

# Cheshire East Health and Wellbeing Board Agenda

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**Date:** Wednesday, 22nd November, 2023  
**Time:** 2.00 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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1. **Apologies for Absence**

2. **Declarations of Interest**

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

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

To approve the minutes of the meeting held on 26 September 2023.

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. **Notification of pharmacy closure** (Pages 9 - 42)

To receive a report on the notification of a pharmacy closure.

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For requests for further information

**Contact:** Karen Shuker

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**E-Mail:** [karen.shuker@Cheshireeast.gov.uk](mailto:karen.shuker@Cheshireeast.gov.uk) with any apologies

6. **Cheshire East Learning Disability Plan and All Age Mental Health Plan** (Pages 43 - 162)

To consider the report on the co-production of the Cheshire East Place - Mental Health Plan and Cheshire East Place - Learning Disabilities Plan.

7. **Cheshire East Winter Plan 2023-24** (Pages 163 - 214)

To receive the Cheshire East Winter Plan 2023-24.

8. **SEND Strategy** (Pages 215 - 254)

To receive details of the refreshed Special Educational Needs and Disabilities (SEND) Partnership Strategy.

9. **SEND SEF**

To receive a presentation on the SEND Self Evaluation Form.

**Membership:** L Barry, Dr P Bishop, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), M Davis, Councillor J Rhodes, Dr M Tyrer, M Wilkinson, Councillor J Clowes, C Jesson, P Skates, K Sullivan, C Williamson, I Wilson, C Wright and D Woodcock

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 26th September, 2023 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

**Board Members**

Gill Betton, Head of Service, Children's Development and Partnerships  
Councillor Sam Corcoran (Chair), Cheshire East Council  
Councillor Carol Bulman, Cheshire East Council  
Councillor Jill Rhodes, Cheshire East Council  
Louise Barry, Healthwatch Cheshire  
Chief Inspector Sarah O'Driscoll, Cheshire Police  
Dr Matt Tyrer, Director of Public Health  
Isla Wilson, Health and Care Partnership Board Chair  
Councillor Stewart Gardiner, Cheshire East Council  
Kathryn Sullivan, CVS Cheshire East

**Cheshire East Officers and Others**

Nik Darwin, Acting Programme Manager  
Lori Hawthorn, Public Health Development Officer  
Rick Hughes, Trading Standards & Community Protection Manager  
Guy Kilminster, Corporate Manager Health Improvement  
Dr Susie Roberts, Public Health Consultant  
Karen Shuker, Democratic Services Officer

**16 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Janet Clowes, Michelle Davis, Superintendent Claire Jesson, Peter Skates, Claire Williamson, Deborah Woodcock and Charlotte Wright.

Gill Betton, Councillor Stewart Gardiner and Chief Inspector Sarah O'Driscoll attended as substitutes.

**17 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**18 MINUTES OF PREVIOUS MEETING****RESOLVED:**

That the minutes of the meeting held on 27 June 2023 be confirmed as a correct record.

**19 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

**20 APPOINTMENT OF VICE CHAIR**

It was moved and seconded that Louise Barry be appointed as Vice Chair.

**RESOLVED:**

That Louise Barry be appointed as Vice Chair.

**21 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

The Board received a report which provided an update of the Joint Strategic Needs Assessment (JSNA) programme.

The new approach to the development of the JSNA included the production of three separate documents for each review, which were designed for different audiences. Five reviews had already been undertaken and included poverty, smoking, substance misuse, falls and an updated Tartan Rug.

The Board were asked which specific recommendations and areas they would like to focus on and have strategic oversight of.

The Board welcomed the way different chapters were being looked at rather than the full JSNA in one go and the separate documents which appealed to different audiences. Further discussions would be held to look at how the Board could link up with the Health and Care Partnership and how to embed the recommendations within the report and the structure around how this would be done.

**RESOLVED** (unanimously)

That the Health and Wellbeing Board note and consider the key findings and recommendations within the JSNA reviews and the updated Cheshire East Tartan Rug.

**22 CHESHIRE EAST SELF HARM AND SUICIDE PREVENTION ACTION PLAN 2023 - 2025**

The Board received an update in respect of the Cheshire East Suicide Action Plan which had been developed following the publication of the Cheshire and Merseyside Suicide Prevention Strategy in November 2022.

The plan was underpinned by workshops held to engage with partner and community representatives and further engagement was used to influence the local priorities in the 2-year plan.

The Board agreed that it was a good example of partnership working and were supportive of it being a living document.

Although there had been training carried out around suicide prevention with primary and secondary schools the Board felt that more emphasis was required on getting more education into schools and young people, especially around social media and the internet. The recommissioning of the Children and Young People's Emotional Health and Wellbeing Service which had just been approved by the Children & Families and Adults and Health Committees would help support that.

Members were encouraged to partake in the free online appropriate suicide prevention training which was available across Cheshire and Merseyside, and to encourage other people to partake in it as it was agreed that the best form of support came from communities.

**RESOLVED:** (unanimously)

That the Health and Wellbeing Board approve the Cheshire East Self Harm and Suicide Prevention Action Plan.

## **23 CHESHIRE EAST FALLS PREVENTION STRATEGY**

The Board considered a report which outlined the new Falls Prevention Strategy which had been developed to tackle the significant public health issue that falls cause.

The strategy aimed to build on the work conducted to date which included the commission of strength and balance classes, recruitment of 2 falls co-ordinators and promotion of the issue of falls such as via annual falls awareness week which had just taken place.

Members agreed that it was a difficult problem to tackle and in response to members comments in respect of the link between falls and the quality of the pavements and highways, the Chair agreed to take this back to the Highways and Transport Committee.

**RESOLVED:** (unanimously)

That the Health and Wellbeing Board endorses the adoption of the new Cheshire East Falls Prevention Strategy.

## **24 AGE RESTRICTED PRODUCTS AND YOUNG PERSONS SURVEY**

The Board received a presentation in respect of the actions and objectives of the Trading Standards service and its collaborative partnership approach along with the findings of the 2023 Young Persons Survey.

The product priorities for the service for 2023/24 included alcohol, tobacco, vapes, knives and corrosive substances. Partnership working was key across all areas alongside regional and national focus groups which looked solely at age restricted products.

The annual Young Person Survey undertaken with 14 to 17 year olds tried to understand the root causes and trends for young consumers in relation to age restricted goods, and the results are shared with various services.

One of the concerning trends seen from the result for Cheshire East was the increase in the number of young people claiming to vape regularly and those that were trying vapes either before or instead of tobacco cigarettes.

The Board agreed that emphasis needed to be on the marketing and placement of these products, specifically disposable vapes, and suggested that a focus on the impact they had on the environment might be considered, which was a subject many young people were passionate about.

**RESOLVED:** That the Health and Wellbeing Board:

1. Are informed of the actions and objectives of the service and the collaborative partnership approach.
2. Notes the findings of the Young Persons Survey.
3. Collaboratively work through feedback and agreed actions.

### 25 INCREASING EQUALITIES COMMISSION UPDATE

The Board received an update on the work of the Increasing Qualities Commission and proposals for re-naming the Commission to the 'All Together Fairer Commission' to align its work with the Cheshire and Merseyside 'All Together Fairer' programme to reduce inequalities across Cheshire and Merseyside.

The establishment of the Increasing Equalities Commission led to the publication of 'Living Well in Crewe' in 2022. Further work was undertaken in preparation of the Crewe Joint Strategic Needs Assessment that builds upon the recommendations within 'Living Well in Crewe'.

The recommendations of 'All Together Fairer' were taken into account in the drafting of the Cheshire East Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023 – 2028. Further consideration had been given to how to achieve the outcomes of 'All Together Fairer' whilst overseeing the implementation of the deliverables within the Joint Local health and Wellbeing Strategy. It was proposed that the Commission would take on the oversight and co-ordination of that work on behalf of the Health and Wellbeing Board.

A review of the recommendations would take place to identify those which could be progressed most quickly given the restrictions around budget and resources. To ensure it was clear and what the focus would be it was proposed that the Commission be renamed to 'All Together Fairer Commission' which would align to the Marmot Principles which also used the 'All Together Fairer' branding.

**RESOLVED:** (unanimously) That the Health and Wellbeing Board

1. Acknowledge the work of the Commission on Crewe and the need for an ongoing focus upon the town which continues to have the worst inequalities in the borough.
2. Agree to the re-naming of the Commission to the 'All Together Fairer Commission' to align its work with the Cheshire and Merseyside 'All Together Fairer' programme to reduce inequalities across C&M.
3. Agree that the Commission focus its next work programme on the recommendations of the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' Report and their implementation (where relevant, applicable and affordable) in Cheshire East.

The meeting commenced at 2.00 pm and concluded at 3.43 pm

Councillor S Corcoran (Chair)

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CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Notification of closure of pharmacy in Buglawton, Congleton as an NHS commissioned pharmacy and the implications of this for the residents in the surrounding area
<b>Date of meeting:</b>	22 November 2023
<b>Written by:</b>	Sara Deakin, Head of Health Intelligence
<b>Contact details:</b>	<a href="mailto:susan.roberts@cheshireeast.gov.uk">susan.roberts@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Dr Matt Tyrer

Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	<p>Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs (PNA) every 3 years and to actively consider pharmacy issues and need over the lifetime of this PNA.</p> <p>The HWB delegated the day-to-day authority for the development of the PNA to the Director of Public Health; this task is further delegated to the PNA Steering Group and the public health intelligence team (PHIT). They will regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge.</p>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	<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 X</p>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	<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 X</p>		

<p><b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b></p>	<p><b>For information only.</b></p> <p>The paper is to notify members of the closure of the Pharmacy in Buglawton and outline the impact on the residents of Congleton East and Congleton &amp; Holmes Chapel (CHOC) Care Community, and the other pharmaceutical providers who serve this area.</p> <p>The conclusion is that the closure is unlikely to negatively impact the local area.</p> <p>The current PNA expires October 2025, to meet this publication deadline, the process for the next PNA will have to commence April next year.</p>
<p><b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b></p>	<p>The report has been considered by the Cheshire East Council Adults, Health and Integration Directorate Management Team, and the Cheshire East Council Corporate Leadership Team. The minutes of the Health and Wellbeing Board (HWB) are submitted to Cheshire East Council's Adults and Health Committee.</p>
<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>Yes – The draft PNA underwent formal public consultation 1 April -10 June 2022. Following this, findings were considered and actioned to ensure further detailed explanation as to the rationale for the conclusions drawn within the final PNA. Any findings from the public survey, the pharmaceutical provider survey and public consultation have been considered within the analysis undertaken by the public health intelligence team in relation to this closure.</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>The PNA provides a comprehensive overview of current and future pharmaceutical need, and pharmaceutical provision across Cheshire East that can be referred to by a wide range of stakeholders, including the NHS. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.</p>

## 1. Report Summary

- 1.1. The purpose of this paper is to formally notify the Health & Wellbeing Board (HWB) of the closure of the Congleton Pharmacy, 62b Havannah Street, Buglawton, CW12 2AT (formally Salus Pharmacy (FEP14)) located in Congleton East ward within the Congleton & Holmes Chapel (CHOC) Care Community.
- 1.2. To provide the HWB with assurance that no further action is required regarding this closure in terms of their statutory responsibility to publish an up-to-date statement of pharmaceutical needs.
- 1.3. To provide the HWB with a copy of the gap analysis and recommendations regarding the impact of the closure, undertaken by the Public Health Intelligence Team (PHIT) (Appendix A)
- 1.4. The final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 was approved by the HWB prior to its publication on 1 October 2022. It concluded that pharmaceutical provision is adequate within Cheshire East, and it did not identify current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East over the time frame of the PNA.
- 1.5. The Public Health Intelligence team were notified on the 25th of September 2023, that Khalidoscope Services Ltd (KSL), the owners of the pharmacy at 62b Havannah Street, Buglawton, CW12 2AT, had been served notice of their removal from the pharmaceutical list by NHS England (NHSE). This was due to the company's failure to meet the full legal requirements for the provision of NHS pharmacy services. (Appendix D). The contractor

will cease trading on 6th November 2023, unless an appeal is made by the company/contractor before this date (Appendix E).

- 1.6. It is important that the PNA reflects both current need and considers any foreseeable changes that may impact on provision during the lifetime of the PNA. If substantive changes occur, either in population need or service provision, the HWB may decide that a revised PNA is required.
- 1.7. A gap analysis paper concludes that the increased dispensing requirements created by this closure can be absorbed by the surrounding pharmacies without impacting on patient care. The care community is already well served by 11 other pharmacies and has the lowest dispensing levels within Cheshire East.
- 1.8. The PNA Steering sub-group concurred with the conclusions of the PHIT paper, that: -
  - the dispensing requirements created by this closure can be absorbed by the surrounding pharmacies without impacting on patient care.
  - a new PNA is not necessary,
  - the change does not meet the requirements for a supplementary statement,
  - and no further action is required.

## 2. Recommendations

- 2.1. This paper is **for information only**, formally notifying the HWB of the closure of the pharmacy at 62b Havannah Street, Buglawton, CW12 2AT by NHS England on the 6th November 23.
- 2.2. The PNA Steering sub-group considered the gap analysis, undertaken by the public health intelligence team, of the impact of this closure. It concluded that the increased dispensing requirements created by the closure can be absorbed by the surrounding pharmacies without impacting on patient care. The care community already has the lowest dispensing levels.
- 2.3. They concurred with the conclusions of the PHIT paper that: -
  - 2.3.1. there is adequate pharmaceutical provision within the CHOC Care Community and surrounding areas to absorb the addition dispensing workload; provide the Public Health services and advanced services commissioned from this pharmaceutical provider; ensure sufficient opening hours coverage and not negatively impact on the residents,
  - 2.3.2. a new PNA is unnecessary,
  - 2.3.3. the change does not meet the requirements for a supplementary statement,
  - 2.3.4. and no further action is required.
- 2.4. NHS England issued comms to interested parties on Friday, 20th October 2023
- 2.5. No further action is required by the HWB.**

## 3. Reasons for Recommendations

- 3.1. Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs every 3 years.
- 3.2. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets.
- 3.3. The owners of the Congleton Pharmacy, Khalidoscope Services Ltd (KSL) were served 30 days' notice on 25th September 2023 of their removal from the pharmaceutical list by NHS

England. This was due to the company's failure to meet the full legal requirements for the provision of NHS pharmacy services. The pharmacy will cease trading on 6th November 2023, unless an appeal is made by the company/contractor before this date. This could potentially create a gap in provision and distress residents (Appendix D).

- 3.4. An initial look at some of the implications of the closure was reported to the Director of Public Health on the 25th of September 2023 on receipt of the notification from NHS England. The initial conclusion was that the closure was happening in an area of high provision and consequent lower use and therefore wasn't going to result in a significant issue. The Director of Public Health gave a verbal update to the HWB at the earliest opportunity on the following day, 26th September 2023.
- 3.5. In line with the PNA change notification process (Appendix B) a more detailed assessment was undertaken by the PHIT. This considered the existence of other pharmacies, their stated capacity to take on additional demand (via the PNA pharmacy survey), dispensing rates, provision of wider NHS and public health services, and opening hours (see Appendix A).
- 3.6. The conclusion of this detailed investigation is that there is adequate pharmaceutical provision within the CHOC Care Community and surrounding areas to absorb the additional dispensing workload; provide the Public Health services and advanced services commissioned from this pharmaceutical provider; ensure sufficient opening hours coverage and not negatively impact on the residents.
- 3.7. The PNA Steering sub-group concurred with the findings that CHOC care community already has the lowest dispensing levels in Cheshire East and thus pharmaceutical provision can be absorbed by neighbouring pharmacies. A new PNA is deemed unnecessary, and the change does not meet the requirements for a supplementary statement (Appendix F).
- 3.8. The notification of the final date of trading was received on Monday, 23<sup>rd</sup> October 2023. NHSE Comms team will be communicating this to MPs and the Councillors secretaries plus neighbouring pharmacy providers. (Appendix E)

### **3.9. No further action is required by the HWB.**

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

- 4.1. The production of the PNA supports three outcomes from the Health and Wellbeing Strategy 2018-21:
  - 4.1.1. Create a place that supports health and wellbeing for everyone living in Cheshire East
  - 4.1.2. Improving the mental health and wellbeing of people living and working in Cheshire East
  - 4.1.3. Enable more people to live well for longer.

## **5. Background and Options**

- 5.1. Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs.
- 5.2. The Health and Wellbeing Board approved delegation of the day-to-day authority for the development of the revised PNA to the Director of Public Health on 23 November 2021 (minute number 31).

- 5.3. The PNA covers community pharmacy opening times, services delivered from community pharmacies, and accessibility.
- 5.4. The production of the PNA was overseen by the Cheshire East PNA Steering Group, which included representation from:
  - 5.4.1. Cheshire East Council Public Health
  - 5.4.2. NHS Cheshire and Merseyside Integrated Care Board - East Cheshire place (formally Cheshire Clinical Commissioning Group)
  - 5.4.3. Healthwatch
  - 5.4.4. The Chair of the Local Pharmaceutical Committee and of the Local Pharmaceutical Network
  - 5.4.5. Local Medical Committee representatives
  - 5.4.6. East Cheshire NHS Trust
  - 5.4.7. Mid Cheshire Hospitals NHS Foundation Trust.
- 5.5. The final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 was approved by the HWB prior to its publication by 1 October 2022.
- 5.6. The overall conclusions of this PNA were that pharmaceutical provision was adequate at the time of publication, and the PNA has not identified current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East over the time frame of this latest PNA (Appendix C - PNA 2022-2025 Exe Summary).
- 5.7. It is important that the PNA reflects both current need and considers any foreseeable changes that may impact on provision during the lifetime of the PNA. If substantive changes occur, either in population need or service provision, the HWB need to decide whether a revised PNA is required. However, the majority of changes may not require any action, or it may be decided that a supplementary statement assessing the change should be issued by the HWB.
- 5.8. The public health intelligence team will actively consider pharmacy issues and need on behalf of the Health and Wellbeing Board over the lifetime of a PNA. They will regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge.
- 5.9. There is an agreed policy and process for dealing with a pharmacy change notification (Appendix B)
- 5.10. On the 25th September 2023 the PHIT received a notification from NHS England (NHSE) of the closure of Buglawton pharmacy and reasons (Appendix D).
  - 5.10.1. At a meeting of the Cheshire & Merseyside Pharmaceutical Services Regulations Committee on 20 September 2023 a decision was made to notify of Khalidoscope Services Ltd (KSL) the proposed removal of Khalidoscope Services Ltd (KSL) in the pharmaceutical list for the area of Cheshire East Health and Wellbeing Board in respect of, 62B Havannah Street, Buglawton, Congleton, Cheshire CW12 2AT. Appropriate legal advice was sought in relation to this process prior to this determination.
  - 5.10.2. Under Regulation 74(1) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, KSL were served 30 days' notice on 25th September 2023 of our proposal to remove them from the pharmaceutical list. KSL have a right to appeal within these 30 days. If they do not appeal, they will be served 30 days' notice to close.
  - 5.10.3. This decision was due to the company's failure to meet the full legal requirements for the provision of NHS pharmacy services.

5.10.4. Since the company/contractor did not appeal this proposal, it has now been served 30 days' notice to close by NHS Cheshire and Merseyside – a period which ends on 5th November 2023.

5.10.4.1. This means that Congleton Pharmacy will cease trading on 6th November 2023, unless an appeal is made by the company/contractor before this date.

5.10.4.2. NHS Cheshire and Merseyside will be informing local GP practices and other pharmacies in the area about the closure decision over the coming days.

5.11. An initial look at some of the implications of the closure was reported to the Director of Public Health. The HWB was given a verbal update at the formal meeting on the 26th September 2023. The high-level findings were that: -

5.11.1. the last PNA recorded that there were 12 pharmacies that serve the Congleton, Holmes Chapel CC, a population of 40,073 (Mid-2020) resulting in a rate of 29.9 pharmacies per 100,000 (the highest in Cheshire East). The average monthly items per pharmacy for CHOC CC was 5,207, the third lowest in Cheshire East. The only PH commissioned service was Needle Exchange.

5.11.2. The initial conclusion was that the closure was happening in an area of high provision and consequent lower use, and therefore would not result in a significant issue.

5.12. In line with the PNA change notification process (Appendix B) a more detailed assessment was undertaken by the PHIT. This considered the existence of other pharmacies, their stated capacity to take on additional demand (via the PNA pharmacy survey), dispensing rates, provision of wider NHS and public health services, and opening hours (see Appendix A).

5.12.1. Findings and conclusion of gap analysis (see Appendix A)

- Even with the closure of the pharmacy in Buglawton, there will still be 11 active pharmacies within the care community boundary. Factoring in the increase population identified by the 2021 Census, the rate for CHOC remains the highest in Cheshire East at 25.7 per 100,000.
- With the loss of the pharmacy in Buglawton the dispensing workload will redistribute to the remaining pharmacies, each pharmacy within CHOC care community will need to dispense an average additional 287 items per month. The average number of items dispensed per pharmacy increases to 6,498, still below the England average.
- All remaining pharmacies within CHOC care community stated that they could manage increased demand when asked on the pharmaceutical contractor's survey.
- There remains good coverage of pharmacy provision opening hours across the care community, with extended opening hours from 6.30am and throughout the day up to midnight. There will still be two 100-hour pharmacies in Congleton.
- The Congleton Pharmacy offered few additional services, all of which are offered by neighbouring pharmacies.
- All remaining pharmacies in CHOC care community offer a prescription collection service from GP surgeries and 82% deliver dispensed medicines. Residents can nominate any pharmacy to process their prescriptions, not just the one in their neighbourhood ([PNA 2022-2025 Chapter 13](#)). Using the NHS App or a similar online service or app can make the process of ordering repeat prescriptions simple and convenient.

- The high QOF disease prevalence rates for circulatory conditions for Lawton House GP Surgery in Congleton East may indicate resident poor health or equally may indicate good levels of case-finding.
- Despite income deprivation within the Congleton East ward, the health and wellbeing of the area does not follow a typical pattern, with the ward faring better than expected in terms of mortality, lifestyle, and wellbeing measures within the Tartan rug. ([Tartan Rug 2022 \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk))
- CHOC care community had the highest proportion of respondents to the public survey conducted as part of the PNA process at 21%, 10% of the area's adult population. The public survey respondents who reside in Congleton raised no concerns regarding access to pharmacies in terms of location.
- Over a five-year period, the population of Congleton and Holmes Chapel care community could potentially increase by 9.2% to 43,775, purely due to housing development within Congleton.
- Additional concerns raised by residents within CHOC care community during the PNA consultation process related to another pharmacy within the area.
- The increased dispensing requirements can be absorbed by the surrounding pharmacies without impacting on patient care as the care community already has the lowest dispensing levels. The PNA 2022-25 had concluded that pharmacy services were adequate for the lifetime of the PNA, which included looking at future population growth, housing developments and ageing population. Therefore, a new PNA is not necessary.
- The change does not meet the requirements for a supplementary statement (Appendix F).

5.13. NHS England have issued official communication to all interested parties including Healthwatch, MPs, Councillors regarding the potential closure of Congleton pharmacy at all stages of the legal notification process (Appendix D & E).

5.13.1. The notification of the final date of trading was received on Monday, 23<sup>rd</sup> October 2023. NHSE Comms team will be communicating this to MPs and the Councillors secretaries plus neighbouring pharmacy providers.

5.14. No further action is required.

## 6. Access to Information

6.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

6.2. <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

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

Name: Sara Deakin

Designation: Head of Health Intelligence, Cheshire East

Tel No:

Email: [sara.deakin@cheshireeast.gov.uk](mailto:sara.deakin@cheshireeast.gov.uk)

Enclosed appendices

- Appendix A - Analysis of the impact of the closure (Gap analysis) undertaken by Cheshire East Public Health Intelligence Team
- Appendix B – Cheshire East PNA Change notification process.
- Appendix C - Pharmaceutical Needs Assessment (PNA) 2022-2025 Exe Summary
- Appendix D - Notification of closure from NHS England received 25/09/23.
- Appendix E - NHS England official comms regarding the closure of Congleton pharmacy received 23/10/23.
- Appendix F – Regulation 2013 6 pertaining to PNA supplementary statements

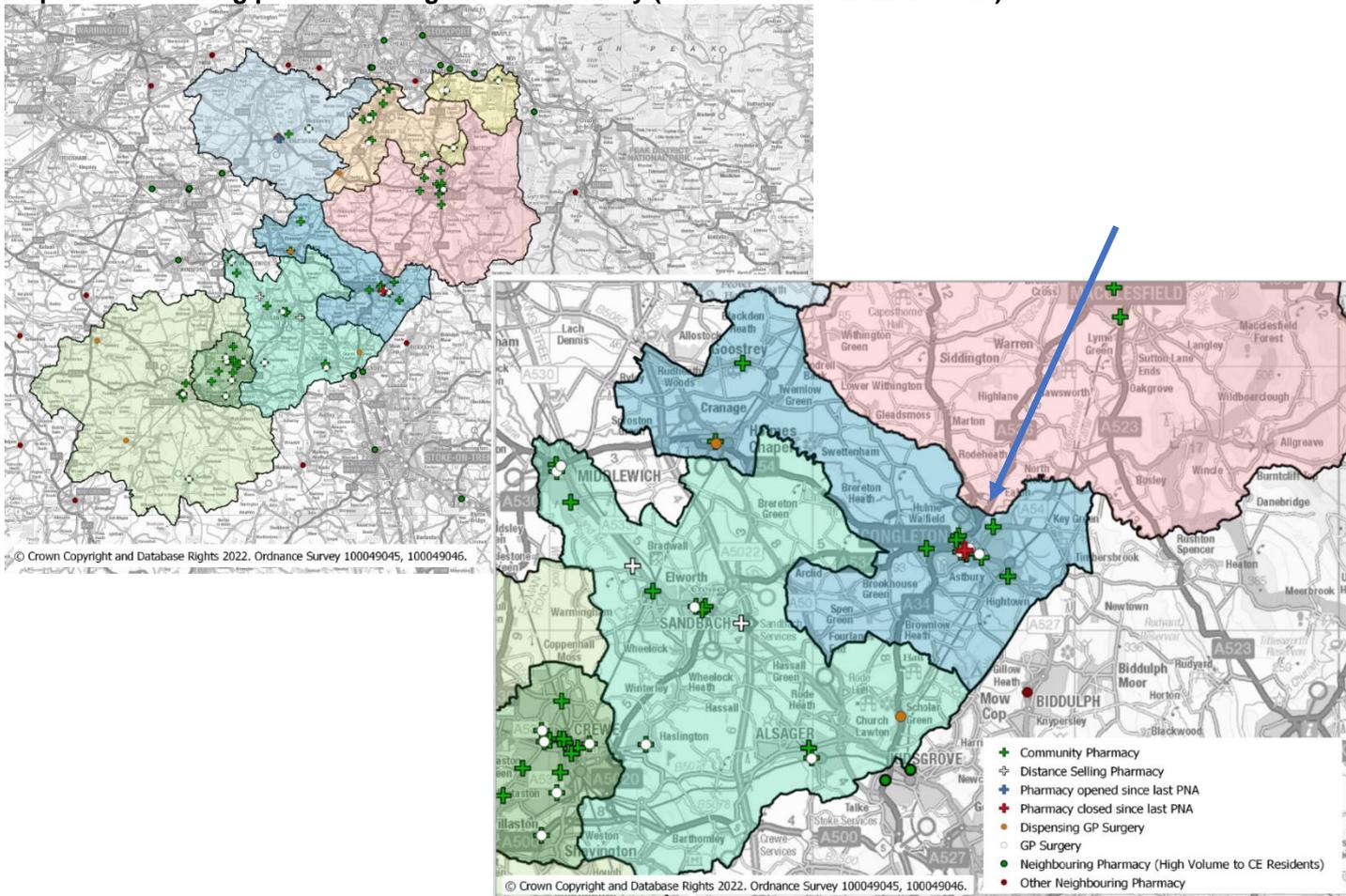
## Appendix A - The impact of the closure of Congleton Pharmacy, Buglawton (Gap analysis)

### Current need

Congleton Pharmacy, 62b Havannah Street, CW12 2AT (FHA56) is situated in the village of Buglawton, north-east of Congleton town centre. Buglawton sits within the ward of Congleton East, part of Congleton, Holmes Chapel (CHOC) care community. CHOC care community forms a band across the middle of Cheshire East, shaded turquoise on the map below. It is bordered by Macclesfield care community to the north and SMASH care community to the south.

The latest Pharmaceutical Needs Assessment (PNA) concluded that there was an adequate level of community pharmacy provision within Congleton and Holmes Chapel. The maps show that this provision is mostly located either in the town centre or close to GP surgeries (see map 2). There are bordering pharmacies accessible for residents in the neighbouring care community of SMASH and outside the Cheshire East border in Biddulph, Staffordshire.

Maps 1 & 2 Showing position of Buglawton Pharmacy (taken from the 2022-25 PNA)



Cheshire East's PNA published in October 2022, identified 12 community pharmacies which fell within the CHOC care community boundary: nine in Congleton town, one in Buglawton, one in Goostrey and another one in Holmes Chapel.

Within the 2022-23 the pharmacy is recorded as Salus Pharmacy (FEP14).

There are four GP Practices within the care community: -

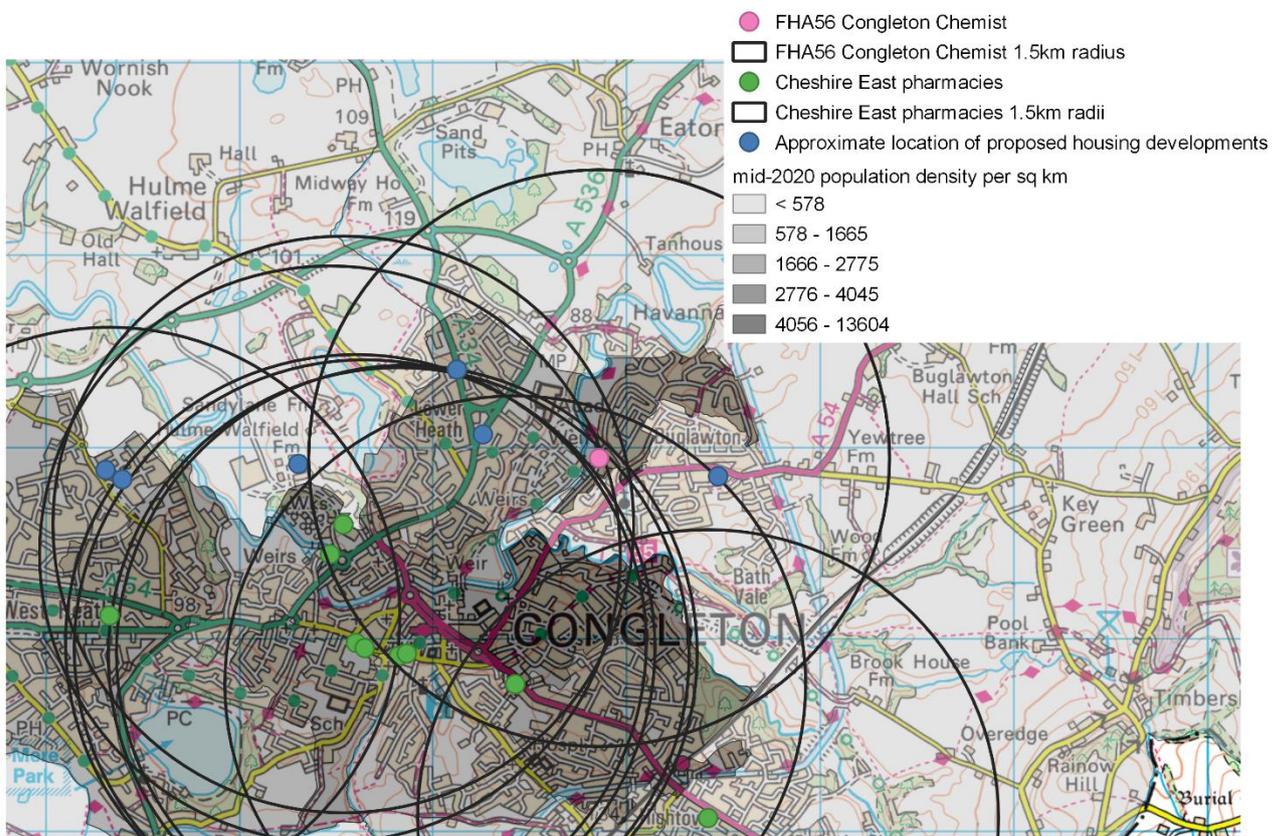
- N81052 - Lawton House Surgery (Congleton East)
- N81118 - Meadowside Medical Centre (Congleton West)
- N81027 - Readesmoor Medical Group Practice (Congleton West)
- N81077 - The Health Centre, Holmes Chapel (Dane Valley)

CHOC care community rural residents are catered for by:

The Holmes Chapel Health Centre is a dispensing GP practice. [\(PNA 2022-2025 Chapter 10\)](#)

The pharmacy in Goostrey receives additional funding as part of the Pharmacy Access Scheme (PhAS). These payments bridge the funding reduction announced by the Department of Health to mitigate the risk of the rural pharmacies closing.

**Map 3: Location of Buglawton pharmacy and neighbouring pharmacies with proposed housing developments and 1.5km radii**



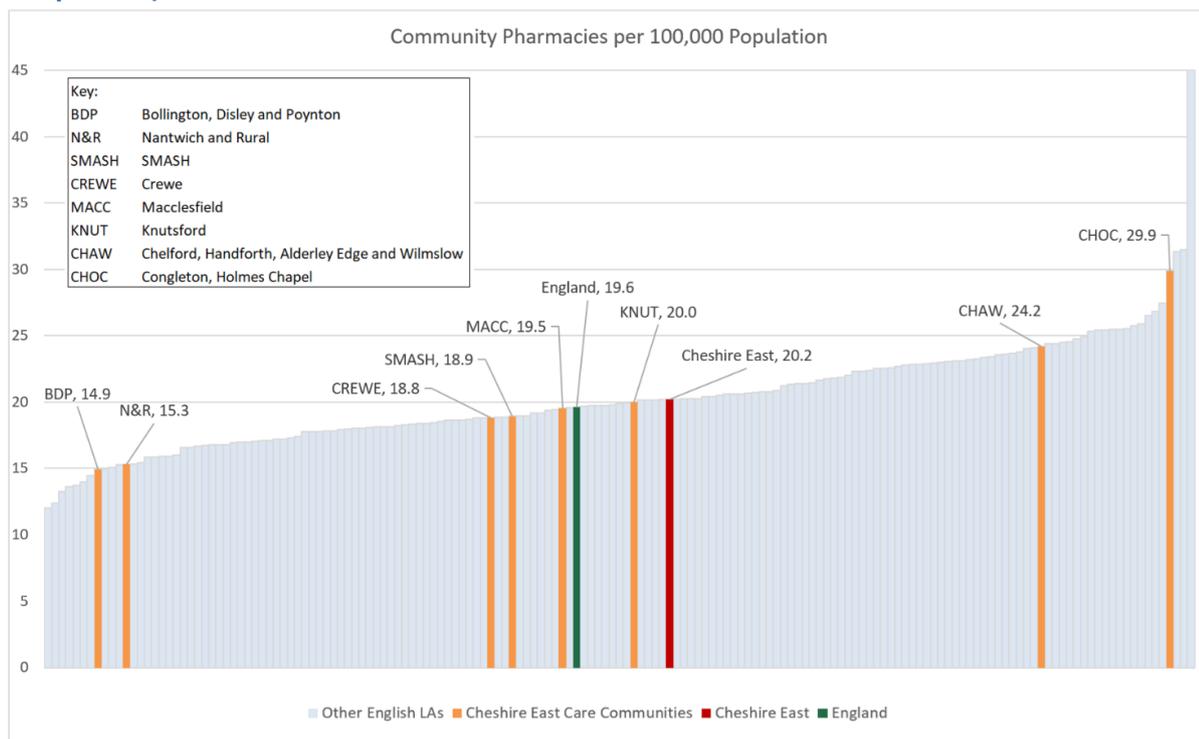
Public Health Intelligence Team. © Crown copyright and database right 2023. Contains Ordnance Survey data 100049045

## Factors Affecting Prescribing

The PNA identified factors that affect prescribing rates and patterns ([PNA 2022-2025 Chapter 14](#)). Some of these factors relate to the development of medicines and other health and wellbeing services, new policy or changes to existing policy, guidance, and evidence; while others relate to the size and age structure of the populations, levels of deprivation, provision of community pharmacies, accessibility and opening times, or prevalence of long-term conditions e.g. diabetes. This latter group are the factors that will be impacted by the closure of a pharmacy, and it is those that we will explore within this report.

In 2021 there were 19.6 pharmacies per 100,000 in England. Cheshire East's rate of 20.2 per 100,000 was above the England average. CHOC's rate was the highest within Cheshire East at 29.9 per 100,000 and fell within the top national quintile.

**Figure 2: Pharmacies per 100,000 population in Care Communities, November 2021 (PNA 2022-25 Chapter 11)**



Data Source: National Pharmacy tables as at Nov 2021, ONS Population estimates: Persons by single year of age and sex for local authorities in the UK, mid-2020

Even with the closure of the pharmacy in Buglawton, there will be **11 active pharmacies within the care community boundary**. Factoring in the increase in population identified by the 2021 Census, **the rate for CHOC remains the highest in Cheshire East at 25.7 per 100,000**.

## Implications for essential provision

Within the latest PNA, the current dispensing workload, as demonstrated by the number of items dispensed per pharmacy, for Cheshire East was similar to the England average. The majority of prescriptions issued by GPs in each care community are dispensed by community pharmacies in that area.

**Table 7: Average items per month prescribed by Cheshire East Care Communities during 2020/21 (PNA 2022-25 Chapter 11)**

Location of Dispenser	Prescribed in Cheshire East 2020/21	No. of Pharmacies	Average Items per Month	Average Monthly Items per Pharmacy*
Alderley Edge, Chelford, Handforth, Wilmslow	675,971	11	56,331	4,941
Macclesfield	1,397,923	12	116,494	8,471
Bollington, Disley, Poynton	387,419	4	32,285	7,432
Knutsford	389,000	5	32,417	4,303
Congleton, Holmes Chapel	857,675	12	71,473	5,207
Nantwich and Rural	518,239	6	43,187	6,593
Crewe	1,438,876	15	119,906	6,613
SMASH	1132,671	13	94,389	7,356
<b>Cheshire East</b>	<b>6,797,774</b>	<b>78</b>	<b>566,481</b>	<b>6,568</b>
<b>England</b>		<b>11,636</b>	<b>84,730,754</b>	<b>6,565</b>

93.7% of prescriptions in Congleton, Holmes Chapel care community were dispensed within Congleton, Holmes Chapel care community, the highest proportion prescribed and dispensed within a single care community. 1.1% were dispensed in Macclesfield, and 4.4% were dispensed outside Cheshire East. During the financial year 2020/21, Congleton Pharmacy dispensed 37,800 items, less than 1% of the items prescribed within Cheshire East, an average of 3152 per month. **Most items dispensed (98%) are prescribed by local GP Practices i.e., within CHOC Primary Care Network (PCN).** With the loss of the Congleton Pharmacy, the dispensing workload will redistribute to the remaining pharmacies, each pharmacy within CHOC care community will need to dispense an additional 287 items per month. **The average number of items dispensed per pharmacy increases to 6,498, still below the England average.** ([PNA 2022-25 Chapter 11](#))

Residents who are finding it difficult to access their local pharmacy and/or have mobility or transport issues, may be able to request that their prescription is delivered by the pharmacy or posted to them. Many local pharmacies offer delivery services for residents who meet certain criteria, although there may be a charge for this. Distance Selling Pharmacies (also known as internet pharmacies) provide services without face-to-face contact and will deliver by post / courier services. Residents can nominate any pharmacy to process their prescriptions, not just the one in their neighbourhood ([PNA 2022-2025 Chapter 13](#)). Using the NHS App or a similar online service or app can make the process of ordering repeat prescriptions simple and convenient.

Non-NHS funded services	Current provision	
	Number of pharmacies	Percentage
Collection of prescriptions from surgeries	11	100.0%
Free delivery of dispensed medicines	6	54.5%
Chargeable delivery of dispensed medicines	3	27.3%
No delivery services	2	18.2%

Data Source: Pharmacy Contractors Survey 2021

All remaining pharmacies offer collection from GP surgeries and 82% deliver dispensed medicines.

The views of the pharmaceutical contractors within Cheshire East were captured via an electronic community pharmacy survey made available on PharmOutcomes, a clinical service platform for community pharmacies, during September 2021. The survey was developed in conjunction with the other Health and Wellbeing Board areas in Cheshire and Merseyside. It included questions regarding premises, additional services offered and provision for people with protected characteristics.

When asked about managing increased demand, of the 11 remaining pharmacies in CHOC care community; 9 stated “We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area” and 2 stated “We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area”.

There remains **good coverage of pharmacy provision opening hours** across the care community, with extended opening hours from 6.30am and throughout the day up to midnight. There will still two 100-hour pharmacies in Congleton. ([PNA 2022-2025 Chapter 12](#))

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 Hrs
Boots Pharmacy, 14-16 Bridge Street, Congleton, CW12 1AY	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30		No
Salus Pharmacy, 62b Havannah Street, Buglawton, Congleton, CW12 2AT	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00		No
Boots Pharmacy, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ	08:00 - 23:59	08:00 - 23:59	08:00 - 23:59	08:00 - 23:59	08:00 - 23:59	08:00 - 22:00	10:00 - 16:00	Yes
Lloyds Pharmacy, 41a West Street, Congleton, CW12 1JN	08:30 - 18:15	08:30 - 18:15	08:30 - 18:15	08:30 - 18:15	08:30 - 18:15	09:00 - 13:00		No
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30			No
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30		No
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00			No
Lloyds Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 17:00		No
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Holmes Chapel Road, Congleton, CW12 4NB	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00		No
Tesco Pharmacy, Barn Road, Congleton, CW12 1LR	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	08:00 - 22:00	10:00 - 16:00	Yes
Goostrey Pharmacy, No 3 Cheshire House, 164 Main Road, Goostrey, CW4 8JP	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30			No
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP	08:00 - 18:30	08:00 - 18:30	08:00 - 20:00	08:00 - 20:00	08:00 - 18:30			No

### **Implications for Commissioned Services**

Congleton Pharmacy only offered one public health commissioned service, Needle Exchange. This service is also offered by Well Pharmacy, 1 Park Lane, Congleton.

In terms of advanced services, it was only commissioned for appliances – dressings only; this service is offered by 9 other pharmacies within the CHOC Care Community. The New Medicines Service is offered by all pharmacies.

Congleton Pharmacy was not commissioned to deliver the COVID-19 Vaccination Service

### **Implications for managing long term conditions.**

CHOC care community is made-up of three wards: Congleton East, Congleton West and Dane Valley. Congleton Pharmacy is located within Congleton East. According to the tartan rug, the CHOC care community has a mixed picture, with Congleton East falling in the worst 40% of wards nationally for income deprivation and Dane Valley falling in the best 10%. However, the health and wellbeing of the area does not follow a typical pattern, with Congleton East faring better than expected in terms of mortality, lifestyle, and wellbeing measures within the Tartan rug. ([Tartan Rug 2022 \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk/tartan-rug-2022))

Congleton East has significantly higher rates of emergency hospital admissions due to falls in older people and hip fractures in people aged 80 years and older, and it is important to consider causes of falls. Medication reviews are an important part of falls risk assessment and falls prevention.

The PNA has focused on commonly occurring chronic conditions that are managed in the community by GPs and supported by community pharmacies. The data used was based on GP registered population for each practice in the 2020/21 financial year from QOF (Quality and Outcomes Framework sourced by NHS Digital from GP Registers). Each practice postcode is then mapped to their respective care community to obtain prevalence. The table below illustrates the burden of disease across CHOC care community and Lawton House Surgery which sits within Congleton East ward.

Disease		Lawton House Surgery, Congleton East		Congleton, Holmes Chapel		Cheshire East	England
		Number	Proportion (%)	Number	Proportion (%)	Proportion (%)	Proportion (%)
Respiratory Condition	Asthma	780	7.2%	3,087	7.1%	6.8%	6.4%
	COPD	237	2.0%	798	1.7%	1.9%	1.6%
Circulatory Conditions	Atrial Fibrillation	297	2.6%	1,401	3.0%	2.7%	2.1%
	Coronary Heart Disease	367	3.2%	1,618	3.5%	3.4%	3.1%
	Chronic Kidney Disease	502	5.4%	2,068	5.5%	4.6%	4.0%
	Diabetes Mellitus	717	7.7%	2,730	7.2%	6.6%	7.1%
	Non diabetic Hyper-glycaemia	583	6.3%	2,540	6.8%	6.0%	5.3%
	Heart Failure	67	0.6%	674	1.5%	1.2%	0.9%
	Hypertension	1871	16.2%	7,470	16.1%	15.6%	13.9%
	Stroke/TIA Heart Disease	241	2.1%	1,157	2.5%	2.3%	1.8%
Mental Health	Depression	1,054	11.4%	5,093	13.6%	14.1%	12.3%
	Mental Health	118	1.0%	379	0.8%	12.3%	1.0%
Other	Epilepsy	81	0.9%	336	0.9%	0.9%	0.8%
	Palliative Care	115	1.0%	363	0.8%	0.8%	0.5%

Regular screening and dispensing of controlled medication across pharmacies is vital to help manage many long-term conditions. It can prevent conditions worsening, prevent or reduce the numbers of admissions and visits to GP Practices. A high QOF disease prevalence rate may indicate poor health or equally may indicate good levels of case-finding.

