conversations, including feedback from members of the BI Enabler Workstream Group, the Health and Wellbeing Board Technical Group, and the Cheshire East Council Adults, Health and Integration Directorate Management Team
- Review of the Tartan Rug (Appendix A)
- Review of the Marmot Beacon Indicators (Appendix B)
- Review of the measures included with the Joint Health and Wellbeing Strategy, 2018-2021, that were agreed through consensus building at the time of its development (Appendix C)
- Review of the Office for Health Improvement and Disparities Public Health Outcomes Framework to identify potential further measures (Appendix C).

Current proposal

There are a wide range of potential indicators that could be incorporated into a Joint Outcomes Framework, which are outlined at Appendix C. Some of these indicators were previously agreed during development of the previous Health and Wellbeing Strategy (2018-2021). However, there are additional indicators where Cheshire East is significantly worse than the national average that require consideration in relation to the refreshed Health and Wellbeing Strategy.

Whilst a wide range of indicators are relevant to the Health and Wellbeing Strategy, there is a recognition that focus on a select number of indicators (potentially ten) within the Framework is important in driving change across the Place. It is recommended that these indicators are selected through a consensus-building event with Health and Wellbeing Board members and the BI enabler workstream, in the near future. This will require due consideration of local insights and: the measures within the previous Health and Wellbeing Strategy (2018-2021, Appendix C); the Tartan Rug; the Public Health Outcomes Framework; and Marmot Beacon Indicators (Appendices A-C).

It is important to note that for many of the indicators that monitor place-level approaches to inequalities, it will take several years of complex collaborative working

⁵ Marmot (2020) Health Equity in England: The Marmot Review 10 Years On. Available from: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> (Accessed 12 October 2022).

before an improvement is demonstrable within the framework. Nevertheless, it is important to ensure that the trends in relation to these wider determinant indicators are towards improvement rather than a worsening picture.

Plain English and Framing Considerations

There is a recognition that the specific names of the indicators are very technical and not easily understandable. Further work is recommended to describe each of the indicators in plain English. There has also been a desire to incorporate metrics that highlight assets and positive outcomes as well as negative outcomes. Whilst most of the routinely available data within the Public Health Fingertips tool focus on negative outcomes, incorporation of positive outcomes will be further explored in Phase 2.

Place-level audiences for Phase 1

It is proposed that the Health and Wellbeing Board will have the responsibility to review this framework and plan further accordingly. It is also proposed that the Increasing Equalities Commission is responsible for reviewing this framework with regards to addressing inequalities across the Place.

How can the Phase 1 Framework be used by Care Communities?

Whilst Phase 1 of the Joint Outcomes Framework is likely to provide some limited indicators at Care Community level, its focus will be on higher-level outcomes that require complex collaboration across Place, and often local authority leadership, to address.

Nevertheless, it is hoped that the Framework, in combination with other JSNA publications, Care Community data packs (currently being developed) and local insights, will help to set the scene and stimulate discussion within Care Communities as to where they may be able to support in relation to addressing inequalities seen within their local area.

1.7 Proposed Phase 2 – Developing a framework to monitor progress against the Cheshire East Place-level Delivery Plan

Phase 2 will involve more granular, timely and implementation focused data, including data relating to Core20PLUS⁶, and primary, secondary care and social care. Coproduction with leads in primary, secondary and social care, and with Voluntary, Community, Faith and Social Enterprise representatives will be key to developing a framework that meets the needs of an integrated care audience. Again, it is important to highlight that Phase 2 of the Framework should also not be considered in isolation, but in conjunction with: other JSNA products; Cheshire and Merseyside products; Care Community data packs; and local insights. The BI Enabler Workstream Group recommend that whilst Phase 2 of the Framework could be used to guide strategic developments in relation to implementation, it is not being developed as a

⁶ NHS England. Core20PLUS5 – An approach to reducing health inequalities. Available from: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/> (Accessed 13 September 2022).

performance management tool. As such, although this phase will provide additional helpful steer in relation to implementation, it will remain difficult to produce a useable set of indicators that meets the need of all partners. The intention is to give an overview of progress rather than an exhaustive list of performance measures.

Phase 2 will focus on developing a section of the Framework that would:

- Utilise more dynamic data relevant to making progress on the 10 overarching indicators agreed in Phase 1
- Be more focused on implementation related issues that local areas can consider
- Be refreshed quarterly. Metrics that may be beneficial include: NHS health checks, health checks in patients with severe mental illness, and hypertension and smoking cessation statistics, for example. There may also be more timely education attainment metrics that could be incorporated
- Consider metrics that relate to positive outcomes, for example the Thriving Places Index⁷
- Align with the Place-level Delivery Plan, which is proposed to focus on delivery of the refreshed Joint Health and Wellbeing Strategy through a new model of care that incorporates four elements:
 - “Help me stay well”
 - “What is wrong with me?”
 - “Fix me”
 - “End of life”.

Phase 2 of the Framework cannot be progressed until there is confirmation of the content and priorities within the Place-level Delivery Plan. It is likely that this phase will be able to commence at the start of 2023.

In Phase 2, consideration will also be given to align the Framework with:

- Cheshire and Merseyside programme metrics
- The Core20PLUS5 agenda⁸: this focuses on approaches that can be delivered by the health and care system in addressing inequalities experienced by the most deprived 20% of communities, and other vulnerable resident groups, across five themes:
 - Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
 - Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
 - Hypertension case-finding and optimal management and lipid optimal management: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.
 - Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.
 - Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and

⁷ Thriving Places Index. Available from: https://www.thrivingplacesindex.org/page/more/access_more_data (Accessed 20 October 2022).

⁸ NHS England. Core20PLUS5 – An approach to reducing health inequalities. Available from: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/> (Accessed 13 September 2022).

pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

- Ensuring inequalities experienced by the groups highlighted through the Core20PLUS5 agenda are also considered in the context of other elements of transformation and the outcomes selected to monitor them.
- Bespoke analysis on avoidable mortality undertaken locally, rather than nationally produced data, as this will allow us to look at the conditions which contribute to it
- Learning from the refresh and refinement of the Care Community Packs by the Integrated Care Boards
- Social Care Quality Assurance Frameworks
- Environmental sustainability
- “Tackling Neighbourhood Inequalities” Directed Enhanced Service (DES)
- “Making it real: how to do personalised care and support” agenda⁹
- Recommendations from the Fuller Stocktake report
- The NHS Long Term Plan refresh
- Incorporation of positive and asset based metrics, for example the Thriving Places Index¹⁰
- Potentially working to ensure that all of the Phase 1 indicators are available at smaller area level
- National outcomes framework guidance due to be published next year.

Given that Phase 2 will utilise more bespoke data sources, it is likely that comparison with other areas may not always be feasible in relation to the metrics in this part of the framework.

It is proposed that the responsibility for reviewing and actioning the Framework from a Cheshire East perspective would sit with the Cheshire East Strategic Planning and Transformation Group, and that review of the Framework from a smaller area level perspective would sit within Care Communities. Engagement of Care Communities in Phase 2 will be key in ensuring that needs for Care Communities are sufficiently met through the Joint Outcomes Framework and other JSNA products.

As mentioned above, coproduction with leads in primary, secondary and social care, and the Voluntary, Community, Faith and Social Enterprise Sector will be key to developing a framework that meets the needs of local residents and the integrated care audience. Whilst many of the key leads already contribute to the BI Enabler Workstream Group, further input from social care will be sought for Phase 2.

1.8 How would the Joint Outcomes Framework differ from the Tartan Rug?

The Tartan Rug is Cheshire East’s visual representation of health and wellbeing at electoral ward level over time, in comparison to the England average. A great benefit of this tool is that it can track changes in relation to the selected metrics over many years. It utilises readily available indicators from the Office of Health Improvement and Disparities (OHID) Fingertips tool.

⁹ Think local act personal. Making it Real - how to do personalised care and support. Available from: <https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-how-to-do-personalised-care-and-support/> (Accessed 29 September 2022).

¹⁰ Thriving Places Index. Available from: https://www.thrivingplacesindex.org/page/more/access_more_data (Accessed 20 October 2022).

By comparison, the Joint Outcomes Framework would be aligned more specifically to the Health and Wellbeing Strategy / Place Plan and Place-level Delivery Plan. It would be dynamic in terms of the indicators included. It would adapt according to changes within the Health and Wellbeing Strategy and new challenges that emerge. The Joint Outcomes Framework would include a more select number of metrics, some of which are only available at Cheshire East average level, and which are not included in the Tartan Rug. Also, the Framework would enable comparison of Cheshire East with a wide variety of other areas across England rather than only the England average, for example, other local authorities across Cheshire and Merseyside. In Phase 2, the Joint Outcomes Framework would incorporate a wider range of more varied, timely, granular and implementation focused metrics, again not available within the Tartan Rug.

1.9 Digital considerations

It is proposed that once the indicators for Phase 1 are approved, the Joint Outcomes Framework is developed using Microsoft Power BI. This would align with other tools within Cheshire East Council and also with Integrated Care System-level tools. Arrangements will be further developed in relation to Phase 2 at a later stage. However, once the indicators are agreed, Phase 1 of the Framework could be rapidly produced using a function of the OHID Fingertips tool, which could be published on the JSNA website as an interim measure and alongside the refreshed Health and Wellbeing Strategy.

Phase 2 will require a secure and robust process to assimilate data from multiple sources into a Microsoft Power BI dashboard. At this stage, it would be recommended that the Phase 1 elements of the Framework are also incorporated into the same Microsoft Power BI dashboard under a different tab. These two components of the dashboard will need to be clearly labelled, i.e.:

- Component 1 (developed in Phase 1 with potentially changes to the metrics/additional metrics added in Phase 2) - Joint Health and Wellbeing Strategy / Place Plan metrics
- Component 2 (developed in Phase 2) - Cheshire East Place-level Delivery Plan metrics

The purpose, intended audiences and limitations of each component will need to be described clearly within the dashboard.

1.10 Challenges

Development of the Cheshire East Joint Outcomes Framework presents a variety of potential challenges for the system at Place level including:

- Currently the Joint Health and Wellbeing Strategy / Place Plan has not yet been refreshed, and the Place-level Delivery Plan has not yet been developed. Changes to the priorities would result in changes in the indicators required
- Challenges with capacity across all partners and changes to workforce associated with Integrated Care System evolution
- Current and anticipated financial position

- Reduced capacity and shifting completion dates due to external winter pressures including cost of living pressures, COVID-19 and influenza
- The proposed indicators are in very technical language. Translating these into plain English is an important step in being able to articulate progress to local communities. Furthermore, community engagement is important in ensuring that the correct measures are in place to monitor progress
- Regional and national programmes and guidance will continue to emerge and evolve and the Framework must be responsive to this
- Developing lines of responsibility for monitoring and actioning the intelligence present will remain key considerations
- Information governance challenges will be in part mitigated by using publicly available sources for Phase 1, where they are sufficiently timely and available. However, information governance will require careful consideration in relation to Phase 2
- Conflicting priorities between individual agencies, for example different statutory return requirements
- Recent and potential future change in political landscapes
- Ensuring that metrics are realistic, with the potential to be improved by work that will be undertaken by the Place. Also, that they allow partners to take meaningful action based on the metrics.

2 Recommendations

2.1 The BI Enabler Workstream Group ask the Health and Wellbeing Board to:

- Consider the proposed multi-phased approach to developing a Cheshire East Joint Outcomes Framework
- Consider the range of indicators proposed for Phase 1 of the framework (Appendix C) and to contribute to a consensus building event to finalise a list of ten key indicators
- Note that shift in the Phase 1 indicators, which focus on very high-level outcomes, is likely to be very gradual.

