



***Eastern Cheshire  
Clinical Commissioning Group***



***South Cheshire  
Clinical Commissioning Group***

# **Cheshire East Health and Wellbeing Board**

## **Agenda**

---

<b>Date:</b>	<b>Tuesday, 26th September, 2017</b>
<b>Time:</b>	<b>2.00 pm</b>
<b>Venue:</b>	<b>Committee Suite 1,2 &amp; 3, Westfields, Middlewich Road, Sandbach CW11 1HZ</b>

---

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

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

- 1. Apologies for Absence and Introductions**
- 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 - 10)

To approve the minutes of the meeting held on 25 July 2017.

---

For requests for further information

**Contact:** Julie North

**Tel:** 01270 686460

**E-Mail:** [julie.north@cheshireeast.gov.uk](mailto:julie.north@cheshireeast.gov.uk) with any apologies

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

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

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

5. **Palliative and End of Life Care Update** (Pages 11 - 30)

To receive a presentation in respect of Palliative and End of Life Care.

6. **Local Safeguarding Children Board Annual Report** (Pages 31 - 82)

To note the Local Safeguarding Children Board Annual Report.

7. **SEND Strategy and SEN Sufficiency Statement** (Pages 83 - 168)

To consider the recommendations as set out in the report.

8. **Adoption Counts** (Pages 169 - 176)

To consider the recommendations as set out in the report.

9. **Better Care Fund 2017 - 2018** (Pages 177 - 298)

To endorse the Delivering Better Care in Cheshire East 2017-19 Plan.

10. **Sharing Best Practice** (Pages 299 - 302)

To consider the recommendation as set out in the report.

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 25th July, 2017 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

#### **Voting**

Councillor Rachel Bailey (Chairman)  
Councillor J Clowes, Cheshire East Council  
Kath O'Dwyer, Acting Chief Executive , Cheshire East Council  
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council  
Linda Couchman, Acting Strategic Director of Adult Social Care and Health,  
Cheshire East Council  
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group  
Lynda Risk, South Cheshire Clinical Commissioning Group  
Tracy Bullock, Independent NHS representative  
Rachel Cornes, Healthwatch (Substitute)

#### **Non-Voting:**

Fiona Reynolds, Director of Public Health, Cheshire East Council  
Mike Larking, Cheshire Fire and Rescue Service  
Chief Inspector Alan Fairclough, Cheshire Police  
Alison Cullen, CVS

#### **Observers:**

Councillor Laura Jeuda, Cheshire East Council

#### **Cheshire East Officers/others in attendance:**

Maureen Hills, Legal Services, Cheshire East Council  
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council  
Julie North, Senior Democratic Services Officer, Cheshire East Council  
Sandra Murphy, Adults Safeguarding Manager, Cheshire East Council  
Robert Templeton, Independent Chair, Cheshire East Safeguarding Adults Board  
Nichola Glover-Edge, Director of Commissioning, Cheshire East Council  
Matthew Cunningham, Programme Director for Unified Commissioning (Cheshire)

#### **Apologies:**

Cllr G Hayes, Cllr L Wardlaw, Dr A Wilson and Dr P Bowen

### **13 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **14 MINUTES OF PREVIOUS MEETING**

**RESOLVED**

That the minutes be approved as a correct record.

**15 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present wishing to use public speaking time.

**16 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT**

Consideration was given to a report providing information on the work of the Safeguarding Adults Board over the course of 2015/16, in order to keep the Health and Wellbeing Board apprised of the work of the Safeguarding Adults Board. The full annual report was appended to the report, at Annex A. Robert Templeton, the Independent Chair of the Safeguarding Adults Board, was in attendance at the meeting to present the report.

The next steps were outlined and it was noted that a review of how the Board worked and the development of a more manageable structure, to ensure that the challenges could be met had begun. This included:

- Reviewing the current Strategic Plan and priorities
- Developing a sustainable way of measuring performance
- Linking with LSAB and other boards
- Acting on the recommendations of the Peer Review

Robert advised that he was standing down from the role as Independent Chair and the Board thanked him for the good work he had undertaken.

**RESOLVED**

That the Safeguarding Adults Board's Annual Report be noted.

**17 WORKING TOGETHER - AN INTEGRATED HEALTH AND CARE SYSTEM FOR CHESHIRE**

Consideration was given to a report relating to "Working Together - An Integrated Health and Care System for Cheshire", following on from the outline report submitted to the informal meeting of the Board on 25th April 2017. The previous report had been a trigger for an opening discussion about the potential for developing an integrated care system. This further report captured the main outcomes of the April discussion and sought to move the conversation onwards in shaping the options for integration and the mechanisms for development, implementation and oversight. The next steps for taking forward this important agenda across Cheshire were captured in the recommendations to the Board. This same report (with a West emphasis) had also been submitted to the Health and Wellbeing Board for Cheshire West and Chester for consideration.



Local health organisations and local authorities had worked together to agree three key improvement priorities to jointly deliver, in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities were integrated commissioning, integrated provision and sustainable hospital services across Cheshire, details of which were reported.

Matthew Cunningham, currently Head of Corporate Services at NHS Eastern Cheshire CCG, had been appointed as the Programme Director for the Unified Commissioning (Cheshire) post, to lead on the Joint Commissioning Committee development work, as well as working with the Executives and Chairs of all the CCGs in progressing discussions around merger and linking in with the ongoing development of accountable care systems and neighbourhood teams. Matthew attended the meeting to present the report, along with Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council.

In considering the report, members of the Board made a number of comments and it was noted that paragraph 6.1 of the report articulated the steps that the Health and Wellbeing Board had taken to ensure delivery.

### **RESOLVED**

1. That the key improvement priorities for health and care services across Cheshire for integrated commissioning, integrated provision and sustainable community and hospital services across Cheshire be endorsed.
2. That the role of the Cheshire-wide Joint Strategic Leadership Group and Officer Working Group in leading and co-ordinating the delivery of these key improvement priorities and providing an update to the HWBB at each meeting be supported.
3. That the progress with the move towards a single operating model for the design and development of “Neighbourhood Community Teams” across Cheshire be noted and the work to develop a common specification over Summer 2017 be approved.
4. That the progress towards the creation of a Joint Commissioning Committee and the implications for Governance including the role of the HWBB be noted.

### **18 PEOPLE LIVE WELL FOR LONGER (ADULT SOCIAL CARE AND PUBLIC HEALTH THREE YEAR) COMMISSIONING PLAN**

Consideration was given to a report informing the Board of the Adult Social Care and Public Health Three Year Commissioning Plan (2017/2020), entitled “People Live Well for Longer”.

The vision was for responsive and modern care and support in Cheshire East, promoting people's independence, choice and wellbeing. Through People Live Well for Longer, people would be enabled to live well, prevent ill health and postpone the need for care and support. This would put people in control of their lives so that they could pursue opportunities, including education and employment, and realise their full potential.

The three year commissioning plan enabled Cheshire East residents, as a population, to understand how important resources were in the delivery of preventative change over the next three years, working with a wide range of private and third sector providers, partners from across the health and social care economy, with a specific focus on the voluntary community and faith sector taking a significant role in the delivery of prevention. Commissioning was the whole process through which Cheshire East Council, as a "Commissioning Council" identified and delivered services. It involved ensuring that Cheshire East residents had services in place that were high quality, affordable and value for money.

The Board's support was requested, prior to a report being submitted to Cabinet for endorsement to undertake a formal consultation exercise regarding People Live Well for Longer.

Members of the Board welcomed the document and raised a number of issues, as follows:-

- That information relating to the CHAMPS work on alcohol and hypertension be fed in to the document.
- That consideration be given as to how to create a position where the market could support people.
- With reference to paragraph 5.3 of the report and the requirement for the Local Authority to shape, facilitate and support the whole care and support market, clarification was sought as to how this would be done.
- It was noted that the document had been welcomed by the community and voluntary sector.

### **RESOLVED**

That the People Live Well for Longer (Adult Social Care and Public Health) Three Year Commissioning Plan be supported.

## **19 BETTER CARE FUND**

### **Better Care Fund 2016/17 – Q4 report and end of year position**

Consideration was given to a report relating to the Q4 report and end of year position. It was noted that Cheshire East Council had submitted the Q4 Better Care Fund(BCF) return on the 9<sup>th</sup> of June 2017. The complete submission was appended to the report. The purpose of the report was to provide the Board with a summary of the key points arising from the return

and to provide an end of year report regarding the 2016/17 Better Care Fund in Cheshire East.

The paper looked at the summary of the Q4 return, a detailed End of Year report for 2016/17 and evaluation of 2016/17 schemes, with next steps for 2017/18.

### **RESOLVED**

1. That the contents of the Q4 BCF report and the 2016/17 year end position be noted.
2. That it be noted that, despite numerous challenges to the health and social care system locally, the BCF reporting of an unchanged position represents a positive outcome for Cheshire East.
3. That the recommended next steps to improve performance, where needed, be supported.

### **Improved Better Care Fund (iBCF) 2017 to 2020**

Consideration was given to a report describing the areas of activity and the proposed expenditure for the additional grant money being received directly by Cheshire East Council in 2017/18 through the Improved BCF (iBCF) monies for 2017 to 2020. The background and context was detailed in section 5 of the report.

It identified a number of schemes and rationale of how they met the needs and demands of the local care and health economy, the national conditions applied to the grant and to collectively support the clinical commissioning groups and NHS Providers to implement the 'High Impact Change Model,' to manage more effective transfers of care between hospital and home.

In considering the report, J Hawker acknowledged the Council's support on a number of the schemes and stated that he would like to see collective working and improvements on all existing schemes to ensure that effective progress could be made.

### **RESOLVED**

That the proposed schemes, as set out in paras 2.2 to 2.8 of the report, be agreed and endorsed, it being proposed that each scheme will have a more detailed business case produced that articulates the associated benefits and impacts of each scheme and that these will be approved and sanctioned through the existing Better Care Fund governance group.

## **20 ADULT SOCIAL CARE PRECEPT REPORT**

Consideration was given to a report describing the impact of the social care precept for 2017/18, a 3% increase in council tax producing a yield of

£5.4m, which was and continued to be invested into adult social care to benefit service users and those who care for them.

However, it was anticipated that the costs of providing care and support for adults in Cheshire East would exceed this additional funding and that Cheshire East Council would continue to need to protect its front line care services when compared with other Council departments.

### **RESOLVED**

That it be noted that the social care precept is welcomed but not sufficient to meet the rising complexities and demands of meeting care and support needs in Cheshire East.

#### **21 SEASONAL FLU VACCINATION FOR FRONT LINE SOCIAL CARE WORKERS**

Consideration was given to a report relating to the seasonal Flu vaccination for front line social care workers.

It was reported that Flu vaccination of front line health and social care workers was an important Public Health action to protect vulnerable groups. The report outlined the programme approach for the flu season 2017/18 for front line social care staff within the Council's workforce and set out how the Council's responsibilities would be met.

It was noted that, although the uptake may be considered low/unambitious, the aim should be to build upon the baseline and increase uptake amongst frontline care staff, year by year. Nationally there was no target expected of local authorities for the vaccination of their social care staff and other councils had informally reported similarly low uptake, not least due to difficulties in recording.

NHS trusts were expected to achieve 75% uptake and there had been financial incentives to reach that target. Despite this, some health trusts, particularly in London and SE England, were continuing to report uptake of between 20-30%. Locally, performance had ranged from 35%-75%. The previous system used by Cheshire East Council, of offering "pre-paid" vouchers to eligible staff was felt to be unwieldy and bureaucratic, without sufficient assurance that staff were vaccinated, nor was there adequate information about uptake.

Details of a proposed new approach was reported. People Asset Management (PAM) was the provider of Occupational Health Services for the Council. A contract variation could be used to add the delivery of the flu vaccination programme for 2017/18. PAM had experience of delivering a flu vaccination programme elsewhere. The vaccination cost would be £7.50 for each vaccination and the programme could be delivered through their clinic bases where capacity allowed. They would also have an option of attending team bases for an additional £220, plus vaccination costs.

Confirmation had been sought from Children and Adult services on the maximum workforce numbers who would be eligible to access the flu vaccination programme, the estimate being 1210. Based on the previous year's uptake, (including evidence from elsewhere) and actual use of any flu vaccination vouchers given out, it was recommended working to a minimum uptake percentage figure of 20-30%.

### **RESOLVED**

1. That the Council's aim to achieve year on year increases in flu vaccination uptake amongst their front-line social care employees, (estimated to be around 20-30% over the 2016/17 season) be supported.
2. That the Council's approach to provide a combination of opportunities to access flu vaccination, via the current Occupational Health provider service, PAM, and also via a service commissioned through local community pharmacies, be endorsed, it being anticipated that the split between the two could be 25% via PAM and 75% via community pharmacy provision, with an expectation that at least 30% of the eligible social care employees are vaccinated against flu in the 2017/18 programme.

The meeting commenced at 2.00 pm and concluded at 3.10 pm

Councillor Rachel Bailey (Chairman)

This page is intentionally left blank

# Palliative & End of Life Care Update

## Cheshire East 2017-18

By Annamarie Challinor  
Head of Education & Service Development  
The End of Life Partnership

## Review of Choice in End of Life Care



### Six commitments:

- Honest discussions
- Informed choices
- Personalised care plans
- Discussion/sharing of personalised care plans
- Involvement of family and carers
- A key contact any time of the day

### Key messages:

- Inclusion within Sustainability & Transformation Plans, local strategies and priorities
- Organisations working together across NHS, Social Care & the voluntary sector
- Local health leaders to develop strategies for palliative and end of life care inclusive of all providers and relevant stakeholders



**Mission:** *To Transform End of Life Experience and Care*



**How:** *Through Education, Community and Service Development, Research and Evaluation*

**Reach:**

- *3 Hospital Trusts,*
- *3 Hospices,*
- *2 Local Authorities,*
- *4 CCG's,*
- *76 GP Practices,*
- *150+ care homes*
- *Many private, charitable and voluntary organisations and community partners*

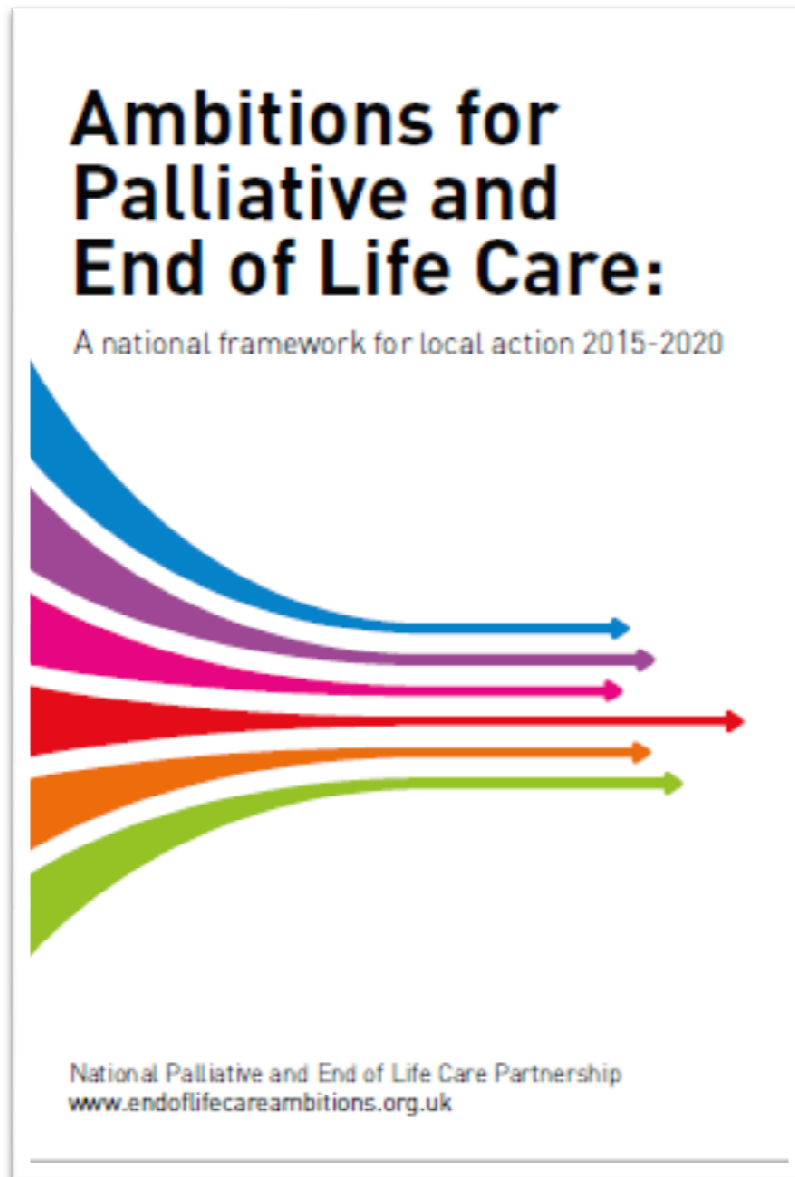


**Experience:**

- General Nurses, Specialist Palliative Care, General Practitioner, Social Worker, Allied Health Professional, Specialist Dementia Team – includes Admiral Nurse, Public Health Workers, Volunteers and Carers

A goal without a plan is  
just a wish...





**Perfect Timing !!!**



# Six ambitions to bring that vision about

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

06 Each community is prepared to help

*"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."*

*“The will, determination and innovation of organisations working collaboratively to find new ways of delivering better care will, and must, make a difference”.*

*The Foreword: Ambitions for Palliative and End of Life Care*

National Palliative and End of Life Care Partnership  
[www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)



# Collaborative Strategic Plan for Palliative and End of Life Care

2016-2019

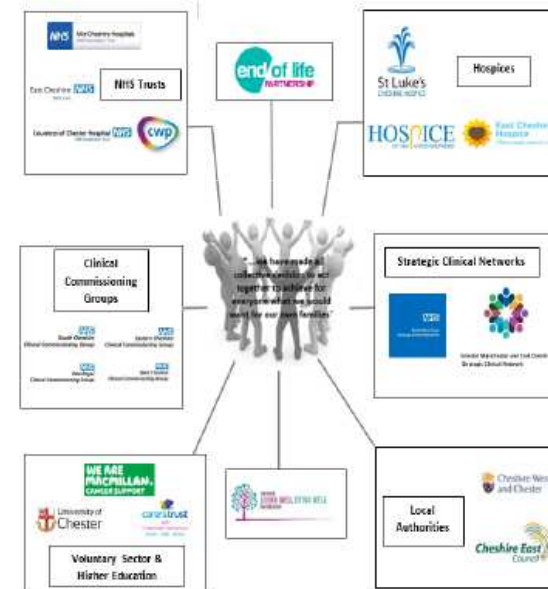


*"As organisations with experience of, and responsibility for, palliative and end of life care we have made a collective decision to act together to do all we can to achieve for everyone what we would want for our own families"*

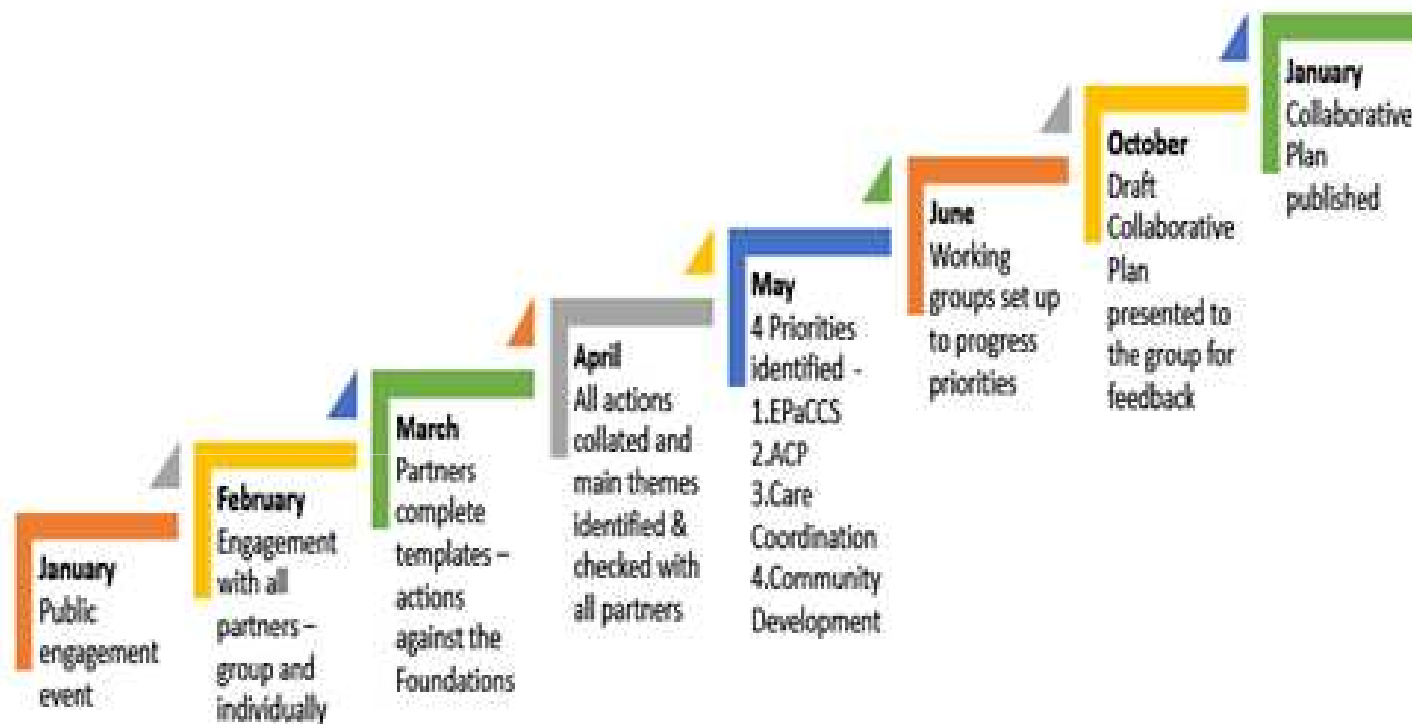
*(Ambitions for Palliative and End of Life Care, 2015, p.9)*



## PARTNERS



January 2016-Jan 2017



#### 4 Strategic Priorities

- Advance Care Planning (ACP)
- Electronic Palliative Care Communication Systems (EPaCCS)
- Care Coordination
- Community Development



# 1. Electronic Palliative Care Coordination Services (EPaCCS)

## Each person is seen as an individual

*I, and the people important to me,  
have opportunities to have honest,  
informed and timely conversations  
and to know that I might die soon.  
I am asked what matters most to me.  
Those who care for me know that  
and work with me to do  
what's possible.*

National Palliative and End of Life Care Partnership  
[www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)







# EPaCCS



## What's happening ?

- Pan Cheshire Steering Group
- Local Strategy involves 4 key approaches:
  - Encourage use of the EPaCCS EMIS template
  - Influence wider access to EMIS template
  - Get EPaCCS onto wider locality ICT agendas
  - Obtain local evidence base to demonstrate impact

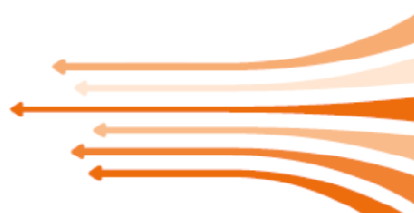
## Priorities for 2017-18

- Develop reporting mechanisms
- Care home pilot
- Roadmap to inform future priorities

## 2. Advance Care Planning

**All staff are prepared  
to care**

*Wherever I am, health and care staff  
bring empathy, skills and expertise  
and give me competent,  
confident and compassionate care.*



National Palliative and End of Life Care Partnership  
[www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)



# Advance Care Planning



## What's happening ?

- ACP Campaign
- ACP and Difficult Conversations Education & Training
- ACP reporting via EPaCCS
- ACP baseline audits in Care Homes
- Public Health Workshops e.g. Will Writing, Making a Difference Just by Talking, Future Life Planning

## Priorities for 2017-18

- ACP Train the Trainers Programme
- Communication Skills Training, at Basic, Intermediate & Advance levels
- ACP Education Framework linked to staff appraisals and competencies
- ACP interventions with 20 selected Care Homes

## 3. Care Coordination

### Care is coordinated

*I get the right help at the right time  
from the right people. I have a team  
around me who know my needs  
and my plans and work together  
to help me achieve them.  
I can always reach someone  
who will listen and respond  
at any time of the day or night.*



National Palliative and End of Life Care Partnership  
[www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)



# Care Coordination



## What's happening ?

- Transformation of End of Life Care Project in Partnership with Macmillan Cancer Support for South & Vale Royal
- Launch of Hospice at Home East Cheshire- Independent Evaluation by Liverpool University
- Care Home Project- involving 20 Homes (5 East, 9 South, 6 Vale Royal)

## Priorities for 2017-18

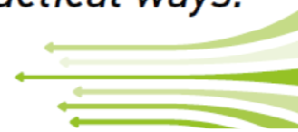
- Reviewing the commissioning of current Palliative & End of Life Care Service provision across South & Vale Royal and scoping models of single point of access
- Establishing Hospice at Home Service and supporting education, training and mentorship of the Hospice at Home workforce
- Care Home baseline audits and weekly half day support visits from a facilitator

## 4. Community Development

**Each community  
is prepared to help**

*I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.*

National Palliative and End of Life Care Partnership  
[www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)





# Community Development



## What's happening ?

- Supporting and enabling the work of Community Ambassadors
- Establishing 3 compassionate communities aligned to GP Practices
- Sustained support and engagement with 50+ Carer groups/organisations

## Priorities for 2017-18

- Increase the number of active community ambassadors from 50 to 100
- Capturing the activity of community ambassadors to demonstrate impact
- Support and progression of identified compassionate community projects i.e.
  - Chelford
  - Audlem

*(Vale Royal- Winsford & Cuddington, Sandiway & Delemere)*



# Final thoughts.....





# Thank you

Any questions?

**This page is intentionally left blank**



## REPORT TO: Health and Wellbeing Board

---

**Date of Meeting:** 26<sup>th</sup> September 2017  
**Report of:** Gill Frame, LSCB Independent Chair  
**Subject/Title:** Local Safeguarding Children Board Annual Report

---

### 1 Report Summary

- 1.1 This report provides information on the work of the Local Safeguarding Children Board (LSCB) in 2016-17. The full annual report can be found at Appendix 1. Gill Frame, the Independent Chair of the LSCB will be in attendance at the meeting to present the report.

### 2 Recommendations

- 2.1 The Board is asked to note the LSCB Annual Report.

### 3 Reasons for Recommendations

- 3.1 To keep the Board apprised of the progress and impact of the LSCB.

### 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 There are no implications associated with the recommendations set out in this report; the Annual Report is for information only.

### 5 Background and Options

- 5.1 The LSCB has a statutory duty to prepare and publish an Annual Report which describes how our partners safeguard vulnerable children and young people in Cheshire East. The report gives an account of the Board's work over the past year to improve the safety and wellbeing of children and young people. The report describes the local governance arrangements and structure of the LSCB, the linkages to other strategic partnerships across the borough and the work undertaken against the 2016-17 priorities. The report also sets out the agreed priorities for 2017-18.

### 6 Access to Information

Version 8



6.1 The full report can be found at the Cheshire East Safeguarding Children Board Website: <http://www.cheshireeastlscb.org.uk>

**Appendix 1 – Local Safeguarding Children Board 2016-17 Annual Report**

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

Name: Alistair Jordan

Designation: LSCB Business Manager

Tel No: 07584 206942

Email: [alistair.jordan@cheshireeast.gov.uk](mailto:alistair.jordan@cheshireeast.gov.uk)

# LSCB Annual Report 2016-17 & Business Plan Priorities 2016-18

Page 33



Cheshire East Local  
Safeguarding Children Board



investing in children

## Contents Page

Foreword from the Independent Chair 3

### 1. Cheshire East Safeguarding Children Board

Background 5

The Board 5

Governance 6

Key Roles 7

Key Relationships 7

Partnership Key Lead Areas 9

Board Membership and Attendance 10

Financial Arrangements 10

### 2. Children and Young People in Cheshire East

Our Child Population 11

### 3. The Child's Journey in Cheshire East

Cheshire East Consultation Service (ChECS) 11

Early Help 12

Children in Need and Child Protection

Cared for Children

Care Leavers

Child Death Overview Panel

## Review of 2015-16 Priorities

### 4. Review of priorities

Improvements against the priorities

Performance, scrutiny and challenge

Learning and Improvement

## 2015-16 Annual Reports

### 5. Summary of reports

Children and Family Court Advisory and Support Service

Health

Probation

Schools

Police

## Key Priorities for 2016-18

### 6. Key Partnership Priorities

Budget for 2016-17

Risks and Issues

## Appendices

7. 1. Cheshire East Safeguarding Board Structure

2. Board Membership and Attendance

3. Financial Arrangements 2016-17

4. Financial Arrangements 2017-18



## Foreword from the Independent Chair

I am pleased to present the 2016-17 Annual Report on behalf of all the agencies represented on the Cheshire East Local Safeguarding Children Board (CELSCB). The reports shows that in Cheshire East we have continued to build on the strong partnership foundation to meet the many challenges facing agencies in ensuring that we are not only keeping children and young people safe but also improving the outcomes for our most vulnerable children.

We hope that you will find that the report helps you to better understand how organisations and people work together and the contribution the Safeguarding Board has made to this. It sets out how these arrangements can continue to improve on the basis of the Safeguarding Board and partners being able to objectively and critically learn from what works well and act to improve what may not work as well as was intended.

Firstly I would like to thank my predecessor Ian Rush who retired as Independent Chair at the end of July 2017; for his leadership and support across the partnership and continuing the improvement journey.

The continuing challenge will be maintaining the progress of the last few years, through a time of policy change and new national priorities that include changes to Safeguarding Boards; without losing sight of what matters – the safeguarding of children in Cheshire East.

In January 2016 the Government commissioned Alan Wood to review the future of LSCBs, and our Board submitted thoughts to

this process. The report, and the Government's response, came out early in 2016-17; which made a number of recommendations for the future of LSCB arrangements. With the publication of the Children and Social Work Act in April 2017 the Board and its wider partnership will need to engage in work to determine what the future multi agency safeguarding arrangements will need to look like in order to continually improve the local safeguarding system.

While we have yet to receive any detail there is the potential for real change and with this, both opportunities and the risk of instability. My intention is to ensure that, here in Cheshire East, we do not let ourselves be distracted from the job we need to do while we manage whatever changes are to come.





This report covers 1 April 2016 to 31 March 2017 and highlights the activity, progress and challenges faced by Cheshire East LSCB with a particular focus on the journey of the child; the refresh of both the Neglect and Early Help Strategies; Project Crewe and the impact this initiative has had on engagement with families, improvements in relation to number of families being supported through early help and the reduction in size of caseloads for social workers in one of the more challenging localities in Cheshire East. We have set out the achievements made in 2016-17 and the areas where we need to continue to make improvements.

As you read through the pages of this report you will gain an insight into the work of the Board, how we audit, review, learn and invest in partnerships with the ultimate aim of improving the lives of our children. There is no doubt that there is much to celebrate in our work, but much more that we can do. We are committed to continuous improvement and strive to improve the lives of children who are neglected or in need of early help, those who live with the toxic trio of parental domestic abuse, substance misuse or poor mental health and those who are at risk of child sexual exploitation. We are determined to tackle these issues from every possible angle, to improve practice, to better engage with children and communities and to build stronger partnerships.

As Independent Chair I am committed to ensuring our children, young people and their families have a voice and are heard. This is an area of strength for the partnership and in the report you will be able to see that we have actively engaged with children and young people through direct reporting to the Board; undertaking a safeguarding survey through our schools with a number of 'calls for

action' being incorporated in to the 2017-18 Business Plan; accumulating in annual celebration event of children and young people's contribution to safeguarding. In 2016-17 CELSCB was proud to be awarded 'Investors in Children' for the imaginative work it has done in relation to engagement.

To conclude, I would like to thank members of the Board, across the partnership of our voluntary, community and statutory services and all the frontline practitioners and managers for their commitment, hard work and effort in keeping children and young people safe in Cheshire East. We will continue to seek out what we can do better, to support the community we serve and ensure that children and young people are safer as a result.

If you have any questions about the report or the information contained in it, please contact me at [LSCBEast@cheshireeast.gov.uk](mailto:LSCBEast@cheshireeast.gov.uk)

**Gill Frame,**

*Independent Chair, Cheshire East Safeguarding Board*

# 1. Cheshire East Local Safeguarding Children Board

## Background

[Working Together, 2015](#) (WT15), the statutory guidance for Local Safeguarding Children Boards (LCSBs), requires each area to produce and publish an Annual Report on the effectiveness of the arrangements to safeguard and promote the welfare of children and young people in their local area. This report sets out what we have done over the past year and also what we plan to do next year to make Cheshire East a safer place for children and young people.

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

A copy of this Annual Report will be sent to senior leaders and stakeholders in our area, including the Chief Executive of the Council, the Leader of the Council and the Executive Director of Children's Services. The report will also be sent to the Health and Well-being Board, Children and Young People's Trust Board, Community Safety Partnership, Corporate Parenting Board and the Council's Children and Families Scrutiny and Overview Committee. Individual agencies will also be encouraged to present this report through their internal Boards and scrutiny arrangements.

## The Board

Cheshire East Safeguarding Children Board (CESCB) is made up of senior representatives from agencies who work with children and young people from the local authority, schools, health, the police

and others. The Board members work together to keep children and young people safe from harm.

CESCB is responsible for scrutinising the work of its partners to ensure that services provided to children and young people actually make a difference.



In order to provide effective scrutiny, CESCB is independent from other local structures and has an independent chair that can hold all agencies to account. The main role of the CESCB are set out in its constitution and are to co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Cheshire East.

### Board Members Front Line visits observations

All staff had an awareness of the board and most knew who their agency rep was.

## Governance

### **CESCB has three tiers of activity (see Appendix 1):**

**Main Board** – this is made up of representatives of the partner agencies as set out in WT15. Board members must be sufficiently senior to ensure they are able to speak confidently and have the authority to sign up to agreements on behalf of their agency.

**Executive** – is made up of representatives from key statutory member agencies and has strategic oversight of all Board activity. The Executive takes the lead on developing and driving the implementation of the CESCB's Business Plan. It is also responsible for holding to account the work of the sub-groups and their chairs.

**Sub-groups and Task and Finish Groups (Cheshire East)** – these groups work on the board's priority areas on a more targeted and thematic basis. They report to the Executive and are ultimately accountable to the Main Board.

### **The sub-groups operating at March 2017 were:**

- Quality and Outcomes
- Audit and Case Review
- Learning and Improvement
- Safeguarding Children Operational Group
- Policy & Procedures

### **The Task and Finish Groups operating at March 2017 were:**

- Private Fostering
- Neglect

- Child Sexual Exploitation, Missing from Home & Care and Trafficking
- Early Help

**Sub groups (Pan-Cheshire)** – Cheshire East works closely with the other Cheshire LSCBs on certain areas to maximise the opportunity for streamlined processes across our boundaries. The following pan-Cheshire sub-groups are currently in operation:

- Pan-Cheshire Child Death Overview Panel
- Pan-Cheshire Policies and Procedures
- Pan-Cheshire CSE, Missing from Home and Care and Trafficking

There are a number of other- Domestic Abuse Partnership Board, Harmful Practice and Youth Detention. The responsibility of the Pan Cheshire Groups are to set the Strategy for the county with local group implementing and quality assuring the delivery of the strategy



## Key Roles

**Independent Chair** – The Independent Chair for Cheshire East is Gill Frame. Gill joined the Board in August 2016 when we said goodbye and a big thank you to the previous chair Ian Rush as he retired.

The Independent Chair is accountable to the Chief Executive of the local authority. During 2016/17 the Chief Executive of Cheshire East was Michael Suarez. It is his role to appoint or remove the LSCB chair. The Chief Executive meets regularly with the Independent Chair through the Safeguarding Review Meeting to maintain an overview of the effectiveness of the board, to hear any safeguarding concerns and to challenge the performance of the Board.

The Director of People's Services was **Kath O'Dwyer**, who holds the role of Director of Children's Services and is a member of the main Board. She had responsibility to ensure that the CESC B functions effectively and liaised closely with the Independent Chair and also attends the Safeguarding Review Meetings.

**Lead Member** – the Lead member for Children's Services has responsibility for making sure that the local authority fulfils its legal duties to safeguard children and young people. **Councillor Liz Durham** held the role during the year. The Lead Member contributes to the CESC B as a 'participating observer', i.e. she takes part in the discussion, but is not part of the decision making process.

**Lay Members** – During the year the Board said goodbye and thank you to two Lay Members, **Sam Haworth** and **Alana Eden**. The Board also welcomed **Luchvinder Kaur**.

**Children and Young People's Challenge Champions** – a strength the Board is its commitment to ensure that the voice of children and young people is a key focus of the Board. **Voice for Children** are care leavers and Members of the Board. They work with young people in Cheshire East to represent their voices on the Board. During the year **Jodie Morris**, one of the Directors left and the Board thank her for her contribution. **Liam Hill** continues to carry out this role on behalf of the Board.

## Key Relationships

CESC B has a number of key relationships with other Strategic Partnership Boards. The Chairs of these boards meet quarterly in the **Partnership Chairs Board** to discuss themes and issues, risks and sub-regional developments across the boards. A Memorandum of Understanding is in place that sets out safeguarding arrangements between these key strategic partnerships in Cheshire East.

**Children and Young People's Trust Board (CYPT)** – this is a partnership Board that aims to improve outcomes for all children and young people in Cheshire East. The Children and Young People's Plan is a key mechanism to provide strategic leadership, determining joint priorities, joint planning, and ensuring integrated working. Priority 2 of the plan, 'Children and young people feel and are safe', is largely delivered by CESC B through its business plan. The Chair of CESC B is also a member of the Trust.

**Corporate Parenting Committee (CPC)** – When children and young people are brought into the care of the Local Authority, Cheshire East Council becomes their 'Corporate Parent'. Since May 2016, Corporate Parenting has been coordinated by the Corporate Parenting Committee, which works as an advisory committee to the



Cabinet of Cheshire East Council. The committee is made up of cross-party representation. The purpose of the committee is to ensure that the Council effectively discharges its role as Corporate Parent for all children and young people in care and care leavers from age 0-25 year's old, as well as holding partners to account for the discharge of their responsibilities in this area.

**Health and Wellbeing Board (HWBB)** – CESC links with the Health and Wellbeing Board and is held to account for key safeguarding issues for children in Cheshire East. This annual report and business plan will be presented to the Health and Wellbeing Board.

**Cheshire East Safeguarding Adults Board (CESAB)** - The CESAB carries out the safeguarding functions in relation to adults 18 years and over. A number of members of the CESC also sit on CESAB.

**Safer Cheshire East Partnership (SCEP)** – SCEP is responsible for the commissioning of Domestic Homicide Reviews (DHR's), which are undertaken on its behalf by the CESAB. It receives reports on domestic abuse and sexual violence. SCEP is the lead partnership for 'Prevent' (the approach to tackling extremism and radicalisation) in Cheshire East and works with the other partnership boards to ensure that the Prevent strategy is being implemented across all agencies and in the community.



## Partnership Key Lead Areas

Key partnerships agreed the following leads for shared priority areas:

Shared priority area	Strategic governance lead
Domestic Abuse	Cheshire East Domestic and sexual abuse partnership board (CEDSAP)
Prevent	Safe Cheshire East Partnership (SCEP)
Reducing Offending	SCEP Youth Justice Board
Anti-social Behaviour	SCEP
Organised crime	SCEP
Hate Crime	SCEP
Child Sexual exploitation (CSE)	CESCB
Trafficking and Modern Slavery	Local Safeguarding Adults Board (CESAB)
Hate crime	CESAB
Substance misuse	Health & Wellbeing board (HWBB)
Mental Health	HWBB
Improving outcomes for children and young people	Children and Young People's Trust (CYPT)

**Member Agency Management Boards** – CESCB members are senior officers within their own agencies providing a direct link between the CESCB and their own single agency management boards to ensure that high quality multi-agency practice is embedded.

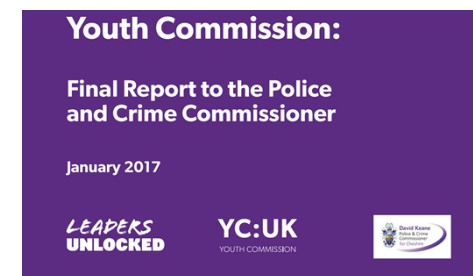
**Police and Crime Commissioner** – The Police and Crime Commissioner (PCC) funded the Cheshire Youth Commission. This project aimed to enable young people aged 14-25 to inform decisions about policing and crime reduction in Cheshire, working in partnership with the Police & Crime Commissioner (PCC) and Cheshire Constabulary.

The Youth Commission ran an event called the 'Big Conversation' which was able to talk to over 1,500 other young people about their priority topics. The Youth Commission hosted their own conference at Cheshire Constabulary Headquarters where they presented their final conclusions and recommendations for change on their six priorities

1. Hate Crime
2. Abusive Relationships
3. The Relationship between Young People and the Police
4. Drug and Alcohol Abuse
5. Mental Health and Vulnerable Young People
6. Cyber-bullying and Safety Online

Full details can be found by following this [link](#).

**The Participation Network** is a multi-agency group that brings together engagement and participation workers across the partnership to share and develop good practice and to join up



services in engaging with children and young people. The CESC is represented on this Network.

## **Board Membership and Attendance**

The Board is well attended by key partners. A summary of Board membership and attendance for 2016-17 is in Appendix 2.

## **Financial Arrangements 2016-17**

The finances of the Board for 2016-17, including member contributions are at Appendix 3 and 4.



## 2. Children and Young People in Cheshire East

### Our Child Population

Cheshire East is a generally affluent area and, for the vast majority of children and young people, it is a good place to grow up. However, there are pockets of deprivation in Cheshire East where we know that children and young people do not enjoy the same outcomes, and the gap in attainment between more vulnerable groups and their peers, although reducing, remains too great.

There are approximately 75,100 children and young people under the age of 18 in Cheshire East, 51% are male and 49% are female. Children and young people make up approximately 20% of the total population.

9% of primary pupils are entitled to free school meals (an indicator of deprivation), compared to 16% nationally and 7% of secondary pupils compared to 14% nationally.

Overall 92% of individuals are of British ethnicity. The biggest minority groups in Cheshire East are 'white other' (2.5%), Asian/ Asian British (2%), and mixed/ multiple ethnicities (2.6%).

The vast majority of pupils' ethnic backgrounds are reported to be White British (88% of primary pupils and 91% of secondary pupils).

There are just under 100 different first languages recorded for primary and secondary pupils, although only 6% of primary pupils and 4% of secondary pupils have a first language other than English, compared to national figures of 19% and 15%, respectively.

The number on a child protection plan has reduced from 279 on 31st March 2016 to 275 on 31st March 2017.

There were 7 disabled children on a child protection plan in 2016-17; an increase of 2 from March 2016.

As at 31st March 2017 428 children and young people were cared for by Cheshire East; 28.7% of these live outside Cheshire East.

## 3. The Child's Journey in Cheshire East

### Cheshire East Consultation Service (ChECS)

ChECS is the 'front door' to access services, support and advice for children, young people and their families; from early help and support through to safeguarding and child protection. All referrers are required to have a telephone discussion with a qualified social worker and are advised on the level of need for the child and family and the appropriate next steps. Co-location of the police, the multi-agency missing from home service, the Child Sexual Exploitation (CSE) service, and domestic abuse hub within the front door arrangements at ChECS 'front door' team has been achieved through close collaboration, and is improving multi-agency responses.



	Consultation activity	No. converted to referral
2013-14	6788	2444 (36%)
2014-15	7493	2783 (37%)
2015-16	9843	3687 (37%)
2016/17	10,432	3438 (33%)

**Table 1: Number of consultations over the past four years and the percentage that resulted in a referral to children's social care**

There has been a 54% increase in consultation activity in the last 2 years and a 6% increase from last year. However, conversion to referral has reduced by 4%.

There has been an average of 890 consultations and 287 referrals a month over the past year.

#### **Board Members Front Line visits - staff comments**

The front door is constantly changing, so it's about embracing the change

## **Early Help**

Early help is about getting additional, timely and effective support to children, young people and their families, to help them as early as possible before issues become more serious. Over the past year there has been an improved understanding and support from agencies in providing children and families with early help. This is

also better coordinated, mainly through the use of the common assessment framework (CAF).

The Early Help Brokerage Service is a service with a dedicated team whose aim is the swift allocation of early help cases. This will provide timely referrals to early help, and identification of the best service to meet the needs of the child or young person and their family.

During 2016-17 ChECS received 10,432 contacts of which 3,328 were passed to Early Help Brokerage Service. Overall this was 32% of ChECS contacts, which is similar to the 30% during the first 6 months of Early Help Brokerage operation in the second half of 2015-16.

CESCB will continue to scrutinise the effectiveness of the front door and responses to early help in 2017-18.



### Board Members Front Line visits - observations

Most agencies reported to have a clear understanding of thresholds and feel supported through training, advice and close working relationships with other agencies.

Agencies also agree that through CAF, CPP and CIN processes agency thresholds are made clear.

Another agency reported they are unclear of the threshold guidance but acknowledged they can seek guidance, support and clarity from their managers and through supervision to rectify this.

All staff interviewed understood their agencies role in safeguarding and were confident in carrying out their own safeguarding responsibilities.

North Yorkshire	91%	95%	
Solihull	57%	83%	
Warwickshire	85%	84%	
Central Bedfordshire	97%	95%	
Hampshire	79%	88%	
West Berkshire	71%	86%	
North Somerset	56%	57%	

### Children in Need and Child Protection

**Table 2:** *Percentage of assessments completed within 45 days nationally, regionally and for our statistical neighbours. 2016-17 data will not be released until October 2017.*

### Assessment timescales

4102 social care assessments were completed in 2016–17. 88% of these were completed within 45 days. 1697 of these were ended following assessment with the individual not being in need of social care support.

### Children in Need

A child in need (CIN) is defined as; a child who is unlikely to reach or maintain a satisfactory level of health or development, or whose health or development is likely to be significantly impaired without provision of services from the local authority, or he/she has a disability. As at 31st March 2017 we reported 1974 open episodes to the Department for Education as per the CIN census guidance. This compares with 2183 at the end of March 2016. This equates to a rate of 263.2 per 10,000 of the 0-17 population compared to 291.1 in 2016. Last year our statistical neighbour average was 289.7 so we sit in the mid range of the group and we were substantially lower than the national and northwest figs of 337.7 and 380.1 respectively.



## Child Protection

When the local authority receives a referral and information has been gathered during an assessment (which may have been very brief), in the course of which a concern arises that a child maybe suffering, or likely to suffer, significant harm, the local authority is required by Section 47 (S47) of the Children Act 1989 to make enquiries.

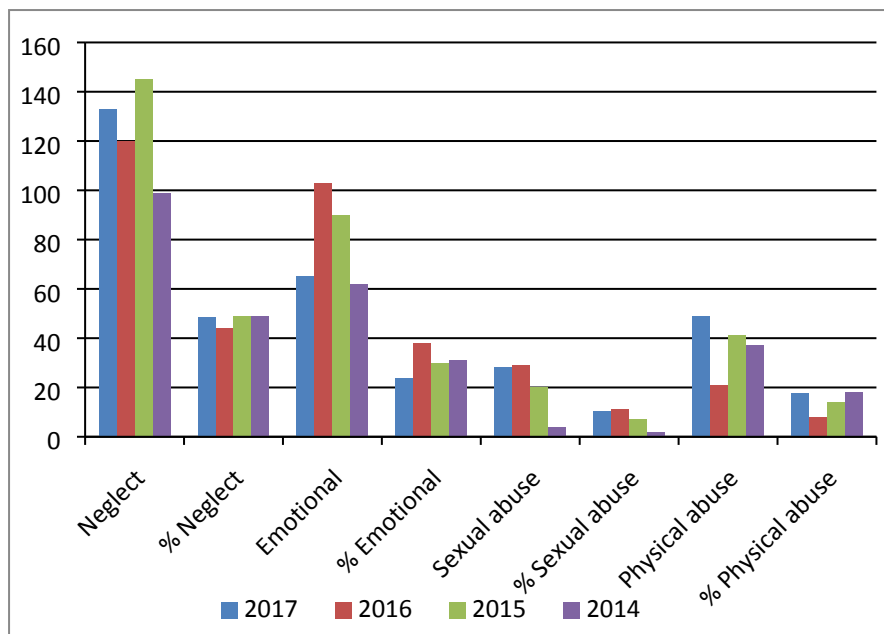
- The number of S47's initiated within the year was 786, a small increase of 2.5% from the previous year (767) but substantially less than the 2014/15 figure of 914.
- The number of Initial Child Protection Conferences (ICPC) undertaken in the year was 397, an increase of 13.4% from last year (350) and similar to the 2014/15 figure of 426. The percentage of S47's going onto ICPC has increased to 51% from 46% in the previous 2 years.
- The number of Child Protection Plans (CPP) started during the year was 362 which is an increase of 11% from the previous year (327), but still slightly less than 2014/15 figure of 394.

Key Indicators	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
<b>CPP lasting 2 years or more</b>	2.6%	2.1%	5.7%	0%	0%	0.5%
<b>Children becoming the subject of CPP for a second or subsequent time</b>	13%	15.1%	15.9%	13.9%	22.9%	17.4%
<b>Child protection</b>	99.3%	97.9%	91.3%	89.1%	99.5%	99.0%

<b>cases which were reviewed within required timescales</b>						
<b>ICPC within 15 days</b>	91.3%	85.4%	87.9%	41.7%	69.7%	80.4%

Table 3: *Child protection numbers 2011-17*

- The number of children becoming subject to a CPP for a second or subsequent time has reduced from 22.9% in the previous year to 17.4%.
- ICPCs taking place within 15 days has increased to 80.4% from 69.7% in 2015/16.



Graph 1: *Child protection categories 2014-17*

## Cared for Children

Cared for children are those that are looked after by the local authority either voluntarily or through a statutory order. As at 31<sup>st</sup> March 2017, 428 children and young people were being cared for by the local authority, an increase of 10.6% from the previous year.

This equates to a rate of 57 per 10,000 and puts us in line with our statistical neighbour average from last year. Discussions at the Northwest information group suggest there has been a rise in the number of children coming into care across the region so it is likely

that once the information is released nationally we will be in a similar place within our statistical neighbour cohort.

Of this number:

- 123 (28.7%) live outside the local authority area;
- 50 live in residential children's homes;
- 7 live in residential specialist school as at March 2017;
- 310 children and young people in foster placements; of these 123 (39.7%) live out of the local authority area;
- We also supported a number of individuals who presented as unaccompanied asylum seeker children (UASC) with support and advice including accommodation, where appropriate.

The figures show a high number of young people live out of the area; in reality many of these live nearby but across Cheshire East's border. Extensive work is underway to ensure there are enough local foster carers in Cheshire East to ensure where possible local placements are made and that children stay in the area.

In the last 12 months a total of 141 children have ceased to be cared for by the Local Authority. Of these, 26 children have been adopted; 24 children became subject of special guardianship orders; 34 individuals have left care due to turning 18.

The table overleaf is a comparison of cared for children based on the 2014-15 statutory returns (which is the latest data available for all comparators).

Cheshire East's proportion of cared for children is lower than the England average, North West average and our statistical neighbour average, and although we have increased slightly to 57, our performance is still at the lower end of our comparator group.

<b>As at 31<sup>st</sup> March 2016, Rate of Cared for Children per 10,000</b>	
England	60
North West	82
Statistical neighbour Average	56.3
Solihull	79
Warrington	78
Cheshire West & Chester	71
Warwickshire	68
North Somerset	52
<b>Cheshire East</b>	<b>51</b>
Central Bedfordshire	48
Hampshire	46
West Berkshire	44
East Riding of Yorkshire	42
North Yorkshire	35

Table 4: *Rate of Cared for Children per 10,000 at the end of 2016*

CECSB has increased its scrutiny and challenge around cared for children in 2016-17 and will continue to do so in 2017-18.

Initial health assessments for cared for children are not being consistently carried out within the required statutory time frame. Work continues with the Local Authority and Health to improve communication around notification and consent when children are taken into care and to ensure sufficient dedicated clinic capacity for children to receive health assessments within the statutory time frame. The detail is regularly monitored at the CECSB Quality/Outcomes group and has continued to be challenged appropriately at both CECSB Executive and Board.

## Care Leavers

As at 31<sup>st</sup> March 2017 there were 199 care leavers in Cheshire East. This has decreased slightly over the last 12 months and is marginally lower than the 225 in March 2016.

## Child Death Overview Panel

The death of any child is a tragedy. It is vital that all child deaths are carefully reviewed. The death of any child under the age of 18 is reviewed by a Child Death Overview Panel on behalf of the Local Safeguarding Children Board. The pan-Cheshire Child Death Overview Panel is made up of a group of professionals who met six times in 2016-17 to review all the child deaths in their area. There were a total of 49 child deaths across Cheshire during 2016-2017 notified to the panel; of these 25 were from Cheshire East.

The Panel has a role to identify any trends or themes and to make recommendations to the CECSB on learning from the reviews and how to prevent and reduce child deaths. The panel has an independent chair who provides regular updates to the CECSB and produces an [annual report](#) that summarises the key themes arising from child deaths, progress against actions and priorities for the coming year.

## Project Crewe

Project Crewe was established in August 2015 as a result of a successful Innovation Bid by Cheshire East to the Department of Education (DfE). This service aims to achieve positive sustainable outcomes for families with children in need aged 0 to 19 years old. Catch 22 delivers this service in partnership with Cheshire East



Council. CESC B continues to monitor and challenge the impact of this service on vulnerable children and young people.

The project has worked with 390 children (186 families) with a 97% engagement rate overall. There has been a reduction in child in need cases in Crewe by 12.4% and Social Worker caseloads have reduced by 30%.

The project was part of a Randomised Control Trial (RCT) undertaken by the Behavioural Insights Team. Some findings from this have been;

- More child in need (CIN) cases closed than the cases which remained with Cheshire East Council (CEC)
- Families were visited 3x more frequently and offered personalised flexible support. This was seen to develop stronger more trusting relationships between the staff and their cases more quickly
- The Solutions Focused Approach (SFA) was valued by Project Crewe families. They felt empowered through being given ownership over their problems. Using feedback tools in conjunction enabled families to visualise their progress
- SFA suited some cases more than others – it appeared to resolve acute issues more than on-going or particularly chaotic ones, and also required the CIN case parents to acknowledge their situation is problematic.

The success of this in achieving better outcomes, earlier, for our children and young people has meant that Project Crewe will be extended into Project Macclesfield from April 2017, helping more children and families across the borough.