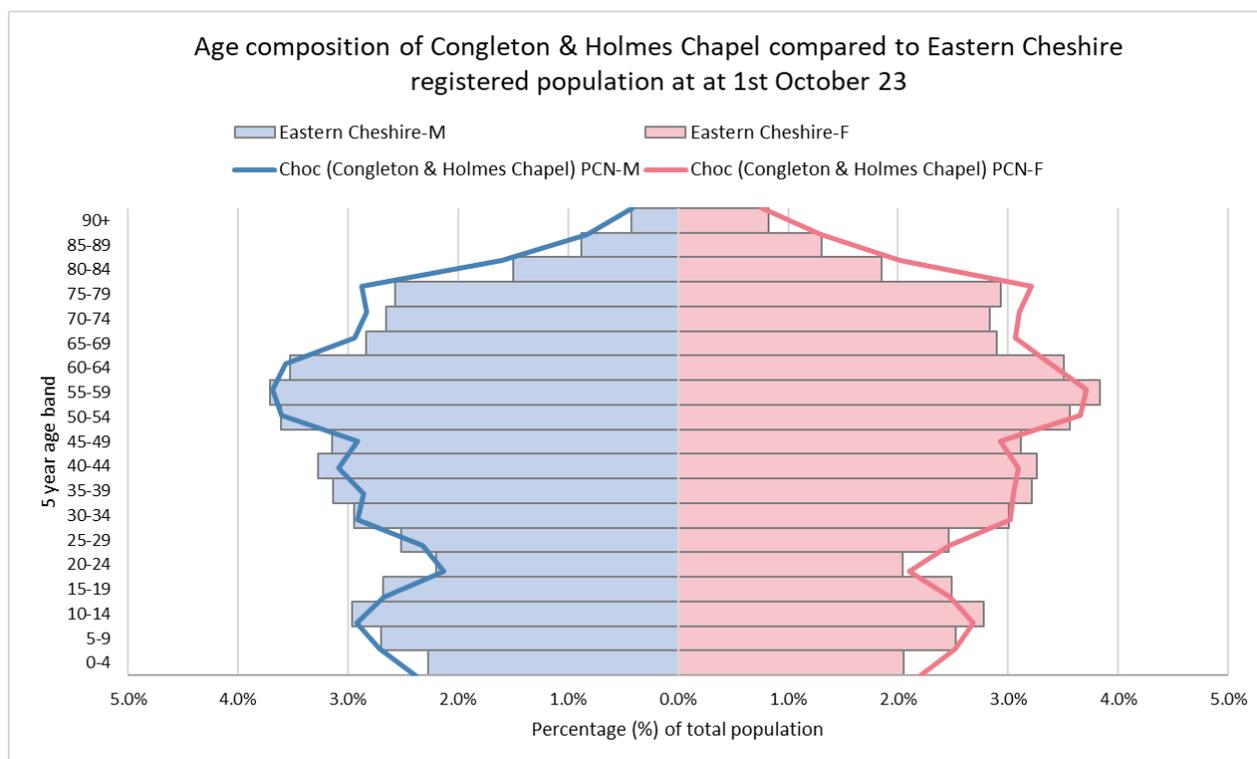
#### Circulatory Conditions

In 2021, there were 7,470 patients with hypertension, 2,730 with diabetes, 2,068 with chronic kidney disease, 1,618 patients with coronary heart disease and 1,157 patients with stroke or transient ischemic attack (TIA) recorded in the disease registers of the GP Practices that are situated within CHOC care community. **Most circulatory conditions in CHOC are higher than both the Cheshire East and England averages. The proportions for Lawton House Surgery are similar to the CHOC care community data.**

#### Other conditions

Congleton & Holmes Chapel care community had a higher proportion of patients on GP palliative care registers than the England average. Cheshire East has an ageing population and, therefore, it is feasible that the demand for palliative care will increase in the future.

The registered population pyramid shows that CHOC care community, in common with the Eastern part of Cheshire East, has an older population profile than England.



## Public insights on community pharmacy provision in CHOC

The public survey was conducted during November and December 2021 via an online questionnaire held on the Council's website consultation pages. Printed copies and an easy-read version were available on request. A total of 514 participants submitted a response. The number of responses meant that analysis was restricted to Cheshire East level. However, it does inform us of residents' general prescription collection requirements, satisfaction with pharmacy services etc.

The public survey shows that 77% of participants were satisfied with the pharmacy services received. The majority of participants were also satisfied with pharmacy opening hours (75% satisfied) and stated that it was very easy to get to their usual pharmacy (65%). Where residents left comments, common themes included: being unsatisfied with the prescription/dispensing service (7%); long waits (6%); being dissatisfied with opening hours (5%) and being unhappy with service from staff (3%). [\(PNA 2022-25 Appendix A\)](#)

The results from the public survey showed 63% used a pharmacy near to their home, 40% used the one near to their GP Practice, 40% used a pharmacy because it is easy to park nearby, and 29% used a pharmacy because it was near shops. Within the public survey free text comments, participants ranked knowledgeable staff, prescription availability and friendly staff as the most important aspect of pharmacy service.

CHOC care community had the highest proportion of respondents at 21%, 10% of the area's adult population. The public survey respondents who reside in Congleton raised no concerns regarding access to pharmacies in terms of location.

Most pharmacies (94%) offer a prescription collection service from patients' GP surgeries. All pharmacies answered the questions regarding delivery of dispensed medicines on the community pharmacy survey, 79.5% stated that they offer this service free of charge. In terms of coverage, free delivery services are available in all care community localities. Ten pharmacies (13%) do not offer delivery services. In the public survey, of the 48% of participants who answered the question, 5% stated that they value the prescription delivery service from pharmacies.

### Implications in relation to future need

Modelled projections, using ONS data, forecast a relatively large increase in population growth (5.2%) in the CHOC area; this does not include the housing developments planned in the area within this timeframe.

The size of the CHOC care community population was estimated to be 39,604 people in 2019. According to the Office for National Statistics (ONS) this is projected to grow by 1,064 (2.7%) to 40,668 people in 2024 and by a further 1,010 (2.5%) over the following five years (more than 41,600 people in 2029).

**Table 1: Predicted population change for Cheshire East, 2019 to 2029 (PNA 2022-2025 Chapter 15)**

Care Community	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029
	2019	2024	2029			
Alderley Edge, Chelford, Handforth, Wilmslow	45,105	46,248	47,349	2.54%	2.38%	4.98%
Macclesfield	61,640	62,956	64,131	2.14%	1.87%	4.04%
Bollington, Disley, Poynton	26,755	27,519	28,255	2.86%	2.67%	5.61%
Knutsford	25,062	25,807	26,426	2.97%	2.40%	5.44%
Congleton, Holmes Chapel	39,604	40,668	41,678	2.69%	2.48%	5.24%
Nantwich and Rural	38,802	39,774	40,736	2.51%	2.42%	4.99%
Crewe	79,491	80,545	81,678	1.33%	1.41%	2.75%
SMASH	67,693	69,302	70,659	2.38%	1.96%	4.38%
<b>Cheshire East</b>	<b>384,152</b>	<b>392,820</b>	<b>400,914</b>	<b>2.26%</b>	<b>2.06%</b>	<b>4.36%</b>

Data Source: ONS Population estimates 2019 MSOA SYOA, ONS 2018 Population projections for 2024 and 2029 Cheshire East Local Authority

Most of the increase in population size in CHOC care community will occur in the age groups 60 and above. The number of people aged between 60 and 84 will increase by 21%, and the number of very elderly people aged 85 and over will increase by 34%. The 16- to 18-year-old age group will also see an increase of 22% between 2019 and 2029. There will be only small changes in the size of other age groups in the population. This is like the increases predicted for Cheshire East overall.

## CHOC Predicted prescribing need for Cheshire East, 2019 to 2029

Age Band	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029	Eligibility for free prescriptions
	2019	2024	2029				
0 to 4	2013	1885	1888	-6.36%	0.15%	-6.22%	Under 16
5 to 15	4930	5066	4916	2.76%	-2.97%	-0.29%	
16 to 18	1195	1374	1455	14.94%	5.92%	21.75%	Aged 16 - 18 and in full-time education
19 to 59	18375	17793	17421	-3.17%	-2.09%	-5.19%	
60 to 64	2561	3062	3221	19.55%	5.21%	25.78%	Aged 60 and over
65 to 84	9126	9886	10900	8.33%	10.26%	19.44%	
85+	1404	1603	1878	14.15%	17.18%	33.76%	
<b>Total</b>	<b>39604</b>	<b>40668</b>	<b>41678</b>	<b>2.69%</b>	<b>2.48%</b>	<b>5.24%</b>	

Data Source: ONS Population estimates 2015 MSOA SYOA, ONS Population projections for 2024 and 2029 Cheshire East Local Authority

People's need for prescribed medicines increases with age. Although Cheshire East is only growing moderately in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.

The prescribing of medicines is predicted to grow by 7.7% by 2024 and a further 6.3% increase by 2029. This is a total increase in medicines use of 14.4% over the ten-year period. Most of the increase in prescribing need will occur among older people. Increases of this magnitude are likely in all areas of the country. Existing pharmacies may have to increase their capacity and review their working practices to meet this need. ([PNA 2022-25 Chapter 15](#)) All remaining pharmacies within CHOC care community stated that they could manage increased demand when asked on the pharmaceutical contractor's survey.

This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies. ([PNA 2022-25 Chapter 16](#))

The relationship between house building and population growth is a complex one, but the increased availability of new homes will almost certainly impact populations at a local level and this in turn may affect pharmacy provision.

One way of estimating the population increase from new homes is to apply the Office for National Statistics occupancy rate for the Northwest. Proposed housing developments in Cheshire East are contained in Cheshire East's Local Plan Strategy 2010-2030<sup>12</sup> which was adopted on 27 July 2017 and covers development until 31 March 2030, beyond the time scales for this 3-year (2022-2025) PNA. However, strategic sites are divided into 5-year phases; this has enabled us to give a crude estimate of potential housing numbers within these larger developments by 2025.

**Table 13: Estimates of proposed housing on main Strategic Sites in Cheshire East by March 2025 (PNA 2022-25 Chapter 15)**

Care Communities	Location of Strategic Sites	Current population	Estimated New Homes		Number of current pharmacies
			Average each year	Total by March 2025	
Nantwich and Rural	Nantwich	39327	110	550	6
	Rural		3	14	1
Crewe	Crewe	79773	366	1828	15
SMASH (Sandbach, Middlewich, Alsager, Scholar Green, Haslington)	Sandbach	68642	54	272	6
	Middlewich		68	341	3
	Alsager		92	459	3
	Scholar Green		0	0	0
	Haslington		0	0	1
Congleton and Holmes Chapel	Congleton	40073	318	1589	11
	Holmes Chapel		0	0	1
Macclesfield	Macclesfield	61560	206	1029	12
Bollington, Poynton, Disley	Bollington	26837	0	0	1
	Disley		0	0	1
	Poynton		75	375	2
Chelford, Alderley Edge, Wilmslow, Handforth	Chelford	45451	0	0	0
	Alderley Edge		52	262	3
	Wilmslow		76	378	5
	Handforth		62	312	3
Knutsford	Knutsford	25004	91	453	4

Over a five-year period, the population of Congleton and Holmes Chapel care community could potentially increase by 9.2% to 43,775, purely due to housing development within Congleton. The PNA took into consideration the main strategic sites i.e., those with a final total capacity of around 150 dwellings. in relation to current pharmaceutical provision, Congleton appeared to be well provided for by pharmacies in Congleton. These developments and their position in relation to Congleton Pharmacy are shown on Map 3. Brereton – a rural area between Congleton and Sandbach – will see significant planned growth and the proposed developments of up to 400 houses at Black Firs Lane is within 1.6km of pharmacies in Congleton. ([PNA 2022-25 Chapter 15](#))

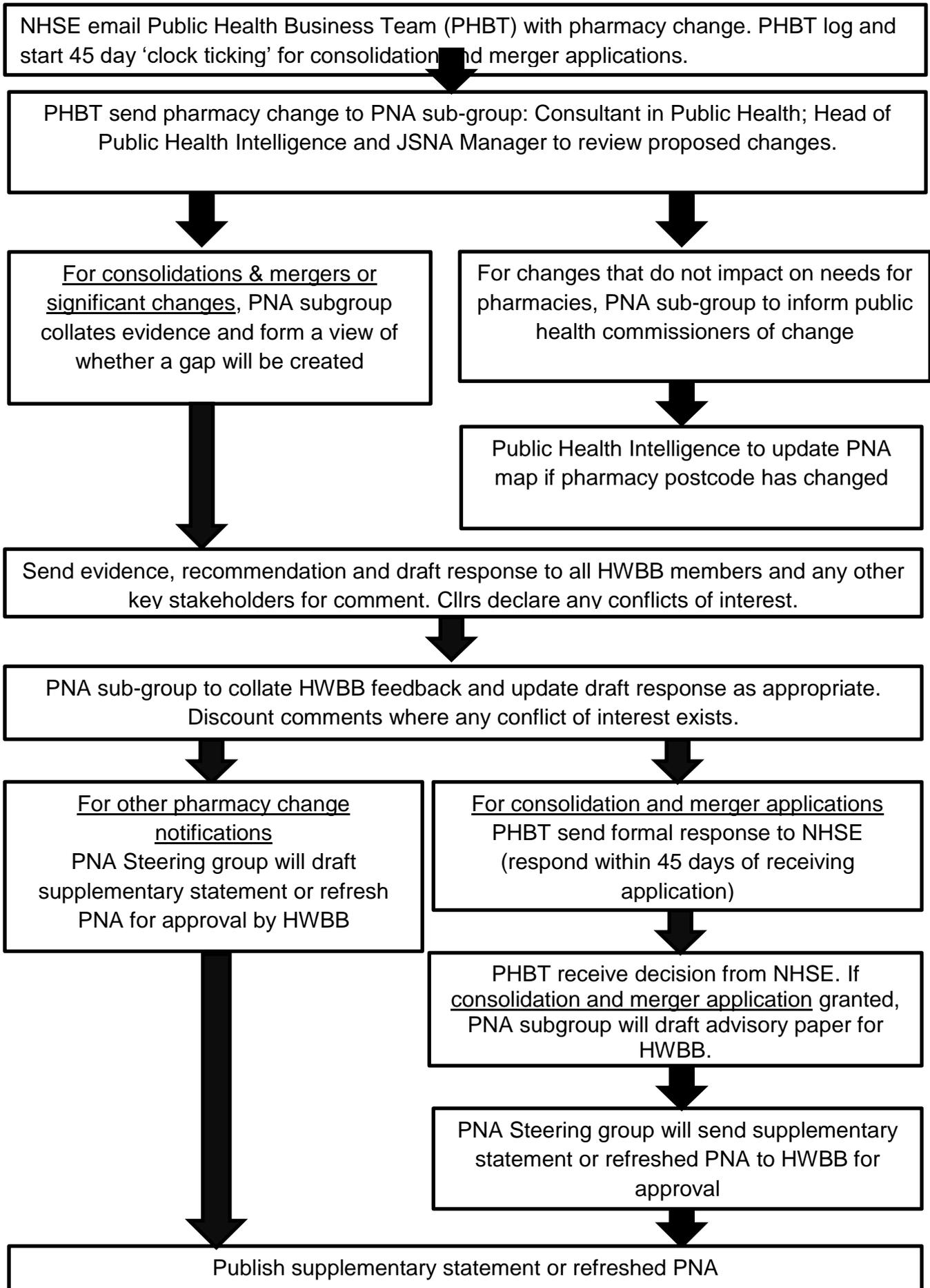
## Conclusion

- Even with the closure of Congleton Pharmacy, there will still be 11 active pharmacies within the care community boundary. Factoring in the increase in population identified by the 2021 Census, the rate for CHOC care community remains the highest in Cheshire East at 25.7 per 100,000.
- With the loss of Congleton Pharmacy the dispensing workload will redistribute to the remaining pharmacies; each pharmacy within CHOC care community will need to dispense an average additional 287 items per month. The average number of items dispensed per pharmacy increases to 6,498, still below the England average.
- All remaining pharmacies within CHOC care community stated that they could manage increased demand when asked on the pharmaceutical contractors' survey.

- There remains good coverage of pharmacy provision opening hours across the care community, with extended opening hours from 6.30am and throughout the day up to midnight. There will still be two 100-hour pharmacies in Congleton.
- Congleton Pharmacy offered few additional services, all of which are offered by neighbouring pharmacies.
- All remaining pharmacies in CHOC care community offer a prescription collection service from GP surgeries and 82% deliver dispensed medicines. Residents can nominate any pharmacy to process their prescriptions, not just the one in their neighbourhood ([PNA 2022-2025 Chapter 13](#)). Using the NHS App or a similar online service or app can make the process of ordering repeat prescriptions simple and convenient.
- The high QOF disease prevalence rates for circulatory conditions for Lawton House GP Surgery in Congleton East may indicate resident poor health or equally may indicate good levels of case-finding.
- Despite income deprivation within the Congleton East ward, the health and wellbeing of the area does not follow a typical pattern, with the ward faring better than expected in terms of mortality, lifestyle, and wellbeing measures within the Tartan rug. ([Tartan Rug 2022 \(cheshireeast.gov.uk\)](#))
- CHOC care community had the highest proportion of respondents to the public survey conducted as part of the PNA process at 21%, 10% of the area's adult population. The public survey respondents who reside in Congleton raised no concerns regarding access to pharmacies in terms of location.
- Over a five-year period, the population of Congleton and Holmes Chapel care community could potentially increase by 9.2% to 43,775, purely due to housing development within Congleton.
- Additional concerns raised by residents within CHOC care community during the PNA consultation process related to another pharmacy within the area.

The increased dispensing requirements can be absorbed by the surrounding pharmacies without impacting on patient care as the care community already has the lowest dispensing levels. The PNA 2022-25 has concluded that pharmacy services were adequate for the lifetime of the PNA, which included looking at future population growth, housing developments and ageing population. Therefore, a new PNA is not necessary. The change does not meet the requirements for a supplementary statement.

**Process for responding to notifications of pharmacy changes**



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## Appendix C – PNA 2022-2025 Executive Summary

Pharmaceutical Needs Assessments (PNAs) are carried out to assess the current and future needs for pharmaceutical services in the local population. They ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

Every Health and Wellbeing Board (HWB) has a statutory responsibility to conduct a PNA at least every three years. This PNA follows the 2018 version of the PNA. NHS England is required to use the finalised PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. The national deadline for its production was extended due to the COVID-19 pandemic.

The PNA covers opening times ([Chapter 12](#)), services delivered ([Chapter 7](#)), and accessibility in relation to disability, language needs, ethnicity, sexuality, and rurality ([Chapter 16](#)). The production of the PNA has involved:

- Analysis of data relating to pharmaceutical need and demand from wide and varied sources-
- Regular consultation with members of the Cheshire East Pharmaceutical Needs Assessment Steering Group, which brought together representatives from key organisations across Cheshire East-
- A public survey and incorporation of 2 questions regarding pharmacies as part of broader Healthwatch conversations- ([Appendix A](#) and [Appendix E](#))
- A dispensing doctors survey- ([Chapter 10](#) and [Appendix F](#))
- A community pharmacy contractors survey- ([Appendix B](#))

### Conclusion

Based on this PNA, currently pharmaceutical provision in the towns and villages of Cheshire East Borough is assessed as **adequate** in terms of location, opening hours and pharmaceutical services offered to the population.

Through examination of the available information, the PNA has not identified current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East.

- A public consultation from 1 April 2022 to 10 April. ([Section 2.5](#) and [Appendix G](#))

### 1.1 Current need

- There is currently an adequate level of community pharmacy provision in every major town in the Borough. The maps show that this provision is mostly located either in the town centres or close to GP surgeries. There are bordering pharmacies accessible for residents and the number of pharmacies in Cheshire East is near to the national average. ([Chapter 21](#))
- The public survey shows that 77% of participants are satisfied with the pharmacy services received. The majority of participants were also satisfied with pharmacy opening hours (75% satisfied) and that it was very easy to get to their usual pharmacy (65%). Where residents left comments, common themes included: being unsatisfied with the prescription/dispensing service

(7%); long waits (6%); being unsatisfied with opening hours (5%), being unhappy with service from staff (3%). [\(Appendix A\)](#)

- The current dispensing workload as demonstrated by the number of items dispensed per pharmacy is similar to the England average. [\(Chapter 11\)](#)
- There are six practice premises in Cheshire East at which dispensing doctor services are available to eligible patients. Some of these practices cover very rural areas. Patients who receive dispensing doctor services are able to be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the NHS Cheshire and Merseyside Integrated Care Board and public health commissioned services. [\(Chapter 10\)](#)
- According to the [Tartan rug](#), the town of Crewe experiences the greatest extent of deprivation in the Borough, and it also has the highest levels of premature mortality. There is a lower level of community pharmacy provision in the Crewe care community area and particularly in the north of the town, although the number of pharmacies per 100,000 population is still reasonable in terms of the national range [\(Chapter 11\)](#). Consideration has been given within this and the previous PNA in relation to the planned housing developments in the area [\(Chapter 15\)](#). However, the PNA Steering Group is assured that this area is adequately provided for by the pharmacies in central Crewe and the local independent provider in North East Crewe. The public survey respondents who reside in Crewe raised no concerns regarding access to pharmacies in terms of location.
- The pandemic has shown that community pharmacy has been resilient and adaptable. Being located in the heart of communities, many with high levels of deprivation, the pharmacies have been essential and valuable to residents, supporting them in their own communities. [\(Chapter 19\)](#)
- There is good coverage of pharmacy provision opening hours, with extended opening hours from 6.30am and throughout the day up to midnight. Care community areas with no evening or weekend provision are able to access the 100 hour pharmacies in neighbouring care communities and pharmacies outside of Cheshire East. [\(Chapter 12\)](#)

## 1.2 Future need

- The prescribing of medicines is predicted to grow by 7.7% by 2024 and a further 6.3% increase by 2029. This is a total increase in medicines use of 14.4% over the ten year period. Increases of this magnitude are likely in all areas of the country. Existing pharmacies may have to increase their capacity and review their working practices to meet this need. [\(Chapter 15\)](#)
- Office for National Statistics population projections predict higher population growth in Knutsford and Bollington, Disley and Poynton Care Communities. This is driven by increases in age groups 60 and over and will, therefore, result in increased pharmaceutical need in these areas. The current dispensing workload is already higher than the England average (6,565) in the Bollington, Disley and Poynton care community (7,432), which is consistent with having fewer pharmacies per 100,000 population<sup>1</sup>. However, this care community also has the highest proportion of prescriptions

dispensed outside Cheshire East (16.3%; 13.4% are dispensed in neighbouring authorities). It is likely that a high number of prescriptions issued outside Cheshire East are also dispensed by pharmacies in Bollington, Disley and Poynton care community. This is due to the position of the [care community](#) on the borders of Cheshire East and its proximity to major conurbations in Greater Manchester. There may be a need to change the skill mix and capacity within each pharmacy to cope with the predicted additional demand. [\(Chapter 11\)](#) Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies. This has not changed substantially since the last PNA. [\(Chapter 16\)](#)

- We have taken consideration of the main strategic sites of planned housing developments in relation to current pharmaceutical provision, and Cheshire East is generally well provided for. One area of concern is the planned South Cheshire Growth Village at Basford, Crewe. Consideration of the proposed site suggests that the health needs of the population will be adequately met by Rope Green Medical Centre and the associated Well Pharmacy as well as pharmacies in central Crewe. However, this will need to be monitored as the development progresses. [\(Chapter 15\)](#)

### 1.3 Recommendations

- Patients who receive dispensing doctor services can be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the NHS Cheshire and Merseyside Integrated Care Board and public health commissioned services. Existing pharmacies may have to increase their capacity and review their working practices to meet this need.
- Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies. It is recommended that NHS England, Cheshire East Council and NHS Cheshire and Merseyside Integrated Care Board review accessibility of pharmacy sites, service quality and uptake, including consideration of cultural and equalities needs.
- When using the Office of National Statistics population projections, pharmaceutical need is predicted to increase to a greater extent in the Knutsford and Bollington, Disley and Poynton care communities. The current dispensing workload is higher in the Bollington, Disley and Poynton care community (7,432) than the England average (6,565) which is consistent with having fewer pharmacies per 100,000 population<sup>1</sup>. This might involve a change in the skill mix and capacity within each pharmacy to cope with the predicted additional demand.
- A potential future gap of pharmaceutical provision in Basford, Crewe was identified due to a large, planned housing development. It is recommended that this is monitored for pharmaceutical provision as the housing development progresses over the lifecycle of this PNA.
- Pharmacies have a continued important case-finding role in relation to high blood pressure.

- Pharmacies continue to have a role in supporting patients to recover quickly from minor ailments.
- Over the lifetime of this PNA, the Health and Wellbeing Board will actively consider pharmacy issues and need over the next three years and regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge<sup>2</sup>.

## ICB Briefing

### **Removal of Congleton Pharmacy from the Pharmaceutical list for the area of Cheshire East Health & Wellbeing Board**

At a meeting of the Cheshire & Merseyside Pharmaceutical Services Regulations Committee on 20 September 2023 a decision was made to notify of Khalidoscope Services Ltd (KSL) the proposed removal of Khalidoscope Services Ltd (KSL) in the pharmaceutical list for the area of Cheshire East Health and Wellbeing Board in respect of, 62B Havannah Street, Buglawton, Congleton, Cheshire CW12 2AT. Appropriate legal advice was sought in relation to this process prior to this determination.

Under Regulation 74(1) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the ICB must remove a pharmacy from the relevant pharmaceutical list if they cease to carry on a retail pharmacy business. The ICB must first give the pharmacy notice of the proposal and the opportunity to make representations, before reaching a final decision.

As background:

- NHS England is responsible for commissioning NHS pharmaceutical services and for preparing, maintaining and publishing lists of pharmacies authorised to provide NHS pharmaceutical services (pharmaceutical lists). A person wishing to provide NHS pharmaceutical services must be included in the relevant pharmaceutical list, provide an undertaking to provide such services, and is bound by terms of service.
- Congleton Pharmacy is in the area of Cheshire East Health and Wellbeing Board. Since 1 April 2023, NHS England has arranged for its above functions to be exercised by NHS Cheshire and Merseyside Integrated Care Board (ICB) in respect of this area.

- On 1 October 2021 KSL, intending to operate from 62B Havannah St, CW12 2AT, as Congleton Pharmacy, submitted a change of ownership application to NHS England.
- On 25 November 2021 KSL submitted fitness to practice information in support of its application.
- On 26 May 2022, F2F Health Care Limited (F2F) was incorporated. Dr. Shahid Nazir Ahmed is listed as the sole director whilst Mr Khalid Ahmed is registered with the General Pharmaceutical Council (GPhC) as F2F's superintendent pharmacist. **It is important to note that Khalid Ahmed is also the owner and director of KSL.**
- On 8<sup>h</sup> September 2022, the fitness to practice for KSL was approved. This had been considerably delayed due to issues with getting hold of the appropriate information from Mr Khalid Ahmed.
- On 6 October 2022 NHS England granted the change of ownership application to KSL.
- On 9 December 2022 NHS England received a notice of commencement from KSL. This signed document confirms KSL's understanding that from the date of commencement they hold the pharmacy contract for that address and are required to deliver the contractual services and are bound by those contract terms. The pharmacy has up to 12 months to submit the notice from the date the change of ownership is granted. The notice of commencement stated that the pharmacy would take over the services at the site on 19 January 2023.
- On 16 January 2023 F2F submitted a change of ownership application for Congleton Pharmacy (owned by KSL) to NHS England.
- On 19 January 2023, KSL started trading and NHS England subsequently included KSL in the relevant pharmaceutical list in respect of Congleton Pharmacy. At that point KSL became liable for provision of NHS pharmaceutical services from Congleton Pharmacy and entitled to claim

payment from the NHS for such. Mr Khalid Ahmed was, and remains, registered with the GPhC as KSL's superintendent pharmacist.

- As part of the fitness checks for F2Fs change of ownership and in response to number of complaints received from patients it came to light that KSL was subject to a compulsory liquidation. A petition to wind up KSL had been presented to the court on 21 December 2022 by a company claiming to be a Creditor of KSL. At this point the liquidators took control of the company.
- The Regulations **do not** require the contract holder to inform the NHS of liquidation proceedings.
- The winding up order was made by the court on 14 March 2023.
- As of 20 September 2023, F2F's change of ownership application has not yet been determined. This is due to missing information within the fitness to practice application. KSL therefore remains included in the relevant pharmaceutical list in respect of Congleton Pharmacy, liable for the provision of NHS pharmaceutical services at the pharmacy premises and entitled to payment from the NHS for the provision of such services. It should be noted that, the Regulations do not allow for automatic removal of the contract due to liquidation proceedings.
- The premises at 62B Havannah Street, Buglawton, Cheshire CW12 2AT is owned by F2F and is registered with the GPhC, but F2F does **NOT** have an NHS contract. This means that they are legally entitled to carry on a retail pharmacy business, but they are not allowed to conduct any NHS business, so they cannot claim payment for any medication given out on an NHS prescription or deliver any other additional NHS services. They should not be accessing digital information from the NHS spine and should not be using the NHS logo.
- KSL is not listed with the GPhC and does not have a registered premises. Therefore, in law, KSL is unable to carry on a retail pharmacy business. However, as of 20<sup>th</sup> September 2023, their contract remains in place and their Contractor code is still live on the NHS Spine.

- There has been no NHS prescription claims submitted to NHSBSA for payment by KSL since February 2023.
- Legal advice has been sought from Hill Dickinson LLP. They have advised that under the Regulations KSL must be removed from the list on the grounds that they have ceased to carry on a retail pharmacy business, however we must give KSL 30 days' notice of the proposal to remove KSL, and 30 days' notice of the final decision, even though they are not currently operational. This is part of the procedure under the Regulations and allows for KSL to make any representations and for the close down and appeals procedure, as detailed within the Regulations and pharmacy manual, to be followed.
- It is also advised that we write to F2F to remind them that they should not be providing NHS services or holding themselves out as authorised to do so and, should they be doing so, they must cease to do so immediately.

KSL were served 30 days notice on **25<sup>th</sup> September 2023** of our proposal to remove them from the pharmaceutical list. KSL have a right to appeal within these 30 days. If they do not appeal they will be served 30 days notice to close.

## **Stakeholder Briefing – Update on Congleton Pharmacy**

**Friday 19 October 2023**

Last month Khalidoscope Services Ltd (KSL), the owners of Congleton Pharmacy, 62B Havannah Street, Buglawton, Congleton, Cheshire, CW12 2AT, were served 30 days' notice by NHS Cheshire and Merseyside of a proposal to remove them from the pharmaceutical list for Cheshire East.

This was due to the company's failure to meet the full legal requirements for the provision of NHS pharmacy services.

Since the company/contractor did not appeal this proposal, it has now been served 30 days' notice to close by NHS Cheshire and Merseyside – a period which ends on 5<sup>th</sup> November 2023.

This means that Congleton Pharmacy will cease trading on 6<sup>th</sup> November 2023, unless an appeal is made by the company/contractor before this date.

NHS Cheshire and Merseyside will be informing local GP practices and other pharmacies in the area about the closure decision over the coming days.

We will also continue to work with Cheshire East Council's Health and Wellbeing Board to identify whether this will create a gap in NHS pharmacy provision for the area, and any next steps required to help address this.

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Appendix F – Regulation pertaining to PNA  
supplementary statements.

*The health and wellbeing board will also need to put in place a system which allows it to identify any changes to the availability of pharmaceutical services and then determine whether or not it needs to issue a supplementary statement. A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:*

- (a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and*
- (b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services.*

*Supplementary statements are statements of fact; they do not make any assessment of the impact the change may have on the need for pharmaceutical services. Effectively, they are an update of what the pharmaceutical needs assessment says about the availability of pharmaceutical services. **They are not a vehicle for updating what the pharmaceutical needs assessment says about the need for pharmaceutical services.***

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013  
UK Statutory Instruments 2013 No. 349 PART 2 Regulation 6  
[The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukdsi/2013/2013000349/part_2/regulation_6)

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## **Health and Wellbeing Board**

**22nd November 2023**

### **Cheshire East Place Plans for Learning Disabilities and Mental Health**

**Report of: Helen Charlesworth-May, Executive Director Adults,  
Health and Integration**

**Report Reference No: To be provided by Democratic Services**

**Ward(s) Affected: All Wards**

### **Purpose of Report**

- 1 This report seeks endorsement of the Cheshire East Place Plans for Learning Disabilities and Mental Health.
- 2 Both plans support the delivery of the following priorities outlined in the Cheshire East Council Corporate Plan 2021-2025.
  - Work together with residents and partners to support people and communities to be strong and resilient.
  - Reduce health inequalities across the borough.
  - Increase opportunities for all children and young adults with additional needs.
  - Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential.
  - Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia service.
  - Promote and develop the services of the council through regular communication and engagement with all residents.

### **Executive Summary**

- 3 The development of the new All Age Placed Based Plans will be built around greater integrated partnership working at place level between the two lead organisations, Cheshire East Council and the Cheshire and Merseyside Integrated Care Board and our partners.

- 4 Both plans promote a whole system approach, building on existing work and momentum to further the transformative change needed to tackle challenges we face across to provide services for the future needs of people with a variety of different levels of support needs.
- 5 The plans seek to improve the lives and outcomes of people with learning disabilities and mental health support needs, by focusing on the importance of strong partnership working across health and local authorities. When organisations and teams work together, and when people and families receive support in a joined-up way, we know that people experience better outcomes.
- 6 This report provides details of the approach used for consultation and engagement with a wide range of stakeholders. It has ensured that both plans have been fully co-produced.
- 7 The development of the Plans is not an end. Together with the implementation plans, the respective plans will be continuously reviewed and monitored annually by the Cheshire East Learning Disabilities Partnership Board and the Mental Health Partnership Board, to ensure that the plans are delivering on the key priorities and outcomes.

## RECOMMENDATIONS

The Board is recommended to:

- 1. Endorse the Cheshire East Place - Learning Disabilities Plan**
- 2. Endorse the Cheshire East Place - Mental Health Plan**

## Background

- 8 All Age Strategies in Cheshire East have been in place for Learning Disabilities and Mental Health since 2018 and are now coming to the end of their strategic timeframes.
- 9 In their place we are seeking to develop new All Age Placed Based Plans. This will build on previous partnership working in Cheshire East and develop plans built around greater integrated partnership working at place level between the two lead organisations, Cheshire East Council and the Cheshire and Merseyside Integrated Care Board.
- 10 It will also shape the way we work with our providers, voluntary, community and faith sector (VCFS) organisations and residents to support people with learning disabilities and mental health support needs.

- 11 The plans promote transformative change which is needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.
- 12 Both Plans have a co-produced vision and several key strategic priorities.
- 13 To enable us to successfully deliver these priorities several high-level outcomes have been identified. These have been captured in the implementation plans will be delivered and monitored by a range of organisations as part of a partnership approach to ensuring the successful delivery of the plans.
- 14 Monitoring will be undertaken and reviewed through the Learning Disability Partnership Board and the Mental Health Partnership Board, with key updates and escalations highlighted up to the Health and Wellbeing Board.

### **Consultation and Engagement**

- 15 The development of both Plans is underpinned by 'Together in Cheshire East', a coproduction guide which details how residents and commissioners work together as equal partners toward common goals.
- 16 In the development of both plans we have (where possible) conducted joint engagement and coproduction with other commissioning workstreams, to reduce workload, pool system resources and the need for people to tell their story twice. For example, joint engagement was undertaken with the development of the Children and Young People's Emotional Health and Wellbeing Service to capture the voice of children.
- 17 Engagement with a wide range of stakeholders has been undertaken as part of the development of both plans and there has also been consultation on the draft plans.
- 18 Easy Read versions have been developed with people who have lived experience of mental health and self-advocates with learning disabilities.

### **Cheshire East Place Learning Disability Plan Engagement**

- 19 Engagement on the Learning Disability Plan started at the Learning Disability Conference back on 20 June 2022 which was attended by over 200 people, including children and adults with learning disabilities, health and social care professionals, providers and community groups. Several key priorities were agreed and highlighted as important by self-advocates and parent carers as the three action to focus on:

Action 1 – Make things better for people who want to stay up late.

Action 2 – Give people more chance to have their say on services and what they want to do.

Action 3 – Provide better access to information for people with learning disabilities and carers.

- 20 To support this, a project group was set up to drive change and improvements around these key priorities, in which progress is governed through the Learning Disability Partnership Board.
- 21 Further engagement has been undertaken to support the coproduction of the refreshed Cheshire East Learning Disability Plan, which has been developed over the past 18 months in consultation with people with learning disabilities (adults and children), families, carers and staff delivering services. The Plan builds on the progress made in delivering the current 'My Life, My Choice' Learning Disability Strategy.
- 22 Working together, we developed both informal and formal platforms for consultation both face to face meetings and an online survey. While responses were low compared to the numbers who attended the Learning Disabilities Conference, overall the aims and objectives were supported and felt the plan reflected effective change.
- 23 Further engagement has been undertaken with self-advocates, parent carers and residents with lived experience in terms of how the plan will be delivered. An Action Plan is being developed and shaped by this engagement, which will detail how the Plan's priorities will be tracked delivered.
- 24 The plan has also been shared and agreed by the Cheshire East Learning Disabilities Partnership Board.

### **Cheshire East Place Mental Health Plan Engagement**

- 25 In Autumn 2022, we conducted pre-consultation engagement. The feedback from this engagement was then incorporated into the draft plan to be consulted on. This engagement consisted of a survey and a series of face-to-face meetings conducted with a wide range of key stakeholders.
- 26 The survey was made available as both a full and an easy read version and received 452 responses in total, with a total of 57 people attending one of the face-to-face meetings.
- 27 Feedback has been received from a wide range of organisations including Voluntary Community and Faith Sector Groups, Education settings, Mental Health Forums, Carers and people with lived experience.

- 28 Prior to the plan being finalised, we also give people the opportunity to provide further comments and feedback on the draft plan. 40 responses were received in total.
- 29 80% of survey respondents agreed the draft mental health plan should be adopted by partners across Cheshire East, 11% disagreed. 65% of survey respondents agreed the delivery actions will help deliver the priorities of the draft mental health plan, 18% disagreed.
- 30 Final engagement has been held with members of the Cheshire East Mental Health Partnership Board to formally sign the draft plan off.

#### Reasons for Recommendations

- 31 The development of both plans has been overseen by the Cheshire East Mental Health Partnership Board and Cheshire East Learning Disabilities Partnership Board. Membership of both boards includes representatives from Cheshire East Council, Cheshire and Merseyside Integrated Care Board, Cheshire and Wirral Partnership NHS Foundation Trust, self-advocates with lived experience and carers, Healthwatch, Cheshire Police and organisations from the Voluntary Community Faith Sector.
- 32 Both partnership boards also report directly into the Cheshire East Health and Wellbeing Board and these plans are fully aligned with the Health and Wellbeing Strategy.
- 33 The Cheshire East Place Mental Health Plan and Learning Disabilities Plans will both play an important role in ensuring that the council meets its statutory duties under the Care Act 2014 and Children and Families Act 2014.
- 34 The plans also align with several other strategies and plans at both a local, sub regional and national level. This will ensure that we reduce duplication and ensure that strategic priorities are aligned and in turn ensuring that people using services are able to access better joined up support in a timely and effective manner.

#### **Other Options Considered**

##### **35 Do nothing**

The other option would be to not have any Cheshire East Place Plans for Learning Disabilities and Mental Health. This would not be aligned to the Health and Social Care Act (2022) which supports the need to develop strategies that support more integrated approaches to delivering health and care.

#### **Implications and Comments**

## Legal

- 36 Statutory guidance on the preparation of integrated care strategies was published on 29 July 2022. Integrated strategies are viewed as 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 health and wellbeing and reduce disparities.
- 37 Under the Health and Care Act 2022, the integrated care partnership must give a copy of the integrated care strategy to each responsible local authority and the integrated care board and must publish the integrated care strategy.
- 38 Within the Care Act (2014) the partnership principle states that organisations should work with other local communities. Local people and authorities also have a part to play in preventing and supporting people.

## Finance

- 39 Cheshire East Council has a total spend on commissioned services of £41.5m for (738) adults with learning disabilities and £10.7m for (487) adults with mental health support needs. There are also 259 individuals with autism (this includes people with learning disabilities and mental health support needs), with an annual spend of £17,4m.
- 40 Cheshire East Council Childrens Services data shows that there is an annual spend of £3.9m on services that support children with disabilities (we are unable to break this down to the primary support need of learning disabilities and mental health).
- 41 At the time developing this report, financial data on learning disabilities and mental health services is unavailable at Cheshire East Place level from the Integrated Care Board.
- 42 If both plans are adopted, and changes are proposed to local authority and NHS services in the future, then decision papers with the relevant financial information will be written and subject to governance and approval processes as usual.

## Policy

- 43 The Cheshire East Place Learning Disabilities and Mental Health Plans firmly align with the Cheshire East Council's Corporate Plan 2021-2025, as identified in paragraph 2 of this report.
- 44 The Cheshire East Mental Health Plan also aligns with NHS Five Year Forward View. This sets out a vision of how NHS services need to change

to meet the needs of the population. It argued that the NHS should place far greater emphasis on prevention, integration of services, and putting patients and communities in control of their health, which floating support provision seeks to achieve.

45 Both plans also align with vision and aspirations of the The Joint Health and Wellbeing Strategy for the population of Cheshire East 2023-2028 which are to:

- Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not
- Improve the physical and mental health and wellbeing of all of our residents
- Help people to have a good quality of life, to be healthy and happy

*Equality, Diversity and Inclusion*

46 Equality Impact Assessments (EIAs) have been completed for both plans; these has been included as an appendix to the report. (Appendix 5 and Appendix 6).

47 Each of the EIA’s highlights the key protected characteristics around age and disabilities and potential barriers that prevent people from accessing and engaging with mental health and learning disability services. The plans seek to ensure that services and providers seek to identify solutions to improve through areas such as the use of technology, virtual support, making reasonable adjustments and provision of information on services in accessible formats.

48 Easy Read versions of the Plans which have been co-produced by people with learning disabilities and with mental health support needs.

*Human Resources*

49 There are no direct human resources implications because of the development of both plans.

*Risk Management*

50 Development of place-based plans and their implementation present challenges and risks, See below identified risks with mitigation.

<b>Risk</b>	<b>Mitigation</b>
Poor response and engagement from key stakeholders towards	<ul style="list-style-type: none"> <li>▪ Comprehensive market development, engagement and coproduction have been key to the development of the</li> </ul>

the development of the plans	<p>plans, building on existing work undertaken (LD Conference).</p> <ul style="list-style-type: none"> <li>▪ Both plans have been produced in collaborations with the Learning Disabilities Partnership Board and Mental Health Partnership Board which contains a wide range of stakeholders.</li> <li>▪ Both plans will also be endorsed by the Health and Wellbeing Board</li> </ul>
Implementation actions are unrealistic, and there is a lack of stakeholder engagement	<ul style="list-style-type: none"> <li>▪ Detailed implementation plans within each plan identifying key outcomes, deliverables and implementation actions have been developed as part of the plans</li> <li>▪ Plans have had input and buy in from key stakeholders through the development of project group</li> <li>▪ Many of the key deliverable are already in place or are covered in different strategies and plans which demonstrates wider alignment and buy in across the system</li> </ul>
Lack of accountability to the delivery of the plans	<ul style="list-style-type: none"> <li>▪ Plans will be monitored by existing learning disabilities and mental health partnership boards with identified leads for each priority.</li> <li>▪ Monitoring of the plans will take place on an annual basis and any issues will be escalated to the Health and Wellbeing Board</li> </ul>

### *Rural Communities*

- 51 There are no direct implications for rural communities. However, services identified in both plans will work to target people in need of support in rural areas and will develop strategies and methods of working to combat isolation and issues around accessibility.

*Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

- 52 Both plans are all age in their scope. There is strong alignment between the plans and the Cheshire East Children and Young Peoples Plan, Cheshire East Preparing for Adulthood Strategy.
- 53 Both plans advocate a move towards move to a more personalised offer will create a wider range of enabled services which will be more attractive to young people preparing for adulthood than at present, to ensure a seamless journey for these individuals.

*Public Health*

- 54 There has been significant input from the Public Health Team in the development of both plans.
- 55 Through continued joint working and funding with the Public Health Team, the future service provision for people, and improved person-centred approaches can reduce the inequalities that arise from a standardised approach. Thorough consultation and intelligence on inequalities, opportunities can be robustly evaluated to ensure that they do not risk widening inequalities.

*Climate Change*

- 56 Both plans support the need to reduce the impact of climate change by adopting innovative approaches for future service delivery by reducing the need for travel to access support (where applicable).
- 57 The plans also support ways in which providers can deliver environmental sustainability as part of the social value criteria.

<b>Access to Information</b>	
Contact Officers:	<p>Keith Evans, Head of Service, Mental Health and Learning Disabilities  <a href="mailto:Keith.Evans@cheshireeast.gov.uk">Keith.Evans@cheshireeast.gov.uk</a></p> <p>Mark Hughes, Programme Lead, Complex Needs  <a href="mailto:mark.hughes@cheshireeast.gov.uk">mark.hughes@cheshireeast.gov.uk</a></p> <p>Gerard Buckley, Project Manager, Complex Needs  <a href="mailto:gerard.buckley@cheshireeast.gov.uk">gerard.buckley@cheshireeast.gov.uk</a></p>
Appendices:	<p>Appendix 1 – CE Mental Health Plan</p> <p>Appendix 2 – CE Mental Health Plan – Easy Read</p>

	<p>Appendix 3 - CE Learning Disabilities Plan</p> <p>Appendix 4 - CE Learning Disabilities Plan - Easy Read</p> <p>Appendix 5 - Equality Impact Assessment All Age Mental Health Plan</p> <p>Appendix 6 - Equality Impact Assessment Cheshire East Learning Disability Plan</p>
Background Papers:	<p><a href="#"><u>Cheshire East Corporate Plan 2021-2025</u></a></p> <p><a href="#"><u>Guidance on the preparation of integrated care strategies – Published 29 July 2022</u></a></p>

**Appendix 1**

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# Cheshire East Place Mental Health Plan 2024-2029 Draft

## Contents

1. Introduction
2. Our Vision and Aims
3. National and Local Strategies
4. Key facts and figures
5. Developing the plan
6. Priority Areas
7. How will we achieve this – Key Delivery Actions

DRAFT

## 1. Introduction

The Cheshire East Place Mental Plan 2024-2029 covers how we plan to strengthen our efforts to help people in Cheshire East stay healthy and thrive, whilst addressing the fact that we need to do more to support people with mental health problems, including those that live with severe and enduring mental illness.