2.2 Further iterations of the Cheshire East Joint Outcomes Framework should reflect findings from the wider JSNA work programme.

3 Reasons for Recommendations

3.1 Using a single outcomes framework to monitor the progress in the Joint Health and Wellbeing Strategy/ Place Plan and Place-level Delivery Plan will help to unify approaches and collaboration between partners across Place towards the agreed common goals.

3.2 It is likely that there will be a national requirement to produce a framework next year.

3.3 Production of a single series of indicators that incorporates articulation of health inequalities through an automatically refreshing dashboard will help to streamline BI requirements across Cheshire East Place. It will also help to ensure that progress against health inequalities is considered, as well as overall progress at Place-level against regional and national averages.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The Joint Outcomes Framework aims to monitor progress in relation to the Health and Well Being Board strategic goals.

5 Background and Options

- 5.1 The Health and Care Act received Royal Assent in April 2022. This has resulted in substantial changes to how the NHS in England is organised from 1 July 2022. Clinical Commissioning Groups have been abolished and now Integrated Care Boards (ICB) perform this role in their place. The changes aim to promote closer collaboration, rather than competition between, partners in driving improvements in population health and care integration, and in addressing inequalities. The Act promotes collaboration at Integrated Care System, “Place”, and smaller area (“neighbourhood” or Care Community) levels. The Act provides local leaders with flexibility regarding local arrangements¹¹.
- 5.2 Cheshire East is a Place within the Cheshire and Merseyside Integrated Care System. Within Cheshire East, there are 8 smaller areas known as Care Communities.
- 5.3 Over the coming months, two strategic refreshes are planned to guide the next steps in health and care transformation:
- the Cheshire East Joint Health and Wellbeing Strategy/Place Plan
 - the Cheshire East Place-level Delivery Plan will also be developed.

Discussions between the NHS and Cheshire East Council are already underway to plan these.

- 5.4 Currently, consensus is that the Joint Health and Wellbeing Strategy 2018-2021 priorities remain appropriate and that the additional priority relating to children, which is outlined in the Cheshire East Place Plan 2019-2024, should be added. As such, the proposed priorities for the Joint Health and Wellbeing Strategy refresh are:
- Create a place that supports health and wellbeing for everyone living in Cheshire East
 - Ensure that children and young people are happy and experience good physical and mental health and wellbeing
 - Improve the mental health and wellbeing of people living and working in Cheshire East
 - Enable more people to Live Well for Longer in Cheshire East.
- 5.5 There have been proposals that whilst the Joint Health and Wellbeing strategy/Place Plan should outline strategic aims and objectives, the Place-level Delivery Plan should focus on implementation in relation to the new model of care with four elements incorporated:
- “Help me stay well”
 - “What is wrong with me?”
 - “Fix me”
 - “End of life”

¹¹ Kings Fund (2022) The Health and Social Care Act: six key questions. 17 May 2022. Available from: <https://www.kingsfund.org.uk/publications/health-and-care-act-key-questions> (Accessed 13 September 2022).

Confirmation of the content of the Place-level Delivery Plan will inform the second phase of the Cheshire East Joint Outcomes Framework development.

5.6 Options include:

- To agree to the proposed approach for developing a Joint Outcomes Framework
- To propose amendments to the current plans
- To defer development of a framework until national guidance is published, however, this may result in delay in the ability to monitor transformation.

6 Access to Information

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

Name: Dr Susan Roberts

Designation: Consultant in Public Health, Cheshire East Council and Place Lead for Business Intelligence

Email: susan.roberts@cheshireeast.gov.uk

Key messages from the updated tartan rug (Feb 2021)

Cheshire East is similar to or better than the national average for the majority indicators

Cheshire East is in the worst 40% for
Hospital stays for self-harm
New cases - bowel cancer
Emergency admissions all causes
New cases - breast cancer
Admissions for injury age 0-4
Emergency admissions age 0-4
Binge drinking (adults)

Marked inequalities persist
 with poorer health and wellbeing in parts of
CREWE MACCLESFIELD HANDFORTH

Overall picture

Compared to other areas, Cheshire East has:
improved since 2017 but is similar to 2015

CARE COMMUNITY SUMMARY		
Care Community locality	RAG status*	Movement from the Nov17 tartan rug
Nantwich	Green	inequality gap is widening
Crewe	Red	declined
Sandbach, Middlewich, Alsager, Haslington (SMASH)	Amber	Same
Congleton	Amber	improved
Knutsford	Green	improved
Wilmslow	Green	improved
Macclesfield	Amber	inequality gap is widening
Poynton	Green	declined

*RAG status key used:

Green = 50% or more boxes are green

Amber = Picture is mixed. There are neither 50% or more red boxes or 50% or more green boxes.

Red = 50% or more boxes are red.

OFFICIAL

[illegible]

Appendix B- The Marmot Beacon Indicator Set to monitor progress against the Cheshire and Merseyside All Together Fairer Strategy

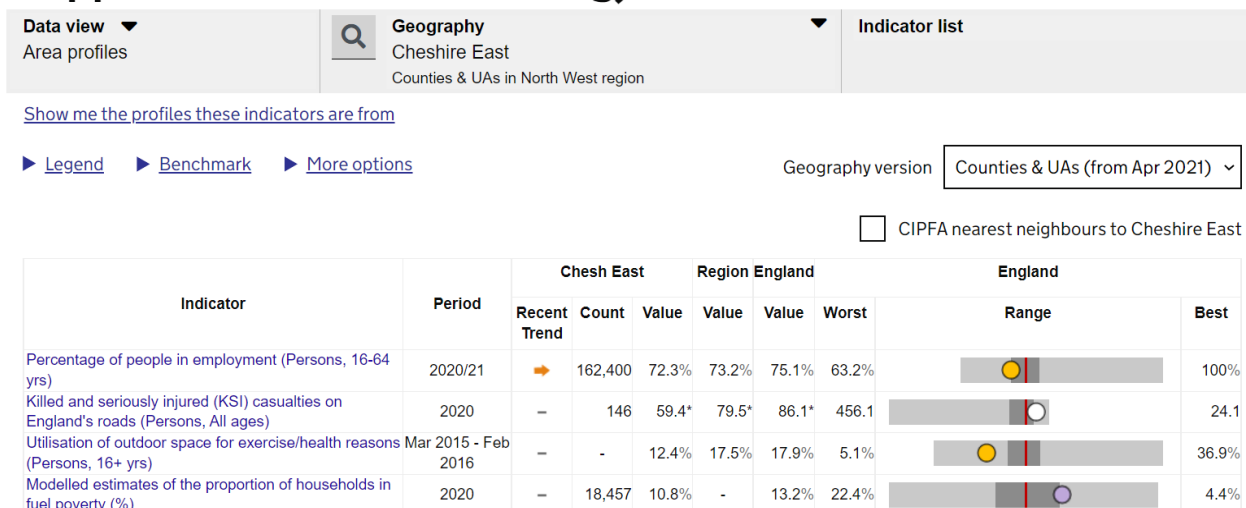
Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)-	Yearly	LA	IMD	Active lives survey

Appendix C-

Current position in relation to draft health and wellbeing strategy outcomes

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for creating a places that supports health and wellbeing:

Cheshire East Outcomes Framework (Creating a place that supports health and wellbeing) [Edit](#)




Further metrics to consider:

Tartan Rug (where worse than national average)	
Public Health Outcomes Framework (where significantly worse than national average)	
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	<ul style="list-style-type: none"> Households in temporary accommodation Percentage unemployed (aged 16-64 years) Cycling or walking for travel (3-5 times per week) <p>For consideration in Phase 2 (not available in the OHID Fingertips tool)</p> <ul style="list-style-type: none"> Proportion of employed in permanent and non-permanent employment Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter Percentage of employees earning below real living wage Proportion of children in workless households Percentage of individuals in absolute poverty, after housing costs Percentage of employees who are from ethnic minority background and band/level Percentage (£) spent in local supply chain through contracts

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for promoting good physical and mental health and wellbeing in children and young people:

Cheshire East Outcomes Framework (Good physical and mental wellbeing in children and young people) [Edit](#)








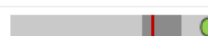

Data view ▼ Area profiles	 Geography Cheshire East Counties & UAs in North West region	Indicator list
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[Show me the profiles these indicators are from](#)

► [Legend](#) ► [Benchmark](#) ► [More options](#)

Geography version Counties & UAs (from Apr 2021) ▼

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Children with one or more decayed, missing or filled teeth (Persons, 5 yrs)	2016/17	—	-	*	33.9%	23.3%	47.1%		12.9%
Reception: Prevalence of overweight (including obesity) (Persons, 4-5 yrs)	2019/20	—	-	*	25.2%	23.0%	31.8%		14.9%
Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 yrs)	2019/20	—	-	*	37.4%	35.2%	44.7%		22.0%
Reception: Prevalence of overweight (including obesity), 3-years data combined (Persons, 4-5 yrs)	2017/18 - 19/20	—	1,665	22.2%*	24.4%	22.6%	30.0%		15.3%
Year 6: Prevalence of overweight (including obesity), 3-years data combined (Persons, 10-11 yrs)	2017/18 - 19/20	—	2,325	31.3%*	36.2%	34.6%	44.7%		22.1%
Percentage who eat 5 portions or more of fruit and veg per day at age 15 (Persons, 15 yrs)	2014/15	—	-	57.3%	48.7%	52.4%	39.9%		67.6%
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, School age)	2021	↑	1,211	2.2%	2.9%	2.8%	4.9%		1.4%
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2020	➡	160	2.2%	5.3%	5.5%	13.8%		0.6%
Child Poverty, Income deprivation affecting children index (IDACI) (Persons, <16 yrs)	2019	—	7,070	10.7%	-	17.1%	32.7%		3.2%

Further metrics to consider:

Tartan Rug (where worse than national average)	
Public Health Outcomes Framework (where significantly worse than national average)	<ul style="list-style-type: none"> Smoking status at time of delivery Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) Population vaccination coverage - DTaP/IPV booster (5 years) Population vaccination coverage - Flu (primary school aged children) Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old) (Male) Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) (Female) Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years) Newborn Hearing Screening: Coverage <p>For consideration in Phase 2 (not not up to date)</p> <ul style="list-style-type: none"> School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	<ul style="list-style-type: none"> Percentage achieving a good level of development at 2-2.5 years Percentage achieving a good level of development at end of reception Average Attainment 8 score Hospital admissions as a result of self harm (15-19 years) <p>For consideration in Phase 2 (not available in the OHID Fingertips tool or note up to date)</p> <ul style="list-style-type: none"> Pupils going on to achieve a good level of development at the end of reception Average Progress 8 score Pupils who go on to achieve a level 2 qualification at 19

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for improving mental health and wellbeing in the people that live and work in Cheshire East:

Cheshire East Outcomes Framework (Improving mental health and wellbeing) [Edit](#)

Data view ▼ Area profiles	Geography Cheshire East Counties & UAs in North West region	Indicator list
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[Show me the profiles these indicators are from](#)

► [Legend](#) ► [Benchmark](#) ► [More options](#)

Geography version Counties & UAs (from Apr 2021) ▼

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Self-reported wellbeing - people with a low happiness score (Persons, 16+ yrs)	2020/21	—	-	8.6%	10.3%	9.2%	-	Insufficient number of values for a spine chart	-
Self-reported wellbeing - people with a high anxiety score (Persons, 16+ yrs)	2020/21	—	-	25.3%	25.7%	24.2%	32.4%		15.9%
Depression: Recorded prevalence (aged 18+) (Persons, 18+ yrs)	2020/21	↑	46,984	14.1%	15.0%*	12.3%	3.1%		19.8%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2019/20	—	2,250	54.4%	46.7%	45.9%	34.3%		56.6%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2018/19	—	80	25.4%	32.4%	32.5%	11.7%		45.7%
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (Persons, 18-69 yrs)	2020/21	—	-	59.3	66.2	66.1	76.0		47.7
Suicide rate (Persons, 10+ yrs)	2019 - 21	—	-	10.1	11.4	10.4	19.8		4.8