## Emotionally Healthy Schools Programme

Phase 2 of the Emotionally Healthy Schools (EHS) programme is now well under development with five components:

1. Access to specialist mental health advice (single point of access) and a brokerage model to support professionals working with Children and Young people (CYPMH Link Programme), which is now delivered by CWP;
2. Access to tools and support to schools to implement the tools (Tools for Schools) which is now delivered by Visyon;
3. Educational specialist Leadership Programme, led by Middlewich High School;
4. Systems and processes to identify and support vulnerable children and young people to thrive;
5. Development of 'Getting Advice' including on-line platform.

This programme of work is now a key element of the Cheshire East Clinical Commissioning Group Local Transformation Plan for Young People's Mental Health, which is governed via the Children and Young People's Strategy Group which reports to the Health and Wellbeing Board.

### Board Members Front Line visits – staff comments

The 'emotionally healthy schools' is an exciting project and gives CAMHS a great opportunity to work with schools. The focus is on early intervention and funding is coming through Phase 2.

## 4. Review of Priorities for 2016-17

### Review of Priorities

The following three partnership objectives underpin the key plans for children and young people; the children and young people's plan, the children and young people's improvement plan and the CECSB business plan:

- **Frontline Practice is consistently good, effective and outcome focused**
- **Listening to and acting on the voice of children and young people**
- **The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.**

### CECSB agreed the following priorities to deliver these objectives in 2015-17:

#### We will improve frontline multi-agency practice through:

- Improving Board engagement direct with frontline staff
- Continuing to drive developments around key safeguarding areas including children at risk of CSE, missing from home, female genital mutilation, radicalisation and extremism, forced marriage/honour based abuse and privately fostered children and young people
- Embedding strengthening families
- Implementing our neglect strategy
- Implementing changes around the integrated front door

- Improving safeguarding arrangements for disabled children
- Improving identification and response around children and young people with mental health issues, including self-harming

#### We will continue to improve the participation of young people in CECSB business through:

- Ensuring that the voice of children and young people is central to CECSB business
- A Challenge and Evidence Panel of children and young people
- Engaging children and young people in co-producing information and support relevant to them
- Ensuring that the CECSB celebrates children's rights and participation and the contribution of children and young people to safeguarding
- Ensuring the voice of children and young people is central to the CECSB's training programme

#### We will strengthen the partnerships through:

- Engaging the community through links with voluntary and faith sector
- Improving the board's role and traction in relation to developing early help

## Improvements against the Priorities

### Improving Frontline Practice

#### Improving CECSCB's engagement with frontline staff

##### CECSB e-bulletins

CECSB has continued to publish its e-bulletin, Newsflash and Frontline Bulletin. These have covered a variety of topics including

- FGM new statutory guidance
- Cheshire East Neglect Strategy Group
- Disrespect NoBody Campaign
- SMART planning
- Private Fostering Awareness week
- Violence Against Women and Girls
- New Pan Cheshire Online Procedures
- Keeping Kids Safe Online

Feedback from Board members has been that this method of communication is effective in supporting them in promoting CECSB and in disseminating safeguarding information within their services.

##### **Board Members Front Line Visits observations**

Staff were made aware of the latest safeguarding news through their managers via team meeting, supervision and the dissemination of the LSCB e-bulletin.

The Safeguarding Children Operational Group (SCOG), a multi-agency group of first line managers, has continued to provide opportunities to disseminate key messages to frontline staff, discuss

implementation of new policies, and agree good practice models. SCOG has carried out a number of pieces of work in 2016-17:

- Guidance on tackling the toxic trio developed to support all practitioners across the partnership to identify level of need.
- Work to improve the quality of strategy discussions and ensuring that these are multi-agency meetings. This included exploring the use of technology and improving systems to alert partners to a forthcoming strategy discussion. Health partners are reporting that they are being invited to contribute to these meetings.
- Moving from a multi-agency report to child protection conferences to a single agency report to improve the focus and quality of agency evidence and planning. Early indications from Independent Reviewing officers are that the quality of the information provided is improving.
- Multi-Agency Practice Standards Survey to establish if the level of awareness is sufficient and if not what should the next steps be.

### Continuing to drive developments around Child Sexual Exploitation

The CECSB's CSE Operational group is multi-agency and considers all children for whom there are concerns in respect of CSE who fall below the threshold for a CSE child protection plan. The group also considers persons of interest and potential locations that present a CSE risk. The CSE screening tool informs referral into the group and the completing professional is invited to attend the multi-agency forum to share information and agree a plan of intervention that will safeguard, manage and minimise the risk, promote welfare and prevent future harm.



During 2016-2017 this operational group held 12 meetings, and considered 71 referrals (a reduction from 93 in 2015-16); 56 of which were concerning young people at risk, and 15 concerning potential perpetrators or persons of interest. Referrals were received from the Police, Cheshire East Council (ChECS, Social Workers, Family Support Workers, Youth Engagement Service, and Youth Prevention Service), schools, commissioned services, Health and non-Local Authority Fostering Services.

The evidence from the group in 2016/2017 indicates that practitioners who use the tool generally have a good understanding of CSE and are recognising and responding to the indicators. Six locations where children and young people are thought to be particularly at risk were identified; these were managed on a joint agency basis and the risks reduced.

Positively, 86% of those identified in 2016-2017 have subsequently been closed to the group, following a re-submitted screening tool which gave evidence that the risk has been managed and reduced. 7% of cases were escalated as requiring consideration for a child protection plan, most often with neglect as the underlying concern and risk to the child, which demonstrates that the group is effectively safeguarding young people and ensuring the risks are responded to appropriately.

Work in these key areas is regularly reported into the CECSB to ensure focus.

### **Continuing to drive developments around children missing from home**

Most children who go missing in Cheshire East go missing once and go missing from their home. Some children go missing many times

and this includes children who have moved between care and home/semi-independent living and those who are cared for.

#### **Board Members Front Line visits - observations**

The team spoke in detail about their return interviews, peer mentor sessions, child feedback surveys, quarterly reporting and child focussed case studies and how they champion child views in meetings and ensure that other professionals are listening to their voice. They gave examples of how they are regularly sharing the voice of children and how the roles of case workers adapt and how the delivery of work changes based on feedback that they receive in their service from young people

During 2016-17 Cheshire East Local authority received a total of 1056 missing notifications from the Police pertaining to children and young people reported missing in the Cheshire East area. 495 of these notifications related to 104 children who were cared for either by CE as a local authority or who had been placed in Cheshire East by another local authority.

Local authority	Number of children/Young people	Number of episodes	Average per individual
Cheshire East	72	312	4
Other local authority	32	183	6

Table 5: *Missing notifications*

In addition we received 564 notifications relating to 314 individuals who were living at home when reported missing. The vast majority of these are 1 off incidents with no cause for concern and 171 episodes (30%) related to only 16 individuals. All of these individuals were known to social care and were being actively supported either through CIN or CP. A small cohort of these were subsequently taken into care.

#### **Board Members Front Line visits – staff comments**

Further development of Missing and CSE in the local authority- there are changes to policy around Missing and CSE and we are heavily involved in influencing changes to protocols and will then work to ensure frontline agencies are aware of the changes to definitions and Working Together Guidance

#### **Trafficking**

The Pan Cheshire Child Modern Slavery Strategy was developed during 2016/17. This sets out the commitment of the PAN Cheshire Safeguarding Children Boards to do everything possible to prevent, and detect the trafficking of children and to respond and support the victims when identified. We recognise that to achieve this, a multi-agency response is required.

The purpose of this strategy is to ensure a clear, co-ordinated response to trafficked Children across Cheshire in line with the five key priority areas

1. Strategic commitment across all areas
2. Identify, improve awareness, understanding and recognition
3. Prevent Trafficking
4. Protect and develop positive interventions and support for victims

#### **5. Prosecution of perpetrators**

Full details of the strategy can be found by following this [link](#).

#### **Continuing to drive developments around children in a home with domestic abuse**

Cheshire East Domestic and Sexual Abuse Partnership (CEDSAP) had four priorities last year directly addressing Children and Young People's work. Below is a summary of what we achieved against these ambitions:

PRIORITY	ACHIEVEMENT
Further develop the role of the Hub in relation to the 'One Front Door'	- Hub increasingly integrated with opportunities to systematise processes
Improve the quality of practice in Children's Services for assessing, analysing and responding and reviewing effectiveness where domestic abuse is an issue for the family, and ensuring that specialist sector provision supports this work with effective services and participation in multi-agency arenas	- Children's Risk and Needs Tool developed and use promoted and monitored at ChECS, Case Conferences - Specialist services systematically reporting to and attending ICPCs
Improve awareness of and increase referrals to specialist sexual violence provision, particularly for children and young people	- Awareness sessions provided and referrals for CYP doubled, albeit from a low base
Embed the newly commissioned 'Whole Family Service' and ensure outcomes are delivered and shared	- CEDAS well established, significant number of referrals for CYP received, challenges re timeliness of assessment and provision

## CEDAH – Single Point of Contact for domestic abuse

*I didn't realise how helpful this sort of support can be.  
Having someone else saying that this isn't OK*

Hub referrals increased by 22% to 1592, with an almost doubling of self-referrals. Referrals were received from a wide sector but they would welcome more from GPs in particular who are often in a position to act as a bridge to support at earlier stages.

The Hub also receives and routes direct programme referrals. In the last year there were 256 of which 186 were Children's Programme referrals and 60 Adults Change Programme.

## Independent Domestic Violence Advocacy Team and Multi-agency Risk Assessment Conferences

*'My teacher referred me but I don't think that all young people would go to a teacher.'*

*Teachers need to know who they can refer to. I was very lucky.'*

Multi-agency Risk Assessment Conferences (MARAC) continue to provide an effective process for information sharing and action planning in high risk cases. The number of cases has fallen in the last year by 6% to 537 adults with 663 children. 48% referrals came from the Police.

The Independent Domestic Violence Advocacy Team (IDVA) team is a short term to medium, crisis lead intervention aimed at high risk victims of domestic abuse. They had 493 referrals into the core services, 159 into Macclesfield Hospital provision and 176 into Leighton IDVA service.



IDVAs are now attending Initial Child Protection Conferences more consistently to ensure the conference is informed about risk to children and support clients in working with the agreed plan. They are also increasingly co-located with CIN/CIP teams and both IDVAs and social workers report increased and improved joint work to deliver good outcomes for families.

CEDAS (Barnardo's and Cheshire Without Abuse) –the end year report from Commissioned Providers will be available on the CEDSAP website and will include fuller data on the work with those who harm as well as with victims and their children.

### **Sexual Assault Referral Centres and Rape and Sexual Abuse Support Centre**

**"I feel my son has become calmer, sleeps better, eats better and has become a better person. His understanding of the world around him has been more given to him in depth and he understands more. He can now evaluate situations a lot more clearly and risk assess himself in those situations." – Father**

Following increased awareness raising through LSCB administered workshops, we have seen a doubling of referrals for children and young people, which means that more families and practitioners are benefitting from the specialist services provided and from increased and co-ordinated multi-agency work.

CEDSAP remain very concerned about Crown Court delays which cause huge distress to victim/witnesses and are now impacting trial outcomes. These matters have been escalated but they are yet to see a clear improvement.

### **Workforce Development**

**Excellent training, got everyone involved and very engaging**

**This course was very useful – lots of useful tools and programmes to take forward in my work**

CEDSAP continue to provide a wide range of training with and for the LSCB:

- Levels 1 and 2 Domestic Abuse
- 'Toxic Trio'
- Responding to sexual violence
- Creating a Culture of Change – responding to those who harm
- Teen Relationship Abuse

In addition IDVAs in hospitals train staff to identify and refer appropriately and we run workshops for the Adults sector to inform their risk management including the safeguarding of children in the families of their clients.

CEDSAP have developed a key risk and needs assessment tool for practitioners involved in supporting children and families affected by domestic abuse. This is increasingly used in referrals and at case conferences/core groups to inform planning.

#### **Board Members Front Line visits observations**

Most teams had access to LSCB training and were sent the LSCB newsletters.

All agencies received safeguarding training, in house or through the LSCB. It was clear that safeguarding is embedded into practice.

All agencies agreed that LSCB training content was of high quality and well publicised

An agency requested that confirmation of places is made at the

time of booking.

It suggested that managers should do the same training as frontline staff to ensure the support is there if required.

One agency also asked if there could be more training on

- Toxic Trio Training
- Self-harm and emotional behaviour

In most agencies, supervisions are held regularly and in line with policy. For the police however supervisions are not always available but the use of management oversight is continuously available at a number of levels including peer to peer support and challenge.

Most agencies felt supervisions are seen as being a really effective support tool for staff at all levels to air concerns and raise challenges if necessary.

### **Continuing to drive developments around Female genital mutilation (FGM)**

The Local Safeguarding Children and Adults Boards across Cheshire agreed and implemented a pan-Cheshire practice guidance for FGM. This covers female children under the age of 18 and adult females including those who come under the Care Act 2014 definition of an Adult at risk.

To prevent FGM in the future, agencies need to work closer with practising communities and foster stronger links so together we are able to break the taboo and silence surrounding the harmful practice of FGM.

### **Continuing to drive developments around Radicalisation and extremism**

The Prevent strategic work has evolved into a pan-Cheshire group, to ensure all agencies are kept up to date with latest developments. This will monitor that the Cheshire East Prevent action plan is completed. Partner agencies been asked to ensure they follow the Prevent training strategy by ensuring their staff and volunteers receive appropriate training. The CECSB website has a [Prevent page](#) where information on resources and training is available.

A Channel Panel has continued to meet throughout the year to safeguard individuals at risk from being radicalised or being groomed into becoming involved in acts of violent extremism. Channel is a cross-Cheshire initiative, led by Cheshire Police through community safety. The multi-agency Channel Panel manages risks on a 'case by case' basis through meetings. The panel is chaired by a senior manager from the Safer Communities Partnership. The overall number of cases considered has reduced due to nationally mandated changes from July 2016. 46% of referrals were for young people under 25, a small number of which had a prevalence of mental health issues.

### **Private Fostering**

There has been positive progress around Private Fostering activity in Cheshire East during 2016/17:

Children's Social Care has been notified of 10 new private fostering arrangements. Following assessment, all of these notifications were confirmed as being private arrangements and came to the attention of Children's Social Care via the expected routes, indicating that



there is awareness in the community and across the partnership about what constitutes a private fostering arrangement.

- We continue to seek feedback from young people who attend their meetings to shape and develop the service.
- Young People feel listened to and they have access to independent advocacy.
- There are excellent links between Health, Education and Children's Social Care and work is underway to improve training and inductions to include private fostering.
- A clear communications and marketing strategy is in place which targets awareness raising across Cheshire East and a detailed log is being kept of who we are reaching.
- We have improved our data collection and use this effectively to target future activity
- Referrals are being made in a timely manner.



What young people said about Private Fostering:

**"Don't mind meetings but not too often",**

**"Form needs to be changed for 2nd and other meetings",**

**"Change the ratings on feedback forms - Outstanding (fab, brilliant) Good (good enough) Requires Improvement (could do better) and Inadequate (not good enough)",**

**"Don't want Mum there at meeting",**

**"Done very well, don't need to change".**

All of the above will be used to develop the feedback forms and the private review meeting in the coming year.

### **Child Protection Case Strategy meetings**

There is an active task and finish group working on improving the quality of strategy discussions and ensuring that these are multi-agency meetings. This includes exploring the use of technology and improving systems to alert partners to a forthcoming strategy discussion.

The desired impact of this work is that strategy discussions will in the majority of cases be planned, multi-agency meetings. Although this work is not yet complete the activity from the group has already increased focus on multi-agency participation in strategy meetings across the partnership.

### **Embedding strengthening families**

The new model for child protection conferences continued to be used during the year. This focuses on the strengths of the family as well as the areas that need to improve, which helps to engage children, young people and families in the planning process. It also helps families to understand why the plan is in place and what needs to happen to achieve it. Improved understanding and engagement with the plan and agencies delivering it should lead to improved outcomes for children, young people and families. A

review of the model was conducted which evidenced that has been well received as an improvement in addressing the issue of drift and improving planning. This will complement the implementation of Signs of Safety in 2017-2018.

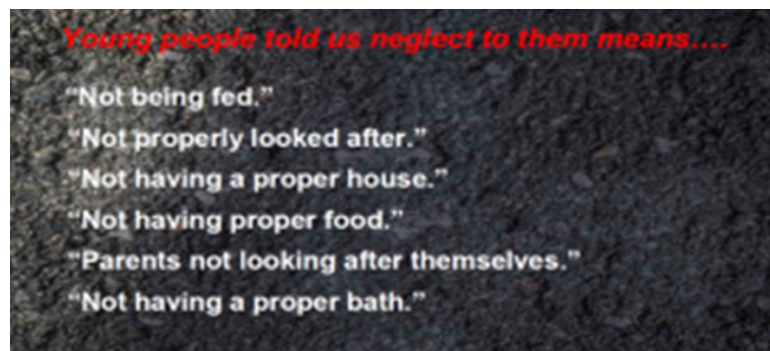
### Implementing our neglect strategy

During 2016-2017 CECSB has revised its [neglect strategy](#) and developed [campaign resources](#) to highlight the issue of neglect, how to spot the signs, and what to do next. The toolkit contains visual templates, digital assets, messaging, and local information about neglect and campaign management advice.

#### Board Members Front Line visits observations

All agencies

- Commented that looking for and identifying neglect was common practice within their area of work.
- Detailed that if Neglect was identified that they would report this to ChECS, agencies were aware that this was an LSCB priority.
- Some said they found the Graded Care Profile helpful in identifying neglect and found it's used more and more by staff.



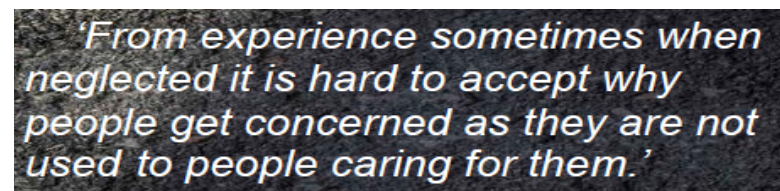
The campaign is one element of the new Neglect Strategy 2017-2019. This is a multi-agency approach to tackle the priorities for safeguarding the borough's children and young people.



The campaign's key messages are:

- What is neglect?
- How do we spot it?
- Where do I find more information?
- Who do I talk to?
- 1 in 10 children suffer neglect

The CECSB was fortunate to work with students from Eaton Bank Academy in Congleton in developing the campaign. To support workforce development on Neglect in the region of 300 practitioners have been training in the use of the Graded Care profile 2. Neglect will continue to be a focus for the Board in 2017-18.



### Developing our Early Help Strategy

Having a strong early help offer is extremely important in ensuring we provide families with the support they need as soon as they need it, and we prevent problems from escalating. Serious problems can cause serious harm to children and young people in the long term, are detrimental to everyone in the family, and are more difficult to address.

A range of agencies are involved in identifying where families need additional support, and in providing early help. This strategy will support us to have a consistent and coordinated approach across the partnership, so all families can expect the same support and good quality service no matter what their needs are and where they live.

This strategy evaluates the needs of children, young people and families in Cheshire East, ensuring that our resources are targeted where they are most needed and will have the most impact.

The Strategy and action plan was endorsed by the Board for implementation in 2017-18.



### Board Members Front Line visits - observations

Services were able to provide the rationale and importance of Early Help and working with parents for 'early intervention and early onset of support to avoid escalation'.

Most agencies commented they have a 'close' working relationship with the Early Help Brokerage service with 'direct' contact to them. Another agency identified that the '360' approach allows good information collecting from the wider agencies providing a better picture of the family and potential risks where previously barriers to information collecting have caused challenges.

### Learning and Development

The Learning and Development sub-group have:

- Developed the GCP-2 training that forms part of the Neglect Strategy and are monitoring attendance
- Continued the development of topics and promotion of the 7 minute briefings to partner agencies
- Conducted a review of the CECSB multi-agency training to ensure that the local three houses model is embedded and that agencies role in child protection conferences is clear.
- Provided assurance that the voice of the child is central in all multi-agency training and have continued to work with "Voice of the child" to deliver "World through our eyes" workshops as part of the CECSB training offer.

A Toxic Trio toolkit was developed by SCOG to support all



practitioners across the partnership to identify level of need. The expected impact of the framework is:

- Greater consistency across the partnership in respect of thresholds supported further by an increase in common language.
- Adult practitioners will have an increased focus on the impact on children of parental issues/factors.
- Children's practitioners will have increased ability to identify the right support for parents at the right time

## Listening to Children and Young People

### Voice for Children (VfC)

The voice of the child has continued to influence the work of the board in 2016-17; each board meeting begins with an item from a representative of Voice for Children to focus that brings a child centred approach. VfC also lead on many of the participation activities on behalf of the board. Liam Hill from VfC also brings with him his experiences from a number of other activities with vulnerable young people in Cheshire East, including visits to young people in placements. During 2016-17 Liam also co-chaired the Youth Justice Board National Convention.

The Children's Society is also a member of the board and influences our work through feedback from children and young people.



### Board Members Front Line visits - observations

The majority of staff evidenced a positive commitment to engage and listen to children and young people.

Many services also evidenced a proactive approach to engaging and listening to children.

Voice of the child is included, for example, in the reception area children and young people have a suggestion box and comment 'tree';

In each of the meeting rooms the layout of chairs, tables etc. is designed to be inclusive. Initiatives such as the 'listen up groups' are aimed at supporting the child/young person and improving practice.

The colours and resources in meeting rooms are age and gender related; the art room appeals to all; the ambiance in each room is again aimed to encourage children and young people to communicate.

Young people can be trained to be part of a 'young adviser' group; they are paid through Cheshire East for providing peer support, advice and guidance.

## Investors in Children

In 2016-17, CECSCB was proud to be awarded 'Investors in Children'.

The Investing in Children Membership Award™ recognises and celebrates examples of imaginative practice with children and young people. Investing in Children members are those services that can demonstrate a commitment to dialogue with young people that leads to change. An assessment was made on the work of the board on those areas that young people helped the board to identify to hear their voices:

- Establish a 'Scrutiny' Panel of young people.
- Improve the Cheshire East Safeguarding Children's Board (CECSB) website.
- Young people's survey of safeguarding.
- Annual celebration of children and young people's contribution to safeguarding.
- Look at the CECSB's training from a young person's perspective.
- Start each board meeting with the voice of the child.

## Survey of Safeguarding

In 2016-17 the CECSB survey consulted with over 900 children and young people aged between 5 and 19, compared with 26 young people in the previous year's pilot. This identified some of the areas where young people had concerns and wanted more to be done by the CECSB as follows:

- Substance misuse
- Child Sexual Exploitation
- LGBTQ



- On-line safety
- Neglect
- Radicalisation and Extremism

These have been integrated into the CECSB Business Plan for 2017-18. This use of a survey will be repeated on a bi-yearly basis and consideration given to a variety of cohorts, including colleges and this work is underway.

## "Challenge and Evidence" Panel of young people

A Challenge and Evidence Panel took place in October 2016 with a pupil Safeguarding group at a Cheshire East High School.

A 'you said, we did' approach had been adopted and the CECSB fed back to the young people on the progress made. The young people put a number of challenges to board members. The key areas challenged were:

- Wider participation with cared for children, e.g. foster carer recruitment
- Confusion between CSE and sexual abuse
- Domestic abuse – more info for young people
- Legal highs – lack of understanding
- Young people's access to safeguarding advice
- Availability of school based policing in Cheshire East

## Annual celebration of children & young people's contribution to safeguarding

The annual 'Act Now' conference is a good example of participation. Young people organise, plan and lead the conference, supported by the Safeguarding Children in Education and Settings (SCiES) Team. This was called 'Act Now 16' and showcased and celebrated the peer led work in schools around safeguarding.

The young people presented on key safeguarding issues relevant to them including:

- Body Image
- Resilience
- Pupil Safeguarding group
- Staying safe on Social Media

The audience included staff from all member agencies, including social workers, health, police, voluntary sector, and councillors. The presentations from the young people have been used to raise awareness and promote issues across partner agencies via email, the website and key documents. More information on the conference is available on the CECSCB website, including the presentations and a video of the day.

CESCB and the SCiES Team held a follow up event with the young people to thank them for their involvement.



## November Children's Rights Month (NCRM)

November Children's Rights Month is an annual celebration of children's rights across the borough. CESC members took part in a range of activities including the 'takeover takeaway' developed by young people for adults to experience life for them. This included being bullied, getting arrested, becoming a care leaver by either setting up home on a budget or getting by on just £21 for a week. LSCB members also took part in Hands Up (for Children's Rights) where across Cheshire East everyone shows their support for Children's Rights synchronising this to a key moment where we will try to get as many hands up as possible. This year the theme was 'get creative', so members decorated their hands ready for Hands Up.



## Strengthening Partnerships

### We will strengthen relationships with other key partnerships to improve the reporting, accountability and sharing of good practice

Key updates from Children's services have been scheduled on the forward plan for the Health and Wellbeing Board to ensure they have strategic oversight and scrutiny of the quality of children's services and the key issues for children and young people in Cheshire East.

The Partnership Chairs Group has continued to meet during the year. It has been exploring cross cutting issues within Business Plans and identifying shared risks.



## Performance, Scrutiny and Challenge

CESCB has a comprehensive quality assurance framework, which can be found on our website. In 2016-17 this has provided CESCB with a range of quantitative and qualitative information in relation to the effectiveness of safeguarding in Cheshire East.

### Performance

A quarterly picture, showing a clear trajectory of progress. Allowing us to set targets and evaluate our performance against our statistical neighbours.

### Feedback from Children and Young People, Parents and Carers

What children, young people and their families want and is important to them, what their experience is of our services.

### Qualitative Information

Detailed information on what is working well and areas for improvement for specific services, including what the causes of issues are.

### Feedback from Staff

What staff know would help them to work with families, what is working well, and what could work better.

## Performance Monitoring

The CESCB scorecard has covers a range of measures from all partners and has been aligned with the areas of focus for the CECSB. It provides a robust oversight of safeguarding practice across the partnership. The CESCB Quality and Outcomes Sub Group is effectively scrutinising and challenging partnership performance and is driving improvements to partnership working.



This includes identifying risks to improving outcomes across the partnership that are subsequently added to the CESC's risk register where they are monitored and challenged until progress is made. An example of improvement has been the % GP reports submitted to initial case conference which stood at 34% in quarter 4 2015/16 and had increased to 83% by quarter 3 2016/7.

A range of quality assurance activity supports performance monitoring. Arrangements for this are robust and support and supplement partnership performance monitoring. This includes the CESC's multi-agency audit programme, LSCB frontline visits, and the annual CESC's Children and Young People's Challenge and Evidence Panel.

The Audit and Case Review subgroup has:

- Conducted a number of audits to inform multi-agency practice.
- Overseen reflective reviews
- Remodelled the audit and case review methodology and process
- Scrutinised single agency safeguarding audits

Areas of continued challenge in 2017-18 include:

- GP input to CP conferences – this has improved significantly through the work of the Designated GP, but will remain a focus in 2017-18
- Initial health assessments for cared for children – has been variable over the year, it has been challenged by CESC's remains an areas for further improvement and scrutiny
- No. of disabled children on a plan – (7 in Q4)

## Multi- Agency Audits

### 'Toxic trio'

The 'toxic trio', Domestic Abuse, Substance Misuse and Parental Mental Illness, are very often characteristics of the families involved with safeguarding services and are factors in many of the serious case reviews carried out after a child has died or been seriously injured and abuse or neglect is thought to be involved .

To consider we do this, a "live" case discussion model was trailed involving a family scenario. Agencies were invited to consider their real life responses to the incidents, how they would work with the family and the other agencies following each incident. The aim was to identify any potential improvements in the way that agencies organise their services to make it easy for families who have multiple complex problems to access help and support.

The exercise exposed a gap between Strategic leads and Practitioners views on in the reality of response and level of need of the situation. There were also differing postcode defined resources which impact on response.

It also indicated that whilst appropriate tools are available, i.e. GCP, orange sheet, CAF, these are not being routinely used and that caseload pressure was seen as the hurdle to some of this.

There was recognition of the importance of information sharing and the need for multi-agency working. However the issue of services clarifying which others are involved with a family remains a challenge

## Domestic Abuse

This audit was undertaken to assess the quality of our support to children and young people at risk from domestic abuse. It identified areas for improvement specific to work around domestic abuse:

1. Ensure pathways between ChECS, the Domestic Abuse Hub, and specialist domestic abuse services are robust and information is routinely shared to effectively protect children and young people.
2. Ensure that there is sufficient capacity within commissioned domestic abuse services.
3. Ensure guidance is available for professionals on what domestic abuse programmes are appropriate for parents to undertake
4. A case list of domestic abuse cases at early help to be sampled in order to establish whether the right cases are being classified as domestic abuse.
5. Review whether schools could receive copies of the MARAC minutes.

Domestic abuse has been a feature of most LSCB reviews including a current Serious Case Review. There has been evidence of good practice including information sharing, risk management and multi-agency co-ordination as well as learning that has resulted in SMART action planning.

## Core Group Audit

CECSB audits have shown that collective reports to child protection conferences were not routinely providing appropriate depth of information. This was due insufficient multi-agency contributions to the collective report which meant that multi-agency working was

not identifiable from the collective report. A single agency report has been introduced and rolled out via SCOG and the CECSB newsletter.

There is a task and finish group currently developing a quality assurance framework for single agency reports to identify standards and how these will be monitored and reviewed. This group are also developing a quality assurance framework for wider core group activity to improve of the functioning of these.

The prediction made at the referral stage that a s47 enquiry was likely to be necessary was incorrect for 62.5% of the cases. We know anecdotally from our work in other LA's that the figure for CE is high. The decision to hold a strategy discussion was often made with limited information.

In relation to Domestic Abuse a multi-agency audit found the following strengths:

- Children and young people are protected and were found to be experiencing good outcomes
- Identification of risk and response from agencies was swift and appropriate
- Information from other agencies is appropriately gathered within ChECS, resulting in families receiving the right level of support.
- All cases were found to be supported at the right level of need
- Families understood the purpose of plans and why services were involved
- Evidence of good multi-agency working, and information sharing between the core agencies
- MARAC was shown to be effective in supporting good information sharing and identification of risks for children

- Examples of good direct work and support to children and young people and their families
- Examples of appropriate challenge between agencies driving good outcomes for children
- Operation of the Domestic Abuse Hub as a central point of contact for agencies for support and information sharing

It also identified areas for improvement relating to the quality of practice within the wider system:

- Assessments and plans addressed the key presenting risks from domestic abuse, but did not always evaluate or address all the risks within the family, such as disguised compliance and parental substance misuse.
- Permanency for children and young people needs to be a key consideration in planning from a much earlier stage.
- Still have more to do to ensure the lived experience of children and young people is fully understood and reflected in all our work.
- Wider family members need to be more involved in planning.
- Involvement from wider agencies, such as Housing, alcohol and substance misuse services, was not always sought
- All agencies need to be proactive in ensuring they have the full context for the family and understand the risks involved.
- Plans still need to be SMARTer, and the use of contingency plans needs to be improved.
- Quality of case recording overall needs to be improved.

### Serious Case Reviews (SCR):

This year we have had a child that has required a Serious Case Review. This review has not been completed within this year due to an ongoing investigation.

### Reflective Reviews:

This year the LSCB received two notifications of cases that required Reflective Reviews. The outcomes of these will report to the CECSB in 2017-18.

### Single Agency Audits

The Audit and Case Review sub-group has a rolling programme of considering single agency audits and reviews. The audits are presented by the relevant agency and provide additional opportunities to share learning and to scrutinise the work of partners. In the last year audits have been received from Eastern and South Cheshire CCGs; these covered Safeguarding Children – Health Visiting, Maternity - Annual Safeguarding Audit and Climbe Compliance – Paediatrics.

Examples of risks identified in these audits are

- No Designated Doctor for safeguarding children in post in South Cheshire CCG. Designated Doctor in post in Eastern Cheshire CCG who is able to provide advice to the CESC. Firm plan agreed to provide 5 sessions for an appropriately qualified Paediatrician to carry out the Designated Doctor role across the Cheshire East footprint as from June 2016.
- Initial health assessments for Cared for Children are not being routinely carried out within required statutory time frame. Work being carried out with the LA and NHS providers to

improve communication regarding notification and consent when children are taken into care and to ensure sufficient capacity within providers to provide clinics where health assessments are undertaken.

The National Probation Service have not undertaken any recent audits in respect of safeguarding children, however they have one planned for August 2017.

### Frontline visits

Member visits to frontline services are a key part of the LSCB quality assurance framework they provide a connection between the Board and frontline practice. The agencies requested to host during this round were:

- Cheshire & Wirral Partnership Trust (CAMHS Crewe)
- Cheshire East Council Frontline Line Social Work
- Styal Prison
- Cheshire Police
- Cheshire East Council Principal Manager, Family Services
- Catch 22
- CAFCASS

Each visit was underpinned by a questionnaire on the following key areas:

- Understanding the role of The Board
- Evidencing the voice of the child
- Understanding the agency role in safeguarding
- Support from managers/colleagues / Challenge and escalation
- Agencies response to Neglect
- Graded Care Profile

- Early Help
- Forward Planning
- Thresholds of intervention
- Suggestions for the board

There were some key themes from the reports received and these are distributed around this report.

### Section 11 Audits

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to ensure they have arrangements in place to safeguard and promote the welfare of children. During 2016-17 agencies continued to focus on the priorities identified in their S11 audits from the previous year. The Board will be carrying out Section 11 Audits again in 2017-18.

### Section 175/157 Audits

Schools complete an annual S175/157 audit, this covers all the key areas of S11; findings from this audit are reported during the autumn to the CECSB.

### Challenge Log

The CECSB has made a number of challenges to single agencies during 2015-2016. These are collated in a challenge log that track and monitor the responses ensuring that issues are addressed.

This included raising concerns with a care provider on the quality of their responses to risk taking behaviours.

### Board Members Frontline visits - observations

Staff felt confident in raising a challenge and some have experienced their service challenging another agency or partner



agency challenging them.

Examples of challenge were evidenced by multiple agencies and those challenges had positive outcomes. This provided good reassurance that staff are comfortable in escalating as required to their managers.

### Local Authority Designated Officer (LADO)

The Local Authority Designated Officer (LADO) oversees investigations into allegations against staff and volunteers who work with children and young people. Cheshire East's LADO sits within the Council's Safeguarding Unit. The Board oversees the work of the LADO through scrutiny of its annual report and activity reports to the Quality and Outcomes sub group.

During 2016/17 there were 233 referrals to the Cheshire East LADO, which is a reduction of 89 from 2015/16.

- Of these: 91 (40%) were categorised as Consultations; 85 (36%) as No Further Action after Initial Consideration; and 57 (24%) met the threshold for a LADO strategy meeting.
- Most referrals were from professionals working in the Education Sector (30%) which is a 10% increase from last year.
- There were a total number of 56 contacts from education professionals of which 17 (30%) met the threshold for a LADO strategy meeting; 28 (50%) were consultations only and did not need any preliminary investigation to determine whether the threshold was met.
- There was no clear distinction between types of schools making referrals to LADO.

- 21% of referrals came from social care, which is consistent with last year when 24% of referrals came from social care. It should be noted that only 1 (8) % of these referrals related to a social care employee. The remaining 98% related to Education staff (67%); Foster Carers (17%) and transport (8%).
- 14% of referrals were from the police, an increase of 10% from last year. 7 out of the 8 referrals came from Cheshire Police, the other came from GMP. None of the referrals related to police officers. Cheshire Police have confirmed that they are fully aware of their obligations regarding referrals to LADO and confident that any case that would require a referral to LADO will be made.
- Referrals from and about those working in the voluntary and faith sectors remain low. LADO's throughout the country have reported similarly low levels from these sectors, however it is reported that relationships with safeguarding leads in the respective diocese is largely positive.

The LADO has continued to ensure that allegations are managed in a timely way: 76% of referrals were concluded within 3 months, a reduction from 88% in 2015/16. There have been several cases which have incurred significant delay (more than 12 months) once they reach the court arena. The delay appears to be a result of judiciary capacity and beyond the involved agencies control.

### CECSB Training and Development

[CESCB training](#) continues to develop, deliver and evaluate a robust needs led multi-agency training package.

During the year 65 multi-agency courses were delivered to 1652 participants with an overall attendance figure of 100% which are the highest recorded in 13 years. No courses were cancelled or postponed.

Organisation	15-16	16-17
Children & Families	22%	19%
Social Care	18%	22%
Early Years	5%	8%
Primary Schools	11%	9%
Secondary/Colleges	4%	2%
Special Schools	1.5%	1%
Independent Schools	0.5%	0.5%
NHS	13%	13%
Adult Health	0	0
CWP	5%	5%
Housing	0.5%	2%
Justice & Crime Prevention	5%	3%
Voluntary	13.5%	15%
Adults	1%	0.5%

Table 6: *Training attendance percentages*

Attendance is from across all areas of the children's workforce. However there are notable exceptions including Cheshire fire service, northwest regional ambulance service and Styal prison: work is being progress with these organisations to promote LSCB training with promising networks created with Styal prison.

Courses were deliberately over subscribed to maximise attendance. The average attendance was 25 which is the planned number per course. Work continues to review courses where numbers drop below 20. Attendance on multi-agency training increased for social care, early years and housing and has decreased for children and families, primary schools, secondary schools/colleges and justice/crime prevention.

In addition to the existing training program a suite of E-Learning courses was developed and accessed by 400 staff.

140 multi-agency staff attended "Working Together" lunch time seminars in Crewe and Macclesfield. These covered topics requested by the attendees, home schooled children and safeguarding, C.S.E and the changes to the Youth Engagement Service.

#### **Learner feedback:**

**Feel better equipped to take protective steps especially when we have a hunch.**

**Cheshire East LSCB provides excellent training.**

**Course had enabled me to be confident in the use of GCP2 I can think of a family I want to use it with straight away.**

**Extremely well presented, speaker passionate and clearly knew the topic well.**

**The trainer engaged the group throughout the day, on a very sensitive subject, amazing to be able to share her story. This will definitely change my practice.**

**I have looked at some families I am working with in a different way and planned certain sessions differently**

**As a student Health Visitor this session gave me a great overview of my role in safeguarding children, observing such things as family dynamics, predisposing factors, disguised compliance and the importance of working within a multi-disciplinary framework.**

**I have encouraged practitioners to refer children to SARC when a referral had not previously been considered**

**During this year's Frontline visits all agencies agreed that CECSB training content was of high quality and well publicised.**

**Bespoke events, new courses and development activity:**

- As part of the neglect strategy the GCP2 has been launched as the evidence based assessment tool to support practitioners to identify neglect and prioritise need. 300 practitioners were trained within 4 months.
- 209 staff attended Rape and Sexual assault workshops from adult and children services.
- Collaboration with the Councils Workforce Development Team and Children's Social Care has resulted in the sharing and development of training processes such as building e-learning capacity and refining evaluation methods.
- Developed an e-learning portal and produced Introductory courses on Child Sexual Exploitation and "What to do when you are worried about a child" for partners across the workforce.
- Assisted with the promotion and development of the "Working Together" seminars. Attendees have requested future seminars to include; Signs of Safety, Substance Misuse and a better understanding of certain practitioner roles and responsibilities.

- Developments of both monthly training bulletins and 7 minute briefings have facilitated timely communication to all partners of current safeguarding issues. Both have been received well and are reported to be useful.



## 5. 2015-16 Annual Reports

### Summary of reports

Each partner agency is expected to meet their safeguarding responsibilities as described in the member compact and under Section 11. All agencies are expected to ensure their staff and volunteers undertake appropriate single and multi-agency training.

Partner agencies are expected to provide an annual update for scrutiny to the board, setting out any key achievements in the previous year.

Extracts are included below from some of the reports on activities that have taken place over the last year by our partners.

### CAFCASS

The **Children and Family Court Advisory and Support Service** (Cafcass) main priorities in 2016-17 were to continue to improve the quality of their work, and to support family justice reform. An example of this is support to their child exploitation and diversity ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.

The demand on Cafcass services grew once again in 2016/17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of Cafcass' key performance indicators has been met.

The Cafcass research programme undertook a small-scale internal research into: domestic abuse in spend-time-with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.

### Health

In June 2016 The Care Quality Commission (CQC) undertook a review of Safeguarding and Looked after Children Services across the **Cheshire East health economy**. A full report was published in [October 2016](#).

The CQC identified a strong culture of safeguarding across the health economy as well as strong and visible leadership. They identified many areas of good practice as well as some areas requiring further development.

Action plans have been developed by the Clinical Commissioning Group (CCG) and all providers. Progress on action plans are



monitored through Safeguarding Assurance Meetings with providers and the Clinical Quality and Performance Committee.

The work of the CCGs is aligned to the CECSB priorities of improving practice, listening to children and young people and strengthening partnership working.

The CCGs have contributed to partnership working through the work of the Health and Well-Being Board and to the CECSB Board and all of its sub groups. This has included the work of Child Death Overview Panel, the multi-agency case audit process, neglect strategy and Practice Learning Reviews as well as the newly established Quality and Outcomes sub group. They have worked with the LA commissioners to develop joint safeguarding standards and quality assurance processes for providers. They have strengthened their links to the Corporate Parenting Board and worked jointly with the LA to improve the timeliness and quality of initial health assessments for cared for children. They are working with partners in developing an integrated and co-located front door.

The CCGs are committed to listening to and acting on the experiences and views of services users. This commitment is reflected in the provider safeguarding standards and in the quality assurance processes. The work of the CCG in promoting 'the voice of the child' this year is outlined in more detail later in this report.

The CCGs have a responsibility to promote quality in health care. This year we have focussed on GP practice in safeguarding and the Quality of health assessments for Cared for Children. There is improved information sharing processes between GPs, other health professionals and other agencies. There has been a significant increase in the number of reports provided by GPs for child

protection case conferences. More robust information sharing processes have been developed in respect of the primary health care team and information sharing in the arena of child sexual exploitation.

There has been good multi- agency work undertaken between health and the LA to establish timelier and better quality health assessments for Cared for Children. There has been a significant improvement and the work will continue.

The CCGs are committed to listening to the voice of young people when commissioning health care services. They work closely with youth advisors drawn together from Local schools, local employers and organisations representing young people.

They engage young people in describing how services work for them and how they could be improved e.g. there has been consultation with young people during the development of Cared for Children's health booklet and in relation to their own health as they leave care.

**Cheshire and Wirral Partnership (CWP)** have strengthened the governance arrangements surrounding and responding to notification of case conferences. Cheshire East safeguarding unit notify CWP of all initial child protection case conferences. CWP safeguarding team identify if CWP are involved with a case and invite the relevant staff to the conference, ensuring they can access safeguarding supervision and that the relevant paperwork necessary for conference is completed. In addition for those cases where CWP has had previous involvement but are not currently open to CWP, a summary of CWPs involvement and potential risks associated with this is routinely forwarded to the conference chairs.

CWP has ensured that all staff who may be involved in safeguarding children have been made aware of all the relevant safeguarding children tools (for example, graded care profile, Home Conditions etc.) used for assessing risks to family's and the child protection process. It is an integral part of CWP safeguarding children training programme.

Safeguarding practice links (SPLs) have been identified in East Cheshire clinical teams who are supporting and signposting their teams on safeguarding matters as well as championing safeguarding. Group supervision is provided for these SPLs every two months.

CWP have refreshed their Safeguarding strategy to ensure Safeguarding continues to be a priority across the organisation. Objectives are set to reflect those of the LSCBs. The CWP safeguarding strategy is underpinned by the "Think Family" approach.

CWP have a single agency safeguarding audit programme focusing on outcomes for children and young people as well as focusing on the engagement of adult services within the safeguarding children agenda.

CWP continue to strive to capture the voice of the child and have a participation programme. Within the CAMHS programme the voice of the child and the engagement of their views is central. Supervision records evidence that the voice of the child is at the centre of the case.

## Probation

The **National Probation Service** (NPS) have a Divisional

safeguarding leads structure embedded and has put in place an action plan in relation to safeguarding children. They have increased the number of staff who have completed NPS mandatory training as well as CECSB training. All new staff have a pathway in terms of learning and development. There is a protocol and additional focus on home visiting and requirements to observe relevant factors, which links to neglect referral. They have captured the voice of the child in their OASys assessments, MAPPA meetings and through home visiting protocol and ensuring direct contact with children is recorded in agency records.

## Schools

Education settings including schools, colleges and early year's providers have continued to develop their knowledge and response to safeguarding. They are supported in this work by the Safeguarding Children in Education Settings (SCiES) team.

Education settings continue to respond to expectations placed upon them, around Safeguarding, from the government; for example, during this year "Keeping Children Safe in Education" statutory guidance has been updated, as a result of which, they have to have one policy document for "Safeguarding and Child Protection"; education settings have implemented this with many using the exemplar policy provided by SCiES. There is now an expectation that there is an annual Safeguarding update for all education staff; settings have facilitated this; the update has included information on Trafficking, Breast Ironing, and radicalisation. In every education setting there now has to be an identified Deputy Designated Safeguarding Lead in addition to the Designated Safeguarding Lead. What is very positive to note is that, with this expectation, as well as with other expectations of the updated "Keeping Children



Safe” guidance many Cheshire East education settings were already doing those things as it had been promoted as good practice by the SCiES team.

Sexualised behaviour in children has emerged as a concern this year; as a result education settings have accessed advice and practical support. Wide use is made of the Brook Traffic Light Tool to support an understanding of what is normal, what is a concern and to offer practical ways of managing this. SCiES have run Harmful Sexualised Behaviour training; collaborating closely with partner agencies; supporting education settings in developing a proactive approach as well as supporting specific plans where identified risk is high.

Education settings have continued to develop their approach to, and resources for, evidencing the Voice of the Child. Many have accessed SCiES training and implemented their templates to support this. A multiagency working party has developed materials to support with gaining the voice of the child where there may be communication difficulties. As a result of all this work there are specific examples of where it has impacted on decisions made in multi-agency meetings.

Many education settings have set up Safeguarding groups with their pupils or have had a focus on safeguarding with their existing school council; there are many examples of the difference they have made e.g. changing the way parking outside the school takes place, changing practice/behaviour on line, influencing positive changes in the school environment, impacting on school policy development.

Schools are consistently identified as effective in their safeguarding practice by Ofsted.

## Police

The Police have now fully digitalised the process of recording and managing cases of people reported missing from home (MfH). They have revised the policy to take into account the requirements of the College of Policing Authorised Professional Practice which has also removed the absent category. These improvements have already reaped benefits in the efficiency of managing missing from home cases ensuring that people are returned home safe and well as well as reducing future missing incidents.

The number of MfH cases continues to rise which has an impact of vulnerable young people who are often the repeat MfH cases. Work is ongoing to provide oversight on this issue in order that it can be understood and addressed. The number of children in care who are MfH continues to rise. Particular issues are experienced with some privately run homes. Work is ongoing with the care homes problem solving group in order to address these issues.

Child exploitation remains a priority for the force and a great deal of effort goes into the identification of potential victims and perpetrators of Child Sexual Abuse. Officers and staff are trained to identify and flag cases to ensure they are thoroughly investigated and that safeguarding can be put into place. Officers are in place in each policing area to act as Single Points of Contact specialising in CSE. They have oversight of all cases in each area and ensure an effective response is provided to cases where CSE has been identified.

Cyber enabled crime is an increasing crime type that presents challenges to law enforcement. This is a rapidly evolving area of policing where new tactics are being developed to neutralise the threat posed by offenders with a sexual interest in children.



## 6. Key Priorities for 2016-18

### Key Partnership Priorities

The three overarching objectives remain for 2016-18;

- **Frontline practice is consistently good, effective and outcome focused**
- **Listening to and acting on the voice of children and young people**
- **The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East**

At a Board workshop members worked together to agree the following key priorities and actions that will sit under the objectives;

- Implementation of the [neglect strategy](#)
- Improving the effectiveness of multi-agency child protection/child in need planning
  - Improve the quality of the Child in Need meetings
  - A task & finish group to be established to determine the scope of work.
  - A suite of evidence based practice tools for assessments, direct work and planning to be agreed
  - Implementation of the Signs of Safety
- Oversee the deliver and engagement with the Early Help strategy
- Strengthen our response to Complex Safeguarding and Safeguarding vulnerable groups

- Develop local implementation plans for vulnerable groups and on-line safety based on the PAN Cheshire strategies.
- Ensure that Young Carers are identified early and services become more 'joined up'.
- Collaborate with LSAB, to improve the way that agencies work together to respond to the whole family.
- Provide assurance to the Board that agencies respond and link LGBTQ young people into support services as appropriate.
- Effectiveness of partnership response to child sexual abuse to ensure good outcomes.
- Dedicated consistent approach to new emerging issues i.e. Trafficking. Child Sexual Exploitation, On-line safety

### Budget for 2017-18

An outline budget for CESC's work in 2017-18 is set out at Appendix 4.

### Risks and Issues

It is essential to identify, analyse and prioritise risks to ensure that these are managed effectively and do not impact adversely on the Board's plans. The Board maintains a risk register which is reviewed and updated bi-monthly at the Executive Group.

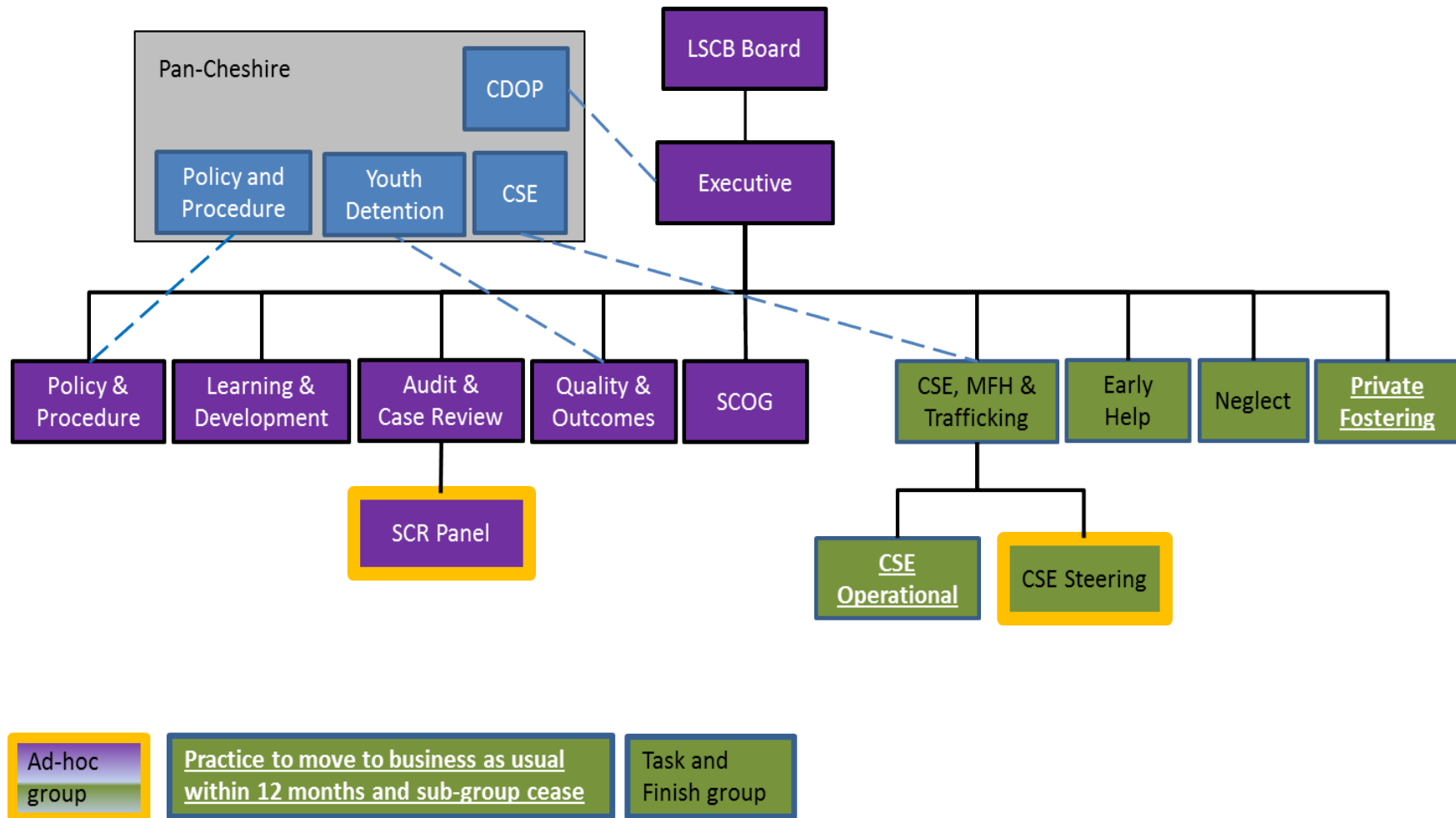
During the year the following risks were closed as the LSCB were assured by the actions taken to address each risk.

- Recruitment and retention of Social Workers, Team Managers and Independent Review Officers

- Lack of Designated Doctor for South Cheshire CCG area as part of Cheshire East Council footprint
- GP's attendance/reporting for Child Protection Plans/Conferences
- Disbandment of the Improvement Board
- CCG Recruitment to the vacant cared for nurse for 16-25

The LSCB Budget was added to the risk register as partners budgets are under pressure and this impacts upon their ability to contribute.

## Appendix 1: Cheshire East Safeguarding Board Structure



## Appendix 2: Board Membership and Attendance

	26.05.16	28.07.16	22.09.16	24.11.16	31.01.17	30.03.17	25.05.17
Independent Chair							
Voice for Children						A	
The Children's Society				A	A	A	A
South Cheshire CCG				A	A		A
East Cheshire CCG							
South and Eastern Cheshire CCG Designated Nurse							A
CWP NHS Foundation Trust							
East Cheshire NHS Trust						A	
Mid Cheshire Hospital NHS Foundation Trust		A	A			A	
Wirral Community NHS Trust		A					
NHS England	A	A		A			A
Public Health		A					
Executive Director of People		A		A			
Lead Member for Children's Services		A		A			A
Head of Children's Safeguarding							
Director of Children's Social Care							A
Head of Youth Engagement Service		A	A	A			
Head of Service - Children in Need and Child Protection					A		
Principle Manager for Early Help				A	A		
Safeguarding Adults Strategic Manager							
Cheshire East Domestic Abuse Partnership (CEDAP)			A	A	A		
Cheshire Police							
Head of Service - Youth Justice							A
Cheshire Fire Service						A	A
Primary School Heads Representative		A	A	A		A	
Secondary Schools Head Representative		A	A	A			A
Representative for Colleges and Further Education		A		A			
Independent Schools Representative	A	A	A	A			
HMP Styal Head of Residence and Services							
Probation - CRC			A		A	A	A
Probation - NPS			A				A
Lay Member	A	A	A			A	
Lay Member	A	A					
NSPCC							
Voluntary Sector Representative	A	A					A
Voluntary Sector Representative							
Cheshire CAFCASS							

### Appendix 3: Financial Arrangements – 2016-17

The tables below sets out the CECSB's outline budget and outturn expenditure for 2016-17, along with the financial contributions from partners.

