



**Eastern Cheshire**  
**Clinical Commissioning Group**



***South Cheshire***  
***Clinical Commissioning Group***

# **Cheshire East Health and Wellbeing Board**

## **Agenda**

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|---------------|--|
| <b>Date:</b>  | <b>Tuesday, 24th July, 2018</b>  |
| <b>Time:</b>  | <b>2.00 pm</b>   |
| <b>Venue:</b> | <b>Committee Suite 1,2 &amp; 3, Westfields, Middlewich Road,<br/>Sandbach CW11 1HZ</b> |

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

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

**1. Apologies for Absence**

**2. Declarations of Interest**

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

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For requests for further information

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3. **Minutes of Previous meeting** (Pages 5 - 10)

To approve the minutes of the meeting held on 29 May 2018.

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

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public 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. **A Green Infrastructure Plan for Cheshire East** (Pages 11 - 18)

To consider how the Council intends to develop and deliver a Green Infrastructure Plan for the Borough.

6. **Cheshire East Wellbeing Network** (Pages 19 - 36)

To note the establishment of this Network and its campaigns for this year and for 2019/20.

7. **Healthwatch Cheshire East Annual Report** (Pages 37 - 68)

To consider the Annual Report.

8. **SEND Improvement Plan** (Pages 69 - 98)

To consider the SEND Improvement Plan.

9. **Cheshire East Council Influenza Report 2017-2018** (Pages 99 - 106)

To consider the actions taken in the 2017/18 influenza season, and proposals for 2018/19.

10. **Cheshire Clinical Commissioning Groups and a Cheshire East Partnership Transformation Update** (Pages 107 - 108)

To receive an update on this transformation project.



**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 29th May, 2018 in Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor Rachel Bailey (Chairman)  
Dr A Wilson (Vice-Chairman)

Councillor J Clowes, - Cheshire East Council  
Councillor J Saunders - Cheshire East Council  
Linda Couchman - Cheshire East Council  
Mark Palethorpe - Cheshire East Council  
Jerry Hawker - NHS Eastern Cheshire CCG  
Daniel Harle - NHS Eastern Cheshire CCG  
Clare Watson - NHS South Cheshire CCG  
Tracy Bullock – NHS Independent Representative

**Non Voting**

Chief Inspector Alan Fairclough – Police and Crime Commissioners Office  
Mike Larking – Cheshire Fire and Rescue Service  
Fiona Reynolds – Cheshire East Council

**Observers**

Councillor L Wardlaw – Cheshire East Council  
Councillor Stewart Gardiner - Cheshire East Council  
Councillor S Corcoran - Cheshire East Council

**Cheshire East Officers/Others in attendance**

Alex Jones – Cheshire East Council  
Guy Kilminster - Cheshire East Council  
Cherry Foreman – Democratic Services

**56 APPOINTMENT OF CHAIRMAN****RESOLVED**

That Councillor Rachel Bailey be appointed as Chairman for the Municipal  
Year 2018/19.

**57 APPOINTMENT OF VICE-CHAIRMAN****RESOLVED**

That Dr Andrew Wilson be appointed as Vice-Chairman for the Municipal  
Year 2018/19.



**58 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Louise Barry (Healthwatch), Tom Knight (NHS England) and Kath O'Dwyer (Cheshire East Council).

**59 DECLARATIONS OF INTEREST**

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

**60 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 27 March 2018 were approved as a correct record.

**61 PUBLIC SPEAKING TIME/OPEN SESSION**

No members of the public wished to speak.

**62 BETTER CARE FUND END OF YEAR REPORT 2017/18**

Consideration was given to the year end performance report on the Better Care Fund in Cheshire East for 2017/18. The information given included progress for that period against expectations, a detailed breakdown on the progress of individual schemes, highlights during that time, and how the Plan compared against national metrics.

The Committee welcomed the progress made and its positive evidence of commitment and partnership working. In looking at its findings it was agreed that a richer picture would be provided by the inclusion of individual patient stories and that these would be incorporated. The report could now be used to identify where additional resources were needed in the community and in primary care; the importance of the ongoing development of community hubs was appreciated and it was requested that a report on this be considered at a future meeting.

The Committee agreed that the report provided confidence for the future evolution of the fund over the next 2 years which was to be considered as the next item on the agenda.



**RESOLVED**

That:

1. The Better Care Fund in Cheshire East is making a significant difference to people's lives as evidenced by the highlights of scheme performance in section 1.4 of the report;
2. There have been notable improvements to Delayed Transfers of Care during the course of 2017/18.
3. The Better Care Fund plan covers a two year period 2017/19 and in 2018/19 there remains much to do as noted in next steps 1.17 of the report, including concluding the evaluation process, confirming schemes for 2018/19, the completion of number of self-assessments to better understand progress against 7 day working, integration and High Impact Care.
4. In appraising the performance of the Better Care Fund in 2017/18 the following information be noted:
  - Vision, aims and objectives of the BCF in Cheshire East (Appendix one)
  - The aims of individual schemes (Appendix two)
  - What will be different as a result of the 2017/18 BCF plan? As noted in 'Delivering the Better Care Fund in Cheshire East 2017-19'
  - How individual schemes performed and what they achieved (Appendix three)
  - How the plan performed against national metrics and Q4 performance (Appendix four)
  - The evaluation process that has taken place to date and the results of that evaluation (Appendix five and six)
  - The financial income and expenditure of the plan
  - The next steps for the BCF in 2018-19
5. That future year end reports include individual patients' stories, and at a future meeting consideration be given to the impact of the developing provision of community hubs.

**63 IMPROVED BETTER CARE FUND 2018 - 2020**

Consideration was given to the activity and proposals for grant money received directly by Cheshire East Council in 2018/19 through the



Improved Better Care Fund (iBCF) monies for 2018 to 2020. The report identified nine schemes, with supporting rationale of how they met the demands of the local care and health economy and assisted the aims of avoiding unnecessary admission to hospitals and care homes, reducing delayed transfers to care in order to meet the 3.5% target and supported the implementation of the high Impact Change Model.

In order to monitor the development of these schemes it was agreed that there be quarterly reports using information currently prepared for the commissioning bodies, and that consideration be given to the most appropriate body for doing it.

**RESOLVED**

That Cabinet be recommended to endorse the Improved Better Care Fund Schemes 1-9 and associated expenditure as set out in report.

**64 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017**

Consideration was given to the Annual Report for 2017 prepared by the Director of Public Health. The report, to be read with the Compendium of Statistics, captured work from across the partnership and health communities and included key issues and recommendations. The aim was for the report to be use as a key tool for working with the public to improve the health and wellbeing of the community as a whole, and to encourage people to take responsibility for their own health and wellbeing.

The Board appreciated the change in format of the report to a month by month account which made it more readable for members of the general public. In response to a question regarding health inequalities across the Borough it was reported that different and local health campaigns were run in the community hubs on a monthly basis reflecting those local needs. It was recognised that the rural nature of the Borough impacted domiciliary care and both transport and social isolation were to the subject of further work and importance of 'Place' was to be included in the report for 2018. The value of self help to improve health and well being was also documented in the report.

**RESOLVED**

That the report be received and noted.

**65 HEALTH AND WELLBEING STRATEGY - OVERVIEW AND CONSULTATION**

Consideration was given to the outcome of the consultation on the Health and Wellbeing Strategy following which it had been updated to take a place based approach. The draft had been consulted on across the Borough with events and an online survey and the changes made would help to strengthen its effectiveness.



During the consultation a number of partners had expressed their willingness and enthusiasm to be involved and it had been suggested that implementation/action groups be created to assist in delivering the actions. It was reported that this was being implemented with each network developing an action plan and that the Board would receive a progress report on a quarterly basis.

### **RESOLVED**

That approval be given to the recommendations to aid the implementation of the Strategy as follows:

1. Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.
2. Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.
3. Strengthen links with sub-regional working via expanded membership to include the Cheshire East Council Executive Director of Place.
4. Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).

## **66 HEALTH AND WELLBEING BOARD ANNUAL REPORT 2017/18**

The Health and Wellbeing Board has a duty to provide an annual Report on its business and activities and the report was now considered for comment and amendments prior to publication. As part of the report a table detailed the responsibilities of the Board and highlighted the range of its work and priorities.

### **RESOLVED**

That the Annual Report 2017/18 be approved for publication.



The meeting commenced at 2.00 pm and concluded at 3.20 pm

Councillor Rachel Bailey (Chairman)



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|------------------------|
| Version<br>Number: 2.1 |
|------------------------|

## BRIEFING REPORT

### Cheshire East Health and Wellbeing Board

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**Date of Meeting:** 24 July 2018

**Report Title:** Green Infrastructure

**Portfolio Holder:** Cllr Don Stockton, Portfolio Holder-Environment

**Author:** Brendan Flanagan, Head of Service Rural & Cultural Economy

**Senior Officer:** Frank Jordan-Executive Director-Place

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#### 1. Introduction and Policy Context

- 1.1. The purpose of this briefing report is to outline how the Council intends to develop and deliver a Green Infrastructure (GI) plan for the Borough as part of its policy development on the Environment, which will include development of an Environment strategy that includes the approach to Green Infrastructure and Natural Capital. The plan will provide a strategic overview, mapping out the opportunities to gain green infrastructure benefits related to Connectivity, life chances, environment and economy. A Green infrastructure Plan will contribute to protecting and enhancing the environment that makes Cheshire East special, which is an important contributor to our Quality of Place and the economy it supports.
- 1.2. The Local Plan already has a number of policies that specifically deal with Green infrastructure. The Government recently published 'A Green Future', its 25 year plan to improve the environment. The development of a Green Infrastructure plan is therefore timely, both in the context of the Cheshire East Local Plan and emerging Government policy.
- 1.3. This approach to green infrastructure also links to Priority 1 of the Health and Wellbeing Strategy 2018-21 for Place based action to improve and support Health and Wellbeing, which was approved at the Health and Wellbeing Board on 29<sup>th</sup> May 2018.

#### 2. Background

- 2.1. Green infrastructure encompasses all the 'green' (such as green spaces and green ways) and 'blue' (such as waterways) elements that contribute to the



wellbeing of people and environment, quality of place and the economy. Cheshire East already has a distinct natural environment that contributes to the creation of an attractive and successful place.

- 2.2.** The Council published its Green Space Strategy in 2013 and Local Plan strategic priorities focus on promoting economic prosperity, while protecting and enhancing environmental quality and creating sustainable communities by ‘...securing improvements to the built and natural environment’, ‘improving links between existing and new neighbourhoods by giving priority to walking, cycling...’ and ‘providing new and maintaining existing high quality and accessible green infrastructure to create networks of greenspace for people, flora and fauna and allow species adaptation and migration’.
- 2.3.** Green infrastructure provides an approach that promotes the value of the natural environment (which can be defined through ‘Natural Capital’) to Quality of Place, wellbeing of communities and the wider economy.
- 2.4.** A Green Infrastructure Plan will be delivered as a contribution to a wider Environment Strategy. As an important contributor to Cheshire East’s ‘Quality of place’, the environment has a direct value to the Cheshire East economy. A strategic approach to the natural and urban environment must therefore be part of delivering on the Councils approach to ‘quality of place’. Green Infrastructure helps to deliver positive outcomes helping to sustain Cheshire East’s environment and benefit its communities.

### **3. Briefing Information**

- 3.1.** Green infrastructure relates to multi-functional spaces, both urban and rural, which are capable of delivering a wide range of environmental and quality of life benefits for local communities.
- 3.2.** The Local Plan has a number of policies that specifically deal with Green infrastructure.. Further work is now on-going as part of the second stage of the Local Plan to develop a Landscape Strategy and to refresh the Greenspace strategy. The Green Infrastructure Plan will be part of the evidence base underpinning policy within stage two of the Plan, the Site Allocations Development Plan Document.
- 3.3.** A Green Infrastructure Plan will also be linked to existing Council plans and strategies, particularly in the context of economic strategy, Health and Wellbeing and Regeneration plans. It will form part of the delivery of an Environment Strategy that will be developed alongside. In developing a plan for Cheshire East that takes account of opportunities for collaboration and partnerships, a GI plan can provide a strategic context for other organisations that have influence over or are providers of Green Infrastructure. The council clearly has a direct role in delivering and influencing Green Infrastructure in the borough, not only through planning policy and strategy implementation, but through responsibility for and management of its own estate.
- 3.4.** The Green Infrastructure plan would therefore serve to integrate existing strategies and plans while providing a strategic context for partners. Priorities



for action would be addressed across a number of themes with their perceived benefits (fig 1). These are likely to include:

- Connectivity: Green corridors to connect areas of habitat that provide multifunctional benefits including biodiversity, access, informal recreation, health & wellbeing, landscape value, risk mitigation and economic.
- Life Chances and Choices: Linking people to places closer to nature through walking and cycling, perceived access and interpretation. Improved contribution of to air, water, soils and personal wellbeing. Securing opportunities for outdoor recreation and getting closer to nature with associated health and wellbeing benefits.
- Environment: Bridging any distinction between 'urban' and 'rural' in the quality and benefits available to residents, wildlife and landscape. Raising awareness of the value of the landscape, increasing people's interest in its future. Supporting improved 'carrying capacity' for existing 'honeypot' sites. Securing landscape improvement or improved design quality for new developments.
- Economy: Securing and enhancing investments by connecting them into a wider environmental benefits network. Maintaining and enhancing perception of place as a reason to live, work, visit or invest. Valuing 'Natural capital' as part of economic strategy or investment decisions.