Further metrics to consider:

Tartan Rug (where worse than national average)	<ul style="list-style-type: none"> Hospital stays for self harm
Public Health Outcomes Framework (where significantly worse than national average)	<ul style="list-style-type: none"> Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate Emergency Hospital Admissions for Intentional Self-Harm Excess under 75 mortality rate in adults with severe mental illness (SMI)
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	<ul style="list-style-type: none"> Hospital admissions as a result of self harm (15-19 years) %loneliness <p>For consideration in Phase 2 (not available in the OHID Fingertips tool or note up to date)</p> <ul style="list-style-type: none"> Pupils going on to achieve a good level of development at the end of reception Average Progress 8 score Pupils who go on to achieve a level 2 qualification at 19

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for enabling people to live well for longer:

Cheshire East Outcomes Framework (Live well for longer) [Edit](#)

Data view ▼ Area profiles Geography Cheshire East Counties & UAs in North West region Indicator list

[Show me the profiles these indicators are from](#)

[Legend](#) [Benchmark](#) [More options](#)

Geography version Counties & UAs (from Apr 2021) ▼

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Breastfeeding prevalence at 6-8 weeks after birth - current method (Persons, 6-8 weeks)	2020/21	↑	-	51.1%	*	47.6%*	-	Insufficient number of values for a spine chart	-
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) (Persons, 18+ yrs)	2020	-	-	10.5%	13.4%	12.1%	20.8%		5.5%
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)	2020/21	-	-	68.3%	65.9%	63.5%	76.3%		44.0%
Percentage of physically active adults (Persons, 19+ yrs)	2020/21	-	-	70.6%	64.5%	65.9%	48.8%		83.6%
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	2,337	520	654	613	897		336
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2020	→	92	34.3%	36.5%	33.0%	10.7%		61.9%
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2020	→	48	6.3%	4.7%	4.7%	0.9%		11.2%
Successful completion of alcohol treatment, treatment ratio (Current method) (Persons, 18+ yrs)	2020	-	179	0.78	-	-	-	-	-
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ yrs)	2019/20	-	-	53.5%	51.2%	55.4%	41.4%		66.9%
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (Persons, 40-74 yrs)	2017/18 - 21/22	-	35,995	41.4%	41.8%	44.8%	15.6%		100.0%
Health related quality of life for older people (Persons, 65+ yrs)	2016/17	-	-	0.764	0.716	0.735	0.634		0.797
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2020/21	→	2,255	2,438	2,273	2,023	3,234		1,319

Further metrics to consider:

Tartan Rug (where worse than national average)	<ul style="list-style-type: none"> Binge drinking (this metric is very out of date but there may be new Census 2021 data emerging) New cases of bowel cancer New cases of breast cancer Emergency admissions all causes
Public Health Outcomes Framework (where significantly worse than national average)	<ul style="list-style-type: none"> Smoking status at time of delivery Abdominal Aortic Aneurysm Screening Coverage Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check Preventable sight loss-age-related macular degeneration Preventable sight loss-sight loss certifications
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	<ul style="list-style-type: none"> Life expectancy (female, male) Healthy life expectancy (female, male)

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Cheshire East Safeguarding Children's Partnership Annual Report 2021-22

OFFICIAL

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Foreword from the Partnership Chair

This is the third annual report of the Cheshire East Safeguarding Children's Partnership, it covers the period from 1 April 2021 to 31 March 2022. We want to first recognise that through this period COVID-19 continued to affect everyone in the Cheshire East community.

This report recognises the work of the Cheshire East Safeguarding Children's Partnership through this challenging year and that those challenges that remain that we will continue to address in 2022/23.

If you have any questions about the report or the information contained in it, please contact me at CESCP@cheshireeast.gov.uk

Paula Wedd, Chair, Cheshire East Safeguarding Children's Partnership.

Cheshire East Safeguarding Children's Partnership

The Cheshire East Safeguarding Children's Partnership has continued to lead the safeguarding work of the borough.

The focus of this report will be on the three Cheshire East Safeguarding Children's Partnership priorities of

- ❖ Neglect
- ❖ Contextual safeguarding
- ❖ Emotional Health and Wellbeing of our vulnerable children

The statutory guidance [Working Together 2018 \(WT18\)](#) requires each area to produce and publish an annual report on the effectiveness of the arrangements to safeguard and promote the welfare of children and young people in their local area. This report sets out what we have done over the past year and what we plan to do next year to make Cheshire East a safer place for children and young people.

This report is aimed at everyone involved in safeguarding children, including members of the local community, professionals and volunteers who work with children, young people, and families.

A copy of this report will be sent to senior leaders and stakeholders in our area, including the Chief Executive of the council, the Leader of the Council, and the Executive Director of Children's Services. The report will also be sent to the Health and Wellbeing Board, Children and Young People's Trust Board, Community Safety Partnership, and the Council's Children and Families Committee. Individual agencies will also be encouraged to present this report through their internal boards and scrutiny arrangements.

The Partnership

Senior representatives from the statutory partners: Cheshire East Council, Cheshire Clinical Commissioning Group, and Cheshire Police, are the [Cheshire East Safeguarding Children's Partnership](#). Also represented are the Youth Justice Service, National Probation Service, Public Health, Mid Cheshire Hospitals NHS Foundation Trust, and East Cheshire Trust NHS. These executive members work together to keep children and young people safe from harm.

The partnership was responsible for scrutinising the work of its partners to ensure that services provided to children and young people make a positive difference.

The main role is to co-ordinate and to ensure the effectiveness of work undertaken by each agency on the board for the purposes of safeguarding and promoting the welfare of children in Cheshire East.

The chair of the partnership was held by the Cheshire Clinical Commissioning Group.

Independent Scrutiny

The partnership commits to active involvement in Cheshire East Council's scrutiny arrangements, including the Local Authorities Chief Executive's quarterly safeguarding review meeting.

The partnership has commissioned 3 local safeguarding practice reviews led by independent chairs during 2021/22.

Ofsted conducted a Focused visit of Cheshire East Social Services on the 3 and 4 November 2021. The inspectors looked at the local authority's arrangements for children in need or subject to a protection plan and found there had been an improvement in the overall quality of work with children who are in need of help or protection. Cheshire Youth Justice Service were inspected by the HM Inspectorate of Probation in July 2021. They received an overall rating of 'Good' following this joint inspection.

Our Vision for the Children and Young People of Cheshire East

It is the right of every child and young person in Cheshire East to enjoy a healthy and happy childhood, grow up feeling safe from abuse or neglect and thrive in an environment that enables them to fulfil their potential.

Children and Young People in Cheshire East - Our Child Population

Whilst most children do particularly well in Cheshire East, the borough has 18 areas which are within the top 20% of the most deprived areas in England, affecting 33,350 people or 8.6% of Cheshire East's population. Thirteen of these areas are in Crewe, with two in Macclesfield, one in Wilmslow, one in Alsager, and one in Congleton. Overall, relative deprivation has increased since 2010, as only sixteen areas were previously within the top 20% of most deprived areas.

There are approximately 78,200 children and young people under the age of 18 in Cheshire East, 51% are male and 49% are female. Children and young people make up approximately 20% of the total population.

15.2% of primary pupils are entitled to free school meals (an indicator of deprivation) compared to 23.7% nationally. 15.1% of secondary pupils are entitled to free school meals compared to 22.3% nationally.

The majority of pupils' ethnic backgrounds are reported to be White British (84.3% of primary pupils and 84.7% of secondary pupils), albeit the ratio has reduced slightly from last year. The biggest minority groups in Cheshire East schools are 'white other' (5%), Asian/ Asian British (2.9%), and mixed/ multiple ethnicities (4.1%).

There are just over 100 different first languages recorded for primary and secondary pupils, although only 8.4% of primary pupils and 6.4% of secondary pupils have a first language other than English, compared to national figures of 21.2% and 17.5%, respectively, unlike previously the increase from last year it is at a higher rate than the increase nationally.

Listening to and acting on the voice of children and young people

November Children's Rights Month

November Children's Rights Month is an annual celebration of children's rights across the borough, developed by young people for adults to experience life in their shoes based on the outcomes of the Children and Young People's Plan. Within Cheshire East we worked with Cheshire East Youth Council to make it a celebration of the positive participation of children and young people for services within Cheshire East and show how we take their views seriously.

The theme of 2021's November Children's Rights Month was how children's rights were affected during the Covid-19 pandemic.

Key events in 2021 included:

- ❖ Taboo – Mental Health Conference
- ❖ Mental Health Awareness Training for professionals
- ❖ Inclusive sex education sessions for young people with Body Positive North West
- ❖ Children's Trust Board take over
- ❖ Young people presenting at Children and Families Committee
- ❖ Launch of the SHOUT Campaign at White Ribbon Day

On reviewing the Section 175 audit, it was extremely positive to read all the different ways in which schools capture the voice of the child in relation to safeguarding matters. The majority referenced using the 3 houses model as well as student surveys and assemblies.

Improving engagement with frontline staff - e-bulletins

Cheshire East Safeguarding Children's Partnership has continued to publish its frontline bulletins. The frequency of these was increased due to the need to convey information to practitioners during the challenges of working during the pandemic. They have covered a variety of topics including:

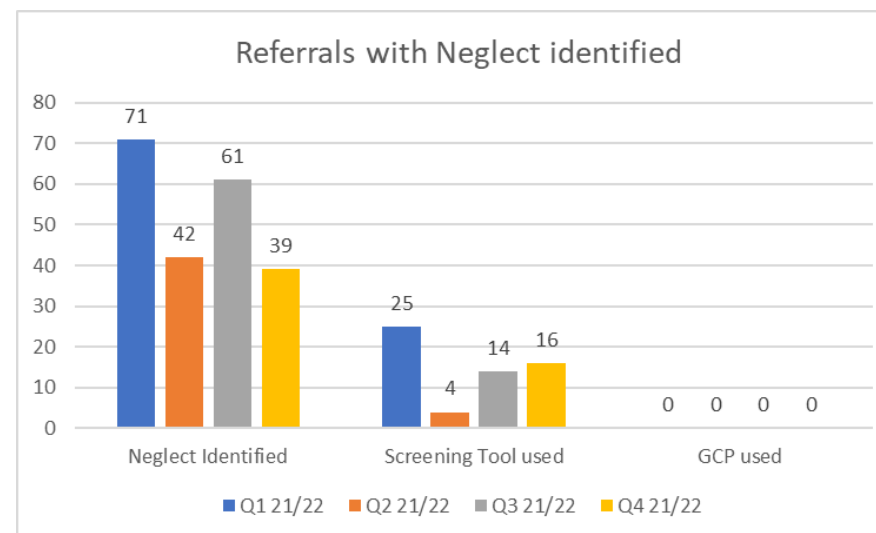
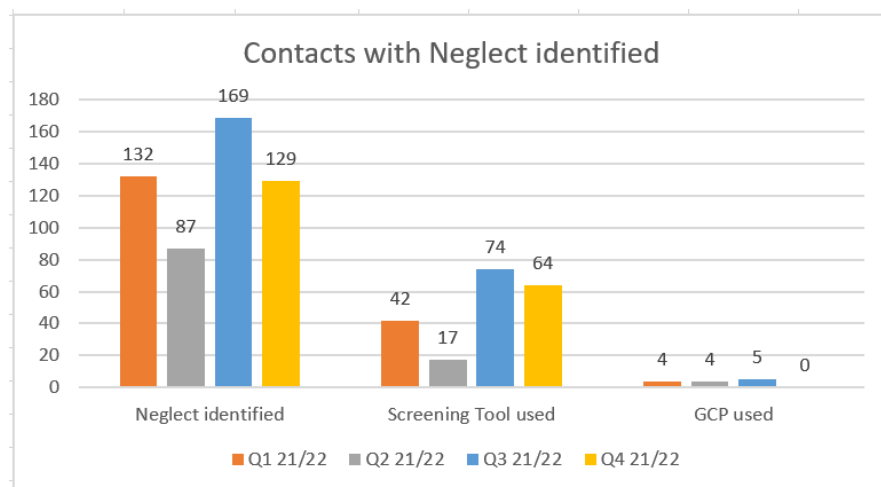
- | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| ❖ COVID Support grant | ❖ Cheshire East Domestic Abuse & Sexual Violence Partnership Strategy |
| ❖ Adverse childhood experiences training | ❖ NHS guidance for parents on looking after children with Covid-19 |
| ❖ Psychological First Aid Training | ❖ Summer Activities programme |
| ❖ Safe Sleep Week | ❖ Hate crime 7-minute briefing |
| ❖ Pan Cheshire Missing from home and care newsletter | ❖ Early Help Scenario |
| ❖ Journey First Programme | ❖ Household Support Fund |
| ❖ The Childrens Society Working together toolkit | ❖ Out of school settings DofE briefing |
| ❖ Become a foster carer in Cheshire East link | ❖ Childrens Mental health Week |
| ❖ Recording children as 'not brought' not 'did not attend' for medical appointments | ❖ Opportunity with the Cheshire Youth Commission |
| ❖ Make your Mark and UK Youth Parliament Election | ❖ Coroners court support service |
| | ❖ ICON Translation |