We all have a part to play in Cheshire East being a mentally healthy place to live, a compassionate place where our default is to listen to others, where everyone feels able to talk freely about their feelings and emotions and where families are supported to ensure good mental health now and for future generations.

The Cheshire East Place Mental Health Plan promotes and enables culture, ethos and practice that strengthens relational approaches and inclusion, and recognises the importance of psychological safety.

This means we can flourish across our diverse communities, enjoy the things that help us feel good and get access to high quality support and compassionate services when we need them.

Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic, and physical environments in which people live. It is acknowledged for example, that people on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than those in higher income groups. This has been further impacted by recent events including the coronavirus pandemic and more recently the cost of living crisis. These issues have contributed to widening health inequalities, which in turn impact on peoples overall mental health and wellbeing.

Mental health and wellbeing are something that affects us all and only by coming together to address the wider factors that affect mental health, by improving services and focusing on promotion and prevention, will Cheshire East achieve its ambition to be a trauma informed and mental health aware community

Strong local partnerships have already worked closely together to develop this plan as it is recognised that working collaboratively with other interested parties helps to develop a more robust and effective document. Partners have also contributed to develop an associated implementation plan. Implementation will enable us to improve the outcomes of the local population.

The approach brings together public, private and third sector organisations determined to make change happen and build a fairer, healthier Cheshire East.

The development of this plan has been overseen by the Cheshire East Mental Health Partnership Board, whose members represent Cheshire East Council, Cheshire and Merseyside Integrated Care Board, Cheshire and Wirral Partnership NHS Foundation Trust, the main mental health service provider in Cheshire East) mental health service users with lived experience and carers, Healthwatch, Cheshire Police and organisations from the Voluntary Sector Mental Health Alliance. The Mental Health Partnership Board also reports directly into the Cheshire East Health and Wellbeing Board and this plan is fully aligned with the Health and Wellbeing Strategy.

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This plan proposes 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 and trauma informed communities, inclusive employers and services that maximise independence and choice

The plan also aligns with several other strategies and plans at both a local, sub regional and national level. This will ensure that we reduce duplication of work and to ensure that strategic priorities are aligned and in turn ensuring that people using services are able to access better joined up support in a timely and effective manner.

The development of the Cheshire East Place Mental Health Plan is not an end. Together with the implementation plan, the plan will be continuously reviewed regularly by the Cheshire East Mental Health Partnership Board, to ensure that it always reflects both national demands and local need.

## 2. Our Vision and Aims

### Vision

Cheshire East partners and people living within the borough have developed a co-produced vision to support the delivery of the key priority actions within the plan.

*“We will seek to improve the mental health and wellbeing of all ages in Cheshire East, from children through to older adults, working in partnership with people with lived experience, families, communities, and the voluntary and faith sector.*

*Working together we will strive to meet the needs of the person, through integrated models of support that focus on people’s strengths, recovery, self-care and encourage independence – reducing the need for hospital care.*

*There will be a clear focus on the prevention of ill health, early intervention, health promotion and the development of strong communities that can support people with mental health needs.”*

### Aims

The Cheshire East Place Mental Health Plan will aim to

- Drive forward the vision and show how we can all play a part in achieving this, and how we will know when we’ve achieved it
- Set out the implementation plan – based on six key priorities that will help achieve the vision

Over the course of this mental health plan’s development, several principles and themes have emerged. These themes are reflected by everyone involved in developing this plan agreeing to:

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- Ensure that service re-design and future service developments are produced in conjunction with people with 'lived experience'. This way of working sees service users and service providers working together to reach an agreed outcome(s).
- Recognise the impact of trauma and adversity on peoples' mental health.
- Focus on the wider social determinants of mental health and illness. These are a broad range of social, economic and environmental factors which impact on people's health and include things such as education, housing and employment status.
- Ensure parity of esteem - that is, to value mental health equally to physical health.
- Challenge stigma and prejudice.
- Ensure actions and service developments / design are evidence-based and co-produced.
- Adopt a recovery focus where possible - in terms of mental wellbeing a recovery focus means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.
- Address issues of inclusion and diversity - inclusion is about giving equal access and opportunities and getting rid of discrimination and intolerance. Diversity is about respecting and appreciating what makes people different.
- Adopt a focus on promotion, prevention and early intervention with education being the key focus.

## Key Priorities

The six key priorities that have been developed to deliver the vision are outlined below.



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### 3. National Plans and Strategies

A new national Long-Term Plan for mental health is currently being developed and will build on the expansion and transformation of mental health services already underway through the NHS Long Term Plan 2019/20 – 2023/24<sup>1</sup>. The plan recognises that its principles must be implemented in partnership with local systems, non-government organisations and other sectors in order to succeed.

The Health and Care Act (2022)<sup>2</sup> has seen the establishment of Integrated Care Systems, which bring together health, local government, and patients to improve services in every part of the country. The Integrated Care System that Cheshire East Place is part of are required to set out local plans for the next 5 years, and mental health must be a central part of those plans.

The **National Strategy for autistic children, young people and adults: 2021-2026**<sup>7</sup> identifies six broad aims to ensure people are diagnosed and receive the right support as early as possible, and across their lifetime. Seven out of ten autistic people have a mental health condition such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD). We aim to ensure that our mental health services are autism friendly.

The **Best Start in Life: A Vision for the first 1,001 Days**<sup>8</sup> through pregnancy to the age of two is also a key document to reference as it emphasises the importance of early years, parent-infant relationships and perinatal mental health. Maternal mental health difficulties are common and without the right support they can have serious consequences for women and their families and lasting effects on the health and wellbeing of babies.

The COVID-19 pandemic has had a considerable impact on people experiencing health inequalities, and many people in Cheshire East have felt the effect of poorer mental health, financial worries, and food and employment insecurity for the first time. **Build Back Fairer: The COVID-19 Marmot Review**<sup>3</sup> highlights the impact of anticipated increases in poverty for children, young people and adults of working age, food insecurity, poorer mental health in children and young people, the unequal impact of the pandemic on ethnic minority 'groups' and people from ethnic minority 'backgrounds, rising unemployment and low wages leading to worse health and wider inequalities.

The **National Partnership Agreement: Right Care, Right Person**<sup>9</sup> involves the police working with partner agencies to identify the most appropriate agency to give vulnerable people the care and support they need. While some mental health incidents do require police attendance, there are a significant number that involve no safety risk or crime. The new approach will mean police can focus on attending health incidents where there's a significant safety risk or crime being committed and refer others to the appropriate partner agency. Cheshire and Merseyside have been identified as an early adopter for this scheme and at the time this Plan commences, work is underway to understand the implications across health and social care.

Sport **England's Uniting the Movement** is a 10-year vision that seeks to transform lives and communities through sport and physical activity. Sport and physical activity has a big role to play in improving the physical and mental health of the nation, supporting the economy, reconnecting communities and rebuilding a stronger society for all.

**Core20PLUS5** is a national approach to the reduction of health inequalities. The approach targets improvements in health outcomes for key conditions within the most deprived local areas and for other inclusion health groups.

Core20PLUS5<sup>4</sup> refers to improving outcomes for the most deprived 20% of England's population.

Whilst health and wellbeing outcomes in Cheshire East are often better than the England average, these overall figures mask significant inequalities within our Borough. Those in our most deprived areas not only live shorter lives but spend more years in poor health. Many people in more deprived areas will be in poor health before they reach retirement age.

This is also seen in Cheshire East where the inequality in life expectancy at birth is 9.5 years and 7.2 years for males and females respectively (2018-20) but the inequality in healthy life expectancy at birth is wider at 13.5 years and 12.6 years for males and females respectively (2009-13)<sup>1</sup>.

That residents in deprived areas experience more years in poor health is unfair and unpleasant for the individuals but it also increases demands on our health and care services and reduces the local workforce. Reducing the gap is a key step in creating sustainable services and a vibrant economy.

### **Local Plans and Strategy Alignment**

This plan is all age: it covers how we plan to improve mental health from conception through to end of life. It also makes clear the contribution that other policy areas, such as housing or community safety, make towards people having good mental health.

Cheshire East has published its Health and Wellbeing Strategy and mental health is one of the four priority strategic outcomes within the strategy. The Mental Health Plan will sit below the Health and Wellbeing Strategy, and this will ensure that there is alignment between the documents.

Mental health and reducing health inequalities is a key priority in the Cheshire East Council Corporate Plan (2021-2025)<sup>5</sup>. The plan seeks to work to improve the mental health of all people working and living in Cheshire East.

There are also other strategies and plans in Cheshire East that address the mental health of children and young people (Cheshire East Children and Young Peoples Plan, Cheshire East Preparing for Adulthood Strategy) and the mental health of older people (Cheshire East Place Dementia Plan, Cheshire East Live Well for Longer Plan) and carers (Cheshire East All Age Carers Strategy). There are also sub regional plans for improving community mental health services (Community Mental Health

Transformation Programme) and for and the Cheshire East Self Harm and Suicide Prevention Action Plan).

All Together Active<sup>1</sup> is a system-wide strategy for Physical Activity, commissioned by the Integrated Care System Population Health Board, developed by MSP and Active Cheshire in conjunction with place based and regional partners. Whilst not a panacea for health inequality, physical activity has been identified as a key tool in health improvement.

The All Together Active strategy sets out how we plan to capitalise on this opportunity by working with partners across the subregion to build physical activity into both health and social care and the wider settings people move through. All Together Active is aimed at strategic and place-based partners across Cheshire and Merseyside in a position to influence changes in physical activity at scale.

The Cheshire East Place Mental Health Plan does not seek to replace these existing plans and strategies and work programmes, but it does provide a unified vision for mental health in the borough. This means that activity across children and adult services, across both prevention and treatment, and in community settings and hospitals, can be better aligned and therefore have the greatest impact on people's lives.

#### 4. Key Facts and Figures

Prevalence of mental health conditions in Cheshire East residents is very variable, and there is some indication that higher rates are linked to the more deprived areas of Macclesfield and Crewe.

The overall rate of prevalence calculated as a rate per 1,000 resident population is highest in Macclesfield with a rate of 175.3/1,000). Crewe is the second highest with a rate of 163.9/1,000. The locality with the lowest prevalence rate is in Middlewood (Bollington, Disley & Poynton) at 128.8/1,000.

Significant variation also occurs within the individual age groups, e.g., Macclesfield has the highest rate for residents aged 0-19 at 58.2 per 1,000 population compared to CHAW (35.2/1,000).

Macclesfield also has the highest rate for residents aged 20-64y (222.9/1,000) when compared to the lowest, Middlewood (164.9/1,000). For residents aged +65y, Crewe is the highest (155.9/1,000) with Nantwich & Rural the lowest (113.0/1,000).

**Table. 1i** shows the rates for the Care Community footprint areas across Cheshire East for each of the age groups; note that prevalence is for mild to moderate mental health conditions such as depression and anxiety as well a serious mental illness (SMI).

Table. 1i

Prevalence of Mental Health Condition				
Cheshire East	Rate / 1,000 Population			
Locality	0-19y	20-64y	+65y	All Ages
MACCLESFIELD	58.22	222.96	153.82	175.29
CREWE	41.93	211.74	155.86	163.92
SMASH	43.07	215.00	133.76	160.66
KNUTSFORD	40.23	211.94	145.91	158.40
CHESHIRE EAST:	44.09	200.29	135.43	153.28
CHOC	44.17	201.63	128.54	150.98
NANTWICH & RURAL	40.04	172.66	113.04	131.56
CHAW	35.15	165.52	128.80	129.68
MIDDLEWOOD	46.13	164.89	116.00	128.76

Data Source: CIPHA (NHS Cheshire & Merseyside ICS) - January 2023

**Table 1ii** illustrates the highest mental health prevalence rates at ward level for residents of all ages. Of the 15 wards with the highest prevalence, Macclesfield has 5 in this group and Crewe has 4. Most of the areas reflect higher levels of socio-economic deprivation. However, it should also be noted that some of the areas highlighted below do have some of the highest levels of life expectancy in the borough and rate better across physical health.

Table. 1ii

CIPHA @ August 2023			
Cheshire East	Rate/1,000 total popn (All residents)	Life Expectancy	
		Males	Females
<b>Ward (highest 15)</b>			
Macclesfield Hurdsfield	253.63	78.4	82.5
Macclesfield West & Ivy	223.65	79.6	84.8
Macclesfield South	220.35	75.6	81.2
Sandbach Heath & East	210.65	75.4	86.3
Crewe North	210.65	77.3	82.5
Macclesfield East	208.52	79.1	84.7
Handforth	203.62	80.5	85.8
Wilmslow Lacey Green	203.07	77.8	80.5
Macclesfield Central	202.72	79.0	83.9
Crewe St Barnabas	202.49	75.4	80.0
Congleton West	200.49	78.4	83.1
Sandbach Ettiley Heath & Wheelock	198.30	81.7	87.2
Crewe East	196.96	77.4	81.6
Shavington	196.89	81.0	86.3
Sandbach Elworth	192.64	78.8	83.8

Data Source: CIPHA [Tartan Rug \(cheshireeast.gov.uk\)](http://Tartan Rug (cheshireeast.gov.uk))  
(NHS Cheshire & Merseyside ICS) - August 2023 2013-2017

**Table. 1iii** summarises A&E attendances for mental health-related issues (including self-harm) for the period April 2021 to December 2022). This activity is by residents registered at any GP Practice in Cheshire East. There is a monthly average of 232 attendances, across all ages, for this period.

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Table. 1iii

<b>A&amp;E Attendances: Apr21 - Dec22</b>	
Psychosocial/Behavioural Change	
Environmental	
<b>Key Presentations:</b>	
Depressive/Anxiety Disorder	
Psychosis/Other Serious Mental Illness	
Wounding from Self Harm	
Overdose: Paracetamol/Antidepressants/Opiates	
Alcohol: Intoxication/Dependency	
<b>Average Monthly Attendances:</b>	
<b>All Ages:</b>	232
0-19y	62
20-64y	149
+65y	22

Source: ECDS - NHS Cheshire & Merseyside ICS QlikSense

### Wider Determinants of Mental Health

Our mental health and many common mental disorders are shaped by the social, economic, and physical environments in which we live, at different stages of life. Throughout the current coronavirus pandemic, these issues have contributed to widening health inequalities.

Our aspiration is to reduce mental health inequalities associated with wider factors including:

- **Employment/income** (good quality employment linked to education & skills; supportive workplaces; impact of worklessness, income maximisation and better budgeting)
- **Housing** (quality/type of housing; housing conditions, energy efficiency and supporting communities)
- **Transport** (connectivity; access to public transport and active travel)
- **Justice** – Many children, young people and adults in or at risk of being in temporary detention, custody or secure and detained settings experience a disproportionately higher levels of poor mental health.

Quantitative data analysis can confirm this, by demonstrating that high numbers of young people engaged with Youth Justice Service had poor mental health, SEND requirements, and were using drugs and alcohol. 17.7% of young people accessing the service in Cheshire had a formally diagnosed mental health condition. Overall, 47.9% of young people were accessing mental health services.<sup>6</sup>

- **Access to green space & physical activity** (accessible routes; using indoor/outdoor opportunities for physical activity) - recognizing the impact that seeing nature and wildlife has in promoting people's wellbeing, and how sharing green space is a simple and effective way to support people's mental wellbeing, achieved by simply

drawing on one of the assets that Cheshire East has an abundance of. Currently, far too few people in Cheshire and Merseyside meet the NHS physical activity guidelines. Half a million adults in the subregion are inactive, (Sport England Active Lives (2022)) with many facing barriers to physical activity because of issues around gender, race, disability, poverty, sexuality, religion and parental status.

- In **rural areas** we also need to ensure that our mental health services work closely with the Cheshire Agricultural Chaplaincy Services. Farming as an occupation has one of the highest rates of suicide due to occupational pressures and this can contribute to serious levels of depression and self-harm.
- For **schools and colleges** to become trauma informed and mentally healthy places for all there is an overarching set of principles and body of evidence that informs the kind of response and support that can reduce the impact of traumatic events. There is also recognition that the experiences of each child must be thought of in the light of their lived experience.

## 5. Developing the Plan

A comprehensive engagement process was undertaken by the Cheshire East Mental Health Partnership Board between August and October 2022.

This draft plan and the priorities have been written through co-production with providers, people currently accessing services, experts by experience and carers.. This co-production was undertaken through several focus groups (face to face/virtual), attending local forums and meetings, the distribution of a survey and an online consultation. Through this engagement a picture of what good mental health care looks like has been built.

*“Early help for children and young people is vital in helping them to avoid much worse problems as they get older. Early help also allows the family to feel like they have been heard and responded to in their concerns for their child/young person, and are taken seriously.”*

### Online Survey

The survey was made available as a full version and an easy read version and received 452 responses in total,

Key themes from the engagement and pre consultation have been summarised below.

### Mental Health Support

Of all survey respondents:

- 29% had used mental health support services with Cheshire East
- 57% knew where to get help with their mental health, 43% did not

- 31% felt they had received the mental health support they needed in the past, 40% felt they had not

Respondents listed up to 3 things about mental health services they would want to change/improve.

The areas that were flagged up the most were as follows

## **Changes to mental health services**

### **Improve service access/increase capacity**

People have told us would like to see:

- Access to mental health services become easier and faster
- More funding and resource for mental health services is needed
- Long term access to mental health services, and a responsive service
- More support provided in local areas, and outside of clinical settings
- Access to support should in person, or at home
- Increased service provision through GPs

### **How we treat mental health:**

People have told us they would like to see:

- Improved mental health support in the community
- Better mental health support for parents
- Enhanced mental health support for employers
- Improved wellbeing to improve mental health, don't rely on medication
- Encouragement of healthier lifestyles to improve mental health
- Mental Health Services that are able to listen better to what people require
- More children and young people's mental health services (CYPMHS)
- Have more interaction between mental health services and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations.
- Expand access to "Improving Access to Psychological Therapies" (IAPT),
- Have more access to skills based Dialectal Behavioural Therapy particularly for those experiencing Personality Disorders
- More group sessions
- Encouragement of self-responsibility, resilience and strength

### **Mental health services and processes**

People have told us they would like to see:

- Better links between health services, ensure they are more joined-up
- Service users only having to tell their story once
- Better trained staff across all teams
- Enhanced carer/family support
- Improved communication with families in the system so they know what to expect and when

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- Better GP support

### **Promotion of mental health services**

People have told us they would like to see:

- Improved awareness of services among different professionals and teams
- Better communications and promotion of mental health services

### **Reduced stigma around mental health**

People have told us they would like to see

- Reduced stigma towards mental health conditions
- Greater awareness around mental health

*“In the event of an emergency with physical health, there are clear routes to obtain help. How might this be mirrored for mental health? It’s an important question, for certain, but not without some huge challenges.”*

Face-to-face and virtual engagement was conducted during September and October 2022 with the below organisations, forums and services. During the face-to-face meetings the pre-consultation survey was promoted as the main way to give feedback:

During the meetings people were asked to provide feedback on the draft priorities, how services can intervene earlier when people need support with their mental health, and what were the gaps in current provision, as well as the barriers to accessing services

- Vesta (Support for Polish Communities)
- Voluntary Sector Mental Health Alliance
- Cheshire East Parent Carer Forum
- Cheshire East Mental Health Partnership Board
- The Weston Centre Day Service
- Weston Hub Crisis Cafe
- Cheshire East Youth Council
- Open Mind Forum
- East Cheshire Mental Health Forum
- Cheshire East Youth Council

*“Focus on prevention rather than cure, mental health should just be a part of life/wellbeing and-talked about in schools and communities. You shouldn't have to have a mental health 'problem' to benefit from services, but they should be easy to access should you need the extra support.”*

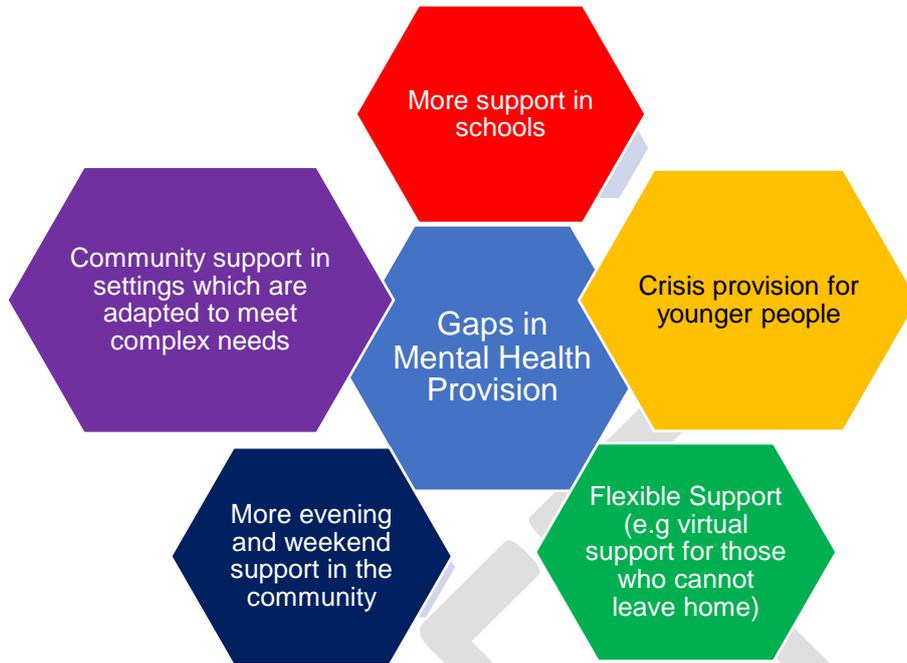
**What people have told us?**  
**Early Intervention and Prevention**

The following areas were flagged up as key to improving early intervention and prevention and ensuring services work effectively.



**Gaps in Provision**

Feedback on current gaps in provision around mental health services were as follows:



**Barriers to accessing services**

In terms of barriers to accessing services the following were noted as key areas that need to be addressed in the borough.



## Community Mental Health Transformation Engagement

Engagement was carried out during the summer of 2022 as part of the Community Mental Health Transformation project.

The purpose of this engagement was to

- Building on previous engagement – responding to the views and feedback that people provided to develop the model for community mental health in Cheshire and Wirral
- Talk about and seek views on the new emerging plans to improve community mental health care in Cheshire and Wirral

5 online and face to face community engagement events held in July and August 2022, which were attended by 182 people.

Further opportunities to improve mental to improve community mental health were highlighted through the engagement process and were categorised below.

### Further opportunities to improve community mental health



 <p>Accessible non-medical services for continuity of support</p>	 <p>Include the persons family as part of support and recovery</p>	 <p>Provision of tailored support on 1-1 basis</p>
<p>Communication, and information sharing</p> 	<p>One system working, embedded as part of the communities they are based within.</p> 	<p>Psychological therapy available at all levels through the service</p> 
 <p>Easy to access, with clear pathways of support</p>	 <p>Supported access to services, maximise value of signposting (reablement)</p>	 <p>Think family, if children require support, its likely their parents/carers will do to</p>
<p>Focus on a person's needs, not their diagnosis</p> 	<p>Understand more about what barriers are</p> 	<p>Using the MH Alliances as a collaborative and supportive base</p> 

*"I think the lack of community care and the lack of mental health training for carers has a negative impact on so many people. I think we need to look at how we can recruit more care staff in the community and how to train them to support individuals with mental health illnesses."*

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## 7. Priority Areas

### Priority 1 – Children and Young Peoples Mental Health and Emotional Wellbeing

#### Why is this a priority?

Children and young people (CYP) have indicated that support with their mental health needs would be enhanced by providing support at a much earlier stage, when and where they need it.

Healthy social and emotional development during the first 1001 days lays the foundations for lifelong mental and physical health. Being proactive and intervening at the earliest opportunity is essential.

By promoting initiatives that support mental wellness, emotional wellbeing, and resilience of the whole CYP population (for CYP who do not need individualised support) and support CYP who would benefit from targeted support by enabling access to personalised support when and where they need it.'

#### What have people told us?

- We need to intervene at a much earlier stage to help build children's resilience and prevent escalations in mental ill health that are often impacted because of long waiting lists
- There needs to be a more a joined-up approach in terms of mental health support for schools, and for parents and carers with healthcare providers to establish a comprehensive support network that supports the wider system.
- The COVID-19 pandemic has impacted heavily on children and young people's mental health
- More mental health support needs to be made available to meet the needs of children and young people who have additional needs such as autism and ADHD and for those with historic or current self-harm. Some services will often see such cases as above threshold of need. Thresholds need to be better understood where children and young people have self-harmed.
- Whole school/systems should promote emotionally healthy environments, making every effort to prevent the risk of psychological harm or escalated needs.

#### What will we do to deliver this priority?

- Undertake 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. This will include areas such as the impact of social media and bullying.
- Deliver a more enhanced Early Intervention Children and Young People Mental Health Service to bring together colleagues from early years, education, health and the voluntary sector to support children, families and professionals

- Deliver Multi-agency Institute of Health Visiting (IHV) Perinatal and Infant Mental Health Training via Champions to promote understanding of the concepts of perinatal and infant mental health, the impact it can have for the developing baby, infant, parents, wider family and society and what we can do to support good family mental health and wellbeing from the Antenatal period.
- Development of Family Hubs - with a focus on improving maternal mental health in pregnancy and during parenthood and children and young people's mental health
- Roll out a range of evidenced based programmes including the My Happy Minds Programme in Cheshire East to support all Local Authority primary schools and academies to deliver an effective curriculum that teaches children and young people the skills to thrive and the skills to bounce back when challenge hits.
- 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
- Give Children, young people, their parents, and carers more opportunities to have their say and ensure they become fully embedded in the development of mental health services at place and across the Integrated Care System

## **Lead Partners**

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire and Merseyside Integrated Care System
- VCFS Sector

## **Priority 2 – Education, Employment and Training**

### **Why is this a priority?**

We will look to enhance mental health support within education settings and workplaces and support people into education and employment opportunities. We will also seek to support the mental health sector workforce to recruit and retain staff across all levels of service provision.

### **What have people told us?**

- Staff working across mental health services should be made to feel more valued and in turn this would lead to increased staff retention and continuity of care
- Leadership in school and college settings need to understand how a programme of 'supervision' can benefit staff and pupil wellbeing as part of a whole school approach. Those facilitating supervision / reflective space must have adequate training and understanding of the function of supervision and receive appropriate professional supervision themselves

with qualified and experienced supervisors, in order to nurture their ability to be emotionally available adults.

- There needs to be more support provided to improve employment opportunities for people with mental health support needs including care leavers

#### **What will we do to deliver this priority?**

- Development a multi-disciplinary Mental Health workforce across health and educational settings
- Improve school access to evidence informed information, advice, training, resources and services and support school leadership to match services to their own set of unique needs.
- Provide specialist support to people with mental health support needs to help them into employment, including more integrated working with employers through the work of the Welfare to Work Partnership.
- Place more employment support in NHS Talking Therapies services we can ensure that more people with common mental health conditions are getting the integrated support they need to improve their mental health and remain in, return to or find work. The Provision provides skills-based interventions, information and practical support to help people receiving NHS Talking Therapies services to remain in; return to; and find work. This Initiative also complements the NHS England programme to increase the provision of NHS Talking Therapies to ensure that 1.9m per year have a first session of treatment by March 2024 as stated in the NHS Long Term Plan.
- Where possible seek to embed the recommendations from Transformation Partners in health and care to find ways in which physical activity can be better utilised within NHS talking therapy services to help improve the mental health outcomes of service users. This includes developing a joint plan to better promote best practice and emerging work in the area with credible partners in physical activity such as the Active Partnership Active Cheshire and mental health services providers.

#### **Lead Partners**

- Cheshire East Council
- Cheshire and Merseyside Integrated Care System

#### **Priority 3 – Early Intervention and Prevention**

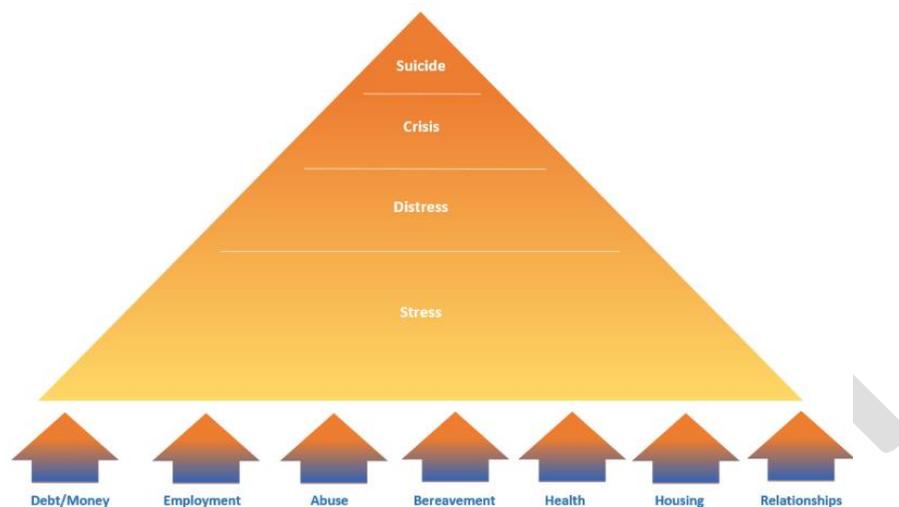
##### **Why is this a priority?**

There will be a focus on building on early intervention and prevention support. This will include a greater focus tackling the wider determinants of mental health (including loneliness, social isolation, cost of living crisis, drug and alcohol addiction) with a focus on areas such as self-harm, anxiety and suicide prevention.

Early intervention means identifying and providing effective early support to people who are at risk of poor mental health outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do before problems get worse.

Mental health prevention is defined as intervening to minimize mental health problems by addressing determinants of mental health problems before a specific mental health problem has been identified in the individual, group, or population of focus with the goal of reducing the number of future mental health interventions.

Many of the social detriments of poor mental health have their foundation in everyday life issues such as problem debts, poor physical health, relationship breakdown, abuse and loss.



The focus on early intervention and prevention is also supported through the Cheshire East Self Harm and Suicide Prevention Action plan. This is a multi-agency live document that includes key priorities aligned with the national and regional strategy. Priorities in our local plan include: *'tailor approaches to improve mental health in specific groups'*.

Some examples are:

1. Mens mental health
  2. Children and young people emotional wellbeing and mental health.
- People with reduced inequalities and/or overlapping social risk factors

### What have people told us?

- We need to shift the focus of services to focus on early intervention to provide better long-term outcomes and reduce the number of people in crisis
- There needs to be more emphasis on wider determinants of mental health and a greater focus on links to improving diet, and exercise.
- Key to improving early intervention services is enhanced partnership working, better signposting to services, improved links into local group/community settings and leisure support
- More support is required for people with depression and preventing self harm and suicide

### What will we do to deliver this priority?

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- Support our residents to become more physically active by implementing the All Together Active Strategy and Everybody Healthy Programme
- Develop a more joined up approach between specialist domestic abuse services and mental health services
- Provide improved Peer Support Networks and support provided across local areas
- To support a system wide suicide prevention strategy, and the recently developed local suicide place action plan
- Encourage and enable joined up and effective support to VCFS services that address the social determinants of poor mental health
- Family Hubs will aim to bring the council, health and community services together so that families can access the right support at the right time. They will build on our current children's centre and early help offer to provide high quality, joined up, whole-family help services.
- Support the wider community to be mental health aware by offering the Tier 1 intervention training MECC for Mental Health and MECC for physical activity training at a minimum.

#### **Lead Partners**

- Cheshire East Council Public Health Team
- Active Cheshire
- Cheshire and Wirral Partnership NHS Foundation Trust

#### **Priority 4 – Building Sustainable Communities**

##### **Why is this a priority?**

We will seek to ensure the communities within which we live support good mental health. This will be achieved by shaping and developing places, connecting communities; planning sustainable places to live which are free from crime. We will also encourage access to green spaces; promoting public health and working to tackle stigma and discrimination within communities.

##### **What have people told us?**

- There needs to be a greater focus on enhancing access to green spaces to support and maintain health and wellbeing, especially through the development of new housing developments
- They would like to see reduced stigma within communities associated with poor mental health
- More support and awareness raising within communities on mental health generally for the public and carers

##### **What will we do to deliver this priority?**

- More focus on reducing mental health inequalities across communities in Cheshire East, including improved mental health support for carers and people from under-represented groups, including those from different ethnic backgrounds and address cultural and language barriers
- Work with commissioned care and housing providers to deliver an improved and diverse housing offer in Cheshire East to support those with

mental health support needs or need environmental adaptations due to neurodiversity

- A project by the Mental Health Partnership Board to reduce stigma, normalise human distress and psychological difficulties and consider the needs of those providing unpaid care for someone with mental illness.
- Implement a collaborative approach between specialist domestic abuse services and mental health services to support individuals and families experiencing domestic abuse and sexual violence to have improved mental health outcomes.
- Encourage local providers of housing to better engage with challenges their residents experience and the role they can play in impacting those challenges

### **Lead Partners**

- Cheshire East Council
- Cheshire and Merseyside Integrated Care System
- Cheshire East Carers Hub
- Cheshire East Domestic Abuse Partnership

### **Priority 5 – Transformation of Mental Health Services**

#### **Why is this a priority?**

We will work in a more joined up way to support people with their mental health and wellbeing needs in the community. Improving community services will mean people will be less likely to need help in hospitals and make sure people can move between the services they need easily.

We also need to improve the accessibility and quality of mental health provision locally by reducing the need for high cost out of area placements. Patients admitted to out of area units are often hundreds of miles away from home, meaning they are unable to access their usual support networks while at their most vulnerable, often finding their care seriously disrupted with long term implications for their recovery.

We will utilise the highest level of skill as early in the care pathway as possible as this will ensure a very robust and holistic assessment of needs and will prevent unnecessary, low relevance interventions or placement on unsuitable waiting lists.

#### **What have people told us?**

- It is important that mental health services in the community work collaboratively to ensure early access to support as part of recovery and building resilience
- Services need to be easy to access with clear pathways of support to reduce pressure on hospitals and also more easily accessible in local communities, together with more emphasis on the use of technology to reduce the need to travel (which will reduce the impact on climate change)
- More person-centred services are required offering bespoke (1-1) services, supporting long term planning and greater accessibility at

different times of the day. This is particularly important for people who are autistic.

### **What will we do to deliver this priority?**

- Develop the market through joint working between health and social care commissioners with providers in the borough, to establish services that meet a range of mental health support needs in the community (step up/down supported housing provision).
- Development of a lower level mental health pathway to support those discharged from hospital back into the community.
- Implementation of the Community Mental Health Transformation Programme to improve support around social prescribing, improve accessibility to services through initiatives such as digital technology and reduce waiting times,
- Greater partnership working with the Voluntary Community Faith Sector (VCFS) Mental Health Alliance to develop community mental health services which will meet need, demand, and address gaps in services.

### **Lead Partners**

- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire East Council
- Cheshire and Merseyside Integrated Care System
- VCFS Mental Health Alliance

## **Priority 6 – Crisis Support**

### **Why is this a priority?**

We will look to build on current crisis support by making it easier to access services and ensure that appropriate support is available at all times of day and night. We will also seek to address the current gaps around crisis provision for children and young people through the development of more urgent and emergency care provision.

Mental health crisis support is vital to support to someone experiencing extreme distress. This may lead to self-harm or suicidality – inclusive to planning and further risk. Someone may experience a crisis for a range of reasons, such as a big life change, or because an existing mental health condition is getting worse. All crises will be different in their cause, presentation, and progression.

It must be recognised that there have been significant developments in terms of enhancing crisis support within Cheshire East in recent years, with the introduction of an All-Age Mental Health Crisis Line and the establishment of community crisis beds and crisis cafes (in Macclesfield and Crewe). This plan aims to encourage greater integrated partnership working to build on existing available crisis support and ensure that this is further enhanced to meet the needs of our population.

### **What have people told us?**

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- Crisis support is vital, and support needs to be available at all times of the day
- There needs to be improved urgent and emergency care provision. available for children and young people within the community
- For non- mental health professionals who work with children and young people at risk: timely access to guidance is required to enable effective risk management and support plans that scope both home and school environment
- Support needs to be complimented with better links into other services to prevent people slipping back into crisis situations
- There needs to be clearer routes into accessing crisis support
- People require better information of what crisis support is available in the community to stop people going to hospital

### What will we do to deliver this priority?

- We will seek to improve our Children and Young People Crisis Care Service Provision, including the development of an intensive home treatment team
- We will support the priorities set in the Cheshire East Place Suicide Prevention Action Plan.
- We will seek to ensure that our crisis services are more accessible with clear pathways to support and better linkages between services across health, social care and the wider community including the Third Sector.
- There will be wider promotion of the crisis offer available to both adults and children with more accessible information in a variety of formats and languages made available.
- We will work with system partners to understand the implications of Right Care, Right Person and to develop and implement plans for partner agencies to be able to respond where, historically, police services have provided support.

### Lead Partners

- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire East Council,
- Cheshire Police
- Cheshire and Merseyside Integrated Care System,
- Voluntary, Community, Faith Sector Providers

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## 7 How Will We Deliver Our Priorities and High-Level Outcomes?

To enable us to successfully deliver our priorities in Cheshire East, **several high-level outcomes** have been identified. These key delivery actions in the implementation plan (below) will be delivered and monitored by a range of organisations as part of a partnership approach to ensuring the successful delivery of the plan.

Regular monitoring on the plan will be undertaken through the Cheshire East Mental Health Partnership Board and updates will be made available on the Cheshire East Council Website.

### Cheshire East Place Mental Health Plan - Implementation Plan

Priority 1- Children and Young Peoples Mental Health and Emotional Wellbeing					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
Children and Young People benefit from individualised support and have timely and appropriate access to Mental Health, Emotional Health and Wellbeing Services  Measured by:	Cheshire & Merseyside CYP Mental Health Logic Model 2022-2024, Beyond CYP Transformation Programme	Recommissioning of the co- produced Emotionally Healthy Children and Young People Service	Cheshire East Council	Cheshire and Merseyside Integrated Care System, Participation Team, Children and Young Peoples Groups	2024
CYP M1: Low wait times to access Children and Young People’s MH services (CWP to provide data)		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	Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire East Council	Cheshire and Merseyside Integrated Care System	2023-2028

<p>CYP M2: Low MH inpatient admissions for Children and Young People (CWP to provide data)</p> <p>CYP M3: Periodic feedback from Children and Young People and families about service access and provision</p>		<p>Strengthen the Early Help Board and workstreams to improve outcomes for children through an improved early help offer</p>	Cheshire East Council	Cheshire and Merseyside Integrated Care System, Cheshire and Wirral Partnership, Children and Young Peoples Groups	2023-2028
		<p>Implementation of the Beyond Programme Emotional Health and Wellbeing Workstream</p>	Cheshire and Merseyside Integrated Care System	Cheshire and Wirral Partnership NHS Foundation Trust, Children and Young Peoples Groups	2023-2028
		<p>Rollout of the Best Start in Life policy to support early years and recommendations through the Family Hubs operational delivery in communities.</p>	Family Hubs	Cheshire and Merseyside Integrated Care System , VCFS	2023-2028
<p>Children and Young People who do not need individualised support have access to initiatives that</p>	Cheshire East Children and Young Peoples Plan 2022-2026	Development of Family Hubs - with a focus on Improving maternal mental health in pregnancy and during	Cheshire East Council	ICB, Participation Team, Childrens Trust Board	2023/24

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<p>support their mental wellness, emotional wellbeing, and resilience.</p> <p><b>Measured by:</b> CYP M3: Feedback from Children and Young People and families about service access and provision</p> <p>CYP M4: Published Joint Strategic Needs Assessment for Emotional Mental Well-being</p> <p>CYP M5: Evaluation about impact of My Happy Mind Software using feedback from schools</p> <p>CYP M6: reduction of persistent absenteeism in primary and secondary schools (Fingertips Public Health data)</p>		<p>parenthood and children and young people’s mental health</p> <p>Recommissioning of Care Leavers Mentoring Service</p> <p>Development of Joint Strategic Needs Assessment for Emotional Mental Wellbeing – This will help to better understand the emotional and mental wellbeing needs of children and young people and their parents,</p> <p>Further implementation and roll out of ‘My Happy Mind Software’ - to teach school children about the workings of the brain and improving wellbeing, this has been rolled out across all Primary Schools</p> <p>Development of guidance to improve school attendance. ‘Working together to improve attendance’ through home centred approaches</p>	<p>Cheshire East Council</p> <p>Cheshire East Council – Public Health Team</p> <p>Cheshire East Council</p> <p>Cheshire East Council</p>	<p>Independent Sector Providers</p> <p>ICB, VCFS, Education</p> <p>Cheshire and Merseyside Integrated Care System</p>	<p>2023/24</p> <p>2023/24</p> <p>2023-2028</p> <p>2023-2028</p>
<p>Children, young people, their parents, and carers are fully embedded in the development of services at place and across the Integrated Care System</p> <p><b>Measured by:</b></p>	<p>Cheshire &amp; Merseyside CYP Mental Health Logic Model 2022-2024</p>	<p>Increasing the involvement of young people on the Cheshire East Mental Health Partnership Board</p>	<p>Cheshire East Council</p> <p>Cheshire East Council and Cheshire and</p>	<p>Cheshire and Merseyside Integrated Care System, Cheshire East Parent Carer Forum, Cheshire East Youth Groups, Cheshire</p>	<p>2023-2028</p>

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<p>CYP M7: Number of CYP nominated representatives and their attendance record at CE MHPB or representation from members of co-production workstream</p> <p>CYP M8: Outputs from CYP Co-production workstream (to be agreed with children and young people)</p> <p>CYP M9: Feedback from Parent Carer Forum and Youth Groups on their inclusion and involvement in planning of future service developments, together with assurance from services around co-production activity</p> <p>CYP M10: Bi-annual review of co-production activity within Mental Health Support Teams</p>		<p>Further development of Children and Young People Co-Production Workstream Team</p> <p>Engagement and Co production to capture voice via Parent Carer Forum and Youth Groups on future service development</p> <p>Mental Health Support Teams using evidence-based co-production methods to ensure that their services and projects balance the expressed needs of CYP alongside the evidence base and service capacity.</p>	<p>Merseyside Integrated Care System</p> <p>Mental Health Support Teams (Cheshire and Wirral Partnership NHS Foundation Trust)</p>	<p>and Wirral Partnership NHS Foundation Trust</p>	<p>2023-2028</p>
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<b>Priority 2 - Education, Employment and Training</b>					
<b>High Level Outcomes</b>	<b>Wider Strategic Links</b>	<b>Cheshire East Place Implementation Actions</b>	<b>Lead Organisation (s)</b>	<b>Other Partners</b>	<b>Timescales for Completion</b>

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<p>Develop a Mental Health workforce that is multi-disciplinary and maximises the potential for workforce innovation through embracing new roles and diversification and is representative of the patient population it serves</p> <p><b>Measured by:</b>  <u>Overall:</u>  CYP M1 : Low MH inpatient admissions for Children and Young People (CWP data)  NB It is possible that there would be an initial rise in referrals for community mental health support as schools become more aware of mental health issues</p> <p><u>Additional proxy measure</u>  EET M1: By 2025, All Cheshire East schools will receive training, tools and resources to empower them to work in ways that promote good mental health’</p>	<p>Cheshire &amp; Merseyside CYP Mental Health Logic Model 2022-2024, Cheshire East Children and Young Peoples Plan 2022-2026</p>	<p>Senior Mental Health Lead (SMHL)-is a new role and the DfE have committed to funding for up to one SMHL to access training by 2025. As of May 2023 106, CE settings have completed the training. We will continue to promote understanding of the role of SMHL and uptake of training in remaining 44% of schools and promote specialist tools and resources to enable all CE schools to measure progress and understand that their approach is effective.</p> <p>Further facilitation of a Senior Mental Health Lead Network involving regular meetings between education and health organisations and training providers to improve communications and impact on their work with children and young people and service access.</p> <p>Continue to work with a range of local and national training providers to enable school leads to select from a suite of evidence informed training that best meets the needs of their school community. This includes training to improve the quality and capacity of both a universal and targeted aspects of the whole school approach, such as working in trauma and mental health informed ways,</p>	<p>CEC - Education Team</p>	<p>Cheshire and Merseyside Integrated Care System, Cheshire and Wirral Partnership NHS Foundation Trust, VCFS Sector</p>	<p>2022 to 2025</p> <p>2023-2028</p>
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		<p>self-harm and suicide prevention training.</p> <p>To enable CEC to monitor uptake the training and information will continue be shared via the CEC <a href="#">Wellbeing for Education   Chess Hub</a> page.</p>			
<p>Improve mental health support across education settings across Cheshire East</p> <p><b>Measured by:</b> <u>Overall:</u> CYP M2 : low MH inpatient admissions for Children and Young People (CWP data) NB It is possible that there would be an initial rise in referrals for community mental health support as schools become more aware of mental health issues</p> <p><u>Additional proxy measure</u> EET M2: further development and usage statistics for iThrive Mental Health Service Directory</p>	<p>Children and Young Peoples Trust Board, Integrated Care Board Strategy, Children and Young Peoples Plan</p>	<p>Ongoing development of the Wellbeing for Education webpage and Training Directory for schools on mental health, self-harm and suicide prevention training that is available locally and nationally on the Cheshire East Council Website.</p>	CEC - Education Team	<p>Integrated Care System, Cheshire and Wirral Partnership NHS Foundation Trust</p>	2023-2028
		<p>Schools to implement the Suicide Prevention Guidance for Cheshire East Schools document</p>	CEC - Education Team		2023-2028
		<p>Continue to roll out the Cheshire East iThrive Mental Health Service Directory which has been developed by CEC and ICB, so that school and college settings can use this to sign post CYP who would benefit from advice and support to the right services at the right time.</p> <p>Develop pathways to support school to-integrate ithrive language throughout policy, procedure and everyday communications.</p>	Cheshire East Council, Integrated Care System		2023-2028