Area of Expenditure	2016-17 Actuals (£)
<b>Direct Employee Exps</b>	£161,187
Safeguarding Project Manager (0.70 fte)	
Performance Officer (0.50 fte)	
Training Manager (0.81 fte)	
Training Officer (0.91 fte)	
CECSB Admin (2 fte)	
<b>Indirect Employee Exps</b>	£0
Employee training	
Conferences and seminars	
<b>Transport</b>	£2,196
Mileage and car parking	
<b>Premises</b>	£7,554
Hire of rooms for training, CECSB meetings	
<b>Supplies and Services</b>	£72,268
Independent Chair	
Agency staffing to cover Safeguarding Project Manager post prior to appointment	
Training costs - printing, tutor and course costs	
CDOP Pan-Cheshire Chair (CE contribution)	
Peer challenge costs	
Auditor costs	
LADO funding (0.5 fte)	
Phone and mobile phone charges	
Lay member expenses	
Refreshments for meetings	
Competition prizes	
<b>TOTAL EXPENDITURE</b>	£243,205
Carry forward reserves from 2015-16	£76,303
Income in 2016-17	£240,409
<b>Total available spend 2016-17</b>	£316,712
Expenditure 2016-17	£243,205
<b>Reserve carry forward to 2017-18</b>	<b>£73,507</b>

### Appendix 3: Partner Contributions

	CESCB Partners	2016-17 contributions
Health	Eastern Cheshire NHS	£5,000
	Mid Cheshire Hospitals	£6,772
	South Cheshire CCG	£18,778
	Eastern Cheshire CCG	£18,778
	Cheshire and Wirral Partnership	£4,093
	Wirral Community NHS Trust	£5,500
Criminal Justice	Probation Service (NRC)	£1,700
	Probation Service (NPS)	£992
	Police	£25,000
	HMP STYAL	£2,000
	CAFCASS	£550
LA	Local Authority	£41,000
	YOS (to be included in above from 2017-18)	£3,300
Education	Schools	£92,950
	Independent Schools	£5,500
	Cheshire FE Consortium	£4,500
	<b>Total</b>	<b>£236,413</b>

**This page is intentionally left blank**



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

<b>Title of Report:</b>	Children and Young People with Special Educational Needs and/or Disabilities (SEND) Strategy 2017-19
<b>Date of meeting:</b>	26 <sup>th</sup> September 2017
<b>Written by:</b>	Ian Donegani, Head of Service, Special Educational Needs and Disabilities (SEND)
<b>Contact details:</b>	<a href="mailto:ian.donegani@cheshireeast.gov.uk">ian.donegani@cheshireeast.gov.uk</a> 07795 665994
<b>Health &amp; Wellbeing Board Lead:</b>	

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	Consultation, commitment and agreement across the partnership.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The board is asked to: 1. Review and comment on the SEND Strategy; in particular if the Strategy emphasises strongly enough the multi-agency intent 2. Sign up to the vision (see page 3) 3. Agree the broad priorities (see page 4) 4. Agree the SEND Strategy Action Plan		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	The Strategy has been considered at the multi-agency 0-25 SEND Partnership and the Children and Families Extended Management Team. Plans are in place to share the strategy with other stakeholders e.g. schools, colleges from September 2017.		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	<p>The need for a SEND Strategy was highlighted at various consultation events held in 2016 with key stakeholders, such as educational establishments, Parent/Carers, children and young people and partner staffing groups.</p> <p>The Strategy has been co produced with parent/carers and other stakeholders, as above.</p>
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	<p>Improved experience of service provision for children and young people that require special educational, health and/or social care services through more efficient access to advice, information and support.</p> <p>Improved outcomes for children and young people that require special educational, health and/or social care services leading to high quality of life and transition to adulthood.</p>

## 1 Report Summary

- 1.1 This report and attachments provide an update on progress made in relation to the development of a SEND Strategy.

## 2 Recommendations

- 2.1 The board is asked to:
- a) Review and comment on the SEND Strategy; in particular if the strategy emphasises strongly enough the multi agency intent
  - b) Sign up to the vision (see page 3)
  - c) Agree the broad priorities (see page 4)
  - d) Agree the SEND Strategy Action Plan

## 3 Reasons for Recommendations

- 3.1 The strategy sets out how we will drive developments to our services so that the partnership supports children and young people with SEND to **achieve the best possible outcomes and benefit from a seamless transition process**, which builds on high aspirations as they become adult citizens.
- 3.2 The aim of the Strategy is also to be able to demonstrate multi-agency joined up commitment to improving outcomes for children and young people with special educational needs and/or disabilities.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The overall aim is to ensure that children and young people achieve and reach their potential and become, as far as possible, independent adults in society. The Strategy covers the 0-25 age range so is very much in line with all of the high level Health and Wellbeing Strategy Priorities and Principles.

## 5 Background and Options

### 4.1 SEND Strategy

- 4.1.1** Since early 2016 the local area has embarked on a very ambitious improvement programme and the strategy is the culmination of what has been achieved to date and the extensive work plan underway.

- 4.1.2** A comprehensive governance structure with five workstreams has been operational since early 2016. The draft SEND Strategy in Appendix 1 outlines the improvement journey to date and the ongoing areas for development for the next 2 years.

## **4.2 Local Area Inspection**

- 4.2.1** In May 2016, Ofsted and the Care Quality Commission (CQC) introduced a new type of joint inspection. Under the Local area special educational needs and disabilities inspection framework, inspectors review how well local areas meet their responsibilities to children and young people (from birth to age 25) who have special educational needs or disabilities (or both). The aim is to hold local areas to account and champion the rights of these children and young people. The effectiveness of the strategy will be judged through this process.

- 4.2.2** Inspectors will focus on three key questions:

- (i)** How effectively does the local area **identify** children and young people who have SEN and/or disabilities?
- (ii)** How effectively does the local area **assess and meet the needs** of children and young people who have SEN and/or disabilities?
- (iii)** How effectively does the local area **improve outcomes** for children and young people who have SEN and/or disabilities?

- 4.2.3** A multi-agency task and finish group has been meeting over the past year to ensure that the local area has arrangements in place to respond to an inspection. An action plan has been developed, aspects of which are contained within the strategy action plan.

- 4.2.4** The action plan includes the development an agreed Self Evaluation Form (SEF), a statement of the strengths and areas for development within Cheshire East. The final SEF will be presented to a future meeting of the Health and Wellbeing Board.

## **6 Access to Information**

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

Name: Ian Donegani  
Designation: Head of SEND  
Tel No: 07795 665994  
Email: [ian.donegani@cheshireeast.gov.uk](mailto:ian.donegani@cheshireeast.gov.uk)

**This page is intentionally left blank**

# Children and Young People with Special Educational Needs and/or Disabilities Joint Strategy 2017 - 2019

Page 87

Cheshire East  
SEND Partnership



**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: SENCOs, Head teachers, Teachers, Teaching Assistants, and Governors;
- our Specialist Support teams: the Cheshire East Autism Team, Educational Psychology Team, Statutory Assessment and Monitoring Team, and the Children with Disabilities Team;
- Early Help and Social Care professionals in Children's and Adults' Services;
- Health professionals within the Clinical Commissioning Groups and provider services;
- And all the members of the 0-25 SEND Partnership Board and work streams.

## Contents

<b>Executive Summary</b>	<b>3</b>
<b>1. What we want to achieve</b>	<b>5</b>
What's Important to Children, Young People, Parents and Carers	5
Our Principles	6
<b>2. Where we are now</b>	<b>7</b>
National Context	7
Our Approach	8
Need in Cheshire East	10
Health Provision for Children and Young People with SEND	11
Educational Outcomes for Children and Young People	11
<b>3. Our Priorities for 2017-19</b>	<b>12</b>
1. Coproduction with Families, and Improving Communication	12
2. Child and Young Person-Centred Assessments and Plans	14
3. Preparing for Adulthood	16
4. Joint Commissioning, Sufficient SEN Provision and Effective use of Resources	18
5. Effective and Supported Workforce	20
<b>4. How we will achieve this</b>	<b>22</b>
0-25 SEND Partnership	22
Who's Involved	22
<b>5. How we will know if we are successful?</b>	<b>23</b>
Measuring Success	23
Reviewing our Progress	23

## Appendix

Acronyms	24
Key Aspects of the SEND Reforms	25
SEND Strategy Action Plan	26
<b>Table 1:</b> Attainment for Pupils in Cheshire East with SEND compared to National	30
<b>Table 2:</b> Pupils with SEND living in the most and least deprived areas of Cheshire East	31



## Executive Summary

As a partnership, all relevant partners in Cheshire East are committed to providing the best quality education and support for all children and young people. We want all our children and young people with special educational needs and/or disabilities (SEND) to be **HAPI**: **H**appy and healthy, **A**chieving their potential, a valued **P**art of their communities, and supported to be as **I**ndependent as possible and to make choices about their own future.

### Our vision

We want all our children and young people with special educational needs and/or disabilities (SEND) 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

This strategy sets out how we will drive developments to our services so that we support children and young people with SEND to **achieve the best possible outcomes** and **benefit from a seamless transition process**, which builds on high aspirations as they become adult citizens.

## What are Special Educational Needs?

Special educational needs and disabilities affect a child or young persons' ability to learn, making it harder for them to learn than most children and young people of the same age. They can affect their:

- o Behaviour or ability to socialise, for example they struggle to make friends
- o Reading and writing, for example because they have dyslexia
- o Ability to understand things
- o Concentration levels, for example because they have ADHD
- o Physical ability

A child or young person has a special educational need if they need special educational provision to be made for him or her.

To achieve this, our principles for all our services that support children and young people with SEND are that they are:

- **Child and young person-focused**
- **Include children, young people, parents and carers in all decision making**
- **Inclusive**
- **Within local communities wherever possible**
- **Joined up and work together effectively as a partnership**
- **Make the best use of our resources**

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 to these priorities and in evaluating what difference we are making.

Based on their experiences of our services in Cheshire East, we agreed that the Strategy should focus on these five priorities:

- 1. Coproduction with Families, and Improving Communication**
- 2. Child and Young Person-Centred Assessments and Plans**
- 3. Preparing for Adulthood**
- 4. Joint Commissioning, Sufficient SEN Provision and Effective use of Resources**
- 5. Effective and Supported Workforce**

This Strategy outlines the key actions we will carry out to achieve our priorities. 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 both children's and adult services. We have taken a whole system approach to improving 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**, which includes representatives from the local authority, primary and secondary schools, further education providers, health, early years, and the Cheshire East Parent Carers' Forum.

We are publishing this strategy at a time of very significant change; we have seen some of the biggest shifts in national policy for special educational needs and disability in over 30 years, and all public services are facing a challenging financial climate. This strategy will support us to ensure that we are well placed to meet this changing landscape.

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

Progress against this Strategy and our plan will be monitored and scrutinised on a termly basis by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this Strategy. We will revisit and refresh our priorities in two years time to ensure we continue to develop our services in response to what is most important and makes the most difference to our children and young people with SEND and their families.



# 1. What we want to Achieve

We want all our children and young people with special educational needs and/or disabilities (SEND) to be **HAPI**: **H**appy and healthy, **A**chieving their potential, a valued **P**art of their communities, and supported to be as **I**ndependent as possible and to make choices about their own future.

Our **Children and Young People's Plan** is based on what children and young people told us was most important to them. The Plan is strategically aligned to the work of the Cheshire East Health and Wellbeing Board and sets out how we aim to support children to get the best start in life. It has six priority areas that we are working to achieve across our services to ensure that Cheshire East is a great place to be young. We want to ensure that all our children and young people:

1. **Have a voice**, and are actively involved in decisions that affect their lives and communities
2. **Feel and are safe**
3. **Are happy and have good emotional and mental health**
4. **Are healthy and make positive choices**
5. Leave school with **the best skills and qualifications** they can achieve, and the life skills they need to thrive into adulthood
6. Children and young people with additional needs **have better chances in life**

This strategy contributes to our work across all of these priorities, but it is particularly related to priority 6: ensuring that children and young people with additional needs have better chances in life.

To achieve the best outcomes for children and young people, we need to **plan and deliver our services with children and young people at the centre**, involve them in decisions, and base our services on what children and young people need and how they tell us they want to be supported. This Strategy has been co-produced with our key stakeholders, and these people will continue to be involved in developing our services going forward.

Parents and carers' views on what's working well within Cheshire East, what needs to be improved, and what good support looks like can be heard in **this video** of the parent/ carer consultation events that were carried out in October 2016 and were jointly organised by Cheshire East Council and the Cheshire East Parent Carer Forum. An Executive Summary of the feedback from these events is also available.

## What's Important to Children, Young People, Parents and Carers

Children, young people, parents and carers have told us they want:

- Services to be **centred around what's best for the child** or young person
- **All children and young people to get the support they need**
- **To be listened to**
- **To be included in decision making**, and developing how they will be supported
- **To have tailored support that meets their individual needs**
- For **professionals to be clear with them** about what is going to, or could happen, and what support is available
- For services to be **joined up**
- For services to be **open and transparent** about their basis for decision making, and arrangements for funding and support

## Our Principles

We want to ensure that all our children and young people **achieve the best possible outcomes**. We want all our young people with SEND to benefit from **a seamless transition process**, which builds on high aspirations as they become adult citizens. To achieve this, we want our services that support children and young people with special educational needs and/ or disabilities to be:

- **Child-focused:** Children and young people are supported in line with their individual needs and what is important to them, both now and in the future.
- **Co-produced:** All 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.
- **Inclusive:** Children and young people are supported to access the same services, activities and opportunities as their peers wherever possible.
- **Within local communities:** Children and young people can access support and activities within their local area wherever possible, and they are part of their local community.
- **Joined up and working together effectively as a partnership:** All services work together effectively so we offer a seamless service that addresses the needs of the whole person.
- **The best use of our resources:** Services are planned to meet the needs of children and young people in our area so we have the right types of services with the right amount of availability. We are creative and innovative in meeting children and young people's needs. Needs are met early to prevent escalation.

We want to:

1. Achieve the **best possible outcomes for children and young people**
2. Be **child and young person-focused**
3. **Include children, young people, parents and carers, in all decision making**
4. Be **inclusive**
5. Ensure that children and young people can have their needs met **within their local community** wherever possible
6. Be **joined up and work together effectively** as a partnership
7. Make the **best use of our resources**

**"The class teachers, TA's and Head at my son's school have been supportive, flexible and positive, we are very lucky. Collaborative and imaginative!"**

Parent

**"[the school] were absolutely fantastic with him"**

Parent



## 2. Where we are now

### National Context

We are publishing this strategy at a time of very significant change; we have seen some of the biggest shifts in national policy for special educational needs and disability in over 30 years, and all public services are facing a challenging financial climate. This strategy will support us to ensure that we are well placed to meet this changing landscape.

**The Children and Families Act 2014** takes forward the Government's commitment to improve services, life chances, and choices for vulnerable children and young people, and to support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Act extends the SEND system from birth to 25, and **gives children, young people and their parents/carers greater control and choice** in decisions and ensuring needs are properly met.

The Act requires Local Authorities to implement a wide range of reforms and to ensure that children and young people with Special Education Needs and Disabilities (SEND) receive **timely** and **co-ordinated** support to meet their needs. As a partnership, Cheshire East is undertaking a significant body of work to improve the quality of our services and implement all aspects of these reforms. Key aspects of the reforms are included within the appendix.

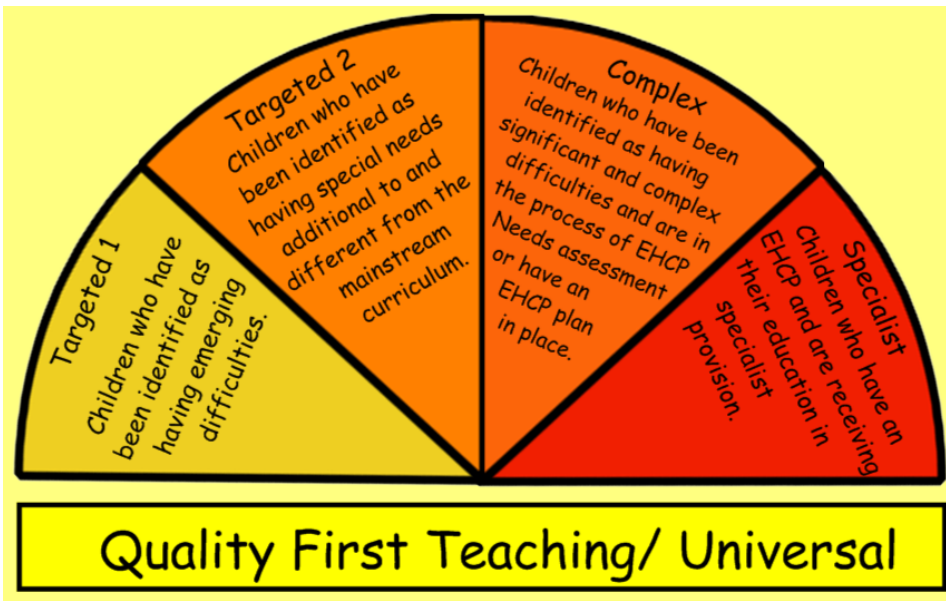
The Government's Mandate to NHS England 2014-15 states:

"One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. NHS England's objective is to ensure that they have **access to the services identified in their agreed care plan**, and that parents of children who could benefit have the option of a **personal budget** based on a **single assessment across health, social care and education.**"



## Our Approach

As a partnership, Cheshire East is developing a **graduated response** to meeting the continuum of special educational needs which is illustrated in the diagram below. This recognises that needs are on a continuum and may go up and down over time. The guidance on applying a graduated response is included within the **SEND Toolkit**.



A graduated response 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.

Within the proposed SEND Toolkit, at the Universal Level, needs are met through **Quality First Teaching and Learning**, as well as health and social care services provided at either a universal or targeted level.

Quality First Teaching is provided to all children and young people, and continues to be provided to children and young people with SEND who are also receiving additional support within the graduated response. This means all teachers are teachers of children and young people with special educational needs.

Support at **First Concerns** is tailored to the needs of the individual child or young person, including for example assistive technology, individual or small group teaching, or in class support up to a total value of £3,000. At **SEN Support**, support is tailored to the needs of the individual child up to a total value of £6,000.

Some children and young people's needs will be more complex in some contexts, and the SEND Toolkit includes more specialist support to meet these needs. Where children and young people may require specialist support, we conduct a multi-agency assessment (Education, Health and Care needs assessment) to determine what additional support they need. If following assessment it is found that a child or young person will require provision that is additional to or different from that made generally for other children or young people of the same age, an **Education, Health and Care Plan** (EHCP) will be written.

In, Cheshire East, the local authority has provided schools with sufficient funding to provide up to 12 hours of additional support and we will usually therefore only issue a EHCP where a child requires provision in excess of this. The EHCP sets out what support they need within these three areas. Education, Health and Care Plans replaced Statements of SEN and Learning Difficulty Assessments with the introduction of the Children and Families Act 2014.

In Cheshire East, the majority of children and young people's special educational needs are met within First Concerns and SEN Support in mainstream provision, with a small proportion requiring specialist level services. In order to have a successful graduated response we need services to have an **inclusive approach** and we need **a range of services available across the continuum of need**.

"Parents/ carers are given [the] opportunity to be involved in finding a solution"

Parent

"The SENCO has been absolutely brilliant... exemplary I would say"

Parent





## Need in Cheshire East

There are approximately **79,423** children and young people under 19 in Cheshire East, which is 21% of our population.

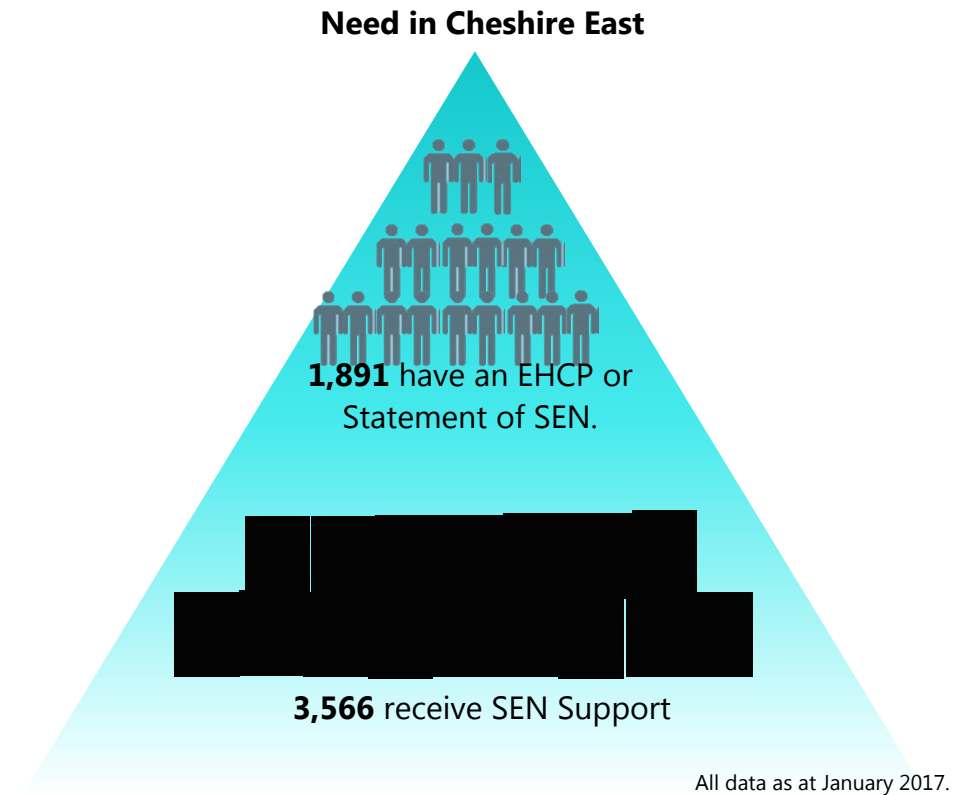
There is a comprehensive **Joint Strategic Needs Assessment (JSNA)** for children and young people with special educational needs and/ or disabilities. Our JSNA, which reviews the health and social care needs of our population, estimates that we should expect around **8,252** children and young people 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.

**3,566** children and young people receive SEN Support in Cheshire East, and **1,891** children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan or a statement of SEN. A number of children and young people with SEN will have their needs met through universal support within Quality First Teaching and Learning or First Concerns.

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

Children and young people with SEND are more likely to live in the most deprived areas of our borough, and less likely to live in the least deprived areas (data included within Table 2 in the appendix). Proportionally more children and young people with SEND are eligible

for free school meals: this equates to just over 20% of pupils with SEND compared to 8.2% children and young people in Cheshire East (21% of pupils receiving SEN Support and 23% pupils with an EHCP or Statement are eligible as in the School Census, January 2017).



\*This prediction is based on the prevalence rates for each need. As some children and young people will have more than one need, the actual number of children and young people is likely to be lower than stated, and not all pupils included in the estimated population numbers will necessarily have SEN, for example higher functioning pupils with ASC and pupils with physical disabilities may not need additional educational support. .

More detail on the needs of our children and young people with SEND and how we are meeting these is contained in our **SEN Sufficiency Statement**.

## Health Provision for Children and Young People with SEND

Children's health care provision is commissioned in line with statutory duties in relation to the SEND reforms in The Children & Families Act 2014, drawing out the health elements from the 0 – 25 SEN & Disability Code of Practice. Much of healthcare for children and young people is delivered through universal preventative services and primary care services. However, when these services are unable to meet a child or young person's needs they may need to access targeted and specialised services e.g. those with continuing care needs, a special educational need and or disability and those with an EHC plan.

NHS Eastern Cheshire Clinical Commissioning Group (CCG) and NHS South Cheshire Clinical Commissioning Group (CCG) work with colleagues in the local authority and have mechanisms in place to ensure practitioners and clinicians support the integrated EHC needs assessment process as well as contributing to the Local Offer, with the emphasis on outcomes rather than process. The local authority currently commissions Public Health services which include school nursing and health visiting. There are currently two main providers of children's community health services. These are Central Cheshire Integrated Care Partnership and NHS East Cheshire Trust. NHS Cheshire and Wirral Partnership Trust provide the whole range of mental health and learning disabilities services. Acute hospital care is provided by NHS East Cheshire Trust and NHS Mid Cheshire Hospitals Foundation Trust.

## Educational Outcomes for Children and Young People

95% of schools in Cheshire East are currently judged Good or Outstanding by Ofsted (from the published Ofsted figures as at 31<sup>st</sup> December 2016). The national figure is 89%. This provides us with a very strong foundation from which to move forward.

82% of pupils in Cheshire East with a Statement of SEN or EHCP achieve attainment 8 in English at KEY Stage 4, compared to 55% nationally. For most attainment measures, Cheshire East pupils with SEND are achieving in line with their peers nationally (data included within Table 1 in the appendix). However, we have high aspirations for our children and young people and we want to be performing well above the national average.

We are currently working with parents to develop how we can capture and evaluate a broader set of outcomes outside of attainment for children and young people with SEND, such as health, preparing for adulthood and independence.



### 3. Our Priorities for 2017-19

This Strategy has been coproduced with our key stakeholders: children, young people, parents, carers, education, health and social care professionals. Based on their experiences of our services in Cheshire East, we agreed that the Strategy should focus on these five areas:

1. **Coproduction with Families, and Improving Communication**
2. **Child and Young Person-Centred Assessments and Plans**
3. **Preparing for Adulthood**
4. **Joint Commissioning, Sufficient SEN Provision and Effective use of Resources**
5. **Effective and Supported Workforce**

#### 1. Coproduction with Families, and Improving Communication

##### Why this is a Priority

Our ambition is to lead the way in coproduction of services. 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. We want to ensure that we involve these key people in all stages of the decision making process from the very beginning, whether this is making a decision about what support is best for an individual, or whether it is a decision on how we should offer services, what the best service looks like, and what is the best use of our resources.

We have undertaken a range of activities with these key stakeholders to gain their views on how we develop our services and support going forward, and this has informed the development of this Strategy. This has included conferences and events, satisfaction surveys, and feedback on our 'Local Offer' of services. Parents and carers' views on what's working well within Cheshire East, what needs to be improved, and what a good service looks like can be heard in [this video](#) of our parent/ carer consultation events in October 2016. Over 600 individual pieces of feedback were gathered from more than 100 parent/ carers.

**"All areas need to pull together quicker and actually need to communicate. One area or person for the parent to contact"**

Parent

**"SEN team feels a bit like a black hole – stuff goes in with no idea if/ when you will get something back"**

In the consultation events, parents and carers reported that they felt that improvements were needed in relationships between local authority professionals (both within education and social care), education providers (including SENCOs and teaching staff), health providers and families. Individuals reported issues with a lack of trust and/or understanding of each other's position or priorities. Parents felt there was often a lack of communication between professionals (such as SENCOs or Local Authority staff) and themselves, and also between

professionals in different agencies, which resulted in them feeling that they were not included in decision making.

Parents and carers also felt confused about who to approach regarding support, and wanted clear information about both the available support options and services, and the processes involved - for example, in assessments.

**"So many different organisations... and so many different ways to get help – which is great, but it all gets rather confusing"**

**"EHCP info and what happens needs to be clearer on the website"**

Parent

**"Parents need to be kept involved"**

### **What we have achieved so far**

To improve communication, all schools and families now have an individual named 0-25 SEND Officer to contact with any queries regarding an EHC needs assessment or EHC Plan. In addition, the improved EHC needs assessment process, which has been developed



with

multiple professionals and parents, is designed to embrace the principle of coproduction and allow for more communication between families and the designated 0-25 SEND Officer. There is a Designated Clinical Officer to provide operational and strategic links with health services and ensure the CCGs are meeting their statutory obligations.

In June 2017, the Cheshire East Local Offer for SEND was relaunched as part of a brand new online resource called '**Live Well Cheshire East**'. This features information and advice on a variety of topics, including community activities, health issues, care and support for both children and adults, along with a directory of over 3,000 related services.

We have strong, committed and enthusiastic people within our borough, and these people are supporting us to continue to develop and improve our services. Parent representatives are members of the 0-25 SEND Partnership Board and work streams, and we are now developing a strong partnership with which we can deliver significant improvements for children and young people.

### **What we plan to do**

To build on what we have achieved so far we will:

- **Develop an effective communication strategy** to promote the work of the 0-25 SEND Partnership and engage and update key stakeholders on progress. This includes the publication of a regular SEND newsletter.
- **Work with children and young people with SEND** to develop ways to involve children and young people in shaping our services
- **Develop a guide to co-production with families** to support practitioners
- **Develop mechanisms to share and celebrate best practice and person-centred work**
- Continue to develop and **strengthen effective relationships with the Parent Carers' Forum** as well as explore how we can widen our engagement with all parents and carers
- **Establish a regular feedback process for the Local Offer** – both on our provision and the support provided through the offer
- **Establish a regular feedback process for Education, Health and Care Assessments and Plans**, including requests for assessments
- Continue to **develop our online resources** in partnership with families to ensure information on our Local Offer, the support for children and young people with SEND, and their families, is clear and accessible
- **Hold a 'Meet our Local Offer' Day event** to raise awareness of the support available for families
- **Continue to consult with** children, young people, parents, carers and other key stakeholders to gain their views and plan and develop services together

## 2. Child and Young Person-Centred Assessments and Plans

### Why this is a Priority

We want our services and processes to be child and young person-centred and transparent. The best quality support is underpinned by good quality child and young person-centred processes, assessments and plans.

A strong assessment that considers the needs of the whole person enables us to determine what support is needed, and a good quality plan ensures all the key parties are involved in developing a solution together, and understand their roles in delivering support. 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.

**"SEN provision varies wildly from school to school depending on the Head's attitude and spending priorities"**

Parent

**"Parents not aware of when an EHCP is an appropriate course of action"**



Some parents had experienced delays in assessment processes, including the EHC needs assessment and diagnostic Autistic Spectrum Condition (ASC) assessments. One of the biggest areas of concern for parents related to the level of support that was put in place for children and young people within their educational setting (e.g. school). Although some parents had good experiences of support within school, it was clear that this was not consistent across all of Cheshire East and was often dependent of the experience, knowledge or attitude of the teaching staff involved.

**"ASD ADHD referrals and assessment took too long"**

**"My EHCP is working very well for me and it gives me support"**

Young Person

In addition, parents were confused about the level of support that should be in place within educational settings for different needs, and were unclear when a request for an EHC needs assessment would be appropriate.

### **What we have achieved so far**

In order to achieve more integrated planning and support to meet the needs of the whole person, and improve how Education, Health and Social Care professionals work together, we have reviewed the processes and procedures around supporting children and young

people across the SEND spectrum of needs. We have developed a Children with Disabilities Policy, and we have reviewed the processes and supporting documentation related to supporting children and young people in mainstream schools, requesting an EHC needs assessment, and providing resources and support via an EHCP to children and young people. This has ensured that these processes are robust, fair, transparent, streamlined, are clear for practitioners and families, support best practice, and ultimately support achieving the best outcomes for our children and young people.

We are currently developing an SEND Toolkit on the Graduated Response that will give clear, consistent guidance about the levels of support and strategies that should be used in educational settings at different levels of need. It will provide guidance on the SEN funding that is allocated to educational settings and schools, outline when educational settings should consult with external professionals, and also clarify when an EHC needs assessment and/or specialist support may be required. This is being developed by local SENCOs and education providers in order to share local best practice and improve consistency of support across Cheshire East. This document will be launched in November 2017 and will be made available to everyone, including parents, via the Local Offer. All future training relating to supporting children and young people with SEND in education will use this guidance document, including training sessions for new SENCOs to ensure a consistent approach.

**"As a parent I feel there is now much more clarity and transparency and I am now better informed of the processes. The fog has lifted."**

Parent

There has been significant investment from Eastern Cheshire CCG to address the long waiting lists for Autism Spectrum Condition and ADHD diagnostics as an interim position while further work is done to develop multi-agency pathways and further improve the pathways for children and young people neurodevelopmental conditions.

### What we plan to do

To build on what we have achieved so far we will:

- **Finalise and launch the SEND Toolkit**, which will include the **Graduated Response and guidance** (including clear expectations for education providers at SEN Support)
- Work with early years providers and educational settings to implement **a consistent approach to the Graduated Response**, in identifying, recording and meeting needs
- **Align multi-agency referral and assessment pathways**, and criteria for eligibility for assessments
- Develop an **integrated single assessment and plan**
- **Develop guidance and deliver training for professionals on completing EHC assessments and plans**
- **Define the principles of person-centred practice** and deliver training on this for practitioners
- Review and develop **multi-agency quality assurance** for assessments and plans

## 3. Preparing for Adulthood

### Why this is a Priority

We want all our young people with SEND to benefit from **a seamless transition process**, which builds on high aspirations as they become adult citizens. We want our young people to be fully equipped to move into adulthood and lead fulfilling lives. We want to ensure that planning for transition to adult services takes place from when young people are 14 years of age, ensuring support can be planned and resourced in advance. Preparing for adulthood is a key thread running through all the elements of the SEND reforms, including the Local Offer, 0-25 coordinated assessment and EHCPs, multi-agency working, personal budgets and joint commissioning.

In Cheshire East, we want to promote high expectations and aspirations for our children and young people with SEND, including paid employment, living independently with choice and control over their lives, and participating in society.





### What we have achieved so far

To date, we have reviewed the Transition to Adulthood arrangements and drafted a new policy. We have strengthened Independent Specialist Placement procedures to ensure we are compliant with the SEND Code of Practice and Children and Families Act, and make the best use of our resources to achieve improved outcomes for our young people.

We have developed a Preparation for Adulthood vision with stakeholders, which is:

**‘All Cheshire East young people with SEND will benefit from a seamless transition process, which builds on high aspirations as they become adult citizens.’**

Our young people have described what preparing for adulthood means to them in [this video](#).

We have established a practitioners’ forum for both children and adults workers, so professionals can come together to share best practice and raise any concerns regarding transition.

We have developed four working groups to map our provision in Cheshire East against the four Preparing for Adulthood outcomes to help us to clearly identify what provision is available locally, and where there are any gaps. The four working groups are Employment (including supported internships); Independent Living; Community Inclusion; and Health.

**“A fantastic college tutor who will do anything to help my son”**

Parent

**“I have [professional’s name] at college and she is amazing and really understands my needs because of my ECHP”**

Young Person

**“More apprenticeship opportunities”**

Young Person

### What we plan to do

To build on what we have achieved so far we will:

- **Complete a mapping exercise and gap analysis in line with the four Preparing for Adulthood outcomes:** independent living (including supported internships); apprenticeships, training and employment; community inclusion; and good health.
- **Develop good case study examples and ensure a personalised approach to Preparing for Adulthood and transition**
- Develop **practice guidance** for practitioners on Preparing for Adulthood and Transition
- Develop **arrangements to support effective planning for transition**, such as ICT reports on young people approaching transition
- Ensure information on support for young people with SEND to prepare them for adulthood and support transition is **published within the Local Offer**

## 4. Joint Commissioning, Sufficient SEN Provision and Effective use of Resources

### Why this is a Priority

Joint commissioning is essential in ensuring we effectively meet the needs of the whole person, and make the most of our resources as a partnership. There are gaps in our continuum of SEN provision in comparison with other areas. Cheshire East has a shortage of resourced SEN provision and special school places in relation to the needs of our children and young people. This was a concern echoed by our parents and carers. As a result, we are over-reliant on out of borough, independent and non-maintained provision which is often far from the pupil's home. One in five pupils attending specialist provision have a journey over 45 minutes each way, and half of those attending a special provision attend outside our borough. These placements are also frequently higher cost, which is not the best use of our resources in the long term.

Through developing our provision, we want to:

1. Achieve the **best possible outcomes for children and young people**
2. Ensure there are **the right number and type of places** to meet children and young people's needs
3. Ensure that children and young people can have their needs met **within their local community** wherever possible
4. Make the **best use of our resources**

**"Why do children have to travel to schools so far away to get help at school?"**

**"Lack of provision at all levels of education"**

Parent

### What we have achieved so far

In order to support us to plan and develop our provision, we have produced a SEN Sufficiency Statement which assesses the local needs of our population against our current provision, and identifies where we need to develop additional places to meet needs.

We have developed a comprehensive **Joint Strategic Needs Analysis (JSNA)** on SEND alongside our Sufficiency Statement. We now have a good understanding of the needs in Cheshire East and the current and future demands for provision.

To support the creation of more places in our local area, Cheshire East Council has been successful with an Expression of Interest to establish a new Special Free School in Crewe to support pupils with social, emotional and mental health needs. Work is also underway with a number of schools to increase their capacity. This is detailed in the **SEN Sufficiency Statement**. There will be a follow up piece of work to map existing health provision against the work in this document.

Developing the sufficiency of our provision is not just about increasing the number of available specialist places, it is also about ensuring that we build capacity and sustainability within support services, by effectively supporting schools to meet their pupils' needs through the use of specialist services such as Educational Psychology, the Cheshire East Autism Team (CEAT) and health and social care specialists. The work on the SEND Toolkit will also support our work in this area, ensuring that children and young people's needs are met at the right level as early as possible.

We have developed a Joint Commissioning Strategy across partners which sets out our commitment to jointly planning and commissioning services to make the best use of our resources.

The Joint Commissioning Leadership Group has been working on developing joint arrangements for:

- Multi-agency decision making panels
- SEND mediation and dispute resolution services
- Speech and Language Therapy
- Positive Behaviour Support Services for children and young people with Autism and learning difficulties
- Specialist equipment
- Sensory Occupational Therapy
- Workforce development
- Autism.



### What we plan to do

To build on what we have achieved so far we will:

- **Explore opportunities for joint commissioning** of services to make the best use of resources
- **Develop our provision over the next three years** in a phased approach
- **Hold workshops in Summer 2017** with schools to jointly plan the next steps for developing our provision
- **Develop an action plan** which will set out the steps we need to take to increase capacity, and which will allow us to drive, track and evaluate progress.
- **Ensure the special educational needs of pupils are considered within all placement planning activity**
- **Revisit and refresh our SEN Sufficiency Statement annually** to ensure we have an accurate and up to date understanding of our pupils' needs, and that we continue to evaluate our provision against what our pupils need.
- **Continue to work with schools** who are seeking support to further develop provision.
- **Further develop the use of Personal Budgets** for children and young people with SEND

## 5. Effective and Supported Workforce

### Why this is a Priority

We want to ensure that we have a knowledgeable, flexible, and integrated workforce in order to deliver the best quality support to children and young people.

In the consultation events, parents wanted reassurance that professionals involved in supporting their child or young person had appropriate knowledge and experience levels in relation to SEND. This applied to all agencies, but there were particular concerns in relation to the SEND knowledge of social workers following the dissolution of the specialist Children with Disabilities team in 2015.

In addition, parents felt that staff within education settings, such as SENCOs, Teaching staff and Teaching Assistants, would benefit from additional training to increase their understanding, awareness and experience of SEND. In particular, it was felt that an increased understanding of the full spectrum of Autistic Spectrum Condition (ASC) was required, along with further awareness of potential 'masking' of need by children and young people.

**"everyone at my son's school have been supportive, flexible and positive"**

### What we have achieved so far

A specialist Children with Disabilities Team has been re-established within social care. This team is supporting children and young people with complex needs, and also offering specialist advice and training to other social workers and family support workers to improve the support provided to children and young people with SEND and their families.

To support a more child and family centred service, we have restructured the Statutory Assessment and Monitoring Team, which is responsible for EHC needs assessments and the development of EHCPs. Additional capacity has also been introduced to the team as a result of the restructure with the addition of two new posts: SEND Team Leader and SEND Quality and Inclusion Officer.

The SEND Quality and Inclusion Officer role has been created to support mainstream schools to provide effective support for children and young people with SEND. This post will also lead on developing a Quality Assurance framework across the partnership. This will be used to evaluate the quality of our services, determine areas for further development, and ensure that the support provided is consistent across the partnership, appropriate to need and in line with the SEND Toolkit.

**"We often are told that teachers (and teaching assistants) don't have, but would like, training for helping children with ASC [Autistic Spectrum Condition], so staff are reliant on extra training"**

Parent

**"My daughter has complex needs and the health professionals that have supported us have always been brilliant"**

Parent

implemented a full Continuous training programme for the next 12 months, with one day a month assigned for CPD. This

has been developed as a joint training programme for Local Authority officers, staff in educational settings (including SENCOs) and parent/carers, and was coproduced by a multi-agency group, which included parents. It includes awareness training, and training on tools to support children and young people with various needs, including ASC. We will continue to review our training programme to ensure we are responsive to the training needs of our workforce and the learning from feedback from children, young people, parents and carers.

A comprehensive Performance Scorecard has also been developed which is supporting effective monitoring and challenge on performance. As a result of this improved monitoring and focus, the completion of EHCPs within the required 20 week period has significantly improved. We are looking to add data regarding health services submitting reports within the statutory six week period to the scorecard.

### What we plan to do

To build on what we have achieved so far we will:

- **Review the offer to schools from the specialist teams** to ensure schools are effectively supported to meet children and young people's needs across the SEND continuum
- Coproduce and deliver **joint sessions for parents and professionals to explore and develop understanding of a 'day in the life of' each other**
- **Review the learning areas from complaints** to inform our training offer

- 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
- Develop a **quality assurance framework** for SEN Services
- **Continue to review, develop and share the SEND Performance scorecard** to support us to monitor how well we are performing and allow us to respond to any areas that need improvement





## 4. How we will achieve this

### O-25 SEND Partnership

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.

We have taken a whole system approach to improving support for children and young people with special educational needs and disabilities (SEND) across Cheshire East. This work is being driven by the **0-25 SEND Partnership Board**. The Board is responsible for developing and delivering our SEND Strategy, in order to maximise life opportunities and positive outcomes for children and young people with SEND and their families. It includes representatives from the local authority, primary and secondary schools, further education providers, CCG and health provider services, early years, and the Cheshire East Parent Carers Forum.

There are five main work streams for the five priority areas which all report to the 0-25 SEND Partnership Board.

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 we achieve the best possible outcomes for our children and young people.

The action plan within the appendix sets out the key actions we will carry out to achieve our priorities. Progress against this plan will be reviewed termly by the 0-25 SEND Partnership Board to ensure we achieve our priorities.

### Who's Involved



Strategic decision makers through the **0-25 SEND Partnership Board**



Operational leads and parent carer representatives through the **five multi-agency work streams**



Additional parents and carers through the **Cheshire East Parent Carers' Forum**



Professionals across the partnership; health, education and social care through **consultation events**



All our children and young people with SEND and their families through **consultation events, satisfaction surveys and feedback on the Local Offer**

## 5. How we will we know if we are successful?

### Measuring Success

Ultimately we will evaluate our success against the difference we make to the lives of our children and young people. We will use the following sources to inform us on how well we are performing, what's working well, and where we need to take action to achieve change. A quality assurance framework for SEND will be developed as part of the delivery of this Strategy.

### Qualitative Measures

Multi-agency audits will be developed 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.

### Performance Measures

An 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 Statements of SEN and EHCPs by primary need, age group and locality, the number of requests for EHCP assessments, and the timeliness of completion, and where children and young people access education.

### Feedback from Families

Feedback surveys, consultation events, work with the Cheshire East Parent Carers' Forum, and feedback on the Local Offer will continue to inform further service developments. Mechanisms for gaining feedback

on EHC Assessments and Plans, and our Local Offer (both our provision and the quality of support) will be developed and established.

### Feedback from Practitioners

Practitioners' views will continue to be sought through consultation events.

### Reviewing our Progress

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 we achieve the best possible outcomes for our children and young people.

Progress against this Strategy and our plan will be monitored and scrutinised on a termly basis by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this Strategy. We will revisit and refresh our priorities in two years time to ensure we continue to develop our services in response to what is most important and makes the most difference to our children and young people with SEND and their families.





## Appendix

A number of abbreviations have been used in this document:

SEN	Special Educational Needs
SEND	Special Educational Needs and/ or Disabilities
SENCO	Special Educational Needs Co-ordinator
EHC	Education, Health and Care
EHCP	Education, Health and Care Plan
ASC	Autistic Spectrum Condition
ASD	Autistic Spectrum Disorder

## Key aspects of the SEND Reforms:

### Replacing Statements of SEN with Education, Health & Care Plans

One of the major changes introduced by the Children and Families Act 2014 is the replacement of Statements of SEN with new Education, Health and Care Plans (EHCP). Education, Health and Care Plans will also be extended to young people aged up to 25 to support young people into adulthood.

### Services Working Together

Children and young people with SEND need well-coordinated, coherent support across education, health and social care to help them achieve their agreed outcomes. Under the Act, Local Authorities and other key agencies will be required to **co-ordinate and jointly plan services** for disabled children and young people.

### Birth to 25 years

The Act extends the SEND system from birth to 25 years, which will support young people into further education, employment and independent living.

### Personal Budgets

Parents of children, or young people themselves, with an EHCP have the right to request a personal budget for their support. A personal budget is an amount of money identified by the local authority to deliver the provision set out in an EHC Plan where the parent or young person is involved in securing that provision. Personal budgets are simply one way of increasing personalisation of support and involvement of families in decision making, as part of the wider, person-centred EHC needs assessment process.

### Local Offer

Every council is required to publish details of the local support that is available for children and young people with SEND. The Local Offer provides clear and accurate information about local education, health, care and leisure services.

### Engaging Parents, Children and Young People

Local authorities **must** ensure that parents, children and young people are involved in discussions and decisions about every aspect of their care and support, planning outcomes and agreeing services and activities to meet those outcomes. They must also take steps to ensure that parents and/or young people are actively involved in and co-produce assessments, plans, and reviews of their EHCPs. In addition, Early Years providers, schools and colleges should fully engage parents and/or young people with SEND when drawing up the plans and policies that affect them.

### Resolving Disputes

Local authorities must make clear how disagreements will be resolved and how complaints will be dealt with. Local authorities and health commissioners must make independent mediation and disagreement resolution services available for parents and young people with SEN.

### Transfer of Statements to EHCP

All children and young people with a Statement of Special Educational Needs are required to be transferred to more holistic EHCPs.

More detail can be found in the [SEND Code of Practice January 2015](#).

## SEND Strategy Action Plan

Ref	Action	Who's Responsible	Complete by
<b>1. Working Together with Families and Improving Communication</b>			
1.1	Develop an effective communication strategy to promote the work of the 0-25 SEND Partnership and engage and update key stakeholders on progress. This includes the publication of a regular SEND newsletter	Communication and Engagement Work Stream	Dec 2017
1.2	Work with children and young people with SEND to develop ways to involve children and young people in shaping our services	Youth Support Service Manager	Sept 2018
1.3	Develop a guide to coproduction with families to support practitioners	Communication and Engagement Work Stream	June 2018
1.4	Develop a mechanisms to capture and share best practice and person-centred work	Communication and Engagement Work Stream	Sept 2018
1.5	Continue to develop and strengthen effective relationships with the Parent Carers' Forum as well as explore how we can widen our engagement with all parents and carers	Chairs of the Cheshire East Parent Carers Forum	April 2018
1.5	Establish a regular feedback process for the Local Offer – both on our provision and the support provided through the offer	SEND Project Manager	April 2018
1.6	Establish a regular feedback process for Education, Health and Care Assessments and Plans, including requests for assessments	Communication and Engagement Work Stream	Dec 2017
1.7	Continue to develop our online resources in partnership with families to ensure information on our Local Offer, the support for children and young people with SEND, and their families, is clear and accessible	SEND Project Manager	Sept 2018
1.8	Hold a 'Meet our Local Offer' Day event to raise awareness of the support available for families	SEND Project Manager	Oct 2019

## 2. Child and Young Person-Centred Assessments and Plans

2.1	Finalise and launch the SEND Toolkit, including the Graduated Response and guidance, including clear expectations for education providers at SEN Support	Head of Service: SEND and Inclusion	Nov 2017
2.2	Work with early years providers and educational settings to implement a consistent approach to the Graduated Response, in identifying, recording and meeting needs	Head of Service: SEND and Inclusion	Nov 2018
2.3	Align multi-agency referral and assessment pathways, and criteria for eligibility for assessments	Assessment and Planning Work Stream	Dec 2017
2.4	Develop an integrated single assessment and plan	Assessment and Planning Work Stream	Dec 2017
2.5	Develop guidance and deliver training for professionals on completing EHC assessments and plans	Assessment and Planning Work Stream	April 2018
2.6	Define the principles of person-centred practice and deliver training on this for practitioners	Assessment and Planning Work Stream	Jan 2018
2.7	Review and develop multi-agency quality assurance for assessments and plans	SEND Quality and Inclusion Officer	April 2018

## 3. Preparing for Adulthood

3.1	Complete a mapping exercise and gap analysis in line with the four Preparing for Adulthood outcomes.	Sub Group Leads for Employment, Health, Inclusion and Independent Living	Jan 2018
3.2	Develop good case study examples and ensure a personalised approach to Preparing for Adulthood and transition.	Area Delivery Manager: Youth Support	Jan 2019
3.3	Develop practice guidance for practitioners on Preparing for Adulthood and Transition	Social Worker in Adults' Social Care and Independent Living	Jan 2018

3.4	Develop arrangements to support effective planning for transition, such as ICT reports on young people approaching transition	Area Delivery Manager: Youth Support and Social Worker in Adults' Social Care and Independent Living	Dec 2017
3.5	Ensure information on support for young people with SEND to prepare them for adulthood and support transition is published within the Local Offer	Area Delivery Manager: Youth Support and Social Worker in Adults' Social Care and Independent Living	March 2018
<b>4. Joint Commissioning, Sufficient SEN Provision and Effective use of Resources</b>			
4.1	Explore opportunities for joint commissioning of services to make the best use of resources	Joint Commissioning and Resource Allocation Work Stream	April 2019
4.2	Develop our provision over the next three years in a phased approach	Joint Commissioning and Resource Allocation Work Stream	Sept 2020
4.3	Hold workshops in Summer 2017 with schools to jointly plan the next steps for developing our provision	Director of Prevention and Support	July 2017
4.4	Develop an action plan which will set out the steps we need to take to increase capacity, and which will allow us to drive, track and evaluate progress.	Head of Service: Children's Commissioning	Oct 2017
4.5	Ensure the special educational needs of pupils are considered within all placement planning activity	Head of Service: Education Infrastructure and Outcomes	Sept 2017
4.6	Revisit and refresh our SEN Sufficiency Statement annually to ensure we have an accurate and up to date understanding of our pupils' needs, and that we continue to evaluate our provision against what our pupils need. Expand the SEN Sufficiency Statement to consider the whole age range from 0-25.	Head of Service: Education Infrastructure and Outcomes and Head of Service: Children's Commissioning	April 2018

4.7	Continue to work with schools who are seeking support to further develop provision.	Head of Service: Education Infrastructure and Outcomes and Head of Service: Children's Commissioning	Sept 2019
4.8	Further develop the use of personalised budgets for children and young people with SEND	Head of Service: SEND and Inclusion	April 2019
<b>5. Effective and Supported Workforce</b>			
5.1	Review the offer to schools from the specialist teams to ensure schools are effectively supported to meet children and young people's needs across the SEND continuum	Head of Service: SEND and Inclusion	April 2018
5.2	Coproduce and deliver joint sessions for parents and professionals to explore and develop understanding of a 'day in the life of' each other	Workforce Development and Planning Work Stream	May 2018
5.3	Review the learning areas from complaints to inform our training offer	Workforce Development and Planning Work Stream	Dec 2017
5.4	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	Workforce Development and Planning Work Stream	July 2019
5.5	Develop a quality assurance framework for SEN Services	SEND Quality and Inclusion Officer	Sept 2018
5.6	Continue to review, develop and share the SEND Performance scorecard to support us to monitor how well we are performing and allow us to respond to any areas that need improvement	Head of Service: SEND and Inclusion	Sept 2018

**Table 1: Attainment for Pupils in Cheshire East with SEND compared to National**

		Pupils receiving SEN Support		Pupils with a SEN Statement or EHCP	
		Cheshire East	England	Cheshire East	England
<b>Key Stage 4</b>	Attainment 8 in English	96%	97%	82%	55%
	Attainment 8 in Maths	96%	-	83%	-
	A*-C in English and Maths	21%	-	17%	-
<b>Key Stage 2</b>	English Grammar, Punctuation and Spelling Average Score	96.9	96.6	96.9	96.2
	Reading Attainment Average Score	96.5	95.8	96.7	95.6
	Writing Attainment, expected standard and above	14%	32%	12%	13%
	Maths Attainment Average Score	97.2	97.0	95.7	95.7
	Reading, Writing and Maths, expected standard and above	8%	16%	9%	7%
<b>Key Stage 1</b>	Teacher assessment of reading reaching the expected standard and above	29%	-	22%	-
	Teacher assessment of writing reaching the expected standard and above	15%	-	7%	-
	Teacher assessment of maths reaching the expected standard and above	27%	-	13%	-
<b>Phonics</b>	Achieving expected standard in Year 1	44%	46%	23%	18%
	Achieving expected standard in Year 2	70%	69%	46%	29%

Data as at November 2016 from RAISE Online



**Table 2: Pupils with SEND living in the most and least deprived areas of Cheshire East**

	<b>All children and young people</b>	<b>No SEND</b>	<b>SEN Support</b>	<b>SEN Statement or EHCP</b>
Living in the <b>most</b> deprived 20% of our lower super output areas	11.8%	11%	20.5%	15.2%
Living in the <b>least</b> deprived 20% of our lower super output areas	39.7%	41%	25.9%	34.9%

Data as at January 2017 from the School Census



# Your thoughts matter

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

**This page is intentionally left blank**



# **Sufficiency Statement for Children and Young People with Special Educational Needs**



**July 2017-2018**



## Contents

### Executive Summary

Introduction

### 1. What we want to Achieve

Our Priorities

What's Important to Children, Young People, Parents and Carers

What we want to Achieve

Key Components to the Best Quality Support

Our Approach

### 2. Analysing Need

Need in Cheshire East

Types of Need

Identifying Need

Specialist Needs

### 3. How well do we Meet Needs?

Our Provision

How we are Meeting Needs

Need for Specialist Provision in Local Areas

Predicting Future Need

### 4. Planning our Provision

What our Needs Analysis has Shown Us

Proposals to Meet Need

Investing to Save

Developing our Provision – Next Steps

## Appendix

37

**Table 1:** Resource Provision and Special Schools in Cheshire East

**Table 2:** Children and Young People Receiving Support in Cheshire East and the Predicted Number for Each Need based on National Prevalence

**Table 3:** Primary Needs of Children and Young People aged 0-19 with an Education, Health and Care Plan or SEN Statement, and Location of Provision Attended

**Table 4:** Children and Young People with an Education, Health and Care Plan or SEN Statement by Year Group

**Table 5:** Phase of Educational Establishment Attended by Pupils with an Education, Health and Care Plan or SEN Statement

**Table 6:** Provision Accessed for Pupils with an Education, Health and Care Plan or SEN Statement

**Table 7:** Location of Provision Accessed for Children and Young People Attending Resource Provision and Special Schools

**Table 8:** Type of Educational Establishment Attended by Pupils with an Education, Health and Care Plan or SEN Statement

**Table 9:** Location of where Pupils Attend Resource Provision or Special Schools by Area

**Table 10:** Distance Travelled for Pupils Attending Resource Provision or Special School

**Table 11:** Gap Analysis for Pupils Attending Resource Provision or Special Schools against the Number of Places Available in Cheshire East

**Table 12:** Gap Analysis for Pupils Attending Resource Provision or Special Schools against the Number of Places Available in each Locality Area

## Executive Summary

As a partnership, Cheshire East is committed to providing the best quality education and support for all our children and young people to ensure they **achieve the best possible outcomes**. Having the right educational placement is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood.