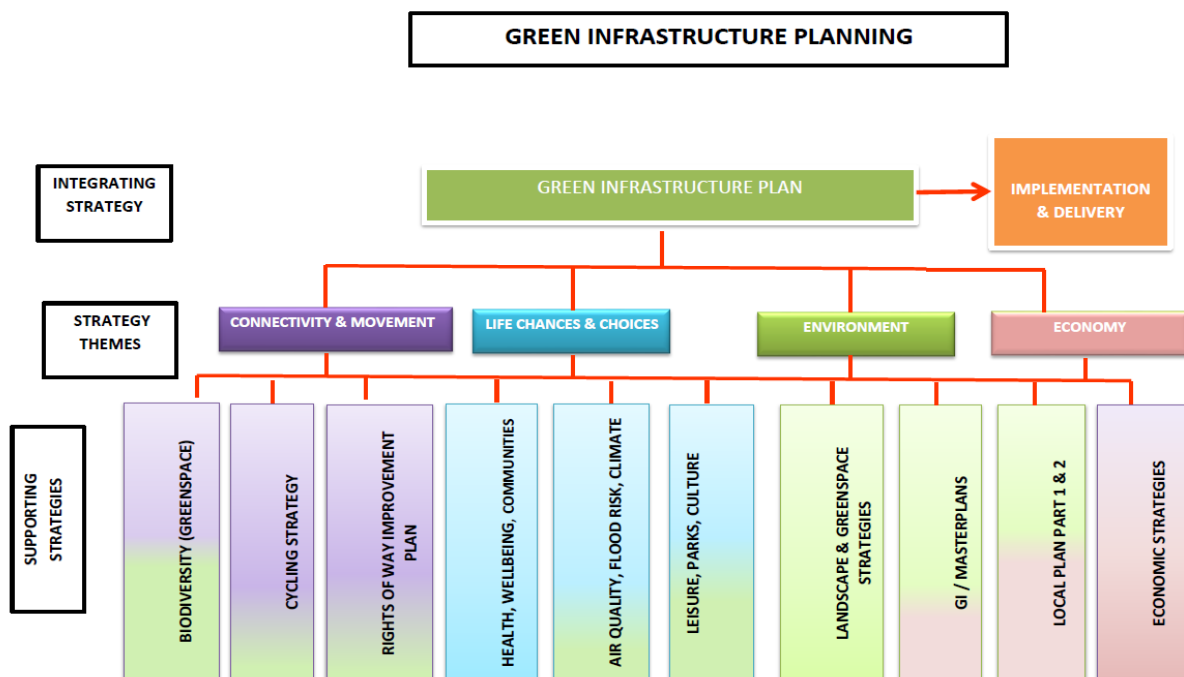


Figure 1: Green Infrastructure planning



- 3.5.** Some of the contributing strategies and plans are already in place, including the Cycling Strategy, Health and Wellbeing Strategy, Parks Strategy and Rights of Way Improvement Plan and stage 1 of the Local Plan. There are a number of other work streams currently in hand, which will help to inform the Green Infrastructure plan including the emerging Crewe Masterplan.
- 3.6.** To ascertain how the Council can work with others to integrate strategies and projects, work has commenced on identification of potential 'partner' or cross-boundary projects that could contribute to or be linked through a Green Infrastructure Plan. This will assist implementation, mapping the potential to achieve improvements in Green Infrastructure and identifying priority areas of focus. This plan would be consulted on prior to seeking Council approval.
- 3.7.** There is a growing evidence base supporting the role that green space plays in helping to improve wellbeing and also reducing health inequalities and the government's 25 Year Plan for the Environment emphasises the value of green spaces for health and wellbeing. A Green Infrastructure Plan would map the distribution and contribution of green space. Work has already started on a high level assessment of our Green infrastructure and its value using the GI-Val tool adopted by Mersey forest. The typology for this work is shown at appendix 1. Natural capital valuation will be of benefit at a both a strategic borough level and to assess at a site or project level, to add a further assessment of value to business cases. For example, that assessment will provide a baseline mapping of green infrastructure and valuation on the benefits derived from Green Infrastructure. By mapping a series of health issues for which there is evidence that access to green spaces has a potentially positive effect, we can assess the value of Cheshire East green spaces for wellbeing. Green spaces in Cheshire East already play a role in keeping people active and supporting good mental health as well as addressing areas such as air quality and amelioration of high temperatures in heatwaves. This information will also be used to inform development of the Environment Strategy.
- 3.9** This high level assessment will inform a more detailed stage of work that would help to develop defined proposals and priorities for areas of intervention, retention or enhancement that can be addressed as and when resources become available. It will also strengthen the case for high quality design, mitigation and public benefit related to development proposals to ensure that the borough's Quality of Place aspirations are met.
- 3.10** The impacts on health and wellbeing and on the costs of prevention or health improvement are part and parcel of a natural capital approach. The Government's three-year 'Natural Environment for Health and Wellbeing' programme offers opportunities to develop promotional campaigns and programmes that complement existing work. There is potential to take account of the new focus on natural capital linked to the priority outcomes 'Creating a place that supports health and wellbeing in Cheshire; people have access to good cultural, leisure and recreational facilities' & 'Living well for



longer: people are fitter and healthier – participating in physical activity and eating more healthily’.

**3.11** In developing this plan, the Council is keen to ensure that it is relevant to and used by other partners: a plan for Cheshire East rather than a plan for Cheshire East Council. Therefore to do this effectively and to increase the resource available, opportunities must also be sought as part of such a plan to identify potential partners with whom the Council can collaborate or complementary projects that support resource availability or delivery. This will include environmental bodies such as Natural England or the Local Nature Partnership. However it should also include organisations in Health and Wellbeing where there will be opportunities such as:

- Consideration to the opportunities of using green space in commissioning services, e.g. mental wellbeing, encouraging people to be physically active in using green space.
- Role of the public estate eg owners further developing accessible green space, improving design (e.g. green roofs) etc.

**3.12** The Government has promised to launch a year-long youth-focused promotional campaign to engage people with environmental issues in 2019. Using the #iwill hashtag the campaign will aim to increase action and engagement on the environment among 10 to 20 year olds.

**3.13** As part of developing its Environment Strategy the Council will consider the principle of embedding ‘environmental net gain’ for housing and infrastructure which is currently being consulted on by Government in response to its 25 year plan. This would have implications that need to be considered as part of developing policy related to the detailed second stage of the Local Plan as it represents a stronger measure for planning than at present. In addition, the Government’s proposals related to Green Belt for ‘breathing space’ could be supplemented by further policies with the Part 2 Local Plan that would align with Green Infrastructure proposals. These principles would need to be reflected when addressing the nascent green Infrastructure plan. The Environment Strategy will also address issues such as waste management, climate change, biodiversity, access to the environment and air quality, all of which can have implications for health and wellbeing and the role of Green Infrastructure in delivering these benefits.

**3.14** In order to complete a Green Infrastructure Plan, a number of pieces of existing work must be completed. This includes completion of a refreshed Greenspace strategy and the Landscape Character Assessment together with the related Landscape Strategy and Local Landscape Designation review. It is hoped therefore to complete the Plan once the first draft of the Local Plan stage 2 has been completed for consultation. The current timescale therefore assumes that a Green Infrastructure Plan is completed by the end of 2018.

#### **4. Implications**

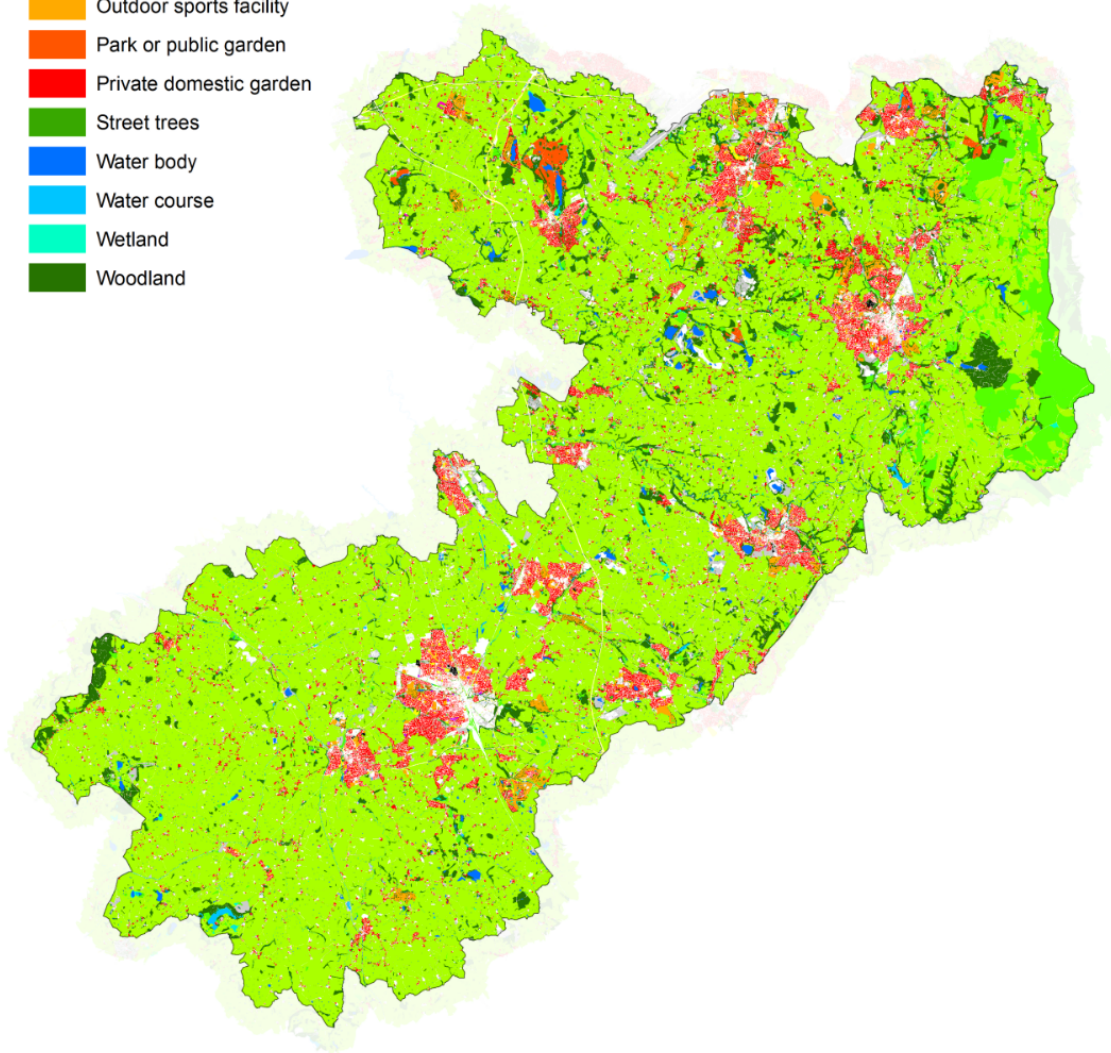
**4.1.** Legal, financial and human resources implications will need to be considered once the scope of any work is defined.



## Appendix 1

## Green infrastructure typology

- Agricultural land
- Allotment, community garden or urban farm
- Cemetery, churchyard or burial ground
- General amenity space
- Grassland, heathland, moorland or scrubland
- Institutional grounds
- Orchard
- Outdoor sports facility
- Park or public garden
- Private domestic garden
- Street trees
- Water body
- Water course
- Wetland
- Woodland





The following is the breakdown of green infrastructure types in Cheshire East according to the mapping.

| <b>Green Infrastructure Type</b>                   | <b>Area (ha)</b> | <b>Percentage</b> | <b>Percentage of GI</b> |
|--|------------------|-------------------|-------------------------|
| <b>Agricultural land</b>                           | 79618            | 68.26%            | 73.49%                  |
| <b>Allotment, community garden or urban farm</b>   | 39               | 0.03%             | 0.04%                   |
| <b>Cemetery, churchyard or burial ground</b>       | 41               | 0.04%             | 0.04%                   |
| <b>General amenity space</b>                       | 1122             | 0.96%             | 1.04%                   |
| <b>Grassland, heathland, moorland or scrubland</b> | 4830             | 4.14%             | 4.46%                   |
| <b>Institutional grounds</b>                       | 3304             | 2.83%             | 3.05%                   |
| <b>Not GI</b>                                      | 8302             | 7.12%             |                         |
| <b>Orchard</b>                                     | 24               | 0.02%             | 0.02%                   |
| <b>Outdoor sports facility</b>                     | 1479             | 1.27%             | 1.37%                   |
| <b>Park or public garden</b>                       | 455              | 0.39%             | 0.42%                   |
| <b>Private domestic garden</b>                     | 6329             | 5.43%             | 5.84%                   |
| <b>Street trees</b>                                | 901              | 0.77%             | 0.83%                   |
| <b>Water body</b>                                  | 1196             | 1.03%             | 1.10%                   |
| <b>Water course</b>                                | 639              | 0.55%             | 0.59%                   |
| <b>Wetland</b>                                     | 252              | 0.22%             | 0.23%                   |
| <b>Woodland</b>                                    | 8117             | 6.96%             | 7.49%                   |



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## CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

|   |   |
|---|---|
| <b>Title of Report:</b>                   | Cheshire East Wellbeing Network   |
| <b>Date of meeting:</b>                   | 24 <sup>th</sup> July 2018  |
| <b>Written by:</b>                        | Bernadette Bailey (Transformation Programme Manager, NHS Eastern Cheshire Clinical Commissioning Group) |
| <b>Contact details:</b>                   | <a href="mailto:Bernadettebailey1@nhs.net">Bernadettebailey1@nhs.net</a><br>01625 663482                |
| <b>Health &amp; Wellbeing Board Lead:</b> | Fiona Reynolds (Director of Public Health)  |

### 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 inform the Health and Wellbeing Board of the establishment of the Wellbeing Network, its work to date and plans for 2018/19 and ask the Board to advise on the joint wellbeing campaigns for 2019/20.  |                                     |                                   |
| <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"/><br>Living and Working Well <input type="checkbox"/><br>Ageing Well <input type="checkbox"/><br>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"/><br>Accessibility <input type="checkbox"/><br>Integration <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Sustainability <input type="checkbox"/><br>Safeguarding <input type="checkbox"/><br>All of the above <input type="checkbox"/>   |                                     |                                   |
| <b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>               | The Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> <li>• note and acknowledge the value of the collaborative approach to wellbeing campaigns across Cheshire East</li> <li>• continue to support the future campaigns with resources including: staff; venues; communications; and materials where relevant, from partner organisations</li> <li>• advise on joint campaigns for 2019/20</li> </ul> |                                     |                                   |
| <b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b> | This report has been prepared for the Health and Wellbeing Board and has not been considered by any other committees or boards at this stage.   |                                     |                                   |



|   |  |
|---|--|
| <b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>           | Not directly, however the comments of those involved in the refreshing of Joint Health and Wellbeing Strategy 2018 – 2021 have been considered.  |
| <b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b> | The recommendations contribute to Outcome three: “Enable more people to Live well for Longer” of the Joint Health and Wellbeing Strategy 2018 – 2021. By delivering joint campaigns in 2018/19 that provide staff and residents with information to support them in making health life style choices that will improve their health and wellbeing in the areas of healthy blood pressure, staying well during winter and the responsible use of alcohol. |

## 1 Report Summary

- 1.1 The Cheshire East Wellbeing Network was established in November 2017 to bring together staff working on wellbeing within the main local partner organisations. The network operates on a Cheshire East footprint and has membership from NHS Eastern Cheshire Clinical Commissioning Group, NHS South Cheshire Clinical Commissioning Group, Cheshire East Council, East Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Peaks and Plains Housing Trust, Plus Dane Housing Trust, Everybody Sport and Recreation, the Council for Voluntary Services and the Department of Work and Pensions. Representation from Mid Cheshire Hospitals Foundation Trust is currently been sought.
- 1.2 NHS Eastern Cheshire Clinical Commissioning Group initiated the setting up of the Wellbeing Network to assist with delivering one of its priorities in its 2017 – 2019 Plan - Implementing new approaches to improving wellbeing.
- 1.3 The purpose of the Wellbeing Network is to work collaboratively through connecting and sharing current initiatives and developing joint campaigns.
- 1.4 The Network reports to Fiona Reynolds, Director of Public Health, Cheshire East Council and Fleur Blakeman, NHS Eastern Cheshire Clinical Commissioning Group. The Wellbeing Network does not have any allocated budget and operates within the resources provided by each partner organisation.
- 1.5 The Wellbeing Network started by reviewing the national campaigns, each partner organisations priorities and campaigns and the Cheshire and Merseyside Health and Care Partnership prevention priorities. From this they identified four campaigns during 2018/19 to work together to deliver. The rationale for the joint approach was to increase the impact of campaigns by having a common approach with a consistent targeted message. It has also brought greater innovation and efficiency by using the skills and assets across the partnership members and organisations, doing things once and having common materials.
- 1.6 The campaigns selected for 2018/19 are:
  - Quarter 1 – April to June - Mental Health Awareness Week – 14<sup>th</sup> to 20<sup>th</sup> May
  - Quarter 2 – July to September “Know your Numbers” – 10<sup>th</sup> to 16<sup>th</sup> September
  - Quarter 3 – Stay Well This Winter
  - Quarter 4 – Dry January



The rationale for selecting each campaign is shown in Appendix 1. In addition campaigns were selected to provide different approaches, experiences and learning, e.g. different lengths for campaign from a week, a month and a season.