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<p>Improved employment opportunities for people with mental health support needs, with employment being one of the most important determinants of physical and mental health</p> <p><b>Measured by:</b>  <u>Overall:</u>  EET M3: increased % of people in work during lifetime of plan (Fingertips Public Health data)</p> <p><u>Additional proxy measure</u>  EET M4: Supported Employment Strategy in place</p>	<p>Shared Prosperity Fund 2024/25, Cheshire and Warrington Workforce Recovery Group and Welfare To Work Partnership Board</p>	<p>NHS Individual Placement and Support Service - supporting people with MH support needs</p>	<p>Integrated Care System</p>	<p>Standguide</p>	<p>2023-2028</p>
		<p>Shared Prosperity Fund 2024/25 - People and Skills workstream, will be using evidence-based practice to support people with Mental Health needs into work through specialist support.</p>	<p>Cheshire East Council Supported Employment Team</p>		<p>2024/25</p>
		<p>Welfare to Work Partnership - established and will be looking at a range of people with support needs including mental health with a focus on employer Engagement to look at working with employers.</p>	<p>Cheshire East Council Supported Employment Team</p>		<p>2023-2028</p>
		<p>Development of Supported Employment Strategy</p>	<p>Cheshire East Council – Supported Employment Team</p>		<p>2024/25</p>

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Priority 3 - Early Intervention and Prevention					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
<p>Enhanced suicide prevention support by increasing awareness of risks, training and improving the support offer</p> <p><b>Measured by:</b> <u>Overall:</u> EIP M1: stabilisation or reduction in % suicide rate for CE during lifetime of Plan (Fingertips Public Health data) Target – The ambition is for a zero target across Cheshire and Merseyside</p> <p><u>Additional proxy measures</u> EIP M2: JSNA developed EIP M3: Local Suicide Action Plan developed</p>	Cheshire and Merseyside Suicide Prevention Strategy 2022-2027	Development of Joint Strategic Needs Assessment to identify local picture	Cheshire East Council Public Health Team	Integrated Care System, Mental Health VCFS Alliance	2023/2024
		Development of Local Suicide Action Plan, aligned with the Cheshire and Merseyside Suicide Prevention Strategy	Cheshire East Council Public Health Team	Self-Harm and Suicide Prevention Board, Cheshire and Wirral Partnership NHS Foundation Trust	2022-2025
		Delivery of CHAMPs Suicide Prevention Training to frontline staff in education, health, social care and voluntary community settings.	Cheshire East Council Health Improvement Team		2023-2028

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<p>EIP M4: delivery of CHAMPs Suicide Prevention training widely across system</p>					
<p>Cheshire East residents to become more physically active to support and manage their mental health</p> <p><b>Measured by:</b> <u>Overall:</u> EIP M5: increase in % of physically active adults during lifetime of the plan (Fingertips Public Health data)</p> <p><u>Additional proxy measure</u> EIP M6: evaluation of the Green Spaces for Well-being project</p>	<p>C&amp;M All Together Active, Cheshire East Council Corporate Plan 2021-2025, Cheshire East Health and Wellbeing Strategy</p>	<p>Implement the All Together Active Strategy to reduce health inequalities resulting from physical inactivity by:</p> <ul style="list-style-type: none"> <li>- Supporting CE Place to further develop opportunities to use physical activity as a way of improving population health. <ul style="list-style-type: none"> <li>o Encouraging and supporting inactive people to move more</li> <li>o Removing barriers to participation in physical activity</li> <li>o Increasing opportunities to be physically active</li> <li>o Increasing opportunities to get involved in sport</li> </ul> </li> <li>- Embedding movement, physical activity and sport within the Cheshire (and Merseyside) health and social care system.</li> </ul> <p>Delivery of the <u>Green Spaces for Wellbeing Project</u>- a nature-based activities designed around the Five</p>	<p>Active Cheshire</p> <p>ANSA</p>	<p>Integrated Care System, Care Communities (Social Prescribing) Physical activity providers Cheshire East Council, Public Health Team</p> <p>Cheshire East Social Action Partnership,</p>	<p>2022-2026</p> <p>2023-2028</p>

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		Ways to Wellbeing to improve physical and mental health and wellbeing (launched in Crewe in November 2022; Macclesfield in January 2023)		CCICP, Care Communities	
		Implementation of Everybody Healthy Programme	Everybody Health and Leisure	One You – Cheshire East	2023-2028
Improved Peer Support Networks and support provided across the local area  <b>Measured by:</b> EIP M7: increase in paid peer support workforce (CWP and CEC Data)	Community Mental Health Transformation	Implement a paid Peer Support workforce  Establishment of a framework to support the Peer Support Network in Cheshire East  Ongoing consultation, and co-production with Peer Support Groups	Cheshire and Wirral Partnership NHS Foundation Trust  CEC - Communities Team  Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire East Council	Mental Health VCFS Alliance, Recovery College  Mental Health VCFS Alliance  Mental Health VCFS Alliance	2023-2028  2025  2023-2028

**Priority 4 - Building Sustainable Communities**

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High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
<p>Reduce mental health inequalities across communities in Cheshire East</p> <p><b>Measured by:</b> EIP M8: increase in the % of adult carers who report as much social contact as they would like (Fingertips Public Health data)</p> <p>EIP M9: uptake of Oliver McGowan training across Place</p>	<p>CE Carers Strategy, Cheshire East Council Equality, Diversity, and Inclusion Strategy 2021-25</p>	<p>Increase mental health support for carers</p> <p>Development of the Cheshire East Health and Wellbeing Strategy</p> <p>implement the Oliver McGowan training on Learning Disability and Autism for mental health staff working across health and social care</p>	<p>Cheshire East Council</p> <p>Integrated Care System</p> <p>Integrated Care System</p>	<p>Cheshire East Carers Hub</p>	<p>2023-2028</p> <p>2023-2028</p> <p>2023-2028</p>
<p>Stigma and discrimination associated with mental health is reduced</p> <p>EIP M11 – Reduction in levels of hate crime in Cheshire East (Cheshire Police)</p> <p><u>Proxy Measure:</u> EIP: M10: increase in % people aged 16+ who agree with the statement</p>		<p>Project to tackle stigma and discrimination in Cheshire East</p>	<p>Cheshire East Mental Health Partnership Board</p>	<p>Cheshire Police, Mental Health Alliance</p>	<p>2023-2025</p>

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I feel like I belong to this neighbourhood (Fingertips Public Health data)					
An improved and diverse housing offer in Cheshire East to support those with mental health support needs  <b>Measured by:</b> EIP M11: increase in number of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Fingertips Public Health data)	Vulnerable and Older Persons Housing Strategy, Cheshire East Market Position Statement, Cheshire East Site Allocations and Development Policies Document	<p>Collaboration with providers, developers and the Local Planning Authority to improve housing stock across the borough.</p> <p>Ensure housing/planning policy is implemented to facilitate the delivery of safe and suitable housing in sustainable locations, with appropriate green space and active routes to improve physical and mental health.</p> <p>Development of renewed Vulnerable and Older Persons' Housing Strategy to understand need for accommodation.</p> <p>Increased collaboration between Health and Housing Link Workers and NHS Teams</p>	<p>Cheshire East Council – Commissioning Team &amp; Strategic Housing Team Planning</p> <p>Cheshire East Council – Members, Planning &amp; Strategic Housing Team</p> <p>Cheshire East Council - Strategic Housing Team</p> <p>Cheshire East Housing Options Team</p>	<p>Registered Housing Providers, Developers, Care Providers</p> <p>As above</p> <p>CEC departments and external partners including developers and care providers</p> <p>Integrated Care System</p>	<p>2023-2028</p> <p>2023-2028</p> <p>2023-2028</p> <p>2023-2028</p>
Individuals and families experiencing domestic abuse and sexual violence have improved mental	Cheshire East Domestic Abuse and Sexual	Whole Housing Approach - Specialist Domestic Abuse/MH Worker located in My CWA,	Cheshire East Domestic Abuse Partnership	CWP, Domestic Abuse and Sexual Violence Services (IDVA, RASASC	2023/24

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<p>health outcomes through a more joined up approach between specialist domestic abuse services and mental health services (and other services)</p> <p><b>Measured by:</b> EIP M12: periodic evaluation of service outcomes, commencing 2025</p>	<p>Violence Partnership Strategy 2021 - 2023</p>	<p>Multi-Disciplinary Team including Domestic Abuse Worker within Custody Suites around Domestic Abuse with links to Mental Health Services</p>		<p>and My CWA), Cheshire Police, Community Asset Providers</p>	2023/24
		<p>Implementation of Health Pathfinder, to improve pathways into domestic abuse services from health,</p>			2023/24
		<p>Refresh of Domestic Abuse and Sexual Violence Partnership Strategy</p>			2023/24

Priority 5 - Transformation of Mental Health Services					
High Level Outcomes	Wider Strategic Links	Cheshire East Place Implementation Actions	Lead Organisation (s)	Other Partners	Timescales for Completion
<p>Earlier and easier access to support as part of recovery and building resilience</p> <p><b>Measured by:</b> TMHS M1: reduction in referrals to adult secondary mental health services (Fingertips Public Health data)</p>	<p>Community Mental Health Transformation, CE Market Position Statement</p>	<p>Recommissioning of Mental Health Floating Support Service</p>	Cheshire East Council	<p>Integrated Care System</p>	2023/24
		<p>Development of a lower level mental health pathway to support people discharged from hospital back into the community</p>	Cheshire East Council, Cheshire and Wirral Partnership		2023/24
		<p>ARRS Workers working across Primary Care to triage individuals and link with social prescribing,</p>	Community Mental Health Transformation Programme	Mental Health Alliance	2023-2028

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<p>TMHS M2: waiting times for adult community mental health services are within 4 week wait (CWP data)</p>		<p>Implement a 4 week waiting time standard by Q1 2023/24 for community mental health services</p> <p>Support community asset organisations to ensure greater links with community mental health teams</p>	<p>Community Mental Health Transformation Programme</p> <p>Community Mental Health Transformation Programme</p>		<p>2023/24</p> <p>2023/24</p>
<p>Improved access to services which are joined up with clear pathways of support</p> <p>TMHS M2: waiting times for adult community mental health services are within 4 week wait (CWP data)</p>	<p>Community Mental Health Transformation</p>	<p>Community Mental Health Transformation Programme, including workstreams around - Community Assets, SMI, Neurodiversity, Eating Disorders, Complex Needs (Personality Disorder), Early Intervention Psychosis</p>	<p>Community Mental Health Transformation Programme</p>	<p>ICB, Primary Care Networks, VS Mental Health Alliance, CEC, ICS, Care Communities</p>	<p>March 2024, ongoing</p>
<p>Enhanced commissioned services that are more person centred, deliver positive outcomes, and value for money and reduce the need for high cost out of area placements.</p> <p><u>Proxy measure:</u> TMHS M3: increase in % of adult social care users who have as much social care contact as they would like (Fingertips Public Health data)</p>	<p>Community Mental Health Transformation</p>	<p>Development of a shared marketplace for Complex Needs (including those with Mental Health Support needs)</p> <p>Collaborative commissioning to develop more service provision locally, including specialist supported housing to prevent people going into hospital and to support people leaving hospital.</p>	<p>Cheshire East Council, Integrated Care System, Cheshire and Wirral Partnership. Cheshire East Council</p>	<p>Lived Experience Advisors, Care Communities</p>	<p>2023/24</p> <p>Ongoing 2023-2028</p>

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<b>Priority 6 - Crisis Support</b>					
<b>High Level Outcomes</b>	<b>Wider Strategic Links</b>	<b>Cheshire East Place Implementation Actions</b>	<b>Lead Organisation (s)</b>	<b>Other Partners</b>	<b>Timescales for Completion</b>
<p>Improve the crisis support offer for children and young people</p> <p><b>Measured by:</b> CS M1: reduction in hospital admissions as a result of self-harm 10-24 years (Fingertips Public Health data)</p>	NHS Long Term Plan	Development of Child and Young People Crisis Care Service Provision including an intensive home treatment team	Cheshire and Wirral Partnership NHS Foundation Trust	Integrated Care System, Cheshire East Council	2023/24
		Development of Crisis Resolution Service, to ensure children who attend A+E up to age of 16 will receive an assessment and follow up, crisis resolution support for two weeks or intensive home treatment for up to 8 weeks	Cheshire and Wirral Partnership NHS Foundation Trust	Integrated Care System, Cheshire East Council	2023/24
		Ancora Care – development of service to support children at home.	Cheshire and Wirral Partnership NHS Foundation Trust	Cheshire East Council	2023/24
		Scoping exercise on the development of alternative places of safety for children and young people	Cheshire and Wirral Partnership, Integrated Care System	Cheshire East Council, VCFS Sector	2023/24
Improve timely access and clear pathways across existing mental health crisis support services	NHS Long Term Plan	Review of Community Crisis Beds across Cheshire East to ensure improved accessibility, utilisation and onward journey	Integrated Care System	Independent Care Providers	2023/24

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<p><b>Measured by:</b> <u>Overall:</u> EIP M1: stabilisation or reduction in % suicide rate for CE during lifetime of Plan (Fingertips Public Health data)</p> <p>CS M2: reduction in emergency hospital admissions for intentional self-harm (Fingertips Public Health data)</p> <p>Additional proxy measure: CS 3: Periodic evaluation of impact of Crisis Café provision</p>		<p>Recommission of Crisis Cafes in Macclesfield and Crewe</p>	<p>Cheshire and Wirral Partnership NHS Foundation Trust</p>	<p>Cheshire East Council, Independent Care Providers</p>	<p>2024/2025</p>
<p>Information about crisis services is easy to find, clearly written and include how to gain access to them</p> <p><b>Measured by:</b> <u>Overall:</u> EIP M1: stabilisation or reduction in % suicide rate for CE during lifetime of Plan (Fingertips Public Health data)</p> <p>CS M2: reduction in emergency hospital admissions for intentional self-</p>	<p>NHS Long Term Plan</p>	<p>Promotion of the All Age Crisis Telephone line with targeted approach focusing on schools</p> <p>Services that support people in crisis produce information in a variety of formats (including easy read and other languages)</p>	<p>Cheshire and Wirral Partnership NHS Foundation Trust</p> <p>Integrated Care System</p>	<p>Cheshire East Council</p> <p>Independent Care Providers</p>	<p>2023-2028</p> <p>2023-2028</p>

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<p>harm across CE during lifetime of Plan (Fingertips Public Health data)</p> <p><u>Additional proxy measure:</u> Co-produced review of availability and accessibility of crisis information</p>					
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## Appendices

1 Mental Health and Wellbeing Discussion Plan, Updated January 202

[Mental health and wellbeing plan: discussion paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106111/mental-health-and-wellbeing-plan-discussion-paper-2020.pdf)

2 The Health and Care Act 2022

[Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/25/contents)

3 Build Back Fairer: The COVID-19 Marmot Review

[Build Back Fairer: The COVID-19 Marmot Review - The Health Foundation](https://www.healthfoundation.org.uk/build-back-fairer-the-covid-19-marmot-review)

4 Core20Plus5

[CORE20PLUS5 Landscape \(england.nhs.uk\)](https://www.england.nhs.uk/core20plus5-landscape/)

[Reducing-healthcare-inequalities-Core20PLUS-infographic.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/core20plus5-reducing-healthcare-inequalities-infographic/)

5 Cheshire East Council Corporate Plan 2021-2025

[Cheshire East Corporate Plan 2021-2025](https://www.cheshireeast.gov.uk/corporate-plan-2021-2025)

6 Cheshire Youth Justice Services Health Needs Assessment – Executive Summary Report – Liverpool John Moores University

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Cheshire East Place Mental Health Plan 2023-2028

7 National Strategy for autistic children, young people and adults: 2021-2026

[The national strategy for autistic children, young people and adults: 2021 to 2026 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026.pdf)

8 The Best Start in Life – A Vision for the 1,001 Critical Days

[The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/the-best-start-in-life-a-vision-for-the-1-001-critical-days.pdf)

9 National Partnership Agreement: Right Care, Right Person

[National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/national-partnership-agreement-right-care-right-person-rcrp.pdf)

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#BecauseWeCare  
Cheshire East Partnership

# Cheshire East Place Mental Health Plan 2024-2029

Easy Read Version  
Draft V2



## Introduction



Mental health is about our minds. It is about how we think and feel.



Mental ill health is when our minds are not well.  
A person may think or behave differently to how they normally would.



We want people in Cheshire East to have good mental health.



Mental health can be affected by things like

- Home
- Work
- Family
- Friends

	<p>Mental health affects everybody.</p>
	<p>We want to make our services better.</p>
	<p>We want to help people sooner.</p>
	<p>We want to prevent mental ill-health.</p>

	<p>We want to promote good health.</p>
<p><b>What did we do?</b></p>	
	<p>During 2022 we talked to lots of people face to face and online.</p>
	<p>We did a survey and had lots of replies.</p>
	<p>People want to have better access to services and local support.</p>

	<p>They want different options and not just medication.</p>
	<p>They want their family to be involved.</p>
	<p>They want services to talk to each other.</p>
	<p>They want to know who can help and when.</p>
 <p>Training Room</p>	<p>They want better information, so people are not afraid of mental health.</p>



They want training for carers about mental ill health and how to help.

### How we will make changes



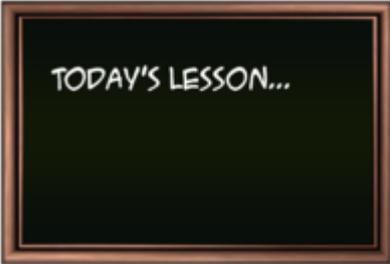
How we will make changes for children and young people



- We will keep services to a high standard.



- We will help services to talk to each other.

	<ul style="list-style-type: none"><li>• We will offer better help and sooner.</li></ul>
	<ul style="list-style-type: none"><li>• We will help Family Hubs to be better at supporting mental health</li></ul>
	<ul style="list-style-type: none"><li>• We will listen to the needs of children, young people and parents</li></ul>
	<ul style="list-style-type: none"><li>• We will use special software to teach children about wellbeing.</li></ul>
	<ul style="list-style-type: none"><li>• We will help children to get to their school.</li></ul>

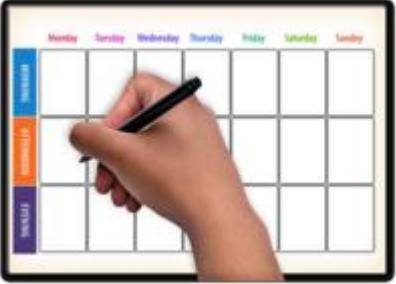
	<ul style="list-style-type: none"><li>• We will make decisions with young people and their parents or carers.</li></ul>
	<p><b>How we will make changes in learning and work</b></p>
	<ul style="list-style-type: none"><li>• We will create a network for staff to share ideas, skills and training.</li></ul>
	<ul style="list-style-type: none"><li>• We will improve online learning and mental health information in schools.</li></ul>
	<ul style="list-style-type: none"><li>• We will help schools to give information and training to keep children safe.</li></ul>

	<ul style="list-style-type: none"><li>• We will use services to help people to get a job</li></ul>
	<ul style="list-style-type: none"><li>• We will help employers to understand mental health</li></ul>
	<p><b>How we will make changes to stop suicide</b></p>
	<ul style="list-style-type: none"><li>• Suicide is when a person dies by their own actions.</li></ul>
	<ul style="list-style-type: none"><li>• We want to stop suicide by training teachers and teaching assistants.</li></ul>

	<ul style="list-style-type: none"><li>• We will write a local action plan to stop suicide</li></ul>
	<ul style="list-style-type: none"><li>• We will write a local action plan to help people to be more active</li></ul>
	<ul style="list-style-type: none"><li>• We will have local activity programmes</li></ul>
	<ul style="list-style-type: none"><li>• We will help people to support each other</li></ul>
	<p><b>How we will make changes and make communities better</b></p>

	<ul style="list-style-type: none"><li>• We will improve mental health support for carers.</li></ul>
 <p>Training Room</p>	<ul style="list-style-type: none"><li>• We will help more staff to have good quality training</li></ul>
	<ul style="list-style-type: none"><li>• We will help people to understand that mental ill health does not make you a bad person</li></ul>
	<ul style="list-style-type: none"><li>• We will improve the housing in our communities and have more green space</li></ul>
	<ul style="list-style-type: none"><li>• We will help health and housing groups to talk to each other.</li></ul>

	<ul style="list-style-type: none"><li>• We will have a big team of people to help services to talk to each other.</li></ul>
	<p><b>How we will make change by changing mental health services:</b></p>
	<ul style="list-style-type: none"><li>• We will help people who move from hospital to the community.</li></ul>
	<ul style="list-style-type: none"><li>• We will help people to improve their communities.</li></ul>

	<ul style="list-style-type: none"><li>• We will have quicker access to services with shorter waiting time.</li></ul>
	<ul style="list-style-type: none"><li>• We have a mental health plan to help make changes to improve mental health</li></ul>
	<p><b>How we will make changes to emergency support</b></p>
	<ul style="list-style-type: none"><li>• We will create safe places for children and young people and support them at home.</li></ul>
	<ul style="list-style-type: none"><li>• We will look at the number of crisis care beds and what they are used for.</li></ul>

	<ul style="list-style-type: none"><li>• We will make sure that children get the right care when they leave hospital.</li></ul>
	<ul style="list-style-type: none"><li>• We will provide crisis cafes in Macclesfield and Crewe.</li></ul>
	<ul style="list-style-type: none"><li>• We will tell people about the All-Age Crisis telephone line.</li></ul>
	<ul style="list-style-type: none"><li>• We will tell people about crisis support so it is available to everyone</li></ul>



#BecauseWeCare  
Cheshire East Partnership

# Cheshire East Place

## All Age Learning Disability Plan 2024-2029



Cheshire and Merseyside



## Our plan sets out our vision and aims for people of any age with learning disability in Cheshire East for the period 2024 to 2029.

We are proud to present this Cheshire East All-age learning disability plan as it has been co-produced with, and based on the views of, people with learning disability and their parents and carers. This has been possible through engagement to understand what is important to them. We are incredibly grateful for the support of all those people who have taken the time to contribute their views either in person or through written feedback.

In developing our plan, we have listened to residents with a learning disability, their parents and families, professionals and those who provide support to identify six priorities to focus on for the next five years. Our plan is a framework to support children, young people and adults with a learning disability and their families and carers in Cheshire East. Everyone is unique and services are personalised to meet need.

### The next five years

While the plan details what our aims are for the next five years, this strategy builds on progress so far and seeks to maintain the very positive service developments achieved to date, delivering better health and wellbeing outcomes for people with learning disability and parents and carers.

The refreshing of the previous document maintains a further improved approach taken when it was first published in 2018, engaging closely with people and families and those who support them.

Cheshire East Learning Disability Partnership Board have the responsibility of ensuring successful delivery of the plan. To ensure this is done, the Plan is supported by a Delivery, which has been developed from our consultation, outlining how the plan is developed into clear foundations of change.

### Who are we?

The Cheshire East Partnership is a group of partners working together to improve the health and wellbeing of the residents of the Cheshire East local authority areas. The partnership includes:

- Cheshire East Council
- Cheshire and Merseyside NHS
- Cheshire and Wirral Partnership NHS Foundation Trust
- East Cheshire NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare CIC
- Healthwatch Cheshire

They have produced a plan to explain how partners will work together to improve the health and wellbeing of our communities. [The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028](#) sets out what we want to do, why we want to do

it and the difference we believe we can make to the health and wellbeing of Cheshire East residents.

## What is Cheshire East Place

Cheshire East Place is an area that covers the Cheshire East Local Authority area and sits within the Cheshire and Merseyside Health and Care Partnership, which is one of nine Places all based upon the local authority areas of Cheshire and Merseyside.

It is a platform for leadership, planning and delivery of health and local authority care services. Taking a place-based approach requires working effectively with other local authority services, other public sector organisations and with the many voluntary, community, faith and not-for profit organisations.

## Our vision

### To make life better for Cheshire East residents with a learning disability and their carers

Whilst our vision remains our focus for the next five years, our new plan builds on progress so far and seeks to maintain the very positive service developments achieved to date, delivering better health and wellbeing outcomes for people with learning disability and parents and carers.



Our vision is based on identifying the life outcomes that are important to people with learning disabilities and ensuring that all our commissioning activity is focused on meeting those outcomes. By identifying activities and outputs that enable people with learning disabilities to achieve the outcomes framed by their aspirations

We also contribute to a whole range of wider outcomes that benefit the whole population of Cheshire East. This has been achieved through having conversations with people with lived experience, family carers, health & social care professionals and organisations represented on the [Cheshire East Learning Disability Partnership Board](#). Our conversations now form the building foundation for this plan, through the priorities that people have told us are important.

## What we want to achieve

We want people in Cheshire East to enjoy independence, and to be in control, working with people to be as independent as possible rather than someone doing things for them. Our vision for people with a learning disability to make life better is based upon ensuring people can make informed choices and how they are able to live their lives like anyone else.

To achieve this, people with a learning disability will be involved in the design and delivery of services that meet their needs, now and in the future. The contents of our plan shapes

how we will work over coming years to ensure our vision and aims are met for the benefit of our residents, with an appreciation of change to meet the challenges in the future.

### Our priorities

We want children, young people, and adults with a learning disability in Cheshire East to be safe and be part of community, learning and achieving potential, being supported into paid and unpaid work. To achieve this, our plan is built upon key priorities and aims:



The priorities have been co-produced within this plan, seeking to raise the profile of children and young people and adults with a Learning Disability to continue our work to increase community awareness and inclusion and reduce inequalities that people experience. Further, the priorities have been informed by direct feedback from people with lived experience, and act as a foundation to ensure further improved support for children and young and people and adults with a Learning Disability to live healthy, safe, and fulfilling lives.

The plan has a five-year lifespan and will be subject to progress reports through the Delivery Plan to the Learning Disability Partnership Board, ultimately reporting to the wider Cheshire Place Health and Wellbeing Board.

### More information about our priorities

<b>Becoming an adult</b>	<b>We want you to....</b>
<b>Aims</b>	<ul style="list-style-type: none"> <li>▪ have the right support and choices at the existing stage of life for people with a learning disability turning 18 years of age</li> <li>▪ I want to feel well supported and know where to get the help and information I need as reach the age of 18</li> <li>▪ feel happy that your parents and carers have the right information about making choices together with you</li> </ul>
<b>What we will do</b>	<ul style="list-style-type: none"> <li>▪ Ensure integration of social workers through CYP and ASC</li> <li>▪ Continue to improve pathways for young people approaching adulthood based on our <a href="#">Plan for Adulthood</a></li> <li>▪ Continue working of the aligning multi-agency systems in both children's and adults' services</li> </ul>
<b>How will we measure progress?</b>	<ul style="list-style-type: none"> <li>▪ An increase in satisfaction rates for Adult Social Care among people with learning disability aged 18 to 25 year-olds</li> <li>▪ Reduction in the number of young people aged 18 to 25-year-olds who live in residential care home</li> <li>▪ Increase in the number of young people aged 18 to 25-year-olds with a learning disability in paid, unpaid employment or in training</li> <li>▪ Information and/or training is available on life impacting health transitions</li> </ul>
<b>Right care and support</b>	<b>We want you to....</b>
<b>Aims</b>	<ul style="list-style-type: none"> <li>▪ have access to current information provided in different ways so that it is accessible to all</li> <li>▪ have a greater say and share information about good practice from self- advocacy organisations locally and nationally</li> <li>▪ have access to a broad range of activities and learning opportunities, universal opportunities being open to everyone</li> </ul>

	<ul style="list-style-type: none"> <li>▪ have a care and support plan about my life and my future care not just about money and how I pay for care</li> </ul>
<b>What we will do</b>	<ul style="list-style-type: none"> <li>▪ Ensure an integration of health and social care commissioners develop services that maintain a culture of valuing people</li> <li>▪ Process of assessment and care and support plans are clear and transparent and include future life planning</li> <li>▪ Co-produce care and support plans with the individual</li> <li>▪ Develop services that are person-centred and focused on the individual</li> </ul>
<b>How will we measure progress?</b>	<ul style="list-style-type: none"> <li>▪ An excellent quality of life</li> <li>▪ Care and support that is person centred, including advance care planning</li> <li>▪ People are supported who are eligible to have a Personal Health Budget, Direct Payments and Individual Service Fund (ISF)</li> <li>▪ You, your family, and carers will have the right information at the right time</li> </ul>
<b>Choice and control</b>	<b>We want you to....</b>
<b>Aims</b>	<ul style="list-style-type: none"> <li>▪ have equal access to various kinds of services that meet your need</li> <li>▪ have a say about choices made for you</li> <li>▪ have a say about how services are designed and delivered</li> <li>▪ be able to go out more and enjoy a social life</li> </ul>
<b>What we will do</b>	<ul style="list-style-type: none"> <li>▪ Ensure you have a person-centred plan and have control of it</li> <li>▪ Have choice of how you pay for services, through direct payments, personal budgets, and personal health budgets and ISF</li> <li>▪ Ensure you are listened to and valued in making choices for your life and end of life</li> <li>▪ Maintain you are supported with your friendships and relationships</li> </ul>
<b>How will we measure progress?</b>	<ul style="list-style-type: none"> <li>▪ You are supported to make decisions about every aspect of your life including end of life</li> <li>▪ There is an increase in the number of people who report they had a say in the way their care or support is being provided</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Measure occasions when people are supported to go out when they want</li> <li>▪ Promote the increased use of assistive technology to support people to be independent</li> </ul>
<b>My home</b>	<b>We want you to....</b>
<b>Aims</b>	<ul style="list-style-type: none"> <li>▪ feel safe and have a choice of accommodation</li> <li>▪ receive valuable information and advice on your housing options</li> <li>▪ have choice and control about who you live with</li> <li>▪ be close to family and friends</li> <li>▪ have access to good transport</li> <li>▪ have good accommodation that is of good quality and flexible for your needs</li> </ul>
<b>What we will do</b>	<ul style="list-style-type: none"> <li>▪ Detailed plans to develop more accommodation options</li> <li>▪ Make sure people are given clear information and have choice about where to live, and who to live with</li> <li>▪ Make sure there is enough local support for people who come back to Cheshire East</li> <li>▪ Develop plans to support people to live in their local community as independently as possible</li> <li>▪ Review and promote Shared Lives</li> </ul>
<b>How will we measure progress?</b>	<ul style="list-style-type: none"> <li>▪ Increased offers for suitable accommodation</li> <li>▪ Housing that enables inclusion and supports choice and control, and quality of life</li> <li>▪ Develop homes for life</li> <li>▪ Information and advice on housing and support is consistent, available, clear, and accessible</li> </ul>
<b>My community</b>	<b>We want you to....</b>
<b>Aims</b>	<ul style="list-style-type: none"> <li>▪ feel supported to be part of where you live</li> <li>▪ live your life to the full</li> <li>▪ have the opportunity to gain experience and develop</li> <li>▪ be able to contribute to the community in which you live</li> </ul>
<b>What we will do</b>	<ul style="list-style-type: none"> <li>▪ Work towards you feeling part of your community and directly involved in the area you live</li> <li>▪ Ensure we are understanding and acting on what a person wants and needs</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Develop existing community assets and resources to enable residents with Learning Disabilities to have the opportunity to access them</li> <li>▪ Co-design and implement a Relationships Policy and guidance including training programme for residents with Learning Disabilities</li> </ul>
<b>How will we measure progress?</b>	<ul style="list-style-type: none"> <li>▪ Information and support to access activities in the community</li> <li>▪ Providing information about different types of activities - universal and specialist, to understand how inclusion is progressing for you</li> <li>▪ An increased awareness of the needs of adults with learning disabilities within the community and the promotion of inclusion</li> <li>▪ Improved opportunities to access the community</li> <li>▪ Feeling happy about where you live</li> </ul>
<b>Good health</b>	<b>We want you to....</b>
<b>Aims</b>	<ul style="list-style-type: none"> <li>▪ feel well and be healthy</li> <li>▪ have good mental health</li> <li>▪ have annual health checks</li> <li>▪ good access to services is available at the right time and it is easy to find support</li> </ul>
<b>What we will do</b>	<ul style="list-style-type: none"> <li>▪ Making sure more people have a health check each year for people aged 14 years and above</li> <li>▪ Ensure we work together so more people have Health Action Plans</li> <li>▪ Look at why people remain in long stay hospitals</li> <li>▪ Review health impacts of loneliness and isolation</li> <li>▪ Assess instances of individuals at risk of admission to hospital to take action to prevent admission</li> </ul>
<b>How will we measure progress?</b>	<ul style="list-style-type: none"> <li>▪ An increase in the number of young people and adults with a health passport and fast track ID when they go into hospital</li> <li>▪ Young people and adults with long term conditions and their families and carers are supported to manage their health</li> <li>▪ Awareness of sexual health for young people and adults with a learning disability</li> </ul>

## Developing our plan

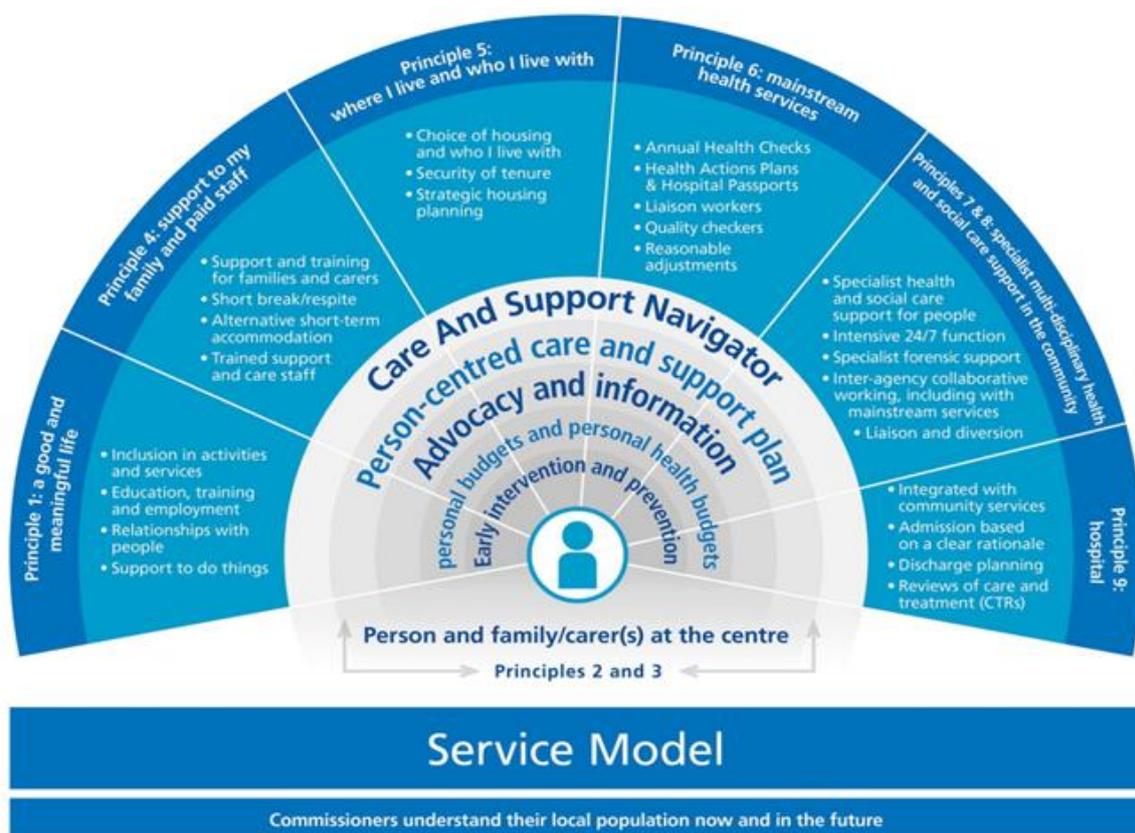
Lots of people have been working to produce this plan. The co-production of the plan was developed with the Cheshire East Learning Disability Partnership Board (LDPB) and included input from many people;

- Self-advocates of young people and adults with a learning disability
- Parents and carers
- Schools
- Health practitioners
- Service commissioners and social workers
- Providers of services

The vision of our five-year plan is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated, and sustainable services that meet people’s needs by the best use of all the assets and resources we have available to us. The plan is an update of our previous strategy for Cheshire East, taking many actions and tasks further forward. The plan supports Cheshire East Councils’ [Corporate Plan 2021-2025](#) and particularly our priorities;

An open and enabling organisation	A council which empowers and cares about people	A thriving and sustainable place
<ul style="list-style-type: none"> <li>⑩ Listen, learn and respond to our residents, promoting opportunities for a two-way conversation</li> <li>⑩ Promote and develop the services of the council through regular communication and engagement with all residents</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce health inequalities across the borough</li> <li>• Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation</li> </ul>	<ul style="list-style-type: none"> <li>⑩ A great place for people to live, work and visit</li> <li>• Welcoming, safe and clean neighbourhoods</li> </ul>

While the NHS has experienced changes within this field with integrated care systems replacing clinical commissioning groups, the nine principles within the National Service Model<sup>1</sup> remain as important as outlined in the Service Model.



Also, the plan further supports the **NHS The Learning Disability Mortality Review (LeDeR)<sup>2</sup>** and subsequent change to new name for the LeDeR programme will be Learning from Life and Death Reviews<sup>3</sup> This is a programme commissioned to improve the standard and quality of care for people with a learning disability and will help people with a learning disability enjoy a range of life opportunities without constraint on their choices.

Combining an integrated approach is further supported through the **Joint Local Health and Wellbeing Strategy 2023-2028<sup>4</sup>**, in which it outlines their high-level vision and aspirations to:

<p><b>Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not</b></p>	<p><b>Improve the physical and mental health and wellbeing of all of our residents</b></p>	<p><b>Help people to have a good quality of life, to be healthy and happy.</b></p>
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<sup>1</sup> [Transforming Care: service model specification January 2017](#)

<sup>2</sup> [NHS Learning Disability Mortality Review \(LeDeR\) Programme: Action from Learning](#). May 2019

<sup>3</sup> [NHS Learning from Life and Death Reviews](#)

<sup>4</sup> [Joint Local Health and Wellbeing Strategy 2023-2028 The Cheshire East Partnership Five Year Plan](#)

## How we developed our plan

### Engagement and consultation

A review of the previous All Age Learning Disability Strategy was undertaken to assess its success which was presented to the Cheshire East Learning Disability Partnership Board, and a project group was developed. The learning from the review was that the new strategy should be called a Plan, which needs to have a clear and SMART objective (specific, measurable, achievable, realistic, and timely), workstreams to take forward actions and that there is clear accountability in which to monitor progress.

We undertook two online consultations during the past two years in the lead up to developing our plan, gaining feedback from people with lived experience and partners in seeking to shape our refreshed plan.

### What people told us

Even through our most challenging time during the Covid 19 lockdown we undertook online engagement events, including surveys and online meetings, which has now shaped and informed the contents of this new plan.

To acknowledge coming out of lockdown, and to get everyone together again the Cheshire East Learning Disability Partnership Board hosted a face-to-face conference in June 2022, celebrating with over 200 self-advocates, parent carers, professionals and people with lived experience what we have achieved in recent years, and the issues that are important to people now. This has now not only influenced this plan, but also based on what people had told us, three key actions were formulated into an Acton Plan, see below.

Some of what people told us		Key actions to make improvements
	<p>'We would like to go out more'</p> <p>'We get to access the community and meet new people'</p> <p>'More social and evening activities to let people stay up late'</p> <p>'Better transition working'</p>	<p>Make things better for people who want to stay up late</p>
	<p>'Staff, personal assistants, and carers don't get enough praise'</p> <p>'More events and chances for people to have their say on services'</p> <p>'I have difficulty in getting to events as no transport'</p> <p>'Make work in care more attractive'</p>	<p>Give people more chance to have their say on services and what they want to do</p>
	<p>'Better access to information'</p> <p>'Services that meet the needs of people and what they want to do'</p> <p>'More choice of services for people with learning disabilities'</p>	<p>Provide better access to information for people with learning disabilities and carers</p>

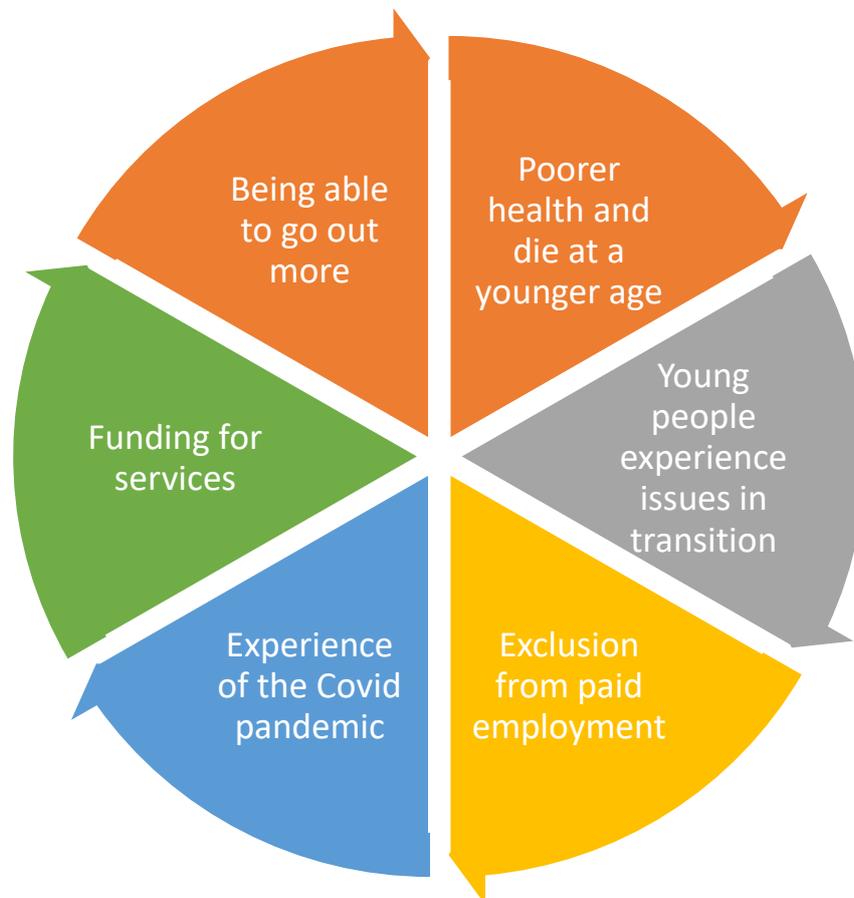
Listening and working together to reflect the voices of many, requires a balance between what people want and need and the challenges faced in the current environment. Our shared experiences of the Covid-19 pandemic have highlighted again that it is often the most vulnerable in society who are likely to suffer most from these kinds of significant impact events, dealing with feelings of isolation and lack of control.

However, the pandemic has brought forward opportunities within communities themselves for new ways of working, the use of new and emerging technology and heightened the awareness of the good that communities can do for each other. Our plan will set out how we will look to continue this shift and make the most of the benefits of engaged and supportive communities.

### Our challenges

We have achieved a lot since our first coproduced strategy and worked to improve the lives of people with a learning disability.

Guidance has been provided to support health, social care, and other public services to further support people with a learning disability to have more independency and control of their lives and the service they receive. However, we still have work to do and there are still challenges that we face for people with a learning disability, including:



## More information about our challenges

<p><b>Being able to go out more</b></p> <ul style="list-style-type: none"> <li>• Children and teenagers take part in fewer leisure activities</li> <li>• Our experience of lockdown made people feel isolated</li> <li>• People tell us they want to go out more in the evenings and weekends</li> </ul>	<p><b>Poorer health and die at a younger age</b></p> <ul style="list-style-type: none"> <li>• People still experience health inequalities</li> <li>• Experience poor mental and physical health</li> <li>• Ensuring effective services are in place so fewer people die early</li> </ul>	<p><b>Young people experience issues in transition</b></p> <ul style="list-style-type: none"> <li>• Ensuring care there are good pathways established</li> <li>• Making sure young people and their families get the right information</li> <li>• Ensuring teams are in place to support young people 14-25 with SEND</li> </ul>
<p><b>Exclusion from paid employment</b></p> <ul style="list-style-type: none"> <li>• Experiences in education affect ability to access employment</li> <li>• Feel out of place, different, forgotten, worthless and isolated</li> <li>• Need the support and help of carers, family, friends and people they know and trust</li> </ul>	<p><b>Experience of the Covid pandemic</b></p> <ul style="list-style-type: none"> <li>• Nationally there was an increased risk of illness and death during the COVID-19 pandemic</li> <li>• Linking health inequalities and experiences of Covid to support improvements</li> </ul>	<p><b>Cost of living</b></p> <ul style="list-style-type: none"> <li>• The rising costs of living is having an immediate effect on people with a learning disability</li> <li>• We are seeing an increase in demand for services and a reduction in budget</li> <li>• Ensuring that support needs match the individual's care and support plan for personal budget</li> </ul>

Meeting these challenges are reflected within this plan, explored in seeking to meet successful outcomes. It would need to be acknowledged that there will be less money available than in the past. We need to be spending money more targeted for better outcomes for the individual ensuring a better and measurable outcome.

## Our local need<sup>5</sup>



### Our numbers

In Cheshire East 5,253 adults and 2,647 children are estimated to have a learning disability.

The number of adults with a learning disability is projected to stay around the same at 5,244 by 2030.



### Population growth in Cheshire East

Numbers of people will change as our population grows and people generally live longer.

By 2040 Cheshire East is expected an increase of 0.33% of people, from 390,980 to 415,756



### Housing offer....

There are many people seeking accommodation and support to live independently. Just under 80% of current supported living provision for LD is within shared housing when people tell us they prefer their own front door.