We have completed this Sufficiency Statement of our educational provision for children and young people with special educational needs (SEN) to:

- o **Assess the needs** of our children and young people in Cheshire East
- o **Evaluate how well our current provision meets young people's needs**, and identify any gaps
- o **Support us to plan** how we will continue to develop our provision over a three year period starting in 2017-18 so that we can achieve the best outcomes for our children and young people.

Through developing our provision, we want to:

1. Achieve the **best possible outcomes for children and young people**
2. Ensure there are **the right number and type of places** to meet children and young people's needs
3. Ensure that children and young people can have their needs met **within their local community** wherever possible
4. Make the **best use of our resources**

From our needs analysis, we expect to see an increase in the number of children and young people we support over the next three years, and we expect most of this increase to be in SEN Support. We expect that:

- o We will see a **significant increase** in the need for support for children and young people with **moderate learning difficulties**
- o We will see a **large increase** in the need for support for **speech, language and communication needs, autistic spectrum condition** and **social, emotional and mental health needs**.
- o We will see an **increase** in the need for support for **profound and multiple learning difficulties**.

**We need to increase specialist provision in our borough** as the amount of provision we have doesn't match our needs. Too many pupils have very long journeys; one in five pupils attending specialist provision have a journey over 45 minutes each way. Half of those attending a special provision attend outside our borough. **We have more need for specialist provision at secondary school age, particularly around social, emotional and mental health needs.**

All of our children and young people who attend independent schools or non-maintained schools (more expensive placements) are attending specialist provision, so by increasing the capacity within our borough we can reduce placement and travel costs and make better use of our resources, as well as increasing choice for families, reducing journey times, and increasingly supporting pupils to be part of their local community.



In order to meet our needs, we are proposing the following main developments to improve SEN place capacity:

- 40 places for 4-18 year olds in Crewe and Nantwich (either a Special School or Resource Provision), and a new 56 place Special School in Macclesfield to support pupils with complex needs in relation to autistic spectrum condition
- A new 40 place Special School for 4-16 year olds in Crewe and Nantwich, and a 20 place Resource Provision for 11-16 year olds in the centre of the borough to support pupils with social, emotional and mental health needs
- A new 60 place Special School for 4-18 year olds in the centre of the borough to support pupils with moderate learning difficulties with secondary needs of speech, language and communication, and autistic spectrum condition.

We will be taking a phased approach to developing our provision which follows the strategic commissioning cycle of understand, plan, do, and review. This will ensure that we continually evaluate what we need and what difference our plans, changes and increased capacity is making.

Children, young people, parents, carers, schools, colleges and other settings are the people that are best placed to know what is needed and what works well and will be involved at all stages of the process. This Statement has been co-produced with these key stakeholders, and provides a clear picture of our needs which will form the basis of our ongoing conversations with these key people to develop our services for the future. Schools will be invited to workshops in summer 2017 to jointly plan how we develop our provision and increase capacity.

Achieving better outcomes for children is dependent upon having the right services available, but also ensuring services fit seamlessly together, have an inclusive culture, and the right structures that support them. We have taken a whole system approach to improving support for children and young people with special educational needs and disabilities (SEND) across Cheshire East. This work will continue to be driven by the **0-25 SEND Partnership Board**. 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 we achieve the best possible outcomes for our children and young people.

We will revisit and refresh this needs analysis annually to ensure we have an accurate and up to date understanding of our pupils' needs, and that we continue to evaluate our provision against what our pupils need. Next year, we will expand our assessment past age 19 to consider our further education, employment and training offer for young people up to 25.

## Introduction

As a partnership, Cheshire East is committed to providing the best quality education and support for all our children and young people. Cheshire East Council, as the Strategic Commissioner of school places, has a statutory duty to ensure that there are sufficient places in our schools to meet the demands of residents in our area.

Having the right educational placement is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood.

We have completed this Sufficiency Statement of our educational provision for children and young people with special educational needs (SEN) to:

- o **Assess the needs** of our children and young people in Cheshire East
- o **Evaluate how well our current provision meets young people's needs**, and identify any gaps
- o **Support us to plan** how we will continue to develop our provision over a three year period starting in 2017-18 so that we can achieve the best outcomes for our children and young people.

We are committed to working in partnership with our key stakeholders in planning and developing our provision. Children, young people, parents, carers, early years settings, schools and colleges are the people that are best placed to know what is needed and what works well. This Statement has been co-produced with these key stakeholders, and provides a clear picture of our needs which will form the basis of our ongoing conversations with these key people to develop our services for the future.

This is the first SEN Sufficiency Statement that we have produced, and it considers children and young people aged 0-19. The data included within this statement is from January 2017 unless stated otherwise. Next year we will refresh this statement to ensure we have an up to date picture of children and young people's needs, and we will also expand our assessment out to consider our further education, employment and training offer for young people up to age 25.

Achieving better outcomes for children is dependent upon having the right services available, but also ensuring services fit seamlessly together, have an inclusive culture, and the right structures that support them. We have taken a whole system approach to improving 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**. How we will continue to develop our services as a partnership is set out in our **Children and Young People's SEND Strategy**.

## What are Special Educational Needs?

Special educational needs and disabilities affect a child or young persons' ability to learn, making it harder for them to learn than most children and young people of the same age. They can affect their:

- o Behaviour or ability to socialise, for example they struggle to make friends
- o Reading and writing, for example because they have dyslexia
- o Ability to understand things
- o Concentration levels, for example because they have ADHD
- o Physical ability

A child or young person has a special educational need if they need special educational provision to be made for him or her.

# 1. What we want to Achieve

## Our Priorities

We want all our children and young people to be happy, healthy, and safe, and to be able to live a life that is full of opportunities to learn and develop. We want all our children and young people to achieve to their full potential, and go into adulthood equipped with the skills they need to enjoy their adult lives.

Our **Children and Young People's Plan** is based on what children and young people told us was most important to them. It has six priority areas that we are working to achieve across the partnership to ensure that Cheshire East is a great place to be young. We want to ensure that all our children and young people:

1. **Have a voice**, and are actively involved in decisions that affect their lives and communities
2. **Feel and are safe**
3. **Are happy and have good emotional and mental health**
4. **Are healthy and make positive choices**
5. Leave school with **the best skills and qualifications** they can achieve, and the life skills they need to thrive into adulthood
6. Children and young people with additional needs **have better chances in life**

Having the right educational placement and support is key to ensuring that children and young people experience the best outcomes. As such, this statement contributes to our work across all of these priorities, but it is particularly related to priority 6; ensuring

that children and young people with additional needs have better chances in life.

To achieve the best outcomes for children, we need to **plan and deliver our services with children and young people at the centre**, involve them in decisions, and base our services on what children and young people need and how they tell us they want to be supported. Children, young people, parents and carers have been involved in developing this statement and will continue to be involved in developing our provision going forward.

## What's Important to Children, Young People, Parents and Carers

Children, young people, parents and carers have told us they want:

- Services to be **centred around what's best for the child or young person**
- **All children and young people to get the support they need**
- **To be listened to**
- **To be included in decision making**, and developing how they will be supported
- **To have tailored support that meets their individual needs**
- For **professionals to be clear with them** about what is going to, or could happen, and what support is available
- For services to be **joined up**
- For services to be **open and transparent** about their basis for decision making, and arrangements for funding and support

## What we want to Achieve

We want to ensure that all our children and young people **achieve the best possible outcomes**.

We want all our children and young people to be able to access a mainstream setting if this is the best option for them. We want to have a **fully inclusive approach** within our schools, colleges and early years settings, and for every mainstream setting to make their best endeavours to meet children and young people's special educational needs.

We believe that every Cheshire East child and young person should have their needs met, as far as possible, **within their local community**. The advantages of this for children and young people, and their families are:

- They are **connected with their community and where they live**
- They can **build friendships with people who live close to them** that they can enjoy outside of school as well as within it
- They **spend less time travelling** – so have more time to do the things they enjoy
- There is **more choice** for families

It's also really important to us that we make the **very best use of our resources** so that we can provide the best quality service possible to all children and young people that need support. This means ensuring that we use our resources innovatively, match our services to the needs within our population, and also that we don't duplicate services. This also means reducing costs on any additional expenditure that doesn't contribute to children and young people's attainment or wellbeing, such as travel costs for long distance travel.

We want to:

1. Achieve the **best possible outcomes for children and young people**
2. Ensure there are **the right number and type of places** to meet children and young people's needs
3. Ensure that children and young people can have their needs met **within their local community** wherever possible
4. Make the **best use of our resources**



## Key Components to the Best Quality Support

Ensuring there are the right type and number of places to meet children and young people's needs is important in supporting us to achieve improved outcomes for children and young people. However, this is only one of a number of key components which will enable us to provide the best possible support.



We recognise this, and we are taking a whole system approach led by the work of the **0-25 SEND Partnership Board** to ensure that we have these other key components in place, which are that:

- All services have a **child-centred approach/ person centred approach**; children, young people and their parents/carers are at the centre of decision making so our support is tailored to their individual needs
- We have **strong assessments** so we accurately understand the individual needs of children and young people
- We have strong **outcome focused plans** which support us to meet those needs and achieve good outcomes
- We have a range of services available locally across the continuum of need with sufficient numbers of places that matches the needs of our population so we can offer a **graduated response**.
- **Services are integrated** and joined up offering a seamless service to families that addresses the need of the whole person
- We have **an inclusive culture**, and meet needs wherever possible within our mainstream provision – families have a range of choices available to them.

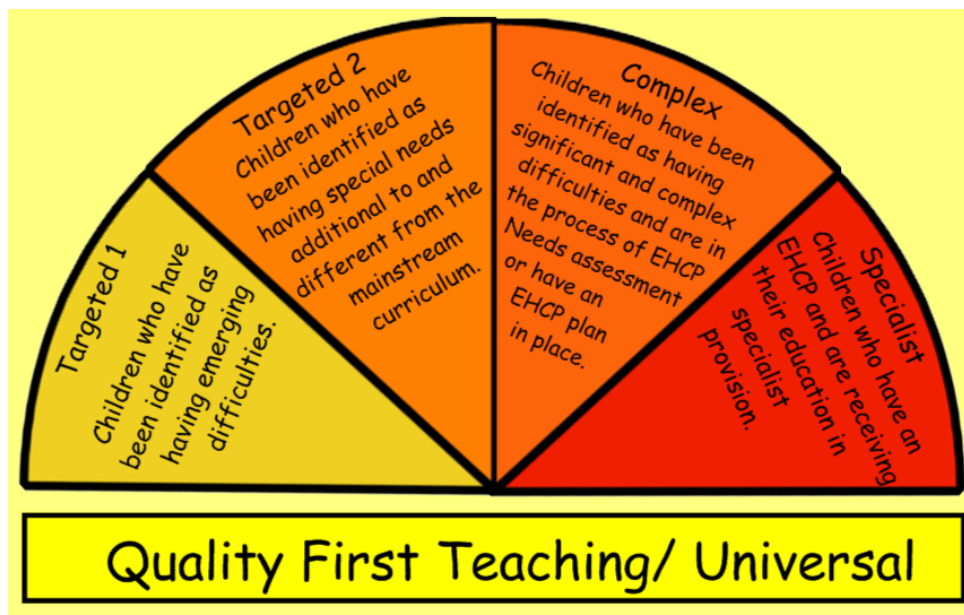
In order to achieve an inclusive offer, we need to ensure:

- **Schools have the right financial support** to make changes to meet children and young people's SEND needs
- **We have effective and sustainable support services** that are available to support young people and schools – for example, Speech and Language Therapy, Educational Psychology and Occupational Therapy



## Our Approach

As a partnership, Cheshire East is developing a **graduated response** to meeting the continuum of special educational needs which is illustrated in the diagram below. This recognises that needs are on a continuum and may go up and down over time.



A graduated response 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.

Within the proposed graduated response, at the Universal Level, needs are met through **Quality First Teaching and Learning**. Quality First Teaching is provided to all children and young people, and

continues to be provided to children and young people with SEND who are also receiving additional support within the graduated response. This means all teachers are teachers of children and young people with special educational needs. Support at **First Concerns** may also include up to six hours of additional support.

At **SEN Support**, as well as Quality First Teaching and Learning, between six and twelve hours of additional support is given to meet children and young people's special educational needs.

Some children and young people's needs will be more complex in some contexts, and a graduated response includes more specialist support to meet these needs. Where children and young people may require specialist support above and beyond what support the setting can provide from within their delegated resources, we conduct a multi-agency assessment (Education, Health and Care needs assessment) to determine what additional support they need. If following assessment it is found that a child or young person will require special educational provision that is additional to or different from that made generally for other children or young people of the same age, an **Education, Health and Care Plan (EHCP)** will be written.

In Cheshire East, we have provided schools with sufficient funding to provide up to 12 hours of additional support and we will usually therefore only issue a EHCP where a child requires provision in excess of this. The EHCP sets out what support they need within these three areas. Education, Health and Care Plans replaced Statements of SEN and Learning Difficulty Assessments with the introduction of the Children and Families Act 2014.



In Cheshire East, the majority of children and young people's special educational needs are met within First Concerns and SEN Support in mainstream provision, with a small proportion requiring specialist level services. In order to have a successful graduated response we need services to have an **inclusive approach** and we need **a range of services available across the continuum of need**.

This Statement focuses on children and young people with specialist needs as they need additional or specialist provision.



## 2. Analysing Need

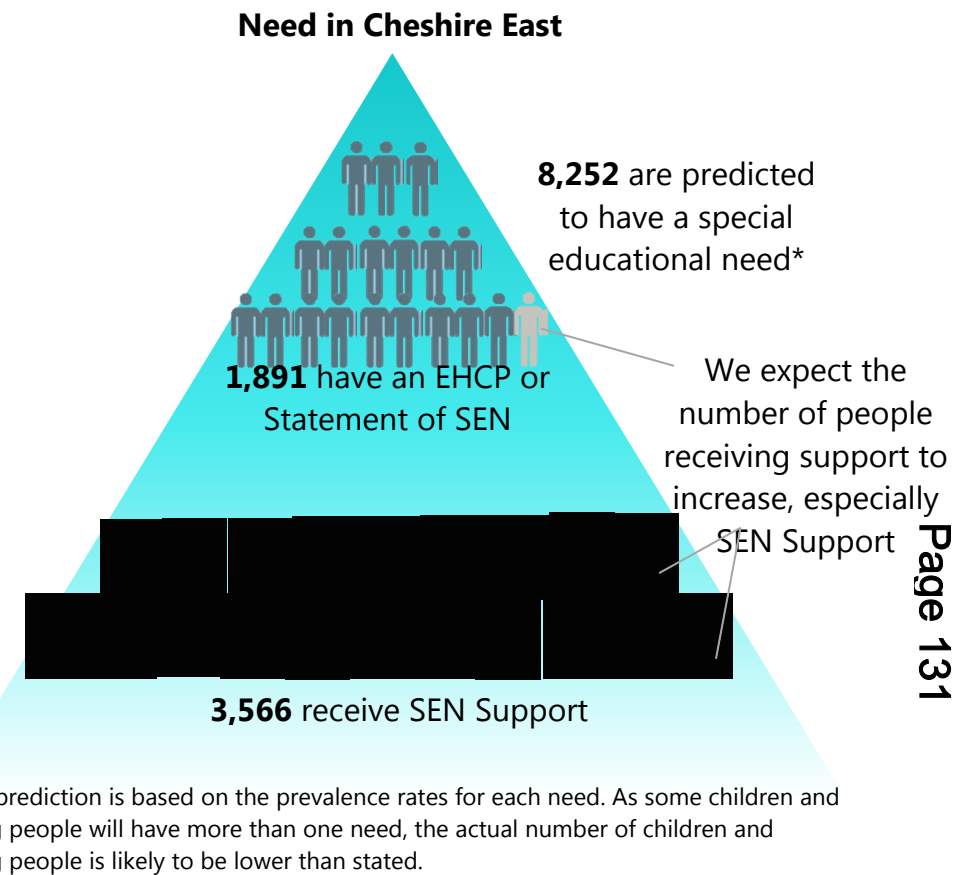
### Need in Cheshire East

There are approximately **79,423** children and young people under 19 in Cheshire East, which is 21% of our population.

There is a comprehensive **Joint Strategic Needs Assessment (JSNA)** for children and young people with special educational needs and 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.

**3,566** children and young people receive SEN Support in Cheshire East, and **1,891** children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan or a statement of SEN.

The Department for Education (DfE) has defined four broad areas of need to support local areas in assessing need and planning provision, which are outlined on the next page. In practice, individual children and young people often have needs that cut across all these areas and their needs may change over time.



## Communication and Interaction

This includes:



- **Speech, language and communication needs** (SLCN). Children and young people with SLCN have difficulty in communicating with others, this may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication.
- **Autistic Spectrum Condition** (ASC), including Asperger's Syndrome and Autism.

## Cognition and Learning

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers. Learning difficulties cover a wide range of needs, including:



- **Moderate learning difficulties** (MLD)
- **Severe learning difficulties** (SLD), where children and young people are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication
- **Profound and multiple learning difficulties** (PMLD), where children and young people are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment
- **Specific learning difficulties** (SpLD), affect one or more specific aspects of learning. This includes a range of conditions such as dyslexia, dyscalculia and dyspraxia.

## Social, Emotional and Mental Difficulties (SEMH)

Health



Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming **withdrawn or isolated**, as well as **displaying challenging, disruptive or disturbing behaviour**. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as **attention deficit disorder, attention deficit hyperactive disorder** or **attachment disorder**.

## Sensory and/or Physical Needs

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. This includes children and young people with:



- **Visual impairment** (VI),
- **Hearing impairment** (HI)
- **Multi-sensory impairment** (MSI) (a combination of vision and hearing difficulties)
- **Physical disability** (PD)

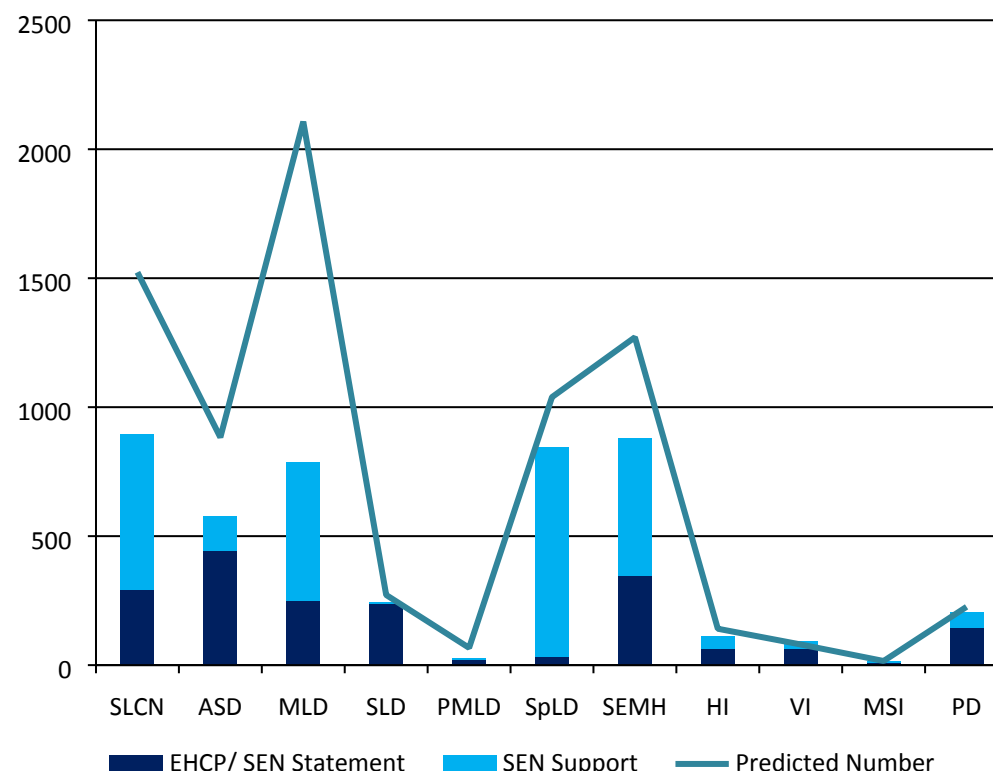
## Identifying Needs

Based on our prediction that **8,252** children and young people in our borough will have a special educational need, and the number of children and young people we know receive SEN Support or have an EHCP or SEN statement, we have **only identified about 63%** of children and young people with a special educational need. Not all pupils included in the estimated population numbers will necessarily have SEN and rates will vary across different need categories, for example higher functioning pupils with Autism Spectrum Condition and pupils with physical disabilities may not need additional educational support.

The SEN Team are working with schools 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.

The JSNA shows that **a higher proportion of our children and young people with special educational needs receive support through Education, Health and Care Plans** or a SEN Statement rather than through SEN Support. This implies that we are better at identifying children and young people with more specialist needs and that the majority of the potential unidentified or currently unrecorded children and young people would need SEN Support. Having lower amounts of SEN Support compared to national levels may also be due to our strong Quality First Teaching and Learning offer, as if pupils' needs are fully met through Quality First Teaching and Learning, they will not require additional SEN Support despite having a special educational need.

## Number of Children Supported and Predicted Need



The graph above shows the number of children and young people receiving SEN Support, and those receiving support through an Education Health and Care Plan or SEN Statement against the predicted level for that need.

This, and the JSNA, highlights that we are better at identifying some types of needs than others. For example, we have identified 81% of all young people expected to have a specific learning difficulty, 69% of those expected to have social, emotional and mental health needs, but **only 37% of those expected to have profound or multiple**



**learning difficulties, and only 37% of those with a moderate learning difficulty.** Work is ongoing to continue to improve the categorisation of children and young people's needs within plans to ensure we have an accurate understanding of the need within our borough. Some children and young people will have a number of different needs, and in some cases this includes significant health needs, such as young people that are oxygen dependent or require gastrostomy feeds.

As some children and young people needing support may not yet have been identified we can expect **the number of children and young people receiving support to increase over the next few years.** We expect most of this increase to be in SEN Support, but some will also be to the number of children and young people with Education, Health and Care plans. As shown in the graph overleaf, we expect to see a significant increase in support for moderate learning difficulties, and a large increase in support for speech, language and communication needs, autistic spectrum condition and social, emotional and mental health needs.

This Statement will be refreshed next year to evaluate the changes over time and ensure we have an accurate picture of our needs to inform how we continue to shape our provision.

**"I think the service in our school is excellent, but this is often down to the individuals involved, the Head and the SENCO, who are able to provide the necessary adjustments through their own efforts, even though they don't have any funding for my daughters"**

Parent



**"There's not enough suitable provision available locally (especially for autism)"**

Parent

## Specialist Needs

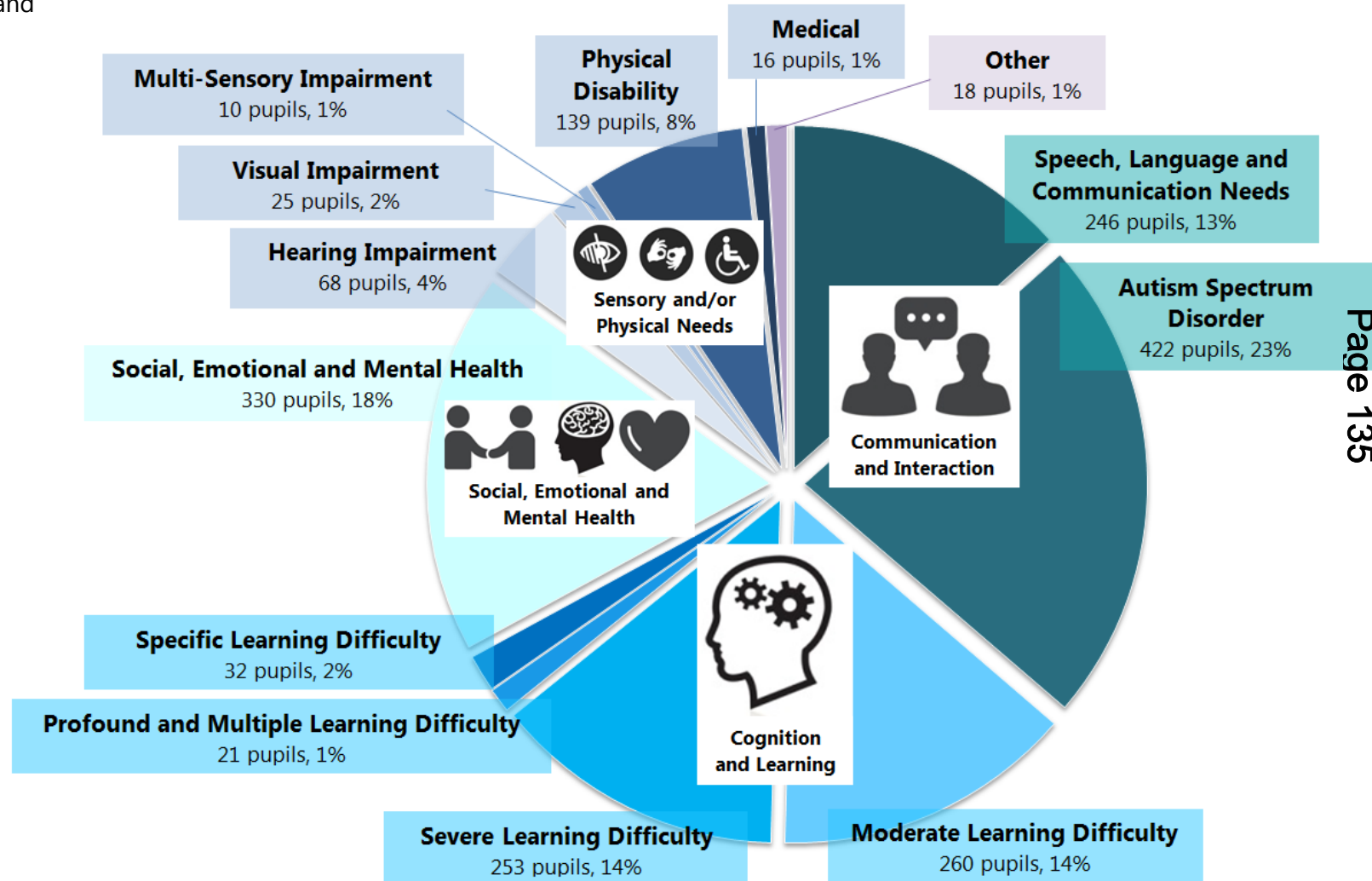
The following sections consider the needs of children and young people with an **Education, Health and Care Plan or SEN Statement**.

The primary needs of children and young people are shown in the chart. This shows that in Cheshire East, the majority of children and young people have specialist needs around **communication and interaction** (36%), and **cognition and learning** (31%).

18% primarily had social, emotional and mental health needs and 14% primarily had physical or sensory needs.

Needs due to Autistic Spectrum Condition (ASC) accounted for **23% of primary needs**.

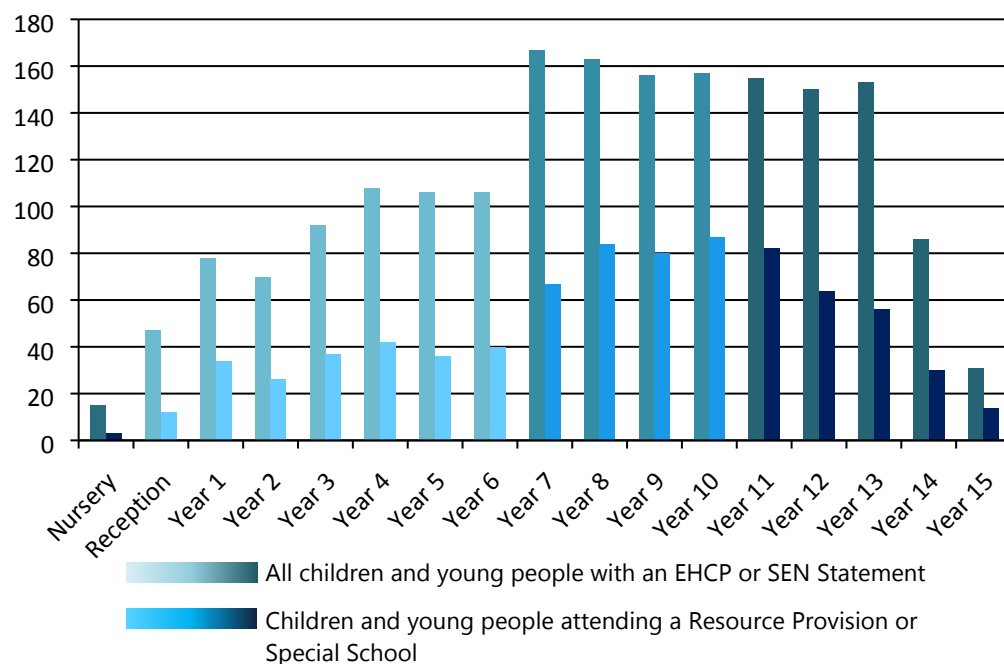
Children and Young People's Primary Needs in Cheshire East





As can be seen from the graph below, there **are more pupils with specialist needs at secondary school age** (797, 43%) than primary school age (607, 33%). 23% (420) are in post 16 provision. There are almost equal number of pupils with an EHCP plan or SEN Statement within mainstream primary and secondary schools (448 and 476 respectively), with more pupils attending special schools being at secondary age. This shows that there is an increased need for specialist provision at secondary level. This needs to be a key consideration when planning any new provision. In addition, **most children and young people with specialist needs in relation to social, emotional and mental health needs are in the secondary age group (84%).**

**Number of Pupils in Each Year Group**



There are four main types of educational provision for children and young people with special education needs:

- **Mainstream provision**
- **A resource provision attached to a mainstream school/ setting**
- **Special Provision**
- **Independent or non-maintained provision.**

This Statement considers children and young people aged 0-19 so this provision includes schools, early years settings, colleges, and training.



### Mainstream Provision

Wherever possible, children and young people should be supported to have their needs met within their local mainstream provision. All

educational settings are expected to have an **inclusive approach**, and are required by law to make reasonable adaptations or adjustments to the premises and provision to ensure pupil's needs are met.

In Cheshire East we have **124 mainstream primary schools and 23 mainstream secondary schools.**

### Resource Provision

Resource provision is a specialist education provision within a mainstream setting. Resource provisions have one or more dedicated classrooms for pupils with SEN, and provide specialist individual learning packages for pupils, taking into account their whole life needs. A key advantage of resource provision is that pupils attend mainstream classes as well and therefore have the opportunity to spend time with their mainstream peers. This approach better enables pupils to experience a full and typical life in their community, whilst also meeting their specialist needs.

We have 8 primary resource provisions offering 78 planned places and 2 secondary resource provisions offering 40 planned places. The specialisms and capacity of these are shown in table 1 in the appendix.

### Special Provision

A Special School or provision is a setting catering for students who have special educational needs due to severe learning difficulties, profound and multiple learning difficulties, physical disabilities, or social emotional and mental health problems. Special schools/ provisions are specifically designed, staffed and resourced to provide appropriate special education for children and young people with additional needs who's needs cannot be met in mainstream provision.

Cheshire East has not had the amount of specialist provision that we need in relation to our population since our formation in 2009 when Cheshire County Council was split into two unitary authorities. The boundaries of the two new Councils resulted in an uneven distribution of specialist provision for children and young people with special educational needs and disabilities, with Cheshire West and Chester containing ten special schools and Cheshire East containing just four. As a result, pupils and families have to cope with the inconvenience and stress of long travel times to out of borough placements.

In order to expand our capacity to meet the special educational needs of our population, a new special school supporting children and young people's needs in relation to autistic spectrum condition (Church Lawton School) opened in January 2015.

We are currently developing an additional special school in Crewe, which is an important step to expand our range of provision, which will increase the number of special schools in our borough to six. The schools, their specialisms and capacity are given in table 1 in the appendix.

### Out of Borough Placements

Where children and young people's needs cannot be met in the local area, children and young people can access another local authority's provision. This is known as an out of borough placement.

Wherever possible, **we want to ensure that children and young people's needs can be met locally.**

Out of borough placements also **tend to be more expensive**, as they often have to be purchased from commercial profit-making providers,

and the increased travel is not only stressful and inconvenient for families, but also involves an increased travel cost.

In some cases, out of borough places are **more than twice as expensive** as in-borough places. Although the use of these is necessary in some instances, the number attending these settings currently is not an effective use of our limited resources in the long term.





## How We Are Meeting Needs

### Mainstream Provision

**The majority of children and young people with an Education, Health and Care Plan or SEN Statement attend to mainstream provision (54%).** This is positive and is in line with Cheshire East's and national policy that pupils should be supported to remain within mainstream education wherever possible.

Although the overall percentage of children and young people with an Education, Health and Care Plans or SEN Statements attending mainstream provision (excluding those in resource provision) is positive there is a **difference between schools** in the numbers they support.

**"SEN provision varies wildly from school to school depending on the Head's attitude and spending priorities"**

Parent

The percentage of these pupils supported in relation to the whole pupil population of the school within primary schools ranges from 0% to 5%, with 23 primary schools not supporting any pupils with SEN at this level.

All secondary schools are supporting pupils at this level, and this ranges from 0.7% to 5% of the school's total pupil population.

As part of our drive to develop Cheshire East as a fully inclusive borough and support schools to be able to support children and young people with more specialist needs, we will be piloting a change to schools' funding which will increase the funding available for

schools supporting high numbers of pupils with Education, Health and Care Plans or SEN Statements.

A small percentage of parents elected to educate their children and young people at home. A table detailing where children and young people are educated is given in Table 6 in the appendix.

### Resource Provision

**5% children and young people with an Education, Health and Care Plan or SEN Statements attend resource provision.**

**Almost all (98%)** children and young people accessing resource provision attend this within Cheshire East.

### Special Provision

For some children and young people, their needs are best met within specialist provision. There are a high proportion of children and young people accessing specialist provision in Cheshire East; **40% (709) attend Special Schools.**

However, there are **more children and young people travelling outside of our borough to attend a special school than those who attend within Cheshire East** (365 pupils compared to 344, 51%). This demonstrates that there is a significant need for more specialist provision within Cheshire East alongside our mainstream offer.

Adelaide Link is a bespoke provision for young people of school age and occasionally above who have an EHCP plan or SEN statement for social, emotional mental health difficulties. Pupils may have been out of school for periods of time or may have difficulties which have prevent them from attending. Each pupil has an individualised plan and timetable for their education. All are currently accessing some

home and alternative provision or work experience. There are currently 26 pupils accessing Adelaide Link.

### Types of Schools

The majority (79%) of pupils attend a maintained school or an academy (note this includes both mainstream provision, resource provision and special provision).

**151 pupils (9%) attend an independent special school or non-maintained school, which are more expensive placements.** All of these children and young people attend specialist provision, and 92% of these pupils are attending outside of Cheshire East. Although the percentage for this is relatively small, the costs of these placements are significant. 127 of these pupils (84%) are at secondary age, which reflects our increased need for specialist placements at secondary level.

### Out of Borough Placements

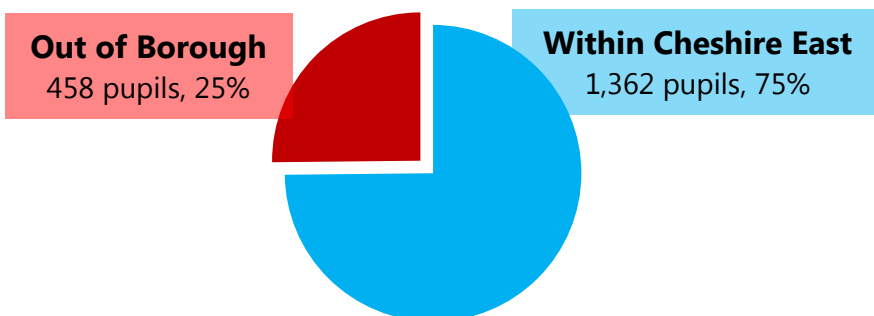
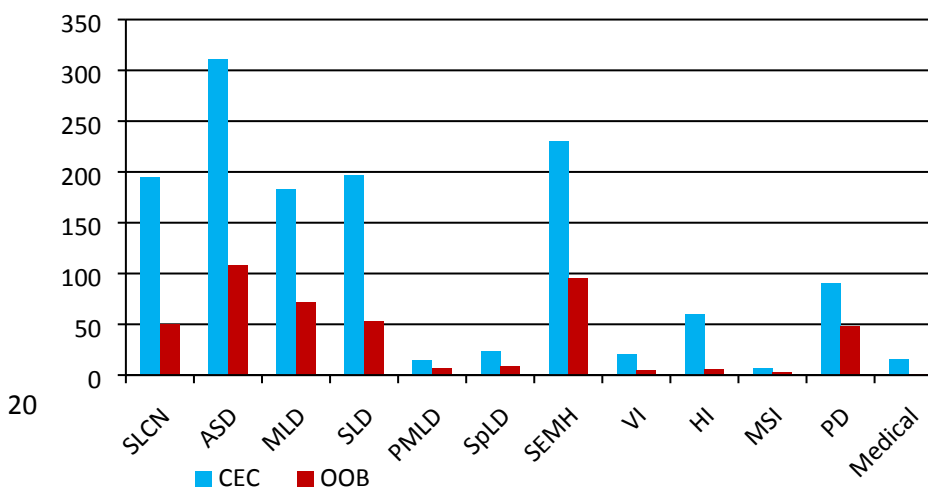
A disproportionate number of children and young people are unable to access appropriate local provision, resulting in **458** children and young people attending out of borough placements. This can make it more difficult for these children and young people to feel and be part of their local communities, and to build a peer group of friends that will help to sustain them into adulthood.

**75% of these pupils attending out of borough attend a resource provision or special school.** The graph on the right indicates where we may have gaps in our provision or lack capacity to meet needs. This is explored further in the later sections for children and young people who access specialist provision.

For pupils with an EHCP or SEN Statement, when considered by primary need, the following pupils go out of the borough:

- **35% of pupils with physical disabilities** (48 out of 139 pupils)
- **29% of pupils with social, emotional and mental health needs** (95 out of 330 pupils)
- **28% of pupils with a moderate learning difficulty** (72 out of 260 pupils)
- **26% of pupils with autistic spectrum condition** (108 out of 422 pupils)
- **20% of pupils with speech, language and communication needs** (50 out of 246 pupils)

**Pupils attending Cheshire East Provision and Out of Borough Placements**



## Travel

Some children and young people travel significant distances. This can have an impact on their emotional wellbeing and can significantly lengthen the school day. For children and young people attending a special provision or resource provision, the average distance between pupils' settings and their home (as the crow flies) was 14km. However the average distance for those attending provision outside of the borough was 22km.

**22% pupils attending specialist provision travel for more than 45 minutes** each way to school each day, with **13% of these travelling for more than an hour** each way. The longest distance was 75km as the crow flies, a journey of at least 1 hour and 30 minutes each way.



**"School bus ride is very long for a 7 year old. First pick up at 7.55am, returns home at 4.15pm – very long day"**

Parent

**"Why do children have to travel to schools so far away to get help at school?"**

Parent

It is frightening to think that if you take all our children and young people attending a special school or resource provision, that **they travel 2.7 million miles a year** travelling to and from school



## Need for Specialist Provision in Local Areas

The data contained within this and the following sections relates to pupils who attend resource provision or special provision.

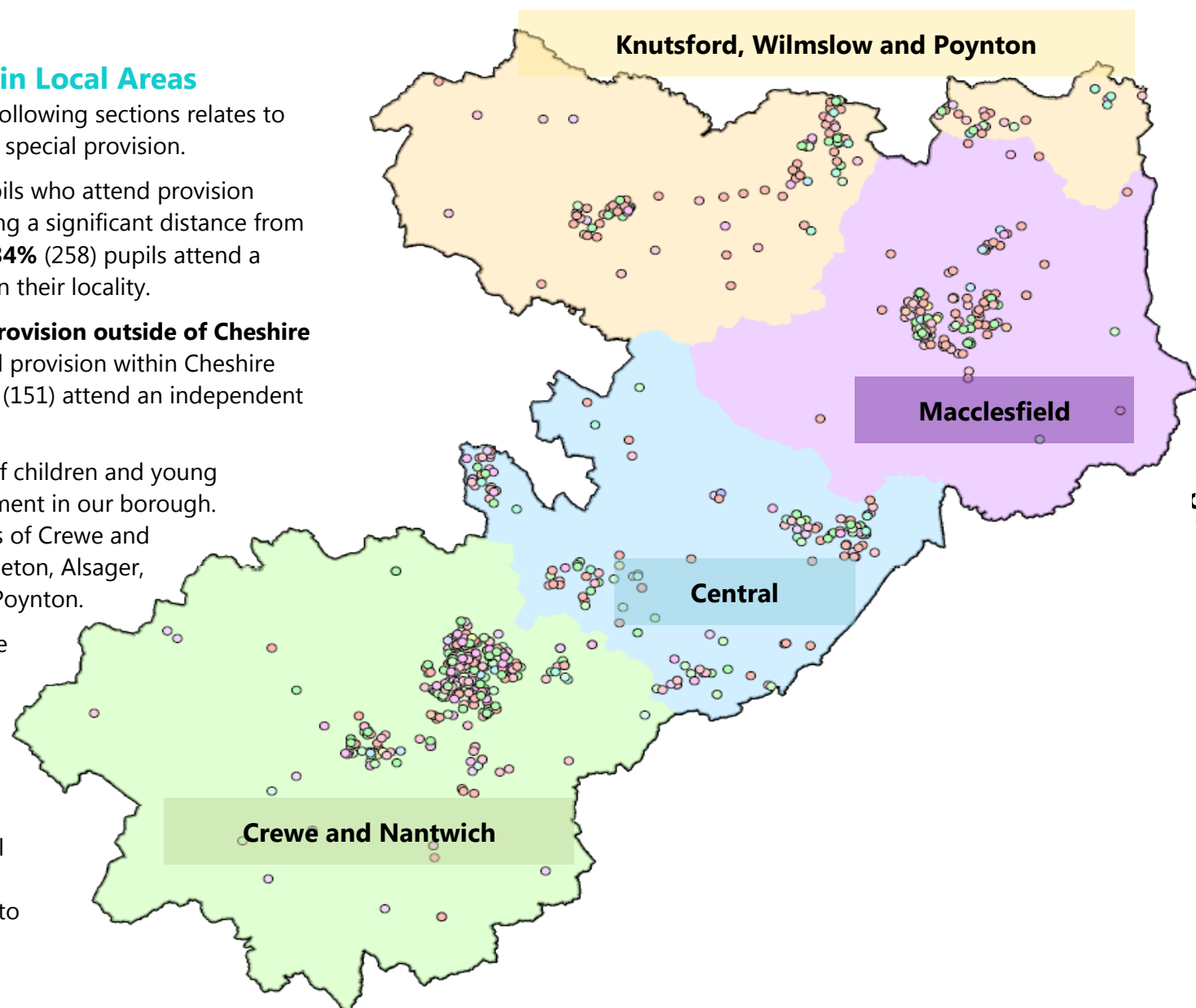
Cheshire East is a large borough, so pupils who attend provision within Cheshire East still may be travelling a significant distance from their home and local community. Only **34%** (258) pupils attend a special provision or resource provision in their locality.

**A large proportion of pupils attend provision outside of Cheshire East** (45%, 344 pupils). 21% (162) attend provision within Cheshire East but not within their local area. 20% (151) attend an independent or non-maintained placement.

The map to the right shows the needs of children and young people with an EHCP plan or SEN Statement in our borough. There are clear clusters within our towns of Crewe and Nantwich, Middlewich, Sandbach, Congleton, Alsager, Macclesfield, Knutsford, Wilmslow and Poynton.

The following section considers Cheshire East as four main areas, and reviews the specialist needs of children and young people within these areas, the provision available, and their current travelling distances.

A locality approach to meeting need will support more effective place planning and will help to prevent pupils needing to travel long distances.



## Knutsford, Wilmslow and Poynton

Knutsford, Wilmslow and Poynton has the following provision:

Establishment	Specialism	Capacity
<b>Resource Provision</b>		
Bexton Primary	Complex Learning Needs (speech, language and communication)	7
Lindow Community Primary	Hearing Impairment	12
Wilmslow Grange Primary	Autistic Spectrum Condition	7
Wilmslow High	Autistic Spectrum Condition	12
	Hearing Impairment	8
<b>Special School</b>		
St Johns Wood (11-16)	Social, Emotional and Mental Health	47

### Key Headlines

**A large proportion of pupils travel outside Cheshire East (44%, 58),** and their provision is on average 21km away (about 30 minutes)

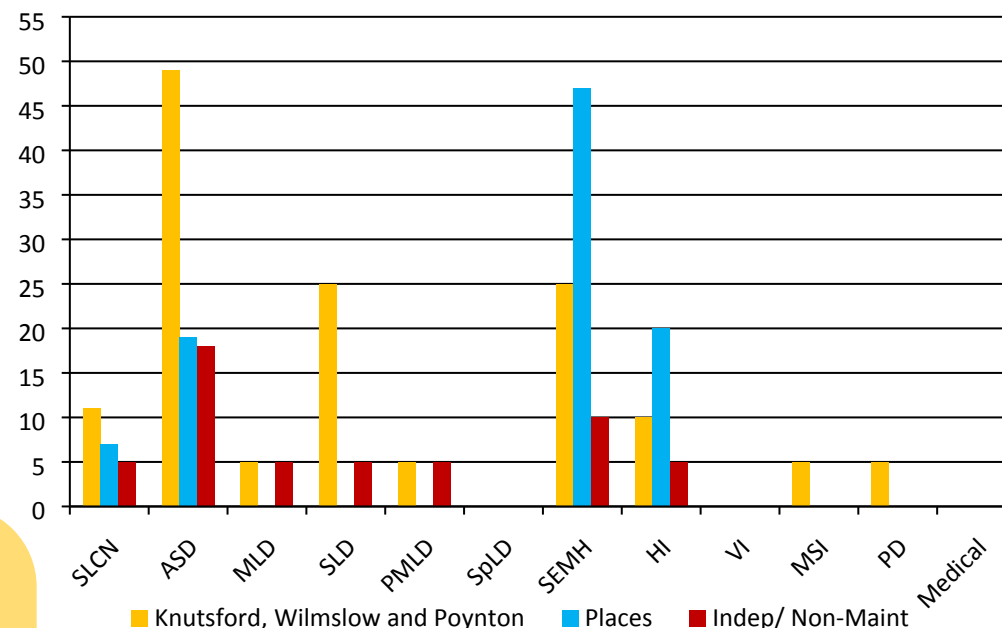
**32% (42) pupils attend school within their local area.** Their schools are on average 8km from their homes (about a 15 minute journey).

**25% (33) pupils attend school within another area of Cheshire East.** Their schools are on average 20km away, which is the same distance as those travelling outside of Cheshire East.

**25% pupils from this area attend independent and non-maintained placements.**

**21 pupils (16%) have more than a 45 minute journey,** 8% (11) travel for more than an hour.

## Primary Need, Number of Places Available, and Number of Pupils Attending Independent and Non-Maintained Settings



NB: Figures less than five are shown above as five to protect the anonymity of pupils.

The graph above shows the primary needs in the area against the number of places available to meet those needs, and the number of pupils attending independent and non-maintained settings. There is a clear **gap in the number of places available to support needs in relation to autistic spectrum condition and severe learning difficulties.**

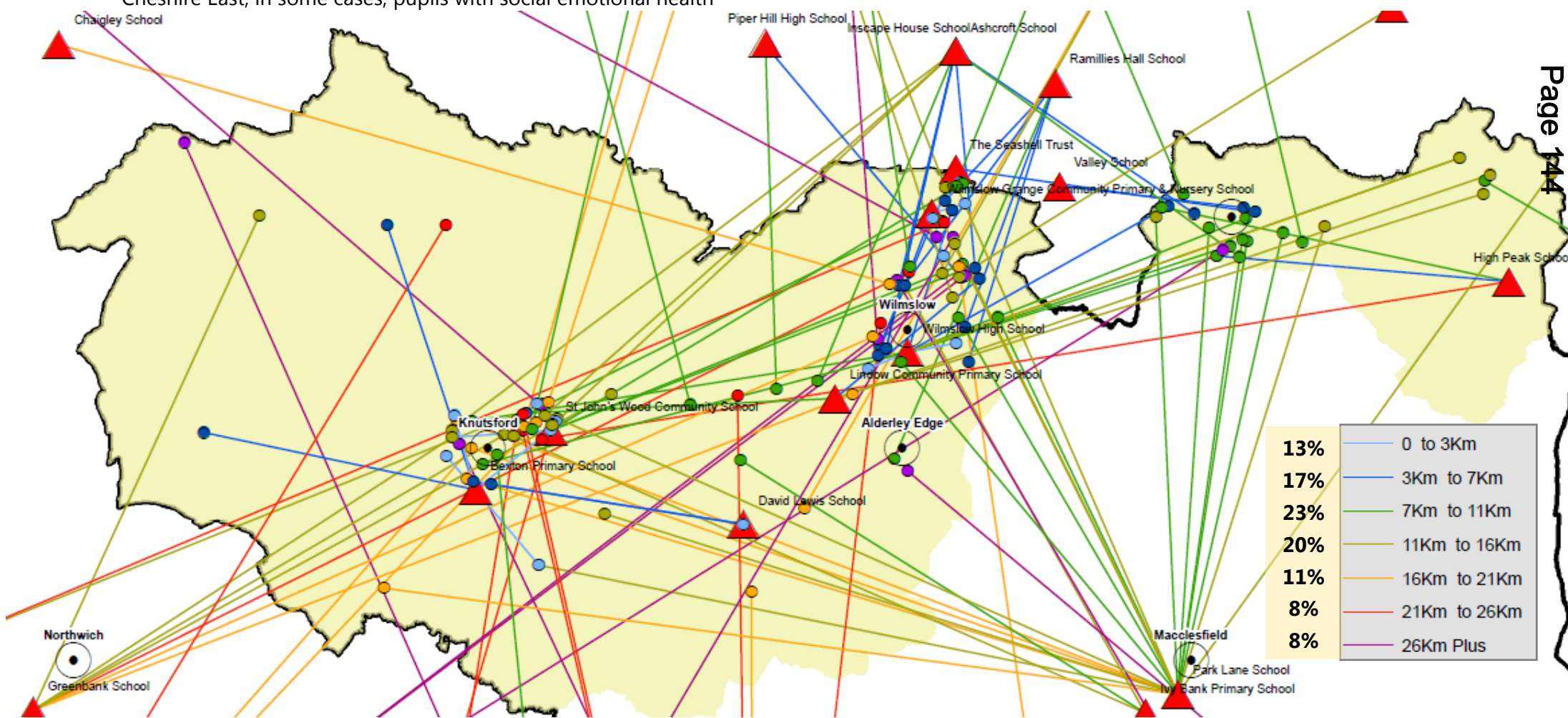
Despite there being more places available to support pupils with social, emotional and mental health needs that there are children and

young people with these needs living in this area; 40% children and young people with this need are attending an independent or non-maintained placement. Historically, some children and young people were not able to be placed within their local school due to the complexity of their needs and the ability of the school to meet these. Since then, the school has developed their provision so they can meet the needs of more children and young people in Knutsford, Wilmslow and Poynton, and across Cheshire East.

Due to this, and the limited number of specialist provision within Cheshire East, in some cases, pupils with social emotional health

needs living in Crewe are travelling to St Johns Wood in Knutsford, and pupils with the same needs are travelling to Adelaide in Crewe from their homes in Knutsford. The map below shows the distances from pupils' homes to their schools/ settings.

Increasing the number of places available to match the needs of our children and young people will support us to ensure that places will be available for pupils in their local area.



## Macclesfield

Macclesfield has the following provision:

Establishment	Specialism	Capacity
<b>Resource Provision</b>		
Ivy Bank Primary	Autistic Spectrum Condition	21
Puss Bank Primary	Autistic Spectrum Condition	7
<b>Special School</b>		
Park Lane (2-19)	Severe Learning Difficulties, and Profound and Multiple Learning Difficulties (2-19)	82*

### Key Headlines

**40% (55) attend provision within their local area.** Their settings are on average 4km from their homes (about a 10 minute journey).

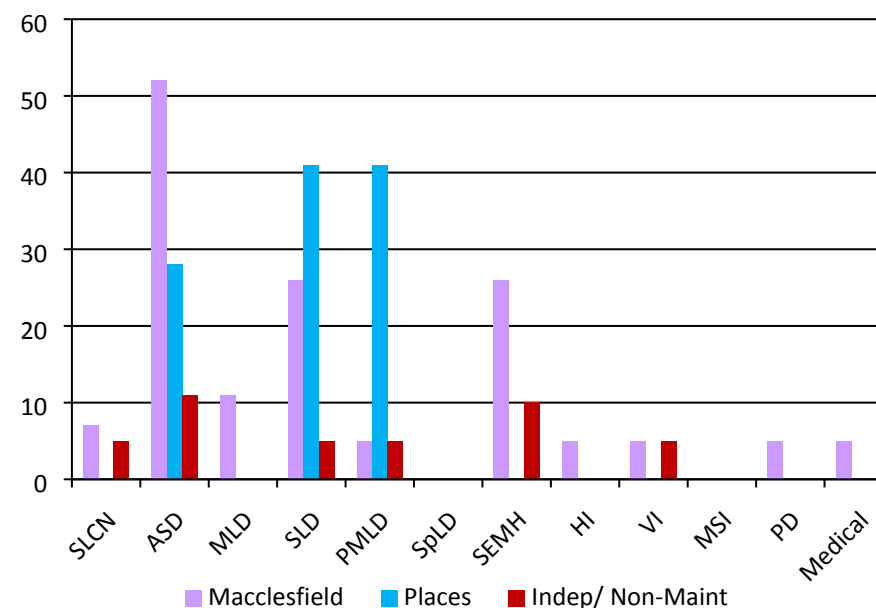
**39% (54) travel outside Cheshire East,** and their provision is on average 28km away, which over an hour's journey.