Feedback from executive members and those participating in the COVID-19 response group has been that this method of communication is effective in supporting them in promoting the partnership and in disseminating safeguarding information within their services.

Cheshire East Safeguarding Children's Partnership Priorities

Priority 1 - Neglect

The Neglect Strategic Board has met quarterly throughout the last year to measure the impact of the Strategy in responding to children and families experiencing Neglect. There is a scorecard developed to support the Partnership in understanding the activity across Cheshire East relating to neglect and to encourage a greater curiosity about what the data tells us about impact for children and quality of practice to identify neglect at the earliest opportunity.



The Neglect Strategy coupled with the Practice Guidance is explicit about the use of Screening Tools by the Partnership to support their identification of Neglect with children and families and to inform the need for further support and intervention. We have a high number of contacts received directly from family members who we would not expect to complete a Screening Tool and our Police colleagues are the highest professional referrer, who complete VPAs (Vulnerable Person Assessment) to support a Contact instead of a Neglect Screening Tool. We would expect a Screening Tool from all remaining professionals. We have seen an increase in the number completed by Education settings which is excellent. Graded Care Profiles (GCPs) are a far more in-depth assessment of Neglect and in the main are completed by Cheshire East Family Service or Children's Social Care. We have seen an increase in the number of GCPs being completed when children are subject to Child in Need which is positive, however we want to measure the success of neglect being identified and positive intervention prior to a family needing intervention.

from Children's Social Care. We will want to see an increase of GCPs informing Early Help Plans over the coming 12 months. The Neglect Board seeks reassurance from individual agencies about how they are embedding the strategy into practice and how they know of the impact. We will refresh the measures of the strategy for 2022/2023 to focus curiosity in everyday practice and ownership across all levels of the partnership.

We have delivered:

- ❖ Practice Guidance for all practitioners working with children and families who experience neglect at all levels of need
- ❖ All agencies have promoted the Neglect Strategy within their organisation
- ❖ Developed a partnership data set for neglect to continuously tell us what our picture is in Cheshire East
- ❖ Held a Neglect Strategic Board to analyse the data in Cheshire East
- ❖ Reported outcomes from the Board to the Cheshire East Safeguarding Children's Partnership Quality Assurance Sub-group.
- ❖ Delivered Training to the Partnership on Neglect and the use of GCP2

Measures for success – Activity that will tell us of the impact:

- ❖ multi-agency auditing regarding all aspects of neglect and the practice delivered to children and families to address neglectful parenting
- ❖ Consultation with children and families regarding the impact of any level of intervention through feedback and participation
- ❖ Review survey with frontline practitioners to understand their confidence in practice and their view of their impact.

Priority 2 - Child Exploitation

In 2021-22 there were 326 contacts to the front door where child exploitation was a factor affecting either the individual or a family member. This related to 281 separate children. 138 of these (42%) were accompanied by a screening tool. 104 of the contacts resulted in a referral to social care.

- ❖ The Child Exploitation and Serious Organised Crime Strategic Group (CE/SOC) meet on a quarterly basis to review the impact of the strategy. Outcomes are reported from the group to the Cheshire East Safeguarding Children's Partnership Quality Assurance Sub-group.
- ❖ In 2021/22 the Contextual Safeguarding Operational Group continued to meet to share information monthly within a multi-agency arena to safeguard and protect children from potential sexual exploitation, criminal exploitation, female genital mutilation, radicalisation, and honour-based violence. The meeting provides an arena to share intelligence and knowledge on young people, persons of interest and places/premises where there could be links to such exploitation and/or significant harm beyond a young person home.

In Cheshire East child exploitation continues to be a key priority for action for the next year and we will:

- Develop and deliver a training offer for all partnership agencies regarding Contextual Safeguarding
- Refresh the Contextual Safeguarding and Serious Organised Crime Strategy of 2019-2022
- Consult with children and families to inform the strategy
- Hold a further Serious Organised Crime Awareness Day with Safer Communities and Police colleagues, raising awareness across Cheshire East of CE and SOC

- Develop a scorecard to be scrutinised within the SOC/CE Strategic Group
- Undertake Multi-Agency Auditing into this cohort of children to measure impact
- Develop an offer of support to children and families across Early Help to identify and support diversion from Exploitation and Criminality at the earliest stage
- Enhance the focus of targeted disruption through Local Policing and Detached Youth Work within our communities
- Launch an All-Age Exploitation Strategy across PAN Cheshire

Priority 3 - Emotional health and wellbeing of our vulnerable children

We have delivered

- ❖ A joint service needs analysis has been completed in conjunction with Public Health. This is an in-depth piece of work which has taken place over the period of a couple of months. This will build on current mental health pathways to ensure a responsive and comprehensive offer or support is available for children.
- ❖ A mental health directory has been produced for professionals which details all mental health services across the continuum of need and provides details on referral mechanisms. This has been shared across the partnership
- ❖ Review of existing pathways and information sharing process has taken place. This will continue to be monitored and reported to the group.
- ❖ The self-harm pathway has been fully implemented and evaluated. This has been well received by multi-agency professionals in addition to children and families.

Continued development 2022/23

- ❖ Working with mental health commissioners within Cheshire East place building on the joint service needs analysis to ensure mental health services and pathways provide a responsive and comprehensive offer of support.
- ❖ Work with the multi-agency team to ensure that the family health hubs prioritise the needs of children with unmet emotional health and wellbeing needs
- ❖ Review of the self-harm information sharing pathway to ensure that families and young people are offered early help intervention at key touch points throughout the pathway including those children who are electively home educated.

Learning and Improvement

The Learning and Improvement Sub-group:

- ❖ received the Annual Training Report from the partnership's Training and Development Manager
- ❖ agreed an approach for continued delivery of safeguarding training
- ❖ agreed and approved the training charging policy in response to the COVID pandemic, removing any charge

Quality Assurance

A range of quality assurance activity supports performance monitoring which includes the multi-agency audit programme.

The scorecard covers a range of measures from all partners and is aligned with the areas of focus for the partnership The Quality Assurance Subgroup has:

- ❖ undertaken audits on Sexual Abuse and Neglect which also fed into Local Safeguarding Practice Review outcomes.
- ❖ Recommendations from RR/LSPRs are translated into actions
- ❖ scrutinised and monitored the progress of agreed actions from audits and reflective reviews
- ❖ scrutinised S175 and S11 submissions

Section 175

The responses shared in this audit were extremely detailed and gave Cheshire East Safeguarding Childrens Partnership a very clear outline of what schools have in place and what they are developing. It provided Cheshire East Safeguarding Childrens Partnership with the reassurance they needed around safeguarding practice in those schools. In addition, the survey has also captured many of the ways in which schools have adapted and enhanced their safeguarding procedures during COVID.

Type of setting	% Completing S175 2020	% Completing S175 2021
Independent School	82%	87%
Primary School	93%	93%
Secondary School	80	95%
Special School	100%	85%
Colleges	67%	50%
Nursery	100%	n/a

In the majority of primary schools, the Designated Safeguarding Lead is identified as the headteacher. All schools indicated that they have at least one named Deputy Safeguarding Lead. All schools indicated that they have a Designated Safeguarding Governor.

This means that schools are compliant with expectations. The Safeguarding Children in Educational Settings (SCiES) Team undertook

analysis of the submissions, and a report was scrutinised by the Quality Assurance Sub-group.

Rapid Reviews and Local Safeguarding Practice Reviews

The Rapid Review process reviewed six cases during 2021/22; three of these resulted in Local Safeguarding Practice Reviews being started during the year.

As a result of learning identified in a number of these reviews a Safe Sleep week was held in December 2021. This involved a social media campaign promoting safe sleep particularly when 'out of routine' for example staying with relatives or consuming alcohol over the festive period. A lunch and learn session held via Teams, hosted by the Designated Doctor for safeguarding children and child deaths in Cheshire East where 'Out of Routine: A Review of sudden unexpected death in infancy in families where children are considered at risk of significant harm – report by Childrens Safeguarding Practice Review Panel. was shared and discussed with practitioners from across the partnership and was well attended.

COVID-19

The initial response of the Cheshire East Safeguarding Childrens Partnership was to create a COVID response meeting to which both statutory and relevant partners were invited. This initially sought assurance from all partners that safeguarding child was a priority within the COVID lockdown response. This assurance was provided by all partners.

The terms of reference were established as:

- ❖ to ensure that multi-agency working remains effective in safeguarding children at a time when there are challenges to practice and additional vulnerabilities
- ❖ to ensure that there is a common understanding and risk assessment across all partner agencies as to the service that is being delivered and how it is delivered to children and families and that there is early notification across the partnership of any area of work that may be compromised for any agency that may impact on children and young people's safeguarding
- ❖ To ensure during COVID-19 restrictions that there is fluid coordination of multi-agency resources to ensure the most vulnerable children and families are safeguarded.

The safeguarding partners also agreed measures and plans to reduce the risk of contracting and spreading of the virus to children, young people, and their families and within our multi-agency workforce. A document was also created on our offer to safeguard and support children and families during COVID-19 where services shared their offer during COVID and that has been updated as the situation has evolved.

Amongst other outcomes:

- ❖ the partnership created a forum for operational considerations and check/challenge in real time as the COVID situation evolved

- ❖ kept vulnerable children not in education on the agenda
- ❖ safe sleep campaign discussed, campaign ran with all Pan Cheshire areas
- ❖ gained assurance relating to impact of staffing levels for services delivering to Children and Young people
- ❖ Spiking discussed and advice shared across the partnership
- ❖ using the learning from first lockdown to inform joint working on further periods of restriction

This meeting continued to fortnightly then monthly through the remainder of 2021/22.

Training and Development

Training continued to be significantly impacted because of the ongoing global covid-19 pandemic. CЕСP took measures to ensure that safeguarding training could continue to be delivered to all partners across the children and family's workforce, a great deal of work was undertaken to redevelop all face-to-face courses to a virtual delivery model. All courses were successfully rewritten and have been delivered virtually.