### Access to training and employment

In 2018/19 12% of the 940 working age adults with learning disabilities known to services in Cheshire East were in paid employment

Of these, 69 were male and 44 were female



### Not everyone in Cheshire East needs support....

In Cheshire East, 1,050 children have a SEN related with a learning disability and 1,567 adults were registered with a GP and accessing support

In 2017 there were 10,029 people with learning disabilities, this includes 7382 adults (15+) and 2647 children and young people (0-14 years)

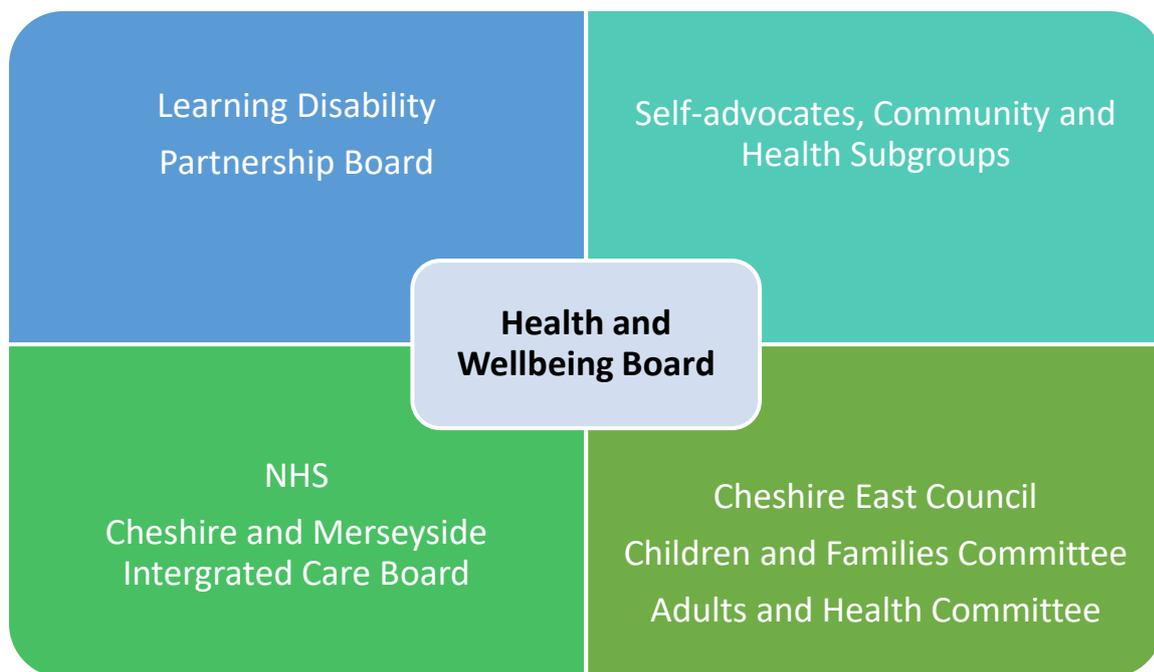
<sup>5</sup> Office of National Statistics (ONS) 2020; Cheshire East Joint Strategic Needs Assessment 2019; Cheshire East Population Statistics ONS 2023; Cheshire and Merseyside Transforming Care Partnership Assessment of future accommodation with support needs October 2022

## How will we monitor this plan

Together, we will develop a comprehensive delivery plan which will set out in more detail the tasks that need to be undertaken to deliver the plan, and this will be updated at least annually.

Regular review and monitoring of this plan will also ensure that any future stakeholder feedback can be considered, and changes made to this plan and delivery plan where appropriate.

The delivery plan will be overseen through relevant Council and partnership governance, and have overall responsibility to the Cheshire East Place Health and Wellbeing Board ;



## Next steps

We have undertaken a lot of engagement and consultation in order to develop this plan to ensure we have included what is important to the people of Cheshire East. The consultation period confirmed support for the broad priorities in the strategy, and some changes and additions to the plan will be made because of the consultation received during this period.

However, this is not the end of the conversation; once the strategy is adopted, it will be kept under regular review to ensure that we continue to put the needs of our residents and service users at the forefront of our plans.

## Words and terms used in this plan, and what they mean

ASC	Adult Social Care
CEPCF	Cheshire East Parent Carer Forum is a group of parents and carers of disabled children and young people. Our aim is to make sure the services in Cheshire East meet the needs of disabled children / young people and their families.
CYP	Children and young people
CQC	Care Quality Commission the independent regulator of health and social care in England
EHCP	Education, Health and Care Plan is a legal document which describes a child or young person's aged up to 25 special educational needs, the support they need, and the outcomes they would like to achieve.
ICB	Integrated Care Board is an NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area.
ICS	Integrated Commissioning System are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
LA	Local Authority
LDPB	The Cheshire East Learning Disability Partnership Board is a partnership of agency, for example the Council, NHS, community groups, and self-advocates and parent carers with a role is to represent everyone in Cheshire East who has a learning disability and to be your voice.
LeDeR	Learning Disabilities Mortality Review - Established in 2017, founded by NHS England and NHS Improvement, LeDeR is a service improvement programme that improve care, reduce care inequalities, and prevent people with a learning disability and autistic people from early deaths
NHSE	National Health Service England
Personal outcomes	Describes what a person wants to achieve. These are goals that the person receiving care and support, and their care worker or carer work towards
Priorities	The priorities within this plan are the things everyone feels is important and want to work together to achieve
SEND	Special Education Need and Disabilities
SMART	SMART objectives are specific, measurable, achievable, and timebound. They help to organise, track, and accomplish long and short-term goals in an effective way, for example in our Delivery Plan
Social prescribing	Social prescribing refers to when health professionals refer patients to non-clinical support services in the local community to help their health and wellbeing where appropriate
Vision	The vision set out the ambition for the future

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#BecauseWeCare  
Cheshire East Partnership

# Cheshire East Place

## All Age Learning Disability Plan 2024-2029

Easy Read Version



Cheshire and Merseyside



**People 1st**



This plan is about you, your family, and carers.

It provides information about what we all want to achieve in improving services for Cheshire East residents of all ages with a learning disability.



The council, the NHS, other agencies, and people with a learning disability have produced a plan for people in Cheshire East of all ages with a learning disability and their family and carers.

The plan is a refresh of the current one and seeks to improve services and help people make choices.



The plan explains how we will work together make support and service better for people with a learning disability.

This easy read is a short version of the main plan. Some words are in bold, is this just to show you how we explain things in more detail.



We asked lots of people what we needed in our plan

They told us the most important things were:

- Becoming an adult
- Right care and support
- Choice and control
- My home
- My community
- Good health



The plan now focuses on the 6 important things, which are called priorities.



### **Becoming an adult**

**Some of the main things we will work on:**

- Ensure social workers in Children and Young People Services and Adults work close together for you
- Improve things for young people approaching adulthood based on our [Plan for Adulthood](#)
- Continue working to help different agencies who work with you

	<p><b>How will we know things get better?</b></p> <ul style="list-style-type: none"><li>▪ We will ask you how you feel things are</li><li>▪ Work to reduce the number of young people in residential care homes</li><li>▪ Work to increase the number of young people in training or employment</li><li>▪ Information is available to support you through changes as you become an adult</li></ul>
	<p><b>Right care and support</b></p> <p><b>Some of the main things we will work on:</b></p> <ul style="list-style-type: none"><li>▪ Services you receive are made to value you</li><li>▪ Your care and support plans are clear to understand and written with you</li><li>▪ Services have you at the very centre of things</li></ul> <p><b>How will we know things get better?</b></p> <ul style="list-style-type: none"><li>▪ You feel safe and happy</li><li>▪ Services are person-centred</li><li>▪ People are supported to access Personal Health Budget</li><li>▪ You, your family, and carers will have the right information at the right time</li></ul>



## **Choice and control**

**Some of the main things we will work on:**

- Ensure you have Choice control over things that are important to you
- You have choice about how services are paid
- You are listened to and valued in making choices for your life

**How will we know things get better?**

- We ask you if you can make decisions for yourself
- More people say they have a say in the way their care and support is being provided
- You tell us that you have been able to go out to events in the evening and weekends when you want
- There is an increase in the use of assistive technology to support people to be independent



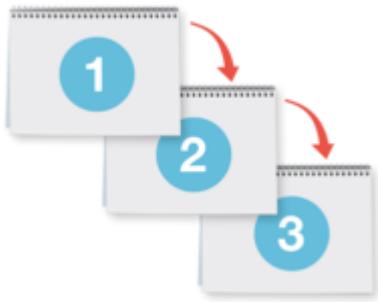
## **My home**

**Some of the main things we will work on:**

- We will provide a plan for people accommodation options
- Make sure you have a good and clear information

	<ul style="list-style-type: none"><li>▪ Make sure things are better for people who want to come back to Cheshire East</li><li>▪ Ensure people feel happy in the community they live</li><li>▪ Increase the use of Shared Lives</li></ul> <p><b>How will we know things get better?</b></p> <ul style="list-style-type: none"><li>▪ There are more choices of accommodation</li><li>▪ You have a home that enables you to be included, have choice and a good life</li><li>▪ A home for life</li><li>▪ Good and clear information about housing for you</li></ul>
 <p>The logo for 'Community Life' is a purple oval containing a 3D illustration of a diverse group of people. On the left, a person is seated in a wheelchair. In the center, a woman stands wearing a patterned dress. On the right, a man in a suit stands. The background shows a residential house and a church with a steeple, all set against a green tree.</p>	<p><b>My community</b></p> <p><b>Some of the main things we will work on:</b></p> <ul style="list-style-type: none"><li>▪ Ensure you feel included where you live</li><li>▪ Understanding and acting on what you want and need</li><li>▪ Ensure our community buildings and other assets are available and easy to access</li><li>▪ Work together to develop a Relationship Policy</li></ul>

	<p><b>How will we know things get better?</b></p> <ul style="list-style-type: none"><li>▪ There is good information for you about where you live</li><li>▪ We promote and work together to increase awareness of people needs</li><li>▪ Improve access to you community</li><li>▪ You feel happy about where you live</li></ul>
	<p><b>Good health</b></p> <p><b>Some of the main things we will work on:</b></p> <ul style="list-style-type: none"><li>▪ Making sure more people have a health check each year</li><li>▪ Work together so more people have Health Action Plans</li><li>▪ Look at how loneliness and isolation effects your health</li><li>▪ Look at when people with a learning disability may be at risk of going into a hospital and work to prevent this</li></ul> <p><b>How will we know things get better?</b></p> <ul style="list-style-type: none"><li>▪ More people health passport and fast track ID when they go into hospital</li><li>▪ Everyone is supported to manage their health</li><li>▪ Improved awareness of sexual health for people with Learning Disability</li></ul>



**What will happen next?**

After a period of consultation, we will work together to put these plans into action.

We will keep people involved in these plans to make sure they work well.



If you would like more information about this plan, and may getting more involved, please contact:

Gerard Buckley  
Cheshire East Council  
07790 565154

[gerard.buckley@cheshireeast.gov.uk](mailto:gerard.buckley@cheshireeast.gov.uk)

# EQUALITY IMPACT ASSESSMENT

TITLE: All Age Mental Health Plan

## VERSION CONTROL

Date	Version	Author	Description of Changes
18 August 2022	1	Mark Hughes	
19 April 2023	2	Mark Hughes	Updated following pre consultation

## CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

**Stage 1 Description:** Fact finding (about your policy / service /

<b>Department</b>	Commissioning Team	<b>Lead officer responsible for assessment</b>	Mark Hughes
<b>Service</b>	<b>People Services</b>	<b>Other members of team undertaking assessment</b>	Keith Evans

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<b>Date</b>	<b>19 April 2023</b>		<b>Version 4</b>			
<b>Type of document (mark as appropriate)</b>	<b>Plan</b>	<b>Plan</b>	<b>Function</b>	<b>Policy</b>	<b>Procedure</b>	<b>Service</b>
		X				
<b>Is this a new/ existing/ revision of an existing document (please mark as appropriate)</b>	<b>New</b>		<b>Existing</b>		<b>Revision</b>	
	X				X	
<b>Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)</b>  <b>Please attach a copy of the Plan/ plan/ function/ policy/ procedure/ service</b>	<p>Partners in Cheshire East focusing on mental health, are working to develop a Mental Health Plan. Our plan will set out the vision and priorities for mental health in the coming years. We want these key parts of the Plan to be meaningful for people across Cheshire East.</p> <p>The Plan will guide the work that health and the local authority and our partners will do to improve mental health and wellbeing in Cheshire East This will include an overall shared vision, a set of key priorities, and how we will achieve these to improve people's mental health and wellbeing. It will also describe how we will measure the difference we're making.</p> <p>We want the Plan to focus on every part of what mental health and wellbeing means. This covers a range of areas, including:</p> <ul style="list-style-type: none"> <li>• addressing the underlying reasons behind poor mental health;</li> <li>• helping to create the conditions for people to thrive;</li> <li>• challenging the stigma around mental health, and;</li> <li>• providing specialist help and support for mental illness.</li> </ul> <p>We also want the Plan to guide how we provide support to everyone who has a role in improving and supporting people's mental health and wellbeing.</p>					

	<p>This ranges from those working in all health and social care settings, in our communities, schools, and prisons. We also recognise the invaluable support of volunteers and unpaid carers.</p> <p>The development of the All Age Mental Health Plan will align to the following priorities within the Cheshire East Corporate Plan 2021-2025</p> <ul style="list-style-type: none"> <li>• A commitment to protect the most vulnerable people in our communities</li> <li>• Promote and develop the services of the council through regular communication and engagement with all residents</li> <li>• Work together with residents and partners to support people and communities to be strong and resilient</li> <li>• Increase opportunities for all children and young adults with additional needs</li> <li>• Support all children to have the best start in life</li> </ul> <p>The development of the Cheshire East All Age Mental Health Plan will be 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.</p>
<p><b>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</b></p>	<p><b>Key Stakeholders</b></p> <p>As part of this process, we will undertake extensive engagement with children, young people and adults who use mental health services and those who may do so in the future.</p> <p>We will also engage with carers, services across the local authority, NHS and commissioned providers, voluntary and community groups and local forums to ensure that everyone has the opportunity to contribute to the Plan development.</p>

	In terms of protected equality groups there will be engagement which will ensure we reach older people, BAME groups and people with a long-standing illness or disability, and young people.	
<b>Consultation/ involvement carried out</b>		A pre consultation has been carried out from August to October 2022 and also a follow up on the draft Plan shall be carried out in May-June 2023.
<b>What consultation method(s) did you use?</b>	<p>In terms of the consultation methods this has included</p> <ul style="list-style-type: none"> <li>- Surveys (including Easy Read)</li> <li>- Consultation Meetings (Virtual and Face to Face)</li> <li>- Meetings with existing Forums and User Groups</li> <li>- We will also use existing partnership boards to keep people informed of the process and allow wider engagement from carers and service users.</li> </ul>	

**Stage 2 Initial Screening**

<b>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</b>	<p>The development of a new Mental Health Plan may have an impact on existing mental health service providers, and service users and carers as they propose a change from the existing service models.</p> <p>There could also be a significant impact on staff from mental health services as well in terms of the location where services are delivered, level of support provided, and tasks related to the delivery of services.</p>
<b>Who is intended to benefit and how</b>	<p>The proposed impact of the Mental Health Plan will ensure that services are designed around an individual rather than vice versa. By ensuring that this provision adopts a more personalised and flexible approach and lead to improved outcomes for individuals who access support. It is hoped that this will also lead to a more joined up approach between mental health service and also stronger links into other forms of community provision including that which is provided by the Voluntary, Community and Faith Sector.</p>

	<p>The Plan will ensure that people with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse population.</p> <p>A key priority within the Plan will look at the best approach to tackling stigma and discrimination which will be a theme which runs through the document.</p>
<p><b>Could there be a different impact or outcome for some groups?</b></p>	<p>There could be impacts for some people who currently access mental health services in terms of the provision that they access changing which will be dependent on the review of their needs and outcomes. The buildings that services are currently delivered from could change as part of any service development and review. This could have impacts on both individuals and carers.</p>
<p><b>Does it include making decisions based on individual characteristics, needs or circumstances?</b></p>	<p>Yes there could potentially be decisions made on what type of services are provided for people with more complex needs to ensure that the services they receive deliver the support required.</p>
<p><b>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</b></p>	<p>Mental health problems have very high rates of prevalence; they are often of long duration, and have adverse effects on many areas of people’s lives, including educational performance, employment, income, personal relationships, and social participation. These problems are very often compounded by the stigma and discrimination and exclusion which is experienced by many people with mental health problems.</p> <p>As part of Plan, we will ensure that we promote the development of support which can meet a variety of individuals with different care needs and that people receive services that meet their needs and outcomes. We also want to ensure equity in terms of locations in the borough where services are located so that people in different locations have local services and opportunities to access.</p>
<p><b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b></p>	<p>We have held engagement and consultation events to ensure that the voice of all stakeholders is heard and that we enable us to ensure that we take on board any considerations around equality.</p>
<p><b>Is there an actual or potential negative impact on these specific characteristics? (Please tick)</b></p>	

Age	Y		Marriage & civil partnership		N	Religion & belief		N
Disability	Y		Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N
Carers		N	Socio Economic		N			

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	Some older people may not have the opportunity to engage in this process due to transport and accessibility issues. There may also be issues with accessing virtual appointments/services that require technology. We have used MS Teams to ensure that people who have been unable to attend face to face meetings can be involved.	Low
Marriage & civil partnership	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Religion	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Disability	Living with a disability may increase the chances of experiencing poor mental health and social isolation.	Low

	To ensure that people with learning disabilities can access the consultation and we have issued an easy read survey document as part of the consultation.	
<b>Pregnancy &amp; maternity</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Sex</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Gender Reassignment</b>	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	<b>N/A</b>
<b>Race</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Sexual Orientation</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Carers</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Socio Economic</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>

**Stage 4 Mitigation**

<b>Protected characteristics</b>	<b>Mitigating action</b> <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues</i>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>

	<i>around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>			
<b>Age</b>	Identify solutions to engage this group of people, working with other community groups and organisations that have the expertise and understanding regarding the needs of those over 65. We held meetings online to ensure that those who may struggle to attend face to face meetings were able to participate.	This will be undertaken throughout consultation and engagement process	Mark Hughes	August-October 2022
<b>Marriage &amp; civil partnership</b>				
<b>Religion</b>				
<b>Disability</b>	Engage partner organisations that have the knowledge, relationships and expertise associated with a range of disabilities. Engage those with disabilities in the consultation process through virtual sessions and surveys.	This will be captured through the consultation and engagement process	Mark Hughes	August-October 2022
<b>Pregnancy &amp; maternity</b>				
<b>Sex</b>				
<b>Gender Reassignment</b>				
<b>Race</b>				
<b>Sexual Orientation</b>				

<b>Carers</b>				
<b>Socio Economic</b>				

### 5. Review and Conclusion

**Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed**

The Mental Health Plan seeks to enhance the support provided to individuals with mental health support needs of all ages. We seek to ensure through more integrated partnership working that we can enhance pathways and offer more support across communities in Cheshire East. There should be no change in service to provision to most people who use mental health services, but there does need to be a robust transition plan in place for those people who either want to change the services they access or those who are coming through transition from childrens services who may wish to access a wider range of options. Operational teams will be heavily involved in reviewing these people and we will also ensure that there will be no gap in service to any people affected.

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
Identification of possible people who use services who may be affected to be completed as a priority prior to consultation and Plan being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager  Operational Heads of Service	May 2023
<b>Please provide details and link to full action plan for actions</b>			

<b>When will this assessment be reviewed?</b>	April 2024		
<b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b>	No		
<b>Lead officer sign off</b>	Mark Hughes	Date 19.04.23	<i>M Hughes</i>
<b>Head of service sign off</b>	Keith Evans	Date 20.4.23	K Evans

**Please return to EDI Officer for publication once signed**

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# EQUALITY IMPACT ASSESSMENT

TITLE: All Age Learning Disability Plan 2024-2029

## VERSION CONTROL

Date	Version	Author	Description of Changes
June 2023	V1_draft	Gerard Buckley	Initial
July 2023	V2	Gerard Buckley	Consultation

## CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Integrated Commissioning Team		Lead officer responsible for assessment		Gerard Buckley	
Service	People Services		Other members of team undertaking assessment		TBC	
Date	07 October 2022		Version 1			
Type of document (mark as appropriate)	Strategy X	Plan	Function	Policy	Procedure	Service X
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision X	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)  Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p><b>Learning Disability Strategy</b> Cheshire East Council are Health partners are developing a five-year (2023-2028) Learning Disability Strategy, which is a refresh of our current strategy: <a href="#">Cheshire East Learning Disability Strategy 2019-2022</a> and will be developed as an All Age Placed Based Strategy. A refreshed strategy pulls together the existing aims and objectives, which set out how people with learning disabilities and their families can be supported to improve their quality of life and have better outcomes. This joint strategy will be developed by the local authority and health partners to ensure that self-advocates, parent carers and partners can support and enable the growing population of people with learning disabilities to achieve their aspirations, whilst also managing within the financial resources available.</p> <p>People with learning disability should not be defined solely by their learning disability. People with learning disability have the right to live full and equal lives, with access to the same opportunities as other members of our communities. Despite this, we know that people with learning disability often experience many disadvantages compared to the rest of the population</p>					

	<p>The learning disabilities improvements contained within this plan are informed by this national policy and direction. The plan illustrates the current and future challenges that the service is facing to meet the growing pressures on a sustainable basis from limited resources and identifies actions to achieve the best outcomes for people within these resources. It identifies what is working well and what needs to improve. The plan intends to implement a service-wide approach to current and future priorities for the learning disability service in order to address some of the demographic challenges for the future and resulting capacity demands and deliver sustainable services within available resources.</p> <p>The strategy aims to bring about systemic change to how learners can access and progress through learning to reach their goals. Intended impacts and outcomes are that the strategy are informed by the refreshed strategy's priorities:</p> <ul style="list-style-type: none"> <li>▪ Community inclusion</li> <li>▪ Early help</li> <li>▪ Education and employment</li> <li>▪ Housing</li> <li>▪ Assistive Technology</li> <li>▪ Mortality, Health and Transforming Care</li> </ul>		
<p><b>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Parents/Carers</li> <li>▪ Service users</li> <li>▪ Councillors</li> <li>▪ Independent Sector Providers</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Commissioners</li> <li>▪ Operational Staff</li> <li>▪ Health colleagues</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>▪ Parents/Carers</li> <li>▪ Service users</li> <li>▪ Councillors</li> <li>▪ Independent Sector Providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Commissioners</li> <li>▪ Operational Staff</li> <li>▪ Health colleagues</li> </ul>
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<p><b>Consultation/ involvement carried out</b></p>	<p>We have been working extensively to develop a refreshed Learning Disability Strategy steered through the setting up of a project group of social care, education, and health professionals; community groups; self-advocates, and parent carers. A formal public consultation will be conducted during November 2022. The contents of the consultation will be informed and shaped by our project group which will enable individuals and groups of people who experience autism to guide the questions.</p> <p>Once a draft refreshed Strategy have been developed, we will seek to go out for public consultation on a second occasion in January 2023.</p>		

<b>What consultation method(s) did you use?</b>	<p>The consultation methods will include:</p> <ul style="list-style-type: none"> <li>Public consultation, which will include easy read versions</li> <li>Engagement with operational teams, community groups, forums and with people with life experiences of learning disability</li> </ul>
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**Stage 2 Initial Screening**

<p><b>Who is affected and what evidence have you considered to arrive at this analysis?</b> (This may or may not include the stakeholders listed above)</p>	<p>A learning disability is a lifelong condition that can significantly affect the lives of people living with it, and it is part of the daily life of around 600,000 people in the UK. In Cheshire East, there are an estimated 378,800 people living in Cheshire East, with approximately 75,800 children under the age of 18 and 303,000 adults.</p> <p>Currently there are 931 adults with a learning disability [see Table 1] who access services within Cheshire East. However, it is likely that there are many more adults with learning disabilities living in the wider community who do not receive support from the council and are therefore not included in these numbers.</p> <p><b>Table 1: GP Cluster data - Cheshire East residents with learning disabilities</b></p> <table border="1"> <thead> <tr> <th>Area</th> <th>Learning Disability</th> </tr> </thead> <tbody> <tr> <td>Alderley Edge, Chelford, Handforth, Wilmslow</td> <td>65</td> </tr> <tr> <td>Bollington, Disley, Poynton</td> <td>27</td> </tr> <tr> <td>Congleton, Holmes Chapel</td> <td>80</td> </tr> <tr> <td>Crewe</td> <td>181</td> </tr> <tr> <td>Knutsford</td> <td>57</td> </tr> <tr> <td>Macclesfield</td> <td>242</td> </tr> <tr> <td>Nantwich and Rural</td> <td>74</td> </tr> <tr> <td>Sandbach, Middlewich, Alsager, Scholar Green and Haslington</td> <td>106</td> </tr> <tr> <td>Unknown</td> <td>99</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>931</b></td> </tr> </tbody> </table>	Area	Learning Disability	Alderley Edge, Chelford, Handforth, Wilmslow	65	Bollington, Disley, Poynton	27	Congleton, Holmes Chapel	80	Crewe	181	Knutsford	57	Macclesfield	242	Nantwich and Rural	74	Sandbach, Middlewich, Alsager, Scholar Green and Haslington	106	Unknown	99	<b>Grand Total</b>	<b>931</b>
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<p><b>Who is intended to benefit and how</b></p>	<ul style="list-style-type: none"> <li>Cheshire East residents with a learning disability</li> <li>Parents, families &amp; carers with life experiences supporting people with learning disabilities</li> <li>Cheshire East Social Work Teams in the implementation of support</li> <li>Wider partners and providers including voluntary and community sector</li> </ul>																						

<b>Could there be a different impact or outcome for some groups?</b>	There could be impacts for some people who currently access services in terms of the provision that they access changing which will be dependent on how things change following the implementation of the strategy. This may include the properties or buildings that services are currently delivered from could change as part of the review. This could have impacts on both individuals and carers.							
<b>Does it include making decisions based on individual characteristics, needs or circumstances?</b>	Yes, there could potentially be decisions made on what type of services are provided for people to ensure that the services they receive deliver the support required to meet their care and support needs.							
<b>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</b>	No – the provision detailed within the strategy and subsequent actions seeks to support all members of the learning disability community.							
<b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b>	We will be holding engagement and consultation events to ensure that the voice of all stakeholders are heard and that we enable us to ensure that we take on board any considerations around equality.							
<b>Is there an actual or potential negative impact on these specific characteristics? (Please tick)</b>								
Age	Y		Marriage & civil partnership		N	Religion & belief	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts	Level of Risk (High, Medium or Low)																																																																																				
<p><b>Age</b></p>	<p>Data information indicates Cheshire East residents with life experiences of learning disabilities will grow across all age groups between now and 2035 (See Table 2). This relates to all age groups, but in particular the older age group (age 65+) is likely to increase as people are living longer. The refreshed strategy will consider the needs of people with learning disabilities of different ages and also seeks to ‘futureproof’ support as set out in more detail in the strategy and covering report.</p> <p><b>Table 2: Cheshire East residents with learning disabilities Age profile</b></p> <table border="1"> <thead> <tr> <th colspan="7">Age Band</th> </tr> <tr> <th>18-34</th> <th>35-54</th> <th>55-64</th> <th>65-74</th> <th>75-84</th> <th>85+</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>32</td> <td>43</td> <td>29</td> <td>60</td> <td>155</td> <td>227</td> <td>546</td> </tr> <tr> <td>16</td> <td>22</td> <td>21</td> <td>31</td> <td>82</td> <td>173</td> <td>345</td> </tr> <tr> <td>38</td> <td>61</td> <td>48</td> <td>58</td> <td>175</td> <td>233</td> <td>613</td> </tr> <tr> <td>104</td> <td>136</td> <td>107</td> <td>120</td> <td>258</td> <td>344</td> <td>1069</td> </tr> <tr> <td>22</td> <td>39</td> <td>29</td> <td>32</td> <td>89</td> <td>159</td> <td>370</td> </tr> <tr> <td>113</td> <td>160</td> <td>127</td> <td>120</td> <td>221</td> <td>312</td> <td>1053</td> </tr> <tr> <td>34</td> <td>54</td> <td>38</td> <td>57</td> <td>124</td> <td>202</td> <td>509</td> </tr> <tr> <td>80</td> <td>84</td> <td>53</td> <td>107</td> <td>225</td> <td>364</td> <td>913</td> </tr> <tr> <td>63</td> <td>78</td> <td>32</td> <td>30</td> <td>62</td> <td>64</td> <td>329</td> </tr> <tr> <td>502</td> <td>677</td> <td>484</td> <td>615</td> <td>1391</td> <td>2078</td> <td>5747</td> </tr> </tbody> </table>	Age Band							18-34	35-54	55-64	65-74	75-84	85+	Grand Total	32	43	29	60	155	227	546	16	22	21	31	82	173	345	38	61	48	58	175	233	613	104	136	107	120	258	344	1069	22	39	29	32	89	159	370	113	160	127	120	221	312	1053	34	54	38	57	124	202	509	80	84	53	107	225	364	913	63	78	32	30	62	64	329	502	677	484	615	1391	2078	5747
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<b>Marriage &amp; civil partnership</b>	Engagement on the strategy considers the family, relationships, and support needs of people with learning disabilities and this will be explored in more detail through the development of the strategy delivery plan.	<b>Low</b>
<b>Religion</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Disability</b>	<p>This refreshed strategy seeks to address the core for the experiences of disability for people with learning disabilities, and the inequalities in access to health and wellbeing</p> <p><b>Health</b></p> <p>Overall, the proportion of people with learning disabilities who die from cancer in the UK is lower than among the general population (12-18%, compared with 26%), although they have proportionally higher rates of gastrointestinal cancer (48-59% vs 25% of cancer deaths). People with learning disabilities with cancer are less likely to be informed of their diagnosis and prognosis, to be given pain relief, to be involved in decisions about their care and they are less likely to receive palliative care.</p> <p>Coronary heart disease is a leading cause of death amongst people with learning disabilities (14-20%). Respiratory disease is possibly the leading cause of death for people with learning disabilities (46-52%) with rates much higher than for the general population. Adults with learning disabilities are 2.6 times more likely to die from asthma than those who do not have learning disabilities.</p> <p>The prevalence of epilepsy in the British population is between 0.5% and 1% among those with moderate learning disability this prevalence rises to 15%. Among those with severe and profound disability the rate raises further to 30%, with seizures commonly being multiple and resistant to drug treatment.</p> <p>Moreover, people with learning disability are 10 times more likely to have a serious sight problem than other people. 6 in 10 people with learning disabilities need glasses and often need support to get used to them. People living independently or with family are significantly less likely to have had a recent eye examination than people living with paid support staff.</p>	<b>Medium</b>

	<p>The <a href="#">Foundation for People with Learning Disabilities</a> states that around 40% of adults with a learning disability experience moderate to severe hearing loss in many cases the hearing loss may be linked the effects of an individual's learning disability, because it may sometimes go unrecognised or undiagnosed, with the behaviours associated with hearing loss being instead considered part of the learning disability.</p> <p>People who have a disability are twice as likely than people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).</p>	
<b>Pregnancy &amp; maternity</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Sex</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
<b>Gender Reassignment</b>	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	<b>N/A</b>
<b>Race</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Sexual Orientation</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>

#### Stage 4 Mitigation

<b>Protected characteristics</b>	<b>Mitigating action</b> <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce</i>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>

	<i>any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>			
<b>Age</b>	Physical access, Transport access, Explore flexible transport being added to service specifications to mitigate.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
<b>Marriage &amp; civil partnership</b>				
<b>Religion</b>	The rationale for change is that customers will have a greater choice about how services are provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics. For instance people with religious beliefs that require a quiet area for prayer at specific times of the day – this could be designed into individually tailored package	This will be captured through the continued consultation and engagement process	Gerard Buckley	April 2023
<b>Disability</b>	The rationale for change is that customers will have a greater choice about how services will be provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
<b>Pregnancy &amp; maternity</b>				

<b>Sex</b>				
<b>Gender Reassignment</b>				
<b>Race</b>	During the consultation we will establish if there are any individuals who require support with accessible information if English is not their first language. This could involve linking in with established support groups/forums.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
<b>Sexual Orientation</b>				

## 5. Review and Conclusion

**Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed**

It is not envisaged that the EIA pre-consultation process would not identify indirect or direct discrimination through the policy intentions of the All Age Learning Disability Strategy. It has shown that despite limited evidence for some protected characteristics, evidence for the wider context in which provision operates shows that the impact of the Strategy will be positive across all many protected characteristics, in particular age, disability, sex, pregnancy and maternity, gender reassignment, sexual orientation, and race. For religion and belief, we have particularly limited data. We have found no evidence of negative consequences at this time, however, in line with best practice we will keep this under review as part of the monitoring of this EIA. Specific policy interventions for actions within the Strategy are yet to be developed. As these policies develop they will require their own EIA to ensure that the specific barriers for each protected characteristic are fully considered. Once these policies are implemented, we will gain a better understanding of the difference each policy will make in reducing discrimination and enhancing opportunity.

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
Identification of possible people who use services who may be affected to be completed as a priority prior to strategy being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager  Operational Heads of Service	April 2023
Enough time must be planned in to the transition plan to ensure effective transfer of those who may be impacted by any service changes and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team / Operational Teams/ transition and mobilisation plan.	Operational Heads of Service  Senior Commissioning Manager	April 2023
<b>Please provide details and link to full action plan for actions</b>			
<b>When will this assessment be reviewed?</b>	Jan 2023		
<b>Are there any additional assessments that need to be</b>	No		

undertaken in relation to this assessment?			
Lead officer sign off	Gerard Buckley	Date: 07 Oct 2022	
Head of service sign off	Mark Hughes	Date 07 Oct 2022	M Hughes

**Please return to EDI Officer for publication once signed**



# Cheshire East Place System Winter Plan 2023/2024

Version 3: 10/10/23

## Slide Index

Slide No	Description	Slide No	Description
3	Summary Review of Winter 2022/23	32	Cheshire East Council
4-5	Introduction Forecast for Winter 2023/24	33 - 37	Better Care Fund/ Adult Social Care Investment Fun
6	National Context	38	Adult Social Care Investment Fund
7 - 8	Winter Planning Timeline & Oversight	39	Local Authority Urgent & Emergency Care Support Grant
9	Governance	40	Winter Wellbeing Campaign
10	Ambition for Winter 2023/24	41	Public Health
11 - 15	Demand Forecasting Plan vs Actuals for East Cheshire NHS Trust & Mid Cheshire Hospitals FT	42	Infection Prevention Control (IPC)
16 -17	Performance Management & Escalation	43	East Cheshire Hospice
18-Jan	High Impact Interventions	44	North West Ambulance
19	Maturity Self Assessments	45	West Midlands Ambulance Service
20	High Impact Actions	46	Cheshire Police
21	Key Lines of Enquiry	47	Cheshire Fire & Rescue
22 - 24	Cheshire & Wirral Partnership Foundation Trust	48	Winter Proposals (Subject to additional funding)
25	Primary Care	49 - 50	Winter Plan Stress Testing
26 - 27	Care Communities - Proposals Winter Plan	51	System Partner Winter Plans
28	East Cheshire NHS Trust	52	Communications
29	Mid Cheshire Hospitals Foundation Trust		
30 - 31	Cheshire East Cluster Model of Care		

### Our Joint System Reflections

- Staff capacity to support change within identified timescales
- Seven-day service provision implications
- Workforce recruitment difficulties in recruiting alongside a growing and increasingly complex workload
- Non-Recurrent funding streams, not knowing how much funding will be available and when
- To work together on a joint systems Communication Plan
- The local system working together to agree how the Better Care Fund can be deployed to best effect
- The two Acute Trusts are working with ECIST to improve criteria led discharges and weekend discharge planning
- Development of virtual wards
- Cheshire East System focus is on all year-round operational resilience which is resource intensive

### Winter Plan Risk Profile

Whilst mobilising the System Winter plan and enacting a number of additional Winter schemes that provided additional capacity, several wider system competing priorities and risks were managed at a system level during Winter as detailed below:

- Spikes of significant operational pressure across the system including problems in discharging patients to the most appropriate care setting alongside demands of covid and flu has seen hospital occupancy reach records levels and patient flow has therefore been slower
- Winter Planning and ongoing Assurance monitoring locally and regionally
- System recovery following Bank Holiday breaks and Strike action
- Return of Maternity Ward, East Cheshire Trust
- Raac Plank risks at Mid Cheshire Hospital Foundation Trust
- Responding to regional and national funding directives and producing capacity plans, monitoring spend and reporting on activity.
- Maintaining quality and safety provision for the people of Cheshire East.
- Workforce Challenges across the Health and Social Care system

**All of the above additional system challenges continued to be effectively managed and priorities across the system which should be recognised as exemplary joint system partner working in achieving across our Integrated Care System in Cheshire East Place**

## Introduction - Forecast Winter 2023/24

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 October 2023 to 31 March 2024

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 Flu and 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***

# Forecast for Winter 2023/24

## The following issues have already been identified

- Cost of living rises
- Industrial action
- Capacity constraints due to discharge challenges in community and social care.
- Care Home beds capacity challenges dementia nursing beds
- Seasonal flu vaccination remains a critically important public health intervention and a key priority for 2023 to 2024 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID-19) pandemic.
- This year's Autumn flu and Covid vaccine programmes will start earlier. Vaccinations begin 11/09/23 for those most at risk
- Mobilise additional capacity should it be required to respond to peaks in demand driven by external factors eg, very high rates of flu or COVID-19, potential further industrial action.
- Mental Health – ED & In patient mental Health delays, Prometheus contract ceases 30/09/23
- Primary care, Access to GP services
- Urgent care recovery
- ED Estates improvements to support capacity at both East & Mid Cheshire
- Continuation of the Raac plank replacements at Mid Cheshire
- Elective Recovery
- Additional NHS funding is not expected in Quarter 3 & 4
- Providers have identified additional high impact interventions. Prioritisation process subject to additional funding
- Clear message from the North West Winter Event 2023 – ‘not to start anything new’

# Delivering operational resilience across the NHS this winter

## January 2023

### Recovering Urgent & Emergency Care (UEC)

Primary Care Recovery Plan

Elective Recovery Plan

Strong basis to prepare for winter

### Two Key Ambitions 2023/24:

(1) 76% of patients being admitted, transferred, or discharged within 4 hours by March 2024

(2) Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24

### Incentive Scheme for Providers with Type 1 A&E to overachieve to receive a share of a £150m capital fund in 2024/25

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

### Key Focus

- UEC recovery plan – ensuring high-impact interventions are in place
- Operational surge planning
- Effective system working across all parts of the system
- Supporting our workforce
- Provider Market Sustainability & Oversight

## Cheshire East - System Winter Planning Timeline

2023/24

Ref	Winter Planning	Lead	Date for completion	RAG Rating	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1.1	Care Communities Development Session	JW/DMc	06/07/23										
1.2	Primary Care - GP Confederation	PK/DH	20/07/23										
1.3	Cheshire East System Winter Plan Oversight Group Inaugural meeting	DMc	20/07/23										
1.4	Clinical Lead - Dr Jimi Robinson	JR	15/08/23										
1.5	Co development & design session of the framework for the System Winter Plan 2023/24	DMc	15/08/23										
1.6	Cheshire East System Winter Plan Oversight Group	DMc	28/09/23 each month to end of March 2024										
1.7	System Demand & Capacity Modelling including the care community metrics for winter planning	MG	Aug										
1.8	Maturity Assessment Health & Social Care - MCHFT, ECT & CEC	SG/DF/ES	Submitted August										
1.9	Numerical Plan (Matrix NW4704 - Filter to Trust)	JY/SG/DF/MW/DMc/KB/DS/SE	30/08/23										
1.10	Key Lines of Enquiry Narrative Plan (KLOE)	JY/SG/DF/MW/DMc/KB/DS/SE	25/08/23										
1.11	Operational Delivery Group Review of Narrative Plan & KLOE - for Review prior to submission	JY/SG/DF/MW/DMc/KB/DS/SE	25/08/23										
1.12	Care at Home & Care Home Provider Winter Preparedness Webinars convened with providers week commencing 21 <sup>st</sup> August.	DMc/DS/EH	21/08/2023										
1.13	Adult Social Care Winter Plan to be circulated for comments and aligned to the Social Care Winter letter	DMc/DS	05/09/2023										
1.14	System representation agreed to attend The Northwest Winter Conference in Bolton Wednesday 6 <sup>th</sup> September.	JE/KB/SG	06/09/2023										

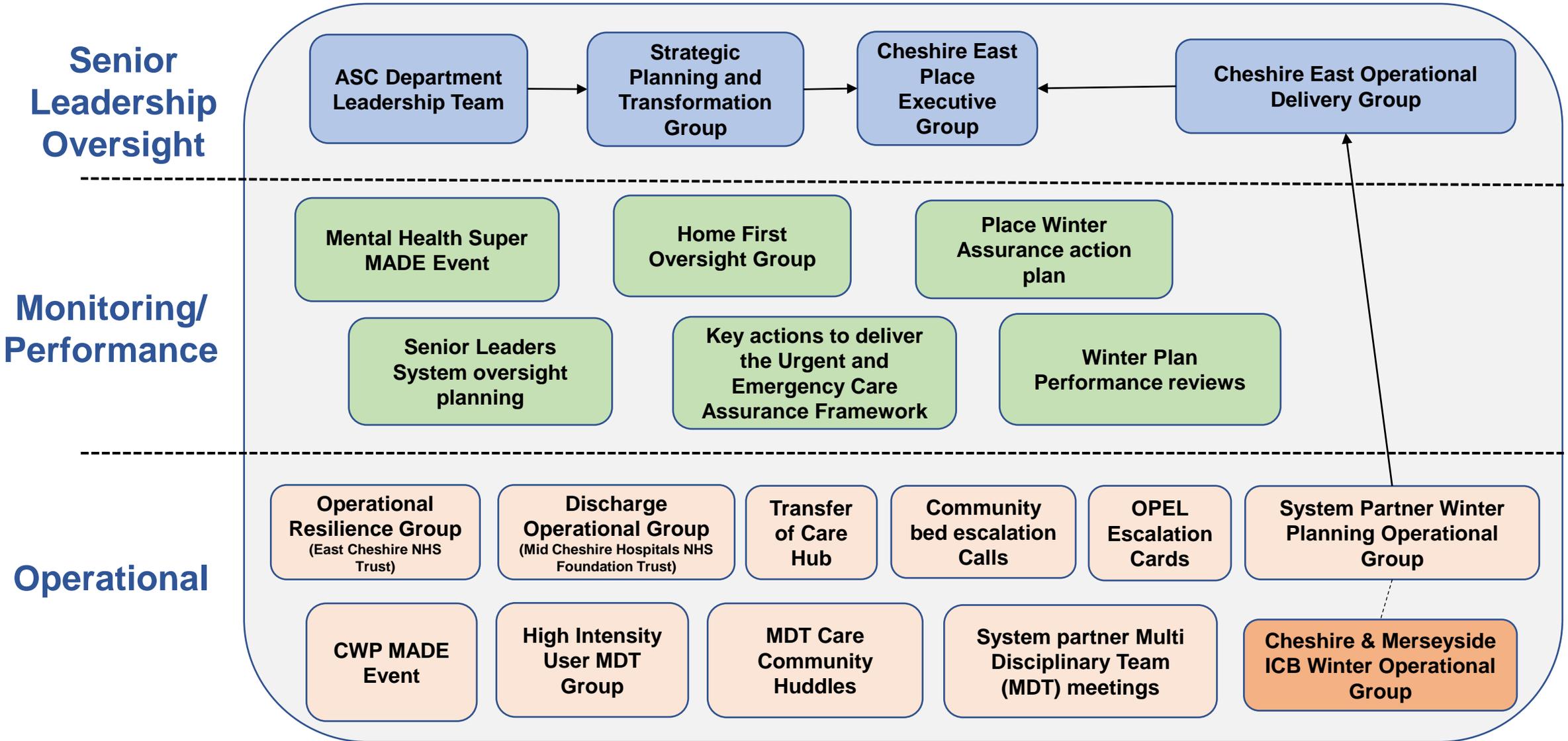
## Cheshire East - System Winter Planning Timeline 2023/24

Ref	Winter Planning	Lead	Date for completion	RAG Rating	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	<b>Cheshire East Place Governance</b>												
2.1	Winter Plan Evaluation of 2022/23 to Adult Health Scrutiny Committee	MWil	07/09/2023										
2.2	UEC Whole System Winter Plan first draft	DMc	08/09/23										
2.3	Adult Social Care winter plan to CEC Director Leadership Team/Cheshire East Place Leadership Group	DMc	18/09/2023										
2.4	Draft System Winter Plan to Better Care Fund Governance Group for sign off	DMc	21/09/2023										
2.5	Draft System Winter Plan to Operational Delivery Group for noting & information	DMc	22/09/2023										
2.6	System winter plan to Cheshire East Place Leadership Group - For sign off	DMc/SB	05/10/2023										
2.7	Quality & Performance - check & challenge	DMc/KB	13/10/23										
2.8	Implementation New OPEL Framework for Acute Trusts	JY/MW	01/11/23										
2.9	Final System Winter Plan Health & Wellbeing Board	DMc/SB	22/11/23										
2.10	Final System Winter Plan submission to North West Regional Operational Centre	DMc	23/11/23										
Ref	Winter Planning	Lead	Date for completion	RAG Rating	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
3	<b>Regional Oversight</b>												
3.1	Cheshire & Merseyside ICB UEC Improvement Steering Group	DMc/KB/LH	Every Mon										
3.2	Cheshire & Merseyside ICB Winter Planning Technical Call	DMc/KB/LH	Every Wed										

# Monitoring, Oversight and Governance Structure



Cheshire and Merseyside



# Ambition for Winter 2023/24

A&E 4-hour standard

- 76% of patients being admitted, transferred or discharged within 4 hours

Cat 2 ambulance mean response time <30 mins

- Category 2 ambulance calls are for condition such as stroke or chest pain that require rapid assessment

12-hour time in department

- The percentage of people (type 1 attendances) who are delayed over 12 hours from arrival to the ED. Target is <2%