**20% (28) pupils attend provision within another area of Cheshire East.** Their provision is on average 21km away (about 30 minutes).

**20% pupils from this area attend independent and non-maintained placements.**

**31 pupils (23%) have more than a 45 minute journey,** 15% (20) travel for more than an hour.

## Primary Need, Number of Places Available, and Number of Pupils Attending Independent and Non-Maintained Settings



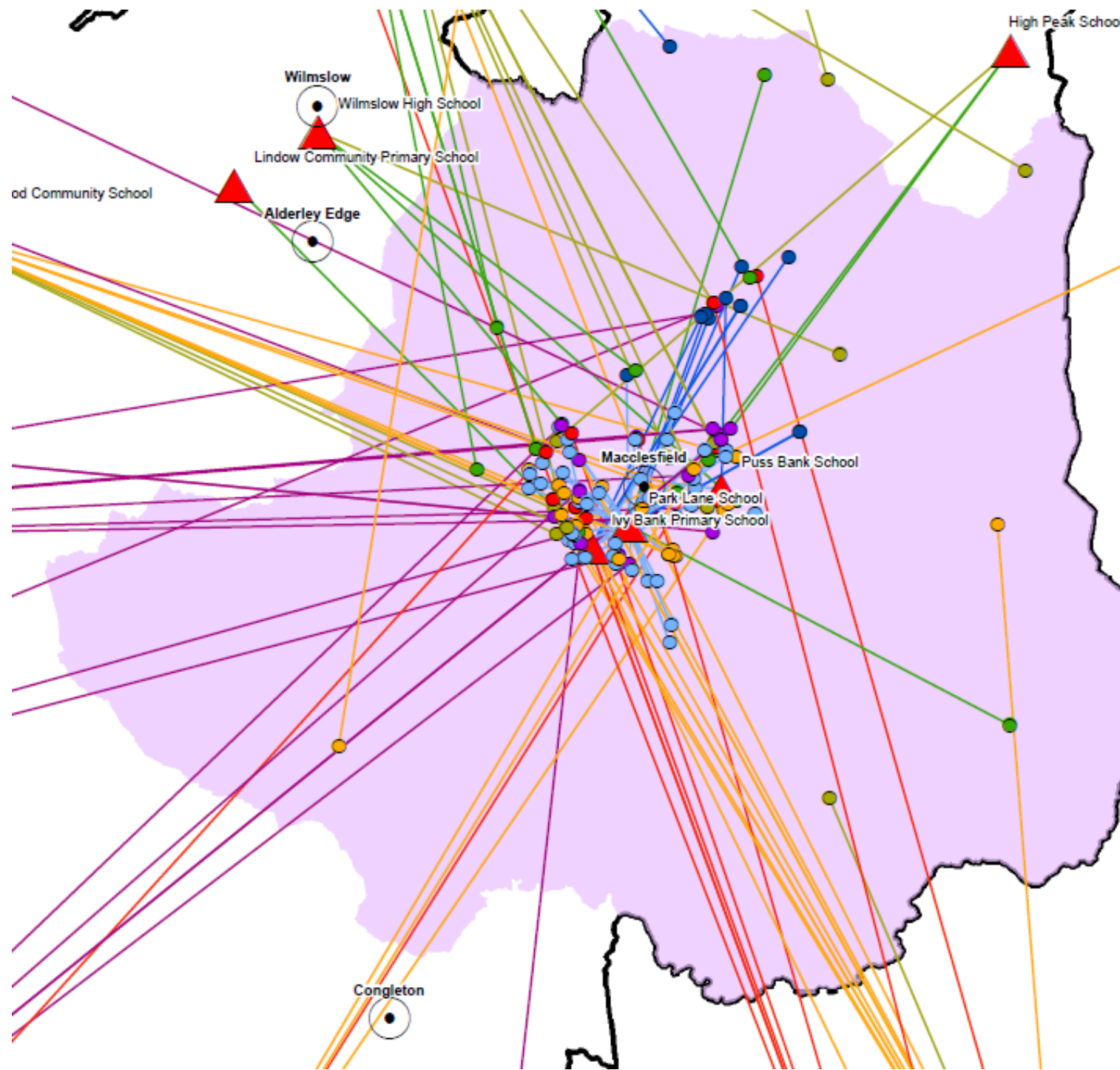
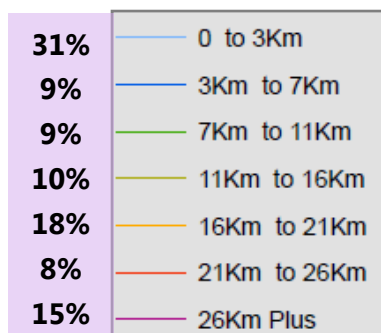
NB: Figures less than five are shown above as five to protect the anonymity of pupils.

\*For the purposes of the graph above the number of places available to support both severe and profound and multiple learning difficulties is split equally with 50% given to both needs.

The graph above shows that there is a clear **gap in the number of places available to support needs in relation to autistic spectrum condition, social, emotional and mental health needs, and moderate learning difficulties.**



The map shows the distances from pupils' homes to their schools/ settings.



## Central

The central area includes Sandbach, Holmes Chapel, Middlewich and Congleton, and has the following provision:

Establishment	Specialism	Capacity
Resource Provision		
Middlewich Primary	Hearing Impairment	10
Hermitage Primary	Autistic Spectrum Condition	7
Middlewich High	Autistic Spectrum Condition	12
	Hearing Impairment	8
Special School		
Church Lawton (5-19)	Autistic Spectrum Condition	60

## Key Headlines

**Most pupils travel outside Cheshire East, (51%, 82),** and their provision is on average 27km away, which is over an hour's journey.

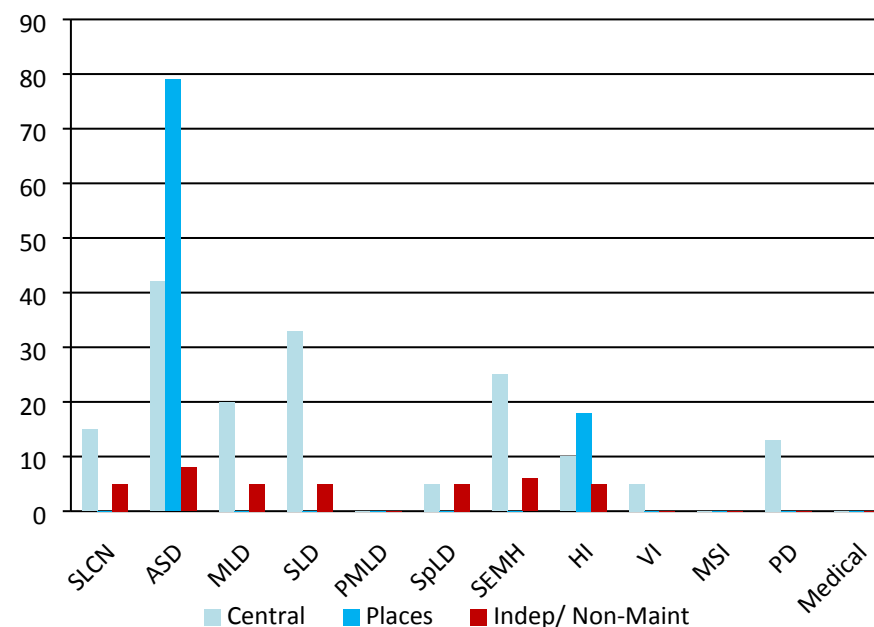
**37% (59) pupils attend provision within another area of Cheshire East.** Their provision is on average 15km away (about 20 minutes).

**Only 12% (20) pupils attend provision within their local area.** Their provision is on average 7km from their homes (about a 10 minute journey).

**16% pupils from this area attend independent and non-maintained placements.**

**Almost a quarter of pupils, (38, 24%) have more than a 45 minute journey,** 15 (9%) travel for more than an hour each way.

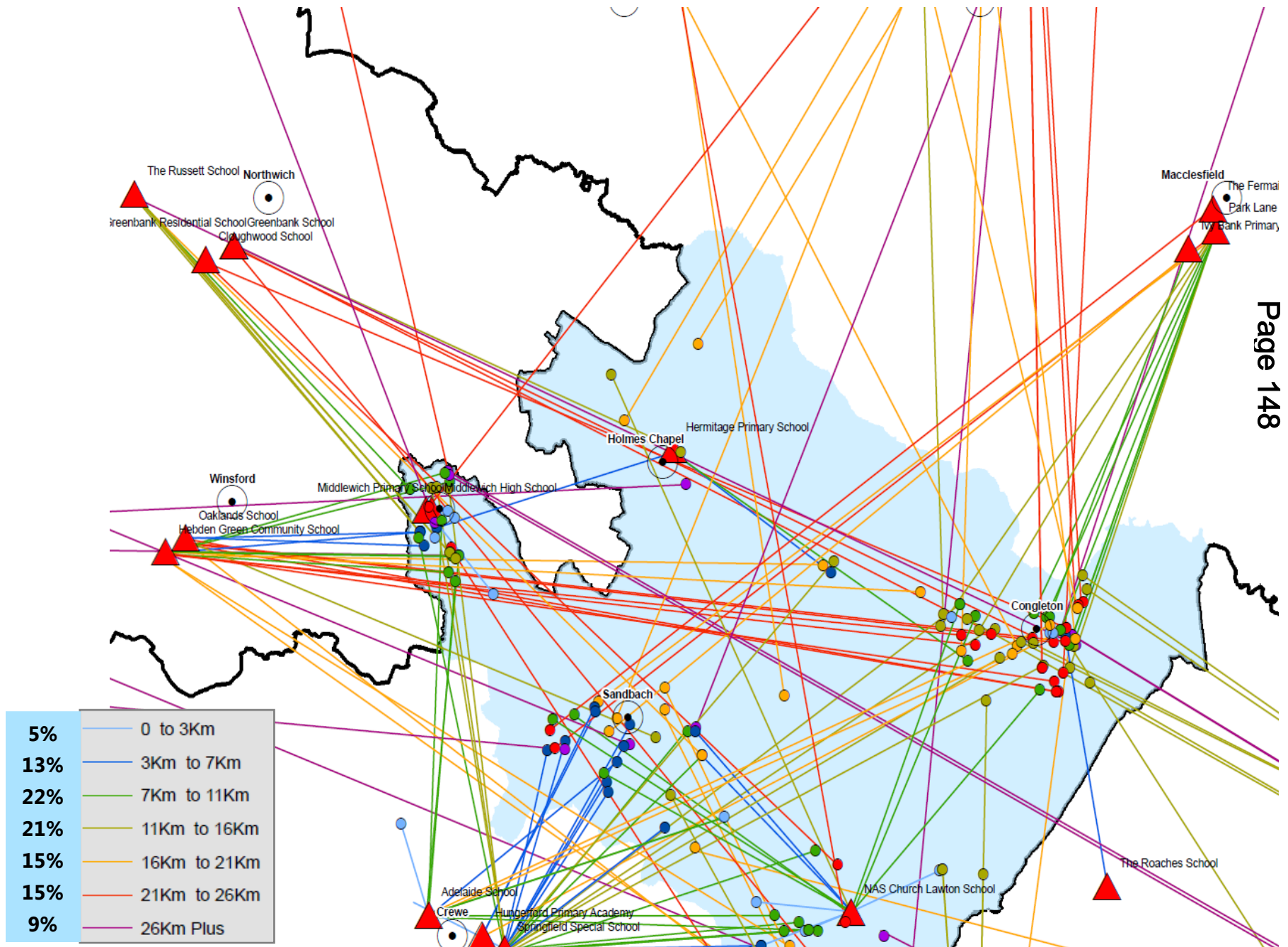
## Primary Need, Number of Places Available, and Number of Pupils Attending Independent and Non-Maintained Settings



NB: Figures less than five are shown above as five to protect the anonymity of pupils.

The graph above shows that there is a clear **gap in the number of places available to support needs in relation speech, language and communication, moderate and severe learning difficulties, social, emotional and mental health needs and physical disability.**





## Crewe and Nantwich

Crewe and Nantwich has the following provision:

Establishment	Specialism	Capacity
<b>Resource Provision</b>		
Hungerford Primary	Social, Emotional and Mental Health	7
<b>Special School</b>		
Adelaide (9-18)	Social, Emotional and Mental Health	48
Springfield (4-19)	Severe Learning Difficulties and Profound and Multiple Learning Difficulties	132*

## Key Headlines

**Most pupils travel outside Cheshire East, (45%, 150),** and their provision is on average 32km away, which is over an hour's journey.

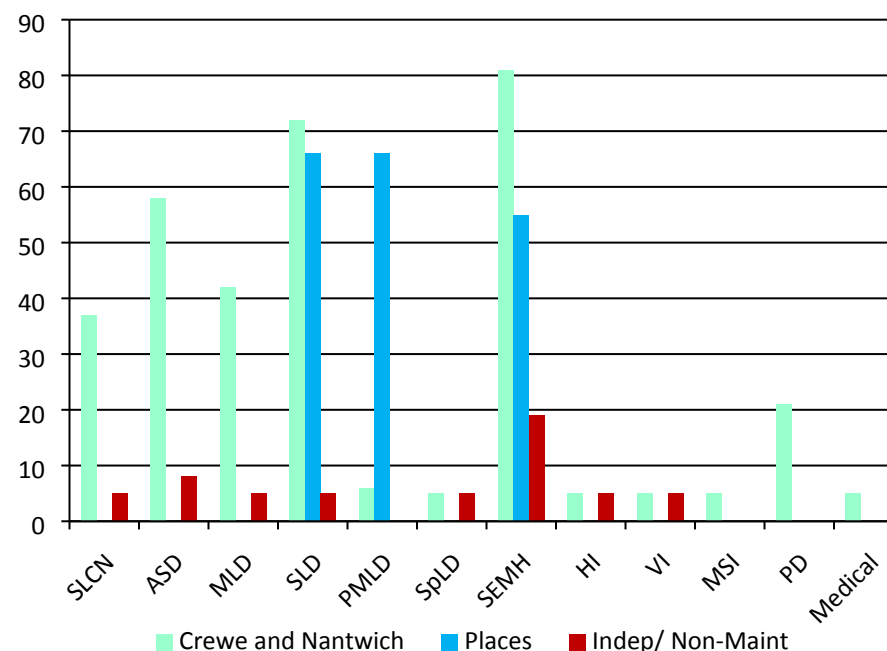
**42% (141) pupils attend provision within their local area.** Their provision is on average 4km from their homes (about a 7 minute journey).

**Only 13% (42) pupils attend provision within another area of Cheshire East.** Their provision is on average 23km away (about 35 minutes).

**13% (43) pupils from this area attend independent and non-maintained placements.**

**78 pupils (24%) have more than a 45 minute journey,** 16% (54) travel for more than an hour.

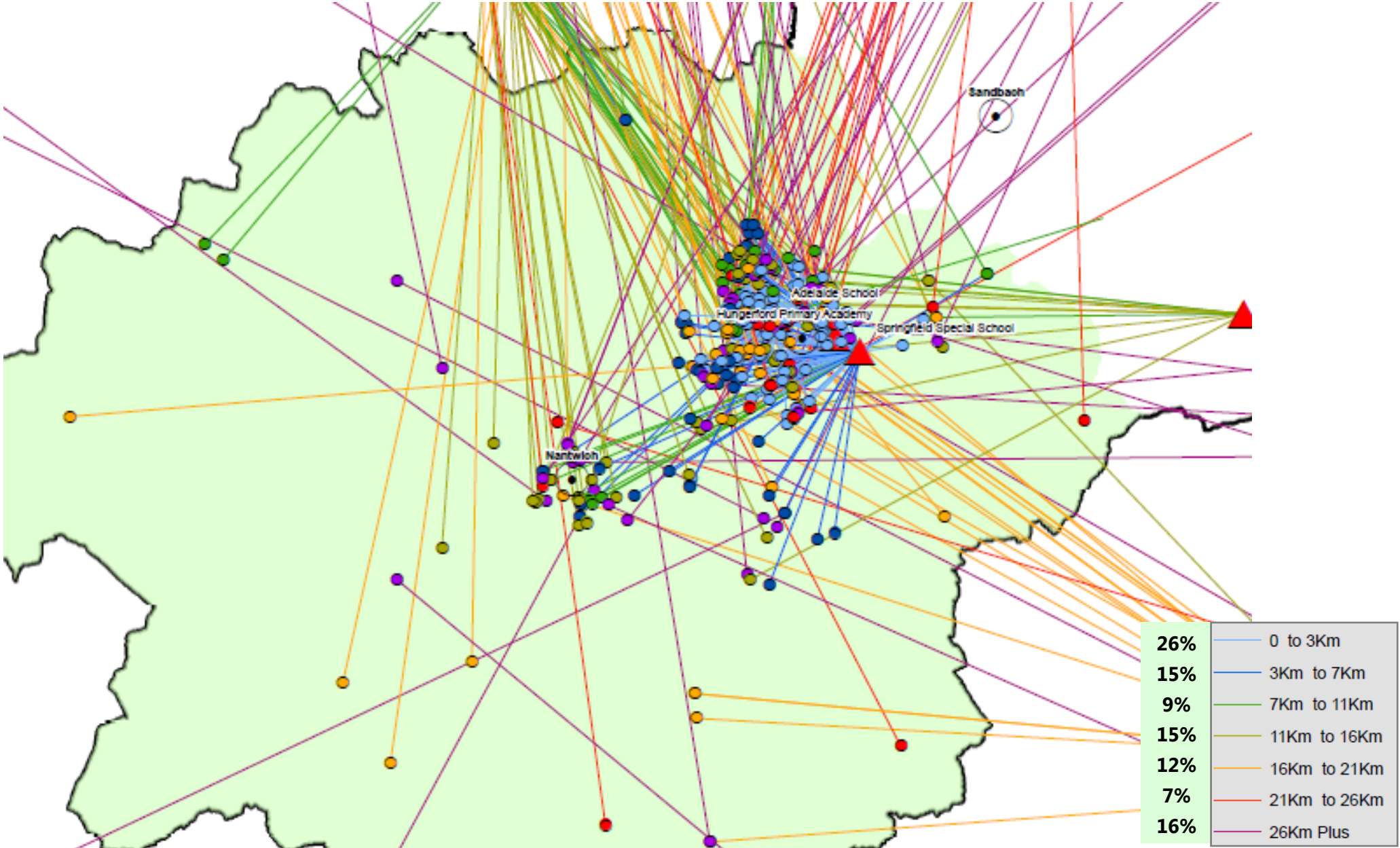
## Primary Need, Number of Places Available, and Number of Pupils Attending Independent and Non-Maintained Settings



NB: Figures less than five are shown above as five to protect the anonymity of pupils.

\*For the purposes of the graph above the number of places available to support both severe and profound and multiple learning difficulties is split equally with 50% given to both needs.

The graph above shows that there is a clear **gap in the number of places available to support needs in relation to speech, language and communication needs, autistic spectrum condition, moderate learning difficulties and social, emotional and mental health needs.**



## Predicting Future Need

We can estimate our future need for SEN provision, based on the number of children and young people in our schools, the percentage of children and young people with a special educational need and the trends in plans over previous years, and applying this to the forecast for the number of children and young people living in Cheshire East in 2020. The pupil forecast takes into account live birth data and the increase in housing within the borough, so we expect to see a rise in our children and young people population by 4.6% in 2020.

There has been a growth in the number of children and young people with SEN Statements and Education, Health and Care Plans over the last three years; we have seen a 10.7% rise from April 2014 to February 2017, 176 pupils. From our needs analysis and the JSNA, we predict that there are some children and young people in our borough that have not had their needs identified, and so we expect that the number of children and young people on EHCPs and receiving SEN Support will continue to increase. A continued increase has been factored in to the calculation of the number pupils we predict will have a SEN in 2020.

458 children and young people attend school out of the borough.

This number is currently very high due to the need to increase provision within our borough, although there will always be a number of children and young people living close to our borders where their nearest provision will always appropriately be within another local authority. Pupils from other local authorities also attend Cheshire East schools. In our predictions of future need, we have included the number of pupils attending out of borough placements as ideally we

would want to ensure we have the provision within our borough to meet the needs of our residents within their local communities.

	<b>Number of Pupils* 2017</b>	<b>Forecast of Pupils in 2020</b>	<b>Additional Pupils with SEN in 2020</b>
Crewe and Nantwich	16,791	16,856	188
Central	15,499	17,539	224
Macclesfield	9,776	10,308	119
Knutsford, Wilmslow and Poynton	11,215	11,010	122
Whole of Cheshire East	53,281	55,714	654

\*The number of pupils is taken from the Census (January 2017) and is the number of pupils attending schools in Cheshire East. The additional 458 children and young people with SEN we know currently attend out of borough provision have been added to the Census totals.

This further underlines the need to increase provision within our borough to ensure we can offer families provision which is within or close to their local community, prevent pupils needing to make long journeys to school, and maximise the use of our resources in the long term.



## 4. Planning our Provision

### What our Needs Analysis has Shown Us

From our needs analysis, we expect to see an increase in the number of children and young people we support over the next three years, and we expect most of this increase to be in SEN Support. We expect that:

- We will see a **significant increase** in the need for support for children and young people with **moderate learning difficulties**
- We will see a **large increase** in the need for support for **speech, language and communication needs, autistic spectrum condition** and **social, emotional and mental health needs**.
- **The number of pupils with profound and multiple learning difficulties will increase.**

**We need to increase specialist provision in our borough** as the amount of provision we have doesn't match our needs. Too many pupils have very long journeys; one in five pupils attending specialist provision have a journey over 45 minutes each way. Half of those attending a special provision attend outside our borough. **We have more need for specialist provision at secondary school age, particularly around social, emotional and mental health needs.**

All of our children and young people who attend independent schools or non-maintained schools (more expensive placements) are attending specialist provision, so by increasing the capacity within our borough we can reduce placement and travel costs and make better use of our resources, as well as increasing choice for families, reducing journey times, and increasingly supporting pupils to be part of their local community.

We have identified the gaps in our provision across within our local areas which are shown in the table below.

### Gaps in our Provision in Relation to the Need in Local Areas

Primary Need	KWP	Macc	Central	C&N	Total
SLCN	-4	-7	-15	-37	-65
ASD	-30	-24	37	-58	-75
MLD	-5	-11	-20	-42	-84
SLD	-25	51	-33	54	37
PMLD	S		-		
SpLD	-	-	S	S	-5
SEMH	22	-26	-25	-26	-69
HI	10	S	8	S	13
VI	-	S	S	S	-5
MSI	S	-	-	S	-5
PD	-5	-5	-13	-21	-44
Medical	-	S	-	S	S

\*S represents figures less than five which have been suppressed to protect pupils' anonymity

We need to increase provision to support:

- **Speech, language and communication needs across the borough**
- **Autistic spectrum condition in the north and south of the borough**
- **Moderate learning difficulties across the borough**
- **Social, emotional and mental health needs in the centre and south of the borough**
- **Physical disability in the south of the borough**

## Proposals to Meet Need

In order to meet the needs outlined above, we are proposing that we need the following provision. This is summarised in the table overleaf.

### Autistic Spectrum Condition

We have a significant need to increase provision for pupils with autistic. Pupils often have multiple and complex needs, and so we are proposing that we need provision that will support pupils with autism and associated moderate and severe learning difficulties.

We have a need in both the north and south of the borough, so we are proposing that we need two new specialist provisions for 4-18 year olds; one in Crewe and Nantwich, and one in the North in either Macclesfield, or Knutsford, Wilmslow and Poynton.



The Silk Academy Trust (supported by Park Lane Special School) are planning to submit a bid for a new Free Special School supporting pupils with these complex needs in the north of the borough in September 2017 which would meet this need in the north and in Macclesfield.

### Moderate Learning Difficulties with Secondary Needs of Speech, Language and Communication and Autistic Spectrum Condition

We are proposing that we need a new 60 place special provision in a central location to meet needs across the borough, supporting pupils with moderate learning difficulties and secondary needs around speech, communication and language, and autistic spectrum condition.

### Social, Emotional and Mental Health Needs

There is a significant need for provision around social, emotional and mental health needs, particularly in the south of the borough, and especially as the number of pupils with this need is expected to rise. In order to develop provision that meets this need, Cheshire East Council has submitted a bid for a Free Special School which would have 40 school places, and we have been successful in getting to the next stage.

Adelaide Special School in Crewe is looking at proposals to increase the physical space available and are also supportive of our plans to meet need in the area.

Adelaide Hub are also providing Key Stage 2 provision at St Johns Wood which will support increased capacity in the north of the borough.



To meet the need in the centre of the borough, particularly for secondary age pupils, we are proposing that we should develop a 20 place resource provision for 11-16 year olds.

### Profound and multiple learning difficulties/ severe learning difficulties

To meet the predicted **increase in need for support to pupils with profound and multiple learning difficulties / severe learning difficulties**, and the needs in neighbouring localities, two of our current Special Schools are looking to expand.

Springfield Special School in Crewe will be undergoing building work to expand their school to increase capacity and the space for current pupils. This will increase the provision for pupils with severe and profound and multiple learning difficulties by a minimum of eight school places. This will support the needs of residents in the central area of Cheshire East as well as within Crewe and Nantwich.

Options are also being explored for the physical accommodation for Park Lane in Macclesfield which may include expansion of places. This may increase coverage across the north of the borough.

### Proposed Additional Provision and Planned Developments

Area	Proposed Additional Provision	Planned Developments
<b>Complex Autistic Spectrum Condition</b> Meets need to increase provision to support: <ul style="list-style-type: none"> <li>Autistic spectrum condition in the north and south of the borough</li> </ul>		
Crewe and Nantwich	20 place resource provision for 4-11 year olds 20 place provision for 11-18 year olds Or 1 special school for 40 pupils aged 4-18	To be determined
Macclesfield	56 place Special School for 4-18 year olds	A potential bid for a new Free School is being considered by the Silk Academy Trust. The bid would be submitted in September 2017
<b>Moderate Learning Difficulties (with secondary needs of speech, language and communication and autistic spectrum condition)</b> Meets need to increase provision to support: <ul style="list-style-type: none"> <li>Moderate learning difficulties across the borough</li> <li>Speech, language and communication needs across the borough</li> </ul>		
Central	60 place special school for 4-18 year olds	Potential to lease a school site in a central location and establish a new special school

<b>Social, Emotional and Mental Health</b> Meets need to increase provision to support: <ul style="list-style-type: none"> <li>o Social, emotional and mental health needs in the centre and south of the borough</li> </ul>		
Crewe and Nantwich	40 place Special School for 4-16 year olds	Cheshire East Council has been successful with an Expression of Interest to establish a new Special Free School.
Central	20 place resource provision for 11-16 year olds	To be determined (may be influenced by the new capacity proposed in Crewe and Nantwich)
Knutsford, Wilmslow and Poynton	To be determined	Considering possibilities for expanding Key Stage 2 provision through Adelaide Trust based at St. John's Wood Special School in Knutsford
<b>Profound and Multiple Learning Difficulties</b> Meets need to increase provision to support: <ul style="list-style-type: none"> <li>o The predicted increase in pupils with profound and multiple learning difficulties</li> </ul>		
Crewe and Nantwich	Minimum of 8 places across current age range	Springfield Special School will be undergoing building work to expand their school to increase capacity and the space for current pupils.
Macclesfield	To be determined	Options are also being explored for the physical accommodation for Park Lane which may include expansion of places.

## Investing to Save

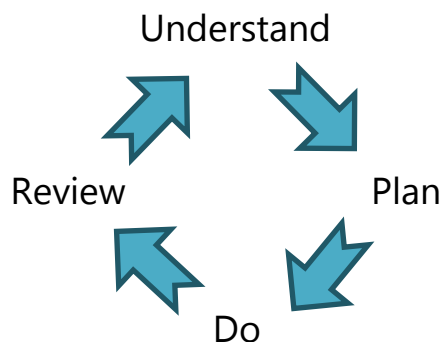
We continue to retain the ability to invest to save and have agreement in place to use prudential borrowing to secure £3.1m to develop new school places, and to make our existing places more effective, more suited to the needs of our young people, and sustainable in the long term. Investing in more provision in our borough will allow children and young people to be placed within their local communities, meaning they are connected with the place they live, and spend less time travelling, and will increase choice for families. It will also allow us to save in the long term, as out of borough placements in other local authorities are often high cost, with long distances to travel and increased travel costs.

This funding is complemented by Section 106 SEND contributions of approximately £1m and the Special Provision Fund (£190k for 3 years) that will allow us to increase SEN place capacity and also support schools to improve the physical environment of existing specialist provision.

The DFE capital investment that comes alongside any successful Free Special School application is an integral factor when considering the Council's application of funding detailed above.

## Developing our Provision - Next Steps

We will be taking a phased approach to develop our provision which follows this strategic commissioning cycle:



This will ensure that we continually evaluate what we need and what difference our plans, changes and increased capacity is making. Children, young people, parents, carers, schools, colleges and other settings are the people that are best placed to know what is needed and what works well and will be involved at all stages of the process. We are committed to being transparent, equitable, and inclusive in our approach and planning in order to develop our provision so we can meet pupils' needs within their local community, make the best use of our resources, and deliver the best possible outcomes for pupils.

### Understand

This needs analysis has helped us to gain a clear picture of our needs which will form the basis of our conversations with our key stakeholders to support us to develop our services for the future. Based on the needs analysis, the Statement outlines proposals for what provision we should plan to develop and increase.



### Plan

Schools will be invited to workshops in summer 2017 to discuss their views on these proposals, and to jointly plan the next steps for developing our provision and placement capacity. From this work, we will develop an action plan which will set out the steps we need to take, and this will allow us drive, track and evaluate our progress. This plan will be led and delivered by the school organisation and capital teams, and these teams will ensure that the special educational needs of pupils are considered within all placement planning activity.

### Do

We will be developing our provision over a three year period starting in 2017. Following the workshops, schools will be invited to express

an interest in working with the local authority to improve our placement sufficiency and re-shape our SEND services.

Achieving better outcomes for children and young people is dependent upon having the right services available, but also ensuring services fit seamlessly together, have an inclusive culture, and the right structures that support them. We have taken a whole system approach to improving support for children and young people with special educational needs and disabilities (SEND) across Cheshire East. This work will continue to be driven by the **0-25 SEND Partnership Board**. 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 we achieve the best possible outcomes for our children and young people.

### Review

We will revisit and refresh this needs analysis next year to ensure we have an accurate and up to date understanding of our pupils' needs, and that we continue to evaluate our provision against what our pupils need. Next year we will expand our assessment past age 19 to consider our further education, employment and training offer for young people up to 25.



## Appendix

A number of abbreviations are used in the Appendix:

SEN	Special Educational Needs
EHCP	Education, Health and Care Plan
RP	Resource Provision
CE	Cheshire East
OOB	Out of Borough
S	The figure is less than 5, and has been suppressed to protect pupils' identities
SLCN	Speech, Language and Communication Needs
ASC	Autistic Spectrum Condition, also known as Autistic Spectrum Disorder
ASD	Autistic Spectrum Disorder, also known as Autistic Spectrum Condition
MLD	Moderate Learning Difficulties
SLD	Severe Learning Difficulties
PMLD	Profound and Multiple Learning Difficulties
SpLD	Specific Learning Difficulty
SEMH	Social, Emotional and Mental Health
HI	Hearing Impairment
VI	Visual Impairment
MSI	Multi-sensory Impairment

The data is from January 2017. Information was not readily available for all 1840 pupils on all aspects of their attended establishment, so for some aspects the totals differ from the total for the whole cohort.

**Table 1: Resource Provision and Special Schools in Cheshire East**

Establishment	Age Range	Area	Specialism	Capacity
Resource Provision				
Bexton Primary	4-11	Knutsford, Wilmslow and Poynton	Complex Learning Needs (Speech, language and communication)	7
Hermitage Primary	4-11	Central	Autistic Spectrum Condition	7
Hungerford Primary	3-11	Crewe and Nantwich	Social, Emotional and Mental Health	7
Lindow Community Primary	4-11	Knutsford, Wilmslow and Poynton	Hearing Impairment	12
Middlewich Primary	4-11	Central	Hearing Impairment	10
Ivy Bank Primary	4-11	Macclesfield	Autistic Spectrum Condition	21
Puss Bank Primary	2-11	Macclesfield	Autistic Spectrum Condition	7
Wilmslow Grange Primary	3-11	Knutsford, Wilmslow and Poynton	Autistic Spectrum Condition	7
Middlewich High	11-16	Central	Autistic Spectrum Condition	12
			Hearing Impairment	8
Wilmslow High	11-18	Knutsford, Wilmslow and Poynton	Autistic Spectrum Condition	12
			Hearing Impairment	8
Special Schools				
Adelaide	9-18	Crewe and Nantwich	Social, Emotional and Mental Health	48
St Johns Wood	11-16	Knutsford, Wilmslow and Poynton	Social, Emotional and Mental Health	47
Park Lane	2-19	Macclesfield	Severe Learning Difficulties, and Profound and Multiple Learning Difficulties	82
Springfield	4-19	Crewe and Nantwich	Severe Learning Difficulties, and Profound and Multiple Learning Difficulties	132
Church Lawton	5-19	Central	Autistic Spectrum Condition	60



**Table 2: Children and Young People Receiving Support in Cheshire East and the Predicted Number for Each Need based on National Prevalence**

Need	Predicted Number*	EHCP/ SEN Statement	SEN Support	Total Receiving Support
SLCN	1523	292	603	895
ASD	883	443	134	577
MLD	2107	252	535	787
SLD	272	237	7	244
PMLD	67	21	5	25
SpLD	1039	32	811	843
SEMH	1271	345	534	879
HI	141	66	47	113
VI	80	64	30	94
MSI	16	11	5	15
PD	226	146	61	207
Medical	248	0	221	221
Other	379	6	279	285
<b>Total</b>	<b>8252</b>	<b>1915**</b>	<b>3270</b>	<b>5185**</b>

\*This prediction is based on the prevalence rates for each need. As some children and young people will have more than one need, the actual number of children and young people is likely to be lower than stated.

\*\*As we are looking against the national prevalence, this considers all the needs of pupils, not just their primary need, hence some pupils will be included more than once.

**Table 3: Primary Needs of Children and Young People aged 0-19 with an Education, Health and Care Plan or SEN Statement, and Location of Provision Attended**

Primary Need	All Children and Young People with an EHCP or SEN Statement			Children and Young People attending Resource Provision or a Special School			
	Number	% of Total	% with this Need Attending in CE	Number	% of Total	% with this Need Attending in CE	% with this Need Attending OOB
Speech, Language and Communication Needs	246	13%	79%	201	25%	54%	46%
Autistic Spectrum Condition	422	23%	74%	171	22%	60%	40%
Moderate Learning Difficulty	260	14%	70%	25	3%	80%	20%
Severe Learning Difficulty	253	14%	78%	5	1%	75%	25%
Profound and Multiple Learning Difficulty	21	1%	67%	84	11%	31%	69%
Specific Learning Difficulty	32	2%	72%	5	1%	60%	40%
Social, Emotional and Mental Health	330	18%	70%	5	0%	100%	0%
Hearing Impairment	68	4%	88%	44	6%	16%	84%
Visual Impairment	25	1%	80%	14	2%	50%	50%
Multi-Sensory Impairment	10	1%	70%	163	21%	70%	30%
Physical Disability	139	8%	65%	5	1%	20%	80%
Medical	16	1%	94%	72	9%	44%	56%
Other	18	1%	94%	5	1%	40%	60%
<b>Total</b>	<b>1840</b>	<b>100%</b>	<b>75%</b>	<b>794</b>	<b>100%</b>	<b>54%</b>	<b>46%</b>

**Table 4: Children and Young People with an Education, Health and Care Plan or SEN Statement by Year Group**

National Curriculum (NC) Year or Academic Age	All Pupils with an EHCP or SEN Statement		Pupils attending RP or a Special School	
Nursery	15	1%	5	0%
Reception	47	3%	12	2%
Year 1	78	4%	34	4%
Year 2	70	4%	26	3%
Year 3	92	5%	37	5%
Year 4	108	6%	42	5%
Year 5	106	6%	36	5%
Year 6	106	6%	40	5%
Year 7	167	9%	67	8%
Year 8	163	9%	84	11%
Year 9	156	8%	80	10%
Year 10	157	9%	87	11%
Year 11	155	8%	82	10%
Year 12	150	8%	64	8%
Year 13	153	8%	56	7%
Year 14	86	5%	30	4%
Year 15	31	2%	14	2%
<b>Total</b>	<b>1840</b>	<b>100%</b>	<b>794</b>	<b>100%</b>

**Table 5: Phase of Educational Establishment Attended by Pupils with an Education, Health and Care Plan or SEN Statement**

Phase of educational establishment attended	Number	%
Nursery	15	1%
Primary School	448	27%
Middle School	6	0%
Secondary School	476	28%
Special School	612	36%
Further Education	127	8%
<b>Total</b>	<b>1684</b>	<b>100%</b>

**Table 6: Provision Accessed for Pupils with an Education, Health and Care Plan or SEN Statement**

Provision	Pupils	Percentage
Mainstream school	962	54%
Special School	709	40%
Resource Provision	85	5%
Home Educated	18	<1%
Other	10	<1%
<b>Total</b>	<b>1784</b>	<b>100%</b>

**Table 7: Location of Provision Accessed for Children and Young People Attending Resource Provision and Special Schools**

	Number	%	Attending in CE		Attending OOB	
Resource Provision (RP)	85	11%	83	98%	5	2%
Special	709	89%	344	49%	365	51%
<b>Total</b>	<b>794</b>	<b>100%</b>	<b>427</b>	<b>54%</b>	<b>367</b>	<b>46%</b>

**Table 8: Type of Educational Establishment Attended by Pupils with an Education, Health and Care Plan or SEN Statement**

Type of Educational Establishment	All Pupils with an EHCP or SEN Statement		Pupils attending Resource Provision or a Special School			
	Total	%	Total	%	Within CE	OOB
Maintained	738	42%	401	51%	255	146
Academy	657	37%	203	26%	125	78
Free School	56	3%	35	4%	35	0
Independent (Non-special)	30	2%				
Independent Special	80	5%	80	10%	8	72
Non-maintained	71	4%	71	9%	5	67
Private, Voluntary and Independent Sector	15	1%				
Further Education	113	6%	5	1%		5
Work/Training	16	1%				
<b>Grand Total</b>	<b>1776</b>	<b>100%</b>	<b>794</b>	<b>100%</b>	<b>427</b>	<b>367</b>

**Table 9: Location of where Pupils Attend Resource Provision or Special Schools by Area**

	Cheshire East		Knutsford, Wilmslow and Poynton		Macclesfield		Central		Crewe and Nantwich	
Pupils	764		133		137		161		333	
Within local area	258	34%	42	32%	55	40%	20	12%	141	42%
Within Cheshire East	162	21%	33	25%	28	20%	59	37%	42	13%
Out of Borough	344	45%	58	44%	54	39%	82	51%	150	45%
Independent/ Non Maintained	151	20%	33	25%	28	20%	25	16%	43	13%

**Table 10: Distance Travelled for Pupils Attending Resource Provision or Special School**

Distance	Time	Cheshire East		Knutsford, Wilmslow and Poynton		Macclesfield		Central		Crewe and Nantwich	
0-3km	5 mins	153	20%	17	13%	43	31%	8	5%	85	26%
3km-7km	10 mins	104	14%	23	17%	12	9%	21	13%	48	15%
7km-11km	15 mins	109	14%	30	23%	13	9%	35	22%	31	9%
11km-16km	20 mins	122	16%	27	20%	14	10%	33	21%	48	15%
16km-21km	30 mins	102	13%	14	11%	24	18%	23	15%	41	12%
21km-26km	45 mins	68	9%	10	8%	11	8%	23	15%	24	7%
26km or above	1hr +	100	13%	11	8%	20	15%	15	9%	54	16%
<b>Total</b>		<b>758</b>	<b>100%</b>	<b>132</b>	<b>100%</b>	<b>137</b>	<b>100%</b>	<b>158</b>	<b>100%</b>	<b>331</b>	<b>100%</b>



**Table 11: Gap Analysis for Pupils Attending Resource Provision or Special Schools against the Number of Places Available in Cheshire East**

DfE Need Category	Primary Need	Pupils	Places	Gap	Out of Borough		Independent/ Non-Maintained	
Communication and Interaction	SLCN	72	7	-65	40	56%	10	14%
	ASD	201	126	-75	92	46%	47	23%
Cognition and Learning	MLD	84	-	-84	58	69%	10	12%
	SLD	163	214	37	49	30%	12	7%
	PMLD	14			7	50%	S	S
	SpLD	5	-	-5	S	S	S	S
Social, Emotional and Mental Health	SEMH	171	102	-69	69	40%	59	35%
Sensory and/or Physical Needs	HI	25	38	13	5	20%	5	20%
	VI	5	-	-5	S	S	S	S
	MSI	5	-	-5	S	S	-	-
	PD	44	-	-44	37	84%	-	-
	Medical	S	-	S	S	S	-	-
<b>Total</b>		<b>793</b>	<b>487</b>	<b>-306</b>	<b>367</b>	<b>46%</b>	<b>151</b>	<b>19%</b>

**Table 12: Gap Analysis for Pupils Attending Resource Provision or Special Schools against the Number of Places Available in each Locality Area**

	Knutsford, Wilmslow and Poynton				Macclesfield				Central				Crewe and Nantwich			
Primary Need	Pupils	Places	Gaps	Indep/ Non-Maint	Pupils	Places	Gaps	Indep/ Non-Maint	Pupils	Places	Gaps	Indep/ Non-Maint	Pupils	Places	Gaps	Indep/ Non-Maint
SLCN	11	7	-4	S	7	-	-7	S	15	-	-15	S	37	-	-37	S
ASD	49	19	-30	18	52	28	-24	11	42	79	37	8	58	-	-58	8
MLD	5	-	-5	S	11	-	-11	-	20	-	-20	S	42	-	-42	S
SLD	25	-	-25	S	26	82	51	S	33	-	-33	S	72	132	54	S
PMLD	S	-	S	S	5			S	-	-	-	-	6			-
SpLD	-	-	-	-	-	-	-	-	S	-	S	S	S	-	S	S
SEMH	25	47	22	10	26	-	-26	10	25	-	-25	6	81	55	-26	19
HI	10	20	10	S	S	-	S	-	10	18	8	S	S	-	S	S
VI	-	-	-	-	S	-	S	S	S	-	S	-	S	-	S	S
MSI	S	-	S	-	-	-	-	-	-	-	-	-	S	-	S	-
PD	5	-	-5	-	5	-	-5	-	13	-	-13	-	21	-	-21	-
Medical	-	-	-	-	S	-	S	-	-	-	-	-	S	-	S	-
<b>Total</b>	<b>133</b>	<b>93</b>	<b>-40</b>	<b>33</b>	<b>137</b>	<b>110</b>	<b>-27</b>	<b>28</b>	<b>160</b>	<b>97</b>	<b>-63</b>	<b>25</b>	<b>333</b>	<b>187</b>	<b>-146</b>	<b>43</b>



# Your thoughts matter

If you have any views on this Sufficiency Statement, or how we can develop our provision, please do contact us at **[SENDPartnerships@cheshireeast.gov.uk](mailto:SENDPartnerships@cheshireeast.gov.uk)**

## Report to Health & Wellbeing Boards

- Manchester, Stockport, Trafford, Salford, Cheshire East

### 1. Introduction

Adoption Counts is a new regional adoption agency set up under the Education and Adoption Act 2016 and is only the second regional adoption agency to become operational in this country. Adoption Counts incorporates the adoption services of Stockport (the host agency), Manchester, Trafford, Salford and Cheshire East local authorities. The agency will service the region via a Hub and Spoke model with offices in Salford, Wythenshawe and Middlesbrough.

By 2020, the government expects all adoption services to be delivered via regional adoption agencies. The new agency will provide a range of pre and post adoption support services in conjunction with statutory and voluntary sector providers.

The Department for Education is keen for local Health and Well-Being Boards to be engaged in these developments, particularly in the support provided to adoptive families. The most recent research on adoption breakdown and disruption indicates that 20 to 25% of adoptive families experience 'major difficulties' with approximately a further 30% experiencing 'difficulties' and 'challenges' (Selwyn 2015)<sup>1</sup>. This research also found that the majority of adoptive parents were critical of the support provided, of unhelpful advice, and of the failure to provide appropriate services when needed.

### 2. Adoption Support

The development of Adoption Counts provides an opportunity to develop a multi-disciplinary approach to delivering adoption support services which will actively contribute to improving the health and well-being of adoptive families in Cheshire East, Stockport, Trafford, Salford and Manchester.

The newly created Adoption Support Team integrates adoption support social workers and family support workers from each authority into one service, led and managed by an experienced, dedicated manager. The team will work closely with a range of professionals to ensure the child's needs are met at each stage of their adoption journey and that support is quick and easy for families to access.

It is planned for the service to build on the current Adoption Psychology Service delivery model in both Manchester and Salford CAMHS, where families have access to psychology, psychiatry and educational psychology services as part of early intervention. Adoption Counts will promote the integration of health and care services, working together to provide access for families to a range of both universal, targeted and therapeutic services for families, whenever they feel they need it in a locality that suits them (see appendix one). We will deliver these services through 1-1 support and group work. The aim is for these services to be available to all adopted children from the five local authorities in their first 3 years of placement and to any adopted family's resident in the five local authorities after this time period. Some specialist support services will be commissioned via the voluntary sector.

---

1 Beyond the Adoption Order - Challenges, interventions and adoption disruption  
Julie Selwyn, Sarah Meakings and Dinitha Wijedasa BAAF 2015

A key priority will be the involvement of the service prior to the placement of the child, during the care planning stage, profiling and matching stages. This will lead to a higher likelihood of increased stability for the whole family, thus preventing disruption for the child. The RAA will work with each Local Authority towards ensuring that adoption support services are accessible and easy for adopters to understand. When safeguarding issues arise we will work closely with the local social work teams to jointly assess the family. When families request an assessment of their adoption support needs we will use a single assessment tool and endeavour to ensure a single point of access for adopters.

We will also provide support to:

**Birth Families** - through our 'letterbox' service enabling ongoing communication between birth families and adoptive families where appropriate. There will be independent support for birth parents commissioned from a single voluntary sector provider.

**Adult Adoptees** - through Birth Records Counselling, and signposting to Intermediary and Tracing services.

The voice of adopters will be at the centre of our service delivery, from representation on the board to gathering individual feedback on a regular basis.

### 3. Performance & Improvement bid to the Department for Education

Adoption Counts has made an application for additional funding to the DfE's Practice and Improvement Fund. If successful we will be able to further develop an Adoption Support Service/Centre of Excellence which enhances, expands and coordinates existing services currently delivered by a variety of organisations. The emphasis will be on an integrated professional network and support system which works for adoptive families rather than on a physical 'centre'. We will focus on prevention rather than crisis driven services, expanding the network of universal, targeted and specialist provision available across the region from a range of providers (See appendix two).

We plan to achieve the following outcomes;

- Increased early engagement in accessing support, leading to a reduction in crisis intervention and placement breakdown.
- Improved experience for the service user by reducing duplication of assessments.
- Improved adopter skills and confidence.
- Improved emotional security of children.
- Increased levels of satisfaction for adopters and young people.
- Higher levels of service value and cost effectiveness

The outcome of this bid has been delayed by the General Election, but it is hoped that the outcome will be known by the end of August/beginning of September. Whilst this would provide an additional £500,000 over two years, a major concern of the DfE is that effective services will be mainstreamed at the end of the grant period.

### 4. Adoption Support Fund

The Adoption Support Fund (ASF) was established to help pay for essential therapy services for adoptive families as and when they need them. It has been set up because many families need some kind of support during and following adoption and too many have struggled to get the help they



need in the past. The ASF enables adoptive families to access the services they need more easily, up to a fair access limit of £2,500 for a complex assessment and £5,000 for ongoing therapy. The therapies funded are those identified to help achieve the following positive outcomes for adopted children;

- Improved relationships with friends, family members, teachers and school staff
- Improved engagement with learning
- Improved emotional regulation and behaviour management
- Improved confidence and ability to enjoy a positive family life and social relationships

To achieve these outcomes the Fund will pay for therapeutic support and services including but not restricted to:

- Therapeutic Parenting training
- Further more complex assessment (e.g. CAMHS assessment, multidisciplinary assessment including education and health, cognitive and neuropsychological assessment, other mental health needs assessment.)
- Dyadic Developmental Psychotherapy
- Theraplay
- Filial Therapy
- Creative Therapies e.g. art, music, drama, play
- Eye Movement Desensitization and reprocessing Therapy ( EMDR)
- Non- violent resistance ( NVR)
- Sensory integration therapy / sensory attachment therapy
- Multi systemic therapy
- Mentalisation based therapy
- Psychotherapy
- Specialist clinical assessments where required (e.g. Foetal Alcohol Spectrum Disorder)
- Extensive life story work with a therapeutic intervention (where therapy is used to help the young person understand and cope with the trauma and difficulties that their life story work might revisit)
- Respite care (where it is part of a therapeutic intervention)

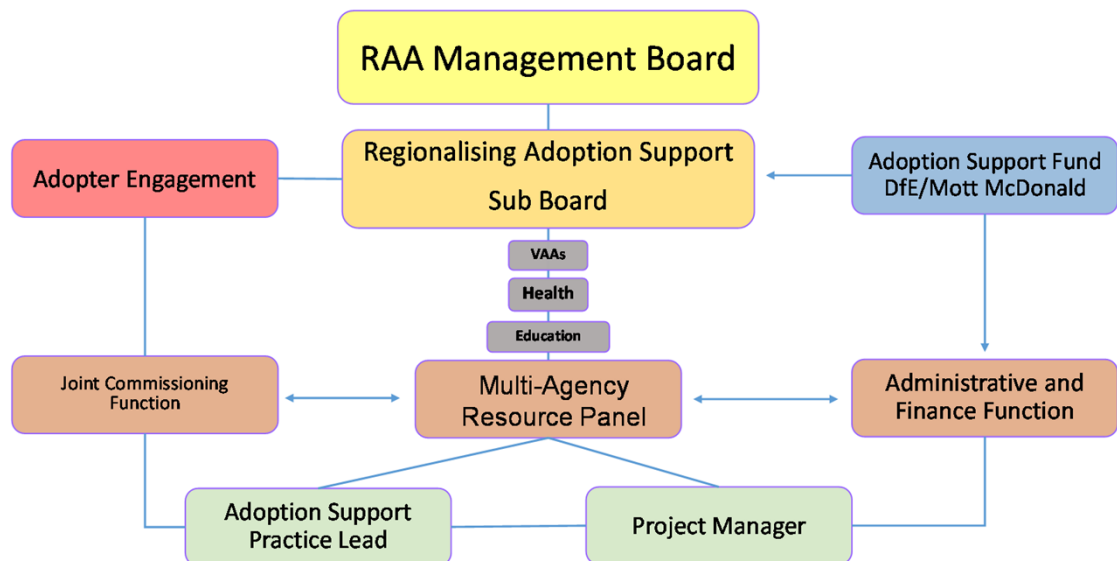
The current fund is centralised and administered by Mott McDonald. Adoption Counts is one of 3 Regional Adoption Agencies that have been chosen by the DfE to pilot the regionalisation of the ASF. This will allow us to implement new ways of working to:

- Align the funding with regional strategic objectives as defined by adopters and partner agencies
- Ensure smooth and easy access to appropriate funding for adoptive families
- Maximise value for money by reducing duplication and increasing efficient procurement
- Ensure that the use of the fund is consistent through the application of eligibility criteria and a multi-agency gate-keeping panel
- Improve service and practice standards
- Prevent the escalation of difficulties and reassure families that they can access support when they need it.

Whilst we are still awaiting the arrival of the funding post the election, we have begun work to establish this project, which would be combined with the development of the Centre of Excellence, if we are successful in that bid – see project structure below.



## ADOPTION COUNTS Regionalising Adoption Support - Project Structure -



Concurrent with this work, we are developing an Adoption Support Framework to commission therapeutic providers which will ensure the quality of services provided ,reducing the social work time spent identifying appropriate providers and offering adopters a better choice of therapists, from a variety of settings; reducing delay for families in accessing these additional services.

The multiagency panel will focus on practice issues, scrutinising and gate-keeping assessments and approving specialist therapeutic services within scope of the ASF. It will regularly review the services provided and monitor how the ASF adds value and enhances our existing in-house services.

### 5. Recommendations:

Each Health and Well-Being Board is asked to:

1. Note the contents of the report.
2. To receive at least an annual update on the development and effectiveness of the service
3. To nominate a representative to the Adoption Support Sub Board of Adoption Counts.