The decision to continue to deliver training virtually was reviewed at 3 monthly intervals by the learning and improvement subgroup.

Summary of the training year

51 multi-agency courses were delivered between March 2021 and April 2022. 1053 participants attended training via the CЕСP training programme, this number represents an increase of almost 400 individuals.

Attendance was across all areas of the children's workforce, including police, health, education, social care, children and families and the voluntary sector.

Cheshire East Safeguarding Childrens Partnership has delivered or coordinated the following learning and development processes alongside the existing training programme:

- ❖ GCP2 refresher training.
- ❖ Development and delivery of twilight sessions for ICON and GCP2
- ❖ Continued review of training materials to enhance virtual learning experience.
- ❖ Support to all training pool members to deliver courses confidently using virtual methods.

Key Priorities for 2022-23

Cheshire East Safeguarding Childrens Partnership has agreed shared priorities for our partnership and have adopted these as their initial plan

for supporting the protection and wellbeing of children and young people in Cheshire East. We will:

Improve frontline multi-agency practice through working on:

- Our approach to contextual safeguarding
- Improving the quality and effectiveness of our approach to neglect
- Emotional health and wellbeing of our vulnerable children

We aim to do this through our collective commitment to:

- Strategic leadership across the partnership – to make the safety of children and young people a priority.
- Challenge – through focused inquiries or investigations into practice or issues based on evidence, practitioner experience and the views of children and young people, for us to improve together.
- Learning – to achieve the highest standards of development and to ensure all practitioners have the skills and knowledge to be effective. This will include listening to the voice of children and young people and using what we hear to inform best practice.

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CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Children and Young People's Plan, 2022-26
Report Reference Number	HWB7
Date of meeting:	29 November 2022
Written by:	Gill Betton
Contact details:	Gill.betton@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Deborah Woodcock, Executive Director of Children's Services

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To inform the Board of the new Children and Young People's Plan for 2022-26 and the outcomes for children and young people that partners across children's services are working together to achieve.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Board is asked to note the ambition of the children's partnerships to improve outcomes for all children and young people and to endorse the plan and priorities.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Yes, the Children and Young People's Plan was endorsed by the council's Children and Families Committee in July 2022.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes, the Children and Young People's Plan 2022-26 has been developed TOGETHER with Cheshire East Youth Council and members of the Children and Young People's Trust, which includes representatives from agencies across the partnership.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>The plan sets out 7 outcomes that we aim to achieve for children and young people and the reasons for these:</p> <p>Outcome 1 - Children and young people we care for are happy and able to achieve their full potential.</p> <p>Outcome 2 - Children and young people feel and are safe.</p> <p>Outcome 3 - Children and young people are happy and experience good mental health and wellbeing.</p> <p>Outcome 4 - Children and young people are healthy and make positive choices.</p> <p>Outcome 5 - Children and young people leave school with the best skills and qualifications they can and achieve and the life skills they need thrive in adulthood.</p> <p>Outcome 6 - Children, young people and young adults with additional needs have the support they need to achieve and be happy.</p> <p>Outcome 7 - Children and young people have earlier access to support when they need it.</p>

1 Report Summary

- 1.1 This report sets out our new Children and Young People's Plan for Cheshire East which sets out the partnerships' ambition to improve outcomes for all our children and young people.
- 1.2 The outcomes that we want to achieve for all of our children and young people are:
- Outcome 1 – Children and young people we care for are happy and given every opportunity to achieve their full potential.
 - Outcome 2 – Children and young people are and feel safe.
 - Outcome 3 – Children and young people are happy and experience good mental health and wellbeing.
 - Outcome 4 – Children and young people are healthy and make positive choices
 - Outcome 5 – Children and young people leave school with the best skills and qualifications they can achieve and the life skills they need to thrive into adulthood.
 - Outcome 6 – Children, young people and young adults with additional needs have better life chances.
 - Outcome 7 – Children and young people have access to early help and prevention when they need it.

2 Recommendations

- 2.1 The Health and Wellbeing Board is recommended to endorse the Children and Young People's Plan, 2022-26.

3 Reasons for Recommendations

- 3.1 The Children and Young People's Plan 2022-26 has been developed with Cheshire East Youth Council and the Children and Young People's Trust, which includes representatives from children and young people, and staff from a range of agencies across the partnership.
- 3.2 Whilst there is no legal duty to produce a children and young people's plan, doing so promotes and enables engagement in the prioritisation of cross-cutting outcomes and actions across the partnership. The outcomes within the new plan will be developed in line with current legislation and best practice.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Reducing health inequalities for children and young people is central to the Children and Young People's Plan. The outcomes and priorities within the plan will directly contribute to the health and wellbeing priorities.

5 Background and Options

- 5.1 The Children and Young People's Plan for Cheshire East sets out the partnerships' ambition to improve outcomes for all our children and young people over the next four years, in particular those vulnerable.
- 5.2 The previous Children and Young People's plan ran from 2019 to 2021. Feedback from children and young people during the development of the refreshed plan was that the overarching outcomes of this plan were still relevant, so only minor amendments have been made to refresh these.
- 5.4 As children and young people confirmed that early help and prevention is important to them, an additional outcome has been added to the plan to reflect this.
- 5.5 The Children and Young People's Plan will run from 2022-26. Children and young people said that they would like the plan to remain relevant. It therefore sets out the priorities for 2022-23 and an action to refresh these priorities on an annual basis, reflecting on what has been achieved and what is still needed to be completed.
- 5.6 Each outcome has a lead partnership agency, a named outcome lead and a named young person lead, who will work together and report progress to the Cheshire East Children and Young People's Trust.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:
Name: Gill Betton
Designation: Head of Service for children's development and partnerships, Cheshire East Council
Tel No: 07764 166262
Email: gill.betton@cheshireeast.gov.uk

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Cheshire East

Children & Young
People's Trust

Children and Young People's Plan

2022-26





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Foreword

The Children and Young People's Plan 2022-26 has been developed **TOGETHER** with Cheshire East Youth Council and the Children and Young People's Trust. As young people we are members of the Cheshire East Children and Young People's Trust (CYPT), alongside people who provide services for children, young people, and families. We work with other groups, such as the Health and Wellbeing Board, the Safeguarding Children Partnership and the 0-25 Special Educational Needs and Disabilities Partnership to make the lives of children and young people better.

The 7 main outcomes of the plan are:

Outcome 1 - Children and young people we care for are happy and able to achieve their full potential.

Outcome 2 - Children and young people feel and are safe.

Outcome 3 - Children and young people are happy and experience good mental health and wellbeing.

Outcome 4 - Children and young people are healthy and make positive choices.

Outcome 5 - Children and young people leave school with the best skills and qualifications they can and achieve and the life skills they need thrive in adulthood.

Outcome 6 - Children, young people and young adults with additional needs have the support they need to achieve and be happy.

Outcome 7 - Children and young people have earlier access to support when they need it.

When we reviewed our last plan (2019-21), we discussed what we would want for ourselves and other children and young people in our community in the next plan. All of these link to the main 7 outcomes, including that children and young people in Cheshire East:

- Have the right to be equal.
- Feel safe – everywhere and not just at school.
- Can be who they want to be and celebrate diversity.
- Feel happy and represented.
- Have a voice and are listened to.

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We also discussed what success would look like for children and young people:

- Children and young people would feel and know about the impact of the Children and Young People's Plan.
- Children and young people would know who is responsible for services and decisions that affect their lives.
- Children and young people will know who to go to and where to go for support.
- Children and young people will work **TOGETHER** with professionals.

We feel that getting the plan right and following through with actions will mean that Cheshire East continues to be a great place to be young and provide a brighter future **TOGETHER**.



Cheshire East Youth Council Members



Deborah Woodcock
Executive Director of Children's Services





Introduction

Our new Children and Young People's Plan for Cheshire East sets out the partnerships' ambition to improve outcomes for all our children and young people. This is our 4-year plan. We have set our year one priorities and will review these each year using annual reviews and reports to ensure our priorities remain relevant to children and young people.

We are committed to continually improving outcomes for children and young people in these changing times, and we will ensure that we respond to key legislation and developing priorities.

Within our plan, some support is targeted at particular groups of children and young people, however, our aim is that as a partnership we will improve outcomes for all Cheshire East children and young people through our universal services such as education and health settings, libraries, leisure centres and other council and partner services.

During the development of our plan, children and young people told us about the importance of being able to access help when they need it, to prevent problems from getting worse. To reflect this, and to ensure we have a focus on early help across the partnership, we have added an additional outcome 'Children and young people have earlier access to support when they need it'.





The Together Principles

TOGETHER in Cheshire East

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

Teamwork when designing, delivering and evaluating individual support and services

Open-minded ideas and discussions

Genuine communication for all parties involved

Equal partners help to shape and improve support for all

Trust each other to make the right decisions

Honest

Engage and empower children, young people, adults and families

Respect for everyone's views and opinions

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

Our **TOGETHER** Values and Commitment

We will...

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

We won't...

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

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



Co-Involvement

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

Co-Design

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

Co-Delivery

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

Co-Evaluation

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

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Jargon buster: Although we have tried to make this plan simple, there are some words that might need explaining.

Jargon	Meaning
CAMHS	NHS service to assess and support children and young people with emotional, behavioural, or mental health difficulties.
Cared for child or young person	Those children and young people who the local authority look after when they are not able to live with their families. Often this will be with other family members, or perhaps in foster care or residential care.
Care Leaver	An adult (an adult 18 or over) who has spent time in care before the age of 18.
Commissioned Provider	A service we have chosen to do a piece of work.
Contextual Safeguarding	Where we are worried about the risk of harm to children and young people from people beyond their family.
Co-Production	Working on a project from the start to the end with those who use the service. In Cheshire East, we call this TOGETHER
County Lines	Groups or gangs that use young people to carry and sell drugs from borough to borough, and across county boundaries.
EHC	Education, health, and care.
Education, Health and Care Plan (EHCP)	A plan for children and young people aged 0-25 in education who have additional needs.
Green paper	Proposals made following a government review into how services can better help children and young people with SEND.
Joint Strategic Needs Assessment (JSNA)	When agencies come together to look at the health, care and wellbeing needs of a community.
Multi-Agency	When a range of different agencies such as health, education, or social care work together.
NEET	Unemployed or not in training or in education.
Neglect strategy	A plan that we will work to across the partnership to support children and
No Wrong Door	A new way of providing support to young people who are within or on the edge of the care system. It compliments traditional council-run young peoples' homes with hubs which combine residential care with fostering.
Quality Assurance	Checking that services are delivering things to a good standard.
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 (special educational needs and/or disabilities).
Targeted Offer	Support and services for children, young people and families with low level worries who need some extra help.
Universal Offer	Support and services for all children, young people, and families.
White paper	A government paper detailing how the education system will ensure all children are supported to achieve their potential.





Outcome 1 - Children and young people we care for are happy and able to achieve their full potential

Why this is a priority - Cared for children face some of the biggest challenges in life. Their experiences before they come into care can impact significantly on their outcomes. However, with the right support, we can shape their future happiness and set the foundations for what they can achieve throughout their adult lives. This responsibility means that all those working in children's services must do for them what any good parent would do for their own child.

Our children and young people asked us to:

- Always think about the language we use when working with them so that it is straightforward and to say what we mean.
- change some of the phrases we use when talking about their lives, e.g., permanence and corporate parenting.