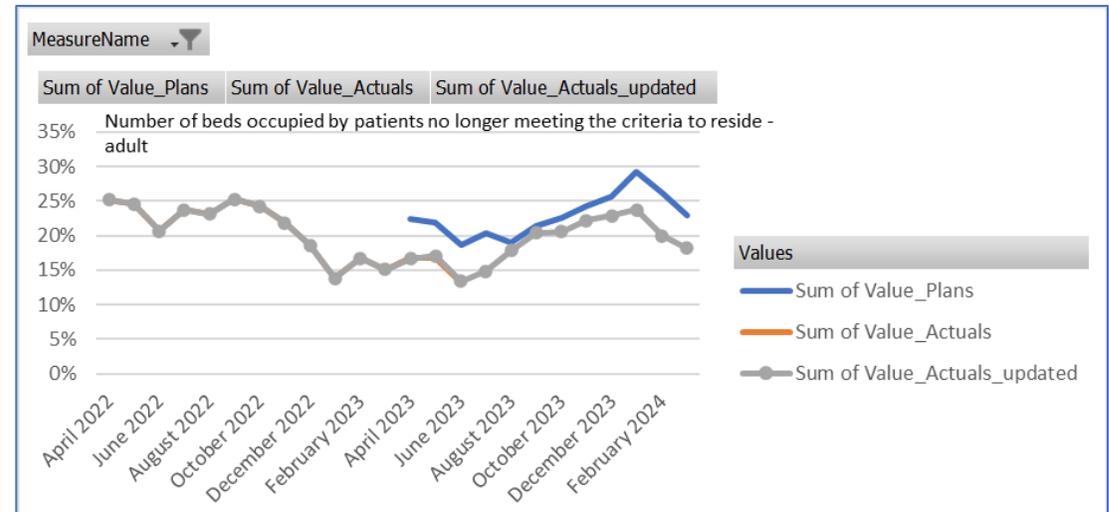
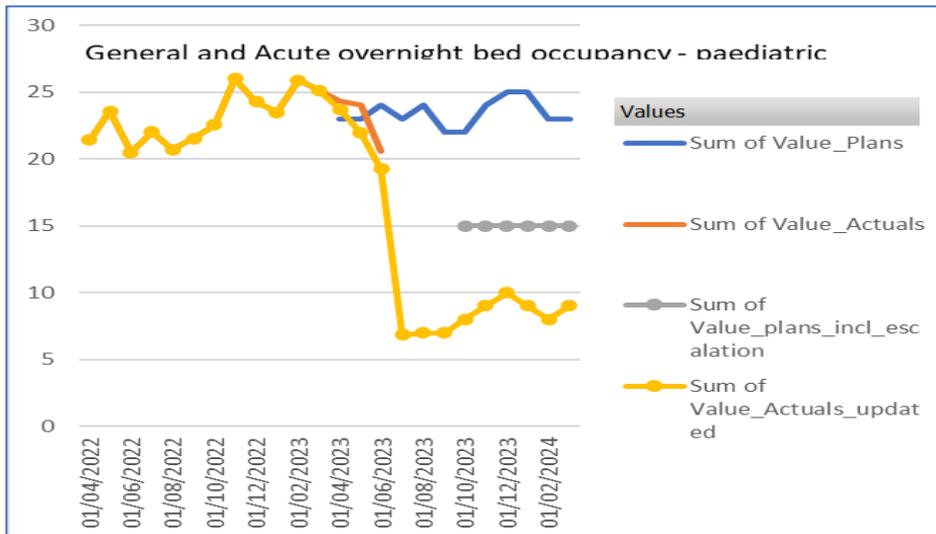
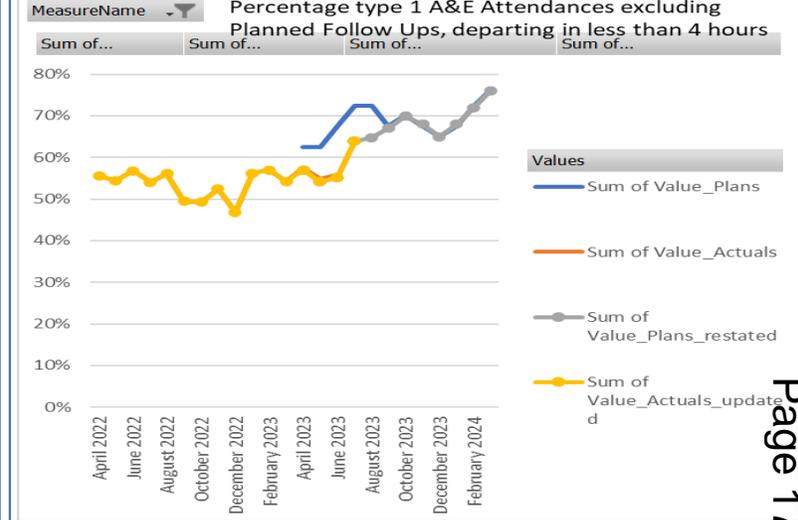
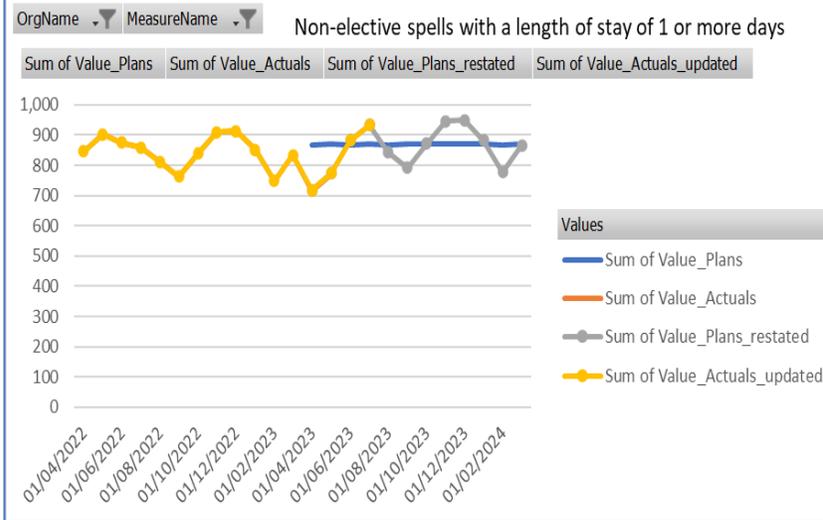
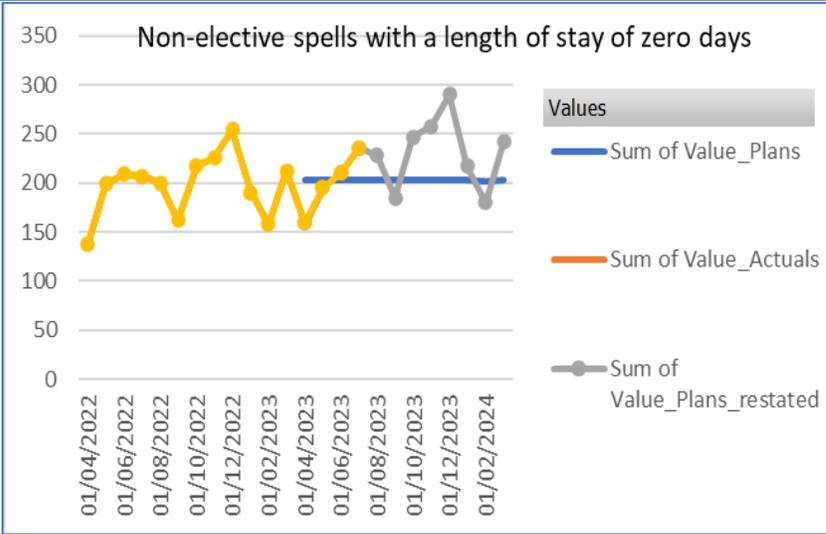
14-day LOS

- target is <25%

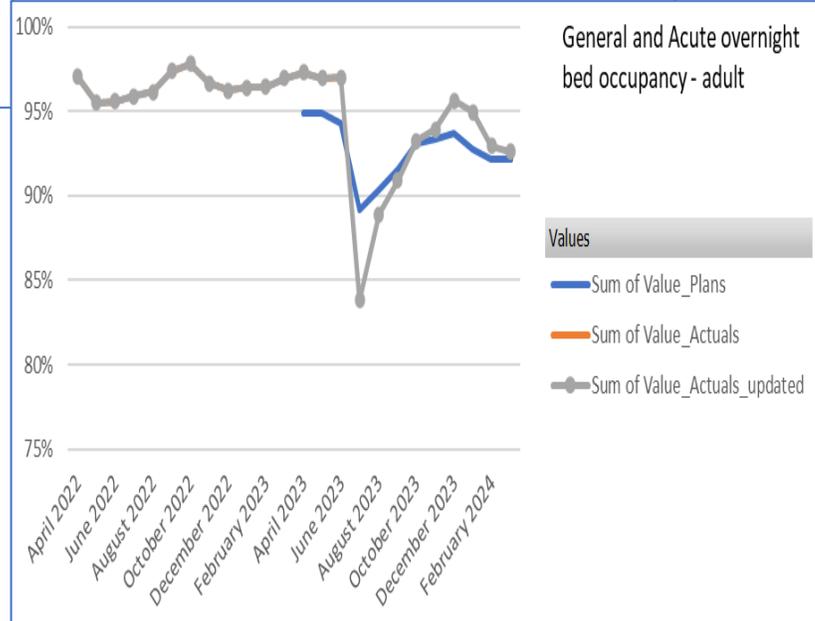
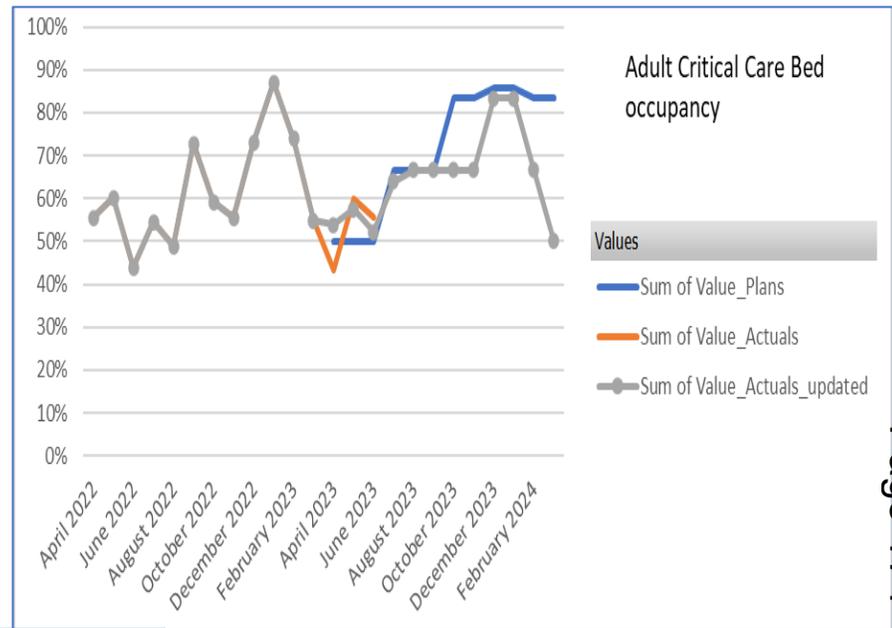
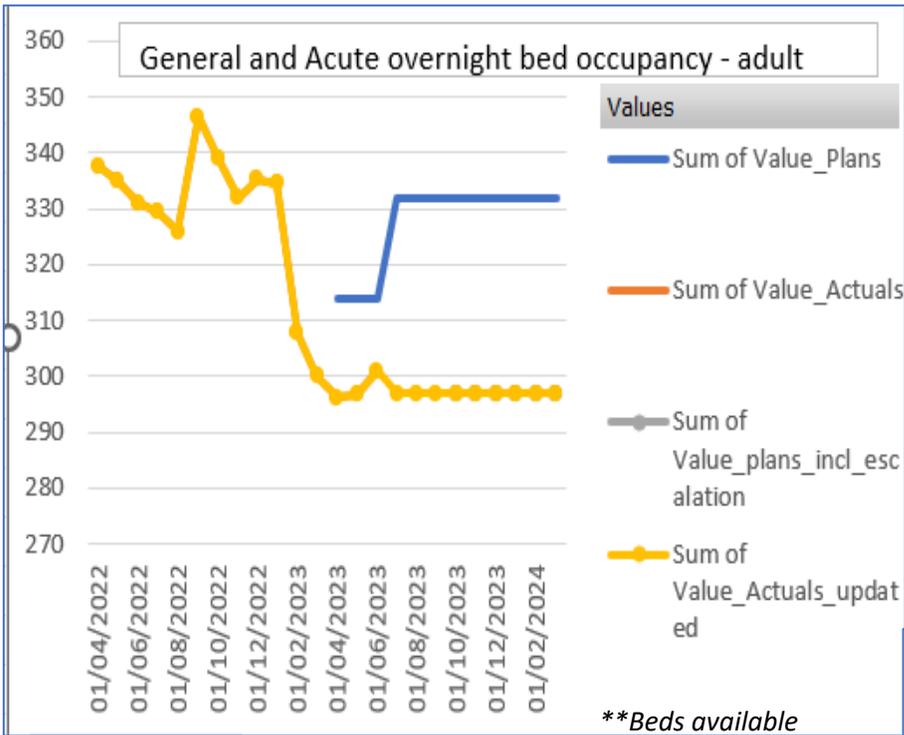
## Context:

ECT & MCHFT have completed & submitted (30/08/23) to NHS England numerical templates reflecting 2023/24 plans/restated plans of the planned demand expected in winter of 2023/24, and additional escalated capacity that could be delivered if required. A summary by Trust is included below.

### East Cheshire NHS Trust

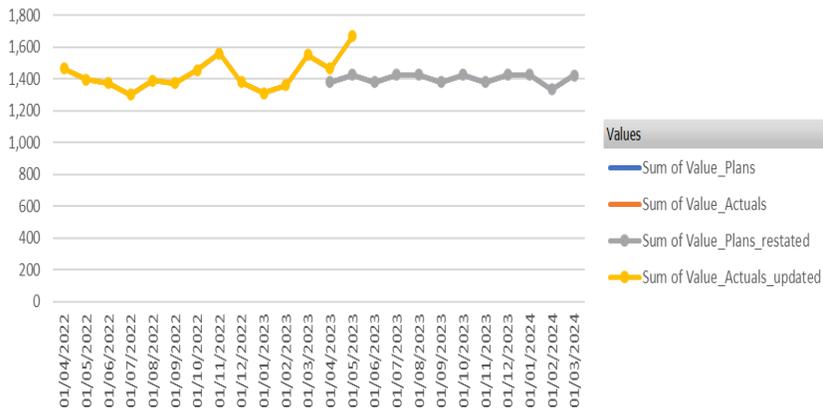


East Cheshire NHS Trust

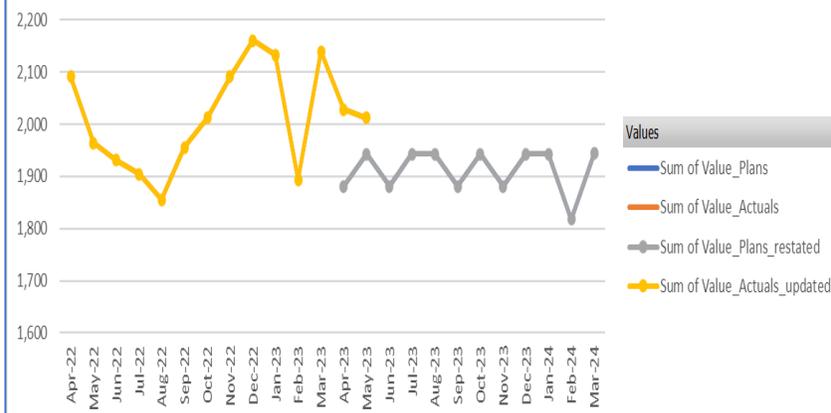


Mid Cheshire Hospitals Foundation Trust

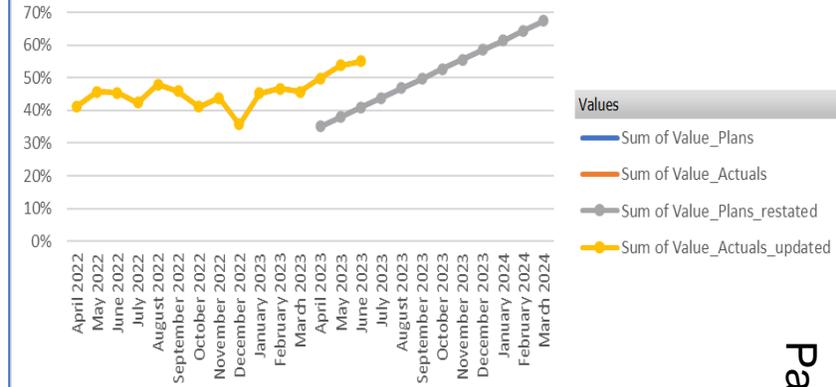
Non-elective spells with a length of stay of zero days



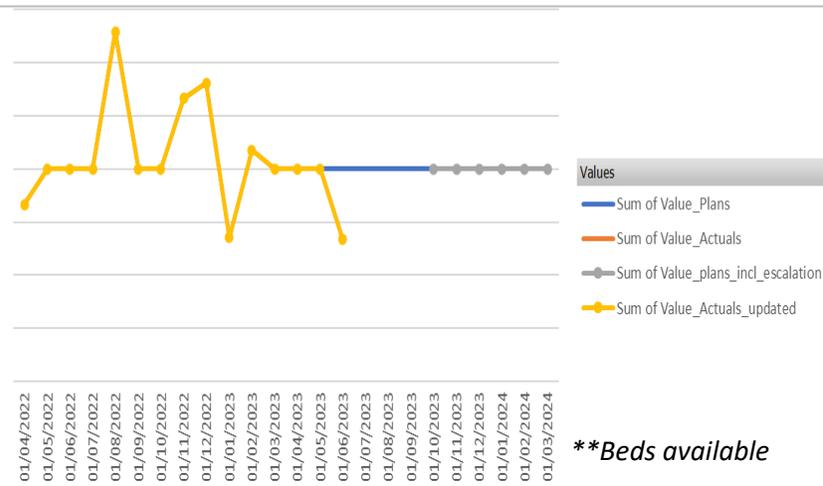
Non-elective spells with a length of stay 1 or more days



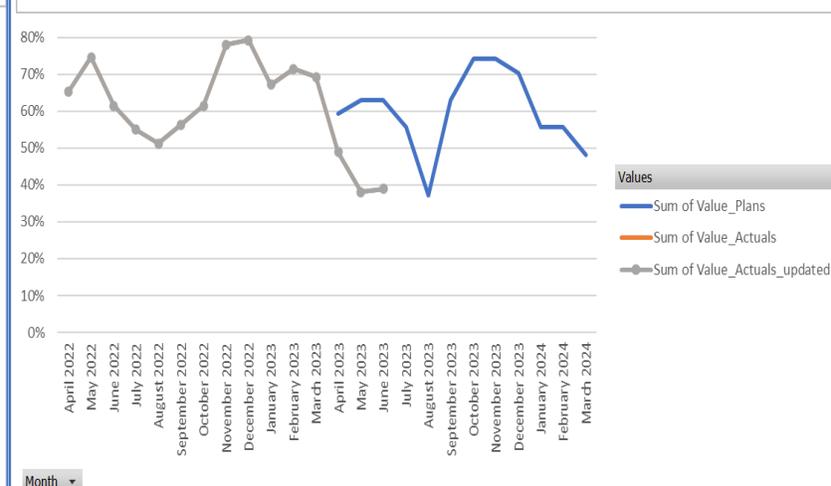
Percentage type 1 A&E Attendances excluding Planned Follow Ups, departing in less than 4 hours



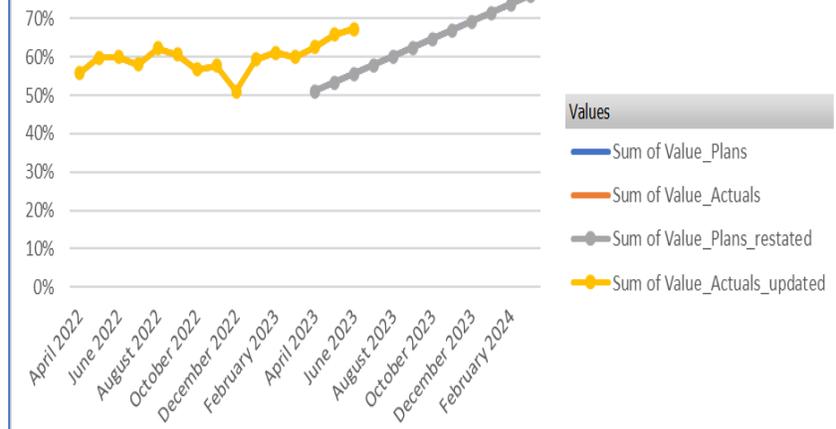
General and Acute overnight bed occupancy - paediatric



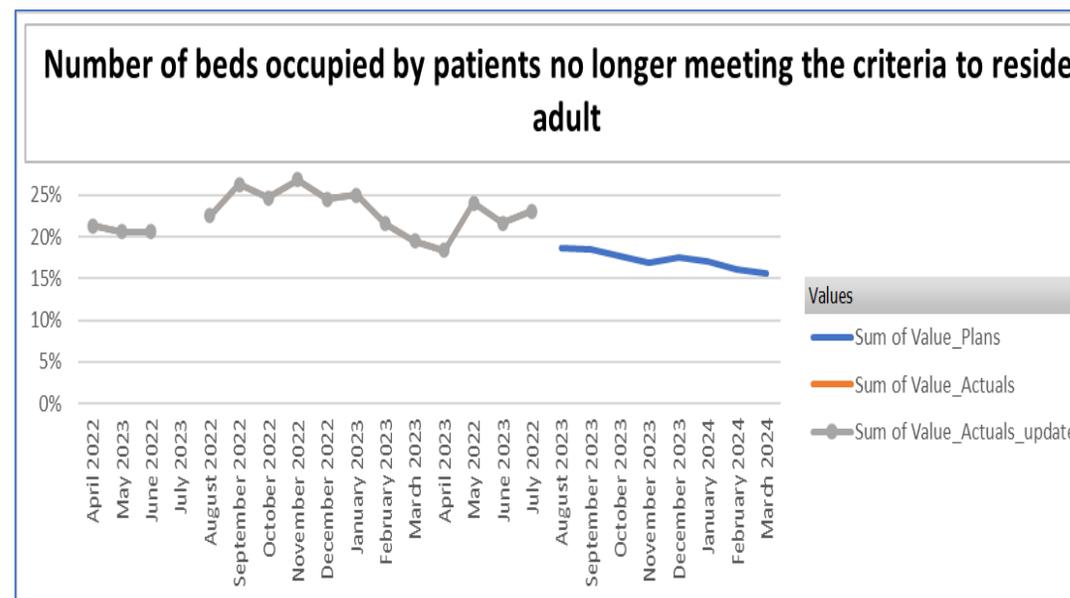
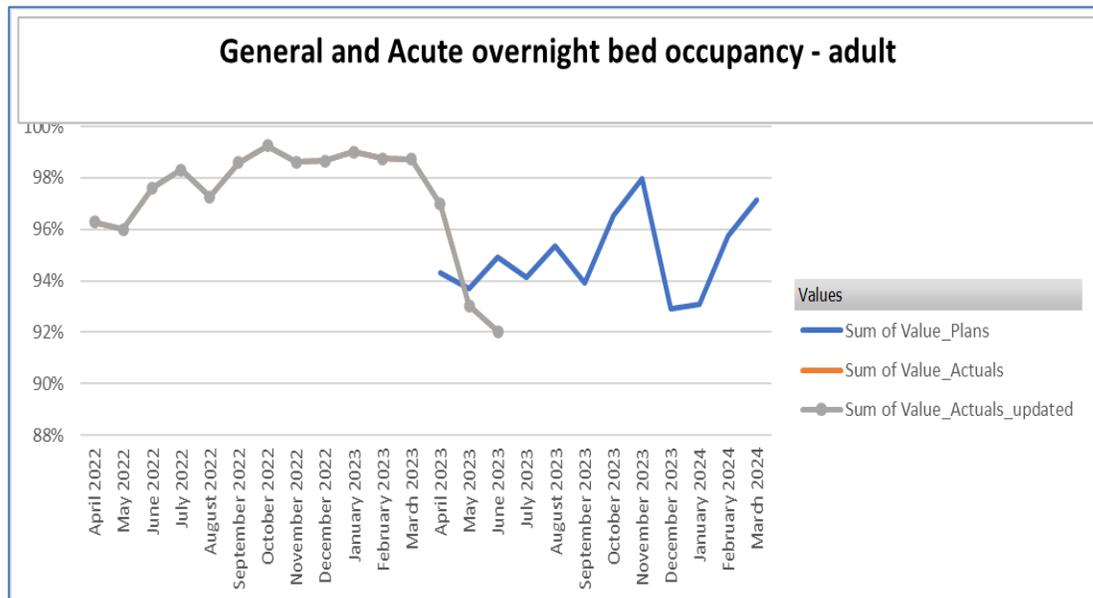
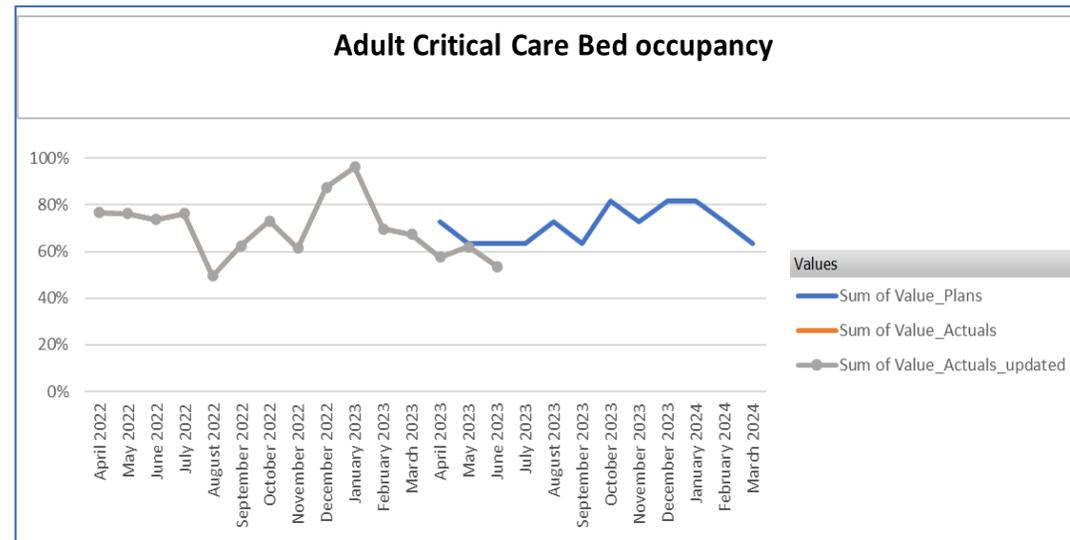
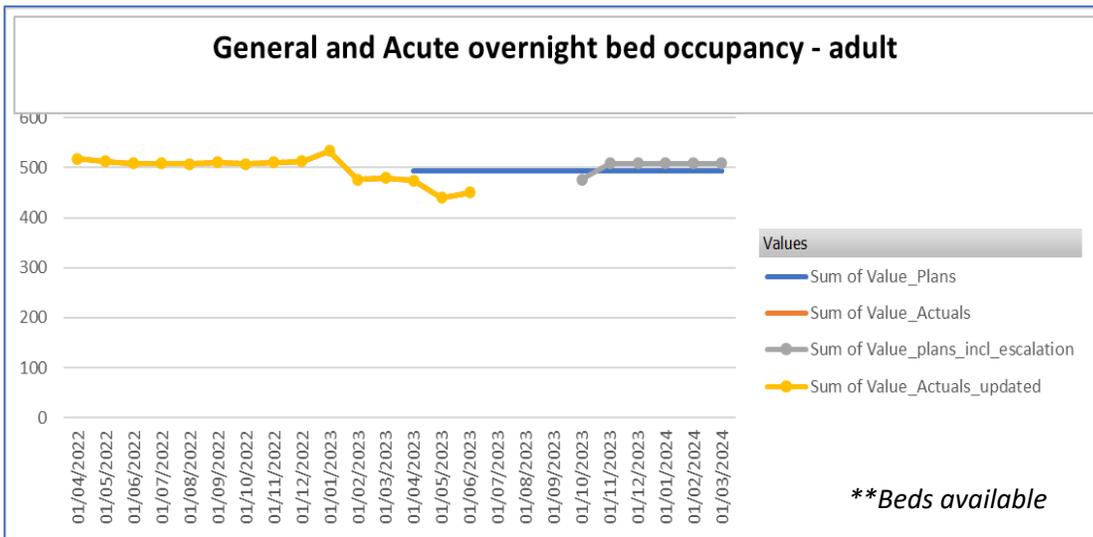
General and Acute overnight bed occupancy - paediatric



Percentage type 1, 2, 3 A&E Attendances excluding Planned Follow Ups, departing in less than 4 hours



Mid Cheshire Hospitals Foundation Trust



# Numerical Template - Output

Metric	Projected Change on 23/24 Plan (March 2024)	Comment
Adult Critical care Bed Capacity	Anticipated critical care capacity bed numbers & occupancy remain the same ECT = 6 beds, 85.7% occupancy (7 available beds – 6 level 3 funded beds plus 1 unfunded for escalation) MCHFT = 11 beds, 64% occupancy	Plans are being developed to respond to peaks in demand for adult and paediatric surges. Paediatric and critical care plans co-ordinated through C&M and GM networks
General & Acute Overnight Bed Occupancy - Adult	ECT = 297 beds available, 92.6% occupancy - 12 escalation beds if funding agreed MCHFT = 508 beds available, 97% occupancy – 32 additional beds included only available if funding agreed	Reduction in bed numbers and limited additional escalation capacity relates primarily to RAAC and reclassification of GA beds to maternity services in East Cheshire NHS Trust
General & Acute Overnight Bed Occupancy - Paediatrics	ECT = 15 beds available, 60% occupancy MCHFT = 27 beds, 78% Avg occupancy remains the same	
Non-elective spells with LOS zero / 1 or more days	<b>LOS 0</b> ECT = 242 March 2024, 2,647 2023/24 <b>LOS 0</b> MCHFT = 1,421 March 2024, 16,809 2023/24 <b>LOS 1+</b> ECT = 866 March 2024, 10,233 2023/24 <b>LOS 1+</b> MCHFT = 1,944 March 2024, 22,944 2023/24	Broadly in-line with 2022/23 actual spells
A&E attendances and 4-hour performance	ECT = 76.9% March ambition remains the same MCHFT = 76.9% March ambition remain same	Forecast to March 2024 remains the same
Number of beds occupied by patients no longer meeting the criteria to reside - Adult	ECT = 834 FY, average 70 per mth, 70 March 2024 (24%) MCHFT = 1,021 FY (27% reduction vs 22/23), average 85 per mth, 75 March 2024 (15%)	Broadly in line with 2022/23 for ECT, reduction for MCHFT
Community Beds	No Change to Plans	
Virtual Ward (VW) Capacity / Occupied	The VW programme will submit a rebased plan with a lower number of beds. Bed occupancy forecast to March is 80.1% (Cheshire & Mersey level)	The planning review was stimulated by recognition of several factors <ul style="list-style-type: none"> <li>• Underutilisation of live capacity</li> <li>• Delays in mobilisation</li> <li>• Recruitment delays and staff shortages impacting ability to go live.</li> <li>• The need to evaluate prior to expansion pilot specialities.</li> <li>• Financial pressure in the ICB</li> </ul>

# Performance Management & Escalation

## 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
- ✓ 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
- ✓ Infection Prevention and Control Operational Group flexibility to step up and combined with daily MDTs
- ✓ Primary Care APEX System
- ✓ Implementation plan for the updated Operational Pressures Escalation (OPEL) framework – Key actions Place/SCC
- ✓ System Coordination Centre System Calls – Development of a real time reporting tool for Cheshire & Merseyside

# Winter Planning - Escalation

## System Co-ordination Centres

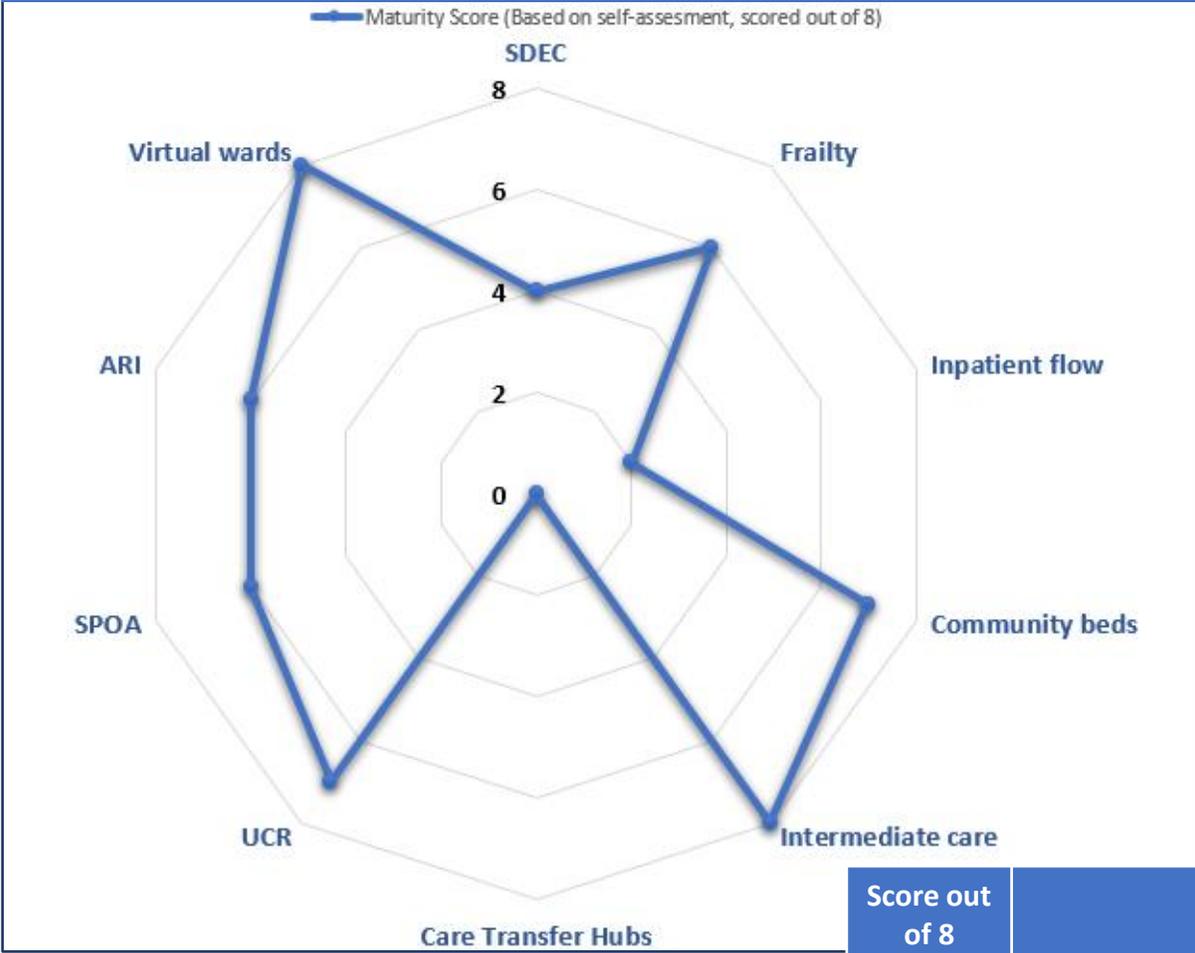
- Revised operational standards issued for implementation by 01 November
- Central co-ordination service to providers of care across the ICB supporting patient access to safe, high quality care
- Responsible for the co-ordination of an integrated system response using OPEL Framework alongside provider and ICB policies.
- OPEL Framework contains specified and incremental core actions for the SCC at each stage of OPEL.
- Responsible for supporting interventions on systemic issues that influence patient flow.
- Concurrent focus on UEC and the system's wider capacity including, but not limited to, NHS111, Primary Care, Intermediate Care, Social Care, Urgent Community Response and Mental Health services.
- **3 Expected outcomes from SCC operations:**
- **Improved visibility of operational pressures:**
- **Real-time co-ordination of capacity and action:**
- **Improved clinical outcomes**

## Operating Pressure Escalation Level (OPEL) Framework

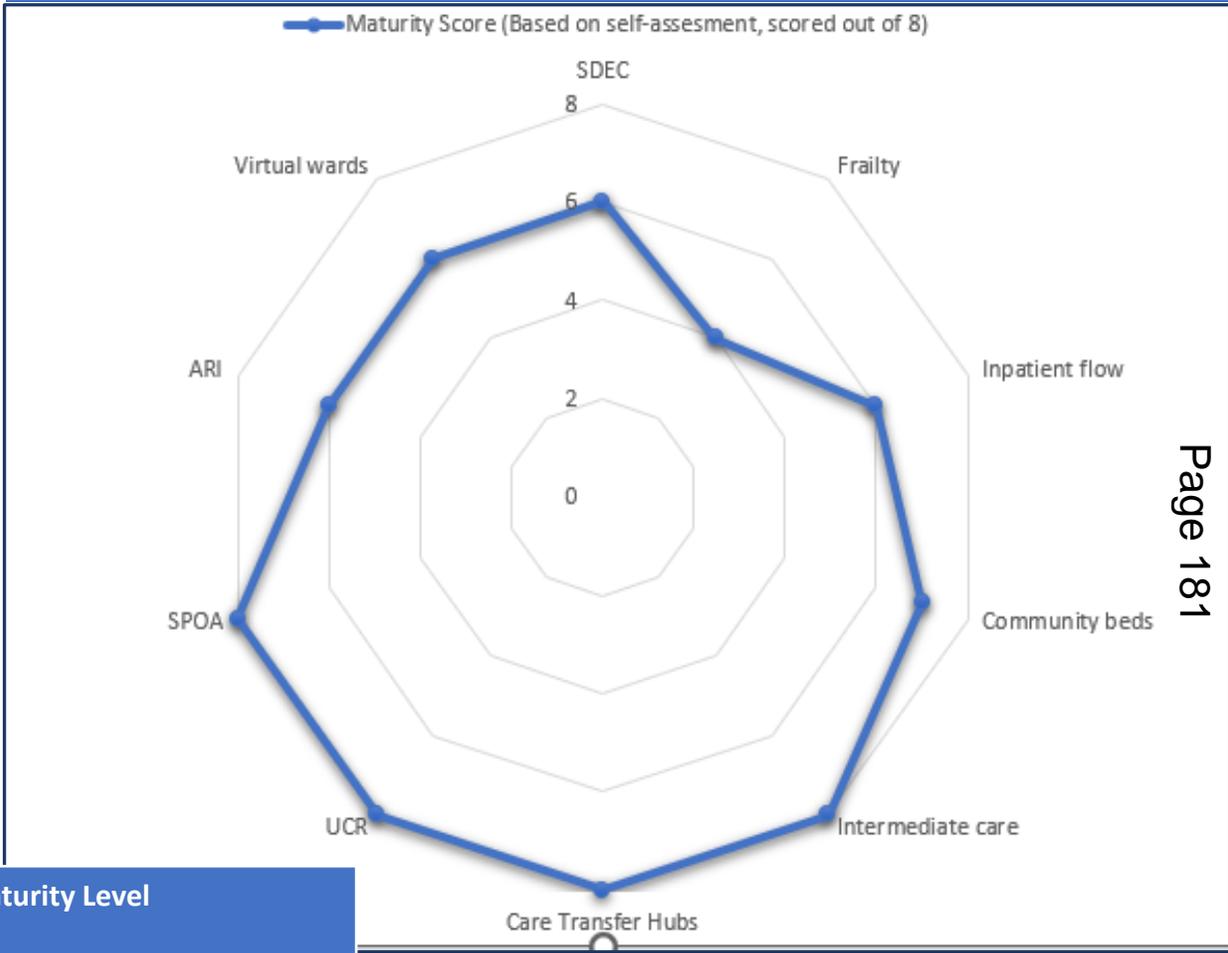
- New OPEL framework issued for Acute Trusts, to be implemented by 01 November 2023 using real time data.
- Real time data system in procurement, likely RAIDR or SHREWD, TBC
- OPEL score out of 50 across 10 parameters centred on ambulance handover, cohorting, ED attends and performance, majors and resus pressures, time to treatment, wider bed state including NCTR
- ICB level OPEL will be determined automatically by the Trust declarations, with a proportion of the score for each acute site going towards the OPEL score for the ICS
- C&M SCC will operate daily calls through winter, likely minimum 2x OPEL declarations per day
- Action cards are defined nationally, ICBs need to define their triggers and action cards for system actions with local partners e.g. at Place level
- **Further work required to agree what the key actions are for Place at each OPEL stage, at ICB level and beyond, in particular escalation with local partners at OPEL 3 and 4**

	High Impact Interventions – Actions . Requirement to focus on 4 areas, national visit & maturity assessments	System Roles & Responsibility
1	❖ <b>Same Day Emergency Care:</b> reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	East Cheshire NHS Trust Mid Cheshire Hospitals FT
2	❖ <b>Frailty:</b> reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	East Cheshire NHS Trust Mid Cheshire Hospitals FT
3	❖ <b>Inpatient flow and length of stay (acute):</b> reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients	Cheshire & Wirral Partnership FT East Cheshire NHS Trust Mid Cheshire Hospitals FT
4	<b>Community bed productivity and flow:</b> reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	Cheshire & Wirral Partnership FT East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership
5	❖ <b>Care transfer hubs:</b> implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	Transfer of Care Hubs System Partners
6	<b>Intermediate care demand and capacity:</b> supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab	ICB & System Partners
7	<b>Virtual wards:</b> standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.	East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership
8	<b>Urgent Community Response:</b> increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission	East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership
9	<b>Single point of access:</b> driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment	Cheshire & Wirral Partnership FT
10	<b>Acute Respiratory Infection Hubs:</b> support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.	Primary Care East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership

East Cheshire NHS Trust



Mid Cheshire Hospitals Foundation Trust



Score out of 8	Maturity Level
0-2	Early Maturity
3-5	Progressing Maturity
6-7	Mature
8	Benchmarkable Maturity

Maturity signifies the right components to deliver a better experience for people in line with national ambitions

Maturity assessments help ensure that national improvement is tailored to the areas of greatest need and highlights areas of best practice nationally.

## High Impact Actions

## Overarching principal of the winter plan

### [Link to the High Impact Actions - East Cheshire NHS Trust](#)

<b>Same Day Emergency Care</b>	Maximise the use of the Same Day Emergency Care triaging model for people, thus ensuring that people are fast-tracked to the right specialist at the start of their visit to hospital. SDEC will continue to reduce hospital admissions and in turn improve the person experience and help the hospital manage patient flow
<b>Frailty</b>	Specialist nurses are deployed in the EDs across Cheshire East as part of the frailty response with the aim of avoiding hospital admissions.
<b>Inpatient Flow &amp; LOS</b>	
<b>Community bed productivity and flow</b>	East Cheshire specific focus on Pathway 2 cluster model Length of Stay and P3 self-funding patients Length of Stay through Transfer of Care Hubs and multi-disciplinary team meetings, and transformation support to review community Length of stay pathways. A significant investment has been committed from the Adult Social Care Discharge Investment Fund to support the implementation of the Discharge to Assess model along with providing funding to purchase additional spot purchased bed base capacity when required, to meet the deficit indicated within the Demand and Capacity analysis. The funding has supported some initial double running costs, thus allowing the model to be fully implemented and support the reduction of a number of beds across the system.
<b>Care transfer hubs</b>	The Transfer of Care Hubs in ECT & MCHFT IS THE system-level place whereby (physically or virtually) all relevant services (for example, acute, community, primary care, social care, housing and voluntary) are linked to coordinate care and support for people who need it – during and following discharge and also to prevent acute hospital admissions. Daily Transfer of Care Hub escalation calls take place focus is to progress discharges (including community beds) in real time escalation.
<b>Intermediate care demand and capacity</b>	Cheshire East place are fully engaged in the 12 week programme to identify gaps in the system
<b>Virtual wards</b>	Roll out of intravenous and sub cutaneous therapy provision to virtual wards has been completed with a number of areas increasing their intravenous at home offer. Continue to promote Virtual Wards and pathways and increase bed occupancy targets.
<b>Urgent Community Response</b>	Monitoring Performance impact and effectiveness against a bespoke set of UCR metrics
<b>Single Point of Access</b>	To support patients to access care more easily, Care Community Services have Single Points of Access for patients and referrers to access support and care. The single point of access aligns to the care community (neighbourhood) footprint.
<b>Acute Respiratory Infection Hubs</b>	We don't have any acute respiratory hubs in Primary Care in Cheshire East. The two locations that were mobilised last year ceased at the end of the funding.

## Winter Planning Key Lines of Enquiry

There is a total of 6 Key Lines of Enquiry (KLOE)

1. System-working
2. High-impact interventions
3. Discharge, intermediate care, and social care
4. H2 numerical planning submission
5. Surge plans
6. Workforce

The narrative for Cheshire East's KLOE has been developed in conjunction with the H2 numerical plan for ECT & MCHFT, and referenced to the national system winter roles and responsibilities included in the link below. The Urgent & Emergency Care maturity Indices (slide 15) for ECT & MCHFT have been considered

[Working together to deliver a resilient winter: System roles and responsibilities \(england.nhs.uk\)](#)

### **Cheshire East Winter Narrative KLOE 2023.24**

Following submission of the Cheshire East Winter Narrative additional assurance was requested for section 1.3 - please note assurance submission included in the link below.