### For further information please contact:

Sue Westwood – Regional Adoption Manager

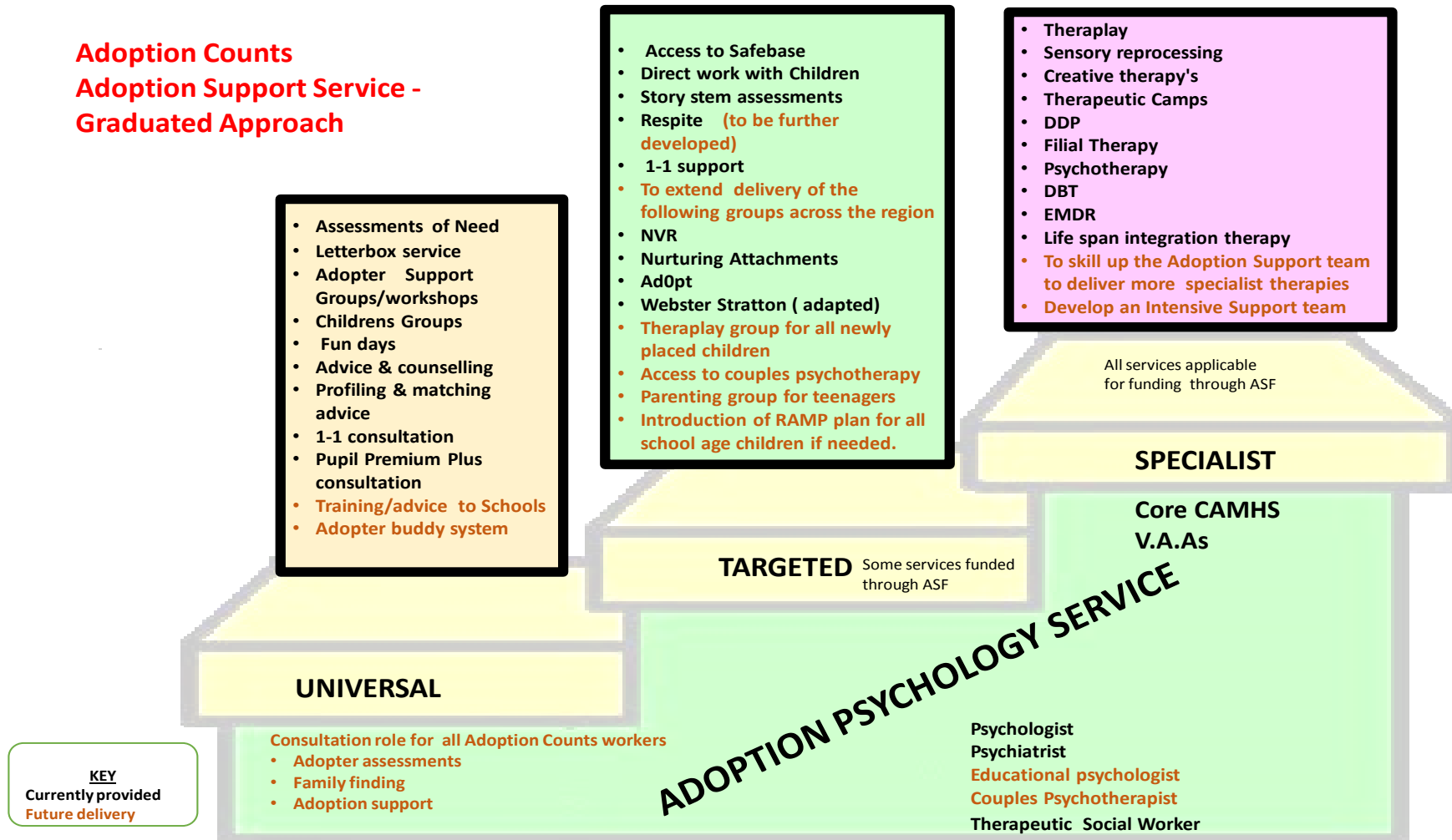
sue.westwood@stockport.gov.uk

Gail Spray – Adoption Support Development Manager

gail.spray@stockport.gov.uk

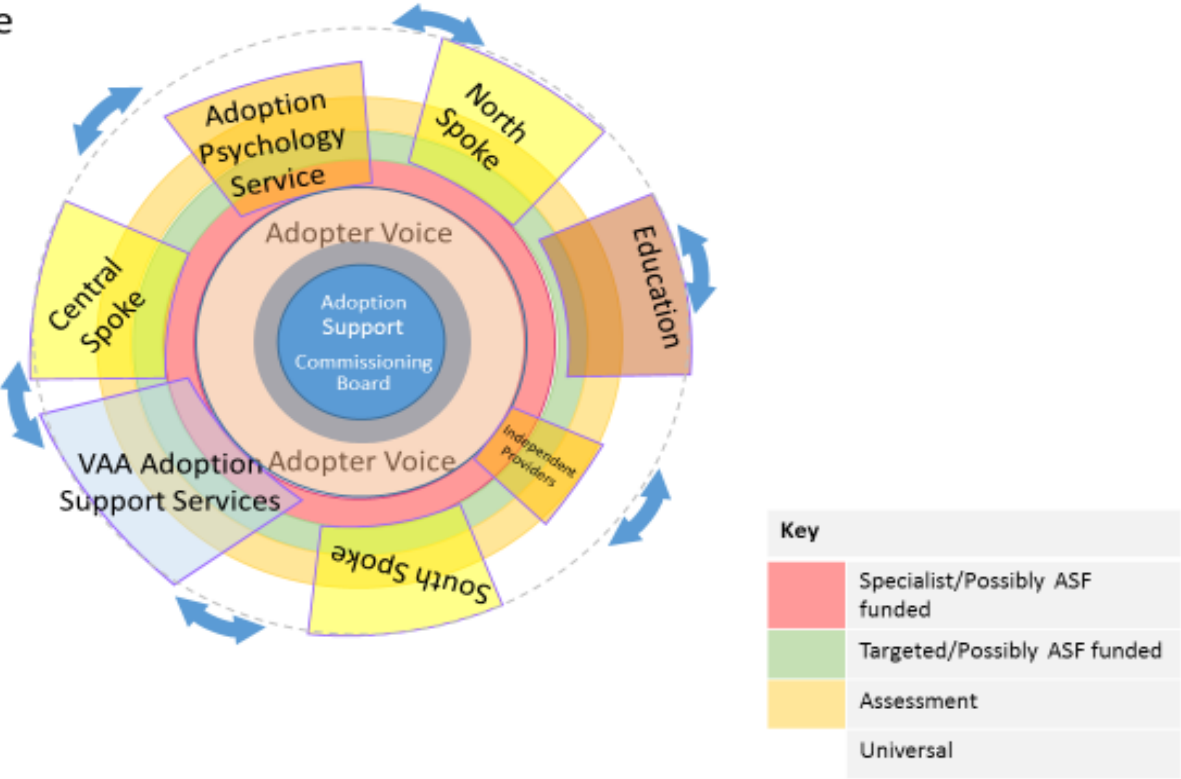
Appendix One

**Adoption Counts  
Adoption Support Service -  
Graduated Approach**



Appendix Two

Adoption Counts  
Adoption Support  
Centre/System of Excellence





**This page is intentionally left blank**



CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

Title of Report:	Delivering Better Care in Cheshire East 2017-19
Date of meeting:	26 <sup>th</sup> September 2017
Written by:	Nichola Glover-Edge and Emma Leigh
Contact details:	Nichola.Glover-Edge@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr. Janet Clowes

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	<p>This report is being brought to the board as a follow-up to the 'virtual Health and Wellbeing Board' exercise which was carried out during August 2017 in order to ensure the <b>Delivering Better Care in Cheshire East 2017-19</b> was approved and was signed-off by the Leader of the Health and Wellbeing Board prior to submission to NHS England on the 11<sup>th</sup> of September 2017.</p> <p>Following this agreement to receive approval the submitted report is now being presented formally for information and discussion.</p>		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	<p>Starting and Developing Well <input type="checkbox"/></p> <p>Living and Working Well <input checked="" type="checkbox"/></p> <p>Ageing Well <input checked="" type="checkbox"/></p> <p>All of the above <input type="checkbox"/></p>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	<p>Equality and Fairness <input type="checkbox"/></p> <p>Accessibility <input checked="" type="checkbox"/></p> <p>Integration <input checked="" type="checkbox"/></p> <p>Quality <input checked="" type="checkbox"/></p> <p>Sustainability <input checked="" type="checkbox"/></p> <p>Safeguarding <input type="checkbox"/></p> <p>All of the above <input type="checkbox"/></p>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	<p>It is recommended that:</p> <p>Following its submission to NHS England on the 11<sup>th</sup> of September 2017, that the Cheshire East Health and Wellbeing Board endorse the <b>Delivering Better Care in Cheshire East 2017-19</b> plan.</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><b>Delivering Better Care in Cheshire East 2017-19</b> has been considered by the following stakeholders:</p> <ul style="list-style-type: none"> <li>• Better Care Fund Governance Members</li> <li>• NHS Eastern Cheshire CCG Executive Committee (as delegated responsibility on behalf of the Governing Body)</li> <li>• NHS South Cheshire CCG (as delegated responsibility on behalf of the Governing Body)</li> <li>• 'Virtual panel' of the membership of the Cheshire East Health and Wellbeing Board</li> </ul>
<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>The recommendation made in this report is to provide NHS England with the required assurance that Cheshire East, as a health and social care economy is meeting its requirement to provide an a comprehensive narrative and financial plan that covers the period 2017-19 for the delivery of the Better Care Fund in Cheshire East.</p> <p>The document is a technical internal-facing document, which does not require public consultation.</p>

<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>By formally agreeing the <i><b>Delivering Better Care in Cheshire East 2017-19</b></i> for the delivery of integrated health and social care, residents in Cheshire East will benefit from an ongoing programme of system-wide improvements that will provide care where possible at community level, reducing the need for inpatient stays and where this is not possible ensuring that time spent in hospital is minimal and follow-up care and support which is joined-up and meets a person's needs.</p> <p><b>Integrated Communities:</b> residents will be supported within their communities by employing a mind-set that builds on the principle of community capabilities rather than deficits.</p> <p><b>Integrated Case Management:</b> residents will receive a more co-ordinated experience of care and support services through the use of a single point of access and our support of seven-day working.</p> <p><b>Integrated Commissioning:</b> services commissioned for local residents will be based upon strong evidence and proven effectiveness and commissioned as part of a whole system approach to commissioning.</p> <p><b>Integrated Enablers:</b> On Cheshire East geography this enabling workstream supports the changes that will enable long-term integration</p> <p>In addition, by the end of 2017/18.</p> <ul style="list-style-type: none"> <li>• Reablement services in Cheshire East will have become fully integrated to address both physical and emotional needs, and will provide an improved outcome for those in Cheshire East. This will be evidenced by an improved reablement score under National Metric 3 (Improved reablement services).</li> <li>• Carer's services will be integrated, providing a single solution for support, which supports wellbeing, de-escalates crisis and maintains quality of life for both the person caring and the person being cared for. This will be evidenced under an improved score under National Metric 3 (Improved reablement services).</li> <li>• Assistive technology reviews start to deliver technology enabled care, reducing the need for people to receive their care in the hospital setting and enabling them to self-care from home. This will be evidenced by an improvement in National Metric 2 (Reducing admissions to residential and nursing care).</li> <li>• Improved Better Care Funded (iBCF) schemes will provide increased capacity and capability in the community; this is evidenced by a reduction in those requiring residential and nursing home care.</li> <li>• Improved use of data locally will mean that the Better Care Fund planning will react to trends much faster than previous, providing a much faster and evidence-based planning process.</li> </ul>
--	--

## 1 Report Summary

- 1.1 Following a lengthy delay, NHS England published the final guidance for **Integration and Better Care Fund planning requirements for 2017-19** in July 2017. With this guidance was the requirement for each locality to author an updated Narrative Plan (with an associated annual financial plan) to provide a refreshed view of local plans to deliver Better Care between 2017-19.
- 1.2 NHS England provided a fixed deadline of 11<sup>th</sup> September 2017 to both prepare and present the Narrative Plans locally to Health and Wellbeing Boards, which for Cheshire East has meant that a 'virtual Health and Wellbeing Board' process was followed in order for the plan to receive the required sign-off by the Leader, prior to submission to NHS England. Please see Appendix 1 for the timeline and process which was followed.

- 1.3 The **Delivering Better Care in Cheshire East 2017-19** narrative plan provides a comprehensive update to the refreshed plan that was submitted to NHS England in 2015/16.
- 1.4 The 2017-19 plan sets out in detail a comprehensive overview of all the schemes funded by both the Improved Better Care Fund, which represent the new social care fund and the core Better Care Fund. Together these funding streams must work together in an integrated way to reduce non-elective admissions, improve delayed transfers of care, reduce admissions to residential and nursing care and improve the effectiveness of reablement.
- 1.5 In addition to this, schemes also must focus on improving self-care and early intervention where possible, to support our residents to be able to be able to manage their conditions and health needs. The plan also sets the ambitious plan to integrate carer's services in Cheshire East, as part of an Integrated Carers Hub.

## 2 Recommendations

- 2.1 Following its submission to NHS England on the 11th of September 2017, that the Cheshire East Health and Wellbeing Board endorse the **Delivering Better Care in Cheshire East 2017-19** plan.

## 3 Reasons for Recommendations

- 3.1 The **Delivering Better Care in Cheshire East 2017-19** plan is a comprehensive plan based upon developing in best practice locally and utilising evidence-based commissioning approaches and the clear use of data and metrics as we collectively move towards increased integration.
- 3.2 The **Delivering Better Care in Cheshire East 2017-19** plan will provide additional contextual information to the monthly data and quarterly returns which are presented to the Health and Wellbeing Board which will allow deepen members understanding and knowledge of the Better Care Fund in Cheshire East.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The **Delivering Better Care in Cheshire East 2017-19** plan aligns with the Health and Wellbeing strategy priorities for adult social services in the following areas.
- 4.2 To have available information, advice and signposting to enable people to access information about staying well (prevention) and where to get the right help if they need it (early intervention). This will be supported via the iBCF scheme, LiveWell (For full details, please see the full version of the plan).
- 4.3 To develop community services across all sectors to ensure care can be provided at home wherever possible (reduce admission to residential care and avoidable visits to A&E and hospital). This priority will be supported by a number of the iBCF schemes namely improving capacity and capacity in the social market sector, as well as via core BCF

services such as the Integrated Reablement services, which are currently part of a redesign process.

- 4.4 To ensure a range of accessible services and support for people who take on a caring role to maintain their health and wellbeing. This priority will be supported by the development of the Integrated Carers Hub, which is a core BCF scheme.
- 4.5 To ensure our services are developed to provide joined up care from health and social care services. This is the central vision to delivering Better Care in Cheshire East and underpins all of the schemes within the 2017-19 plan.
- 4.6 To ensure that people in rural communities can access the same types of support, services and activities as those in more urban areas. As part of the Equality Act 2010 we must ensure that all of our services are as equally accessible across our locality.

## 5 Background and Options

- 5.1 Following a lengthy delay, NHS England published the final guidance for Integration and Better Care Fund planning requirements for 2017-19 in July 2017. With this guidance was the requirement to author an updated Narrative Plan (with an associated annual financial plan) to provide a refreshed view of local plans to deliver Better Care between 2017-19.
- 5.2 Detailed Key Lines of Enquiry (KLOEs) were provided by NHSE in order for localities to develop their narrative plans to provide a detailed commentary and oversight for delivery up to 2019. Specific information requested included: describing the local vision and approach for health and social care integration; the demographics of the local area and how this will have an impact on planning as we move towards 2020; the current state of the health and social care market and the current challenges to the local system; detail regarding how the \*new\* Improved Better Care Fund will be spent and how and when outcomes will be realised in the system; and how as a local system all of the Better Care Funded schemes will deliver the outcomes required to deliver the nationally mandated performance metrics.
- 5.3 As part of the 'virtual Health and Wellbeing Board' (from Tuesday 22<sup>nd</sup> August to Tuesday 29<sup>th</sup> August 2017) members were provided with the Key Lines of Enquiry as a reference guide and were requested to: a) acknowledge receipt of the report, b) to provide and comments and queries as soon as possible, c) agree that they approved to the plan being sent sign-off by the Leader of the Health and Wellbeing Board, prior to submission to NHS England.

## 6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:  
Name: Emma Leigh  
Designation: Better Care Fund Manager  
Tel No: Via email please  
Email: [emma.leigh@cheshireeast.gov.uk](mailto:emma.leigh@cheshireeast.gov.uk)

**This page is intentionally left blank**

# Delivering the Better Care Fund in Cheshire East 2017-19



**‘Setting out the joint vision and approach for health and social care integration in Cheshire East, our next steps’**



## Contents

No.	Section	Page number
1	Summary	4
2	Introduction	5
3	The local vision and approach for health and social care integration	7
4	BCF the delivery of a fully integrated health and social care commissioning function by April 2020	8
5	Integrated Commissioning – to move to a unified health and care commissioning approach for the population of Cheshire	9
6	What will be different as a result of the 2017/18 BCF plan?	10
7	Background and context to the plan	13
8	Current state of the health and adult social care delivery in Cheshire East	16
9	Progress to date	19
10	Better Care Fund Plan	23
11	Approach to the use of the Disabled Facilities Grants	31
12	Assessment and management of risks	32
13	Meeting the National Conditions	36
14	Overview of funding contributions	40
15	National Metrics	41
16	Approval and sign off	57

	Table	Page
1	Overview of current commissioning priorities	10
2	Current core BCF schemes and how they contribute to outcomes	18
3	Year end performance against national metrics 2016/17	20
4	Current Executive owned Better Care Fund Risks	33
5	High Impact Changes in Cheshire East	37
6	National metric forecast 2017/18	42
7	DTOC trajectory for 2017/18	43
8	Summary of evaluation of schemes in 2016/17	62
9	How Cheshire East RAG rates risk	69

	<b>Figure</b>	<b>Page</b>
a	Challenges in Cheshire East	6
b	Age demographics in Cheshire East	13
c	BCF Governance Structure	35
d	Age Demographics in Cheshire East (forecast)	63
e	Life expectancy in Cheshire East	64
f	Prevalence of dementia	65
g	Emergency admissions in Cheshire East	66
h	Cont. Emergency admissions in Cheshire East	67

	<b>Appendices</b>	<b>Page</b>
1	The Cheshire East Council Market Position Statement 2017-20	59
2	Summary of the evaluation of BCF schemes in 2016/17	60
3	Background and context - demographics	63
4	Commissioning for Value, Where to Look – Right Care Data Packs (January 2017)	68
5	How Cheshire East assess risk	69
5	Meeting our duty under the Equality Act 2010	70

<b>The following documents are appended into this document:</b>	<b>Embedded document</b>
People live well, for longer. Cheshire East Council Commissioning Plan 2017-20	
Adult Social care, Market Position Statement, Cheshire East Council 2017 to 2020	
Central Cheshire Operational Plan, 2017-2019	
NHS Eastern Cheshire CCG Plan on a Page, 2017-19	

## Section 1 - Summary

**“Delivery of a fully integrated health and social care commissioning function by 2020 supporting the delivery of Accountable Care across Cheshire”**

### **Cheshire East Better Care Fund Vision...**

- Centre all care around the empowered individual, their goals, communities and carers
- Have shared decision-making and supported self-care, family and community care as integral components to all care
- Teams built around a person's needs and journeys, jointly accountable for outcomes and joint responsibility for continually improving care
- Focus its attention on health promotion, pro-active models of care and population level accountability and outcomes
- Continue to tackle health inequalities, the wider causes of ill-health and need for social care support e.g. poverty, isolation, housing problems and debt
- Have a strong clinically led primary care and community care system offering a comprehensive modern model of integrated care at scale
- Be delivering fully integrated and co-ordinated care, 7 days a week, close to home with a focus on the frail elderly and those with complex care needs

### **Supported by:**

- System re-design of care – co-produced with our public and our workforce
- Strengthened and renewed primary care
- Shared information systems across health and social care so that people will only ever have to tell their 'story' once
- New contracting approaches that facilitate costs being moved from the acute sector to the community and that promote collaborations across multiple providers
- Joint commissioning utilising the Better Care Fund and other approaches
- A range of new roles to support models of care across traditional providers in the public, private and voluntary sector

### **To achieve:**

- Accountability for all health and social treatment and care to the public
- High quality, safe care and a robust system of continuous improvement

## Section 2 - Introduction

Today, people are living much longer, often with highly complex needs and multiple conditions. These needs require ongoing management or support from both health and care services, which combine both medical and social models of care. As our population ages and the financial pressures on the health and care system increase, we need to be better at providing proactive, preventative care in community settings, so that people can be supported to live at home for longer and avoid the need for commissioned health and care services (*2017-19 Integration and Better Care Fund Policy Framework*).

Health and Social Care leaders in Cheshire East are committed to improving our population's health and wellbeing outcomes, improving the experience of care and ensuring high value services are provided to our local populations within the resources available.

The Cheshire East health and social care economy have agreed to work together to be jointly accountable for the cost and quality of care for the whole population. It is our vision that clinical and financial accountability will be delivered through **Accountable Care** that deliver integrated care for the local population. To deliver this, a new model of care, centred around the individual and how they wish to live within their communities, will form the basis of health and social care integration by 2020. This will form part of our dedication to support our carers, clinicians, voluntary sector colleagues and other health and social care workers, putting the people it serves at the centre of everything that we do.

**Accountable Care** will be delivered in Cheshire East through our two Transformation Programmes, '**Caring Together**' in Eastern Cheshire and '**Connecting Care**' in South Cheshire. These programmes form our shared framework for integration, built upon the following principles:

**Integrated Communities:** residents will be supported within their communities by employing a mind-set that builds on the principle of community capabilities rather than deficits.

**Integrated Case Management:** residents will receive a more coordinated experience of care and support services through the use of a single point of access and our support of seven-day working.

**Integrated Commissioning:** services commissioned for local residents will be based upon strong evidence and proven effectiveness and commissioned as part of a whole system and integrated approach to commissioning.

**Integrated Enablers:** Working both within the Cheshire East Footprint and Cheshire-wide, infrastructure, technology and workforce planning supports integrated care.

The Cheshire East model of care will focus on:

- delivering financially sustainable services across the health and social care economy
- empowering people to live full and healthy lives, self-manage and where required supporting people and their families with improved information and technology
- strengthening primary care and its role in proactive long term condition management
- increasing the investment and portfolio of services in the community to support care closer to home where safe and effective to do so
- providing access to specialised services to optimise the safe care and clinical outcomes for patients
- people knowing where to get the right help at the right time
- people feeling safe in their communities

- people being active members of their communities and reducing social isolation
- carers supported to continue caring in partnership with other support services

### Challenges in Cheshire East



Figure a

The main challenges to the delivery of BCF can be summarised as figure a. In addition the following points were raised in our annual review of the progress against delivery of the BCF in Cheshire East – the full report can be found in Appendix 2.

- Reporting – timing of information (NEL DTOC and finance) makes corrective decision making difficult given multi-layered governance structures and parallel workstreams looking at same issues (e.g. A&EDB and Better Care Fund)
- Reporting mechanisms and being able to understand how the Better Care Fund schemes have directly impacted on reductions in DTOC A&E attendance and 24hr care
- Care economy finances; deficit positions in NHS and savings challenges in council prevent service change which needs double running, whilst managing increased demand for health and care services, make service change more challenging.
- All partner challenges around the use of finances and successfully implementing new ideas and programmes into place mid-year
- Human Resources; workforce shortages in some areas have made finalising projects or keeping continuity or vision difficult.
- Implementing joined up approaches especially within delivery of services
- Adult social care is under significant financial pressures and has a statutory duty to meet the growing demand under the Care Act

## Section 3 - The local vision and approach for health and social care integration

All partners within Cheshire East are committed to maximising the opportunities afforded via the Better Care Fund to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population. We are using the Better Care Fund and Improved Better Care Fund to target those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in the community, care in the community as an appropriate alternative to hospital admission and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.<sup>1</sup>

Our plans are aligned with our system-wide vision, objectives and principles related to the use of the Better Care Fund namely, to deliver fully integrated health and social care by April 2020

### Our Better Care values:

- **Collaboration**
- **Empowerment**
- **Innovation**

### Our Objectives:-

- Improve health outcomes and the wellbeing of local people.
- The recipients of care services and the staff providing them have a positive experience of care.
- Care is person centred and effectively coordinated.
- Services are commissioned and delivered in the most effective and efficient way.
- People are empowered to take responsibility for their own health and wellbeing.
- People spend the appropriate time in hospital with prompt and planned discharge into well organised community care when needed.
- Carers are valued and supported
- Staff working together, with the person at the centre, to proactively manage long term physical and mental health conditions.
- Expansion of 'out of hospital' offer
- Accountable care

---

<sup>1</sup> Our local plans are consistent with Integration and the Better Care Fund (Local Government Association 2015), the NHS Five Year Forward View (NHS 2015), Getting it Right First Time (The Kings Fund 2017), Making Every Contact Count (Public Health England 2016), General Practice Forward View (NHS 2016), Primary Care Home (National Association of Primary Care 2017) and the Five Year Forward View for Mental Health.



## Section 4 - BCF and the delivery of a fully integrated health and social care commissioning function by April 2020

The key drivers for implementing the Five Year Forward View and the move towards a fully integrated health and social care service by 2020 in Cheshire East are via the pre-existing transformation programmes, Caring Together Eastern Cheshire and Connecting Care in South Cheshire.

These programmes work closely with health and social care providers to achieve the best outcomes for local people. This largely means shifting care from acute and reactive provision to home/community-level and proactive joined-up planned care and care that is rapidly responsive to escalating needs.

Our ambition is based on knowing how Cheshire East will change, looking ahead to the financial challenges we face and changes in national and local policy across adult's health and social care, whilst continuing to respond to the changing needs of Cheshire East population of residents.

### **Case for change – our 2016/17 plans continue**

The case for change is still in line with that submitted for 2016/17, and as set out in our vision.

Key developments that add to the case are the emerging recent decreases in DTOC and falls in the over 65s – linked to transformation of service delivery during 2016/17. This will need to be built on further in order to meet the projected trajectory for 2017/18.

During 2017 partners are to look at redesigning the reablement services that are part of the Better Care Fund Scheme, this redesign will introduce an “all need” model of care and support that will include physical and mental health therefore reducing duplication and also silos within the current service. The redesign will take place from September 2017 and a new service to be in place by April 2018.

The second large scale change being undertaken in 2017/18 is a wholesale change to our carers' provision; Services Together, as part of a dedicated integrated carers hub, whereby all of our carers can access all of their requirements via dedicated provision. Business continuity will be maintained whilst the redesign work is co-produced with our carers, with the new service expected to be live in April 2018.

The third significant piece of work is the review and redesign of Older Peoples' Services with a view to delivering integrated and transformed services from 1<sup>st</sup> of April 2018.

Further additions to plans for 2017-19 are the schemes for Improved Better Care Fund, as detailed on pages 24 onwards. These schemes have been designed to have added increased value to our core provision and to add increased capacity and capability within our local social care market.

## Section 5: Integrated Commissioning – to move to a unified health and care commissioning approach for the population of Cheshire

Across Cheshire East, and in partnership with Cheshire West and Chester Local Authority, significant work is underway to better align existing resources and programmes of work to help accelerate the development of integrated health and social care. Our local health organisations and local authorities have worked together to agree three key improvement priorities to jointly deliver in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities are:-

1. The establishment of a Joint Commissioning Committee of the Cheshire Clinical Commissioning Groups (CCGs), with the involvement of the local authorities. The aim is to explore greater joint working and ultimately integration of health and social care by 2020.
2. Integrated provision – to work towards the creation of accountable care systems across Cheshire delivering integrated health and care services tailored to meeting the population health needs of each area. Fundamentally, this would involve moving towards an “Accountable Care System” with a single capitated budget, single leadership structure, distinctive new culture and way of working which makes it fully and openly accountable. This will also include a single operating model for the design and development of ‘Neighbourhood Community Teams’ that will be structured, operated and managed in a similar way across Cheshire including the integration of social care staff in a consistent way across Cheshire. This will provide a single resource pool for the whole of Cheshire that operates in the same way, with the same protocols, processes and even information management and technology solutions.
3. Sustainable hospital services across Cheshire – to ensure that we deliver hospital services that are sustainable both financially and clinically across Cheshire and that these services are more integrated with local health and social care services.

A joint strategic leadership group across health and social care has been established to provide oversight of this work and ensure regular communication to the Health and Well-Being Boards and the public. This group comprises all the Chief Officers from each CCG and the Local Authorities across Cheshire. This leadership group is supported by an Officer Working Group who have been tasked with the following responsibilities:-

- Support the work programme and implementation of the integrated commissioning approach across Cheshire;
- Oversight of the single operating model for Neighbourhood Community Teams including setting out the common specification for these teams across Cheshire;
- To oversee a programme of joint commissioning across Cheshire including health and social care functions;
- To co-ordinate the consultation and engagement plan for health and social care integration across Cheshire with a particular focus on resident and staff engagement and with regular reporting to the Health and Well-Being Board;
- To review the existing governance and strategic decision-making structures across Cheshire with a view to simplifying and streamlining these arrangements in the light of the emerging approach to health and social care integration across Cheshire.
- Terms of Reference will be revised and will be subject to the democratic approval process

## Section 6 – What will be different as a result of the 2017/18 BCF plan?

### By the end of 2017/18...

- Reablement services in Cheshire East will have become fully integrated to address both physical and emotional needs; the aim will be to provide more balanced provision including both proactive and responsive services for people with physical and/or mental health needs and thus an improved outcome for those in Cheshire East. This will be evidenced by an improved reablement score under National Metric 3.
- Carers' services will be integrated, providing a single solution for support, which supports wellbeing, de-escalates crisis and maintains quality of life for both the person caring and the person being cared for. This will be evidenced under an improved score under National Metric 3.
- Falls services will become streamlined across health and social care with a move towards joint commissioning arrangements and utilise assistive technology, in addition a Cheshire-wide project to widen use of assistive technology to support people in their own homes will be in progress. This will be evidenced by an improvement in National Metric 2.
- iBCF schemes provide increased capacity and capability in the community; this is evidenced by meeting the DTOC trajectory in a sustained way in addition to a reduction in those requiring residential and nursing home care particularly directly from acute care.
- Improved use of data and evaluation locally will mean that the Better Care Fund planning will respond to trends much faster than previous, providing a much faster and evidence-based planning process.

Table 1 is an overview of the current commissioning intentions covered by the Cheshire East Better Care Fund, NHS Easter Cheshire CCG, NHS South Cheshire CCG and Cheshire East Council – collectively. This table demonstrates how our programme contributes towards the outcomes required by each of the Better Care Fund National Metrics.

	<b>National Metric 1 – Non-elective admissions (General and Acute)</b>	<b>National Metric 2 - Admissions to residential and care homes</b>	<b>National Metric 3 - Effectiveness of reablement</b>	<b>National Metric 4 – Delayed transfers of care</b>	<b>Other</b>
<b>Cheshire East Better Care Fund Priorities</b>	Integrated Carers Hub Assistive Technology Disabled Facilities Grants Integrated Community Teams Multidisciplinary Approach to supporting Home First	Sustain the capacity, capability and quality within the social care market Care home assessments at the weekend Care home package retention for 7 days Increasing capacity in the care sourcing team over Bank Holidays Home First	Home First Integrated reablement services Integrated Carers Hub	Home First Hospital Discharge Services Care Home Assessments at the Weekend Care Package Retention of 7 Days Innovation and Transformation Fund Funding of additional social care staff to support 'Discharge to Assess' initiatives	The use of 'Live Well' online information and advice resource Programme Enablers

	National Metric 1 – Non-elective admissions (General and Acute)	National Metric 2 - Admissions to residential and care homes	National Metric 3 - Effectiveness of reablement	National Metric 4 – Delayed transfers of care	Other
				Increasing capacity in the Care Sourcing team and Social Work Team over Bank Holiday Weekends Sustain the capacity, capability and quality within the social care market place The use of 'Live Well' Online information and advice resource	
<b>NHS Eastern Cheshire CCG Commissioning Priorities</b>	Supporting the delivery of the Caring Together Ambitions and the CCG 5 year Strategy including the redesign and transformation of older people's services across health and social care	A clear Market position Statement	New approach to falls management which is jointly commissioned across health and social care Redesign of reablement services.	Improving A&E performance Reducing DTOCs	Implement a new Primary Care streaming model Delivery of Frailty Approach from emergency portals as part of the Home First model Expand the existing Single Point of Access Delivery of Frailty training across the health and social care economy Additional OT presence in Integrated Discharge Team Independent clinical review of DTOC leading to key actions (2017) 5 key actions to be implemented following the ECIP review (2017) Cancer treatment Redesigning musculoskeletal services

	National Metric 1 – Non-elective admissions (General and Acute)	National Metric 2 - Admissions to residential and care homes	National Metric 3 - Effectiveness of reablement	National Metric 4 – Delayed transfers of care	Other
					Implementing the Five Year Forward View Preventing ill health
<b>NHS South Cheshire CCG Commissioning Priorities</b>	Improve support for carers Implement a single point of access for rapid response	A clear Market Position Statement	Falls prevention and support. Develop integrated frailty pathway Discharge to Assess Model Implementation of a safe transfer of care model	Ambulatory Emergency Care Redesign of health and social care services that support rapid response to those in need of urgent care close to home Implementation of a health and social care integrated discharge team	Driving earlier diagnosis
<b>Cheshire East Council Priorities</b>	<b>Strategic Outcome 5 – People live well for longer</b> Develop a regional Assistive Technology Framework	<b>Strategic outcome 1 – Our local communities are strong and supportive</b> Review and redesign of councils Care4CE Review and redesign of domiciliary care (Care at Home) Review and redesign of care homes	<b>Strategic Outcome 3 – people have the life skills and education they need in order to thrive</b> New adult social care pathway Review and redesign of councils Care4CE Local integrated approach to reablement	<b>Strategic outcome 5– People live well for longer</b>	<b>Strategic outcome 5 – People live well for longer</b>

Table 1

## Section 7 - Background and context to the plan

Cheshire East has an ageing population which means that there is a significant increase in the number of people in the older age groups, and a decrease in the number in the younger age groups.

By 2020, over a quarter of the Cheshire East population will be aged over 65, greater than the UK average.

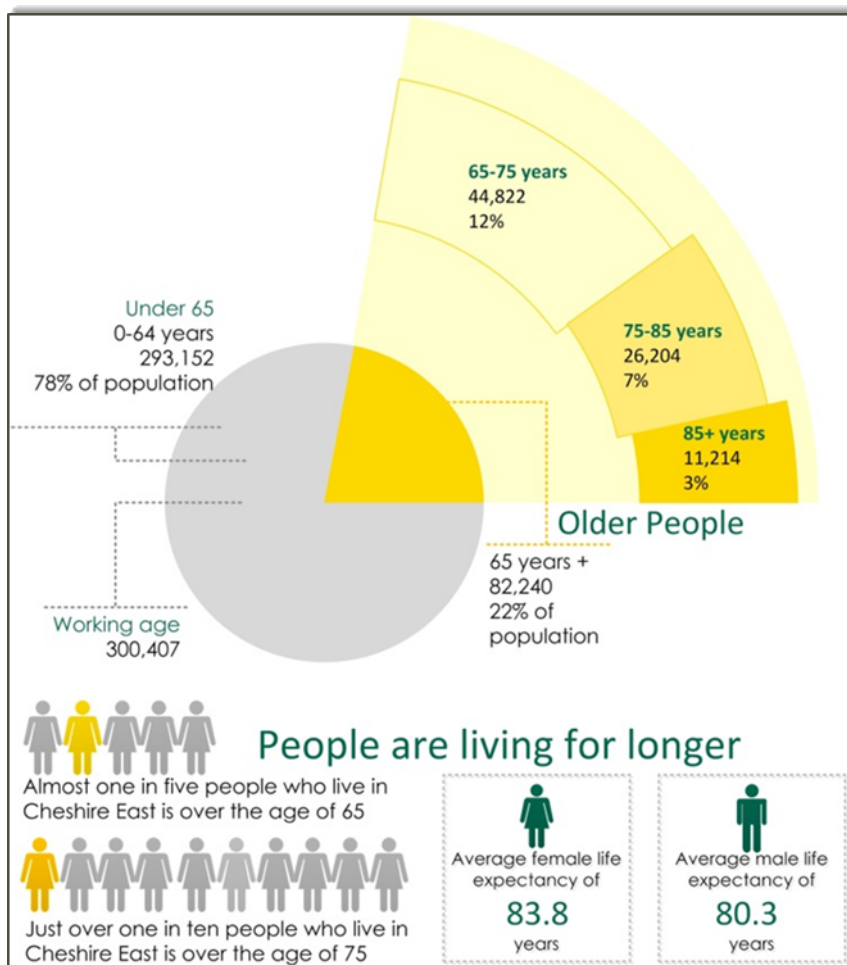
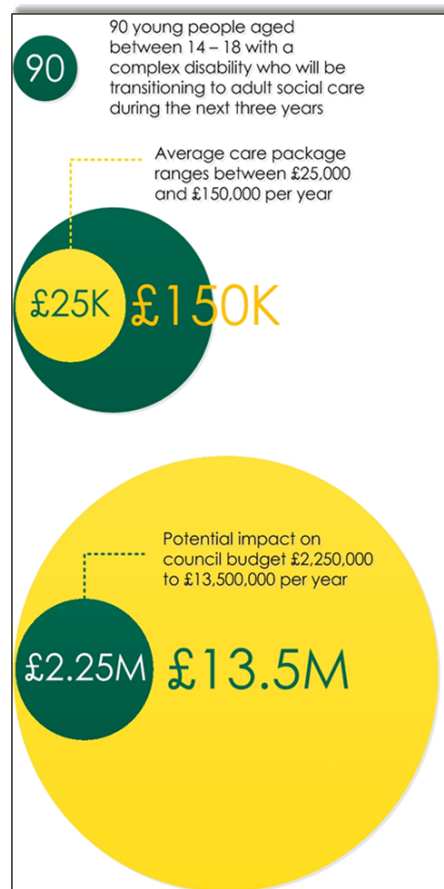


Figure b



In terms of the impacts on the Better Care Fund in Cheshire East, having a significantly older population means that people living locally are more likely to be living with long term health conditions that will require support from health and social care services.



Life expectancy in Cheshire East is higher than for the region (North West) and nationally (England). For females it is 83.8 years, compared to 81.9 years in the North West and 83.2 years nationally.

As we move towards 2020, Cheshire East will see a significant shift from numbers in the working age population to numbers in the older age/dependants population. The dependency ratio is considerably higher than the England average 68.9% for Cheshire East, compared to 60.7% for England.

Of the 65+ population in Cheshire East, approx., 33,154 (40%) are living with a limiting long term illness. This too has significant implications for Better Care Fund planning, as this cohort of people are more likely to require medical and social care support to maintain their health and wellbeing and maintain their independence.

In Cheshire East there are estimated to be 5,730 people over the age of 65 living with dementia.

- 65% are likely to be women
- one in five people over 80 has a form of dementia
- one in 20 people over 65 has a form of dementia

22% of the Cheshire East population is over the age of 66. We have the highest percentage in England compared to 16% nationally.

In terms of Better Care Fund planning, considering the needs of those with dementia and their carers in paramount, both now and as we head towards 2020. Early intervention and prevention services is key in ensuring that those with dementia and their carers feel supported and able to cope in a crisis, without having to resort to calling in emergency care.

Within Cheshire East that has been an increase in the number of people that have been admitted following a fall, from July 2017 there is a new requirement within the GP contractual requirements to identify people with moderate and severe frailty using the (Electronic frailty Index) eFI and put a plan in place, although outside BCF this will assist in supporting non-elective admissions and ultimately delayed transfers of care. South Cheshire have a lower rates of patients admitted following a fall, in June South Cheshire introduced an integrated clinical falls model this is delivered through NWS as well as Central Cheshire Integrated Care partnership (CCICP) this approach has reduced ambulance conveyances of patients who have had a fall at home and within a care home significantly and has contributed in the reduction of non-elective admissions into Acute Medical Unit (AMU).

As part of the core Better Care Fund schemes, the Assistive Technology workstream is currently reviewing its provision to align technology to support more patients at home through tele health and tele care solutions.

### **Right Care**

NHS South Cheshire CCG (together with NHS Vale Royal CCG) are part of Wave 2 of Right Care implementation. NHS Right Care have produced a number of Right Care packs that local, regional and national variations within a number of health conditions. The aim of this programme is to ensure the standardisation of clinical pathways so all areas embrace good practice and introduce a standardised approach to supporting patients adhering to NICE guidelines. CCG areas that have been part of wave 1

have found that through this approach patients receive the right clinical intervention at the right time and this has resulted in a reduction in unnecessary procedures, hospital admissions as well as a positive patient outcome.

Through our analysis of the Right Care packs Vale Royal and South Cheshire highlighted the following areas where we had high variation amongst our regional CCG partners and this resulted in unnecessary attendances and admissions as well as an increase in first and follow up outpatient's appointments, the 7 areas are:

1. Lower GI
2. Upper GI
3. Cataracts
4. Hip & Knee
5. Neurology
6. Emergency Gastro Pathway
7. Alcohol Related Liver disease
8. Respiratory

NHS South Cheshire CCG are working closely with primary care and secondary care partners to reduce variation and support patients in a number of alternative ways rather than acute solutions. Intermediate care teams as well Care Community Teams are involved to support patients at home to reduce A/E attendance, Non Elective admissions and reduced premature into 24 hour care. Presently the top 4 areas in the list above are now in place and work has commenced have agreed pathways in place for neurology, emergency gastroenteritis, alcohol liver disease, and a self-care respiratory pathway. The progress of the Right Care approach will be monitored the NHS right care data returns, as well as activity monitoring through the CCG.

In NHS Eastern Cheshire CCG the Right Care priorities identified are:

- CVD (Cardiovascular including Circulation)
- Neurological (Care of people with Epilepsy and Back Pain)
- Gastrointestinal (Alcohol Harm and Endoscopy)
- MSK (Elective care pathways and Falls and Injury Prevention)

The CCG plans focus on prevention, self-care and reducing unnecessary hospital activity. This focus both looks to ensure that best practice care is consistently applied across care pathways.

The progress of the Right Care approach will be monitored the NHS right care data returns, as well as activity monitoring through the CCGs.

## Section 8 - Current state of health and adult social care delivery in Cheshire East

For an overview of the current Market Position Statement in Cheshire East, please see Appendix 1, page 59

### Current state

- Ageing population
- Financially challenged
- Social care market facing pressures
- Managing demand but not yet improving against nationally mandated targets

### How will the Better Care Fund support local challenges?

At present, a key risk is to social care in maintaining the quality, capacity and sustainability of the local care market. Any market failure or disruption will have a huge impact not only on delayed transfers of care but the critical care provided in the community to vulnerable individuals.

The ageing population in Cheshire East and the pressures that this brings to the local health and social care market is central to the planning behind the iBCF schemes and core Better Care Fund schemes which have been developed for Cheshire East Better Care Fund.

A significant proportion of the iBCF is dedicated to sustaining the capacity, capability and quality within the social care market place. Included in this is the requirement for investment into community resources and increases in care packages, in order to sustain and stabilise both the domiciliary care markets and care home markets. This means transforming the care and support offer to ensure Cheshire East has greater capacity and an improved range of services. It is intended that the CCGs together with Cheshire East Council jointly commission the new offer and for it to include: discharge to assess beds, step up/step down beds, more specialist provision for complex needs and care at home services that promote quality of care. The joining up of commissioning and contracting with provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we need to ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve, this may include quality payment premiums to providers.

A recent development to support those who already have a care package funded via iBCF is 'Care Package Retention for 7 days.' Cheshire East Council have an agreement with domiciliary care providers to pay a retainer to the care provider in order to keep the care provision open whilst the individual is absent for a period of time, for example in hospital. The retainer ensures that the individual's existing care provider is kept available for a period of up to 7 days to resume the existing care package when the person is fit or ready to return home. If the person is in hospital this should facilitate a timelier and appropriate discharge.

The Better Care Fund will support local challenges by supporting seven day working. With NHS services moving into seven day serves, it requires social care to match the provision to allow for efficient flow. As part of the iBCF scheme, 'Care Home assessments at the weekend,' work has been undertaken with the care home sector to ensure that any individual who is fit for discharge over the weekend period can be assessed and returned to their care home. This will form part of our contracts with

care homes as the new service is developed and procured in April 2018. In addition to this, the iBCF scheme, increased capacity in the 'Care Sourcing Team and Social Work Team over Bank Holiday weekends,' will ensure patient flow and assist in reducing the pressure on the NHS during times when it can be difficult to maintain seven day services.

Reducing Delayed Transfers of Care is vital is working with our local trusts in reaching their agreed Delayed Transfers of Care improvement target. The iBCF scheme, 'Funding of additional social care staff to support 'Discharge to Assess initiatives' is funding of additional staff to support the local transformation programmes Caring Together and Connecting Care in implementing a 'Discharge to Assess' model. Work is currently undertaken in the eastern part of our locality to design at D2A model, so the additional funding will ensure that equitable provision is provided across Cheshire East.

Reducing the demand for health and care services, by enabling people to enjoy a healthy and active life within their communities, is a key priority for our local NHS and social care system. As part of the iBCF schemes the use of 'Live Well' Online information and advice resource, has been included as a key part of the provision in the Cheshire East plan. Cheshire East Council has embarked on a programme to deliver a new online resource to the public 'Live Well Cheshire East'. It is designed to give citizens greater choice and control by providing information and advice about care and support services in the region and beyond. This new digital channel went live in June 2017, initially offering information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services. Both Clinical Commissioning Groups have expressed a desire to utilise this platform and expand the offer to create a community infrastructure that maps all existing assets for use of professional staff alongside members of the public. This channel is well placed to link into all of our carers' resources and social care act links, to provide low level support to those who are new to caring roles, as well as those who are firmly established.

Part of the Cheshire East local approach to the Better Care Fund is remaining flexible to respond to emerging needs, in order to do this a there has been the creation of an 'Innovation and Transformation Fund' as part of the iBCF schemes. The purpose of this Fund is to support the 'Caring Together' and 'Connecting Care' (health and social care) transformation plans. Cheshire East Council will create a fund that the NHS and partners can access to support initiatives that promote the move towards integrated working (community teams) to achieve better outcomes for the residents of Cheshire East. The funding bids will run in October 2017 and will need to clearly demonstrate that their intended outcomes will directly impact the Better Care Fund National Metrics.

Core Better Care Fund schemes have been developed since 2015 with our ageing population and their needs in mind. The table below summarises how schemes are categorised, under three strands, **PREVENT**: the need for long term support and services; **REDUCE**: targeted intervention for those at risk or with established illnesses; and **REABLEMENT**: promoting continued wellbeing.

Overarching theme	What is it that we are trying to achieve	What BCF scheme is going to deliver this? (WHAT DO WE COMMISSION?)	What National metric will this contribute towards?
<b>PREVENT</b>  the need for long term support and services	<u>Early intervention/out of hospital commissioned services</u>  <ul style="list-style-type: none"> <li>Improved systematic targeting, access and co-ordination of services</li> </ul>	Assistive Technology (& falls service)  Social Care Act  Carers Assessments	NC: Effectiveness of reablement NC: Admissions to residential and care homes

	<ul style="list-style-type: none"> <li>Integrated rapid response</li> <li>Working together to avoid unnecessary hospital admission, supporting people at home wherever possible</li> </ul>	<p>Carers Breaks</p> <p>Disabled Facilities Grants</p> <p>Red Cross early supportive discharge service</p>	
<p><b>REDUCE</b></p> <p>targeted intervention for those at risk or with established illnesses</p>	<p><b><u>Integrated urgent response</u></b></p> <ul style="list-style-type: none"> <li>Integrated, proactive case management from multidisciplinary teams.</li> <li>Integrated data sharing, risk stratification, care planning and care co-ordination.</li> </ul>	<p>Single Point of referral</p> <p>Acute Visiting Service, Psychiatric Liaison, Falls Responder, as part of the responsive Home First model.</p> <p>Redesign of reablement service to become an all needs model.</p>	<p>NC: Non-elective admissions (General and Acute)</p> <p>NC: Delayed transfers of care</p>
<p><b>REABLEMENT</b></p> <p>promoting continued wellbeing</p>	<p><b><u>Hospital discharge and reablement</u></b></p> <ul style="list-style-type: none"> <li>Safe, timely and effective discharge via consistent pathways reducing the length of stay.</li> </ul>	<p>Home First model of care. Phase 1 in place through the introduction of community matrons</p> <p>Introduction of Discharge to Assess model and streamlined discharge process</p> <p>Early support and intervention through Red Cross</p> <p>7 day care package retainer</p> <p>Integrated mental and physical health and reablement services</p> <p>Hospital Discharge Scheme (Cheshire East wide)</p>	<p>NC: Effectiveness of reablement</p> <p>NC: Admissions to residential and care homes</p> <p>NC: Delayed transfers of care</p>

Table 2

## Section 9 - Progress to date

### The existing approach to integration and the main points of the current BCF plan

The current approach to integration from the 2016/17 Better Care Fund submissions are:

- Self-care and self-management
- Integrated Community Services (MDT, care coordination, care plans)
- Community Based urgent care and rapid response services

This approach, and the schemes that support it continues as a thread into 2017/18/19 – however, refreshed terminology of **Prevent, Reduce, Reablement** has been to add a thematic to the Cheshire East schemes as we progress on our journey to health and social care integration.

### Review progress to date through the BCF

The process used to evaluate the 2016/17 Better Care Fund schemes presents a somewhat fragmented picture, however, all evaluated schemes were reviewed to aid decision making for 2017/18 (for full details, please see Appendix 2, page 60)

A robust evaluation was carried out, however this revealed that more detailed work was needed to understand overlaps between schemes both within and outside the BCF and work is on-going through a structured review programme to ensure all BCF schemes provide benefit in terms of the national metrics to partners and represent responsible investment in current challenging climate

### Current performance on national metrics

During 2016/17 progress was made towards each of the National Metrics and towards the locally agreed metric (reducing falls in those 65+), despite the increase in demand and the financially challenged position of our local health and social care economy. Whilst progress was made locally, this has not been reflect in the targets set at national level, and therefore the RAG rating has resulted in either amber/red ranking according to national performance.

Table 3 shows the end of year position for the 2016/17 BCF National Metrics. The end of year RAG rating is how Cheshire East performed in line with the targets set at the beginning of 2016.



National Metric	Summary of end of year position	End of year rating
Non-Elective Admissions (NELs)	The combined end of year position shows that despite a challenging position, overall the rate of Non-Elective Admissions has been maintained during 2016/17. This has been largely supported by the streaming of less complex activity, however those presenting at A&E are often more complex. However despite an amber rating this has maintained a local level trajectory against a backdrop of increased demand.	
Delayed Transfers of Care (DTOCs)	The combined end of year position shows a continuing challenging position for delayed transfers of care in Cheshire East. Within Eastern Cheshire the 8 High Impact Changes are solely focused on DTOC. NHS South Cheshire CCG have introduced a Primary care streaming model that is resulting in reduced non elective admissions , as well as the introduction of the D2A model on all high delay wards supported by the integrated discharge team.	
People who Feel Supported to Manage Long-Term Conditions	The end of year position for Cheshire East represents a 0.5% decrease from the starting position in March 2016, 64.5% compared to 65%. There is variation within this figure, with Eastern Cheshire residents reporting 67% feeling supported to manage their long term conditions. 61.9% of people in South Cheshire reporting that feel supported to manage their long term conditions	
Admissions to Residential Care	The year end position demonstrates that despite a decrease in admissions in Q4 there is an increase on the outturn for 2015/16. There is a higher rate of permanent admission to residential care in South Cheshire than there is in Eastern Cheshire. South Cheshire has seen an increase in the number of patients being admitted into 24 hour care, mainly requiring nursing care or dementia beds. There is not at present a clear alternative for patients in the 24hr care offer such as Extra Care or enhanced care at home.	
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, the final score for Q4, and thus year end is 82.3%. This figure is a decrease from the 2015/16 outturn of 85.4%, and means that the target of 88% of people remaining out of hospital for 91 days has been missed in 2016/17. The work to redesign and target reablement services more effectively will address this area of performance.	
<b>Locally Agreed Metric</b> Injuries Due to Falls in People Aged 65+	The number of people aged 65+ who have been injured by falls has risen by a small amount since 2015/16. There are more injuries due to falls in the Eastern part of Cheshire East than in South Cheshire, which is reflective of the older population and complexity of patients.	

Table 3

## **Successes and areas that require more work**

### **Successes**

- ✓ Delivered within planned resources
- ✓ Introduction of a primary care mental health hub
- ✓ Establishment of a new dementia reablement service that manages demand on system and has excellent outcomes.
- ✓ Community teams operational across the care communities
- ✓ Implementation of community teams MDT approaches within primary care
- ✓ Continued expansion of the use of Assistive Technology to prevent demand and enable independence and safe discharge home from hospital
- ✓ Continued expansion of the Cheshire Care Record. This has moved from 'project' status to being delivered as part of business as usual.

Further to this South Cheshire CCG achievements following 16/17 BCF:

- Development of a Home First model to support both admission avoidance and early discharge. Phase 1 is in place through the introductions of Community Matrons and First Contact Practitioners. Through this service there has been a noticeable reduction in A&E attendances for older people.
- Introduction of the Discharge to Assess model. This model has enabled the introduction of a streamlined assessment on discharge, EDFD coverage through social care, health and red cross as well as the introduction of a new triage this has reduced duplication of assessment early decision making through a multi-disciplinary approach and we are starting to see a reduction in DTOC.
- A frailty pathway and ward has been in place now for 6 months and this has supported the reduction in Non-elective admissions. The pathway enables direct contact for primary care as well as a direct admission from A/E as appropriate. This early transfer and the multi-disciplinary approach has supported patients to be discharged home 72hrs after acute input.
- Introduction of a community Non-Obstetric Ultrasound (NOUS) as well as a DVT services has supported the reduction in attendances and further NELs
- Trusted Assessor model being tested through the streamlining of assessments within an acute setting
- Community bed review will provide an increase in the number of assessments beds by 22.

### **Where the Better Care Fund work continues in 2017/18 and onwards – continuing to integrate data systems**

During 2017/18 the CCGs will continue with expansion of the Cheshire Care Record project through additional data sharing agreements and technical changes. This system that currently enables seamless sharing of patients' data across health and social care providers in Cheshire will be extended to allow other organisations to both submit and have access to digital patient records. It is anticipated that the Cheshire Care Record will be expanded to include:

- Electronic Palliative Care Co-ordination System (EPaCCS) template for End of Life Diagnosis
- Integrated access for the current Out of Hours Clinical system
- Provision of access to the three Hospices in Cheshire and integrate their relevant clinical data
- Continue to work with other Health and Social care agencies, NWAS, Continued health Care, Fire service to expand the data available
- Inclusion Community Services data

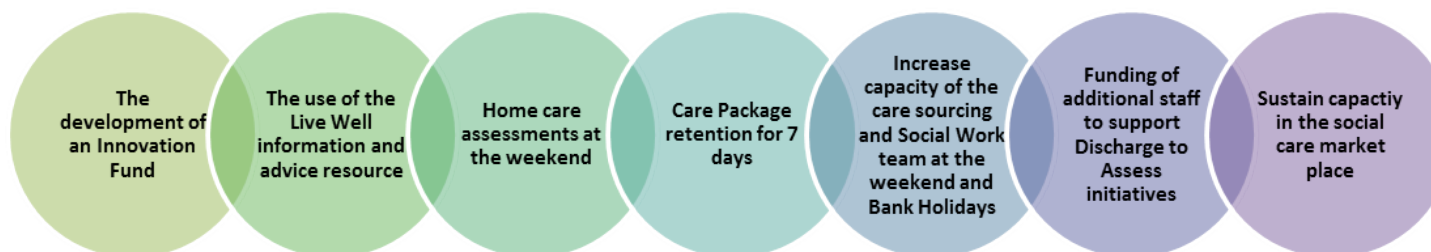
- Expand acute datasets to include electronic information for Radiology Reporting, Electronic Clinical Letters, Pathology results etc.
- Implement real time updates from GP Clinical System of Choice (EMIS)
- Continue to promote to patients through expanded communication and media routes

## Section 10 - Better Care Fund Plan

### Agreed approach to use of the Improved Better Care Fund to increase capacity and stability in the care market

Cheshire East Council is committed to co-production with its partners and is open and transparent on the iBCF, and how monies are to be spent. Therefore all partners have worked together to develop schemes that will contribute towards avoiding unnecessary admission to hospital and care homes, reducing Delayed Transfers of Care to meet nationally and locally agreed targets. Locally agreed targets are 3.5% by November for South Cheshire CCG and 5.2% for Eastern Cheshire CCG by March 31 2018 and to support the implementation of the High Impact Change Model. These schemes are subject to sign off for all partners through the regular organisational governance structures. The key risk is to Social Care is maintaining the quality, capacity and sustainability of the care market. Any market failure or disruption will have a huge impact not only on delayed transfers of care but the critical care provided in the community to thousands of vulnerable individuals. iBCF is non-recurrent money and will put pressure on the system after the 3 years. There is also a potential risk associated with the new reviews announced that areas failing to be seen to be delivering against the iBCF monies, which may result in their funding being reduced.