Our year one priorities for 2022-23 will focus on the following:

Our previous Corporate Parenting Strategy has been refreshed and is now our Cared for Children and Care Leavers Strategy 2022-26. The plan sets out the following pledges to improve outcomes across different areas, i.e., we will:

- **Care for our cared for children and care leavers as any good parent would.**
Develop a new governance structure to deliver the new Cared for Children and Care Leavers strategy and actions.
- **Improve education, employment, and training outcomes.**
Ensure a robust action plan is in place to reduce NEET and encourage re-engagement opportunities for our care leavers.
- **Work to give all children and young people a forever home and to keep them safe.**
Development of the No Wrong Door model and principles within Cheshire East.
- **Improve health and wellbeing outcomes.**
Develop an effective tool that can be used to measure health outcomes for cared for children.
- **Prepare young people for adulthood.**
Ensure care leavers are supported to make decisions that affect their lives such as housing, jobs, etc.
- **Work TOGETHER with children and young people.**
Embed the **TOGETHER** approach with our children and young people, making sure that all staff, partners, and elected members are working to listen to and act on what children and young people tell us.

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Outcome 1 – Continued

Lead partnership responsible: Corporate Parenting Committee (the name of our Corporate Parenting Committee will soon be changed in line with feedback from children and young people)

We will know we have made a difference when:

- More children and young people live closer to their families.
- More care leavers in education, employment, or training.
- More of our cared for children will have a forever home with foster carers.
- More of our care leavers will have a health passport.
- More of our care leavers will have a plan in place for their future (a pathway plan).





Outcome 2 – Children and young people feel and are safe

Why this is a priority - We want all children and young people to be safe and to feel safe in their families and communities. We must tackle the risks that they face, including issues such as bullying, domestic violence, substance misuse and more complex safeguarding issues such as neglect, sexual exploitation, and county lines. To achieve this, we need to work together as a partnership and with all services that support children and young people to identify when help is needed and how best to provide that help. By reducing levels of risk to children and helping families, we can lessen the impact and reduce and prevent problems from reoccurring.

Our children and young people asked us to think about:

- Sexual harassment and sexual violence.
- Resilience and recovery.

Our year one priorities for 2022-23 will focus on the following:

- Work as a partnership to protect children and young people from **contextual safeguarding**.
- Support the **emotional health and wellbeing of our vulnerable children and young people**.
- Develop a **Pan-Cheshire 'All Age Exploitation Policy'** to support those older children transitioning into adulthood that still require support.
- Develop the **connectivity between community mental health services and early help provision** to reduce the number of children who need additional support and care in hospital (called a tier 4 bed).
- Continue to **implement our plan to achieve consistently good quality social work practice** and have high ambition for children and young people.
- **Embed our Neglect Strategy** and work as a partnership to deliver this, to reduce the number of children and young people who experience neglect and the duration they experience it.
- Continue to **embed our SHOUT campaign to raise awareness of sexual harassment** and support schools and colleges to address these issues.
- **Respond to the findings of the Independent Review of Children's Social Care** to improve the child protection system and support families to care for their children and keep them safe from harm as effectively as possible.

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Outcome 2 – Continued

Lead partnership responsible: Safeguarding Children Partnership.

We will know we have made a difference when:

- Fewer children, young people and families will need to have support from services more than once.
- More children, young people and families having assessments completed on time (in 45 days) to identify the right support.
- More children, young people and families having their CP plans reviewed on time to ensure the right support is in place.
- More contacts made to the front door will have a completed neglect screening tool, to help identify support.
- We will provide good or outstanding services to children and young people, as recognised by Ofsted.





Outcome 3 – Children and young people are happy and experience good mental health and wellbeing

Why this is a priority - Children's emotional wellbeing is just as important as their physical health. Improving mental health for mothers (called maternal mental health) is a key influence in children's outcomes therefore services will be offered to ensure children have the best start in life and parents are supported during parenthood. Good mental health helps children and young people to develop the resilience they need to cope with future challenges in life. Many of our young people have told us that COVID-19 has had a big impact on their mental health. Most mental health problems are preventable and almost all are treatable.

Our children and young people asked us to think about:

- A whole school approach to mental health and wellbeing.
- The increase in mental illnesses, e.g., psychosis and eating disorders.

Our year one priorities for 2022-23 will focus on the following:

- Continue to **deliver Cheshire East's All Age Mental Health Strategy 2019-2022**, which sets out a whole system approach to improve the mental health and wellbeing of individuals and their families, including improving mental services for our most vulnerable children and young people such as, those in transition (i.e., between services), children and young people with autism and learning disability, cared for children and young people and care leavers, those in supported employment, those at risk of entering or in the youth justice system; and those who are experiencing or have experienced abuse. It also sets out plans to improve crisis care services. We will work to **update this strategy and consider any new priority areas identified for 2023**.
- **Revisit the Taboo conference model** to deliver an updated event that considers the wellbeing of young people post COVID-19.
- **Improve maternal mental health in pregnancy and during parenthood** to ensure all children have the best start in life.
- Undertake a deep dive needs assessment (known as a joint strategic needs assessment) to help us **better understand the emotional and mental wellbeing needs of children and young people** and ways we can support and work with families to improve emotional and mental wellbeing.

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Outcome 3 – Continued

Lead partnership responsible: Cheshire East Mental Health Partnership.

We will know we have made a difference when:

- More children and young people who report good wellbeing.
- Improved waiting times for access to services.
- Fewer children and young people reported to have attend A&E due to self-harm.
- Improved availability of information to children and young people.
- Improved numbers of parents reporting good mental health.





Outcome 4 – Children and young people are healthy and make positive choices

Why this is a priority - In general, the health of children and young people in Cheshire East is good. However, there are still some big differences across the borough, which means that the quality of health and how long a person lives depends on where they grow old in Cheshire East. We want to work to address these inequalities by providing extra help for those who need it more.

Our children and young people asked us to think about:

- COVID-19 recovery.
- Sexual health, rights, and consent.

Our year one priorities for 2022-23 will focus on the following:

- Deliver our **Cheshire East Partnership Five-Year Plan for 2019-2024 to tackle inequalities.**
- Undertake a deep dive **needs assessment around the impact of poverty** to help us understand the impact of poverty on both children and adults and identify ways we can further support and work with those experiencing poverty to improve their health and wellbeing.
- Undertake a deep dive **needs assessment focusing on Crewe which will help us understand health and wellbeing challenges**, and ways we can support and work with people in Crewe to improve their wellbeing.
- Undertake a deep dive **needs assessment on Special Educational Needs and Disability, Autism and Attention Deficit and Hyperactivity Disorder** to understand health and overall wellbeing in children experiencing these challenges and ways we can support to improve their wellbeing.
- **Review how we can adjust spending across children's services** to ensure we are funding the right services to help children and young people at the right time.
- **Support the promotion of inclusivity of LGBTQIA** (lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual and allies) young people in school/education to help support better health outcomes within this community from increased confidence, sense of self and belonging.
- **Develop our child health hubs** with a focus on responding to the findings of 1001 critical days review, maternity wellbeing, respiratory, obesity, SEND and children and young people's mental health
- Develop Services that support **drug and alcohol awareness** with our commissioned provider Change, Grow, Live (CGL) to include training in schools and education settings and children's services.

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Outcome 4 – Continued

Lead partnership responsible: Cheshire East Integrated Care Partnership.

We will know we have made a difference when:

- More children being seen in health clinics.
- More babies born with a healthy birth weight.
- Levels of infant mortality have improved.
- More children experience better dental health
- More children have a healthy weight.
- Fewer children and young people going into hospital for common conditions.
- Fewer children and young people experiencing the impact of parental substance misuse.





Outcome 5 – Children and young people leave school with the best skills and qualifications they can achieve and the life skills they need to thrive in adulthood

Why this is a priority - Most children in Cheshire East have access to high quality education across our early year's settings, schools, and colleges. Whilst we strive for the best outcomes for every learner, a number of our more vulnerable pupils do not always access full time education, employment, or training and therefore this impacts on their future opportunities in life. There are also certain groups that do less well than their peers in terms of academic progress and personal development and we need to address these inequalities. The recent white paper for education and the green paper for SEND will help us shape the strategic vision for our young people going forward and ensure Cheshire East continues to be an excellent place to live and achieve.

Our children and young people asked us to think about:

- Keeping them safe in education from sexual violence and sexual harassment.
- Increasing the availability of apprenticeships and supported internships.

Our priorities for 2022-23 will focus on the following:

- Develop and **deliver the next stage in our school organisation plan** to ensure we have sufficient school places/provision including for children with special education needs.
- **Respond to the emerging agenda as outlined in the recent white paper and green paper for SEND.**
- Develop a collaborative support framework for attendance and behaviour in settings.
- **Review our early years support** through better use of national best practice.
- **Embed Education Wellbeing recovery** to enable schools to support the wellbeing of staff and children and young people in our education settings.
- Support children and young people to access **further education, training, or employment through our Journey First programme.**





Outcome 5 – Continued

Lead partnership responsible: Education Extended Senior Leadership.

We will know we have made a difference when:

- More of our primary, secondary, and special schools will be good or outstanding.
- More of our vulnerable children and young people are in full time education (i.e., not missing education, low attendance, excluded etc.).
- Improved annual outcomes for disadvantaged learners at the end of key stage 2 and 4.
- More young people are in education, employment, or training (NEET).





Outcome 6 – Children and young people with additional needs have the support they need to achieve and be happy

Why this is a priority – 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. We want children and young people with SEND and their families to feel supported by all services in Cheshire East through earlier support to receive high quality education, care, and health provision.

Our children and young people asked us to think about:

- Preparing for adulthood and social activities
- Support in transitions moving between provision and services

Our year one priorities for 2022-23 will focus on the following:

To deliver SEND Strategy 2021-2024 with a focus on the following 5 priorities:

- **Improve communication and coproduction with families who have children with SEND.**
We will ensure we work **TOGETHER** with families in all that we do.
- **Ensure children and young people with SEND have access to the provision and support they need.**
We will provide early support and access to good quality, local schools.
- **Improve the timeliness and quality of the annual reviews of EHC plans.**
EHC plans will consider the whole range of needs of children and young people and will include preparation for adulthood.
- **Ensure we have an effective and supported workforce.**
A workforce that is knowledgeable and flexible, passionate, and dedicated.
- **Recovery from the COVID-19 pandemic.**
We will have an effective SEND partnership that manages crisis situations well.



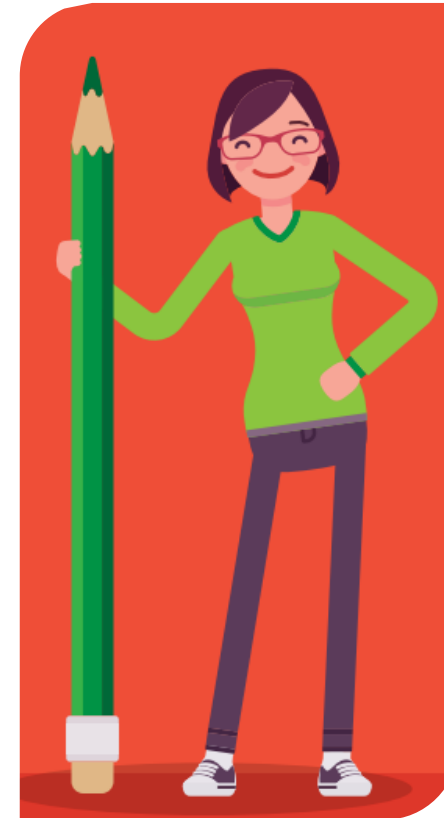


Outcome 6 – Continued

Lead partnership responsible: 0 -25 SEND Partnership.

We will know we have made a difference when:

- More Education, Health and Care Plans (EHCP) will be completed in 20 weeks.
- More requests for advice from an Educational Psychologist will be completed within 6 weeks.
- More EHCP plans will be graded as good or outstanding.
- Children and young people will spend less time waiting for an autism assessment.