- 1.7 The first joint campaign – Mental Health Awareness Week was very successful with a wide range of activities and communications delivered by the Network partners. In total 482 people took away resources or advice from the stands, 294 people pledged actions to reduce their stress, 203 people attended mindfulness sessions and 80 people received health checks. The infographics in Appendix 2 summarises the headlines from the campaign.
- 1.8 In addition to the hard outcomes of the campaign, it is also important to report the significant level of interest, engagement, enthusiasm and commitment shown by the members of the Wellbeing Network. This high energy of members has spread/led to other organisations asking to join the Network, e.g. CVS and DWP. The soft transformational networking approach is encouraging whole-system thinking and helping to build and strengthen a culture of sharing and working in partnership. Those who attend the network are helping to create links between organisations which go beyond simply working on joint wellbeing campaigns.
- 1.9 The Mental Health Awareness Week was evaluated and a full report can be found in Appendix 3. The key recommendations from the evaluation for future campaigns are:
  - Identify a key lead person in each organisation
  - Establish a small working group as soon as possible
  - Agree the timeframe as soon as possible to allow staff resources and capacity to be allocated
  - Earlier engagement with communication leads would have assisted with joint communications
  - Allow more time for agreeing news articles /press releases to ensure signoff between all partners
  - The use of a partnership logo which all partners can use would avoid use of multiple logos and single organisation branding
- 1.10 Members of the Wellbeing Network were active participants in the workshops organised to inform the Joint Health and Wellbeing Strategy 2018 – 2021 and were pleased to see that the strategy included the deliverable of “Delivering four collaborative health and wellbeing campaigns across partners organisations per year” under Outcome three: Enable more people to Live Well for Longer.

## 2 Recommendations

The Health and Wellbeing Board is asked to:

- 2.1 Note and acknowledge the value of the collaborative approach to wellbeing campaigns across Cheshire East;
- 2.2 Continue to support the future campaigns with resources, including staff, venues, communications and materials where relevant, from partner organisations;
- 2.3 Advise on joint campaigns for 2019/20.



### **3 Reasons for Recommendations**

- 3.1 These recommendations support the wellbeing of the residents of Cheshire East through collaborative partnership working on the delivery of joint campaigns. The collaboration increased the reach and impact of the quarterly campaigns and ensures that each partners organisational resources are used efficiently.

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

- 4.1 The recommendations contribute to Outcome three: “Enable more people to Live well for Longer” of the Joint Health and Wellbeing Strategy 2018 – 2021. By delivering joint campaigns in 2018/19 that provide staff and residents with information to support them in making health life style choices that will improve their health and wellbeing in the areas of healthy blood pressure, staying well during winter and the responsible use of alcohol.

### **5 Access to Information**

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

Name: Bernadette Bailey

Designation: Transformation Programme Manager, NHS Eastern Cheshire Clinical Commissioning Group

Tel No: 01625 663482

Email: bernadettebailey1@nhs.net

### **Appendices**

1. Cheshire East Health and Wellbeing Joint Campaigns 2018/19
2. Mental Health Awareness Week 2018 Infographics
3. Evaluation of the Mental Health Awareness Week 2018 Campaign



# Cheshire East Health and Wellbeing Joint Campaigns 2018/19

**April - June**

## **Mental Health Week** **14<sup>th</sup> – 20<sup>th</sup> May**

### ***Reasons for selection:***

- Scale of issue
- Recommended greater focus in Health and Wellbeing Strategy
- Applicable to all partners and providers

**July - September**

## **Know Your Numbers Week** **10<sup>th</sup> – 16<sup>th</sup> September**

### ***Reasons for selection:***

- STP Prevention Priority
- Looking after yourself
- Scale of issue

**October - December**

## **Stay Well This Winter**

### ***Reasons for selection:***

- Ageing population
- Looking after yourself
- Winter wellbeing and resilience campaign
- Applicable to all partners and providers
- Community relevance

**January - March**

## **Dry January**

### ***Reasons for selection:***

- STP Prevention Priority
- Health & Wellbeing Priority
- Applicable to all partners and providers
- Relevant to communities
- Outcomes/indicators – outlier



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# Mental Health Awareness Week 2018

Working together to promote #GoodMentalHealth4Cheshire



Plus Dane Housing



Better Together services provided by:  
NHS Eastern Cheshire Clinical Commissioning Group  
NHS South Cheshire Clinical Commissioning Group  
NHS Vale Royal Clinical Commissioning Group  
Cheshire and Wirral Partnership NHS Foundation Trust  
East Cheshire NHS Trust



Sessions included Yoga, Wellness At Work and Lunch And Learn About Stress.

**482**

People took further resources and advice.

**294**

Pledged to reduce their stress.

**983**

Free leisure passes handed out.

Staff and public took part in "Wear It Green Wednesday."

**"A teenager felt comfortable and confident enough during the event to report their experience of recent cyber trolling"**

**203**

Attended Mindfulness sessions.

**80**

Free, health checks were carried out.

**54**

Qualified Mental Health First Aid Trainers.

**85**

Free pedometers were given out.

**29**

Outreach events and roadshows.





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# #GoodMentalHealth4Cheshire

## I Pledge to reduce my stress by...

"Walking more"

"Having 'me' time"

"Talking to friends"

"Get active"

"Take time to chill"



"This was my first experience of Mindfulness and I really enjoyed it, I left feeling relaxed with no stress!"

"I have learnt and developed some great wellness tools, which mean that I can now manage my symptoms- and stop my symptoms managing me."

"A teenager felt comfortable and confident enough during the event to report their experience of recent cyber trolling"



Plus Dane Housing



Better Together services provided by:  
NHS Eastern Cheshire Clinical Commissioning Group  
NHS South Cheshire Clinical Commissioning Group  
NHS Vale Royal Clinical Commissioning Group  
Cheshire and Wirral Partnership NHS Foundation Trust  
East Cheshire NHS Trust





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## **An Evaluation of a collaborative approach in Cheshire East for the Mental Health Awareness Week campaign**

### **Foreword**

A Wellbeing Networking Group was developed operating on the Cheshire East foot print and with partners from Cheshire East Council (CEC), NHS Eastern Cheshire CCG (ECCCG), NHS South Cheshire CCG (SCCCG), East Cheshire NHS Trust (ECT), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Everybody Sport and Recreation (ESAR), Peaks and Plains Housing Trust (P&Ps), Plus Dane Housing Trust (PDHT) and the Council for Voluntary Services (CVS). There is a commitment to work together to improve wellbeing especially as resources are decreasing.

One of the key pieces of work was to review the current wellbeing campaigns that each organisation are undertaking and to agree a joint campaign each quarter that we will work on together.

The aim is that we all align our communications and actions during these week or month long campaigns for maximum impact across the population. The selected campaigns for 2018/19 are listed below:

- Dry January (Jan-March)
- Mental Health Awareness Week (April-June)
- Know Your Numbers Week (Blood pressure awareness) (July –Sept)
- Stay Well This Winter (Oct-Dec)

The collaborative approach for Mental Health Awareness week (14<sup>th</sup> May -1<sup>st</sup> June 2018) was agreed and a Task and Finish group was set up.

The group included representatives from ECCCG, ECT, CEC, ESAR, P&Ps, CWP, PDHT and CVS.

This evaluation report describes the approach to a collaborative campaign and lessons learned which can be used to inform future campaigns, with the next campaign being Know Your Numbers (Blood Pressure awareness) in September.

### **1.0 Introduction**

#### **1.1 UK Policy Context**

Mental health problems cost the UK economy an estimated £70-100 billion each year. Yet public spending is focussed almost entirely on coping with crisis, with only insignificant investment in prevention. The Mental Health Foundation's Strategy 'A New Way Forward' (2015- 2020) sets out the case for a fresh emphasis on prevention including understanding the causation and development of mental health problems, and the patterns of risks and prevalence across different individuals and groups. We recognise that the factors impacting on mental health are complex, and that our social and physical environment, are key determinants.

This year's Mental Health Awareness Week (14-20 May) was hosted by the Mental Health Foundation, which focused on stress. Research has shown that two thirds of us experience a mental



health problem in our lifetimes, and stress is a key factor in this. By tackling stress, this can help us tackle mental health problems such as anxiety and depression, and, in some instances, self-harm and suicide.

## 1.2 Aims of the evaluation

An evaluation of the process was undertaken from which the learning could be shared for future campaigns.

The evaluation objectives include:

- The use of resources, venues, materials
- Communication activity
- Use of Tweets, Hashtags, social media
- Activities to promote Mental Health Awareness Week
- Lessons learned

## 2.0 What We Did

Eight organisations across Cheshire East joined up to take part in the Mental Health Awareness Week campaign which included ECCCG, SCCCG, ECT, CEC, ESAR, P&Ps, PDHT, CWP and CVS.

The Task and Finish Group agreed the actions for the campaign and that an evaluation report and an infographic with key findings would be produced after the campaign to inform future collaborative working.

An Activities Plan was co-ordinated with all the activities taking place during Mental Health Awareness Week detailing each organisation. Opportunities to work together, using different venues and sharing information and resources began to occur during the first initial meeting to discuss the campaign and continued throughout the process.

## 3.0 Communication

A Communication Plan was developed and shared with the group to keep messages consistent and reduce time of each of the eight organisations each preparing their own communication plan.

Details of the Communication Lead for each organisation were shared to encourage them to work together on the campaign.

The Task and Finish group created a Twitter hashtag for the campaign #GoodMentalHealth4Cheshire to engage communities in the discussion and highlight Mental Health Awareness Week. The twitter hashtag was agreed with organisations in West Cheshire as Vale Royal Clinical Commissioning Group and CWP operate outside of Cheshire East and wished to use a consistent approach across their organisations. Twitter and Facebook were used to promote the key messages.

Each organisation used their internal newsletters to promote activities and key messages during the week. For example PDHT shared Top Tips to Manage Stress in the weekly staff newsletter which



goes out to over 250 staff every Friday. Cheshire East Council Mental Health Awareness articles in Team Voice reached over 2,000 staff on both occasions; in particular the wellbeing activity list had over 250 'clicks'.

Blogs were also used internally and externally using senior people to give key messages during the week. For example, the opportunity was given to staff from ECCCCG and ECT members to write a blog on how they have taken steps to combat stress or help someone else to do so. The blog explored one or more of following Five Ways to Wellbeing:

- Learning
- Giving
- Being active
- Taking notice
- Connecting

ESAR ran a social media campaign promoting key messages and linking the benefits of physical activity and also included them in their newsletter which was sent to 17,000 members.

ECT and ECCCCG used daily communications to staff including two staff blogs.

Staff blog: on ECCCCG's Website <https://www.easterncheshireccg.nhs.uk/News-Events/mental-health-week.htm>

- Pledges: ECCCCG – 24 & ECT - 50 and Tweets.
- Mental Health Awareness week details published in ECCCCG Health Column
- Daily global emails and middle of the room reminder
- Literature was displayed and handed out and signposting took place.

All partners agreed to have a pledge board where staff could pledge to improve their wellbeing and reduce their stress. The pledge boards were promoted through the newsletters and emails.

#### **4.0 Activities**

A wide range of activities took place in a variety of places for staff and the public throughout Mental Health Awareness Week.

It was decided that we would all promote 'Wear it Green Wednesday' for Mental Health Awareness Week and all organisations would use the Pledge boards and encourages pledges to be made.

At ECCCCG, the Occupational Health Team gave talks to staff on stress awareness.

Weekly inspirational quotes or cards on staff desks and an email prompt and screen savers based on each theme everyday was used to engage staff.

Staff were encouraged to bring a healthy lunch to work and share their favourite healthy recipe to be included in our first 'Workplace Recipe Book'.



ECCCG and ECT used a variety of activities including two market stall events with displays and a large variety of information leaflets. Classes were held on Resilience, Mindfulness and Yoga. Incentives were given such as Leisure Centre free one day passes and Coffee Sachets to encourage work breaks with colleagues.

ESAR ran a social media campaign promoting key messages and linking the benefits of physical activity and also put them in our newsletter sent to 17,000 members. Four Mindfulness sessions during the week which 49 staff and customers attended.

ESAR attended 5 events during that week to support partners events in the Task and Finish group. Around 80 health checks were carried out by Lifestyle Coaches, and 18 people signed up to a health programme to improve their health and Wellbeing following these health checks. ESAR provided the partners with free one day passes, (724 were handed out altogether) to hand out to their staff and customers to encourage people to take some time out for themselves and have some 'me time.'

As no budget was available for the campaign, ESAR designed and produced the Pledge Boards, Pledge Cards, Infographics and Collage, free of charge for the campaign and for our partners to use.

Lunch and Learn Sessions on Stress were delivered to CEC staff within the workplace and 22 attended. Mindfulness sessions were also held for the public.

P&Ps used the week to launch the Wellbeing Hub in Macclesfield for Talking Therapies and promoted activities through the week.

CEC promoted the newly qualified Mental Health First Aiders within the organisation as part of the Brighter Future Together Programme.

Taster sessions for CEC staff were delivered by Sarah Fairman from CWP. Three lunch and learn sessions on stress were also on offer to staff during the week and CWP gave staff handouts and resources as part of their campaign. The Workforce Wellbeing Practitioner was available to give out some general self-management strategies during the week. The Workforce Wellbeing Service all wore green and displayed the Mental Health Ribbon during the week. Activities such as Mindfulness sessions, walks at lunch time and pedometers were given to encourage 10,000 steps a day and walking route maps were given to staff to encourage further walking.

### **5.0 Key Learning from the Collaborative Mental Health Awareness Week campaign**

The Task and Finish Group was made up of volunteers from the Wellbeing Network members, no-one joined the group from SCCCG or CVS at the beginning. The campaign would have covered a larger footprint if a representative from those organisations had been able to attend the group. Clarity of the coverage for the campaign is needed at the beginning of the process.

#### **5.1 Organisational Bias**

When working in partnership it is important that there is trust and openness when discussing and agreeing who leads on the various elements of the campaign.

Each organisation has its own Communications Team. It is increasingly complex to agree the content of a campaign where an equal partnership has been developed between eight organisations,



working on the same campaign. This needs addressing early in the process and that every organisation agrees to the principles.

The Communications Teams in each organisation attempted to support this campaign. However it was highlighted that in several organisations had other competing priorities during **Mental Health Awareness Week**.

Details of the Communication Lead for each organisation were shared to encourage them to work together on the campaign. However this didn't happen and each organisation promoted their own organisation. One press release was publicised which highlighted the campaign and the collaborative approach which was used.

The group felt a meeting to involve the Communications Leads from the start of the campaign may be useful.

The pledge boards contained everyone's logos. This can prove difficult when using a collaborative approach. The format, colour, size needs to be used in accordance with each organisations protocol. The group felt one logo for partnership working for Cheshire for example would be a good resource.

### 5.2 Spread of the Campaign

After conversations within the Task and Finish Group, members shared the ideas with other staff outside the group. Enthusiasm grew and others went away and contributed to the campaign. For example, the campaign was promoted at the Crewe Mental Wellbeing in Young People Event on 18th May in Crewe Town Centre. Other Housing Associations which didn't attend the Wellbeing Network Group also wanted to be involved with the campaign.

The Church of the Resurrection in Macclesfield held the Upton Priory Connected Community Centre Launch event on the 4<sup>th</sup> May. The campaign was promoted and 26 pledges were made. The feedback showed that the pledges are quick and easy to do and children were keen to get involved. However some people didn't want to have their photos taken with the pledges.

CWP worked with their staff and volunteers of Central and East Cheshire Recovery College during Mental Health Awareness Week by having a stall on Crewe market on Friday 18 May. The stall helped raise awareness of mental health and CWP's services in the area. Staff, handouts and resources were also handed out providing general self-management strategies.

United Reformed Church in Wilmslow held their Connected Community Centre launch event on Friday 18th. 13 pledges were made at the opening, varying from pledging to walk to school, to trying a sports team. 25 ESAR day passes were given to people who had made a pledge.

A Social Worker working for CEC decided to promote Mental Health Awareness Week on a wall adjacent to their team after seeing articles on the campaign in the staff Newsletter.