### The Improved Better Care Fund Schemes in Cheshire East for 2017/18



This diagram illustrates the connections between the iBCF spend, and how together they will support and enable the development of both health and social care outcomes in Cheshire East.

Whilst social care in focus, meeting adult social care needs the iBCF schemes will also reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready

**Scheme Name: Care Home Assessments at the Weekend (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August
Pre-planning work, linked to re-commissioning of Care at Home. Liaison with current providers to establish interest for pilot. To provide an update during October for Q2 iBCF reporting			Pilot provision to test methodology and to develop outcomes metrics for full service delivery which will become operational in April 2018. To provide an update during January as part of Q3 iBCF reporting			Full new service becomes operational. To set operational baseline as part of Q4 iBCF Q4 reporting.		First month reporting against baseline	Continued monthly reporting as part of business as usual reporting, linked to reducing delayed transfers of care at the weekend.		

**Scheme type: 9. High Impact Change Model for Managing Transfers of Care**

**Subtype: 16. Other**

**BCF Scheme Description:**

Work has been undertaken with the care home sector to ensure that any individual who is fit for discharge over the weekend period can be assessed and returned to their care home. This will form part of our contracts with care homes. This meets the requirements of the 'High Impact Change Model' for managing Transfers of Care in particular seven day working and reducing the pressure on the NHS.

**National Metric outcome criteria:**

**4. Delayed Transfers of Care**

This work links to the wider recommissioning of our Care at Home provision. In advance of the new contracts becoming live in April 2018, a pilot will precede this, to develop operations with providers and to integrate into discharge processes.

**Links to existing BCF schemes:**

- Home First

**Financial Year 2017/18:**

Scheme	Total
Care Sourcing team	£159,000

**Scheme Name: Care Package Retention of 7 Days (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug
Development of baseline	First review of impact on DTOC. To provide an update during October for Q2 iBCF reporting			Second review of impact on DTOC. To provide an update during January as part of Q3 iBCF reporting			Third review of impact on DTOC. To provide an update during January as part of Q4 iBCF reporting				

**Scheme type: 10. Integrated Care Planning**

**Subtype: 1. Care Planning**

**BCF Scheme Description:**

Cheshire East Council have an agreement with extra care housing schemes and Care at Home providers to pay a retainer to the care provider in order to keep the care provision open whilst the individual is absent for a period of time, e.g., in hospital. The retainer ensures that individual's existing care provider is kept available for a period of up to 7 days to resume the existing care package when the person is fit or ready to return home. If the person is in hospital this should facilitate a timelier/appropriate discharge

**National Metric outcome criteria:**

**4. Delayed Transfers of Care**

Retainer has on DTOC as care package is able to continue without need for further assessment  
Development of baseline on which to determine impact on DTOC  
Review of impact on 7 days or extension to 14 days

**Links to existing BCF schemes:**

- Home First
- Frailty Approach

**Financial Year 2017/18:**

Scheme	Total
Care package retention	£550,000



**Scheme Name: Creation of an Innovation and Transformation Fund (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Bids to be placed to the Innovation Fund. To provide an update during October for Q2 iBCF reporting		Successful bidders notified and plans to be developed with measureable outcomes against National Metrics.		First monthly reporting expected from successful bids. To provide an update during January as part of Q3 iBCF reporting	Continued monthly monitoring to demonstrate impact to the local health and social care system		To provide an update during January as part of Q4 iBCF reporting		Continued monthly monitoring to demonstrate impact to the local health and social care system		

**Scheme Type: 16. Other  
BCF Scheme Description:**

In order to support the 'Caring Together' and 'Connecting Care' transformation plans. Cheshire East Council will create a fund that the NHS and partners can access to support initiatives that promote the move towards integrated working (community teams) to achieve better outcomes for the residents of Cheshire East

**National Metric outcome criteria:**

1. Non-elective admissions (General and Acute)
2. Admissions to residential and care homes
3. Effectiveness of reablement
4. Delayed Transfers of Care

Business Cases to Better Care Fund Governance Group, October 2017

**Links to existing BCF schemes:**

\*New provision, but has the opportunity to link to all schemes\*

**Financial Year 2017/18:**

Scheme	Total
Innovation Fund	£500,000

**Scheme Name: Funding of additional social care staff to support 'Discharge to Assess' initiatives (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug
Transfer of additional funding to teams to facilitate additional team members	Recruitment of additional team members within mid-Cheshire team. To provide an update during October for Q2 iBCF reporting		New team members to be in post and DTA model to be implemented within mid-Cheshire	Baseline measurements captured to measure impact of introduction of DTA model. To provide an update during January as part of Q3 iBCF reporting	Capture impact against baseline, to determine progress against reducing DTOC		To provide an update during January as part of Q4 iBCF reporting	Continued monthly monitoring to demonstrate impact to the local health and social care system			

**Scheme Type: 10, Integrated Care Planning**

**Subtype: 2. Integrated Care Packages**

**BCF Scheme Description:**

Funding of additional staff to support the local transformation programmes Caring Together and Connecting Care in implementing a 'Discharge to Assess' model. This builds on the existing initiative with Eastern Cheshire where funding is being targeted at continuing to provide a team manager, social worker and occupational therapist, plus the roll out across mid-Cheshire.

**National Metric outcome criteria:**

4. Delayed Transfers of Care

Ongoing, review in 6 months' time

**Links to existing BCF schemes:**

- Home First

**Financial Year 2017/18:**

Scheme	Total
Discharge to Assess	£145,000

**Scheme Name: Increasing capacity in the Care Sourcing team and Social Work Team over Bank Holiday Weekends (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug
Ensure additional capacity is sourced to cover Bank Holidays.	To provide an update during October for Q2 iBCF reporting			Baseline measurements captured. To provide an update during January as part of Q3 iBCF reporting	Capture impact against baseline, to determine progress against reducing DTOC	To provide an update during January as part of Q4 iBCF reporting	Continued monthly monitoring to demonstrate impact to the local health and social care system				

**Scheme Type: 9. High Impact Change Model for Managing Transfers of Care**

**Subtype: 5. Seven Day Services**

**BCF Scheme Description:**

This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven day period

**National metric outcome criteria:**

2. Admissions to residential and care homes
3. Effectiveness of reablement
4. Delayed Transfers of Care

Ongoing, review in 6 months time (March 2018)

**Links to existing BCF schemes:**

- Home First
- Reablement Services

**Financial Year 2017/18:**

Scheme	Total
Care sourcing Bank Holidays/Weekends	£17,000

**Scheme Name: Sustain the capacity, capability and quality within the social care market place (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
A year long rolling process will be undertaken to ensure that we are responding to emerging demand as required.											

**Scheme Type: 8. Healthcare Services to Care Homes**

**Subtype: 2. Other – Physical Health**

**BCF Scheme Description:**

In order to sustain and stabilise both the Care at Home markets and Accommodation with Care markets. This means transforming the care and support offer to ensure Cheshire East has greater capacity and an improved range of services. Local partners will jointly commission the new offer and include: discharge to assess model, step up/step down beds, more specialist provision for complex needs and care at home services that promote quality of care under the system beds programme.

**National Metric outcome criteria:**

2. Admissions to residential and care homes
3. Effectiveness of reablement
4. Delayed Transfers of Care

Ongoing, outcomes delivery within 12 months (sept 2018)

**Links to existing BCF schemes:**

- Home First

**Financial Year 2017/18:**

Scheme	Total
Sustaining capacity	£3.218m

**Scheme Name: The use of 'Live Well' Online information and advice resource (iBCF)**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
The Live Well online officially launches in September 2017 and will begin to roll out across Cheshire East. The resource will link into CCG services and operations in order to provide a joined up and consist approach to signposting and providing early help.											

**Scheme Type: 15. Wellbeing Centres**  
**BCF Scheme Description:**

Cheshire East Council has embarked on a programme to deliver a new online resource to the public: Live Well Cheshire East. Both Clinical Commissioning Groups have expressed a desire to utilise this platform and expand the offer to create a community infrastructure that maps all existing assets for use of professional staff alongside members of the public.

**National Metric outcome criteria:**

1. Non-elective admissions (General and Acute)
2. Admissions to residential and care homes

Ongoing, 12 months for benefits realisation (March 2018)

**Links to existing BCF schemes:**

- Carers Assessments
- Carers Breaks
- Reablement Services
- Hospital Discharge

**Financial Year 2017/18:**

Scheme	Total
Live Well	£103,000

## Section 11- Approach to the use of the Disabled Facilities Grants

The Disabled Facilities Grant (DFG) contributes to preventing non-elective admissions and DTOC in Cheshire East through the provision of adaptations that enable independence at home, and reduce falls and the risk of injury to disabled people and their carers. It is anticipated that 800 people will benefit from adaptations to their home over the period of the BCF plan.

In 2016/17 Cheshire East Council awarded 369 grants at an average of £4,336 per grant. 24% of the programme was spent on early intervention, preventing people's health and social care needs escalating, and 76% on supporting people with high health and social care needs, enabling them to live independently or to receive care at home. 20% of expenditure was on adaptations for children and young people, and 43% for older people - the proportion of expenditure for over 85s was 29%. More than half of the adaptations provided resulted in a reduction in reliance on informal carers, and 78% would prevent falls that result in injury.

The flexibility of the DFG funding afforded to us through the BCF is being used innovatively through a number of initiatives in Cheshire East:

- An early intervention pathway has been developed, providing early support that prevents people's health and social care needs escalating unnecessarily as a result of non-elective admissions. In 2016/17 this pathway supported 120 people to adapt their homes, increasing their personal dignity, emotional wellbeing, physical wellbeing, reduced reliance on informal carers and preventing non-elective admissions. Local research has shown that two years after bathroom adaptations were provided, 91% of grant recipients were still living with full independence after two years.
- A local adaptation policy has been created which increases the maximum disabled facilities grant from £30,000 up to £50,000, so that large or complex adaptations can proceed quickly without delays being caused by a shortfall in funding.
- The adaptations policy provides for homeowner loans that can be used by family members to adapt their homes so they can provide respite care for disabled people, giving disabled people the same opportunities for family life as able bodied people and allowing them to receive care from other family members.
- Whilst the statutory test of resources is applied, it is recognised that sometimes people are disproportionately affected by the outcome so Cheshire East offer a loan to help with paying contributions
- Cheshire East support people to move to a more suitable home by helping with relocation costs
- Cheshire East maximise choice and control for disabled people, including allowing people to use the grant towards bigger home improvement schemes so that adaptations can be integrated into the home environment more effectively

A comprehensive housing advice service is in place for disabled people through the Home Improvement Agency and the Homechoice team. The Home Improvement Agency provides tailored support to organise home adaptations and apply for funding, provide information and advice about maintaining the home including affordable warmth, home repairs and privately funded adaptations, and provide specialist support for people who are hoarding, an increasing problem which can result in DTOC. The Homechoice team provide help to register and apply for social housing, identifying suitable alternative housing and provide advice on housing options including access to different forms of supported housing and tenancy support.



## Section 12 - Assessment and management of risks

### **Main risks to the delivery of the Better Care Fund in Cheshire East**

- Not meeting and achieving the planned DTOC reduction trajectory as outlined and agreed by all partners and NHSE in the planning returns (A&E Delivery Board returns)
- Not completing the redesign of reablement services as per schedule, leading to inefficient reablement and consequent readmissions to hospital
- Failure to support the social care market effectively in order to ensure capacity and capability to provide an effective, efficient and robust workforce is not realised
- Continued financial constraints within the local health and social care system
- Workforce, sustaining the current workforce and growing and diversifying workforce to meet a growing demand
- The ability to mobilise new schemes and interventions that have a measureable impact on the BCF metrics within the existing financial year
- Creating cultural change

At present a comprehensive risk log is maintained and discussed at monthly Better Care Fund Governance Group meetings with all partners. This contains mitigating actions to manage risks and responsible senior leads. An example of this shown below, the log separates risk into Executive owned risks, programme owned risks and, scheme owned risks.

The risk sharing arrangements for over and underspends is directly linked to each scheme specification and the lead commissioning organisation will be responsible for the budget management of the pooled fund allocated to the each individual scheme. The risks of overspends for the schemes included in the BCF plan are currently limited to the funding contribution. A variation schedule has been included in the partnership agreement to provide the lead commissioner with the escalation process to raise issues and concerns.

## Current Executive owned Better Care Fund Risks

Risk Ref	Risk Description	DATE IDENTIFIED	DATE LAST REVIEWED	BCF Scheme Ref	Agreed Risk Owner	Current Score			Direction of Travel for Risk Score	Planned Actions	Planned Action Lead	Planned Action Due Date	Residual Score		
						Likelihood	Impact	Total Score					Likelihood	Impact	Total Score
						L	I	LxI					L	I	LxI
E1	Failure of BCF schemes to contribute towards reduction in acute activity will lead to MCHFT and ECHT being unable to remove capacity and costs in line with plans, thus reducing the available resource to invest in upstream and/or community-based interventions.	01/09/2014	28/07/2017	All	Fleur Blakeman, Tracy Parker-Priest and Ann Riley	4	4	16	↔	Agreed that this risk needs to be managed by A&E Delivery Boards but that BCFGG needs to be cognisant of its contribution to mitigating this risk via the contribution of the schemes. Mitigating action includes robust evaluation of all schemes and decommissioning of ineffective or inefficient schemes during	CCGs	Apr-18	4	4	16
E2	Failure of BCF schemes to deliver 7 day services where required and appropriate (e.g. due to lack of available resource and/or breakdown in partner working relationships), will impact on wider 7-day working associated targets and reduce the potential service and system improvements in care.	01/09/2014	28/07/2017	All	Fleur Blakeman, Tracy Parker-Priest and Ann Riley	4	4	16	↔	Agreed that this risk needs to be managed by A&E Delivery Boards but that BCFGG needs to be cognisant of its contribution to mitigating this risk via the contribution of the schemes. Mitigating action includes robust evaluation of all schemes and agreement amongst partners regarding where 7-day services are required.	CCGs	Apr-18	2	3	6
E15	Failure to support cultural change to promote self-care, and the resulting impact on NELs/DTOC. Should the BCF plans not sufficiently support the culture to promote self-care as well as reablement after ill health, the health and social care system will expend all resources.	31/07/2017	31/07/2017	All	Fleur Blakeman, Tracy Parker-Priest and Nichola Glover-Edge	3	3	12	↔	This risks cross-cuts across many areas, including Public Health. However, central to creating a balance to reducing NEL/DTOC our population needs to become empowered to self-care where possible as a first course of action. This is being supported via activity within the iBCF, its impact will be measured.	CCGs	Oct-17	2	3	6
E16	The CCGs Capped Expenditure Programme places constraints upon the planning processes for health and social care integration during the next 12 months.	31/07/2017	31/07/2017	All	Fleur Blakeman, Tracy Parker-Priest	4	4	16	↔	Risk is managed by CCGs, however the limitations are managed and supported by ensuring that opportunities to investigate maximum ROI for BCF schemes are being undertaken. Further opportunities to co-deliver services to be explored.	CCGs	Oct-17	3	3	9
E17	The capability and capacity of the health and social care provider market is both in need of development in order to respond to the needs of a changing economy and requires support around staff retention/development.	31/07/2017	31/07/2017	All	Fleur Blakeman, Tracy Parker-Priest and Nichola Glover-Edge	3	4	12	↔	Plans for iBCF firmly support the development of the capability and capacity of the workforce to deliver the health and social care integration plans in Cheshire East. Cheshire East Council is working with social care providers to deliver new care contracts from April 2018. The VCFS sector is supporting the delivery of a new framework to provide services also from April 2018.	CEC	Apr-18	2	3	6
E18	The ambitious plans for the Accountable Care in Cheshire East are subject to a range of both internal and external influences, of which the BCF is one key stepping stone.	31/07/2017	31/07/2017	All	Fleur Blakeman, Tracy Parker-Priest and Nichola Glover-Edge	3	4	12	↔	Regular review of planning is essential to ensure that work towards health and social care integration is taking place. New reporting processes have been developed for 2017/18 to capture process, which ensures that evidence-based decisions can be made about developing such ambitious plans.	CCGs	Oct-17	2	3	6
E19	Redesign of reablement services is highlighted a required improvement project reflecting on last years performance (82.4% achievement against an 88% target), also from a service delivery point of view to integrate physical and mental health services into a holistic service. The new service must become operational in April 2018.	31/07/2017	31/07/2017	All	Nichola Glover-Edge	3	3	12	↔	Dedicated personnel for all partners will follow a project plan whilst business continuity is maintained. Monthly progress will be reported, with risks and any mitigating actions, to ensure plans are on track for new service commencement in April 2018.	CEC	Oct-17	2	3	6

Table 4

(Risks correct as of 17<sup>th</sup> August 2017)

NB: Risks are reviewed on a quarterly basis as part of good governance arrangements

### **Financial level risk**

The ambition of all partners is to operate a balanced pooled budget, whereby the carry forward of funding is on an exceptional basis and individual partners are not overexposed to financial risk from the schemes included in the BCF this ambition is contained within the S75 agreement between partners and specifies how over/underspends are to managed. At the end of 2016/17 a small underspend of £441,000 was carried forward by Cheshire East Council and partners are in the process of agreeing the deployment of these funds following the S75 agreement to the benefit of the wider BCF and to the overall health and social care system.

### **Risk sharing contingency arrangements**

At present the Cheshire East Better Care Fund group does not have the opportunity to share risks at a system level.

However, the way 'risk' is managed is detailed as below:

- Where BCF schemes are operationally co-managed (via a pooled budget), such as via discharge services that involve health and social care services – risk is managed at an operational level via the teams delivering the services.
- Where there is no formally pooled budget, there is no risk share, each individual organisation retains its own ownership
- The management of over/underspend is managed via an agreement via the S75 policy.

## Governance Structure

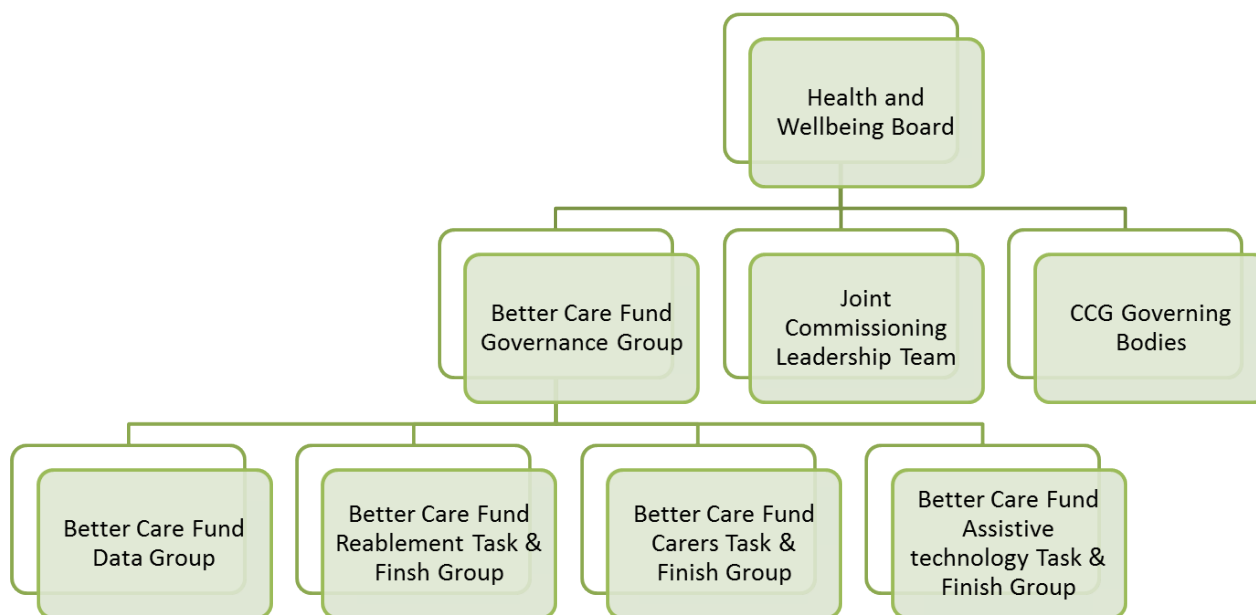


Figure c

Figure d provides an overview of the current structure of the Cheshire East Better Care Fund Governance Structure.

Main management of all risks associated with the Better Care Fund in Cheshire East are undertaken via the **Better Care Fund Governance Group**, which is attended by Directors from all three partner organisations, together with the Better Care Fund Manager, and relevant commissioning and finance colleagues. Manages risks as a standing agenda item and reports risks to the Health and Wellbeing Board as appropriate.

The **Better Care Fund Task and Finish Groups** are time-limited groups, who focus on developing specific areas of work and responding to emerging need. Risks from these groups are reported upwards to the Better Care Fund Governance Group.

Any key decisions will require a cabinet and full council approval before entering any formal agreements

## Section 13 – Meeting National Conditions

### **National condition 1 – a jointly agreed plan**

Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG have jointly agreed the contents of this plan, and will work together collaboratively in order to deliver the National Metrics as set out in the *Integration and Better Care Fund planning requirements for 2017-19*. As local delivery partners we have produced clearly articulated plan for meeting each national condition in their BCF narrative, as set out in the policy framework and operationalised by the guidance contained in this document, as well as in the scheme details entered in the planning template.

Contained in this plan are the clear links to other relevant programmes or streams of work in place locally to deliver these priorities. Our plan demonstrates how we manage risk, from programme level, operational level to financial level. In Appendix 4 there is a section on how as a local health and social care economy we address health inequalities in the area in line with duties in the Health and Social Care Act 2012 and reduce inequalities between people from protected groups in line with the Equality Act 2010.

### **National condition 2 – social care maintenance**

The Cheshire East plan meets the national condition that the NHS contribution to adult social care is maintained in line with inflation. This condition gives effect to the commitment in the Spending Review to continue to maintain the NHS minimum mandated contribution to adult social care to 2020. Further detail is demonstrated in the Financial Plan which compliments this Narrative plan. Costings for each scheme are demonstrated on each individual scheme plan page within this document.

### **National condition 3 – NHS commissioned out of hospital services**

The Cheshire East plan provides details of the schemes that have a clear evidence base and are expected to lead to sustained reductions in acute activity and unplanned admissions. This includes a wide range of services including services targeted to the most vulnerable/ 'at risk' groups via community nursing, therapeutic and adult social care, and have been determined locally to meet the needs of our local population as set out in Section 7 on page 13.

### **National Condition 4 – Managing Transfers of Care**

The Cheshire East plan sets out the agreed joint approach to funding and implementing the joint approach for implement the High Impact Change Model for Managing Transfers of Care. This builds on existing successful local practice and tailored to local demographics. Table 2 provides an overview of the plans for Cheshire East, then the individual schemes plans from pages 24 to 30, then 45 to 56 provides the timescales and costs for individual schemes.

## Managing transfers of care in Cheshire East

The Cheshire East BCF schemes are closely aligned to the work undertaken by the A&E Delivery Boards in both areas of Cheshire East, which are part of the North Region. Unless indicated by **RED TEXT** activity is already operational, commence dates are indicated by the dates in brackets.

	High Impact change	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	Better Care Fund
1	Early discharge planning	SAFER bundle Frailty approach – comprehensive geriatric assessment within emergency portals, on wards and in community. Frailty training for health and social care staff then Expected Discharge Date within 6 hours Pre-assessment clinics Integrated Health and Social Care Discharge team Daily Ward Rounds 2 x weekly stranded patient reviews Primary Care Streaming	Establish REACT team in Emergency Dept. to enable to be discharged home rather than being admitted with follow up support if required Early Discharge Facilitator development Development of daily MDTs on the wards. Development of early discharge facilitators on the wards to coordinate timely discharges. Joint discharge policy under review Establish ambulatory care unit Testing direct access for GPS and community matrons to Geriatrician to enhance clinical decision making and if admission is required, supported discharge planning is agreed. Early identification of frailty on presentation to ED, development of Comprehensive geriatric assessment to expedite early discharge planning End of life partnership initiative to work with acute trust and CHC to support coordination of end of life Acute oncology and orthopaedic schemes in place to support pre op education to support planned surgery to improve patient outcomes Psychiatric Liaison support in ED PJ paralysis initiative in acute care	<b>Supporting Discharge to Assess is part of the iBCF funding (October 2017)</b>
2	Systems to monitor patient flow	SAFER flow bundle e.g. stranded patient review Action focused bed management meetings Prioritisation & proactive management of DTOC	System requirements currently being defined and comparing best practice to determine future need locally Development of shared care records, funding approved to establish EMIS link in ED and with community teams and primary care. EPACS for cancer services	
3	Multidisciplinary/multi-agency discharge teams	Integrated Discharge Team, multi-disciplinary staff from across health and social care Daily meetings/Board rounds – commissioners involved	Single assessment developed with health and social care to support triage processes for complex discharges and discharge to assess. Development of morning MDT integrated discharge team to allocate patient discharges and support development of discharge to assess model. MDT approach for palliative care developed involving acute and community	A significant element of the iBCF fund in Cheshire East has been allocated towards supporting the development of Connecting Care and Caring



	High Impact change	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	Better Care Fund
		Proactive management approach to delays WTE nurse working on out of area delays to improve repatriation and discharge	service providers including third sector Continue British Red Cross contract to support timely safe discharges using designated BCF funding	Together in Cheshire East. The additional funding is to be utilised over the next 6-12 months to further develop the local health and social care economy <b>(Feb-Aug 2018)</b>
4	Home First / Discharge to Access	Single Point of Access Continuing healthcare scheme in place Frailty approach working on a 'Support to Assess' model which avoids admissions <b>(October 2017)</b> Spot purchase arrangements in place for discharge to assess	Referrals from wards using single assessment forms into integrated discharge team. Testing discharge of patients to identified community bed bases. Testing discharge of patients using forms to reablement starting 14/8/17 Continuing Health care testing Audit completed on bed based services across acute and community beds to understand current need to inform future modelling as per bed reconfiguration paper Integrated discharge team have developed dashboard to identify key worker to support discharge Workforce review of community services to support management of complex needs in the community and discharge to assess Development of revised role of the community matron to support assessment at home for urgent need Need to develop single point of access to support discharge to assess. Discussions taken place with community providers. Reablement rapid response resource ringfenced to support timely discharge	By the end of March 2018, 75% of hospitals nationally is expected to have this in place. Within Cheshire East this is already in operation within Macclesfield District General Hospital, and through the iBCF funding stream, the same provision will be supported within Mid-Cheshire Hospitals Foundation Trust <b>(October 2017)</b>
5	Seven Day Service	Frailty work across 7 days, including single point of access. Recruitment underway Social care weekend working <b>(October 2017)</b>	"Community services review of capacity and demand and modelling to support home first model. Current services provided over 7 days include community nursing, intermediate care, community rehab to support falls, hospital at home, GP out of hours. People with existing reablement packages that are admitted to the acute care, have the packages held for 7 days Acute care action plan to support 7 day services. Social care business case being considered to support social care support over the weekend and extended over the week, following pilot and evaluation. Psychiatric Liaison access 7 days per week to support appropriate discharge	Two schemes, 'increased delivery of weekend and Bank Holiday working, and increasing capacity of the care sourcing team over the weekend', are being funded via iBCF monies to further support seven day services in Cheshire East, thus delivering social care support with a health outcome.

	High Impact change	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	Better Care Fund
			plan	
6	Trusted Assessors	Testing Trusted Assessor model Streamlined assessment process in place	Development of Home first care clusters based around geographical footprint with a number of GP clusters based on population of 35k. Single assessment developed with health and social care to support triage processes for complex discharges and discharge to assess to test Review of reablement services across East Cheshire to identify opportunities to widen access to meet demand.	Supporting the delivery of the Trusted Assessor model is part of the iBCF funding plan. <b>(October 2017)</b>
7	Focus on choice	<i>Supporting Patient Choice to Avoid Long Hospital Stays</i> – policy implemented April 2017	Patients and relatives planning for discharge from point of admission All staff understand choice and can discuss discharge proactively Voluntary sector fully integrated as part of health and social care team in acute and community	Promoting choice and self-care for patients – the ‘Live Well’ online resource which is one of the additional iBCF schemes will contribute to promoting choice and self-care for patients. Whilst the resource is currently in its infancy it is intended that CCGs and partner organisations add their information to this portal to allow citizens to access to their health and social care information from one place <b>(September 2017 onwards)</b>
8	Enhancing health in Care Homes	Nursing Homes – enhanced primary care medical services, proactive Low standardised rates of admission from Nursing Homes Work to be developed in residential homes <b>(September 2017 onwards)</b>	Care homes integrated into health and social care systems No variation in the flow of people from care homes into hospital Care homes CQC rates reflect high quality care	

Table 5

## Section 14 - Overview of funding contributions

The confirmed spend for the Cheshire East Better Care Fund for the following areas is:

2017/18 Better Care Fund	Amount £
Assistive technology	743,000
Early Discharge	242,000
Combined Reablement	3,961,000
Social Care Act	390,000
Programme Enablers / Residual headroom	1,167,000
Carers Assessment / Support	319,000
Carers breaks	376,000
Frailty /Community Care	8,378,000
Home First (Intermediate Care	7,427,000
Disabled Facilities Grant	1,775,000
<b>TOTAL</b>	<b>24,778,000</b>

Improved Better Care Fund

Scheme No.	Name of scheme	Amount £
Scheme 1	Care Home assessments at the weekend	17,000
Scheme 2	Care Package Retention for 7 days	550,000
Scheme 3	Increased capacity in the Care Sourcing Team and Social Work Team over Bank Holiday weekends	159,000
Scheme 4	Funding of additional social care staff to support 'Discharge to Assess initiatives	145,000
Scheme 5	Sustain the capacity and capability within the social care market place	3,218,000
Scheme 6	Creation of an Innovation and Transformation Fund	500,000
Scheme 7	The use of 'Live Well' Online information and advice resource	103,000

All BCF partners within Cheshire East confirm that all spends are being used for their intended purposes and have been agreed with relevant stakeholders

## Section 15 - National Metrics

National Metric	Forecast	Level of Ambition	Rationale
Non-elective admissions (General and Acute)	Q1 9,496 Q2 9,631 Q3 10,569 Q4 10,072 <u>2018</u> Q1 9,622 Q2 9,487 Q3 10,559 Q4 10,063	The level of ambition for Cheshire East is balanced between reducing NELs are part of the delivery plans to keep people out of hospital and supported in the community where possible.	Effective prevention and risk management of vulnerable people through effective, integrated Out-of-Hospital services will improve outcomes for people with care needs and reduce costs by avoiding preventable acute interventions and keeping people in non-acute settings. Within Cheshire East our better care Funds schemes are aligned to the 'prevent' thematic in order to do this using: Assistive technology, Carers assessments, Carers breaks (NB: to become part of the Integrated carers Hub by April 2018), Dementia reablement services (NB: to become part of the Integrated reablement service by April 2018), Disabled facilities grants, Frailty approach, Home First, Reablement services, Social Care Act, iBCF: The use of 'Live Well' online information and advice resource.
Admissions to residential and care homes	616	Please note that the 16/17 figure was the plan figure. The actual totals were: numerator 616; rate 730.5 (using population projection for 16/17). As this target was not achieved in 16/17 it is prudent to use this target again in 17/18	<i>How will you reduce admissions into residential homes?</i> Reducing admissions to residential homes in Cheshire East is a challenge given our ageing population. However ensuring that our social care economy is suitably developed to provide additional care and capacity is a key component of the iBCF for 2017/18. In addition, ensuring that those who leave hospital care are enabled and supported is a key feature of our planning, to ensure that people are able to return home instead of being placed into intermediate care. Our other schemes are complimentary to supporting the reduction to residential homes, Frailty approach, Home First, iBCF: Increasing the capacity in the care sourcing team and Social Work team over the Bank Holiday Weekends, iBCF: Sustain the capacity, capability and quality within the social care market place, iBCF: The use of 'Live Well' online information and advice resource.
Effectiveness of reablement	In 2016/17 the target set was 88.4%. The outturn was 82.2%. Therefore the proposal for Cheshire East is that we should continue to work towards 88.4%	The level of ambition of <b>88.4%</b> represents a challenge in Cheshire East; given that our population and demographics provide a population who are ageing, with often multiple and complex conditions that require support from multiple providers.	<i>How will you increase the effectiveness of reablement?</i> In Cheshire East all BCF partners have agreed to an ambitious plan to bring together our current 'reablement' services to develop a newly designed integrated reablement service that will provide a holistic service, supporting a person physical and mental wellbeing needs. At the same time, and aligned to this, our carers provision is also being redesigned to provide an integrated service – together these two services will become complimentary and thus increase the effectiveness of the wider reablement offer to people living in Cheshire East, and to their carers. In addition, the wider provision of Assistive technology, Disabled facilities grants, Frailty approach, Home First, Hospital Discharge, iBCF: Increasing the capacity in the care sourcing team and Social Work team over the Bank Holiday Weekends, iBCF: Sustain the capacity, capability and quality within the social care market place will provide

			additional efficiencies that will assist us in realising our ambition.
Delayed transfers of care	2017 Q1 1,462.7 Q2 1,217.3 Q3 1,252.2 Q4 1,257.4	The level of ambition is set out in the figures as submitted to NHSE and as part of the CCG returns as part of the A&E Delivery Board Plans. For Cheshire East cumulatively, these are described in table 5 (and also demonstrated separately for both CCG) The data has been calculated using 33.3%, which is the most recent performance data for our locality.	In Cheshire East work is continuing in a dual focussed manner that the local health and social care economy reduces the need for people to go into hospital in the first place via preventative approaches, self care, and early intervention. Where this is not possible, through the complexities of a person's condition, the following schemes form part of the 'reduce and reable' offer. Frailty approach, Home First, Hospital Discharge, Reablement Services, iBCF: High Impact Change Model for Managing transfer of Care, iBCF: Care home assessments at the weekend, iBCF: Care package retention of 7 days iBCF: Funding for additional social care staff to support 'Discharge to Assess' initiatives iBCF: Increasing the capacity in the care sourcing team and Social Work team over the Bank Holiday Weekends, iBCF: Sustain the capacity, capability and quality within the social care market place.

Table 6

### **An agreement on patient flow**

Managing patient flow is linked to the 8 national best practice standards.

### **Contributions that BCF schemes will make to meeting DTOC targets and meeting the ambition in the A&E Improvement plan**

The BCF schemes in Cheshire East make a significant contribution to meeting the ambition in the A&E Improvement plan. Please see pages 45 to 56 for the details of the schemes which contribute directly to this target, together with their timelines and spend.

### **Developing the Discharge to Assess Model or Trusted Assessor Model in Cheshire East**

Cheshire East has a Discharge to Assess pathway in place which involves spot purchasing for Continuing Health Care. There is a draft pathway and model, developed in partnership with East Cheshire Trust, Cheshire East Council and NHS South Cheshire CCG, which will be signed off in September 2017.

The final model is likely to include spot and block purchasing to ensure we retain flexibility to meet differing complex needs e.g. resolving delirium. Targeting the 'right' patients is critical to make this financially sustainable and to prevent additional transitions of care if there is no clinical benefit

The data in table 5 shows the return that was sent to NHS England on the 21st of July 2017, which is coterminous with the A&E Delivery Board Plans to reduce Delayed Transfers of Care.

The data in table 5 is presented as the number of bed days, per day – which need to be reduced in order to meet the projected targets. The Cheshire East Better Care Fund Data Group has developed this accessible data in order to assist operational colleagues in planning. This data forms part of the local data pack which will be routinely collected as part of our monthly data tracker dashboard from October 2017, which will allow close monitoring of outcome and performance in order to react swiftly to emerging trends.

Plans based on 33.3% being attributable to adult social care																								
Delayed Transfers of Care																								
Delayed Days per 100,000 population																								
	17-18 plans												18-19 plans											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS attributed delayed days	1082	912	898	1019	1085	951	893	724	727	707	601	645	651	651	651	651	651	651	651	651	651	651	651	651
NHS Eastern Cheshire CCG				444	557	440	414	400	393	372	299	310	327	327	327	327	327	327	327	327	327	327	327	327
NHS South Cheshire CCG				575	528	511	480	324	334	334	302	334	324	324	324	324	324	324	324	324	324	324	324	324
Social Care attributed delayed days	553	487	498	496	528	462	433	350	351	341	289	310	313	313	313	313	313	313	313	313	313	313	313	313
Jointly attributed delayed days	1	0	4	9	10	9	10	10	10	10	9	10	10	10	10	10	10	10	10	10	10	10	10	10
Total Delayed Days	1636	1399	1400	1524	1622	1422	1336	1083	1088	1057	899	964	974	974	974	974	974	974	974	974	974	974	974	974
BCF Submission Quarterly Profile			Q1 17/18			Q2 17/18			Q3 17/18			Q4 17/18			Q1 18/19			Q2 18/19			Q3 18/19			Q4 18/19
			4435			4568			3507			2920			2921			2921			2921			2921
Population Projection (SNPP 2014)	303,216	303,216	303,216	303,216	303,216	303,216	303,216	303,216	303,216	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	305,640	305,640	305,640
TOTAL Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	540	461	462	502.5	535.1	469.0	440.6	357.2	358.9	347.2	295.2	316.6	319.8	319.8	319.8	319.8	319.8	319.8	319.8	319.8	318.6	318.6	318.6	318.6
NHS attributable Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	357	301	296	336.0	357.7	313.6	294.6	238.7	239.8	232.0	197.3	211.7	213.8	213.8	213.8	213.8	213.8	213.8	213.8	213.8	213.0	213.0	213.0	213.0
Social Care attributable Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	182	161	164	163.5	174.1	152.4	142.7	115.3	115.7	111.8	94.9	101.7	102.8	102.8	102.8	102.8	102.8	102.8	102.8	102.8	102.4	102.4	102.4	102.4
Delayed Days per Day per 100,000 population																								
	17-18 plans												18-19 plans											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS attributed delayed days per day	36	29	30	33	35	32	29	24	23	23	21	21	22	21	21	21	21	21	21	21	21	21	23	21
NHS Eastern Cheshire CCG				14	18	15	13	13	13	12	11	10	11	11	11	11	11	11	11	11	11	11	12	11
NHS South Cheshire CCG				19	17	17	15	11	11	11	11	11	11	10	11	10	10	11	10	11	10	10	12	10
Social Care attributed delayed days per day	18	16	17	16	17	15	14	12	11	11	10	10	10	10	10	10	10	10	10	10	10	10	11	10
Jointly attributed delayed days per day	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Delayed Days per day	55	45	47	49	52	47	43	36	35	34	32	31	32	31	32	31	31	32	31	32	31	31	35	31
Population Projection (SNPP 2014)	303,216	303,216	303,216	303,216	303,216	303,216	303,216	303,216	303,216	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	304,505	305,640	305,640	305,640	305,640
TOTAL Delayed Transfers of Care (delayed days) per day from hospital per 100,000 population (aged 18+)	18.0	14.9	15.4	16.2	17.3	15.6	14.2	11.9	11.6	11.2	10.5	10.2	10.7	10.3	10.7	10.3	10.3	10.7	10.3	10.7	10.3	10.3	11.4	10.3
NHS attributable Delayed Transfers of Care (delayed days) per day from hospital per 100,000 population (aged 18+)	11.9	9.7	9.9	10.8	11.5	10.5	9.5	8.0	7.7	7.5	7.0	6.8	7.1	6.9	7.1	6.9	6.9	7.1	6.9	7.1	6.9	6.9	7.6	6.9
Social Care attributable Delayed Transfers of Care (delayed days) per day from hospital per 100,000 population (aged 18+)	6.1	5.2	5.5	5.3	5.6	5.1	4.6	3.8	3.7	3.6	3.4	3.3	3.4	3.3	3.4	3.3	3.3	3.4	3.3	3.4	3.3	3.3	3.7	3.3

Table 7



### **Non Elective Admissions**

Through the schemes listed above NHS South Cheshire CCG have already seen a reduction in both A&E attendances and NELs compared to 15/16 data. NEL Type 1 attendances to admissions are also down nearly 4% compared to 2016 data. The A&E 4 hour performance was 92.63% which is still above the STF trajectory of 91.34%. NEL length of stay has further decreased resulting in lower numbers of medical outliers.

### **DTOC**

There has been a general decrease in the number of DTOC, however in July we saw an increase in the number of DTOC mainly due to the higher dependency of patients requiring ongoing care. The introduction of the Discharge to Assess process has resulted in a significant reduction in DTOCs and the trajectory of 5.5% has been achieved. However this needs to be further reduced over the following months both through the schemes within the BCF and ongoing transformation of services to reach the nationally and locally agreed targets. A target of 3.5% by November 2017 has been agreed for South Cheshire CCG and a target of 5.2% by March 31 2018 for Eastern Cheshire CCG. Some of the schemes especially within the iBCF are going to be in place realistically in Q4 and this may affect the both DTOCs and NELs as the winter period will have commenced.

Further work is commencing locally regarding the out of area patients' impact on our DTOC trajectory position. Due to the geographical position of Cheshire East, a significant number of patients are from out of the area (350 in July 2017 for Eastern Cheshire CCG), which further impacts on our ability to achieve challenging targets.

**Scheme Name: Assistive Technology**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Review of existing contract with CCG partners to identify opportunities for efficiencies. Provide update for Q2 iBCF reporting.			Plan implementation of any changes proposed including impact assessments. Provide update for Q3 iBCF reporting					Implement changes, setting measureable impact against BCF National Metrics.	Initial impact report for Q4 iBCF reporting.		First report on impact of changes.

**Scheme Type: 1. Assistive Technology**  
**Subtype: 1. Telecare & 2. Wellness Services**  
**BCF Scheme Description:**

The use of Assistive Technology (AT) is increasing and new initiatives are being developed. Assistive technologies will be considered as part of the assessment for all adults who are eligible for social care under the Care Act. The provision of assistive technology will be personalised to each individual and will be integrated within the overall support plan.

Assistive technology has generally been focused on maintaining the independence of older people in a community setting and Cheshire East generally supports over 1,925 customers a month with telecare support.

The scheme aims to continue to support the existing assistive technology services and piloting assistive technology support for adults with a learning disability living in supported tenancies and living in their own homes.

**Links to other BCF schemes:**

- Reablement

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 3) Effectiveness of reablement

Adult Social Care Outcome Framework

- 1B: Proportion of people who use services who have control over their daily life
- 3A: Overall satisfaction of people who use services with their care and support
- 3B: Overall satisfaction of carers with social services
- 3D: The proportion of people who use services and their carers who find it easy to find information out about services
- 4B: The proportion of people who use services who say that services have made them feel safe and secure

**Financial Year 2017/18:**

Scheme	Total
Assistive Technology	£743,000

**Scheme Name: Carers Assessments/ from April 2018 – Integrated Carers Hub**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Carers Assessments will be delivered as part of business as usual between September 2017 and March 2018. During this period, service redesign will take place to develop an integrated Carers Hub, to bring together all services and resources for carers to commence from April 2018. During the period of redesign routine outcome data will be collected on a quarterly basis to inform BCF quarterly monitoring returns.							First month of service provision for the new Carers Hub	First data returns to be received from new service. Collation of data for Q4 BCF reporting.	Continued data collection as part of business as usual.		

**Scheme Type: 2. Carers Services**  
**Subtype: 2. Implementation of Care Act**  
**BCF Scheme Description:**

Increase the number of carers assessments performed and to develop a clearer understanding of residents who rely on carer support  
To provide effective crisis support for carers to reduce unnecessary emergency admissions to hospital and reduce admissions to residential care, to maintain the independence of the person being cared for  
Establish what works for carers and what produces sustainable savings locally by understanding the impact of carer support on delayed discharges, the need for social care and emergency hospital admissions, and by evaluating the range of carer support packages.  
Reduce the need for health and social care services and improve wellbeing of carers by providing short-term preventative packages of support.

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 3) Effectiveness of reablement

Adult Social Care Framework

- 1I: The proportion of people who use services, and their carers, who reported that they had as much social contact as they would like.  
1D: Carer reported quality of life.  
3B: Overall satisfaction of carers with social services.  
3c: Proportion of carers who report that they have been included or consulted in discussion about the person they care for  
3D: The proportion of people who use services and their carers who find it easy to find information out about services.

**Links to other BCF schemes:**

- Carers breaks
- Making Space also provide Trusted Assessor Mental Health assessments

**Financial Year 2017/18:**

Scheme	Total
Carers Assessments	£319,000

**Scheme Name: Carers Breaks – from April 2018 Integrated Carers Hub**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
A Carers wellbeing Fund will be initiated as part of business as usual between September 2017 and March 2018. During this period, service redesign will take place to develop an integrated Carers Hub, to bring together all services and resources for carers to commence from April 2018. During the period of redesign routine outcome data will be collected on a monthly basis to inform BCF quarterly monitoring returns.							First month of service provision for the new Carers Hub	First data returns to be received from new service.			

**Scheme Type: 3. Carers Services**

**Subtype: 2. Implementation of the Care Act**

**BCF Scheme Description:**

Partners across Health and Social Care recognise that by aligning our resources to support carers we enable to delivery of more consistent outcomes, whilst also reducing the waste and duplication between historic arrangements. This scheme combines the former CCG funded carer breaks with the social care act carer assessment duties.

To effectively commission carers' breaks across Cheshire East across the health and social care boundary

To ensure Cheshire East Council meets its duties under the Social Care Act

To provide effective Carers' Breaks to reduce unnecessary admissions to hospital and reduce admissions to residential care, to maintain the independence of the person being cared for

Generate evidence to inform future commissioning intentions

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 3) Effectiveness of reablement

Adult Social Care Outcomes Framework

1D: Carer reported quality of life

**Links to other BCF schemes:**

- Carers Assessments
- Social Care Act
- Reablement

**Financial Year 2017/18:**

Scheme	Total
Carers breaks	£376,000

**Scheme Name: Disabled Facilities Grants**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
------	-----	-----	-----	-----	-----	-----	-----	-----	------	------	-----

The provision of Disabled Facilities Grants is a year round programme. However, additional reporting is due to be undertaken in 2017/18 in order to further triangulate the data about the recipients of the grants to determine the impact it has in reducing or social care needs (i.e. reduced social care packages) or if it helps a person to return home from hospital sooner.

Additional narrative reporting will be undertaken for BCF reporting in November 2017 for Q2, March 2018 for Q3 and May for Q4.

**Scheme Type: DFG Adaptations**

**BCF Scheme Description:**

The Disabled Facilities Grant scheme is to provide 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 will be administered by Cheshire East Council and will be delivered across the whole of Cheshire East.

**What outcomes will be delivered:**

- 1) Non-elective admissions (General and Acute)
- 3) Effectiveness of reablement

**Links to other BCF schemes:**

- Reablement
- Social Care Act

**Financial Year 2017/18:**

Scheme	Total
Disabled Facilities Grants	£1,775,000

**Scheme Name: Home First (NHS Eastern Cheshire CCG)**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Home First in Eastern Cheshire continues as part of business as usual, however this work is subject to the review and ongoing work carried out by Fusion48, so may be subject to some changes as the outcome of these reviews is known.											

**Scheme Type: 10. Integrated Care Planning**

**Subtype: 1. Care Planning**

**BCF Scheme Description:**

Providers will empower people with more complex needs with support from a fully integrated community team. So that:

Risk stratification of the population will enable services to be targeted to the people who need them. It will identify the top 20% of the population who are most at risk of experiencing poor health and empower them to live more independently. These people will receive a single assessment focused on their lifestyle, goals and care needs using a joint assessment across health and social care.

For those most at risk, a care co-ordinator will be identified from within an integrated community team.

A care plan will be created jointly with the person to include goals, required interventions, provider details, and information on who to contact in case of change or crisis. For less complex needs, this may simply be a crisis plan. Services will then be put in place to empower the person and their carers and meet their needs. The integrated community team and care co-ordinator (if appointed) will then undertake case management to empower the person to follow the care plan and make sure that care takes place.

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 2) Admissions to residential and care homes
- 3) Effectiveness of reablement
- 4) Delayed Transfers of Care

Adults Social Care Outcomes Framework

Domain 1- Enhancing quality of life for people with care and support needs

Domain 2 - Delaying and reducing the needs for care and support

Domain 3 - Ensuring that people have a positive experience of care and support

Domain 4 - Safeguarding people whose circumstances make them vulnerable and protecting them from harm

**Links to other BCF schemes:**

- Reablement

**Financial Year 2017/18:**

Scheme	Eastern Cheshire	Total
Frailty Approach	£8,378,000	£8,378,000

**Scheme Name: Home First (NHS South Cheshire CCG)**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
------	-----	-----	-----	-----	-----	-----	-----	-----	------	------	-----

Home First is continuing service delivery, however is subject to local review and is part of wider developments such as the GP Integrated Care.

**Scheme Type: 9.High Impact Change Model for Managing Transfer of Care**

**Subtype: 4. Home First / Discharge to Assess**

**BCF Scheme Description:**

Explore and identify opportunities to work in collaboration with the wider health and social care economy, such as voluntary sector, pharmacy services and primary care to create more of an emphasis on enablement and self-empowerment to meet health and social care needs.

Scope the potential financial impact on reducing emergency admissions as part of the redesign, with greater emphasis on medical responsibility being maintained in primary care, with support from specialist services.

Streamline the assessment process of patients that supports safe transfer of care and improves patient experience, utilising a comprehensive geriatric assessment to outline future management plans and reduce the risk of readmission or long term care placement. There is a need to quantify potential impact on readmission rates and CHC reduction costs based on national data if possible

Target a reduction in delays in transfers of health and social care with the development of the trusted assessor framework.

Develop a discharge to assess model that improves timely discharge from acute care of frail older people to their normal place of residence as soon as the acute treatment is complete with an assessment that have agreed personalised goals agreed in conjunction with the person and carers.

Improve utilisation of commissioned community bed stock to meet patient need rather than service need.

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 2) Admissions to residential and care homes
- 3) Effectiveness of reablement
- 4) Delayed Transfers of Care

**Links to other BCF schemes:**

- Reablement

**Financial Year 2017/18:**

Scheme	South Cheshire	Total
Home First	£7,627,000	£7,427,000



**Scheme Name: Hospital Discharge**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Business as usual, however monthly data collection to commence in order to provide more robust reporting and increased intelligence of how service is used.						Collation of relevant narrative to demonstrate impact on National Metrics for Q3 BCF reporting.		Collation of relevant narrative to demonstrate impact on National Metrics for Q4 BCF reporting.			

**Scheme Type: 16. Other**  
**BCF Scheme Description:**

The service will support people who are at risk of hospital admission or who have been admitted to hospital.

The service will accompany patients' home following discharge from hospital following an inpatient stay, discharge from A&E or where an individual has been identified by a health or social care professional as being at risk of admission to hospital. Assistance will be provided to the individual in settling back home and followed up to ensure that the individual is managing well.

The service will provide a Safe and Well risk assessment upon arrival at the individual's home, and will trigger appropriate Safeguarding and Welfare processes where concerns are raised - for example, serious concerns about living conditions. The service will provide assistance to transport the patient home from hospital where appropriate and based on need, may refer the individual for additional support from the Support to Return Home service to meet the needs of the individual for up to four weeks.

**National Metric outcome criteria:**

- 3) Effectiveness of reablement
- 4) Delayed Transfers of Care

NHS Outcomes Framework

Domain 2: Enhancing quality of life for people with long-term conditions  
Domain 3: Helping people to recover from episodes of ill health or following injury.

Adult Social Care Outcomes Framework

Domain 1: Enhancing quality of life for people with care and support needs  
Domain 2: Delaying and reducing the need for care and support.

Cheshire East Council's Corporate Outcomes

1. Our local communities are strong and supportive
5. People live well and for longer

**Links to other BCF schemes:**

- Frailty Service

**Financial Year 2017/18:**

Scheme	Total
--------	-------

- Home First
- Reablement

Hospital Discharge

£242,000

**Scheme Name: Programme Enablers**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Development of the 2 year BCF Plan	Q2 iBCF reporting	Q2 BCF reporting		Q3 iBCF Reporting		Q3 BCF Reporting	Q4 iBCF Reporting	Q4 BCF reporting			

**Scheme Type: 7. Enablers for integration**

**Subtype; 3. Programme Management**

**BCF Scheme Description:**

The delivery of the Better Care Fund will relies on joint commissioning plans already developed across the Cheshire East Health and Social Care economy.

The role covers the following skill set:

- Programme management
- Governance and finance support to develop s75 agreements; cost schemes and cost benefit analysis
- Financial support
- Additional commissioning capacity might be required to support the review of existing contract and schemes and the procurement of alternative services.

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 2) Admissions to residential and care homes
- 3) Effectiveness of reablement
- 4) Delayed Transfers of Care

**Links to other BCF schemes:**

- Assistive Technology (& falls service)
- Carers Assessments
- Carers Breaks
- Dementia Reablement services
- Disabled Facilities Grants
- Frailty Approach (East)
- Home First / Intermediate Care (South)
- Hospital Discharge Scheme (Cheshire East wide)
- Reablement services
- Social Care Act

**Financial Year 2017/18:**

Scheme	Total
Programme Enablers	£139,000

**Scheme Name: Reablement Services**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Reablement services are to be redesigned and developed into an integrated service that will support both physical and mental health needs. It is anticipated that the new service provision will become operational in April 2018.											

**Scheme Type: 11. Intermediate Care Services**

**Subtype 4. Reablement Services**

**BCF Scheme Description:**

Rapid response to assess people at home within 2 hours of referral which enables packages of care to be arranged in the person's home until they return to full health and function.