Outcome 7 – Children and young people have earlier access to support when they need it

Why this is a priority - Having a strong universal and targeted early help offer is important to ensure we provide families with the support they need as soon as they need it, and we prevent problems from getting bigger. Without this early support, problems can cause serious harm to children and young people in the long term and become more difficult to address. A range of agencies are involved in identifying where families need additional support, and in providing early help. A consistent and coordinated approach across the partnership ensures all families can expect the same support and good quality service no matter what their needs are and where they live.

Our children and young people told us:

It's vital to have an outcome around early help as it's important to get help before it's too late.

Our year one priorities for 2022-23 will focus on the following:

- **Respect and build on the relationships and trust families have in us**, work with children and families and keep children's lived experience is at the centre of all we do.
- Ensure our **workforce across the partnership has the support, skills and training they need** to deliver good quality support to families
- **Strengthen the Early Help Board** to drive workstreams to improve outcomes for children.
- **Develop an early help offer that gives parents and families the best chance to adapt and thrive when they are struggling** to cope and supports older children that have had adverse childhood experiences. Improve outcomes for children and young people by making sure staff can identify and tackle problems early.
- **Strengthen our Integrated early years offer** particularly focussed on universal and targeted provision that supports early intervention and develop our offer so that more of our children meet their early developmental milestones and are school ready.
- **Embed the principles of Family Hubs**, so professionals work together to deliver early help and preventative services for families aligned to our schools, academies, and early years settings to ensure we improve access to advice, help and support at the earliest opportunity.
- Empower families by developing a **parenting strategy** to support children, young people and families by commissioning evidence-based programmes and services.

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Outcome 7 – Continued

Lead partnership responsible: Early Help Together Board.

We will know we have made a difference when:

- More children and young people being supported by partner agencies.
- More children being supported to access early education through 2-year-old and 3/4-year-old funding.
- More children will be ready to start school with a good level of development in early years foundation stage.
- More children who are at or above the expected level in communication skills as part of their 2 - 2/12-year review
- More children and young people being accessing the Youth Support Service.
- Fewer children and young people entering the youth justice system for the first time.
- Fewer children experiencing the impact of parental conflict.





Summary of our Plan and priorities

Outcome 1 – Children and young people we care for are happy and able to achieve their full potential.

- Care for our cared for children and care leavers as any good parent would.
- Improve education, employment, and training outcomes.
- Work to give all children and young people a forever home and to keep them safe.
- Improve health and wellbeing outcomes.
- Prepare young people for adulthood.
- Work TOGETHER with children and young people.
-

Outcome 2 – Children and young people feel and are safe.

- Work as a partnership to protect children and young people from contextual safeguarding.
- Support the emotional health and wellbeing of our vulnerable children.
- Develop a pan-Cheshire 'All Age Exploitation Policy'.
- Develop the connectivity between community mental health services and early help provision.
- Continue to implement our plan to achieve consistently good quality social work practice.
- Embed our Neglect Strategy.
- Continue to embed our SHOUT campaign to raise awareness of sexual harassment and support schools and colleges to address these issues.

Outcome 3 – Children and young people are happy and experience good mental health and wellbeing.

- Deliver Cheshire East's All Age Mental Health Strategy 2019-2022 and review for 2023.
- Revisit the Taboo conference model.
- Improve maternal mental health in pregnancy and during parenthood.
- Needs assessment to better understand the emotional and mental wellbeing needs of children and young people and their parents.

Outcome 4 – Children and young people are healthy and make positive choices.

- Deliver our Cheshire East Partnership Five-Year Plan for 2019-2024 to tackle inequalities.
- Undertake a deep dive needs assessment around the impact of poverty, focusing on the Crewe area.
- Review how we can improve spending across children's services.
- Support the promotion of inclusivity of LGBTQIA.
- Develop our child health hubs with a focus on maternity wellbeing, respiratory, obesity, SEND and children and young people's mental health.

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Summary of our Plan and priorities – Continued

Outcome 5 - Children and young people leave school with the best skills and qualifications they can achieve and the life skills they need to thrive in adulthood.

- Develop and deliver the next stage in our school organisation plan.
- Embed Education Well-being recovery.
- Respond to the emerging agenda as outlined in the recent white paper and green paper for SEND.
- Develop a collaborative support framework for attendance and behaviour in settings.
- Review our early years support through better use of national practice.
- Support children and young people to access further education, training, or employment through our Journey First programme.

Outcome 6 – Children and young people with additional needs have the support they need to achieve and be happy.

- Implement our SEND Strategy 2021-2024 with a focus on the following 5 priorities:
- Improve communication and coproduction with families who have children with SEND.
- Ensure children and young people with SEND have access to the provision and support they need.
- Improve the timeliness and quality of the annual reviews of EHC Plans.
- Ensure we have an effective and supported workforce.
- Recovery from the COVID-19 pandemic.

Outcome 7 – Children and young people have earlier access to support when they need it.

- Respect and build on the relationships and trust families have in us.
- Ensure our workforce across the partnership has the support, skills and training they need to deliver good quality support to families.
- Strengthen the Early Help Board.
- Develop an early help offer.
- Strengthen our Integrated early years offer.
- Embed the principles of Family Hubs.
- Develop a parenting strategy.





How we will know we have made a difference

We will measure the success of this plan against the difference we make to the lives of our children and young people. We will use 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.

What our performance tells us

We have a number of scorecards in place which tell us how well we are performing. The Trust will monitor the key measures set out in this plan, along with any other relevant information, to check changes in performance over time.

What our audits tell us

A number of single and multi-agency audits are carried out across children's services. We will use the findings of these to tell us whether the quality of what we are doing is getting better.

What young people and their families tell us

We will continue to work **TOGETHER** with our young people and their families as they are the experts on what works for them.

What staff tell us

We will listen to what staff working directly with children, young people and their families tell us as they have a good insight into what needs to improve.

How we will check on our progress

Each outcome has the following:

A lead partnership – this is the multi-agency partnership that has the most focus on the outcome area and will closely monitor progress.

An officer outcome lead – This officer will be the key link between the lead partnership and the Trust and will coordinate information to the Trust on progress and issues.

A young person outcome lead – There will be at least one young person with a focus on each outcome area. They will link with the officer outcome lead to ensure that work is done **TOGETHER**.

Progress against our plan will be monitored by the Children and Young People's Trust. Progress against individual outcome areas will also be monitored by the lead partnership.

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Cheshire East Health and Wellbeing Board (HWBB) is the overarching board for the Trust. The HWBB will sign off this plan; ongoing updates will be provided to the board. Individual agencies will also be encouraged to share progress and issues through their own governance and other relevant boards will be informed/consulted, as appropriate.

Following each meeting, the Trust will continue to send out an easy read newsletter to update all on progress.



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



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Working for a brighter future together

BRIEFING REPORT

Health and Wellbeing Board

Date of Meeting:	29 November 2022
Report Title:	Progress Update on the Cheshire East All Age Mental Health Partnership Board
Report of:	Nichola Thompson, Director of Commissioning

1. Purpose of Report

- 1.1. The purpose of this report is to provide a progress update to the Health and Wellbeing Board on the activities of the Cheshire East All Age Mental Health Partnership Board.

2. Executive Summary

- 2.1. The Cheshire East All Age Mental Health Partnership Board has been in place since December 2019.
- 2.2. The board meets on a bi-monthly basis and has a strong membership from across adult social care, childrens services, health, the voluntary sector, housing, public health, police and people with lived experience.
- 2.3. This report details the background in relation to the establishment of the partnership board.
- 2.4. It then covers the aims and objectives of the partnership board, before looking at the work programme around the All Age Mental Health Strategy (in future this will be developed as the Cheshire East Place – Mental Health Plan) that has been undertaken by the board.
- 2.5. The report also focuses on some of the challenges that the board faces and what the next steps which will be undertaken.

3. Background

- 3.1. The Cheshire East All Age Mental Health Strategy (2019) highlighted that there would be a scoping exercise conducted with a view to establishing a Cheshire East Mental Health Partnership Board.
- 3.2. At the time, Cheshire East had no borough wide partnership board to focus on mental health and wellbeing, or to encourage improved partnership working with key stakeholders in the local area to promote good quality mental health services.
- 3.3. Initial scoping meetings to discuss the establishment of a Mental Health Partnership Board took place between a wide range of stakeholders from health and social care, as well as representatives from local mental health forums including carers and service users. These meetings were very positive and highlighted that there was an appetite for a Mental Health Partnership Board to be established to encourage the development of greater integrated partnership working across Cheshire East and to enable us to deliver the priorities and actions within all age strategy.
- 3.4. On 19 September 2019 the Peoples DMT approved the establishment of an All Age Mental Health Partnership Board.
- 3.5. The first meeting of the board took place on 11 December 2019.
- 3.6. Over the last few years, the partnership board has met regularly (virtually) on a bi-monthly basis.
- 3.7. The board membership has representation from across adult social care, childrens services, health, the voluntary sector, housing, public health, police and people with lived experience (adults and young people).
- 3.8. Charing responsibility has been undertaken jointly by both Cheshire East Council and statutory health partners.

4. Briefing Information

- 4.1. The vision of the Cheshire East All Age Mental Health Partnership Board is outlined in the Terms of Reference:

"To improve the Mental Health and Wellbeing of people who live in the borough of Cheshire East"

- 4.2. The Cheshire East Mental Health Partnership Board works with key partners to ensure that services are in place to:
 - Improve mental health and wellbeing
 - Respond early, effectively and efficiently to meeting the needs of people experiencing mental ill health and/or distress and also support their carers
 - Support people through recovery to achieve their maximum potential to lead active lives.

4.3. The main objectives of the partnership board are to

- Monitor progress and actions against agreed priorities within the NHS Long Term Plan and the Cheshire East All Age Mental Health Strategy
- Work to identify and develop action plans against the strategic priority areas that would benefit from a partnership approach, identifying lead organisations and related outcomes
- Promote the development of good quality service provision and equity of access across Cheshire East.

Monitoring Progress and actions against the Cheshire East All Age Mental Health Strategy

4.4. The Cheshire East All Age Mental Health Strategy is firmly aligned to the NHS Long Term Plan. It promotes a whole system approach to improve the mental health and wellbeing of individuals and their families, supported by integrated health and social care services, resilient communities, inclusive employers and services that maximise independence and choice.

4.5. Monitoring of the strategy has been undertaken and presented to the partnership board to provide feedback and look at actions where partnership working could be required to support the implementation of priority areas (see Appendix 1).

Strategic Partnership Approach

4.6. The partnership board has worked to identify three key priority areas from the strategy, that it has taken forward to look at delivering improved outcomes through a partnership approach.

4.7. A joint meeting was held on 5 March 2021 between the mental health partnership boards in Cheshire East and Cheshire West and Chester. At this meeting both partnership boards agreed that priorities around early intervention, prevention and crisis would be taken forward in the form of sub-groups.

4.8. A Mental Health and Wellbeing and Social Prescribing Sub-Group has been established to tackle early intervention. Some of the areas the group has been focusing on are a baseline review of social prescribing services across the care communities and improving access and signposting so people can better access support.

4.9. A Prevention Sub-Group has been established to improve partnership working across preventative services. Part of the work of this group has included a Peer Support Project that looks at providing help and assistance to wider support groups across Cheshire East. Promotion of physical activity is another area the group is focusing on to promote the benefits of exercise and movement for wellness and happiness.