A member of staff at CEC recently completed their Mindfulness Training and approached Public Health during the week to look at offering/organising Mindfulness sessions to staff for the long-term. Feedback from those that attended the taster mindfulness sessions during the week would suggest that this would be supported widely by staff with an abundance of positive quotes from staff who attended.



Example feedback below:

*"I thought the Mindfulness session was really enjoyable. To take time out of a busy day and concentrate on 'you' I think is really important.*

*The lady who ran the session was very calming and straight away got the group to contribute and participate in the subject matter. Nobody felt under pressure or embarrassed – the hardest thing was switching off for some people.*

*I felt the visualisation techniques really worked and took you away from daily routine and made us focus on breathing – which instantly de-stresses you.*

*Please let me know if you are holding any further similar sessions as I would be very interested. "*

Cheshire East was above average response for twitter --For Twitter, the target engagement rate is 1% and 1.5% was achieved during the week and 3% for Facebook which achieved 2.9%.

There were 36 Tweets/Facebook posts that included the #GoodMentalHealth4Cheshire from the different organisations this provided a 'storyboard effect' and helps to show what was achieved during the week. However not all partners included the hash tag.

294 people pledged to reduce their stress during the week using the pledge boards and cards in each organisation. Overall the pledge boards were well received however not everybody felt comfortable having a picture with their pledge. The Task and Finish Group did not set a target for number of pledges made, if we had done so then maybe it would have been easier to assess whether it had been successful.

EC CCG and ECT held Market Place events which over 150 staff attended.

### **5.3 Timing.**

The group felt more time was needed to organise and plan. Agreeing the programme activities and booking the venues was time consuming. Agreeing the communication plan and reviewing resources needed for the week took more time than anticipated.

### **5.4 Capacity**

The capacity in each organisation varied with some having a specific member of staff or team to become engaged with the campaign. Identify what capacity is available for the campaign and agree the activities which can be achieved.

### **5.5 Resources**

There was no allocated budget for this work however each organisation had a plethora of leaflets, booklets, information sheets and opportunities to share resources.

The group members shared websites, apps, shared information and examples of good practice.

A variety of apps were shared and used. For example, ECCCG used a Health and Wellbeing app and linked this with local gyms to signpost staff to activities.



## 5.6 Working together

The Task and Finish group met twice before the campaign week and once afterward to discuss the impact of the campaign.

ESAR used Crewe Lifestyle centre for activities during the week. CEC Public Health Team worked with ESAR to distribute information and signposted to services from a stall held at Crewe Lifestyle Centre. Community members were able pick up information, resources, make a pledge and have a free health check and talk about exercise and mental health. There was positive verbal feedback from staff and many chose to join gym or take on an activity to improve their health and wellbeing together from this event.

A CWP Workforce Wellbeing Practitioner provided Mindfulness sessions to East Cheshire Council staff with excellent feedback which informed further sessions for staff as part of the Wellbeing at Work initiative.

High energy of members has led to other organisations asking to join the Network, e.g. CVS and DWP.

## 6. Recommendations

- Earlier engagement with communication leads
- Agree timeframe as soon as possible
- Allow more time for agreeing news articles /press releases ensure signoff between all partners.
- The use of a partnership logo which all partners can use

## 7. Conclusion

Cheshire partners involved in this campaign have demonstrated their commitment to support to the mental wellbeing agenda and worked collaboratively during Mental Health Awareness Week 2018. The group felt this was a successful campaign which reached a wider audience than previous campaigns.

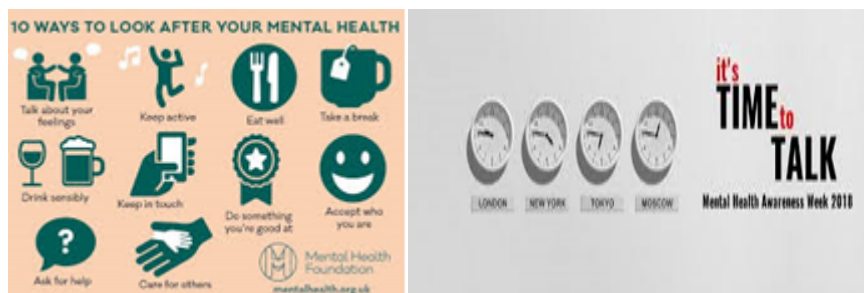
Messages of support came from the Chief Executive and Senior Leaders from all the organisations involved recognising the benefits of collaborative working across Cheshire.

This campaign demonstrated added benefits of collaborative working such as closer working together, sharing information, ideas and resources.

No budget was allocated to this campaign and each organisation contributed with staff time, using existing resources and using premises for meetings. For example, ESAR allowed the free use of their rooms and refreshments as a contribution to collaborative working.

The finding from this campaign will be shared and used to inform future campaigns and in particular the 'Know Your Numbers' Blood Pressure Campaign in September 2018.







# Healthwatch Cheshire East

Annual Report 2017/18







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# Message from our Chair – Lynne Turnbull

**I am delighted to present our Annual Report for 2017/18; a year which saw many challenges to both national and local health and care services.**

In April 2017, Healthwatch Cheshire CIC commenced delivery of the new joint contract, delivering two local Healthwatch organisations - Healthwatch Cheshire East and Healthwatch Cheshire West. This covers the statutory functions of Healthwatch and an Independent Complaints Advocacy service, across two Local Authorities and four Clinical Commissioning Groups.

In order to maximise representation of the diverse people of Cheshire at a governance level, Healthwatch Cheshire recruited a new Board during the year, consisting of a mixture of 15 organisation representatives and individuals from across Cheshire.

As your independent consumer champion, Healthwatch Cheshire East has had an extremely busy year, constantly seeking to understand what works well for you and exactly where your concerns about local Health and Care services lie.



Healthwatch Cheshire East reviewed our Enter and View process and delivered a significant programme of activity. Enter and View sees trained volunteers visit hospital wards, day care centres and care homes to observe the nature and quality of treatment and care. This continues to strengthen our understanding of how well these services are serving the people of Cheshire East.

Strategically, we have been involved in discussions regarding the Health and Care partnerships and we have been able to use our seats at the local authority's Health and Wellbeing Board to reinforce the importance of effective engagement moving forward.

I would like to express my thanks and gratitude to the Chief Executive Officer for her continued strong leadership of the organisation; my fellow board members, staff, volunteers and members of the public, as without your continued dedication and motivation, Healthwatch Cheshire East would not be able to be the local independent voice for people of Cheshire East, shaping and improving health and care services.

Finally, I encourage you to continue to share your views and experiences with us, so we can continue to work towards a vision of Health and Care services that meet the diverse needs of people across Cheshire East.



# Message from our Chief Executive – Louise Barry

2017-2018 has been an exciting and very busy year for Healthwatch Cheshire East.

At the start of the year we were jointly commissioned by Cheshire East and Cheshire West and Chester Local Authorities to deliver both Healthwatch Cheshire East and Healthwatch Cheshire West, and to deliver the Independent NHS Complaints Advocacy Service (ICAS) across Cheshire.

Our small staff team has altered to meet the new and varying demands of our delivery and we have welcomed new staff members to work across Cheshire, including on our delivery of ICAS. Our volunteer team are core to effective Healthwatch delivery and to our reach in to a range of communities, groups and activities, and during the year we have built on the strengths of our existing volunteer team and expanded to bring in new skills and perspectives.

During the year we have recruited new members to our Board of Directors, expanding in both numbers and expertise. Our Board is made up of people from local organisations representing: the wider voluntary sector; children and young people; older people; disabled people; and people from minority ethnic communities. In addition, we have members of the public with a range of skills.



Together, staff and volunteers undertake a wide range of engagement activities, sign-posting, partnership working, and Enter and View visits, some of which are highlighted in this report. All of the feedback and information people tell us is recorded anonymously and fed back to the key health and care providers and commissioners of services in Cheshire East. It is also fed in through our engagement on strategic health and care boards to ensure that the voice and experience of people accessing services is central.

I would like to thank the staff and volunteer team for their continued enthusiasm and expertise in delivering Healthwatch Cheshire East, and I look forward to the new opportunities and challenges that next year will bring.



# Highlights from our year

**1,430**

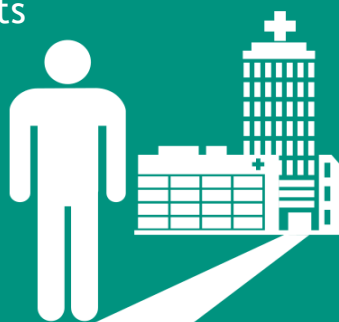
We now have 1,430  
followers on Twitter



We won the **Student's  
Choice Award** at the  
University of Chester's  
Volunteer Celebration



We've visited **165**  
local services and  
Health and Wellbeing  
events



Our **31** volunteers  
help us with everything  
from engagement to  
Enter and View



Our reports have  
tackled issues ranging  
from **Boater  
Communities** to  
**Pharmacies**



We've spoken to  
**214**  
people at our two  
**A&E Watch** events

We've received  
**567** comments  
from people on their  
Health and Social Care  
services





# Who we are



**Healthwatch Cheshire East are the local independent consumer champions for Health and Social Care services in Cheshire East.**

You may have seen one of our team or volunteers out and about around Cheshire trying to gain people's views and experiences of the Health and Social Care services they receive, in order to help inform the priorities and quality of services commissioned by the NHS and local authorities.

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

## **Health and care that works for you**

People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

## **Our purpose**

To find out what matters to you and to help make sure your views shape the support you need.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

This year has seen us undertake a newly commissioned joint contract to deliver Healthwatch services for both Cheshire East and Cheshire West and Chester local authority areas. This has provided challenges but also fantastic opportunities with many health services delivered cross-boundary.



# Meet the team



**Louise Barry**  
Chief Executive



**Rachel Cornes**  
Service Lead



**Emma McKenzie**  
Administration and  
Finance Manager



**George Gibson**  
Communications and  
Research Officer



**Annette Shepherd**  
Independent Complaints  
Advocate



**David Crosthwaite**  
Volunteer Co-ordinator



**Jem Davies**  
Community Engagement &  
Project Officer



**Jackie Lewis**  
Community Engagement  
Worker



**Neil Garbett**  
Community Engagement  
Worker



**Ros Haynes**  
Community Engagement &  
Project Officer



# Making a difference - your views on health and care







Healthwatch Cheshire East's Macmillan Coffee Morning, 29th September 2017

## Listening to people's views

Engaging directly with a wide range of people in community settings is where Healthwatch Cheshire East staff and volunteers are able to gain the richness of people's views and stories. It is by having these face to face conversations with people that we can best understand issues that are effecting people regarding health and care, and how we can support them by signposting them to services, organisations, or groups that can help.

A variety of easily accessible contact methods are in place to allow individuals and communities to engage and feedback effectively with Healthwatch Cheshire East: in person, via the telephone, by email, by Freepost comment cards, via Healthwatch Cheshire East's website or via Facebook and Twitter.

You may have seen our team out and about at venues such as libraries, Children's Centres, Extra Care developments, supermarkets and hospitals setting up a stand and chatting to people about their experiences.

Tweet from Manchester Airport regarding Healthwatch Cheshire East engagement activity at Knutsford Library, 21st November 2017





## Working with communities and other organisations

Cheshire East has a wide and varied range of communities and our engagement activities and partnership working has enabled us to attend 99 themed events, in addition to our general engagement during the year, to raise awareness of Healthwatch and to ensure we are working in and with varied communities to gain a breadth of views. This activity helps us maintain and strengthen our partnership working with communities and individual organisations.

Our community focus next year will incorporate working on key areas that will be served by our emerging Care Communities across Cheshire, where services and support for care are better integrated in their local areas. Healthwatch will play a key role in ensuring people are kept abreast of these developments and can play an active part in what they might look like in their local areas.

We continue to maintain strong relationships with local Social Care, Public Health, NHS, and voluntary sector commissioners and providers, feeding in comments on service delivery from members of the public, and assisting in promoting campaigns and consultations, for example 'Self Care'; flu jabs; pharmacy services; dementia strategy; Adult and Older People's Mental Health proposals.

We have worked with NHS South Cheshire Clinical Commissioning Group (SCCCG) regarding the Red Bag Scheme, a system introduced to improve people's experience of transfer to and from hospital from Care Homes, by facilitating a specific volunteer representative to lead on the incorporation of questions around the Red Bags into our Enter and View visits.

Healthwatch Cheshire East has an effective working relationship with the Care Quality Commission (CQC), with whom we share our Enter and View reports and any comments we have had around particular services they may be visiting to assist with their monitoring and inspection activity.



Healthwatch Cheshire East engagement





Events we have attended over the year, examples include:

- **‘Coffee and Chat’ mornings in Disley** - to engage with older people, who have described gaps in services and/or difficulties in accessing some services.

- **Congleton Older Peoples Health and Wellbeing Event** - we attended an Older People’s Health and Wellbeing event in Congleton which allowed us to engage with local people over the age of 65.
- **Manchester Metropolitan University** - We have developed a strong relationship with the university this year. We have been able to engage with students, recruit volunteers and give students a talk regarding Healthwatch and our role.
- **Body Positive** - Relationships have been established with Body Positive and we have jointly attended colleges and events in Crewe and Congleton to engage with younger people regarding sexual health.

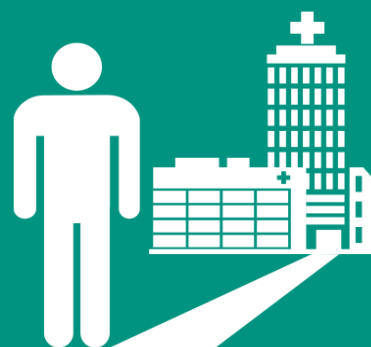
We visited Disley Community Centre’s Health & Wellbeing Day and later Disley Library where several different groups of people complained about the lack of a podiatry service, in particular no nail clipping service. Healthwatch explored what was on offer in the village and it appeared there used to be a podiatry service within the local GP Practice but this had now changed, so people had to travel to Poynton which was three buses away. There was now only a private service in Disley that provided full nail care and not just nail cutting.

We explored services who provide nail care across Cheshire and spoke to the mobile ‘Footcare’ service who said they would be able to visit Disley and provide the service.

- **Wistaston Wells Green Methodist Church CAMEO Group** - We provided the group with a talk raising awareness about Healthwatch’s role.

“On behalf of the CAMEO group at Wistaston Wells Green Methodist Church a big ‘thank you’ to Healthwatch for the interesting information and entertaining presentation. I received very favourable comments afterwards and we were quite surprised to realise how little we knew about Healthwatch. Keep up the good work!”

We attended **99**  
**events** in  
2017/18





## Projects

Alongside our general engagement activity, we embarked on a number of projects during the year which focus on particular issues that people of Cheshire East told us were important. Others were undertaken to help inform them of key messages from local commissioners.



Healthwatch Cheshire East staff taking part in a Wellie Walk as part of Self Care Week, 14<sup>th</sup> November 2017

### GP Extended Hours and Out of Hours

We visited a number of GP Surgeries to gain an understanding of people's awareness and experience of the range of appointment times available with a GP through the Extended Hours and Out of Hours services. We found that many people in Cheshire East were not aware that these services were an option to them, but of those who were aware and had used the services experiences were broadly positive.

### Awareness of Self Care

Promotion of self-care is seen as key in ensuring people stay well, and are able to prevent and manage minor ailments, particularly during the winter months.

During National Self Care Week from 13<sup>th</sup> - 19<sup>th</sup> November 2017 we supported the NHS South Cheshire Clinical Commissioning Group's (SCCCG) campaign, including staff members participating in a Wellie Walk, and promoting the benefits of the Self Care campaign alongside SCCC staff at information stands as part of joint engagement activity.

"The report on the awareness of Self Care will help inform our Stay Well This Winter campaign for 2018-19."