Short term intervention at a person's place of residence to enable the patient to recover safely and achieve baseline functional skills with a review of future health and social care needs.

Step up bed based services that prevent inappropriate admission to acute care by taking referrals from community.

Step down bed based services that facilitate a stepped pathway out of hospital and enables facilitation to support return to a patient's normal place of residence.

Strengthen interface with primary and community care to improve continuity in care and case management approach.

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 3) Effectiveness of reablement
- 4) Delayed Transfers of Care (reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017)

**Links to other BCF schemes:**

- Dementia reablement service
- Carers Assessments
- Carers breaks
- Social Care Act

**Financial Year 2017/18:**

Scheme	Total
Reablement Services	£3,961,000

**Scheme Name: Social Care Act**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
------	-----	-----	-----	-----	-----	-----	-----	-----	------	------	-----

The provision of Social Care Act is a year round programme. However, additional reporting is due to be undertaken in 2017/18 in order to further triangulate the data about the recipients of Social Care Act to determine the impact it has in reducing or social care needs (i.e. reduced social care packages) or if it helps a person to return home from hospital sooner.

Additional narrative reporting will be undertaken for BCF reporting in November 2017 for Q2, March 2018 for Q3 and May for Q4.

**Scheme Type: 3. Carers Services**  
**Subtype; 2. Implementation of Care Act**  
**BCF Scheme Description:**

This scheme strengthens the implementation of the Care Act 2014 responsibilities that are funded from the Better Care Fund. The Care Act 2014 introduced and revised some of the statutory responsibilities of local authorities. This scheme will ensure sustainable appropriate embedded solutions are in place to meet these responsibilities.

This scheme also includes a number of Social Care Act services which were identified as being funded from the Better Care Fund.

**National Metric outcome criteria:**

- 1) Non-elective admissions (General and Acute)
- 3) Effectiveness of reablement

**Adult Social Care Framework**

- 3A: Overall satisfaction of people who use services with their care and support  
 3B: Overall satisfaction of carers with social services  
 3D: The proportion of people who use services and their carers who find it easy to find information out about services  
 4B: The proportion of people who use services who say that services have made them feel safe and secure

**Links to other BCF schemes:**

- Carers assessments
- Reablement
- Carers breaks

**Financial Year 2017/18:**

Scheme	Total
Social Care Act	£390,000

**Scheme Name: Innovation and Transformation Fund (Core BCF)**

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Bids to be placed to the Innovation Fund.		Successful bidders notified and plans to be developed with measureable outcomes against National Metrics. To provide an update during November for Q2 BCF reporting		First monthly reporting expected from successful bids.	Continued monthly monitoring to demonstrate impact to the local health and social care system. To provide an update during February as part of Q3 BCF reporting		To provide an update during May as part of Q4 BCF reporting		Continued monthly monitoring to demonstrate impact to the local health and social care system		

**Scheme Type: 16. Other  
BCF Scheme Description:**

In order to support the 'Caring Together' and 'Connecting Care' transformation plans. Cheshire East Council will create a fund that the NHS and partners can access to support initiatives that promote the move towards integrated working (community teams) to achieve better outcomes for the residents of Cheshire East

**Links to existing BCF schemes:**

\*New provision, but has the opportunity to link to all schemes\*

**National Metric outcome criteria:**

1. Non-elective admissions (General and Acute)
2. Admissions to residential and care homes
3. Effectiveness of reablement
4. Delayed Transfers of Care

Business Cases to Better Care Fund Governance Group, October 2017

**Financial Year 2017/18:**





Scheme	Total
Innovation Fund	£1,028,000

## Section 16 - Approval and sign-off

<b>Signed on behalf of the Cheshire East Health and Wellbeing Board</b>	
<b>By</b>	Cllr. Rachel Bailey
<b>Position</b>	Leader of the Council, Chair of the Health and Wellbeing Board
<b>Date</b>	11 <sup>th</sup> September 2017

<b>Signed on behalf of NHS Eastern Cheshire Clinical Commissioning Group</b>	
<b>By</b>	Jerry Hawker
<b>Position</b>	Chief Officer
<b>Date</b>	11 <sup>th</sup> September 2017

<b>Signed on behalf of NHS South Cheshire Clinical Commissioning Group</b>	
<b>By</b>	Tracy Parker-Priest
<b>Position</b>	Executive Director of Transformation and Commissioning
<b>Date</b>	11 <sup>th</sup> September 2017

<b>The following documents are appended into this document:</b>	<b>Embedded document</b>
<b>People live well, for longer. Cheshire East Council Commissioning Plan 2017-20</b>	 PEOPLE LIVE WELL FOR LONGER - V4 -53
<b>Adult Social care, Market Position Statement, Cheshire East Council 2017 to 2020</b>	 ADULT SOCIAL CARE MPS - V4 5.5.17.pdf
<b>Central Cheshire Operational Plan, 2017-2019</b>	 FINALCentral_Cheshi re_(NHS_South_Ches
<b>NHS Eastern Cheshire CCG Plan on a Page, 2017-19</b>	 ECCCG Plan on a Page 2017-19.pdf



## Appendix 1 – The Cheshire East Council Market Position Statement 2017-20

### Excerpt from the Cheshire East market Position Statement 2017-20

*(Adapted from Adult Social Care Market Position Statement, The way to excellent care and support in Cheshire East, 2017 to 2020)*

Cheshire East Council is currently working with a wide range of care home providers, mostly private sector organisations, covering Cheshire East. At present a re-commissioning exercise is being undertaken to re-procure the domiciliary care (to be renamed **Care at Home**) market in Cheshire East. Providers are working closely with the council as part of this exercise which is expected to be completed in April 2018.

There are 95 care homes (48 residential and 47 nursing homes) in Cheshire East, which represents 3838 beds (1242 residential beds and 2596 nursing beds).

The council commission on average 33% of the available care home beds within the council footprint.

There is an average of 5% vacancies across care homes within the council footprint. Annual cost for care home placements (including respite/short stay) for 2015/16 was £46,517,556.

The primary need group is older people and frail and about 20% people under 65 with more complex care needs.

The current purchasing arrangement is a 100% post purchase bases.

#### Domiciliary Care (Care at Home)

Cheshire East Council is currently working with a wide range of domiciliary care (Care at Home) providers, mostly private sector organisations, covering Cheshire East with some smaller third sectors providers.

The Council commission with 61 Domiciliary Care (Care at Home) agencies (42 within Cheshire East Council area and 19 outside of the area)

This represents 1279 people in receipt of a domiciliary care service, each week.

At an annual cost of £9,942,605.

#### Domiciliary Care (Care at Home) in Supported Living with a local landlord

Cheshire East Council contract with 29 providers (8 within the council area and 21 outside of the area)

This represents 258 residents (152 within the Council area 106 outside the area)

At an annual cost for personal support of £13,535,807.

The main needs group being people under 65 presenting with more complex care needs – such as learning disabilities/ Autism and Mental health.

#### Carer Respite (Residential)

Cheshire East Council currently commission 16 beds (14 pre bookable and 2 emergency. Beds are spread across 11 homes throughout the Council area – this provision is currently being reviewed.

This represents 234 residents having access to the pre booked respite beds since Dec 2015, equating to over 2,400 nights stay.

#### Extra Care Housing PFI (Private Finance Initiative)

Cheshire East Council commission five extra care schemes, 3 in Cheshire East which has (256 apartments) and 2 in Cheshire West which has (177 apartments), at an annual cost for PFI of £4,800,000, the majority of which is funded through Grant (PFI credits) from central government.

Cheshire East Council also commissions non – PFI Extra Care, 2 schemes where the Council contracts for the care in 136 apartments.

Whilst some people are working age under 65 with various disabilities – most people are older people and frail.

## Appendix 2 – Summary of evaluation of schemes in 2016/17

Scheme New name in red	Outcome from evaluation meeting	Next steps
STAIRRs Programmes (Reablement programmes)	Not evaluated in 2016/17 due to ongoing redesign work through the Home First approach.	Transformational plans in place implement a community focused Home First model. Links to DTOC trajectory
Dementia Reablement Service	Service evaluated however, dementia reablement should form part of a core 'reablement offer'	
Assistive Technology	Following evaluation the continuation of assistive technology is subject to redesign in order to continue to be funded under BCF.	Prepare to redesign jointly across CCGs/CEC and including the current falls services. Improved identification of target audiences Target: work to be completed by 01/12/2017 Efficiency saving of 25% against full year spend  NB: CEC currently re-let AT contract and are committed for 3 years
Carers Assessments	Not evaluated as part of Mandatory provision	No further action at this point
Carers Breaks	Following evaluation Carers Breaks will continue, however it was decided that there should be increased support in order to achieve improved outcomes for this area	Prepare to meet in 8 weeks' time to share all best practice relating to carers breaks Cross-cuts other service lines Improved identification of target audiences
Cheshire Care Record	Evaluated within its own governance arrangements	Decision taken to discontinue.

Scheme New name in red	Outcome from evaluation meeting	Next steps
Community Equipment Store - additional contribution  <b>Community Equipment</b>	Service evaluated outside BCF.	No further action required.
Disabled facilities Grants	Not evaluated during 2016/17 within BCF.	Cheshire East Council is required to pool this funding within BCF
Early Discharge Schemes <b>Hospital Discharge Scheme</b>	Evaluation was carried out which led to the development of a new service specification Being re-procured with new service spec	New enhanced specification now completed to support the reduction in admissions and support the reduction in DTOC through admission avoidance
East Community Based Co-ordinated Care (Frailty)  <b>Home First (East)</b>	Caring Together awaiting outcome of NHS regulator review of service proposals/options (also link to Capped Expenditure Programme outputs). Services within BCF support admission avoidance/patient flow. Internal evaluation on-going and will be shared when complete. in progress	No further action required at this point
Life Links	Following evaluation in December 2016, it was decided to discontinue the service.	Learning is taking place from this pilot. Ann Riley is lead.

Scheme New name in red	Outcome from evaluation meeting	Next steps
Program Enablers	Not evaluated as part of Mandatory provision (Further breakdown of spend requested)	<p>2016/17 Budget was £295,000 Actual was £185,157 Underspend was £109,843</p> <p>The main items of expenditure incurred were as follows :-</p> <p>Programme Management £78k Financial Support Communications Support £58k Training £21k Other £5k</p> <p>As a result of the position for 2016/17 BCF Governance Group have agreed to reduce the Enablers budget for 2017/18 to £139,175 – a reduction of £155,825 The £139k is made up of :-</p> <p>Programme Management £93k Financial Support £36k Other (conference, training etc.) £10k</p>
Social Care Act	Not evaluated as part of Mandatory provision	No further action at this point
South Integrated Community Teams	Service not evaluated during 2016/17. Redesign of the service ongoing to ensure care communities are developed	No further action required
Supporting Empowerment	Previously agreed that this should be discontinued.	No further action required

Table 8

Figure d Age demographics

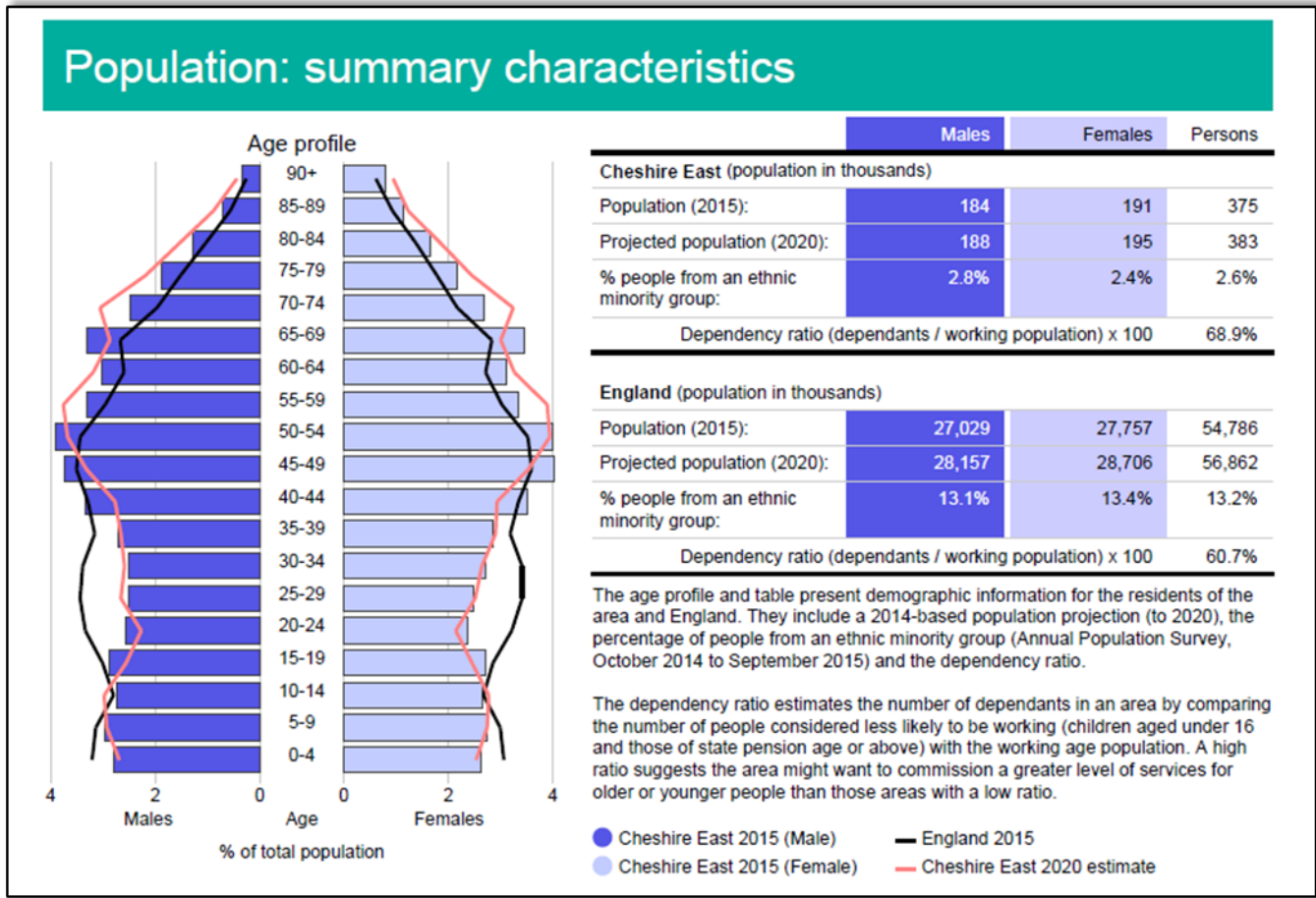


Figure e Life Expectancy in Cheshire East

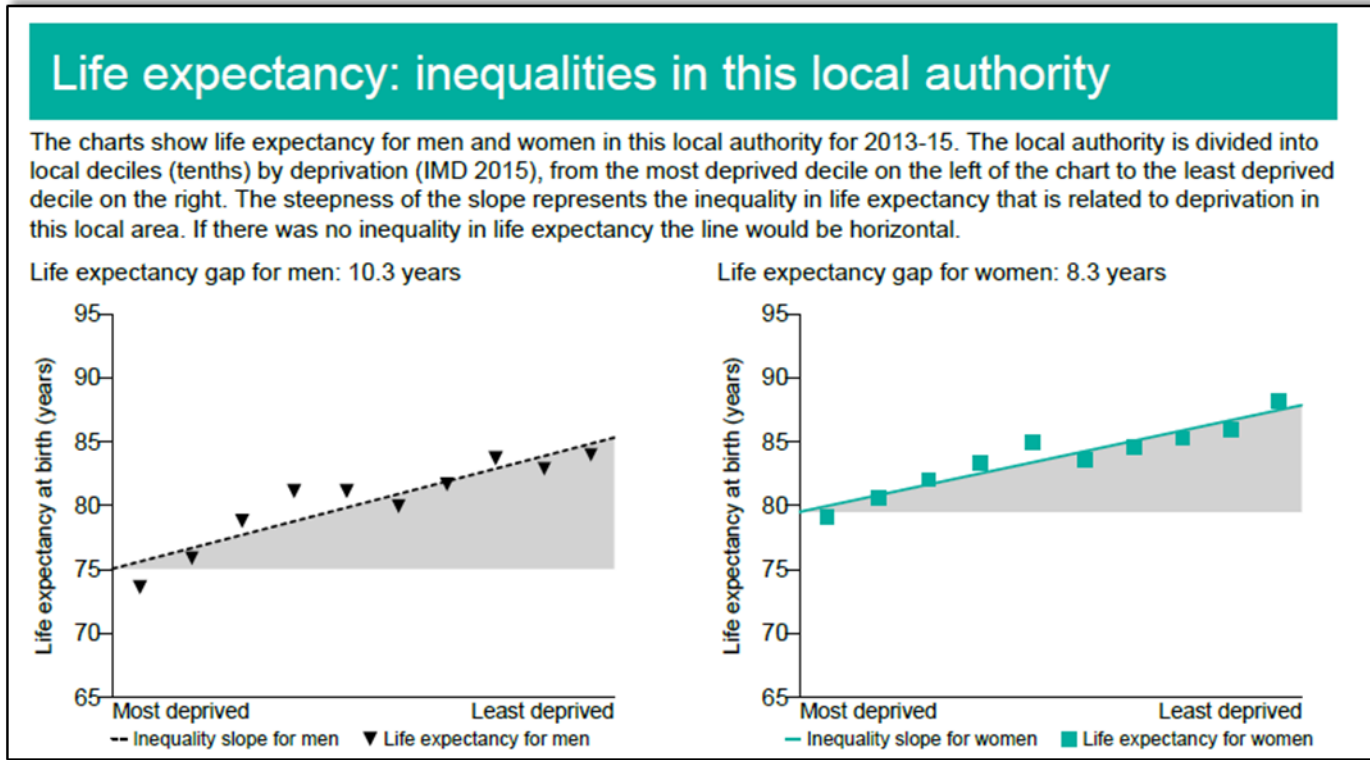
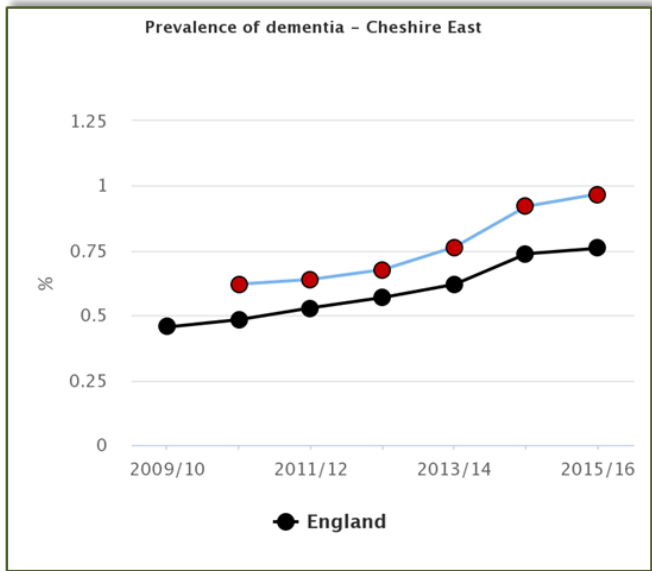










Figure f Prevalence of Dementia



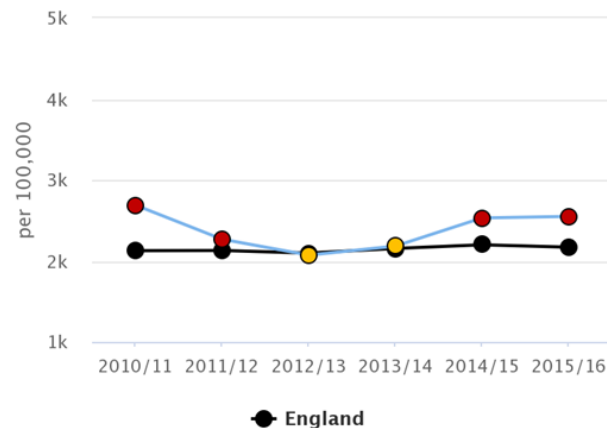
Recent trend: 

Period		Count	Value	Lower CI	Upper CI	North West England	
2011/12		2,434	0.6	0.6	0.7	0.6	0.5
2012/13		2,594	0.7	0.7	0.7	0.6	0.6
2013/14		2,950	0.8	0.7	0.8	0.7	0.6
2014/15		3,578	0.9	0.9	1.0	0.8	0.7
2015/16		3,797	1.0	0.9	1.0	0.8	0.8

Source: QOF

**Figure g Emergency hospital admissions in Cheshire East**

**2.24i – Emergency hospital admissions due to falls in people aged 65 and over – Cheshire East**

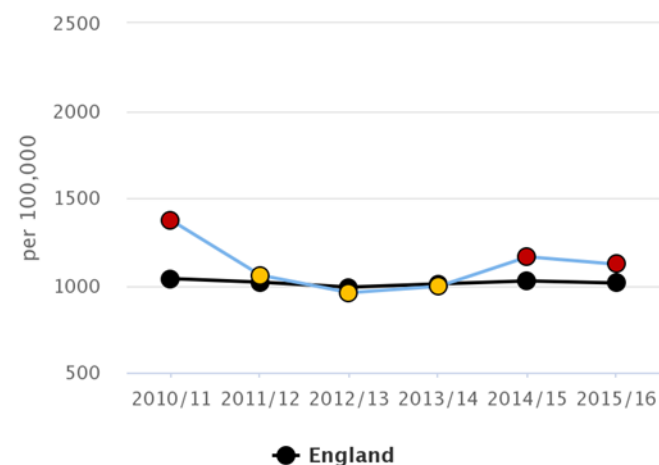


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North West England	
2010/11	●	1,917	2,690	2,570	2,814	2,516	2,126
2011/12	●	1,679	2,268	2,160	2,379	2,453	2,128
2012/13	●	1,575	2,072	1,970	2,177	2,376	2,097
2013/14	●	1,720	2,183	2,080	2,289	2,393	2,154
2014/15	●	2,063	2,531	2,422	2,643	2,547	2,199
2015/16	●	2,130	2,549	2,442	2,660	2,452	2,169

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

**2.24ii – Emergency hospital admissions due to falls in people aged 65 and over – aged 65–79 – Cheshire East**

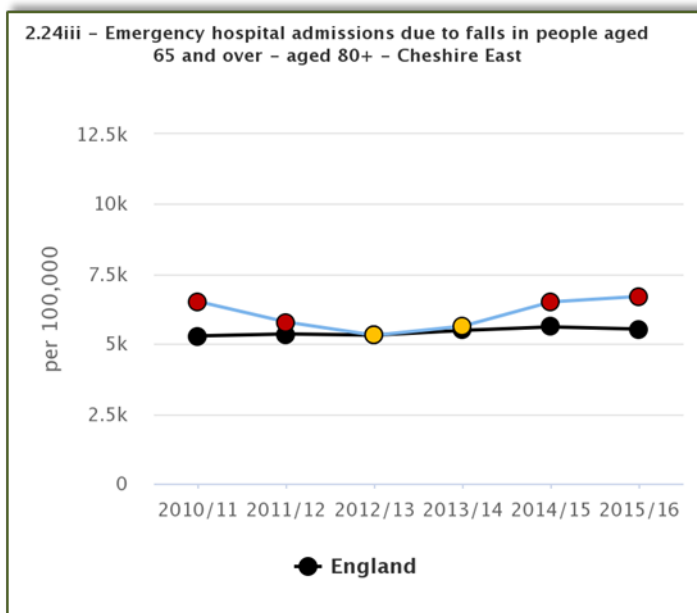


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North West England	
2010/11	●	682	1,371	1,270	1,478	1,307	1,038
2011/12	●	536	1,057	969	1,151	1,236	1,017
2012/13	●	504	957	875	1,045	1,174	989
2013/14	●	550	993	912	1,080	1,164	1,007
2014/15	●	657	1,162	1,075	1,255	1,234	1,024
2015/16	●	652	1,120	1,035	1,209	1,206	1,012

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

**Figure h Continued, Emergency hospital admissions in Cheshire East**



**Recent trend: –**

Period		Count	Value	Lower CI	Upper CI	North West England	
2010/11	●	1,235	6,513	6,152	6,890	6,022	5,282
2011/12	●	1,143	5,779	5,447	6,125	5,981	5,352
2012/13	●	1,071	5,303	4,990	5,631	5,859	5,310
2013/14	●	1,170	5,632	5,313	5,965	5,956	5,479
2014/15	●	1,406	6,499	6,164	6,848	6,357	5,604
2015/16	●	1,478	6,695	6,358	7,046	6,066	5,526

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

#### Appendix 4 - Commissioning for Value - Where to Look pack - Right Care Data packs (January 2017)

##### Spend and outcomes

1. Trauma & injuries
2. Mental health – NHS Eastern Cheshire CCG
3. Gastro-intestinal – NHS South Cheshire CCG
4. Respiratory – NHS South Cheshire CCG
5. Musculoskeletal - NHS South Cheshire CCG

##### Outcomes

1. Gastro-intestinal – NHS South Cheshire CCG & NHS Eastern Cheshire CCG
2. Trauma & injuries – NHS Eastern Cheshire CCG
3. Mental health – NHS Eastern Cheshire CCG

##### Spend

1. Gastro-intestinal – NHS South Cheshire CCG & NHS Eastern Cheshire CCG
2. Neurological – NHS South Cheshire CCG NHS Eastern Cheshire CCG
3. Respiratory – NHS South Cheshire CCG
4. Circulation – NHS Eastern Cheshire CCG
5. Musculoskeletal – NHS South Cheshire CCG & NHS Eastern Cheshire CCG

##### Bed days

Big users of bed days (elective and non-elective combined):

1. Gastro intestinal
2. Respiratory
3. Circulation
4. Genito-urinary
5. Neurological
6. Trauma and injuries

##### Elective bed days

1. Gastro-intestinal
2. Genito-urinary
3. Cancer
4. Circulation
5. Musculoskeletal

##### Non-elective bed days

1. Neurological
2. Respiratory
3. Circulation
4. Gastro-intestinal
5. Trauma & injuries

## Appendix 5 – How Cheshire East assess risk

How Cheshire East RAG rates risk:

SCORING CHART FOR IMPACT				SCORING CHART FOR LIKELIHOOD				
	Factor	Score	Effect on Project		Factor	Score	Description	Indicator
Threats	Critical	4	Complete failure or extreme delay of project (3 months or more). Critical impact on project objectives and performance and could seriously affect project reputation. Long term damage that may be difficult to restore with high costs - £1m.	Threats	Very likely	4	>75% chance of occurrence	Regular occurrence Frequently encountered - daily/weekly/monthly
	Major	3	Major impact on project objectives and performance, could be expensive to recover from (between £500k - £1m). Failure to achieve expected benefits and/or major delay to project (2-3 months)		Likely	3	40% - 75% chance of occurrence	Within next 1-2 yrs Occasionally encountered (few times a year)
	Significant	2	Significant impact on project objectives, performance and quality, could have medium term effect and be potentially expensive to recover from (between £100k - £500K). Significant slippage (3 weeks–2 months).		Unlikely	2	10% - 40% chance of occurrence	Only likely to happen 3 or more years
	Minor	1	Minor impact on project objectives and performance, could cause slight delays in achievements (less than 2 weeks). However if action is not taken, then such risks may have a more significant cumulative effect. (Costs less than £100k)		Very unlikely	1	<10% chance of occurrence	Rarely/never before
	Factor	Score	Effect on Project		Factor	Score	Description	Indicator
Opportunities	Exceptional	4	Result in major increase in ability to achieve project objectives.	Opportunities	Very likely	4	>75% chance of occurrence or achieved in one year.	Clear opportunity, can be relied on with reasonable certainty to be achieved in the short term.
	Significant	3	Impact on some aspects of the achievement of one or more strategic objectives		Likely	3	40% to 75% chance of occurrence. Reasonable prospects of favourable results in one year.	May be achievable but requires careful management. Opportunities that arise over and above the plan.
					Unlikely	2	<40% chance of occurrence or some chance of favourable outcome in the medium	Possible opportunity which has yet to be fully investigated by management.
					Very unlikely	1	<10% chance of occurrence	Has happened rarely/never before

Table 9

Risk can be considered at different levels – from a project level, to organisation level, and system level.

## **Appendix 6 – Meeting our duty under the Equality Act 2010**

As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

In addition full Equality & Human Rights Impact Assessment (EHRIA) will be carried out in due course, as significant changes occur within service delivery.

### **NHS Eastern Cheshire CCG:**

As a commissioner (buyer) of services: The CCG is committed to making sure equality and diversity is a priority when we plan and commission local healthcare services. To do this we work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs.

As an employer: We are committed to ensuring we have a diverse workforce by providing fair and equal access to all job opportunities, including access to career development and training opportunities for existing and future staff. To do this we aim to recruit the best talent that we can and remove any barriers to ensure that we have the widest possible pool of talent to draw from.

### **NHS South Cheshire CCG:**

NHS South Cheshire Clinical Commissioning Group signed up to the NHS wide Equality Objectives and works with our providers to improve performance in relation to equality and diversity.

Our commitment to the equality and diversity agenda and our evidence of compliance with the Public Sector Equality Duty is supported by the NHS Equality Delivery System and the NHS Workforce Race Equality Standard.

We are committed to ensuring our organisation pays due regard to the aims of the public sector equality duty. One of the ways of doing this is to carry out systematic equality analysis of the impact of our actions and decisions on our diverse communities.

### **Cheshire East Council:**

The Council recognises that promoting equality and diversity will improve public services for everyone. We want Cheshire East to be an area of equal opportunity, where everyone has a fair chance and people from all backgrounds take part in community life. Our aim is to make equality an integral part of the way the Council works by putting it at the centre of everything we do. We are committed to celebrating diversity and promoting equality – as an employer, in the services we provide, in partnerships, and in the decisions we make.

## Planning Template v.14.6b for BCF: due on 11/09/2017

### Better Care Fund 2017-19 Planning Template

#### Sheet: Guidance

##### Overview

This template is to be read and used in conjunction with the BCF Policy Framework document and the BCF Planning Requirements document which provides the background and further details on the planning requirements for 2017-2019.

The purpose of this template is to collect the BCF planning information for each HWB which includes confirmation of National Conditions, specific funding requirements, scheme level financial information and planning metrics for the period 2017-2019.

This template should also be aligned to the BCF narrative plan documents for the BCF schemes being planned for 2017-2019 by the HWB.

##### Note on entering information into this template

1. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Yellow: Data needs inputting in the cell

Blue: Pre-populated cell

2. All cells in this template requiring a numerical input are restricted to values between 0 and 1,000,000,000

3. This template captures data for two years 2017-19

Data needs inputting in the cell

Pre-populated cell

##### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

##### Checklist (click to go to tab)

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before submission for plan-assurance.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete'
6. Please ensure that all boxes on the checklist tab are green before submission.

##### Summary (click to go to tab)

1. This sheet summarises the key planning information provided on the template to be used for review and plan-assurance.
2. Print guidance: By default this sheet has been set up to print across 4 pages, landscape mode and A4.

##### 1. Cover (click to go to tab)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Please enter the following information on this sheet:
  - Several area assurance contact roles have been pre-populated for you to fill in, please enter the name of that contact and their email address for use in resolving any queries regarding the return;
  - Please add any further area contacts that you would wish to be included in official correspondence. Please include their job title, and their email address.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all 5 cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)



**2. HWB Funding Sources (click to go to tab)**

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2017-19. It will be pre-populated with the minimum CCG contributions to the BCF, the DFG allocations and the IBCF allocations. These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

2. This sheet captures the various funding sources that contribute to the total BCF pool for the Local Area. The DFG, IBCF and CCG minimum funding streams are pre-populated and do not need re-entering.

Please enter the following information on this sheet:

- Additional contributions from Local Authorities or CCGs: as applicable are to be entered on this tab on the appropriate sections highlighted in "yellow".
- Additional Local Authority contributions: Please detail any additional Local Authority funding contributions by selecting the relevant authorities within the HWB and then entering the values of the contributions. Please use the comment boxes alongside to add any specific detail around this additional contribution.
- Additional CCG contributions: Please detail any additional CCG funding contributions by selecting the relevant CCGs. Please note, only contributions assigned to a CCG will be included in the 'Total Additional CCG Contribution' figure.
- Funding contributions narrative: Please enter any comments in the "Funding Contributions Narrative" field to offer any information that could be useful to further clarify or elaborate on the funding sources allocations entered including any assumptions that may have been made.
- Specific funding requirements: This section requests confirmation on the specific funding requirements for 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for further details. These are mandatory conditions and will need to be confirmed through the planning assurance process. Please select "Yes" where the funding requirement can be confirmed as having been met, or "No" to indicate that the requirement is unconfirmed. Where "No" is selected as the status, please provide further detail in the comments box alongside to indicate the actions being taken or considered towards confirming the requirement.

**3. HWB Expenditure Plan (click to go to tab)**

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to demonstrate how the national policy framework is being achieved.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing.

There may be scenarios when several lines need to be completed in order to fully describe a single scheme. In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this tab please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple lines.

2. Scheme Name:

- This is a free field. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

4. Area of Spend:

- Please select the area of spend from the drop down list by considering the area of the health and social system which is most supported by investing in the scheme.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme to the provider. If there is a single commissioner please select the option from the drop down list.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

6. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

7. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list.
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines.

8. Scheme Duration:

- Please select the timeframe for which the scheme is planned for from the drop down list: whether 2017-18, 2018-19 or Both Years.

9. Expenditure (£) 2017-19:

- Please enter the planned spend for the scheme (Based on the duration of the scheme, please enter this information for 2017-18, 2018-19 or both)

**This is the only detailed information on BCF schemes being collected centrally for 2017-19 but it is expected that detailed plans and narrative plans will continue to be developed locally and this information will be consistent across them.**

**4. HWB Metrics (click to go to tab)**

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2017-19. The BCF requires plans to be set for 4 nationally defined metrics.

This should build on planned and actual performance on these metrics in 2016-17.

**1. Non-Elective Admissions (NEA) metric planning:**

- The NEA plan totals are pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2017-19. This is to align with the wider CCG Ops planning for this metric
- If the BCF schemes are aiming for additional NEA reductions which are not already built into the CCG Operating Plan numbers for NEAs, please select "Yes" to the question "Are you planning on additional quarterly reductions". This will make the cells in the table below editable. Please enter the additional quarterly planned NEA reductions for 2017-19 in these cells.
- Where an additional reduction in NEA activity is planned for through the BCF schemes, an option is provided to set out an associated NEA performance related contingency reserve arrangement (this is described in the Planning Requirements document). When opting to include this arrangement, please select "Yes" on the NEA cost question. This will enable any adjustments to be made to the NEA cost assumptions (just below) which are used to calculate the contingency reserve fund. Please add a reason for any adjustments made to the cost of NEA
- Further information on planning further reductions in Non-Elective Activity and associated contingency reserve arrangements is set out within the BCF Planning Requirements document.

**2. Residential Admissions (RES) planning:**

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS 2014 based subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

**3. Reablement (REA) planning:**

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

**4. Delayed Transfers of Care (DToc) planning:**

- Please refer to the BCF Planning Requirements 17/19 when completing this section.
- This section captures the planned Delayed Transfers Of Care (delayed days) metric for 2017/19
- Please input the delayed days figure for each quarter.
- The total delayed days and the quarterly rate is then calculated based on this entered information
- The denominator figure in row 95 is pre-populated (population - aged 18+, 2014 based SNPP). This figure is utilised to calculate the quarterly rate.
- Please add a commentary in the column alongside to provide any supporting or explanatory information in relation to how this metric has been planned.

**5. National Conditions (click to go to tab)**

This sheet requires the Health & Wellbeing Board to confirm whether the national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2017-19 where the BCF national conditions are set out in full. Please answer as at the time of completion.

On this tab please enter the following information:

**1. Confirmation status for 2017/18 and 2018/19:**

For each national condition please use the 2017/18 column to select 'Yes' or 'No' to indicate whether there is a clear plan set out to meet the condition for 2017/18 and again for 2018/19. Selecting 'Yes' confirms meeting the National Condition for the Health and Well Being board as per the BCF Policy Framework and Planning Requirements for 17/19

2. Where the confirmation selected is 'No', please use the comments box alongside to indicate when it is expected that the condition will be met / agreed if it is not being currently. Please detail in the comments box issues and/or actions that are being taken to meet the condition, when it is expected that the condition will be met and any other supporting information.

**CCG - HWB Mapping (click to go to tab)**

The final tab provides details of the CCG to HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity plans.

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Better Care Fund 2017-19 Planning Template

Sheet: Checklist

[<< Link to the Guidance tab](#)

### \*Complete Template\*

#### 1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	Yes

Sheet Completed:

Yes

## 2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	Yes
Gross Contribution (2018/19)	D65	Yes
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes

Sheet Completed:

Yes

## 3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	Yes

Sheet Completed:	Yes
------------------	-----

## 4. HWB Metrics

	Cell Reference	Checker
4.1 - Are you planning on any additional quarterly reductions?	E18	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2017/18)	F20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2017/18)	G20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2017/18)	H20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2017/18)	I20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2018/19)	J20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2018/19)	K20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2018/19)	L20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2018/19)	M20	Yes
4.1 - Are you putting in place a local contingency fund agreement on NEA?	E24	Yes
4.1 - Cost of NEA (2017/18)	E30	Yes
4.1 - Cost of NEA (2018/19)	E31	Yes
4.1 - Comments (2017/18) (if required)	F30	N/A
4.1 - Comments (2018/19) (if required)	F31	N/A
4.2 - Residential Admissions : Numerator : Planned 17/18	H48	Yes
4.2 - Residential Admissions : Numerator : Planned 18/19	I48	Yes
4.2 - Comments (if required)	J47	N/A
4.3 - Reablement : Numerator : Planned 17/18	H57	Yes
4.3 - Reablement : Denominator : Planned 17/18	H58	Yes
4.3 - Reablement : Numerator : Planned 18/19	I57	Yes
4.3 - Reablement : Denominator : Planned 18/19	I58	Yes
4.3 - Comments (if required)	J56	N/A
4.4 - Delayed Transfers of Care : Planned Q1 17/18	I65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 17/18	J65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 17/18	K65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 17/18	L65	Yes
4.4 - Delayed Transfers of Care : Planned Q1 18/19	M65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 18/19	N65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 18/19	O65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 18/19	P65	Yes
4.4 - Comments (if required)	Q64	N/A

Sheet Completed:	Yes
------------------	-----

5. National Conditions

	Cell Reference	Checker
1) Plans to be jointly agreed (2017/18)	C14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2017/18)	C15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2017/18)	C16	Yes
4) Managing transfers of care	C17	Yes
1) Plans to be jointly agreed (2018/19)	D14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2018/19)	D15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2018/19)	D16	Yes
4) Managing transfers of care	D17	Yes
1) Plans to be jointly agreed, Comments	E14	Yes
2) NHS contribution to adult social care is maintained in line with inflation, Comments	E15	Yes
3) Agreement to invest in NHS commissioned out of hospital services, Comments	E16	Yes
4) Managing transfers of care	E17	Yes

Sheet Completed:	Yes
------------------	-----

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Summary of Health and Well-Being Board 2017-19 Planning Template

Selected Health and

Cheshire East

Data Submission Period:

2017-19

Summary

[<< Link to the Guidance tab](#)

### 2. HWB Funding

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£1,775,253	£1,913,035
Total iBCF Contribution	£4,693,134	£5,986,246
Total Minimum CCG Contribution	£23,003,030	£23,440,087
Total Additional CCG Contribution	£0	£0
<b>Total BCF pooled budget</b>	<b>£29,471,416</b>	<b>£31,339,369</b>

### Specific Funding Requirements for 2017-19

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes



## 3. HWB Expenditure

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£15,805,000	£0
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£8,974,000	£0
Other	£0	£0
<b>Total</b>	<b>£24,779,000</b>	<b>£0</b>

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£15,805,000	£0
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£7,199,000	£0
Other	£0	£0
<b>Total</b>	<b>£23,004,000</b>	<b>£0</b>

→

## Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (\*\*)

	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£15,805,000	£0
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£0	£0
Other	£0	£0
<b>Total</b>	<b>£15,805,000</b>	<b>£0</b>
NHS Commissioned OOH Ringfence	£6,536,809	£6,661,008

Below Ringfenced Spend

## Additional NEA Reduction linked Contingency Fund

	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

## BCF Expenditure on Social Care from Minimum CCG Contribution

	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£6,620,422	£6,746,210
Planned Social Care expenditure from the CCG minimum	£6,504,000	£7,199,000	£0
<b>Annual % Uplift Planned</b>		<b>10.7%</b>	
<b>Minimum mandated uplift % (Based on inflation)</b>		<b>1.79%</b>	<b>1.90%</b>

#### 4. HWB Metrics

##### 4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	9,496	9,631	10,569	10,072	9,487	9,622	10,559	10,063	39,768	39,732
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	0	0
HWB NEA Plan (after reduction)	9,496	9,631	10,569	10,072	9,487	9,622	10,559	10,063	39,768	39,732
Additional NEA reduction delivered through the BCF									£0	£0

##### 4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	717	703

##### 4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	88.4%	89.8%

##### 4.4 Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
		1,463	1,507	1,157	959	959	959	959	956

## 5. National Conditions

National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

### Footnotes

\* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

\*\* **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;

Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)

Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)

Source of Funding = CCG Minimum Contribution

\*\*\***Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' from the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

Source of Funding = CCG Minimum Contribution

## Planning Template v.14.6b for BCF: due on 11/09/2017

### Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

[<< Link to the Guidance tab](#)

*You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.*

*Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".*

*Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.*

<b>Health and Well Being Board</b>	<b>Cheshire East</b>
------------------------------------	----------------------

<b>Completed by:</b>	Emma Leigh
----------------------	------------

<b>E-Mail:</b>	emma.leigh@cheshireeast.gov.uk
----------------	--------------------------------

<b>Contact Number:</b>	(01270) 686233
------------------------	----------------

<b>Who signed off the report on behalf of the Health and Well Being Board:</b>	Cllr.Rachel Bailey
--	--------------------

	Role:	Title and Name:	E-mail:
<b>Area Assurance Contact Details*</b>	Health and Wellbeing Board Chair	Rachel Bailey	rachel.bailey@cheshireeast.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Jerry Hawker	jerry.hawker@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	Lynda Risk	lynda.risk@nhs.net
	Local Authority Chief Executive	Kath O' Dwyer	kath.o'dwyer@cheshireeast.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Linda Couchman	linda.couchman@cheshireeast.gov.uk
	Better Care Fund Lead Official	Emma Leigh	emma.leigh@cheshireeast.gov.uk
	LA Section 151 officer	Jan Willis	jan.willis@cheshireeast.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --&gt;</i>			

**\*Only those identified will be addressed in official correspondence**

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

#### \*Complete Template\*

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	31
3. HWB Expenditure Plan	16
4. HWB Metrics	31
5. National Conditions	12

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

2017-19

### 2. HWB Funding Sources

[<< Link to the Guidance tab](#)

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Cheshire East	£1,775,253	£1,913,035
Lower Tier DFG Breakdown (for applicable two tier authorities)		
<b>Total Minimum LA Contribution exc iBCF</b>	<b>£1,775,253</b>	<b>£1,913,035</b>

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No
--	----	----

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
<b>Total Local Authority Contribution</b>	<b>£1,775,253</b>	<b>£1,913,035</b>

Comments - please use this box clarify any specific uses or sources of funding

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Cheshire East	£4,693,134	£5,986,246
<b>Total iBCF Contribution</b>	<b>£4,693,134</b>	<b>£5,986,246</b>

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Eastern Cheshire CCG	£12,106,491	£12,336,514
NHS South Cheshire CCG	£10,896,539	£11,103,573
<b>Total Minimum CCG Contribution</b>	<b>£23,003,030</b>	<b>£23,440,087</b>

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No
---	----	----

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
<b>Total Additional CCG Contribution</b>	<b>£0</b>	<b>£0</b>

Comments - please use this box clarify any specific uses or sources of funding

	2017/18	2018/19
<b>Total BCF pooled budget</b>	<b>£29,471,416</b>	<b>£31,339,369</b>

Funding Contributions Narrative
The minimum contributions have been made to the BCF this year.



Specific funding requirements for 2017-19	2017/18	2018/19	If the selected response for either year is 'No', please detail in the comments
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	2017/18	2018/19
BCF Pooled Total balance	£4,692,416	£31,339,369
Local Authority Contribution balance exc IBCF	£253	£1,913,035
CCG Minimum Contribution balance	-£970	£23,440,087
Additional CCG Contribution balance	£0	£0
IBCF	£4,693,134	£5,986,246
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£7,199,000	£0
Ringfenced NHS Commissioned OOH spend	£15,805,000	£0

Below Minimum Mandated Spend

Below Ringfenced Spend

		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Schemes
	Assistive technology	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£743,000		Existing
	Early Discharge schemes	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£243,000		Existing
	Reablement (integrated service)	11. Intermediate care services	4. Reablement/Rehabilitation		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,961,000		Existing
	Social Care Act	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£390,000		Existing
	Programme Enablers	7. Enablers for integration	3. Programme management		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£139,000		Existing
	Innovation fund	7. Enablers for integration	11. Other		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£1,028,000		New
	Carers Assessment / Support	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£319,000		Existing
	Carers Breaks	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£376,000		Existing
	Frailty / Community Care	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Community Health		CCG			CCG	CCG Minimum Contribution	2017/18 Only	£8,378,000		New
	Home first	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Community Health		CCG			CCG	CCG Minimum Contribution	2017/18 Only	£7,427,000		New
	Disabled Facilities grant	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£1,775,000		Existing



<p><b>Selected Health and Well Being Board:</b></p> <p><b>Cheshire East</b></p>
<p><b>Data Submission Period:</b></p> <p><b>2017-19</b></p>
<p><b>3. HWB Expenditure Plan</b></p>
<p><a href="#">&lt;&lt; Link to Guidance tab</a></p>

<a href="#">Link to Summary sheet</a>			
<b>Running Balances</b>		<b>2017/18</b>	<b>2018/19</b>
BCF Pooled Total balance		£4,692,416	£31,339,369
Local Authority Contribution balance exc IBCF		£253	£1,913,035
CCG Minimum Contribution balance		£970	£23,440,087
Additional CCG Contribution balance		£0	£0
IBCF		£4,693,134	£5,986,246
<b>Running Totals</b>		<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum		£7,199,000	£0
Ringfenced NHS Commissioned OOH spend		£15,805,000	£0
			Below Minimum Mandated Spend
			Below Ringfenced Spend

[illegible]



**Selected Health and Well Being Board:**  
**Cheshire East**

**Data Submission Period:**  
**2017-19**

### 3. HWB Expenditure Plan

[<< Link to Guidance tab](#)

[Link to Summary sheet](#)

<b>Running Balances</b>	<b>2017/18</b>	<b>2018/19</b>
BCF Pooled Total balance	<b>£4,682,416</b>	<b>£31,339,369</b>
Local Authority Contribution balance exc iBCF	<b>£253</b>	<b>£1,913,035</b>
CCG Minimum Contribution balance	<b>-£970</b>	<b>£23,440,087</b>
Additional CCG Contribution balance	<b>£0</b>	<b>£0</b>
iBCF	<b>£4,693,134</b>	<b>£5,986,246</b>
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	<b>£7,199,000</b>	<b>£0</b>
Ringfenced NHS Commissioned OOH spend	<b>£15,805,000</b>	<b>£0</b>

Below Minimum Mandated Spend  
Below Ringfenced Spend

[illegible]













**Selected Health and Well Being Board:**  
**Cheshire East**

**Data Submission Period:**  
**2017-19**

**3. HWB Expenditure Plan**

[<< Link to Guidance tab](#)

Link to Summary sheet

Running Balances		2017/18	2018/19	
BCF Pooled Total balance		£4,692,416	£31,339,369	
Local Authority Contribution balance exc IBCF		£253	£1,913,035	
CCG Minimum Contribution balance		-£970	£23,440,087	
Additional CCG Contribution balance		£0	£0	
IBCF		£4,693,134	£5,986,246	
Running Totals		2017/18	2018/19	
Planned Social Care spend from the CCG minimum		£7,199,000	£0	Below Minimum Mandated Spend
Ringfenced NHS Commissioned OOH spend		£15,805,000	£0	Below Ringfenced Spend

		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Schemes

[Link back to the top of the sheet >>](#)

Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPOA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Discharge Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other
10. Integrated care planning	A co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	1. Care planning 2. Integrated care packages 3. Review teams (reviewing placements/packages) 4. Other
11. Intermediate care services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.	1. Step down 2. Step up 3. Rapid/Crisis Response 4. Reablement/Rehabilitation services 5. Other
12. Personalised healthcare at home	Schemes specifically designed to ensure that a person can continue to live at home through the provision of health related support at home. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.	1. Other - Mental health /wellbeing 2. Other - Physical health/wellbeing 3. Other
13. Primary prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	1. Social Prescribing 2. Other - Mental health /wellbeing 3. Other - Physical health/wellbeing 4. Other
14. Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	1. Supported living 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Other
15. Wellbeing centres	Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.	
16. Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

2017-19

### 4. HWB Metrics

[<< Link to the Guidance tab](#)

#### 4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	9,496	9,631	10,569	10,072	9,487	9,622	10,559	10,063	39,768	39,732

Are you planning on any additional quarterly reductions? No

Please only record reductions where these are over and above existing or future CCG plans. HWBs are not required to attempt to align to changing CCG plans by recording reductions.

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction										
HWB NEA Plan (after reduction)										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA? No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£6,536,809	£6,661,008

Cost of NEA as used during 16/17***	£1,490	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
Additional NEA reduction delivered through BCF (2017/18)					
	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 18/19
Additional NEA reduction delivered through BCF (2018/19)					
HWB Plan Reduction % (2017/18)					
HWB Plan Reduction % (2018/19)					

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

\* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

\*\* Within the sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF

\*\*\* Please use the following document and amend the cost if necessary: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/577083/Reference\\_Costs\\_2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf)

#### 4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	629.9	598.9	716.9	703.2	Please note that the 16/17 figure detailed was the plan figure. The actual totals for 16/17 were: numerator 616; rate 730.5 (using population projection for 16/17)
	Numerator	518	505	616	616	
	Denominator	82,240	84,326	85,923	87,597	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

#### 4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	85.4%	88.4%	88.4%	89.8%	Please note that the 16/17 figures are the plan figures. The actual for 16/17 was 82.3% (numerator: 177; denominator: 215). The 17/18 and 18/19 denominator are based on the 16/17 actual rather than the 16/17 planned figures
	Numerator	223	290	190	193	
	Denominator	261	328	215	215	

#### 4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1749.1	1960.7	1679.5	1756.8	1462.7	1506.5	1156.7	958.9	959.3	959.3	959.3	955.7	<ul style="list-style-type: none"> <li>Qtr 1 17/18 figures are based on the published from NHSE</li> <li>Qtrs 2-4 for 17-18 are based on the new figures submitted by the CCGs</li> <li>South Cheshire CCGs figures were submitted as 'G&amp;A Actual Beds Equivalent' which have been the 'days per day' measure. Therefore</li> </ul>
	Numerator (total)	5,280	5,919	5,070	5,327	4,435	4,568	3,507	2,920	2,921	2,921	2,921	2,921	
	Denominator	301,878	301,878	301,878	303,216	303,216	303,216	303,216	304,505	304,505	304,505	304,505	305,640	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.






hed figures
gures
tted expressed
e interpreted as
e, the figures

an multiplied  
elayed days  
sion asks for).  
/ provided as

o split for days  
ible days (this  
NHS and

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 5. National Conditions

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

2017-19

5. National Conditions

[<< Link to the Guidance tab](#)

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	

## CCG to Health and Well-Being Board Mapping for 2017-19

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.5%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%

E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.4%	18.6%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	22.2%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.9%	57.9%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.2%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.9%	86.5%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.9%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000005	Brent	08E	NHS Harrow CCG	5.8%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.5%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.4%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.7%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.7%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.3%	35.3%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.0%	59.7%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.1%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.7%	2.1%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.5%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.0%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	84.0%	89.2%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.8%	4.8%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.3%	3.1%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.0%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.2%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.4%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.5%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%

E10000009	Dorset	11J	NHS Dorset CCG	52.5%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%



E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%

E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%

E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.7%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	1.0%	0.7%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.6%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	95.3%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.3%	1.2%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.3%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.6%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.0%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.0%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.5%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.4%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.1%	1.8%
E10000025	Oxfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.8%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.2%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.6%	36.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.8%	60.6%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.4%	99.0%



E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%

E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%



E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%

E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital

CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Sharing Good Practice
<b>Date of meeting:</b>	26 <sup>th</sup> September 2017
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Councillor Rachel Bailey

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To advise the Board of national interest in its work and a request for a case study for an Local Government Association Publication.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input checked="" type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To note the report and be supportive of any requests for information to facilitate the drafting of the case study.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	No		

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

## **1 Report Summary**

- 1.1 Insight to Impact Consulting Limited have been commissioned by the Local Government Association to work on a publication highlighting good practice in relation to the mental health and wellbeing of children and young people. They have approached the Cheshire East Health and Wellbeing for a case study.

## **2 Recommendations**

- 2.1 That the Health and Wellbeing Board note the request and that partners support the work to develop the case study with appropriate provision of information if required.

## **3 Reasons for Recommendations**

- 3.1 To keep the Board members informed of such requests expressing interest in the work of the Board.

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

- 4.1 None directly, but it is indicative of recognition of the Board's work to ensure children and young people's health and wellbeing is regarded as a priority.

## **5 Background and Options**

- 5.1 The Local Government Association have commissioned a publication to share good practice on improving children's mental health and wellbeing. The company 'Insight to Impact Consulting Limited' have been successful in bidding for the work and have approached Cheshire East's Health and Wellbeing Board with a view to including the work on children's mental health and wellbeing in the publication. In particular they are interested in the emotionally healthy school work and the role of the Board in providing leadership and accountability in relation to children's health and wellbeing.
- 5.2 This is an opportunity to reflect on progress made in relation to this issue over the last year or two, and to see that shared more widely to help other areas move forward, learning from our good practice and helping avoid pitfalls that may have hindered our progress. It will also help us to identify further work required and reaffirm the Board's commitment to the children and young people's mental health and wellbeing agenda.

- 5.3 Su Turner of Insight to Impact Consulting Limited will be leading the work and will be making contact with Board members in due course to inform the case study. The Board are asked to support any request for information that might be received.

## **6 Access to Information**

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

Name: Guy Kilminster

Designation: Corporate Manager Health Improvement

Tel No: 01270 686560

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

**This page is intentionally left blank**