[KLOE 1.3 Additional Assurance](#)

# Mental Health & Community Collaborative Priorities

## Cheshire East Place

### Mental health support communications toolkit to find the right support

<https://webstore.cwp.nhs.uk/smh/toolkits/cheshireeastmay23.pdf>

### Key headlines for Winter 2023/24

- ✓ First Response services continue to develop the First Response ethos.
- ✓ The Crisis Line receives around 4,000 calls per month.
- ✓ Implemented the Rapid Response Service to convey people away from Emergency Departments once mental health beds have been identified
- ✓ Observational support into the ED's.
- ✓ In addition to this the British Red Cross are working with CWP services to support high intensity users of Liaison and Crisis Line services and a new MH side by side triage process has been implemented plan in place to roll out to all Eds
- ✓ Development of the Discharge Facilitation Team to support flow both within CWP beds but also to support flow across out of area beds.
- ✓ Working with both Cheshire and Merseyside Police to complete a deep dive around people being detained on Section 136 in line with a wider action plan led by Cheshire and Mersey.
- ✓ Mental Health Practitioner based in the Ambulance Control room in Speke working to triage and divert ambulances called by MH patients as clinically indicated.

## Find the right support for you Mental health services in Cheshire East



### Talking therapies self-referral

Talking Therapies services are for adults and older people, with mild, moderate to severe symptoms of anxiety or depression. You can find your local service at [www.nhs.uk/help](http://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

safe spaces for people struggling with emotional distress who consider themselves to be in a self-defined crisis

**The Weston Hub**  
01625 440700  
Open 10am-10pm

The East Cheshire Housing Consortium (ECHC) 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

# Cheshire & Wirral Partnership Mental Health Winter Plans

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

The established bed base across Cheshire and Wirral Partnership NHS Foundation Trust is 164 beds (excluding rehab/eating disorders/secure). In addition, 11 Block Complex Dementia beds at Eden Mansions have been funded to March 2024.

## Number of beds available

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

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

Cheshire East	
Mulberry	26
Silk	15
<b>Total</b>	<b>41</b>

Cheshire	
Eden Mansions	11
<b>Total</b>	<b>11</b>

## Mental Health Operational Services Supporting People and the System

1. Mental Health (MH) Floating Support delivered by Making Space, providing 75 hours of support in both the North and South of Cheshire East. This service is currently being recommissioned and will build on the successful model which is in place as part of a low-level mental health pathway. 92% of the people; leaving the service in 2022 didn't require an ongoing care package.  
  
Complex Needs Dynamic Purchasing System – A framework containing 138 providers, which contains providers who can support people with MH Support Needs. Services commissioned under the framework include supported living (including step down provision) and outreach provision.
2. 11 block funded complex Dementia beds at Eden Mansions Care Home . These beds are funded until 31st March 2024.
3. Mental Health Reablement funded via the ASC discharge funding supporting facilitated discharge provided by ISL.
4. 5 Mental Health Crisis beds located in Macclesfield delivered by East Cheshire Housing Consortium. We have recently introduced a pathway from each ED to step people down where we can elevate pressure in ED and offer a community step down resource. These beds are funded until 31st March 24 via the ICB.
5. ISL in reach support to each ED. This is highly effective and provides 1to1 support to people supporting with de-escalation support and 1to1 bespoke support for people. It also offers additional staffing support within each ED. A further £250k has been approved via the BCF for a bespoke model for each hospital ED from October until March proving 8am till 8pm cover 7 days a week.
6. Additional £15k ring fenced to support carers and facilitated discharge and hospital avoidance.
7. Crisis Cafes Crewe and Macclesfield. A pathway has been developed between the domestic abuse (DA) service directly to crisis cafes and trained the staff in DA awareness.
8. CWP Community Mental Health Transformation is now phasing its engagement work down and mobilising new models of care. At the core of this is having practitioners operating at PCN level as part of a multi-disciplinary team with GP Practices. MH services will operate on a person-centred needs basis rather than referral criteria. This should address some of the volume incidence of community crisis and re-admission of people previously discharged back into the community.
9. CAMHS - Additional investment has gone in to improving access and reducing waiting times however workforce shortage remain challenging to recruit to. A gap we need to address is working with Education Teams. A system planning session is required to explore how we address the gap moving forward.
10. Talking Therapies (IAPT) Additional investment made to improve access and reduce waiting times in the North of the patch.
11. Acute Beds Demand and capacity review underway for completion September (Cheshire & Wirral). A CWP worker is to lead on this work, with a view to create flow, reduce out of area placements. There is a need to understand the investment from West and Wirral into Winter planning to improve flow.

## Primary Care

- ✓ Primary Care Network led Extended Hours for evening and Saturdays
- ✓ Primary Care Access Recovery Programme including transition to a new model of modern General Practice.
- ✓ Robust and resilient General Practice Out of Hours service including Acute Visiting Service.
- ✓ Care Communities Business cases to extend Primary Care Assessment – Respiratory, Frailty, High Intensity Users, Falls – Subject to additional funding
- ✓ 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
- ✓ Roll out of the General Practice OPEL system to support system pressures reporting.

# Care Communities

Cheshire East Care Communities will all have a joint focus on supporting high intensity users, including falls prevention this winter. Winter Schemes are being developed to support this cohort of people. **Note Subject to additional funding**

The operational delivery of each scheme has been determined by local need and service delivery, to ensure that it makes the most impact and is the most outcome focused for the people receiving services

These schemes will be linked and support the Cheshire East Winter Plan for 2023/24, by lowering admission to hospital and enabling people to live safe and well at home and in their communities.

The schemes will support the priorities and responsibilities of the Integrated Care Board. They will support the responsibilities of working together to deliver a resilient winter, as well as supporting mental health provider pathways, social care priorities and supporting the acute trusts.

## Overview of Schemes

**Knutsford Home First** - High Intensity User Ward - Caring for high intensity users in hospital and within their own home, in keeping with the Home First initiative. The aim is to reduce the number of unplanned or crisis contacts by proactively case managing this cohort of patients using an MDT model of care/virtual community wards.

**Bollington, Disley, Poynton (BDP)** - Access to services (Provision of transport to access services) - To reduce DNAs, home visits and access inequity by supporting residents with transport issues (due to economic, geographical, winter weather difficulties or individual patient needs) to attend essential appointments for their health and well-being.

**Bollington, Disley, Poynton (BDP)** - High Intensity User - Rapid Short-Term Clinical and Social Care - To provide high quality, rapid short-term clinical and social care, to avoid admissions to hospital or aid early discharge of high-intensity service users.

**Macclesfield** - High Intensity User Virtual Ward - Macclesfield Care Community are focusing on high intensity users of services, to reduce the number of unplanned or crisis contacts by proactively case managing a cohort of patients using an MDT model of care.

**Congleton & Holmes Chapel (CHOC)** - High Intensity User Urgent Care - To provide proactive care to high intensity primary care respiratory patients (including those that are likely to require hospital attendance/admission).

**Chelford, Handforth, Alderley and Wilmslow (CHAW)** - Responsive Integrated Care - Help CHAW patients with respiratory conditions to be managed appropriately in the community reducing unnecessary admissions to secondary care.

**Crewe** - High Intensity User Mitigation and Education (Paediatric Focussed) - Trial a model of care pilot at Eaglebridge PCN which would address both HIU needs but also serve as a model for other patients who may otherwise be directed straight to ED.

**Crewe** - The Crewe Leg Club - Relaunching the Community Leg club in Crewe. The approach has been adapted to contribute towards reducing winter and on-going pressures for primary care, secondary care, and community services.

**Sandbach, Middlewich, Alsager, Scholar Green, Haslington, Brereton (SMASH)** - High Intensity User - Falls Prevention - SMASH are looking to expand out to an app which will be used for patients over the age of 65. Our first port of call would be to send a message to our patients through Accurx to gain data on falls prevention.

**Nantwich** - High Intensity User - Falls Prevention - Nantwich and Rural are looking to expand out to an app which will be used for patients over the age of 65. Our first port of call would be to send a message to our patients through Accurx to gain data on falls prevention.

### Aims

All main aim of all the schemes is to prevent admission or readmission to hospital, by identifying risks, health need and providing the right support and access to services to people in their own homes and/or local communities. It is vital to identify the High Intensity Users in the system so that we can assist in preventing them from hospital attendance in the future

### System Impact, benefits

By identifying and targeting High Intensity Users is expected to reduce attendances at Primary and Secondary Care, as the patients will be supported earlier in the journey before requiring urgent care. Examples of system impact could be: possible prevention of need for urgent appointments (including A&E attendance), reduce requests for emergency GP appointments, maintain or reduce A&E attends, which would have a positive impact on department overcrowding and patient flow, increased co-ordination of care for patients by proactive planning, increased collaboration across the system.

### Anticipated Quality Outcomes

There are many anticipated quality outcomes of the schemes for people, these include:

- Reduction in inequalities (enabling all access to appointments) particularly for those who live in areas with limited public transport, have economic difficulties or require additional support to access services.
- Reduce deterioration in health.
- Patients feel supported in maintaining their health and wellbeing.
- Reduce isolation of patients.
- Holistic, joined up, proactive care for High Intensity Users
- Improved experience of care and outcomes for patients that are high intensity users of services.

## East Cheshire NHS Trust – Winter Plan

Scheme Ref	Area	Scheme	Description
WINT-01	P&A	Rehabilitation Assistant provision on the acute wards	Rehabilitation Assistants provide a protected service delivery of rehabilitation for patients admitted onto acute wards. Specific remit of providing extended hours for washing and dressing, transfer and mobility practice increases patient independence and decreases post-discharge social and other onward care needs.
WINT-02	AICC - Acute Services	Weekend Therapy Support	Weekend therapy provision to focus on assessment and admission avoidance and also to facilitate discharges and enhanced provision within the OPAL team to aid MAU discharges and inreach to wards for complex older people living with frailty.
WINT-04	AICC - Urgent Care	ED Nursing	ED Nursing -
			Full Winter costing of requirements to support ED throughout Winter
WINT-05	AICC - Urgent Care	Winter discharge transport / Stretcher Transport Provision	Winter Discharge Transport quote - Central Ambulance
			1 x blue light, bariatric capable ambulance with 2 crew members to be used for discharging patients from Macclesfield DGH. Service time from 1000-1400 every day including weekends and bank holidays
WINT-06	AICC - Urgent Care	SDEC SHO/ACP	SDEC SHO/ACP - To provide medical cover to SDEC over winter months, 10 hours per day, 7 days per week
WINT-07	AICC - Urgent Care	ED Drs - Adtl Registrar	Adtl Registrar - Extra doctor to support with Winter pressures
			Looking for extra middle grade to help with decision making later in the PM in a twilight shift 4pm to 2 am
WINT-09	AICC - Community Services	Vaccinations	Community Nurses to support flu vaccinations to housebound patients
WINT-11	AICC - Urgent Care	Winter discharge LOUNGE	
WINT-12	AICC - Community Services	Community Nursing OOH Provision	Recruitment to HCA's to support OOH DN services - for review
WINT-13	P&A - Pharmacy	Pharmacy Discharge Team	Mobile pharmacy discharge team
WINT-14	P&A	F2 Medical Support	Additional junior doctor resource to support flow from planned care specialty wards.
			Additional F2 level doctors to support flow from planned care specialties as a safari ward round where patients have been moved to accommodate emergency non-elective demand (mainly surgical and orthopaedic outliers).
WINT-19	Corporate	Nurse bank	Extend bank opening hours to 06.30 -18.30 at weekends
WINT-20	AICC - Acute Services	Ward 11 - Respiratory - staffing escalation beds (28-36)	Additional bed capacity - to include nursing, doctors, and therapists. - As above re Flex capacity
WINT-21	Corporate	ISS – Catering/ Cleaning/ Porterage	Additional Catering, cleaning & Porterage
WINT-22	P&A - Pharmacy	Pharmacy / ED	Pharmacy work with ED to support medicine management - Karen Adams link with Simon Brown

## Mid Cheshire Hospitals Foundation Trust – Winter Plan

<b>Bed based capacity</b>	<b>Winter ward - 32 beds</b> To be opened for medical patients for 5 months (Nov – Mar) when ward 10 is available following RAAC remedial work is completed.
	<b>Critical Care - 2 beds</b> To be opened for 6 weeks during December and January staffed using agency.
<b>CCICP</b>	<b>Virtual Ward</b> Frailty (30beds) & Acute Respiratory Infection (30beds) - current utilisation 30% with a target of 75% <b>Complex Patients / Long Length of Stay (LOS) Review</b> Continuation of the 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. <b>GP Out Of Hours</b> Supports the safe and timely transfer and handover of patients from NHS 111 and reduce the delay in clinical assessment, whilst improving ED patient flow. <b>Housebound Flu</b> Recruitment of a housebound vaccination team to support flu prevention which fits strongly with the Core20 Plus 5 principles from NHSE.
	<b>Paediatric Nursing</b> Additional Registered Nurse on nights to support acuity increases in winter. <b>Paediatric Medical Support</b> Additional consultant cover on CAU 7pm-9.30pm (Mon – Fri) to support acuity increases during the winter. <b>ED Paediatric Support</b> Additional ED nurse to support an increase in paediatric activity in ED for two months 24/7 and 3 months on a twilight shift. <b>Transport Extra Discharge Vehicles</b> Additional daytime (Mon-Fri) vehicle to reduce delays of patients awaiting discharge <b>Pharmacist Support</b> Additional pharmacy support in ED and on AMU to support more timely discharges in these areas (Mon – Sun). <b>Therapy Support</b> Additional therapy support on the core wards and to support flow via a Discharge to Assess model. <b>Trust Wide Discharge Coordinators / Ward Clerks</b> Additional staff to support the progression of discharge plans for patients on core wards covering weekends and annual leave/ sickness. <b>Additional Transfer Team</b> To support patient moves later in the day to support flow of DTA patients out of the Emergency Department. <b>Corridor Care in ED</b> Additional staff to support any resulting care on the ED corridor (6 additional patients). <b>Ward 3 / NIV Additional Nursing</b> Additional nursing staff to support the increase in acuity on the respiratory ward.
<b>Elective service resilience</b>	<b>Ward 9</b> To remain as an Orthopaedic elective ward throughout the Winter period.
<b>Cheshire West and Cheshire East PLACE Plan</b>	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 this time (Sept 23) the full winter plan for Cheshire West PLACE and Cheshire EAST PLACE were not available but Cheshire East have confirmed that no additional funding has been held at ICB/PLACE level for winter and no indication has been given nationally that further winter funding is available.

# Cheshire East Cluster Model of Care by Hospital Footprint

Hospital Footprint	Total
Referrals from Cheshire & Wirral Partnership FT	7
Total East Cheshire NHS Trust Footprint	82
Mid Cheshire Hospitals FT Footprint	83
<b>Total Beds</b>	<b>172</b>

## Cluster Model

	Care Home	Location	Bed Type	Discharge to Assess	Bed No	Comment
	Eden Mansions (East)	Handforth	Complex Dementia	Complex Dementia	4	Referrals via CWP
	Eden Mansions (West)	Handforth	Complex Dementia	Complex Dementia	3	Referrals via CWP
	<b>Sub Total</b>				<b>7</b>	
East Cheshire Trust Footprint	Eden Mansions	Handforth	Complex Dementia	Pathway 3	5	
	Aston Ward	Congleton	Rehab	Pathway 2	27	
	Leycester House	Knutsford	Residential	Pathway 2	6	
	Riseley House	Macclesfield	Residential Dementia	Pathway 2	10	
	The Rowans	Macclesfield	Nursing	Pathway 2	4	
	The Willows	Knutsford	Nursing	Pathway 2	4	
	Tabley House	Knutsford	Nursing	Pathway 2	3	
	Wilmslow Manor	Wilmslow	Residential/Nursing	Pathway 2	10	
	Henning Hall	Macclesfield	General Nursing	Pathway 2	4	
	Henning Hall	Macclesfield	Nursing Dementia	Pathway 2	2	
	Leycester House SRB	Knutsford	Residential	Pathway 1	5	
	East Cheshire Hospice	Macclesfield	Nursing	Pathway 2/3	2	Oct to March only
	<b>Sub Total</b>				<b>82</b>	

## Cheshire East Cluster Model of Care by Hospital Footprint

	Care Home	Location	Bed Type	Discharge to Assess	Bed No	Comment	
Mid Cheshire Hospitals Foundation Trust Footprint	Elmhurst	Winsford	Nursing/Nursing Dementia	Pathway 2	30		
	Station House	Crewe	Nursing	Pathway 2	10		
	Telford Court	Crewe	Nursing/Nursing Dementia	Pathway 2	10		
	Twyford House	Alsager	Residential/Residential Dementia	Pathway 2	12		
	Clarendon Court	Nantwich	Nursing	Pathway 2	8		
	Station House CIB	Crewe	Community Intervention	Community Intervention	2		
	St Catherines CIB	Knutsford	Community Intervention	Community Intervention	2		
	Lawton Manor CIB	Wilmslow	Community Intervention	Community Intervention	2		
	Turnpike Court SRB	Sandbach	Residential Dementia	Pathway 1	2		
	Elm House SRB	Nantwich	Residential	Pathway 1	1		
	The Elms SRB	Crewe	Residential	Pathway 1	2		
	St Lukes Hospice		Nursing	Pathway 2/3	2	Oct to March only	
	<b>Sub Total</b>					<b>83</b>	

**CIB** Community Intervention Beds = GP Step Up Beds

**SRB** System Resilience Beds = Rehab/Recuperation /awaiting a package of care at home

To ensure provider market risk management oversight, the Council, ICB and Hospital Trusts have established a number of tools to appropriately manage the care home and domiciliary care market. These include the use of a quality dashboard, capacity tracker and bed vacancy management. Tangible results from this work to-date have included targeting low quality homes for intervention by deploying district nurses. There are strong relationships between partners to highlight and share system risk information and then deploy appropriate resources. A narrative care market strategic overview is produced on a regular basis, strategic data is produced and shared and a live strategic risk register is maintained. We ensure data sharing arrangements are in place to enable rehabilitation/recovery plans to be shared by partners providing services to people, to streamline pathways and reduce duplication. We will also hold:

- Regular and effective contract management meetings with our Adult Social Care providers (ensuring winter plans and contingency plans are in place)
- IPC risk management calls
- Provider mutual aid calls Cheshire East Council will be working with our commissioned providers to distribute any additional government funding. This funding will be used to support the social care workforce help, help to improve recruitment and retention and boost capacity for the future. Two integrated falls prevention specialist therapists have been recruited. They will operate across Cheshire East to provide falls prevention specialist care in the community, including in clinic and care home settings

# Cheshire East Council – Better Care Fund Winter Schemes

## Schemes for 2023/24

There are 22 schemes in total, of which 20 Schemes are funded through Winter pressures, iBCF and BCF for 2023-24. 2 schemes are funded directly by the local authority and the ICB:

Scheme Name	Brief Description of Scheme
Adult Social Care Discharge Fund	These schemes will support hospital prevention, facilitated discharge and the ongoing implementation of the Home First model of support and transition to the Cluster Model for <u>bed based</u> support. A proportion of the funding will provide investment to the Care at Home market to ensure sustainability and ongoing growth.
<u>ibcf</u> Block booked beds	Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, <u>non Covid-19</u> related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.
<u>ibcf</u> care at home hospital retainer	Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. <u>In order to</u> assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. ( <u>i.e.</u> day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.
<u>ibcf</u> rapid response	The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still <u>have</u> care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.

# Cheshire East Council – Adult Social Care Winter Schemes

## Continued:

<p>iBCF social work support</p>	<p>Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality).</p> <p>iBCF Winter Additional Social Care staff to prevent people from being delayed in hospital - Funding of additional staff to support a 'Discharge to assess' model. Funding is continuing to provide a team manager, social worker and occupational therapist.</p> <p>iBCF Social Work Team over Bank Holiday weekends - Increased capacity in the Social Work Team over Bank Holidays and weekends. This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven-day period. Cheshire East will provide 2 social workers and 2 care arrangers (split between the 2 hospitals) that cover the weekends and bank holidays. This support would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year.</p>
<p>iBCF 'Winter Schemes</p>	<p>Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.</p>
<p>iBCF Enhanced Care Sourcing Team (8am-8pm)</p>	<p>The scheme sees the continuation of funding for the Care Sourcing Team following on from a successful pilot; the service provides a consistent approach to applying the brokerage cycle and in turn, makes best use of social worker time. The Care sourcing team undertake all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates Monday to Sunday. The Care Sourcing Team comprises of a range of employees including team and deputy manager, admin, care sourcing officers as well as a social care assessor. This funding is to enable an 8 till 8 <u>operation</u>. The model is fully compliant with the Care Act 2014 as it provides information and advice, prevention, assessment, review, safeguarding, carers, market management and shaping, charging, support planning, personalisation and arranging care and support.</p>
<p>iBCF General Nursing Assistant</p>	<p>Provide an additional 7 GNA staff within the CCICP IPOCH team for a period of 12 months. An evaluation of effectiveness will be undertaken during this period <u>subsequent to</u> discussion and agreement regarding permanent funding.</p> <p>These additional staff would be utilised across South Cheshire and the Congleton area of East Cheshire to support patients requiring domiciliary care that would normally be delivered by Local authority. It is expected that whilst this proposal will reduce the current pressure it is not expected to eliminate the pressure and further work would be required <u>in order to</u> ensure sufficient and timely access to pathway 1 care.</p>

# Cheshire East Council – Adult Social Care Winter Schemes

## Continued:

<p>BCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)</p>	<p>Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues, which is resulting in a rise in care costs. This scheme contributes towards the cost of care home and home care fees as well as supporting the delivery of additional care packages within the marketplace.</p>
<p>BCF Disabled Facilities Grant</p>	<p>The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme is administered by Cheshire East Council and is delivered across the whole of Cheshire East.</p>
<p>BCF Assistive technology</p>	<p>Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalised to each individual and is integrated within the overall support plan. The scheme will continue to support the existing assistive technology services. The scheme also involves piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).</p>
<p>BCF British Red Cross 'Support at Home' service</p>	<p>Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home).</p> <p>The commissioning responsibility for the British Red Cross services has transferred from the ICB to the local authority.</p>
<p>BCF Combined Reablement service</p>	<p>The current service has three specialist elements delivered across two teams (North and South):</p> <ol style="list-style-type: none"> <li>1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs.</li> </ol>

# Cheshire East Council – Adult Social Care Winter Schemes

## Continued:

	<p>2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their <u>carers</u>... The service is focused on prevention and early intervention following a diagnosis of dementia.</p> <p>3. Mental Health Reablement - supports adults aged <u>18</u> and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.</p>
BCF Safeguarding Adults Board (SAB)	The overarching objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who: have needs for care and support (whether or not the local authority is meeting any of those needs) and; are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.
BCF Carers hub	<p>The Cheshire East Carers Hub provides a single point of access for carers, <u>families</u> and professionals. The Hub ensures that carers have access to information, <u>advice</u> and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can register directly with the Hub or referrals can be made by professionals, any agency or organisation, <u>relatives</u> or friends. The Hub offers groups and activities which carers will be familiar with along with introducing <u>new support opportunities</u> co-produced with local carers.</p> <p>Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.</p>
BCF Programme management and infrastructure	The delivery of the Better Care Fund relies on joint commissioning plans already developed across the health and social care economy. The scheme covers the following: Programme management, <u>Governance</u> and finance support to develop s75 agreements; cost schemes and cost benefit analysis, financial support, and amongst other things additional commissioning capacity might be required to support the review of existing contract and schemes and the procurement of alternative services. At this planning stage this project includes any funds yet to be allocated (approx. £500k)
BCF Winter schemes ICB	<p>The proposed schemes specifically support the achievement and maintenance of the four-hour access standard, admission avoidance, care closer to home and a continued compliance with the no criteria to reside standard. Schemes cover - discharge to assess, British Red Cross transport, non-emergency transport, additional acute escalation ward and additional ED staffing amongst others.</p> <p>Each of the partners will be developing winter plans which will then form part of a place-based plan.</p>
BCF HomeFirst schemes ICB	They are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.

# Cheshire East Council – Adult Social Care Winter Schemes

## Continued:

	<p>The Home First schemes mainly support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, <u>functional</u> or cognitive needs.</p>
BCF Trusted assessor service	<p>Delays are caused in the hospital by service users/patients waiting for nursing &amp; residential homes to assess their needs. This scheme deploys a trusted assessor model by commissioning an external organisation to employ Independent Transfer of Care Co-ordinator's (IToCC's) to reduce hospital delays. The trusted assessment model is a key element of the eight High Impact Changes in order to support the timely transfer of patients to the most appropriate care setting and to <u>effect</u> a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme.</p> <p>Through the period 2021/22 the trusted assessor service is being recommissioned with the aim that the new provider is in place for 1st January 2022.</p>
BCF Carers hub	<p>The Cheshire East Carers Hub provides a single point of access for carers, <u>families</u> and professionals. The Hub ensures that carers have access to information, <u>advice</u> and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can <u>registered</u> directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers.</p> <p>Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.</p>
Community Equipment	<p>The Cheshire Integrated Community Equipment Service (ICES) will provide equipment in discharge of its statutory duties to meet the needs of individuals. This will be delivered by commissioning a single equipment provider. Equipment is provided to adults and children when, by reason of a temporary or permanent disability or health needs, they require the provision of equipment on a temporary or permanent basis for independent living. This includes equipment for rehabilitation, long term care and support for formal and informal carers. It is also vital for hospital discharge, hospital admission avoidance, and nursing need. Equipment is provided to Cheshire East council and Cheshire registered GP population. There are a small proportion of customers who live outside of Cheshire. The population of Cheshire is approximately 727,223 (taken from the mid-2019 ONS Population Estimates)</p>
VCFSE Grants	<p>An integrated Place Based VCFSE Grant process to led by the Council building on exiting good practice and mechanisms within the Council. Aligned to Care Communities in partnership with the VCFSE sector.</p>

## Adult Social Care Investment Fund – 12 schemes carried forward from 2022/23 into 2023/24

Ref	Adult Social Care Discharge Investment Scheme 2023/24	Forecast annual Expenditure	System Impact - To Improve Flow
		<b>£</b>	
1	Assistive Technology & Gantry Hoists to reduce double handling care packages	50,000	Assistive Technology
2	East Cheshire NHS Trust ED / GP out of hours 7 Days per week	120,000	Workforce
3	Carers Payments to facilitate rapid discharge	30,000	Discharges
4	St Pauls & Silk Life Hospital Discharge Support delivered via Community Voluntary Sector	120,000	Voluntary Sector
6	Increase General Nursing Assistant Capacity care at home via CCICP	125,000	Home Care
7	Transfer of Care Hub, Nurses and additional Social Workers to support discharges out of ED and out of hospital	300,000	Workforce
8	Approved Mental Health Practitioners Cover, evenings & weekends for ECT and MCHFT	60,000	Workforce
9	Mental Health Reablement – Rapid Response Service	25,000	Home Based IMC
10	Home First Occupational Therapist	63,000	Workforce
11	Pathway 2/3 Spot Purchase Beds	1,315,000	Bed Based IMC
	<b>Sub Total</b>	<b>2,208,000</b>	
	<b>Schemes 5 &amp; 12 October 2023 to March 2024</b>		
5	Hospital Discharge Premium Payment & Prevention Scheme	125,000	Discharges
12	Hospice Beds	90,000	Bed Based
	<b>Sub Total</b>	<b>215,000</b>	
	<b>Total</b>	<b>2,423,000</b>	

# Local Authority Urgent & Emergency Care Support Grant

Proposed Spending Plan	£	Period
Community Reablement Business Case	300,601	October to March 2024
Mental Health Outreach – scale up via Independent Supported Living	60,000	October to March 2024
Outreach Worker to support hoarders and self-neglect individuals	30,000	October to March 2024
Occupational Therapy x 2 to support community prevention / hospital avoidance	60,000	October to March 2024
Staffing contingency fund to support weekend discharges at times of increased system pressure	50,000	October to March 2024
Short Term placements to support Winter surge capacity	180,000	October to March 2024
<b>Total</b>	<b>680,601</b>	

## Cheshire East Council Winter Wellbeing Campaign

- Flu programme for the general public is NHS led. CEC comms will support NHS messages around flu (vaccination campaign starts September 2023)
- CEC Staff flu vaccination programme – whether NHS eligible or not, free flu vaccines are available for all staff, via community pharmacies as well as private clinics across corporate buildings and community venues. Working with Cheshire West & Chester (CWaC) colleagues to include CWaC pharmacies to increase accessibility.
- Supporting the Cheshire & Wirral Partnership (CWP) Living Well service to deploy the ‘Live Well Bus’ to venues/geographies across the borough to provide COVID-19 seasonal boosters to ensure our most vulnerable residents are best protected; as well as free NHS health screening (e.g. Blood pressure and glucose checks)
- CHAMPS are working on a winter campaign to promote key messages over winter:
  - ✓ Washing hands
  - ✓ Sanitising surfaces
  - ✓ Physical exercise and keeping fit
  - ✓ Keeping stress at bay
  - ✓ Getting a flu jab
  - ✓ Getting a COVID-19 jab
  - ✓ A healthy diet and good nutrition
  - ✓ Getting enough sleep

*We supplement this campaign with messages linked to keeping hydrated over winter, although this may be covered in ‘a healthy diet and good nutrition’. Support CWP IPC colleagues with outbreak management, as appropriate – Making sure settings/providers report outbreaks of infectious disease to UK Health Security Agency (UKHSA)*

- Health Improvement colleagues will be investing in some 'keep warm' kits that will be distributed through libraries, communities' team etc. There will be a Winter Wellbeing Communication Plan as well with regular media responses
- Development of a Health and Wellbeing Booklet for distribution to all Cheshire East residents.
- Other key campaigns – ‘Stopober’ stop smoking and ‘Dry January’

Link to:

[Cheshire East Grants Our Community Offer April 2023 \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk)

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

- ✓ Flu and COVID-19 booster vaccinations
- ✓ 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
- ✓ 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.
- ✓ Providing free Influenza vaccination to all Cheshire East Council staff - promoting regularly to front-line teams to boost protection over the winter months
- ✓ COVID-19 early warning data analysis audits

COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK ([www.gov.uk](http://www.gov.uk))

***Individuals being discharged from hospital into a care homes should be tested with a COVID-19 LFD test within 48 hours before planned discharge. This test should be provided and done by the hospital.***

- ✓ Winter wellbeing resources will be made available for vulnerable people – to include raising awareness of fuel poverty and the support and advice available locally
- ✓ ***Lead & promote the Lifestyle on Prescription Project***
  - Lifestyle on Prescription is a resource to encourage lifestyle changes to enable positive impacts on health and wellbeing.
  - This includes smoking, alcohol consumption, physical activity, healthy weight, mental health and wellbeing and sleep.
  - A focused campaign is being planned for January to link in with other new year campaigns such as ‘Dry January’

## Infection Prevention & Control measures are as follows:

- ✓ Single Point of Contact for all telephone requests for advice & support from the IPC Team – Tel: 01244 397700 (Mon – Friday between 9am & 5pm, except BHs)
- ✓ Single point of contact for all e-mail communications – [cwp.ipct.admin@nhs.net](mailto:cwp.ipct.admin@nhs.net)
- ✓ IPC link Meetings – held quarterly, with emphasis on outbreak management from September onwards.
- ✓ Ongoing support via IPC audit and review.
- ✓ Ongoing Training offer regarding all aspects of IPC, including outbreak management, chain of infection, PPE and Antimicrobial Stewardship.
- ✓ Review and communication of IPC related guidance, including Covid-19 guidance.
- ✓ Outbreak visits and support, with bespoke advice.
- ✓ Support to the Multidisciplinary approach regarding the Risk Assessment for possible early bed opening during outbreaks in care settings.

## East Cheshire Hospice

- Expansion of the Hospice @home team – recruitment of team 3 to enable the provision of more Continuing Health Care fast track Packages Of Care.
- Knutsford Home First Pilot – Team 4 Hospice @Home - Link with Home First agenda providing care for patients on the Gold Standards Framework that are registered with a GP in Knutsford Care Partnership. Facilitating rapid discharge, preventing hospital admissions and responsive provision of Fast Track care. The team will be embedded within the District Nursing Team
- Establishing Links with Carers Hub – enhancing the volunteer workforce to support Palliative Carers and ensuring they are identified and supported.
- Developing support for those living and dying from Dementia – taking the established Dementia Carers Wellbeing programme out into the 5 care communities within East Cheshire – the program will be delivered in Poynton, Congleton/Holmes Chapel, Wilmslow, Knutsford and Macclesfield.
- Developing a Palliative Single Point of Co-ordination – offering more responsive support to those in the community by collaborating with current palliative care service providers, and identifying a single point for referral and contact. First phase has been the establishment of Daily huddles – 15 minutes each morning to discuss team capacity and patient need – available to hospice services, SPCT, DN and soon GPs who wish to access timely support to those in crisis.

- NWAS Regional plan
- Ambulance numbers for Cheshire East
- Ambulance Performance – Cheshire is an outlier

# West Midlands Non Emergency Patient Transport

## 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 (Not implemented)

## Cheshire Police

- ✓ October – Operation Treacle – additional officers out over Halloween offering reassurance
- ✓ 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.
- ✓ December – Operation Jingles - Nighttime Economy over the festive period, safety buses and additional patrols in the town centres to keep people safe

- ✓ 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

# Winter Scheme Opportunities (Business Cases) – Subject to funding stream identified

Winter Schemes have been prioritised using the decision matrix – The top scoring schemes are listed below

Scheme	Funding Requested	Key Contact	Job Title	Organisation
D2A End of Life Care & Fast Track	16,000	Alison Clifford/ Anna Marie Ratcliffe	CEO	The End of Life Partnership
GP OOH Urgent Treatment Centre	63,812	Denise Frodsham/ Pip Marrant/ Clare Sandelands	COO /Associate Director / Service Manager	MCHFT
Additional Same Day GP Appointments Rope Green Medical Centre	42,000	Kathryn Gaulton/ John Dixon	Practice Manager	Rope Green Medical Centre
Primary Care Surge Planning	380,000	Dave Holden/ Simon Goff/ Amanda Best	GP Lead/COO/Transformation	Primary Care
Medical Assessment Care Centre (Waters Green)	52,000	Dr Joe Banns/ Dr Mark Lumb/ Louise Clulow	PCN Clinical Lead/ Deputy	PCN Macclesfield
CHOC Same Day Access Hub	83,200	Paul Carroll / Paul Bishop	PCN & D&T Lead	CHOC PCN
Winter Patient Transport Service	61,326	James Whittall	Sustainability and Social Value Manager	MCHFT
Additional GP Appointments Grosvenor	22,400	Tricia Vickers	Practice Manager	Grosvenor Medical Centre
Additional GP Appointments Millcroft	27,000	Kirsty Moore	Business Manager	Millcroft Medical Centre
1. The Crewe Leg Club	20,000	Joanne Bowen /Charles Mains/ Danielle Roberts	Community Operational Manager/ CEO Wishing Well	CCICP & Wishing Well
2. Falls Prevention	21,000	Pip Marrant / Fran Groves /David Berry	Associate Director / Support Manager	SMASH/CCICP
3. Macclesfield HIU Virtual Ward	79,400	Daniel Harle/Joe Banns/Katie Andrew	Care Community Clinical Lead/ PCN Clinical Lead/Care Community Coach	Macclesfield Care Community

Scheme	Funding Requested	Key Contact	Job Title	Organisation
4. HIU Mitigation & Education Paediatric Focus	135,000	Lee Johnson/Clare Spargo/ Shuti Bharadwaj	PCN Manager	PCN Eaglebridge
5. Knutsford Home First HIU Ward	69,000	Patrick Kearns/Philip Coney/Katrina Oliver	Community Clinical Lead/PCN Clinical Lead/Care Community Coach	Knutsford Care Community
6. High Intensity User Urgent Care	66,410	Denise Ballie/Jon Barnsley	CHOC Coach/CHOC Clinical Lead	CHOC Care Community
7. Rapid Short Term Clinical & Social Care	72,500	Rhoda Gaylo/David V	BDP Coach/Clinical Lead/PCN Clinical Lead	BDP
Advanced Nurse Practitioner Palliative & End of Life	70,000	David Holden & Helen Booth	CCICP Operational Manager	Nantwich & Rural
10. Provision of Transport to Access Services	2,000	Rhoda Gaylo/David V	BDP Coach/Clinical Lead	BDP
Multi Purpose Community Transport	49,300	Debbie Burgess	Deputy Associate Director Community Services	ECT
Additional Appointments	19,600	Jane Randles	Business Manager	Earnswood Medical Centre
8. Falls Prevention	21,000	Pip Marrant / Fran Groves /David Berry	Associate Director / Support Manager	Nantwich Care Community/CCICP
9. Responsive Integrated Care	86,190	Fari Ahmad/Laura M	Care Community Clinical Lead/ Care Community Coach	CHAW
D2A Pathway3 Preventing placement breakdown due to unmet need for people with dementia	16,000	Catherine Morgan Jones/ Anna Marie Ratcliffe	Director of Service & Practice Development	The End of Life Partnership
	<b>1,475,138</b>			

# Cheshire East Winter Plan Stress Testing

Operational Scenario	System Mitigation
<b>Lack of Capacity within General Practice to meet winter demand</b>	Primary Care Access Recovery Programme
	Repurpose in hours and extended hours capacity to support urgent / on the day demand
	OPEL: Demand management reporting over winter
	Maximising the use of ARRs - Additional Roles Reimbursement Scheme
	Primary Care Network Acute Respiratory Hubs / urgent on the day Hubs - <b>No funding identified</b>
	Revert to Generics for prescribing in the event of ongoing medicines supply shortage
	Primary Care Network Workforce Planning
	Expanding Community Pharmacy Consultation Service in community Pharmacy
<b>Lack of Acute Hospital beds leading to Overcrowding in Emergency Departments</b>	Cancellation of lowest risk Elective procedures to release bed capacity for Urgent Care.
	Enact spot purchasing of Discharge to Assess (D2A) bed capacity across existing D2A cluster model.
	At the risk of deployment of Winter Ward escalation capacity
<b>No Criteria to Reside &amp; Length of Stay (LOS)</b>	Frequent Length of Stay reviews and identified nurses working closely with system partners for all patients who have a prolonged LOS. Staff to expedite discharges to reduce the level of deconditioning.
	Daily MDT calls with system partners to monitor system capacity and flow.
	Senior Leaders system calls
	Care Community Huddle
	Community D2A community meetings to monitor capacity and flow.
	UCR system performance metrics
	Multi Agency Discharge Events (MADE) scheduled every month throughout Winter commencing in September.
	Oversight of people delayed in community beds MADE will take place for those individuals
<b>Lack of available Domiciliary Care</b>	Undertake urgent social work reviews to release capacity.
	Home First Occupational Therapy and reablement assessments via the Trusted assessor role
	Repurposes any available block purchased capacity through Routes Health Care, General Nursing assistants and Reablement to support people who require discharging or to prevent an admission.
	Maximise the use of the commission Third sector offer.
	Carers payment to support rapid discharge.
	Maximise the use of Assistive Technology and remote monitoring options.
	Deploy Senior Clinical Leads to ensure we maximise Virtual Ward and Urgent Crisis Response capacity.
	Increase community reablement provision.
Enact system risk management protocol.	

# Cheshire East Winter Plan Stress Testing

Operational Scenario	System Mitigation
<b>Mental Health Pressures in ED and bed base pla</b>	Effective Mental Health escalation procedures in place that ensures all MDT partners are actively supporting discharge plans for any patient within ED.
	Bed management 4 x daily calls via Cheshire & Wirral Partnership Partnership Foundation tRUST.
	ISL In reach model of support in place October 23 until March 24.
	Increased ISL Mental Health Outreach capacity aligned to each ED from Oct 23 until March 24
	High Intensity User support model being worked up by each Care Community
	Weekly MADE events and Super MADES
<b>Infection Prevention Control (IPC) Outbreak within Care Homes</b>	Vaccination Programmes Adopt the IPC Risk Assessments protocol that supports early admissions into Care Homes on a risk-based approach.
<b>Market Capacity, Sustainability, and Improveme</b>	Cheshire East Council will be working with commissioned providers to distribute any additional government funding. This funding will be used to support the social care workforce, help to improve recruitment and retention and boost capacity for the future.
<b>Weekend Discharges</b>	Staffing contingency fund allocated to support weekend discharges at times of increased system pressure to ensure capacity and flow across
	Additional Consultant-led Discharge team in the Acute providers
<b>Workforce challenges</b>	Mutual Aid via system partners and providers
	Agency staff for key roles to support the system and a robust staff induction in place.
	Organisational repurposing of staff to support system pressure.
	Joint working between General Nursing Assistants and Reablement to increase workforce and staff capacity.
	Health and Wellbeing programmes to support staff wellbeing.
<b>Winter Scheme Opportunities</b>	Expediate any agreed funded scheme to support with any additional capacity that supports the system.
<b>System Communication Strategy</b>	Place comms cell in place with key organisational comms reps
	Tactical coordination of the system comms plan, Trigger points and comms messages procedure in development
	Development of a Cheshire East Resident 'Winter Wellbeing Booklet' to be dispatched promoting self-care options.
	Cheshire East Council Communities Team Winter Communications Offer

# Cheshire East System Partner Winter Plans

## System Partner

- Cheshire East Council – Adult Social Care Winter Plan 2023-24
- North West Ambulance Service – Winter Strategic Plan 2023-24
- NHS Cheshire & Merseyside Communications Winter Plan

## Link To Winter Plans

- [CEC ASC Winter Plan 2023/24](#)
- [NWAS Strategic Plan 2023](#)
- [NHS Cheshire & Merseyside Communications Winter Plan](#)

Cheshire East communications Task and finish group to develop a system plan for escalation

Trigger points

**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.



# Cheshire East Special Educational Needs and Disability (SEND) Strategy

**2021 – 2025**

Refreshed April 2023

**Cheshire East  
SEND Partnership**

Page 215

Agenda Item 8



## Contents

Contents .....	2
1. Glossary .....	3
2. Introduction .....	5
3. Our Vision .....	7
4. Our commitment .....	7
5. What we face.....	7
6. Local and National drivers .....	9
7. What our children and young people tell us .....	9
8. What parents and carers tell us.....	12
9. Need in Cheshire East.....	13
10. Three stages of system confidence.....	14
11. Potential Risks .....	19
12. Governance.....	19
13. Impact.....	21
14. Action Plan.....	23

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

- All the children, young people, parents and carers who gave their time and energy, and honestly told us how it is
- Our education professionals, including SEND and specialist support teams, and staff within educational settings
- Early Help and Social Care professionals in Children’s and Adults’ Services
- Health professionals within the Clinical Commissioning Group and provider services
- All members of the 0-25 SEND Partnership Board and workstream

## 1. Glossary

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

Parent Carer Forum	The Cheshire East Parent Carer Forum is a voluntary group who work in partnership with professionals within the Cheshire East Local Authority area to ensure the voice of parents and carers with children that have additional needs is heard throughout the decision-making process of service initiatives.
Quality Assurance	The maintenance of a desired level of quality in service delivery by routinely evaluating stages in the process.
Quality First Teaching	A style of teaching that emphasises high quality, inclusive teaching for all pupils in a class.
Resource provision	A mainstream school receives additional funding to provide extra specialist support or facilities for children with SEND.
SALT	Speech and Language Therapy helps people who have speech and communication difficulties. They also help people with eating, drinking and swallowing problems.
SEN	Special Educational Needs (SEN) covers a wide range of needs. These include behavioural, emotional and social difficulties, speech, language and communication, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autism
SEN Support	The process by which schools assess the needs of children, and then provide appropriate support.
SENCO	Special Educational Needs Co-ordinator. The SENCO is responsible for the operation of a school's SEN policy and coordination of specific provision made to support individual pupils with SEN, including those who have EHC plan.
SEND	A child or young person who has a learning difficulty and/or a disability that means they need special health and education support, which is shortened to SEND.
SEND Partnership	A multi-agency partnership arrangement which leads and drives developments around support, processes and provision for children and young people with Special Educational Needs and Disability (SEND) aged 0-25 years in Cheshire East.
SEND Partnership Board	A group made up of senior representatives that drive and monitor the work of the Partnership in line with our joint SEND strategy.
SEND Passport	A tool used by the Council to aid and capture the voice of children with SEND through 1:1 and group participation.
SEND Toolkit	Explains the responsibilities, outlines the provision and support that the Local Authority expect to be in place in all educational settings which support Cheshire East children and young people with Special educational needs.
Written Statement of Action	A document which sets out the actions that are needed to address the significant areas of weakness in a local area identified by Ofsted and/or the Care Quality Commission following inspections.
Dedicated Schools Grant management plan	A document which is a requirement from the Department for Education (DFE) where a local authority has a deficit position on their high needs dedicated schools grant (DSG), this provides a financial and EHCP 5-year forecast.
Delivering Better Value programme (DBV)	The DBV programme is designed to provide dedicated support and funding to help 55 local authorities with substantial deficit issues in their high needs block of the DSG, to reform their high needs systems, with the aim to put more local authorities on a more sustainable footing so that they are better placed to respond to the forthcoming special educational needs and/or disabilities (SEND) reforms.

## 2. Introduction

This **Special Educational Needs and Disabilities (SEND) Strategy** has been refreshed after taking the views across all partners at three engagement sessions held in April 2023. The previous work undertaken as part of the original Strategy still remains a key focus and is reflected within the priorities. The aim of the refresh is to align the findings from the Delivering Better Values (DBV) programme and the content from the Dedicated Schools Grant (DSG) management plan to ensure the partnership are working collectively towards the same objectives within one plan.

Following the coproduction of the refreshed strategy we have identified the following 5 priority areas:

1. Strengthening the quality assurance framework analysis to ensure evidence of continued improvement across the partnership including impact for children, young people and families
2. 0-25 SEND commissioned services and provision to meet the aspirations of children and young people
3. Improve timeliness and transformation of Annual Reviews of EHC Plans, including transitions
4. Strengthening early identification and intervention through inclusive practice
5. Alternative Provision

All our engagement to develop the Strategy and our delivery of support for SEND is premised on our TOGETHER principles of co-

production. 'TOGETHER' in Cheshire East is outlined in this document and was created by our children and young people, in conjunction with a range of professionals and parent carers, as they didn't understand the word 'co-production'.