Charles Malkin - Communications Manager,  
Eastern Cheshire CCG

Following the campaign, we undertook a project to establish people's views of self-care and found that broadly people in Cheshire are positive about the 'Self Care' message but had not necessarily heard of the campaign. Staff and volunteers from our engagement team found this follow up project was a useful additional signposting exercise to inform people of what 'Self Care' is, and to encourage them to practice it.

Katy Brownbill, Senior Communications Manager at NHS South Cheshire CCG, thought that Healthwatch's activity during Self Care Week was very beneficial to the awareness campaign:

We were particularly well supported by Healthwatch Cheshire East who not only had a physical presence at many of the events and 'pop up' stands to support the cascade of key messages they also ensured their external communications, digital and social media were clearly aligned to the self care messages we were sharing. Through this support we clearly increased our reach throughout our local population.



## Community Pharmacies

Pressure on GP Practices and the difficulty of accessing GP appointments means that the services of Community Pharmacies are increasingly important to the health and wellbeing of local communities.

In December 2017 we investigated and published our report which determined the current use, understanding and experiences of people in Cheshire of using these Community Pharmacies. Our findings contributed to the Pharmaceutical Needs Assessment consultation.

Our research found that people value pharmacies greatly and in many cases do see them as their first port of call before contacting a GP. Furthermore, knowledge of the Minor Ailments Scheme, which involves local pharmacies providing people with advice, treatment and prescriptions for certain minor conditions without having to book an appointment or visit a GP, was good, with 56% of respondents being aware of the scheme.

Some concerns were noted regarding rural pharmacy weekend opening hours and the possibility of losing Community Pharmacies.

A boater in Middlewich told us that it can be frustrating for boaters when they call an ambulance as the ambulance service don't seem to know the local lock numbers along the canals and this causes delays. He told us there are lists which he can provide as the lock number is like a house number. Healthwatch spoke to the North West Ambulance Service (NWAS) and explained this issue which was then raised at a NWAS Communications Group meeting.

## Access to Health and Care for the Boating Community



Following a meeting with the local Waterways Chaplain at an engagement event, we were made aware of possible difficulties experienced by the Boating Community in Cheshire in accessing Health and Care services. We subsequently undertook a project, with input from the Canal & River Trust, to determine the issues.

We devised a survey and held four public meetings at differing times of the day, close to waterways throughout Cheshire to engage with the local boating community regarding access to Health and Care services. We also climbed stiles and traversed muddy banks to reach canals and marinas in order to capture and share the views of boaters.

Despite concerns initially raised with us prior to our research, the majority of boating people who we spoke to living in marinas or on canals confirmed that they received good support from GPs and were able to register at practices without issue.

Concerns lay with the way in which repeat prescriptions are managed and accessing the services of an NHS dentist. It was felt that signage at key points along the canals providing details of local services available to the boating community would be of benefit to them.

All of our project reports are available to view on our [website](#).



## A&E Watch

This year saw Healthwatch Cheshire East begin a programme of regular A&E Watch activity. In order to explore themes emerging from the comments we received during the year from the public, and to test out media coverage that was focusing on pressures around delivery of NHS A&E, Healthwatch Cheshire East (along with Healthwatch Cheshire West) felt it would be useful to gain a snapshot view of the 3 A&E departments in Cheshire.

We were particularly interested in the route patients had taken to access A&E, and to assess how this compared to the perception that people were seemingly using A&E as their first port of call, with patients presenting at their local department with problems that are not necessarily appropriate for A&E and would be better served by non-urgent care or self-care.

This involved staff and volunteers going into the A&E departments of the Countess of Chester, Leighton and Macclesfield Hospitals at the same time on a particular day and asking patients to complete a survey detailing their experience of the departments that day. We conducted our first A&E Watch in July 2017 and completed our Winter follow-up in January 2018, speaking to 107 people on each occasion.

“Thank you very much for this review of our A&E department as part of A&E Watch. I was extremely pleased to read the comments about staff being incredibly welcoming, friendly and open.

It is good to have external assurance that people are using the department appropriately and to hear about the experiences of those interviewed.”

**Director of Nursing, Performance and Quality - Eastern Cheshire NHS Trust**



Healthwatch Cheshire East staff and volunteers on A&E Watch, 22nd January 2018

In reply to HealthwatchCE



**Tracy Bullock** @TracyBullock12  
9 hours ago

Thank you Healthwatch. Pleased to invite you in even though the unit is under such pressure. I am sorry that you will find patients waiting too long and I look forward to hearing what else we can do to provide a better experience



Show Conversation

A selection of tweets from staff at Mid-Cheshire Hospitals NHS Trust, including the Chief Executive and Director of Operations regarding the January 2018 A&E Watch Report



**Chris Oliver** @ChrisOliverNHS  
6 hours ago

First email to open is @MidCheshireNHS A&E survey results from @HealthwatchCE @HealthwatchCW proud to read the comments from our patients. Some good information to help shape our services based on the review! @Lodge4Betty @timsmith1980 well done guys!

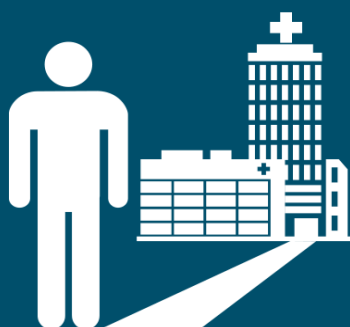




On 17<sup>th</sup> July 2017, almost **1 in 4 people** had attended A&E after being advised by their GP Surgery



On 22<sup>nd</sup> January 2018, we found a prevailing atmosphere of calmness, professionalism and control despite winter pressures



Our findings show that the perception of people going straight to A&E without considering other options is inaccurate



The full reports of our findings are available to view on our [website](#).

On 22<sup>nd</sup> January 2018, **71% of people** rated their experience of A&E as **4 or 5 stars**



On 17<sup>th</sup> July 2017, **88% of people** had been treated and discharged within the 4-hour waiting target



A&E departments in Cheshire East and Cheshire West and Chester at the times we visited were largely able to offer a quick, efficient and quality service to patients





# Scrutinising services - Enter and View





# Enter and View

## What is Enter and View?

As the local consumer champion for health and social care, Healthwatch Cheshire East gathers comments from local people and looks at information about how well local services are performing. We then produce reports which we share with the people who have the power to make changes to services.

As part of our scrutiny function, we have the power to Enter and View services. This means that our Authorised Representatives have the right to enter certain types of health and social care premises to observe the nature and quality of services, and to comment on what is being done well and what could be done better.

Healthwatch Cheshire East undertook 42 visits over the last 12 months with the intention of monitoring standards and continuity. Reasons for visits are many and varied. The list below outlines reasons why a visit might be planned:

- As part of a work plan priority or work-stream project
- Intelligence received from a number of individuals or a partner organisation
- Issues arising from Quality and Risk groups or Patient Experience meetings as well as communication with CQC
- A facility has not been visited previously or not been visited for two years
- As part of a specific local study
- As part of a joint project e.g. working with improvement teams at our local hospital to monitor the Emergency Care experience, or Quality Assurance Teams with Local Authorities.

These visits provide a snapshot in time of the services being provided and allow us to see, hear and feel what it is like within that particular setting for the people who use services, their families and staff. The reports from these visits are made available publicly.

## Revising our Enter and View process

Over the last year the number of volunteers involved in Enter and View has increased, with individuals completing training that has included Adult Safeguarding and specific information on a number of conditions such as dementia and haemochromatosis. Training and overviews has also been given on initiatives such as the 'Red Bag' scheme and the 'Herbert Protocol.'

Our intention has been to widen the types of service visited by our Enter and View representatives in both urban and rural areas of the borough - with visits to GP Surgeries and learning disability establishments; not something that we have done previously.

This year has seen us revise and develop our Enter and View process which has been co-designed with our volunteers in workshop sessions, resulting in a new values-based approach to the Enter and Views, and a revision in how we present our reports.

**Over the period April 2017 - March 2018 Healthwatch Cheshire East conducted a total of 42 Enter and View visits covering a range of services, including:**

**9 visits** to  
Acute trusts including  
ward visits,  
outpatients and  
Accident and  
Emergency  
departments

**24 visits** to  
Residential Care  
establishments -  
including those  
providing Nursing  
Services.

**9 visits**  
to GP Surgeries





## Helping to influence change through Enter and View

The Enter and View reports we publish based on our visits contain recommendations to service providers about how we think the service could be improved. Providers are then invited to provide feedback on these recommendations and our visit which can show us the impact our Enter and View activity can make and the change it can affect.

Some of this feedback from providers is included below:

“We are always more than happy to welcome external professionals and showcase the valuable and essential work that our staff do to provide excellent care for members of our community. The staff were all very pleased with the visit and found the representatives to be very friendly and approachable. The residents spoken to also commented on how friendly the representatives were and said that it was lovely to chat with them and that they enjoyed the time that they spent in the home with them.

Following the visit from Healthwatch, we are looking to be more involved within our local community. We have already started advertising any job vacancies on their Audlem online site and we now have regular twice weekly visits from the local vicar, as well as visits from the village school choir to sing for our residents. We are also looking at hosting an event in the Summer of 2018 that will involve the community around the theme of ‘The West Midlands Agricultural Show’, as a lot of our residents have links with the local rural community and this should be an enjoyable event.” - Deputy Manager, Corbrook Hall Care Home, 27<sup>th</sup> September 2017

“All staff agree that the report is positive and feel that you have captured the ambience of our home.” - Manager, Abbeywell Court Care Home, 8<sup>th</sup> January 2018

“Staff felt that the representatives were very respectful that this is our residents home. We appreciate all feedback to ensure that we continue to deliver excellent care and that is what we focus on.” - Manager, Hollins Park Care Home, 14<sup>th</sup> March 2018

“Cooks and staff have been reminded that all sandwiches must be placed in the fridge once made. Staff are currently undertaking Food Safety Training. Menu not on display: This should have been on display for everyone to see and a menu will be on display in the future.” - Manager, Elm House Care Home, 4<sup>th</sup> January 2018

**You can view our Enter and View reports on our [website](#).**

**Authorised Representatives who carry out Enter and View activity are:**

Christine Banfi, Joanna Brookes, Andrew Firman, Pamela Fox, Patricia Lott, Sue Masterman, Margaret McDermott, Alan Murphy, Rhiannon Wilson, Denise Pritchard, Jenny Young, Lynda Kenny, Elizabeth Bott, Deanna Mithen, Keith Millar, Geraldine Waite, Paul Checkley, Janet Lomas, Pamela Hunter, Chloe Randel, Georgina Hulme, Hilary Tidey, Susan Moore, Carol Kerr, Helen McGarvey, Jenny Morrell, Eileen Talbot, Barbara Kneebone, David Crosthwaite, Jackie Lewis, Jem Davies, Ros Haynes, Rachel Cornes, George Gibson, Georgina Wray, Joy Williams, Jackie Oliver, Pat Clare, Andrew Pleass, Liz Lawson, Ifeanya Nawagiochi, Jane Hines, Daniel Nate, Jane Dickinson, Helen Gould, Christine Nixon, Emese Javor, and Jackie Griffiths.



# Helping you find the answers





## How we have helped the community get the information they need

### Signposting

A vital function of Healthwatch is to signpost people to services available to them. This can be via telephone enquiries, emails, website information, direct engagement etc. During our project activity we were able to use focussed conversations around, for example views of Self Care, and GP Extended Hours and Out of Hours, to provide people with more information about these initiatives who were not aware of them and the arrangements in place for their particular area.

This year we have had  
**1,430** Twitter followers



### Online and social media

As well as sharing people's views on the Health and Care they receive, we are also able to help provide people with the information they need concerning services and issues. With the appointment of a new Communications and Research Officer this year, we have been able to increase our presence online and on social media to inform the public about latest health and care news, updates, and new services or advice that has been published, which is an excellent method of complementing our face-to-face engagement. We now have 1,430 followers on Twitter and 205 likes on Facebook.

We carried out **42**  
**Enter and Views**  
in 2017/18



“Children's centres provided a good opportunity to understand the experience of young families. I have been able to assist in signposting to support groups, highlight consultations and raise issues identified to providers e.g. a need for post-natal support groups. Our visits have always been welcomed and staff have gone on to recommend us to other children's centres. At the end of most sessions I have been invited to come back or to other groups.”

Jem Davies, Community Engagement and Project Officer

### Consultations

Keeping abreast of local consultations impacting on the design and delivery of health and care services, and making the public aware of their opportunities to contribute, is a key role of Healthwatch. Examples of where we have helped to inform and encourage people to complete consultations when on engagement and through our website and social media this year include: the Adult and Older People's Mental Health consultation in Cheshire East and Vale Royal CCG areas and the Pharmaceutical Needs Assessment etc.

### Enter and View Reports

Healthwatch produce a report following every Enter and View visit to services such as GP Practices, Hospitals, Care Homes and Learning Disability Centres. These reports detail our representatives' experiences of visiting the service at a particular snapshot in time, including the comments from people who use the services, their families and staff. These reports are published on our website for the public to read and to help inform the decision they make regarding services.



## Independent Complaints Advocacy Service (ICAS)

Healthwatch Cheshire CIC provides the Independent Complaints and Advocacy Service dealing with NHS complaints. ICAS advocacy works within the NHS complaints regulations and can help you to use the NHS complaints process to have your voice heard.

ICAS offers a service through online, telephone and, where appropriate, face to face support to people living in Cheshire who need assistance to progress complaints in relation to any NHS service provision provided at:

- Hospitals,
- GP surgeries,
- Dentists,
- Pharmacists,
- Opticians
- NHS funded care homes.

The Independent Complaints Advocacy Service is:

- Free
- Independent
- Confidential

ICAS has provided practical, individualised support to

**30** people  
in Cheshire East during  
2017/18



Support is tailored to the needs of the complainant; sometimes all that is needed is for a Self-Help Information Pack to be sent to the person concerned, other people may need more practical help perhaps in the form of helping to write a letter of complaint, preparing for a resolution meeting or speaking on their behalf to people within the NHS service.

ICAS serves both Cheshire East and Cheshire West and Chester, a population of over 700,000 people.

Since its inception in April 2017 a total of 65 cases have received practical support from the Healthwatch Cheshire NHS Independent Complaints Advocacy Service. This includes 30 cases from Cheshire East; 16 cases now closed and 14 cases currently active.

Feedback from ICAS clients:

“Thank you so much for helping me out. Your help is much appreciated.”

“It was great just to have someone to listen.”

“I couldn’t have attended these meetings without you. Your support gave me the confidence to go forward with the process.”



# Our plans for next year





## What next?

### Healthwatch Cheshire East Priorities Survey

During April and May 2018, Healthwatch Cheshire East are conducting our annual Priorities Survey asking the people of Cheshire East what is important to them regarding their health and care. Along with strategic objectives and intelligence from other sources, this will help to inform our workplan for the next year and which areas and projects we will focus on.

### Changes to local services

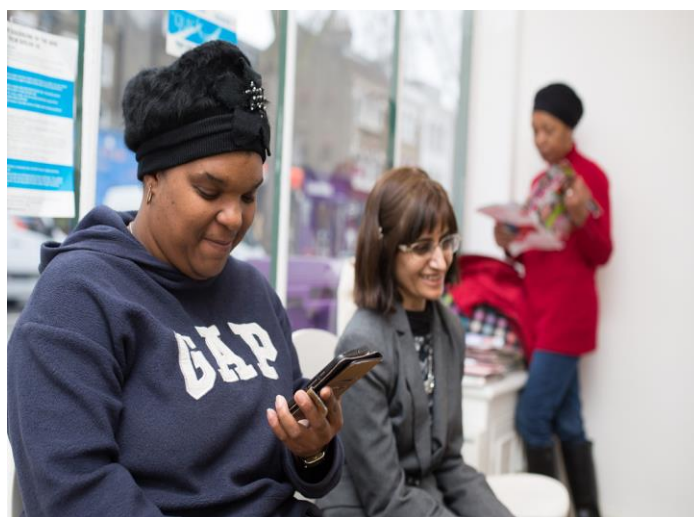
The Health and Care landscape in Cheshire East is changing, with plans for integration of Health and Care services to make care more efficient and to make sure people do not fall through any gaps in the system.