- 4.10. A Pan-Cheshire Crisis Sub-Group was established but this was put on hold due to the current changes within health and social care and the move to the integrated care system placing additional resources requirements on staff. Members of the group attend the Cheshire and Warrington Crisis Care Concordat Meeting and provide regular updates to the board on initiatives across the sub region.
- 4.11. Each of the sub-groups report regular progress updates to the partnership board on a bi-monthly basis and feedback is provided back from partnership board members.

Promoting the development of good quality service provision

- 4.12. Another key remit of the partnership board has been to promote the development of good quality service provision.
- 4.13. The board has contributed to commissioning activity across the borough as part of a co-production approach. Over the last 12 months the board has provided contributions towards the commissioning of the Cheshire Advocacy Service and Crisis Cafes.
- 4.14. The board is also linked in with the work around the Community Mental Health Transformation project that is being delivered by Re-think on behalf of Cheshire and Wirral Partnership. Regular updates and feedback between the board and Re-think have taken place to ensure a partnership approach is firmly established.

Challenges

- 4.15. One of the key challenges that the partnership board has faced was establishing itself just before the COVID pandemic took place. This meant that the board has only met twice in a face-to-face capacity. The board has overcome this by holding meetings virtually via Microsoft Teams. Attendance from partners has remained healthy during the last few years.
- 4.16. This impact of COVID and lockdown has resulted in difficulties in retaining and attracting new lived experience representatives. Prior to the lockdown Cheshire East had two vibrant lived experience forums, the East Cheshire Mental Health Forum, and the Open Minds Forum. Both forums have representatives on the board. Due to these meetings having not been held as regularly, this has meant the partnership board has not been able to bring in new representatives from these groups.

Next Steps

- 4.17. In August 2022 the partnership board will be conducting a review of its Terms of Reference and current board membership. This has changed significantly over the past few years and will be reflected in the review.
- 4.18. A project group is being established by group representatives to develop a new All Age Mental Health Strategy (the Cheshire East Place – Mental Health Plan). This will be an integrated strategy which will ensure support and input

from all major stakeholders across the borough. As part of the development of the strategy there will be strong links with the ongoing work around the Community Mental Health Transformation.

- 4.19.** Statutory guidance on the preparation of integrated care strategies was published on 29 July 2022. As an integrated strategy this is an opportunity to work with a wide range of people, communities, and organisations to develop evidence-based system-wide priorities that will improve the public's mental health and wellbeing and reduce disparities.

5. Implications

5.1. Legal

- 5.1.1. There is no statutory requirement to provide a Mental Health Partnership Board. However, having a Partnership Board in place with terms of reference, setting out the vision, purpose and objectives will facilitate partnership working with key stakeholders and demonstrates the Council's commitment to its wellbeing duties under the Care Act 2014

5.2. Finance

- 5.2.1 Cheshire East Council and health partners have both provided staff to support the administration and co-ordination of the Cheshire Mental Health Partnership Board meetings. This will be from existing council resources with no additional cost to the council or health partners.

5.3. Human Resources

- 5.3.1. There are no human resources implications attached to the partnership board.

Access to Information	
Contact Officer(s):	Mark Hughes, Senior Commissioning Manager: Mental Health and Learning Disabilities mark.hughes@cheshireeast.gov.uk Keith Evans, Head of Service: Mental Health and Learning Disabilities keith.evans@cheshireeast.gov.uk
Appendices:	Appendix 1 – All Age Mental Health Strategy Review 2021/22 Appendix 2 – Terms of Reference – All Age Mental Health Partnership Board
Background Papers:	Cheshire East All Age Mental Health Strategy 2019-2022

Cheshire East All Age Mental Health Strategy Review

Cheshire East Mental Health Partnership Board

8 June 2022

Purpose and Drivers of Strategy Review

- Review priorities from current All Age Mental Health Strategy 2019-2022
- What have we achieved? Where is the more work to do? Are our priorities different?
- Move to Integrated Care System/Integrated Care Partnership
- Community Mental Health Transformation Project - alignment
- Impact of COVID 19

1 – Transition from Childhood to Adulthood

Key Achievements:

- Early Intervention Pathway created combining Emotionally Healthy Schools and Children and Young People's Early Help services.
- CAMHs moved to 0-19 Service (from 0-16-16-19 service) supporting effective long term transitions
- Multi Agency Preparing for Adulthood Strategy launched in 2021



2 - Cared for Children and Care Leavers



Key Achievements:

- Recommissioning of accommodation and support for care leavers - providing a range of supported accommodation, emergency beds, taster flats and dispersed properties
- The mobilisation of the commission of four new Children's Homes in CE (including accommodating cared for children with Social Emotional and Mental Health needs) during 2020/21

3 - Employment

Key achievements:

- The European Social Fund Journey First project came on line in October 2020 with one of its main target groups being people with mental health conditions who are looking for work.
- Time to Change Programme came into place and now incorporated into Wellbeing in Work Programme. Over 40 Time to Change ambassadors were recruited



4 – Personality Disorder

Key achievements:

- A project group is now established and work underway to implement locally and design a new care model for - Borderline Personality Disorder (BPD) across Cheshire and Merseyside footprint as part of Community Mental Health Transformation.
- Wider engagement and consultation has been undertaken and an oversight group is in place to oversee the delivery of this work.



5 - Crisis Care

Key achievements:

- Crisis beds commissioned in CE in Crewe, Congleton and Macclesfield, supporting hospital avoidance and hospital discharges, additional short stay community beds developed in Crewe (now Chester)
- Crisis Cafes established in Crewe and Macclesfield
- CWP's all age mental health crisis line providing urgent support 24/7 for residents in Cheshire East, Cheshire West and Wirral went live in 20/21 and continues to become well utilised and has seen significant referrals from across the Cheshire and Wirral footprint



6 - Building Sustainable Communities

Key Achievements

- Cheshire East Mental Health Partnership Board is now firmly established. A number of joint key priority areas have been identified across Cheshire and have been taken forward as sub groups (early intervention, prevention and crisis)
- Mental Health information resource on the council website to support people in light of the impact of COVID-19.
- Community Mental Health Transformation Project is underway across Cheshire and Wirral and includes:
 - Development of Voluntary Sector Alliance
 - Co production with experts by experience
 - Place based and personalised approach
- Cheshire East and Cheshire West and Chester Councils are currently jointly recommissioning the Advocacy contract which covers Cheshire and will commence during 22/23



7 Justice and Mental Health

Key achievements

- Social workers and Approved Mental Health Practitioners (AMHPs) are working alongside health colleagues in the mental health criminal justice and forensic services.
- Adult Social Care are now be attending the Joint Agency Group, which is chaired by probation. This group has as its purpose the reduction in re-offending through active management and monitoring of both statutory and non-statutory offenders whilst in the community and at least 3 months before any potential release for those serving custodial sentences.



8 – Commissioning More Effective Services

Key achievements

- Mental Health Floating Support Service commissioned to work in partnership with the Mental Health Reablement Service provide short term support to help individuals to remain independent, develop new skills, and manage benefits and access community networks
- New Adult MH Service Redesign provision became operational in February 2020. Silk Ward (Macclesfield District Hospital) which provides specialist inpatient treatment and assessment for 15 people with dementia. Mulberry Ward provides mental health inpatient facilities in a 26-bed mixed gender spacious modern ward on one level with open garden, courtyard, gym facilities and all en-suite bedrooms.
- Commissioners continue to work with care and support providers and developers to improve the housing offer available for people with mental health support needs. A number of new supported living schemes have gone live with several more in the pipeline.



9 Mental Health Law Reform

Key achievements:

- Cheshire East Council are a partner in the North West Mental Health Group Association of Directors of Adult Social Services and are contributing to the government's most recent consultation on the reform of the Mental Health Act.



Next Steps

- July 2022 - Establishment of Strategy Project Group to Review
 - Health and Social Care representatives
 - Third Sector
 - Lived Experience

Would anyone on the Partnership Board like to join the project group?

- Aug-October 2022- Engagement Process (Online survey, face to face, focus groups, attendance at forums)
- Nov 2022 - Development of New MH Strategy
- Jan 2023 - Consultation on Draft MH Strategy
- April 2023 - Approval and Adaptation on New MH Strategy

Cheshire East Mental Health Partnership Board

Terms of Reference

Vision	We will strive to ensure good Mental Health and Wellbeing for people who live in the borough of Cheshire East
Purpose	<p>The Cheshire East Mental Health Partnership Board will promote positive mental health and wellbeing and work with key partners to ensure that services are in place to:</p> <ul style="list-style-type: none"> • Promote good mental health and wellbeing • respond effectively and efficiently to meeting the needs of people experiencing mental ill health and or distress and their carers • support people through recovery to achieve their maximum potential to lead active lives.
Objectives	<ul style="list-style-type: none"> • To monitor progress and actions against agreed priorities within the NHS Long Term Plan and the Cheshire East All Age Mental Health Strategy • To support service users and carers and campaign for better service provision • To implement action plans against the strategic priority areas that would benefit from a partnership approach, identifying lead organisations and related outcomes • To promote the development of good quality service provision and equity of access across Cheshire East. • Inform and influence local groups, meetings and policies that will have a positive impact on people's mental health and wellbeing.
Reporting Arrangements	The board will report on the progress to the Cheshire East Health and Wellbeing Board and CCG Governing Body
Frequency of Meetings	<p>The Mental Health Partnership Board will meet on a bi-monthly basis at Congleton Library</p> <p>The board will also look to organise and deliver one joint event per year with Cheshire West and Chester Mental Health Partnership Board.</p>
Chairing and Membership	<p>Chairing</p> <p>The Mental Health Partnership Board will be chaired by someone working in either the voluntary sector or statutory services.</p> <p>The remit of chair will entail the chairing of 6 meetings per year and finalising meeting agendas.</p> <p>The Chair function will be appointed and voted on by group members on annual basis.</p>

The chair will be appointed by the group and will be reviewed on an annual basis.

A deputy chair will also be appointed.

Membership

All members will endeavour to attend all meetings or send an agreed substitute with delegated responsibilities to participate in the decision making process. Where neither the member nor substitute member are able to attend, apologies to be sent in advance of the meeting.

Lived experience and carer representatives

- Geoff Gray
- Cllr Alift Harewood
- Anders Timms
- East Cheshire Mental Health Forum Lead – Mike Heale
- Open Minds Lead – John Colclough
- Parent Carer Forum – Mandy Dickson

Cheshire and Wirral Partnership

- Jane Critchley
- CWP Childrens Reps – Adults and Childrens TBC

Cheshire East Council

- Adults Operations – Keith Evans (Deputy Chair)
- Operations – Tasha Zacune
- Commissioning – Mark Hughes
- Childrens Services – Heather Baron

Cheshire East Youth Forum

- Annalisa Brookes (Fiona Ellis)

Cheshire CCG

- GP – Dr Ian Hulme
- Commissioning – Jamaila Tausif (Chair)

Cheshire Police

- Alex Crisp

Voluntary Sector

- Will Mckellar (CAB)
- Laura Smith (DIB)

Portfolio Holders

- Adult Social Care and Health – Cllr Laura Jeuda
- Children and Families – Cllr Kathryn Flavell

Housing

- Christopher Hutton (CEC)

Employment

- Neil Bertenshaw - DWP

Co-ordination of meetings and administration will be undertaken by Cheshire East Council who will circulate the agenda and

	minutes.
Meetings	<p>All members to prepare for the meetings by reading through the agenda and papers and preparing written reports as appropriate.</p> <p>A record shall be kept of every Mental Health Partnership Board meeting including</p> <ul style="list-style-type: none"> • Main points of discussion • Action log – including owner, completion date and status. The action log will be looked at, at the beginning of each meeting.
Terms of Reference Review	<p>The terms of reference will be reviewed annually</p> <p>Date of next review – August 2023</p>

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