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

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

# TOGETHER in Cheshire East

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

**T**eamwork when designing, delivering and evaluating individual support and services

**O**pen-minded ideas and discussions

**G**enuine communication for all parties involved

**E**qual partners help to shape and improve support for all

**T**rust each other to make the right decisions

**H**onest

**E**ngage and empower children, young people, adults and families

**R**espect 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

### 3. Our Vision

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

We believe that...

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

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

### 4. Our commitment

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

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

**H**appy and healthy

**A**chieving their potential

**P**art of their communities

**I**ndependent as possible, making choices about their future.

### 5. What we face

We are publishing the refresh of our strategy in response to supporting outcomes for children with an Education, Health and Care Plan (EHCP) becoming more challenging due to the increase in numbers and complexity of need. Children with an EHCP have their needs met through the council’s DSG high needs grant but this has exceeded the funding received for that purpose.

This situation has occurred over the last seven years with several factors contributing to this locally, and with the high needs funding allocation which is not linked to EHCP numbers.

This is a national issue and as a result, the majority of councils are now facing significant deficits on their DSG reserve as recurring overspends are transferred each year. Despite this being a national issue, the situation is acute for Cheshire East.

Children and young people and their parents/carers expectations quite rightly remain high. This strategy refresh will support us to ensure that we are well placed to meet this changing landscape, whilst supporting to ensure the needs of our children, young people and families are met.

Due to the energy, commitment and dedication of all parties involved in this work, we have already moved a long way towards achieving our aims, but we still have more to do to ensure that children and young people achieve their best possible outcomes. Our SEND revisit in May 2021 by Ofsted and the Care Quality Commission scrutinised whether we had made sufficient progress in addressing two areas of significant weaknesses identified at a previous inspection in 2018, which were:

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

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

Regarding support for children and young people with autism, inspectors found that more children are starting nursery and school with their needs understood and met. Families have also been offered support and training, so they can better understand and support their child. In terms of waiting times, in 2018 more than 200 children and

young people were waiting more than 12 weeks for their first assessment, but by March 2020, this had reduced to two weeks.

The partnership self-evaluation provides an ongoing picture of our current performance alongside quality assurance activity.

The improvements identified in our revisit and the feedback from inspectors to improve our communication with parents and carers surrounding our improvement journey is captured within this strategy. This will be monitored and scrutinised by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this Strategy.

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



## 6. Local and National drivers

### National drivers

- The Children and Families Act (2014)
- The SEND Code of Practice (2015)
- The Care Act (2014)
- DfE SEND and Alternative Provision Improvement Plan
- SEND Ofsted Framework
- The Mental Capacity Act (2005)
- NHS Long Term Plan (2019)
- NHS Mental Health Investment Standard (2020)

## 7. What our children and young people tell us

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

- NICE Transition from Children's to Adults' Services for young people using health and social care services (2016)
- Equality Act 2020
- Autism Strategy
- Outcome of the current national SEND Review

### Local drivers

- Cheshire East Corporate Plan (2021-2025) and Medium-Term Financial Strategy
- Cheshire East Partnership 5-Year Plan
- Access to SEND Services Framework
- Multi-agency Preparing for Adulthood (PfA) Strategy
- Children's Joint Commissioning Strategy (2021-2023)
- SEND Partnership Sufficiency Statement and SEN Provision Plan (2023-2026)
- Cheshire East All-Age Autism Strategy (2020-2023)
- 'My Life, My Choice' Cheshire East Learning Disability Strategy (2019-2022) – Revised plan in place from January 2024
- Cheshire East All-Age Mental Health Strategy (2019-2022) – Revised plan in place from January 2024
- Children and Young People Plan (2022-2026)
- The joint Health and Wellbeing Strategy for Cheshire East (2023-2028)

Area	What is working well?	What's not working well?	What would make it better?
<b>Education, Health and Care Plan</b>	<ul style="list-style-type: none"> <li>• My Plan helps people to understand me, to think about all of my needs, and to know what I need help with.</li> <li>• I feel listened to and that my views are heard, and I am involved in meetings.</li> <li>• The support I get in class/college/my support internship is helpful, and I am enjoying college/my supported internship.</li> <li>• I feel there are people I can talk to.</li> </ul>	<ul style="list-style-type: none"> <li>• The Coronavirus pandemic has made some things more difficult, e.g. finding work experience, starting new support from organisations etc.</li> <li>• Anxiety needs can be a barrier to attending meetings or can be triggered by certain class/course subjects.</li> </ul>	<ul style="list-style-type: none"> <li>• More subject options and work opportunities.</li> <li>• More support around anxiety needs.</li> <li>• More opportunities to do things on my own at an earlier age to make me a little bit more independent.</li> <li>• Recapping what my EHC Plan says and what the next step will be.</li> </ul>
<b>My Education and Work</b>	<ul style="list-style-type: none"> <li>• Having support from different places to prepare for the world of work, including job coaches and organisations being proactive in looking for work experience.</li> <li>• I have a good plan in place for what I want to do when I'm older/after school or college, and how to get there.</li> <li>• I am enjoying my classes/course and am happy to be working towards milestones and targets.</li> </ul>	<ul style="list-style-type: none"> <li>• Some difficulties in finding suitable options and work experience placements, especially due to the Coronavirus pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>• More support for employers to encourage more of them to offer job opportunities, and more options for older young people.</li> <li>• Being able to visit colleges and providers, and access my placement, when Covid-19 restrictions ease.</li> <li>• Improved communication, such as people repeating instructions about tasks or giving me specific dates about when things are going to happen.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• I am able to get the health appointments and treatments that I need and can book appointments fairly quickly and know how to do this.</li> <li>• I have been referred to, or have received, a diagnosis, and appreciate the support I have from different professionals to manage my health needs.</li> </ul>	<ul style="list-style-type: none"> <li>• I may need more support or specialists to meet my health needs fully.</li> </ul>	<ul style="list-style-type: none"> <li>• Easier access to some services, and shorter assessment times.</li> </ul>
<b>Care</b>	<ul style="list-style-type: none"> <li>• I get the support and help I need to meet my care needs. Support is given by different people, including school/college staff, social workers, job coaches, carers, personal assistants and family. I also do self-care.</li> </ul>	<ul style="list-style-type: none"> <li>• I sometimes need more support with practical issues, e.g. to resolve issues with manoeuvring a frame around potholes or being able to hear in noisy places.</li> </ul>	<ul style="list-style-type: none"> <li>• For people to give me more independence.</li> <li>• More deaf awareness in the general population.</li> </ul>

Area	What is working well?	What's not working well?	What would make it better?
<b>People who help me</b>	<ul style="list-style-type: none"> <li>• There are lots of different people who are aware of my needs that I can speak to and ask for help if I need it.</li> </ul>	<ul style="list-style-type: none"> <li>• Some struggles with friendships and being in lockdown during the Covid pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>• People to continue to treat me as a young adult.</li> <li>• Being able to attend social groups and clubs again in person.</li> </ul>
<b>Opportunities and Experiences</b>	<ul style="list-style-type: none"> <li>• I spend time with my friends and family.</li> <li>• I access different activities, such as virtual youth groups, attending a Duke of Edinburgh group, sports clubs, dance lessons etc.</li> </ul>	<ul style="list-style-type: none"> <li>• There are no youth club activities, or activities for people with learning disabilities, where I live.</li> <li>• Covid-19 has stopped me doing things.</li> </ul>	<ul style="list-style-type: none"> <li>• I hope some of the activities that I did before Covid-19 will restart soon, and that we can meet in person when it is safe.</li> <li>• Local groups or opportunities to socialise with people in our area.</li> </ul>

## 8. What parents and carers tell us

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

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

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

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

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

"Children and young people have the support they need"

"Kindness, understanding and empathy demonstrated in all communications"

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

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

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

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

"A greater range of provision is available"

## 9. Need in Cheshire East

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

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

### 9.1. Needs are increasing and changing

As at January 2023, **5388** children and young people receive SEN Support in Cheshire East (within statutory school age as in School Census 2023) and **4029** children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan. A number of children and young people with SEN will have their needs met through universal support within quality first teaching and learning, or first concerns. (Data as per SEN 2 2023)

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

to see the number of pupils recorded as receiving SEN Support increase over the next year.

Children and young people with SEND are changing in the range and complexity of need they require support with. Proportionally more children and young people with SEND are eligible for free school meals: in the January 2023 census, 30.3% of children with SEND were eligible for free school meals, as compared to 13.2% of children with no SEND. 29.6% of pupils receiving SEN Support and 31.9% of pupils with an EHCP were eligible for free school meals.



## 10. Three stages of system confidence

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

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



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

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



## GOOD STABILISERS AND CONFIDENCE

**CULTURE** – “Culture eats strategy for breakfast” - the culture across our SEND partnership will determine the success of our drive to improve the outcomes and life-chances for children with SEND. By putting children and young people at the heart of all we do and supporting their **individual** needs and what is important to them, both now and in the future, we will achieve success. A positive / transparent culture across the SEND partnership and improved communication with parents and carers will build confidence and trust in all we do.

**INCLUSION** - children and young people are supported to access the same services, activities, and opportunities as their peers wherever possible.

**FLEXIBLE AND WELL-TRAINED WORKFORCE** - training the whole workforce and parent and carers **Together** will create a skilled and cohesive force for achieving good outcomes. Given the increase in demand and complexity of needs, it is even more important that our workforce can respond proactively and flexibly to patterns of demand.

**Co-production, Co-production, Co-production** is embedded and **Together principles applied** to ensure children and young people are always involved in the decisions that affect their lives. Parents and carers are experts on their children’s needs and are essential partners in decision making.

**SUFFICIENT LOCAL, GOOD QUALITY SEN SCHOOL PLACES** - children and young people can access their school place, support and activities within their local area wherever possible, and they are part of their local community.

**DEMAND MANAGEMENT AND BEST USE OF RESOURCES** - support is planned to meet the needs of children and young people in our area so we have the right types of support, with the right amount of availability, that are delivered effectively through multi-disciplinary teams. We are creative and innovative in meeting children and young people’s needs. Needs are met early to prevent escalation.

**GOOD INTELLIGENCE** - targeting support effectively and efficiently based on comprehensive, good quality, timely data and feedback from as many sources as possible.

**SUPPORT** - the best quality support is underpinned by good quality, timely, child and young person-centred processes, assessments and plans.

**ASSESSMENT** - a strong SEN needs assessment enables us to determine what support is needed, and a good quality EHCP ensures all the key parties are involved in developing a solution together. Child-centred support means providing integrated support that meets children and young people’s individual needs, across education, health and care, in line with what is important to them, both now and in the future.

## OVERARCHING REQUIREMENTS

### How we ensure good stabilisers and confidence is achieved:

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

## RIGHT FRAME AND SERVICING

**SEN SUPPORT** - support is tailored to the needs of the individual child. A graduated approach means that we expect reasonable adjustments to be made to ensure that the majority of children and young people with special educational needs are able to access and have their needs met within mainstream provision, so they enjoy the same opportunities as their peers wherever possible and are fully included within their communities.

**A GRADUATED APPROACH** - we expect reasonable adjustments to be made to ensure that the majority of children and young people with special educational needs are able to access and have their needs met within mainstream provision, so they enjoy the same opportunities as their peers wherever possible and are fully included within their communities. Quality First Teaching and Learning, as well as effective health and social care services is the key.

**MAINTAINING STABILITY OF SCHOOL PLACE** - our support teams are well trained, proactive and flexible to meet the changing profile of needs. Our teams work in a multi-disciplinary way and make best use of our Cheshire East Toolkit for SEND.

**DIAGNOSIS AND PATHWAYS (e.g. AUTISM, ADHD)** - assessment processes and diagnosis are timely, and communication along the way is effective. It is important that pre and post diagnosis support is person-centred, and evidence based, not based on what support/skills we have available. We should avoid silo pathways as needs commonly co-exist.

**JOINT COMMISSIONING** - we need to make the most of our resources as a partnership to meet the needs of individuals and groups of children and young people. We utilise all the rich intelligence and feedback to plan the purchase/redesign of support needed, and constantly review that outcomes for children are being achieved.

**EARLY EFFECTIVE PLANNING FOR KEY TRANSITION POINTS** - from Early Years through to Post-16 preparation for adulthood, each transition point should be carefully thought through for each young person, taking account of the different environment they are moving on to, clear and timely data sharing between settings, and sharing of good practice.

**EARLY PLANNING FOR PREPARING FOR ADULTHOOD** - to ensure young people have time to adjust and feel comfortable with their preparation for adulthood, allowing time to build the right Post-16 offer that recognises the wide range of young people's goals and unique solutions to achieving them.

## OVERARCHING REQUIREMENTS

### How we ensure the right framework and servicing is achieved:

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

## PERSONAL TOUCHES

**BESPOKE OUTCOMES THAT ARE ASPIRATIONAL** - we aim high for children and young people with SEND, and every plan, review and action to support has the lived experience and outcome for the child at the heart.

**PERSONAL BUDGETS** - an amount of money to deliver the provision set out in an Education, Health and Care Plan where the parent or young person is involved in securing that provision, increasing personalisation of support and involvement of families in decision making.

**EVERYONE FEELING A GENUINE PART OF THE SEND FAMILY** - if we let it, SEND can feel complicated and lonely for children/young people and their families. We will look for every opportunity to act as one SEND family working TOGETHER, embracing feedback, views and input from parents. We will welcome it as the useful gift it is and use it effectively to improve support and outcomes.

**KNOWING THE INDIVIDUAL CHILD AND PERSONALISED COMMUNICATION** - ensure support teams contacting families have familiarised themselves with the young person before engaging. Ensure learning from complaints changes practice and changes are visible to parents.

## OVERARCHING REQUIREMENTS

### How we ensure that personal touches are achieved:

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

## 11. Potential Risks

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

As with many local authorities across the country, Cheshire East Council's currently has a DSG deficit position of £47 million and is forecast to be £146 Million (mitigated) and £273 Million (unmitigated) by March 2027 (based on the DSG management plan from 2022/2023 to 2026/2027) This plan is updated on a rolling 5-year basis.

In 2023 the government announced the findings of the national SEND review and have published their SEND and alternative provision improvement plan. Our SEND Strategy refresh has reflected some of the suggested changes; however, the improvement plan is still in the early stages of the change programme, and we may need to further reflect within our strategy as the roadmap develops. The next full review of our strategy will take place in 2024.

## 12. Governance

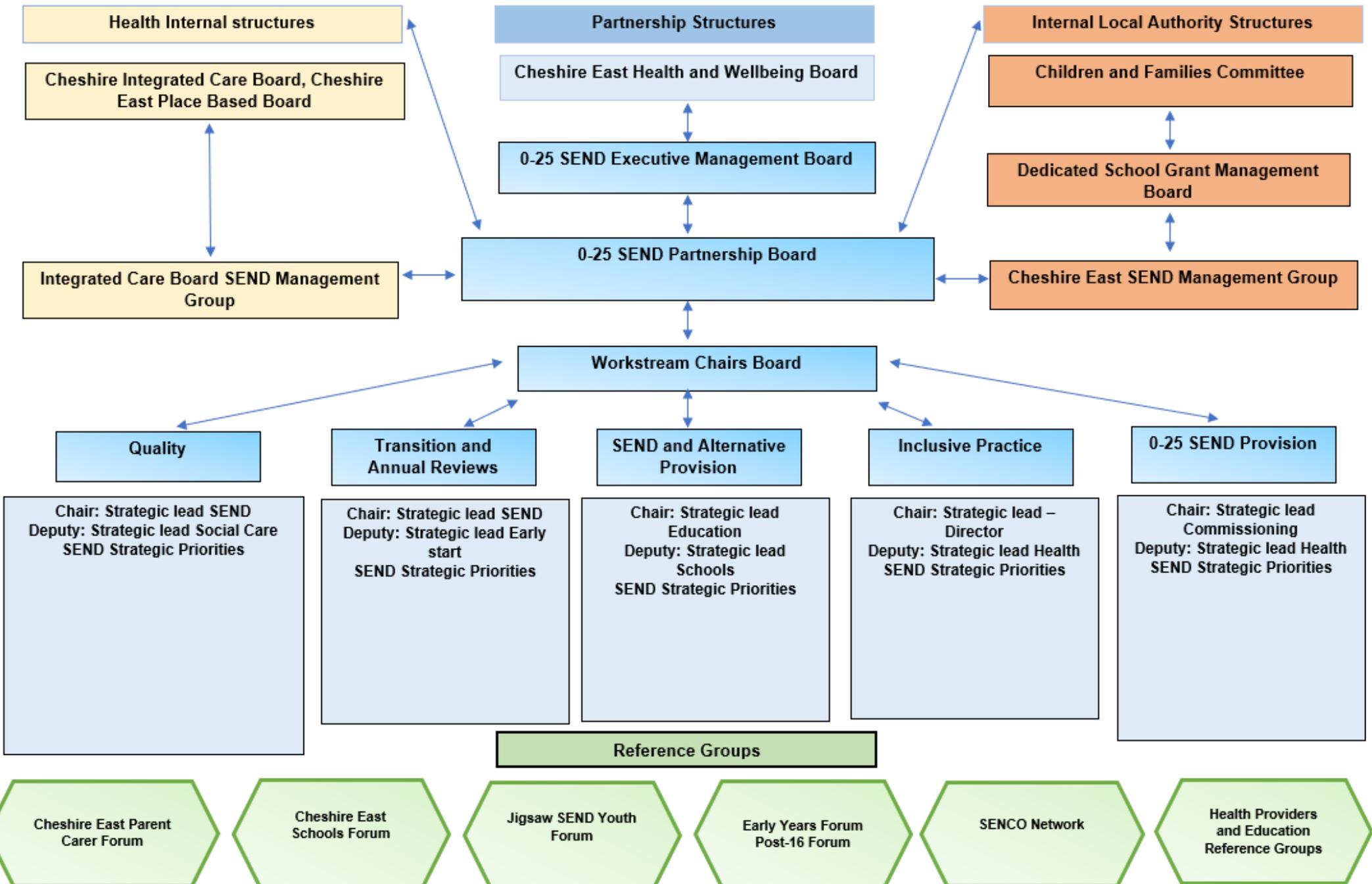
This is an ambitious programme which cannot be achieved without the full commitment from all the key partners at every level, from strategic directors to frontline practitioners within Social Care, Education, and Health across children's and adult services.

The whole SEND system needs to work together effectively in order to improve the support for children and young people with special educational needs and disabilities (SEND) across Cheshire East. This work is being driven by the 0-25 SEND Partnership Board and executive board, since June 2023 the governance arrangements have been strengthened with the Executive Director of Childrens Services nominated as chair.

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



# SEND Governance Structure



## 13. Impact

### 13.1. How will we know we have succeeded?

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

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

### 13.2. Listening to Feedback

We will monitor and assess quality throughout our local arrangements by seeking views from everyone involved at all points of contact.

The voice of children and young people will be paramount, and will be gathered in a number of formats, and at various points in time. We will also ensure that we capture the views of parents and carers and utilise opportunities to build positive relationships.

### 13.3. Assessing practice through audits

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

Audits will explore the quality of practice, concentrating on the multi-agency footprint across the EHC needs assessment process, and will assess practice against agreed practice standards

### 13.4 Analysis of data, outcomes and impact

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

Each SEND workstream will be accountable for a section of the scorecard relevant to their deliverables. This will be scrutinised by the Partnership board.

### 13.4. Learn and implement improvements in practice

We will embed a culture and structure of listening to families and practitioners to ensure effective recording and monitoring of all feedback and queries. Clear and transparent structures will be in place

to evidence learning from feedback and where this has prompted change and further service developments. Mechanisms for gaining feedback on EHC needs assessments and Plans, and our Local Offer

(both our provision and the quality of support) will be further enhanced and embedded.  
We will build-in multi-agency opportunities to reflect and learn and celebrate successes and share best practice

## 14. Action Plan

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

Each workstream will have a detailed plan and scorecard to ensure that will have oversight and scrutiny through SEND partnership and executive boards.

An overarching improvement plan is also in place as a mechanism to ensure themes and areas of development from our quality assurance practise and self-evaluation are addressed.



## **1. Strengthening the quality assurance framework analysis to ensure evidence of continued improvement across the partnership including impact for children, young people and families**

### **What we aim to achieve:**

- **Ensure there is clear communication when sharing our refreshed strategy with ALL stakeholders following our involvement in the Delivering Better Value programme**
- **An effective quality assurance framework across education, health and care practice and services through implementation of robust monitoring and use of feedback from all stakeholders.**
- **A culture of co-production when planning support and services, which embraces best practice and person-centered work.**
- **A cycle of continuous professional development embedded across the SEND partnership.**
- **Improved communication and improved relationships between families and professionals.**
- **A fully effective Local offer that is relevant, up to date and provides information for all children, young people, families and partners.**
- **Provide clear information for families on all aspects of the SEND system and in particular the range of support and services available**
- **Systems to ensure oversight of the quality monitoring of education, health and care settings and services that ensures continuous improvement of services and proactive use of feedback from all stakeholders**

### **Impact Measures**

- **Confidence survey for parents, children and young people, settings and workforce**
- **Number of complaints**
- **Number of mediations and appeals**
- **Increased take up in multi-agency training**
- **Increased number of compliments**
- **Working together/co-production meetings effectively take place via scorecard**
- **Increase number of 'hits' on local offer pages**
- **Quality assurance audits**

### **How this will be achieved:**

- 1. Strengthen governance and embed the quality assurance framework**
- 2. Develop, provide oversight and monitor the partnership training programme to include workforce development, annual conference, mandatory training and accredited CPD**

- 3. Review and regularly update our local offer pages and align with the family hubs digital offer**
- 4. Create and publish an annual survey for parent/carers, children and young people, schools and settings and other key partners.**
- 5. Utilise feedback and analysis to support development across each workstream.**
- 6. Measure and track education, health and care outcomes through a holistic outcomes' framework**
- 7. Implement Parent / Carer access to Child's electronic case record (Liquid Logic)**

## 2. 0-25 SEND commissioned services and provision to meet the aspirations of children and young people

### What we aim to achieve:

- Children and young people receive better outcomes through improved integrated service delivery
- Clear links are demonstrated between population needs and what is procured for children and young people with SEND based on the Joint Strategic Needs Assessments (JSNA)
- Improved coordination of early years support and implementation of a new portage service
- Families have access to a range of support through Family Hubs across Cheshire East, including face-to-face, outreach and digital
- Children and young people access good quality local schools, settings and services, with appropriate support with travel arrangements
- Children, young people and their families have access to a range of services to support families including, equipment, home adaptations and consumables, short breaks, HAP and family information service.
- Ensure there is equity in access to provision and services for all children with SEND
- Advice and the right support are in place for children and young people to achieve successful outcomes including into adult life
- Joint commissioning arrangements enable partners to make best use of resources to improve outcomes for children and young people and form part of an ongoing review and improvement cycle
- Effective provision within adult services to meet the needs of 18 – 25-year-olds is available via local offer pages.
- Local arrangements are in place, including service level agreements
- Pathways exist to paid employment including apprenticeships, traineeships, and support internships

### Impact Measures:

- Number of EHC plans ceased
- Number of supported internships
- Number of new specialist school placements
- Number of EOTAS/missing education
- Reductions in waiting lists for health services
- Learning disability annual health checks for young people aged 14+
- Number of children and young people on the dynamic support database
- Health outcome measures
- Education outcomes measures
- PFA outcomes

**How will this be achieved:**

- 1. Relaunch joint commissioning arrangements to enable partners to make best use of resources to improve outcomes for children and young people**
- 2. Redesign pathways and services in line with guidance – e.g. the national framework to deliver improved outcomes in all-age autism assessment pathways; mental health issues affecting a pupil’s attendance and providing guidance for schools**
- 3. Review therapy services (SALT, Occupational Therapy, and Physiotherapy) to ensure equitable provision for all children and young people with SEND, including those attending out of area schools**
- 4. Produce SEN Sufficiency statement and SEN capital programme**
- 5. Reviewing the process of ceasing of plans and what other support is available from adult social services**
- 6. Review and increase supported internships and alternative pathways**
- 7. Measure the impact of specialist provision through quality assurance arrangements**
- 8. Implement the detailed transformation plan for travel support**

### 3. Improve timeliness and transformation of Annual Reviews of EHC Plans, including transitions

#### What we aim to achieve:

- Timely agreement of transition plans to enable multi agency engagement to support effective transition for children and young people
- Effective communication with children, young people, families and all partners regarding annual reviews and the transition processes
- Two-year training programme for all schools and settings, tailored to educational phases (best practice, what's on offer in the next phase of education and develop clear expectations for everyone)
- Transitions to adult health services and adult social care which are timely, appropriate and well planned
- Preparing for adulthood (PFA) offer is a golden thread throughout a child's/young person's journey and EHC plan
- Improved quality and timeliness of EHC plans
- Annual reviews will accurately reflect the children and young people's current needs and any changes in provision required to meet those current needs

#### Impact Measures

- Timeliness of annual reviews
- Multiagency involvement in annual reviews
- Transition data, change of placement data and outcomes of annual review data.
- Intended destination report (number of named places at nursery 1, nursery 2, reception etc)
- Number of needs assessments at transition point
- Number of change of placements at transition point
- Confidence survey to children and families
- Confidence survey to schools, settings and health and social care professionals
- Year 9 preparing for adulthood plans are in place for all children/young people

#### How will this be achieved:

1. Review and refresh the process for transition with the aim to strengthen the system for all children and young people within a transition phase of education
2. Review and update a coordinated partnership training programme

- 3. Develop and co-produce guidance for parents, children/young people and schools and settings on what to expect and how to maximise effectiveness of annual reviews and the transition process**
- 4. Review of the annual review process and procedure using feedback to inform change**
- 5. Transition videos for all phases of education linking to the local offer**
- 6. Implement a consistent system for quality assurance of existing EHC Plans through the use of the quality assurance framework**

## 4. Strengthening early identification and intervention through inclusive practice

### What we aim to achieve:

- Strengthened SEN support plans, enhance support to schools and settings from across the partnership
- Effective multi agency identification of needs in early years ensures children have the right start and access to early support
- The multi-agency approach embeds the graduated approach at all levels and builds on best practice via training programme
- Intervention and support are in place through early help and preventative systems
- A clear integrated assessment process and pathway is in place for all children and young people with SEND to support effective, timely and consistent decision-making processes
- Statutory assessment timescales are met
- Children, parents and families have confidence in the graduated approach and SEN support plans
- Quality of advice and plans at each stage
- Effective use of Personal Budgets, oversight and agreement for joint individual packages to support needs of children and young people

### Impact Measures

- Number decisions not to assess, where needs can be met at SEN support
- Number of change of placements as needs are being met at mainstream
- Improvement in satisfaction surveys
- Uptake in training sessions delivered
- Impact evidenced through workforce surveys
- Number of plans processed within timeframe
- Number of mediations

### How will this be achieved:

1. Relaunch, promote, embed and raise awareness of the toolkit with all schools and settings to ensure that there are robust processes for the graduated approach, to support children and young people and to allow them to stay in mainstream education as appropriate
2. Increase understanding and application of the graduated approach (SEND toolkit) for all areas and for all staff across the partnership, which will contribute to the overall training plan
3. Review and re-design the panel(s) decision-making, to streamline the process from early years to post-16
4. Review and refine the statutory assessment process guidance and resources

## 5. Alternative Provision

### We want to achieve:

- **Quality needs led alternative provision commissioned by schools and local authority at the right time for children and young people.**
- **A consistency of review to ensure alternative provision is supporting children and young people's progress and attainment.**

### Impact Measures

- **Children and young people with good attendance in their alternative provision placement**
- **Children and young people with improved attainment as a result of alternative provision intervention**
- **Reduction of permanent exclusion for children and young people receiving alternative education intervention**

### How will this be achieved:

1. **Develop and implement an Alternative Provision Strategy**
2. **Provide clear policy and practise guidance for Personal Budgets.**
3. **Development of a flexible purchasing system for alternative provision**
4. **Development of a quality framework for commissioning alternative provision in Cheshire East and commissioned places outside the local authority, ensuring robust safeguarding arrangements are in place**
5. **Develop one register of local authority commissioned alternative provision**
6. **Develop an alternative provision handbook for use by local authority and schools**



# Your thoughts matter

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

Strategic Action & Ref:	Sufficiency and Provision Workstream Update
<p>2.1.1 Ensure effective joint commissioning arrangements in place</p>	<p>This action is currently in progress – discussions have begun to review Speech and Language Services (SaLT) and opportunities to jointly commission this service. Process is expected to last 12-18/24 months.</p> <p>This will include a review and agree priority order of specific services to begin to commission together, where this will lead to the greatest level of benefit for children and young people. The aim is to ensure that parents and stakeholders will have access to consistent SaLT offer across Cheshire East.</p>
<p>2.1.3 Ensure sufficient and sustainable pre and post Autism Support</p>	<p><a href="http://cheshireeast.gov.uk">Autism and ADHD update (cheshireeast.gov.uk)</a></p> <p>Key updates were published through our local offer pages from the ADHD and autism assessment and diagnosis team based in the north of the borough (covering the Congleton, Knutsford, Macclesfield, Poynton areas):</p> <p>The team has now recruited to all the ADHD pathway vacancies and continues to work hard to reduce waiting times A shared care agreement has been made with Stockport SEND services to improve the ADHD pathway for medication for those living on that border The team has merged with West Cheshire autism pathway team. The combined team has expanded and will continue to work to fill remaining vacancies The team has cleared pathway backlogs, so families are no longer waiting for diagnostic reviews and feedback after they have attended for an autism assessment The team is looking to improve its skill mix and will continue to ensure every family has an opportunity to talk about what an autism diagnostic assessment means for them, and to identify best-matched support services locally and nationally</p> <p>Across Cheshire East we have several organisations that provide support and training for families and children and young people with autism. This can be accessed at any point in the pathway - even if you are on the waiting list for a diagnosis you are still able to sign up to services to support your family.</p> <p>In the north of the borough, Space4Autism is commissioned by Cheshire East Council and the NHS to provide training and support for anyone on the autism pathway. Space4Autism offers an array of support services for adults and children, whether diagnosed or not. It provides parent/carer training courses, 1:1 and group support, carer's respite, school holiday clubs and a café where employment is available for people with autism.</p> <p>In the south of the borough, Cheshire Autism Practical Support or ChAPS are commissioned by the council and NHS to provide training and support for anyone on the autism pathway.</p> <p>The Triple P – Positive Parenting Programme - is an evidence-based parenting programme. It gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behaviour and prevent problems developing. The Fear-less course is also available for families who experience anxiety. Triple P Steppingstones is an online course to support families with behaviour strategies related to ASD and ADHD . Please note that Triple P online courses are available across Cheshire.</p>

	<p>The NHS has commissioned Peak Sleep to provide holistic family support for neurodiverse children experiencing significant sleep problems across Cheshire East. Referrals are made through your paediatrician, who will be able to explain if you are eligible.</p> <p>Work in underway through a newly established working group led by the ICB Associate Director for quality with an aim to review wider voluntary and third sector opportunities.</p>
<p>2.1.4 Review health provisions to ensure sufficient assessment capacity and provision to meet needs of children and young people. (OT, SALT, ASD, ADHD and CAMHS)</p>	<p>Review of SaLT to be undertaken to develop joint commissioning approach across Cheshire East.</p> <p>This review will include mapping of current offer/ provision including access arrangements and waiting times for OT, Physio, SaLT and CAMHS, including commissioned capacity against referral data over the past 12 months.</p> <p>This year a working group has been established led by health: neurodevelopmental clinical network, the aim of this group is to drive improvements and consistency across ADHD and ASC assessments and pathways</p>
<p>2.1.5 Ensure the SEND Toolkit is embedded to support SEN Support to make interventions more robust, trustworthy and enforceable, with clear escalation routes if Toolkit not being applied. The Toolkit should model the support required to enable children/young people to stay in mainstream as appropriate (SEMH should be a focus).</p>	<p>The Cheshire East Toolkit for Special Educational Needs and Disability ( SEND ) is aimed at all educational providers and settings supporting Cheshire East children and young people aged 0-25 years.</p> <p>In it we outline the provision and support that we expect to be in place in all educational settings which support Cheshire East children and young people with SEN , and forms an important part of the Cheshire East Local Offer for SEND.</p> <p>Our purpose is to provide detailed guidance on how educational settings can identify children and young people with different types and levels of need, and information on appropriate steps and strategies to support them. We provide clear information about when a request for an Education, Health and Care needs assessment, or specialist services, may be required.</p> <p>The toolkit is intended to assist educational settings in supporting children and young people with SEN . We developed the toolkit in co-production with local Special Educational Needs Coordinators ( SENCO ), Post-16 representatives, parent/carers and a wide range of specialist education, care and health services.</p> <p><a href="https://www.cheshireeast.gov.uk/SEND-toolkit">SEND toolkit (cheshireeast.gov.uk)</a></p>
<p>2.1.6 Ensure sufficient SEN school capacity and wrap around services are in place to meet the increased demand through rising EHCPs.</p> <p>4.1.3. Tailored intervention and intensive support for individual settings based on data/intelligence collation.</p>	<p>Our inclusion quality team have developed a tool to ensure we are able to collect and use data to identify those schools with the greatest level of need/demand for EHCPs based on referral rates and ensure support is targeted more effectively.</p> <p>The information is used to inform the annual training programme for all key partners to access alongside targeted support for individual schools and settings.</p>

<p>2.1.7 Implement the Multi-Agency Preparing for Adulthood Strategy</p>	<p>The Cheshire East SEND Partnership multi-agency Preparing for Adulthood Strategy 2021-2023 outlines our Vision and Principles for Preparing for Adulthood (PfA), along with the challenges we need to understand and our priorities to ensure that young people with SEND in Cheshire East are prepared for adulthood, as early as possible, to achieve their individual aspirations.</p> <p><a href="https://cheshireeast.gov.uk">Preparing for Adulthood Strategy (cheshireeast.gov.uk)</a></p> <p>Current review is being undertaken via a PFA strategic working group being led jointly across adults and childrens.</p>
<p>2.1.8 Review and make improvements to the early signposting of families with children with disabilities to the full range of support across community settings and provision.</p>	<p>In May 2022 Cheshire East Council has been successful in its bid for a share of the government's Family Hubs Transformation Fund announced this week.</p> <p>Family hubs are a way of joining up services locally, improving the connections between families, professionals, services, and providers, and put relationships at the heart of family support.</p> <p>Up to £1 million will be awarded to the council to develop family hubs across Cheshire East, supporting children and young people from birth until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities). The council is one of only 12 local authorities to receive the funding in the government's announcement and will have until March 2024 to implement the new way of working.</p> <p>The hubs aim to bring council, health and community services together to provide help to families ensuring they have access to the right support at the right time. Issues such as debt, poor mental health or threat of homelessness can happen to families at any point in a child or young person's life.</p> <p>Some of the services that are planned to be delivered from family hubs include:</p> <ul style="list-style-type: none"> <li>Midwifery appointments, health checks, weaning and nutrition advice, early years play education and sensory development;</li> <li>Intensive support to reduce family problems that result in family breakdown, working with the child and family to make positive changes;</li> <li>Family help and support for children with disabilities or additional needs;</li> <li>Practical support around finance, housing and supported learning;</li> <li>Youth support services, including youth justice; and</li> <li>Mental health support for children, young people, families and new parents.</li> </ul> <p>The plans to develop existing centres to create the hubs for parents/carers of children of all ages, to ensure that they can walk in and access support across a range of services. A digital service will also be developed to provide advice and guidance.</p>
<p>2.1.9 Recommission care at home to broaden the offer to families of children with disabilities.</p>	<p>The care at home framework has now been re commissioned and is called Children and families support service (framework).</p> <p>There are 10 providers on the new framework, with further market engagement due to take place during 2023 to increase the number of providers signed up to the framework. We aim to include a specific focus on providers who deliver to children with disabilities.</p>

<p>2.2.1 Provide clear guidance on Education other than at School (EOTAS) and Personal Budgets.</p> <p>2.2.2 Ensure Personal Budgets are offered to parents where this may be a preference.</p>	<p>We have worked with legal services to recruit interim legal support specifically for SEND to offer further guidance and support to review our policies and guidance. As this is an area of increase demand across Cheshire East and regionally this is an area of focus over the next 6 months to review current policies in relation to personal budgets and direct payments to align across all areas and update as required.</p>
<p>2.2.3 Develop a system of quality audits - ensuring settings deliver the provision in the SEN Plan and EHCP and checking out the lived experienced of children and families.</p>	<p>We have a multi agency quality assurance group with representatives from across the partnership including parent carers is in place; which have included attendance and support from parent/carers who have volunteered to support a deep dive audit review into their child/young person's EHC plan.</p> <p>Following the publication of the new area inspection framework we are currently working across the partnership to review and redesign our audit tool to reflect the requirements and measures within the framework and are developing our planning to establish an audit timetable of activity across the partnership.</p>
<p>2.2.4 Review the process for school staff and parents to flag up concerns about meeting the needs of children in schools and delivery of provision in the plan.</p>	<p>As a result of a restructure and growth across the SEND assessment and monitoring teams over the past 2 years, we have expanded the resource and now have established locality and dedicated post 16 teams. Structures are in place through locality teams to ensure that both schools/settings and parent carers have access to a direct keyworker to offer support, advice and guidance where required.</p> <p>A significant piece of work was undertaken to coproduce and develop the information and resources in relation to annual reviews, this ensures that there is a clear mechanism in place for a child/young person's EHC plan to be reviewed and ensure that the views of parent/carers, children and schools/settings are captured. We have worked in co-production to provide a more detailed and informative parent/carer advice template for Annual Reviews so that we gather meaningful information and provide a chance for parents to voice their opinions and concerns prior to review meetings.</p> <p><a href="http://cheshireeast.gov.uk">Annual reviews of EHC Plans (cheshireeast.gov.uk)</a></p>

Strategic Action & Ref:	Assessment, Monitoring and Quality Workstream update
1.1.4. Develop a mechanism to capture and share best practice and person-centred work.	Multiagency deep dive quality assurance meetings are being held regularly to capture and share best practice and person-centred work. This is being fed back through this workstream meeting and via practice champions to disseminate across teams.
1.2.1. Implement Parent / Carer access to Child's electronic case record (Liquid Logic).	We have undertaken a pilot of Liquid Logic Parent Portal, following the test and trial of the system we have developed a phased implementation plan and have delivered training across teams.
3.1.1. Increase capacity to process annual reviews following review meetings, through increasing capacity in EHC Plan Writers.	Following the agreement for growth within the SEN assessment and monitoring locality teams we have increased the capacity and successfully recruited into additional annual review plan writer positions across each locality.
<p>3.1.3. Introduce non-negotiables for settings to support the annual review process.</p> <p>3.1.4. Develop and share guidance for parents on what to expect and how to maximise effectiveness of an annual review</p> <p>3.1.5. Ensure that proactive forward planning is in place for all transition stages.</p> <p>3.1.6. Ensure annual reviews are holistic and that health, social care and other specialist services or providers contribute to</p>	<p>A significant piece of dedicated work was undertaken to review and coproduce guidance and resources in relation to annual reviews.</p> <p>We have worked to deliver this new webpage to make all information available for everyone. <a href="http://cheshireeast.gov.uk">Annual reviews of EHC Plans (cheshireeast.gov.uk)</a></p> <p>We set up an Annual Review Working Group to work in co-production with our Parent Carer Forum, Health, Social Care and the Inclusion Quality Team on the new forms and information.</p> <p>We have worked in co-production to develop a set of participation forms to cater for a range of abilities and needs so that we can capture the voice of the child/young person through the EHC needs assessment and annual review process. We keep the child/young person at the heart of our work when producing EHC Plans.</p> <p>We have worked in co-production to provide a more detailed and informative Parent/Carer Advice Template for Annual Reviews so that we gather meaningful information and provide a chance for parents to voice their opinions and concerns prior to review meetings.</p> <p>Work was undertaken alongside National Development Team for Inclusion (NDTI) to strengthen annual reviews to be more person centred and follow PFA outcomes. We have developed resources, guidance and videos which are accessible via the local offer. <a href="http://cheshireeast.gov.uk">The Preparing for Adulthood planning process (cheshireeast.gov.uk)</a></p>

reviews where appropriate.	
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Strategic Action & Ref:	Practice Champions workstream Update
<p>4.1.7 Develop a forward plan of joint training opportunities for parents and carers to up-skill together with support teams.</p> <p>4.2.1 Co-produce and deliver joint sessions for parents and professionals to explore and develop understanding of a 'day in the life of' each other and improve early identification of SEND and support parents with new issues seen at home.</p> <p>4.1.2 Deliver our multi-agency Workforce Development and Training Programme, responding to the needs of the workforce and learning from feedback from children, young people, parents, and carers.</p>	<p>We have developed an extensive training programme which includes joint training opportunities for schools/settings, health and social care, and local authority officers; training is planned annually.</p> <p>We have recently successfully recruited into the post of a dedicated Training Coordinator who is due to start in post August 2023, which will allow us to further develop our offer across all partners and stakeholders.</p> <p>Elearning modules have also been developed for specific areas such as preparing for adulthood and customer experience.</p> <p>In 2021/22 our parent carer steering group delivered a workshop training session alongside Ruby's fund to focus on parental perspectives on SEND.</p>
<p>4.1.1 Introduce the Designated Social Care Officer role to further improve the assessment of wider social needs of children and young people and</p>	<p>Designated Social Care Officer (DSCO) is in post and has completed a review and analysis of areas of strengths and development opportunities. The DSCO is currently working to develop practice guides and training to ensure needs are identified early and to improve outcomes for children and young people.</p>

appropriate provision.	
4.1.4. Create an Autism aware workforce and provider infrastructure through the implementation of the Autism Education Trust (AET) Training hub.	<p>An AET delivery plan for 2022-23 is in place. Engagement of schools is monitored and those who haven't signed up are encouraged to do so. Future plans are to expand the training programme into post-16 colleges (Cheshire South and West College have accessed training so far).</p> <p>125 schools have accessed training so a total of 916 delegates (since Sep 22 to date) Impact of this training is measured through evaluations. Recent 'post evaluation training' questionnaire has been sent out and case studies report that the impact has been:</p> <p>92 per cent said that their knowledge of autism had improved following the training. 95% said the training would have an impact on their practice in the classroom.</p> <p><a href="https://www.cheshireeast.gov.uk/news/2022/04/2022-23-aet-training-hub-update">Update on our Cheshire East Autism Education Trust Training Hub Autism (cheshireeast.gov.uk)</a></p>
4.1.5. Establish more early intervention strategies for behaviour support through Education Psychologists and SEND partners.	<p>Established and developed a bespoke early intervention and behaviour specialist provision. This has included dedicated educational psychologist support. Educational Psychologist support and capacity has expanded over the past 12 months to include dedicated support from early years. This has also ensured that we have developed our traded offer and support such as Emotional Literacy Support Assistant (ELSA intervention)</p> <p>The educational psychologist works closely with parent carers and the staff at a child's school to plan a programme of support. Programmes of support may include:</p> <p>Visiting schools on a regular basis using a problem-solving approach called 'consultation'</p> <p>Special training for teachers and other staff/professionals</p> <p>Providing strategies and research to support teaching and learning</p> <p>Working with parents/carers to help minimise difficulties at home and at school</p> <p>Working with schools and partner organisations to provide guidance and support</p> <p>Working with other key professionals (e.g. Social Care, Speech and Language Therapy, Cheshire East Autism Team)</p> <p><a href="https://www.cheshireeast.gov.uk/news/2022/04/2022-23-aet-training-hub-update">Educational Psychology Service (cheshireeast.gov.uk)</a></p> <p><a href="https://www.cheshireeast.gov.uk/news/2022/04/2022-23-aet-training-hub-update">Cheshire East – ELSA Network</a></p>

<b>Strategic Action &amp; Ref:</b>	<b>Communication and Engagement workstream Update</b>
1.1.1 Refresh the communication strategy to promote the work of the 0-25 SEND Partnership and engage and update key stakeholders on progress.	The Cheshire East SEND Communications and Engagement Strategy was coproduced with the Cheshire East Parent Carer Forum and agreed by SEND partnership board in September 2021.

<p>1.1.2 Refresh the SEND communication promise between professionals, parents/carers and young people with SEND.</p>	<p>The communications promise has been reviewed and revised following coproduction sessions with the Parent Carer Forum. We are currently agreeing the final version with a view to publishing during the summer (2023).</p>
<p>1.1.3 Develop a co-production charter with families to support working TOGETHER across the partnership.</p>	<p>A session with young people was held in November 2022 to test our TOGETHER principles. Our annual survey is in place to capture the feedback from across all children and young people to establish their experiences with a view to review and analyse feedback during Summer 2023.</p>
<p>1.1.5 Develop a termly e-newsletter for distribution to all parents and carers of children/young people with SEND through education and health settings.</p>	<p>Our newsletter called SENDing you the news is distributed to over 2,300 emails.</p> <p>More information can be found at <a href="http://www.cheshireeast.gov.uk/SENDingyouthenews">www.cheshireeast.gov.uk/SENDingyouthenews</a></p> <p>We are intending to measure parental satisfaction around communications in our next annual survey, with intention to analyse and review results summer 2023.</p>
<p>1.1.6 Simplify key communications into 'at a glance' one-page summaries.</p>	<p><a href="http://www.cheshireeast.gov.uk/SENDingyouthenews">www.cheshireeast.gov.uk/SENDingyouthenews</a> is fully accessible and summarises the key messages with a 300-word limit</p> <p>We will review and use the annual survey that is due for collation and analysis in Summer 2023 to measure parental satisfaction and ensure we use feedback to focus next steps and areas of learning alongside sharing best practise.</p>
<p>1.1.9 Replicate <a href="#">Local Offer 'quick links'</a> webpage on the Parent Carer Forum website.</p>	<p>Cheshire East Parent Carer Forum website is currently being redesigned. We are sharing the information found on the <a href="#">quick links web page</a> via a drip email campaign.</p> <p>A Livewell marketing campaign is due to commence which will promote the Local Offer</p>