This will provide Healthwatch Cheshire East with the challenge of making sure that the public are well informed of any changes and impacts to their services and to ensure their views and comments are fed back to providers.



### Volunteer Development

Our volunteers are at the core of all of our activity at Healthwatch. The coming year will see us strengthen their involvement and we will create lead roles on specific themed projects, and ask our volunteers to take a more active role in independently representing Healthwatch when out on engagement, or when meeting with health and care groups.



### Citizens Panel

The coming year will see us further develop our Citizens Panel. This will enable us to effectively consult a diverse and representative panel of residents from Cheshire East about Health and Care issues affecting their local area. It will also give us a further opportunity to encourage people to respond to consultations, and to ask panel members if they would like more focussed topics tailored to their interests.





# Our people





## Decision making

Healthwatch Cheshire East, together with Healthwatch Cheshire West is run by a Community Interest Company, Healthwatch Cheshire CIC. The organisation's Board consists of 15 members; seven Corporate Directors and seven Board Members who, through their breadth of knowledge and expertise, help inform and direct our activities and delivery.

The Board meet on a quarterly basis, in public, to ensure that the legal duties of the organisation are met and to enable open and transparent decisions to be made on governance issues.

### How we involve the public and volunteers

Each year Healthwatch Cheshire East conducts a Priorities survey to find out what matters to the people of Cheshire East in regards to their health and care. These results inform what people would like us to focus on during the year in terms of projects and targeted engagement. We review this together with intelligence received from a range of strategic and local forums and meetings to produce our priorities for the year.

The survey is designed by staff and volunteers and is circulated widely to enable people throughout the borough to have the opportunity to share their views with us. Responses to the survey ensure that we involve the public in informing decisions as to what we focus upon. We also use information gathered through our ongoing public engagement activities to inform us of additional trends and themes regarding health and care issues.



Volunteers are at the heart of everything we do at Healthwatch Cheshire East. Our volunteers not only take part in the everyday activity of Healthwatch, but they also take a hands-on role in key developments. This year saw us undertake a thorough review of our Enter and View activity to adopt a more values-based approach to visits. Volunteers were at the core of this development from the beginning, through workshops and focus group sessions, all the way through to creating our new Enter and View toolkit and guide.

Healthwatch Cheshire East with Body Positive in Crewe



We also encourage our volunteers to take the lead on certain projects and issues. For example, one of our volunteers now leads on a project for Healthwatch in scrutinising the recently implemented Red Bag Scheme used by Care Homes to improve the experience of people when transferring to and from hospital. This in turn has led us to incorporating questions around the scheme into our Enter and View reports.





## Our community volunteers

This last year has seen the growth of volunteering at Healthwatch Cheshire East. New volunteers from various backgrounds and with differing life experiences have added to the skills and expertise of our existing team and reflect the range of local communities of Cheshire East.

“Working with people from different backgrounds is like a breath of fresh air.” - Jenny Young, Healthwatch Cheshire East volunteer

Volunteers are always keen to be involved in all aspects of Healthwatch delivery and take an active part in engagement, sign-posting, Enter and View and administration and we now have 31 active volunteers across the borough.

What have our volunteers been up to?

Our volunteers have carried out engagement across Cheshire East, including attending community groups, libraries, public health and care meetings, hospitals etc. In addition, they have attended varied community events such as:

- + Cheshire Independent Living Awareness Day (CILAD)
- + Disability Awareness Day
- + Chester PRIDE
- + Body Positive Events.

Their role during engagement activity is to enable as many people as possible share their views about health and care services with Healthwatch and to provide signposting for individuals who may need help and support.

Our volunteers have helped us to conduct research for specific projects such as A&E Watch; Access to Health and Care for the Boating Community; GP Extended Hours and Out of Hours; and Community Pharmacies.

“Volunteering is about giving your time but in return you gain so much - new friends, new knowledge and a feeling of self worth.” - Pat Clare, Healthwatch Cheshire East volunteer

Healthwatch Cheshire East’s volunteers have accessed a range of training opportunities including sessions on Dementia; Diversity; Autism; Safeguarding and Enter and View to equip them with the knowledge and skills to carry out their activities. Throughout the last year they have taken part in Equality Assessments and PLACE visits organised by local NHS trusts. In addition, volunteers have also attended meetings on behalf of Healthwatch around topics such as Mental Health and the Red Bag Scheme, feeding information and findings from the meetings in to the wider Healthwatch team.

“I enjoy these events, there is always something new to learn.” - Graeme Coyne, Healthwatch Cheshire East volunteer

Many of our volunteers are Authorised Representatives able to carry out Enter and View visits. This year has seen us establish a new Enter and View process, which was co-designed at workshop style sessions with our volunteers.



Healthwatch Cheshire East volunteers on A&E Watch, 22nd January 2018



## Recognition of our volunteers' work

Volunteers are crucial to the delivery of Healthwatch Cheshire East, and we are proud of the team we have working with us. We give continuous feedback to volunteers and keep them abreast of our activity and developments and, whilst we know how good our volunteers are, it is nonetheless pleasing when we receive external recognition of the hard work that is carried out. One such example of this was when Healthwatch England published an article detailing a 'week in the life' of one of our student volunteers from the University of Chester recognising and highlighting the work they undertook, and their enthusiasm for the role. You can read the article by following this [link](#).

During the year we attended a Volunteer Celebration event at Chester Racecourse which allowed our volunteers from both Healthwatch Cheshire East and Healthwatch Cheshire West to meet with other volunteers and organisations working in Cheshire and share experiences.



Healthwatch Cheshire East at the Volunteer Celebration, 14th March 2018

“Volunteering for me is about being a member of a team, being responsible and being respected and valued. I feel this way, and in turn this makes me want to make a difference and be involved.” -  
**Carolynne Braisdell, Healthwatch Cheshire East volunteer**

One of our volunteers, Jannat Ferdosh, put Healthwatch forward for the University of Chester's Student's Choice Award that is awarded to the organisation which offers 'an exceptional student volunteering experience'. Having been shortlisted alongside strong nominees, National Osteoporosis Society and Teardrops Supporting the Homeless, we were invited along to their Volunteer Celebration Evening and were delighted to win the award.

Winning this award was testament to our volunteers' continued success in making Healthwatch Cheshire East what it is, and we are thankful to have such a great team of volunteers.



Healthwatch Cheshire East receiving the Student's Choice Award at the University of Chester's Volunteer Celebration Evening



# Our finances







| Income   | £       |
|--|---------|
| Funding received from local authority to deliver local Healthwatch statutory activities* | 168,503 |
| Additional income  | 2,006   |
| Total income   | 170,509 |
|  |         |
| Expenditure  | £       |
| Operational costs  | 26,203  |
| Staffing costs   | 101,748 |
| Office costs   | 11,789  |
| Total expenditure  | 139,740 |
| Balance brought forward  | 30,769  |

\*N.B. This includes funding from our local authority to deliver local Healthwatch statutory activities and Independent Health Complaints Advocacy.





**Listening to someone can make all the difference as it really does provide the community with the chance to make improvements for the better**

Jannat Ferdosh

Healthwatch Cheshire East Volunteer



# Contact us



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@HealthwatchCE

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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# Cheshire East Written Statement of Action for Special Educational Needs and/or Disabilities (SEND)

August 2018

Page 67

Cheshire East  
SEND Partnership



Agenda Item 8



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## 1. Introduction

As a partnership, agencies in Cheshire East are committed to providing the best quality education, care and support for all children and young people with special educational needs and disabilities (SEND). This joint Written Statement of Action (WSOA) underpins Cheshire East's Local Area approach to improving support, pathways and provision for children and young people with SEND and also ensuring that the SEND reforms arising from the *Children and Families Act 2014* have been effectively and consistently implemented within Cheshire East.

Cheshire East has developed a number of documents that set out our vision and implementation plans for improving. This document should be read alongside the following key documents:

- **SEND Strategy**
- **SEND Joint Strategic Needs Assessment (JSNA)**
- **SEND Sufficiency Statement**
- **SEND Provision Plan**
- **SEND Scorecard**
- **SEND Toolkit**
- **Joint Commissioning Strategy**

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 SEND across Cheshire East. This work is being driven by the **0-25 SEND Partnership**, which was established in 2016. This multi-agency partnership arrangement includes representatives from the local authority, primary, secondary and special schools, further education providers, health, early years, and the Cheshire East Parent Carers' Forum, along with other key stakeholders.



In March 2018, Ofsted and the Care Quality Commission (CQC) carried out a joint local area inspection of Special Educational Needs and Disabilities (SEND) in Cheshire East. This inspection looked at how effectively partners in Cheshire East work together to identify, assess and meet the needs of children and young people aged 0-25 with SEND to improve their outcomes.

A copy of the Cheshire East SEND Inspection letter is available on the **Ofsted website**. This WSoA, along with progress updates and information on SEND developments delivered by the 0-25 SEND Partnership, can be found on the **Cheshire East Local Offer for SEND** available at [www.cheshireeast.gov.uk/localoffer](http://www.cheshireeast.gov.uk/localoffer)



The inspection highlighted both strengths and areas for development in the work carried out by all agencies in Cheshire East.

Highlighted strengths included well-established and strong relationships between leaders that facilitate joint working, and a shared vision to improve outcomes for children and young people in Cheshire East. The Cheshire East Toolkit for SEND and a number of local services, such as the Early Years Complex Care Team, the Children with Disabilities Team and the Cheshire East Autism Team, were also identified as strengths.

The inspection outcome letter also highlighted a number of areas for development and as a result of the inspection, the area of Cheshire East is required to produce and submit a WSoA to Ofsted that explains how the local area will tackle the following areas:

- the timeliness, process and quality of EHC plans
- the lack of an effective ASD pathway and unreasonable waiting times

The local authority and both of the area's clinical commissioning groups (CCGs) are jointly responsible for submitting the WSoA to Ofsted. This outlines what we in Cheshire East are currently doing, and plan to do, in order to improve the above two areas of development.

This document has been co-produced by partners within the 0-25 SEND Partnership and has been amended following feedback from elected members and senior leaders within Cheshire East Council, NHS Eastern

Cheshire CCG and NHS South Cheshire CCG. Final sign-off of the document was provided by the multi-agency Cheshire East Health and Wellbeing Board. More information of the governance and reporting structures for the SEND Partnership can be found in **section 4 – Governance**.

## 2. Our Vision

Cheshire East has a clear vision for its children and young people with SEND, which was co-produced by members of the 0-25 SEND Partnership.

### 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

## 3. Our Priorities

Our **SEND Strategy** outlines 5 priority areas for SEND in Cheshire East over the period 2017–19, based on the experiences of our key stakeholders: children and young people with SEND, their parents and carers, and professionals across education, health and care.



Following the SEND Inspection, we reviewed our improvement plans. Whilst the majority of previously identified priority areas are in line with the findings of the Ofsted/CQC Inspection, we have refreshed the order of our priorities and moved improvements relating to Autism pathways into a new workstream in recognition of the extent of the improvement work that we have planned in this area.

All agencies within the 0-25 SEND Partnership are therefore working towards improvements in the following **6 priority areas for SEND**:

### Our priorities

- **Timely Child and Young Person-Centred Assessments and Plans of high quality**
- **Efficient, consistent and timely pathways of assessment and support for Autism**
- **Co-production with Families, and Improving Communication**
- **Preparing for Adulthood**
- **Joint Commissioning, Sufficient SEN Provision and Effective use of Resources**
- **Effective and Supported Workforce**

## 4. Governance

All relevant partners in Cheshire East are committed to providing the best quality education and support for all children and young people; this includes a commitment to work together in order to improve outcomes and support for Cheshire East children and young people with SEND and ensure that we achieve our shared vision.

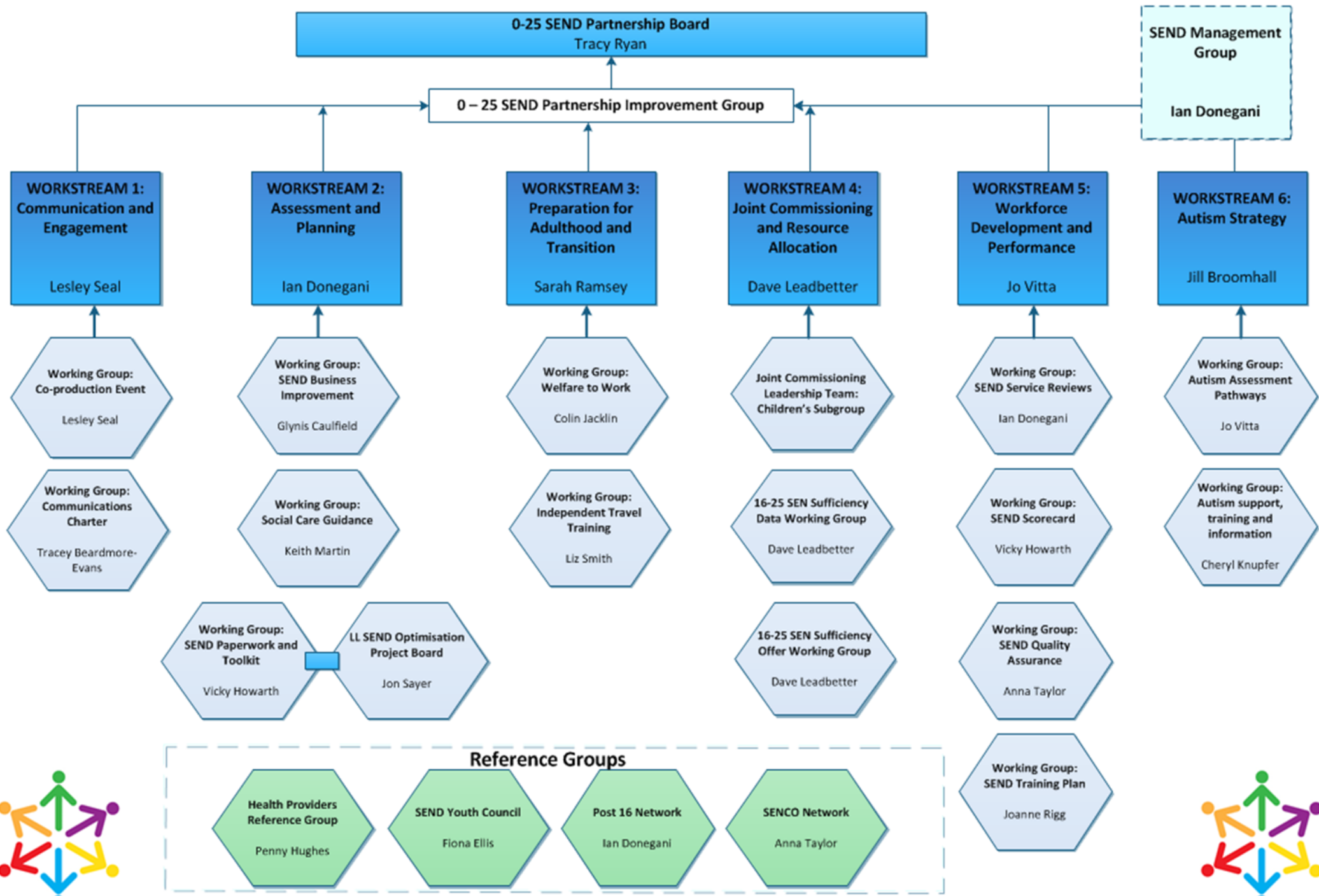
The **0-25 SEND Partnership** has an established structure which has been specifically designed to deliver improvements in the 6 priority areas described above in order to maximise life opportunities and positive outcomes for children and young people with SEND and their families.

A governance chart outlining the structure of our 0-25 SEND Partnership is overleaf.





# 0-25 SEND PARTNERSHIP GOVERNANCE





The 0-25 SEND Partnership structure includes:

- **The SEND Partnership Board** which is made up of senior representatives that drive and monitor the work of the Partnership in line with our joint SEND strategy and this WSoA. The 0-25 SEND Partnership Board meets on a bi-monthly basis to review progress against our SEND Strategy and the action plan outlined within this WSoA.

The full list of members of the SEND Partnership Board can be found in **Appendix 1** of this document.

- **6 multi-agency workstreams** which each have a specific, dedicated focus on one of the priority areas listed above. The workstreams carry out the work of the Partnership; this includes delivering the actions within our action plan in order to address our areas for development. The workstreams form small, temporary working groups in order to deliver specific objectives within their priority area. The working groups are in place until the specific objective has been achieved to an agreed standard. All 6 workstreams report to the SEND Partnership Board and provide information on progress via regular highlight reports.
- **An improvement group** which provides the workstream chairs and key stakeholders with the opportunity to meet and share information and developments across the workstreams, thereby facilitating joint working and reducing duplication. This group is

responsible for maintaining and updating this document and the progress ratings within our action plan.

Parent carer representatives are members of the 0-25 SEND Partnership Board and all workstreams, and we are developing a strong partnership through which we can deliver significant improvements in the experiences of children and young people with SEND.

The Cheshire East Health and Wellbeing Board is the overarching board for the SEND Partnership and they receive regular reports on progress made by the SEND Partnership.

We will seek to inform and consult all other relevant boards and programmes when progressing actions wherever possible and required. A diagram showing reporting and governance arrangements for the SEND Partnership Board is provided overleaf.

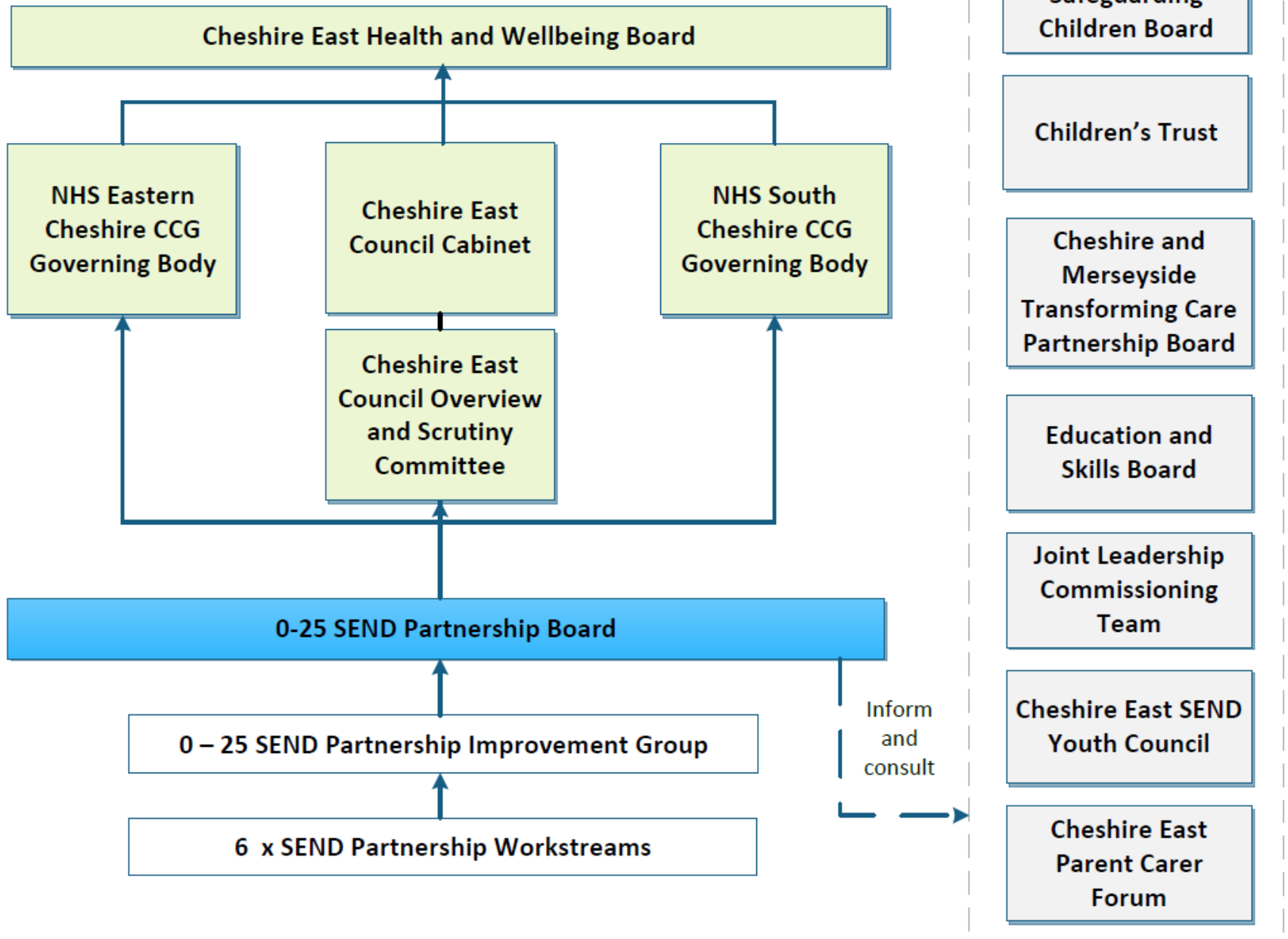
## 5. Communication

Existing communication arrangements will be maintained and strengthened. In order to keep all stakeholders updated, we will provide regular updates on progress on the actions detailed within this document, along with other local SEND developments delivered by the 0-25 SEND Partnership, via the **Cheshire East Local Offer for SEND** available at [www.cheshireeast.gov.uk/localoffer](http://www.cheshireeast.gov.uk/localoffer)

General queries about the content of this document can sent to [SENDpartnerships@cheshireeast.gov.uk](mailto:SENDpartnerships@cheshireeast.gov.uk). Any service specific queries or issues should continue to be raised with the relevant service.



## Reporting and Governance Arrangements for the 0-25 SEND Partnership Board





## 6. Resources

Existing resources will be prioritised towards delivering this WSoA. We are currently reviewing whether this resource is sufficient and further capacity will be secured, as appropriate, to ensure that actions are delivered by the required timescales.



## 7. Measuring impact and success




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Progress against the Action Plan laid out within this WSoA will be monitored and scrutinised by the 0-25 SEND Partnership Board on a termly basis. Actions will be RAG rated and any risks or issues in achieving improvements will be highlighted to the Board.




Progress against the Action Plan within this WSoA will also be shared with NHS England and DfE advisers through meetings which will initially be scheduled to take place every three months.

Progress will be rated based on the following RAG rating:

| RAG RATING KEY  |  |
|---|--|
|  | Action completed   |
|  | Action not yet completed, but on track and scheduled for completion within projected timeframe |
|  | Action not on track, risk to implementation  |

## Quality Assurance Framework – information sources

| What children, young people and parents/carers tell us   | What the qualitative data tells us   |
|--|--|
| <ul style="list-style-type: none"> <li>• Feedback from Cheshire East Parent Carer Forum</li> <li>• Health Visiting and School Nursing Friends and Family Feedback</li> <li>• Feedback at 'Parenting Journey' stops by parents</li> <li>• Parent/carers feedback through schools</li> <li>• CAMHS Young Advisors</li> <li>• Parental satisfaction surveys/engagement events</li> <li>• Young people's satisfaction surveys (under development)</li> <li>• SEND Youth Council</li> </ul> | <ul style="list-style-type: none"> <li>• Peer Reviews</li> <li>• Peer Challenges (North West Peer Challenge)</li> <li>• Care Quality Commission (CQC) Audits</li> <li>• Individual school SEFs/Inspection Reports</li> <li>• Audits of Education, Health and Care Plans (EHCPs) and assessments (<i>planned</i>)</li> <li>• Early Years Case Studies – Raising Attainment</li> <li>• Early Years Inspection Reports</li> </ul> |
| What staff across the Partnership tell us  | What quantitative data tells us  |
| <ul style="list-style-type: none"> <li>• Staff surveys</li> </ul>  | <ul style="list-style-type: none"> <li>• 0-25 SEND scorecards, including:</li> </ul>   |

|   |  |
|---|--|
|  | Longer-term action, not yet started. No risk to implementation currently anticipated |
|---|--|

Regular updates will also be provided through the internal governance routes of the CCGs and the local authority. A six monthly update will also be provided to the Health and Wellbeing Board for scrutiny and to the other partnership boards for information.

To assess the impact of our improvements on children and young people and their families, we will use information from four different sources as set out overleaf.



- SENCO conference and forums
- Consultation events
- Training evaluations
- Team meetings
- Supervision

- Local Authority monthly operational scorecard
- Health monthly operational scorecard
- Multi-agency quarterly strategic scorecard
- 2/3/4 year old data (collected termly) via tracking children
- Healthy Child Programme
- School based data /SEFs /internal tracking systems
- Annual Education Report

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## 8. Our Action Plan

### A. The timeliness, process and quality of Education, Health and Care (EHC) Plans

Our overall aim for this priority area:

As a partnership, we want to provide timely child and young person-centred assessments and plans of high quality

#### i. How we plan to improve our areas for development

| What outcomes are we aiming for?  | Action Ref. | Actions – what are we doing about this?  | When will this be completed? | Which workstream will deliver this?   | Who is leading on this?   | Progress rating |
|---|-------------|--|------------------------------|---------------------------------------|---|-----------------|
| <b>Improved timeliness of the EHC needs assessment process and EHC Plans, meaning that children and young people benefit from having timely assessments of their needs and earlier plans to improve their outcomes</b> <ul style="list-style-type: none"><li>EHC needs assessments and EHC plans are completed within the 20 week legislative timescale</li><li>There is a person-centred approach in place to identify and meet the needs of children, young people and their families.</li><li>Professionals with the right skills and experience work together and have sufficient capacity to support families through the assessment and planning process</li><li>Issues around timeliness are quickly addressed and arrangements are in place to ensure that support is still available so that families are not disadvantaged</li><li>Children and young people with SEND and their parents/carers report high levels of satisfaction in the timeliness of EHC needs assessments and plans</li></ul> | A – 1       | Implement the specific multi-agency action plan focusing on improvement of 20 week timeliness, including improvement of timeliness and efficacy of admin processes relating to the EHC Needs assessment process, e.g. introduction of a triage process etc. (see <a href="#">Appendix 2</a> ). | March 2019                   | Assessment and Planning               | Head of Service: SEND and Inclusion, Cheshire East Council                | In progress     |
|   | A – 2       | Undertake peer reviews of the Educational Psychology Service, Cheshire East Autism Team and Sensory Inclusion Service in order to improve timeliness of access to these services and increase efficiency of working methods  | November 2018                | Workforce Development and Performance | Head of Service: SEND and Inclusion, Cheshire East Council                | In progress     |
|   | A – 3       | Review effectiveness of SEND team re-structure   | September 2018               | Assessment and Planning               | Head of Service: SEND and Inclusion, Cheshire East Council                | In progress     |
|   | A – 4       | Bring in short-term additional capacity to process ongoing annual reviews and EHC needs assessments  | September 2018               | Assessment and Planning               |   | In progress     |
|   | A – 5       | Establish robust contract monitoring with commissioned health providers which picks up issues with timeliness and quality  | September 2018               | Workforce Development and Performance | Designated Clinical Officer, NHS Eastern Cheshire and South Cheshire CCGs | In progress     |
|   | A – 6       | Track all requests for health advice as part of EHC needs assessments and establish root causes in instances of failure to meet the required timescales for provision of advice  | September 2018               |                                       |   | In progress     |
|   | A – 7       | CCGs to follow up contract queries to relevant Trusts to ensure services not meeting the timescales for health advice are highlighted to Trust executives and mitigating strategies are put in place   | September 2018               |                                       |   | In progress     |
| <b>Children, young people and their parent/carers experience a consistent, clear and effective EHC needs assessment and annual</b>  | A – 8       | Co-produce and publish clear information on our Local Offer on requesting an EHC needs assessment for young people and parent carers, including roles and responsibilities for all involved  | October 2018                 | Assessment and Planning               | Project Manager (SEND), Cheshire East Council                             | In progress     |



| What outcomes are we aiming for?  | Action Ref. | Actions – what are we doing about this?   | When will this be completed? | Which workstream will deliver this?                                | Who is leading on this?   | Progress rating |
|---|-------------|---|------------------------------|--|---|-----------------|
| <b>review process</b> <ul style="list-style-type: none"> <li>Young people, parents and carers, and all professionals experience a consistent EHC needs assessment pathway and are clear about: <ul style="list-style-type: none"> <li>✓ who can request an Education, Health and Care (EHC) needs assessment</li> <li>✓ how requests can be made</li> <li>✓ the responsibilities of everyone involved in the EHC needs assessment process and how different services will work together</li> <li>✓ the steps of the assessment process and how decisions are made</li> <li>✓ where their individual assessment is up to</li> </ul> </li> <li>Assessment and plans are informed through high levels of involvement from children and young people and their families</li> <li>Annual Reviews and subsequent changes to EHC Plans are completed within expected timescales</li> <li>The Local Offer is effective in making sure that children, young people and families can access the right information at the right time and are able to make informed choices</li> <li>Parents/carers, children and young people report high levels of satisfaction in the EHC needs assessment and planning process</li> </ul> | A – 9       | Publish clear information on our Local Offer regarding how other professionals (not educational settings) can bring individuals to the attention of the LA on our Local Offer   | October 2018                 | Assessment and Planning  | Project Manager (SEND), Cheshire East Council                       | In progress     |
|   | A – 10      | Publish clear pathway on our Local Offer for children and young people brought to the attention of the LA by other professionals  | October 2018                 | Assessment and Planning  | Project Manager (SEND), Cheshire East Council                       | Not started     |
|   | A – 11      | Review and update the Cheshire East Toolkit for SEND in line with feedback and to reference, link and align with all information and guidance relating to the EHC needs assessment process  | October 2018                 | Assessment and Planning (SEND Paperwork and Toolkit Working Group) | Project Manager (SEND), Cheshire East Council                       | In progress     |
|   | A – 12      | Continue to further develop, improve and standardise paperwork associated with an EHC needs assessment request (knowledge and agreement form and provision map)   | October 2018                 | Assessment and Planning (SEND Paperwork and Toolkit Working Group) | Project Manager (SEND), Cheshire East Council                       | In progress     |
|   | A – 13      | Embed improved EHC needs assessment process which: <ul style="list-style-type: none"> <li>incorporates recommendations from parents and young people regarding coproduction, including initial meeting and information pack within 2 weeks of decision to assess</li> <li>standardises process for all ages and areas</li> <li>captures and evidences coproduction has taken place</li> </ul> | July 2018                    | Assessment and Planning  | Senior Business Improvement Analyst, Cheshire East Council          | In progress     |
|   | A – 14      | Refresh and roll-out young people and parent carer feedback surveys following involvement in the EHC needs assessment process and annual reviews of EHC Plans   | September 2018               | Communication and Engagement                                       | SEND Service Manager, Cheshire East Council                         | In progress     |
|   | A – 15      | Assess and report results from a survey of the Statutory Assessment Panel members regarding efficacy of the panel process   | May 2018                     | Assessment and Planning  | Head of Service: SEND and Inclusion, Cheshire East Council          | Completed       |
|   | A – 16      | Refresh membership, plus decision making and accountability process of the multi-agency EHC needs assessment panel  | September 2018               | Assessment and Planning  | Head of Service: SEND and Inclusion, Cheshire East Council          | In progress     |
|   | A – 17      | Refresh Early Years Forum, including <ul style="list-style-type: none"> <li>Terms of Reference and detailed purpose</li> <li>Membership</li> <li>Meeting and information sharing arrangements</li> </ul>  | September 2018               | Assessment and Planning  | Early Years and Childcare Manager, Cheshire East Council            | In progress     |
|   | A – 18      | Refresh Post-16 Panel to become Preparing for Adulthood (PfA) Transition Forum, including: <ul style="list-style-type: none"> <li>Terms of Reference and detailed purpose</li> <li>Membership</li> <li>Meeting and information sharing arrangements</li> </ul>  | July 2018                    | Assessment and Planning  | Area Delivery Manager, Youth Support Service, Cheshire East Council | In progress     |
|   | A – 19      | Refresh and publish annual review paperwork for EHC Plans   | December 2018                | Assessment and Planning  | Project Manager (SEND), Cheshire East Council                       | In progress     |



| What outcomes are we aiming for?   | Action Ref. | Actions – what are we doing about this?   | When will this be completed? | Which workstream will deliver this?   | Who is leading on this?  | Progress rating |
|--|-------------|---|------------------------------|---------------------------------------|--|-----------------|
|  | A – 20      | Revise and implement a streamlined annual review process which: <ul style="list-style-type: none"> <li>is standardised across all ages</li> <li>incorporates a clear forecast for upcoming reviews</li> <li>is focused on issuing high quality revised plans within legal timescales</li> </ul>             | December 2018                | Assessment and Planning               | Project Manager (SEND), Cheshire East Council                        | In progress     |
|  | A – 21      | Optimise an electronic Annual Review workflow in the local authority's IT case management system and roll this out to schools and post-16 providers in first instance   | December 2018                | Assessment and Planning               | Project Manager, ICT Services, Cheshire East Council                 | In progress     |
|  | A – 22      | Optimise an electronic SEN Support workflow in the local authority's IT case management system and roll this out to schools and post-16 providers in first instance   | December 2019                | Assessment and Planning               | Project Manager, ICT Services, Cheshire East Council                 | Not started     |
|  | A – 23      | Ensure Dynamic Support Database (which rates individuals for risk of admission and/or increase of behaviours of concern) links with the EHC needs assessment process in order to embed the new Care Education and Treatment Review (CETR) policy and align this with EHCP annual reviews where appropriate. | December 2018                | Assessment and Planning               | Commissioning Manager, NHS South Cheshire CCG and NHS Vale Royal CCG | Not started     |
| <b>High quality EHC plans are effective in improving outcomes for children and young people</b> <ul style="list-style-type: none"> <li>High quality Education, Health and Care (EHC) Plans which: <ul style="list-style-type: none"> <li>are holistic and capture the individual child or young person's health and social care needs, in addition to their educational needs, in line with the SEND Code of Practice</li> <li>are outcome focused and contain SMART meaningful outcomes</li> <li>are ambitious for children and young people, preparing them for adulthood from the earliest age</li> <li>contain clear intended outcomes and are accessible to the children and young people for whom they were intended or</li> </ul> </li> </ul> | A – 24      | Develop a multi-agency SEND Quality Assurance Framework outlining how different quality assurance and performance activities will be carried out and by whom, along with how learning will be reported and shared   | September 2018               | Workforce Development and Performance | Quality Inclusion Officer, Cheshire East Council                     | In progress     |
|  | A – 25      | Develop a calendar outlining when quality assurance activities (e.g. case audits) will take place   | September 2018               |                                       |  | Not started     |
|  | A – 26      | Develop Practice Standards for EHC Plans  | December 2018                |                                       |  | Not started     |
|  | A – 27      | Develop Practice Standards for advice/reports from professionals across education, health and care  | December 2018                |                                       |  | Not started     |
|  | A – 28      | Develop and embed Practice Standards to assess quality/inclusivity of mainstream provision  | December 2019                |                                       |  | In progress     |
|  | A – 29      | Develop Quality Assurance and moderation processes (based on agreed Practice Standards) for EHC Plans   | February 2019                |                                       |  | Not started     |
|  | A – 30      | Develop Quality Assurance and moderation processes (based on agreed Practice Standards) for advice/reports from professionals across education, health and care   | February 2019                |                                       |  | Not started     |
|  | A – 31      | Develop Quality Assurance and moderation processes (based on agreed Practice Standards) to assess quality/inclusivity of mainstream provision   | February 2019                |                                       |  | Not started     |
|  | A – 32      | Seconded SENCOs to work with educational settings to ensure they are following and implementing the   | July 2019                    |                                       |  | In progress     |



| What outcomes are we aiming for?  | Action Ref. | Actions – what are we doing about this?  | When will this be completed? | Which workstream will deliver this?   | Who is leading on this?   | Progress rating |
|---|-------------|--|------------------------------|---------------------------------------|---|-----------------|
| their parents/carers.<br>● Parents/carers, children and young people report high levels of satisfaction with their EHC Plan |             | SEND Toolkit effectively   |                              |                                       |   |                 |
|   | A – 33      | Identify and appoint practice Auditors and Champions   | February 2019                |                                       |   | Not started     |
|   | A – 34      | Commission and deliver multi-agency training from the Council for Disabled Children (CDC) on producing EHC plans which are outcome-focused, holistic and include SMART outcomes and provision  | December 2018                | Workforce Development and Performance | Workforce Development Project Manager, Cheshire East Council  | In progress     |
|   | A – 35      | Deliver the following NDTi training sessions to health professionals: <ul style="list-style-type: none"> <li>Education, Health and Care Planning – linking aspirations to outcomes and provision – the importance of professional/clinical advice in this process (July 2018)</li> <li>Joint working, holistic planning and writing outcomes for children and young people with special educational needs and disabilities (October 2018)</li> </ul> | October 2018                 | Workforce Development and Performance | Designated Clinical Officer, NHS Eastern Cheshire and South Cheshire CCGs   | In progress     |
|   | A – 36      | Develop and publish guidance relating to Social Care input into EHC needs assessments and EHC Plans  | June 2018                    | Assessment and Planning               | Service Manager – Children with Disabilities, Cheshire East Council   | In progress     |
|   | A – 37      | Train all early help and social care professionals across children's and adults' services on the EHC needs assessment process and input into EHC needs assessments and EHC Plans   | September 2018               | Assessment and Planning               | Service Manager – Children with Disabilities, Cheshire East Council   | In progress     |
|   | A – 38      | Carry out an audit of health professionals' knowledge and skills around the EHC assessment process, followed by bespoke training to services/individuals by the DCO to address any specific areas of development   | September 2018               | Workforce Development and Performance | Designated Clinical Officer, NHS Eastern Cheshire and South Cheshire CCGs   | In progress     |
|   | A – 39      | Produce and publish guidance for health providers on the EHC needs assessment process and input into EHC needs assessments and EHC Plans (incorporating learning from national guidance and areas which have received 'good' or 'outstanding' for this area of assessment)   | July 2018                    | Assessment and Planning               | Designated Clinical Officer, NHS Eastern Cheshire and South Cheshire CCGs   | In progress     |
|   | A – 40      | Train all health professionals on processes for requesting an EHC needs assessment and input into EHC needs assessments and EHC Plans via the SEND Health Providers Reference Group  | December 2018                | Assessment and Planning               | Designated Clinical Officer, NHS Eastern Cheshire and South Cheshire CCGs   | In progress     |
|   | A – 41      | Review format of the EHC Plan template to ensure it is outcome focused across education, health and care   | December 2018                | Assessment and Planning               | SEND Service Manager, Cheshire East Council   | Not started     |
|   | A – 42      | Review templates for advice provided by professionals across education, health and care as part of the EHC needs assessment to ensure advice is of high quality and focused on outcomes.   | December 2018                | Assessment and Planning               | SEND Service Manager, Cheshire East Council and Designated Clinical Officer, NHS Eastern Cheshire and South Cheshire CCGs | Not started     |



## ii. How will we know if we have made a difference?

As mentioned in section 6 of this document (“**Measuring Impact and Success**”), we collect information from a range of sources in order to measure the success and impact of our improvement work. This includes a range of performance measures on 0-25 SEND Scorecards. As an area, we currently have two monthly operational scorecards which cover performance measures within a) the local authority and b) health. We are also developing targets for key performance areas and a joint multi-agency strategic scorecard that will be produced on a quarterly basis. The below performance measures are extracts from our 0-25 SEND Scorecards.

| Performance Measure   | Current performance – May 2018 |     | Cumulative Target for October 2018 (since May 2018)                  | Cumulative Target for January 2019 (since May 2018)                  | Cumulative Target for May 2019 (since May 2018)                      |
|---|--------------------------------|-----|--|--|--|
| <b>Increase</b> in percentage of full EHC needs assessments (with final EHCP issued) completed within 20 weeks (performance for individual months)                        | 16%                            |     | Percentage increase of 15%   | Percentage increase of 30%   | Percentage increase of 40%   |
| <b>Increase</b> in percentage of full EHC needs assessments (with final EHCP issued) completed within 20 weeks (cumulative for year since January 2018)                   | 19%                            |     | Percentage increase of 10%   | Percentage increase of 30%   | Percentage increase of 40%   |
| <b>Reduction</b> in average number of weeks taken for EHC plans to be issued (performance for individual months)  | 32.8 weeks                     |     | Percentage decrease of 10%   | Percentage decrease of 20%   | Percentage decrease of 30%   |
| <b>Increase</b> in percentage of annual reviews of EHC Plans completed within 12 months of EHC Plan issued or previous review (performance for individual months)         | 49.4%                          |     | Percentage increase of 6%  | Percentage increase of 20%   | Percentage increase of 40%   |
| <b>Evidence of variation</b> in source of request for EHC needs assessment (performance for individual months)  | Establishment Request          | 91% | Evidence that EHC needs assessments result from more than one source | Evidence that EHC needs assessments result from more than one source | Evidence that EHC needs assessments result from more than one source |
|   | Parental Request               | 9%  |  |  |  |
|   | Young Person Request           | 0%  |  |  |  |
|   | Notification from Professional | 0%  |  |  |  |
| <b>Significant number</b> of staff attend commissioned training from the Council for Disabled Children on EHC Plans   | n/a                            |     | > 45 people have attended training                                   | > 90 people have attended training                                   | n/a  |
| <b>Reduction</b> in number of complaints received relating to EHC needs assessments and EHC Plans (performance for 12 months prior to 1 <sup>st</sup> of specified month) | 110                            |     | Percentage decrease of 10%   | Percentage decrease of 30%   | Percentage decrease of 50%   |
| <b>Reduction</b> in number of appeals registered with the First-tier Tribunal (performance for 12 months prior to 1 <sup>st</sup> of specified month)                     | 30                             |     | Percentage decrease of 10%   | Percentage decrease of 20%   | Percentage decrease of 30%   |

| Using feedback and audits to measure our performance   |  |   |   |
|--|--|---|---|
| Children and young people with SEND  | Parents and Carers   | Professionals   | Audits  |
| Feedback collected during and after the EHC needs assessment shows that children and young people with SEND feel that: <ul style="list-style-type: none"> <li>- they had a positive and timely experience during the EHC needs assessment</li> <li>- the assessment process was clear</li> <li>- they were included in the process and had opportunities to clearly share their views</li> </ul> | Feedback collected during and after the EHC needs assessment shows that parents feel that: <ul style="list-style-type: none"> <li>- they had a positive and timely experience during the EHC needs assessment</li> <li>- the assessment process was clear</li> <li>- they were included in the process and had opportunities to clearly share their views</li> <li>- EHC Plans contained all relevant</li> </ul> | Professionals report that, as a result of guidance, training and clear paperwork, they are confident that they are able to contribute to the EHC needs assessments and EHC Plans in a timely and effective manner. <p>Professionals are confident that the established quality assurance processes are appropriately supportive and challenging and will increase the quality of EHC Plans.</p> | Audits show that EHC Plans: <ul style="list-style-type: none"> <li>- contain relevant, holistic information across education, health and care</li> <li>- reflect high quality input from professionals</li> <li>- are focused on meaningful SMART outcomes</li> <li>- describe provision which is specific and reflects the needs of the child or young person</li> </ul> |



|   |             |  |  |
|---|-------------|--|--|
| <ul style="list-style-type: none"><li>- EHC Plans contained all relevant information</li><li>- the support detailed within their EHC plans is meeting their needs and helping them to achieve positive outcomes</li></ul> | information |  |  |
|---|-------------|--|--|

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B. The lack of an effective Autistic Spectrum Disorder (ASD) pathway and unreasonable waiting times

Our overall aim for this priority area:

As a partnership, we want to provide efficient, consistent and timely pathways of assessment and support for Autism

i. How we plan to improve our areas for development

| What outcomes are we aiming for?   | Action Ref. | Actions – what are we doing about this?   | When will this be completed? | Which workstream will deliver this?                 | Who is leading on this?  | Progress rating |
|--|-------------|---|------------------------------|---|--|-----------------|
| <p><b>Improved Autistic Spectrum Disorder/Condition (ASD/ASC) pathways and waiting times, meaning that children and young people benefit from having timely assessments of their needs</b></p> <ul style="list-style-type: none"><li>● Autism diagnostic pathways which are:<ul style="list-style-type: none"><li>✓ effective and of high quality</li><li>✓ timely</li><li>✓ consistent across all areas of Cheshire East</li><li>✓ compliant with NICE guidance</li><li>✓ available and suitable for all ages within the 0-25 age</li><li>✓ ensure children, young people and their families are able to access appropriate information and support at the right time</li></ul></li><li>● Children and young people with Autism feel they are able to access appropriate support to help meet their needs</li></ul> | B – 1       | Undertake an external review of Cheshire East Autism and ADHD assessment and support practice and processes to identify areas for development   | August 2018                  | Autism Strategy                                     | Autism Team Manager, Stockport Metropolitan Borough Council  | In progress     |
|  | B – 2       | Establish a multi-agency and all-age working group to drive improvements and focus on: <ul style="list-style-type: none"><li>● Developing a refreshed Autism strategy</li><li>● Reviewing the Autism Joint Strategic Needs Assessment (JSNA)</li></ul>  | July 2018                    | Autism Strategy                                     | Director of Adult Social Care Operations, Cheshire East Council                                      | In progress     |
|  | B – 3       | Review the Cheshire East Autism JSNA and refresh as appropriate   | December 2018                | Autism Strategy                                     | Director of Adult Social Care Operations, Cheshire East Council                                      | Not started     |
|  | B – 4       | Review, refresh and publish an all-age Autism Strategy for Cheshire East  | December 2018                | Autism Strategy                                     |  | Not started     |
|  | B – 5       | Establish a multi-agency and all-age working group to focus on improving Autism assessment pathways   | June 2018                    | Autism Strategy                                     | Commissioning Manager, Women, Children and Young People, NHS South Cheshire CCG & NHS Vale Royal CCG | Completed       |
|  | B – 6       | Establish multi-agency and all-age working groups to drive improvements around Autism support, training and information   | June 2018                    | Autism Strategy                                     | Autism Team Manager, Stockport Metropolitan Borough Council  | Completed       |
|  | B – 7       | Finalise the mapping/baseline of the current service pathways commissioned by the two CCGs and the LA, and identify any gaps and associated risks. This will also include demand and prevalence across Cheshire East. All service providers to complete the current service provision narrative | August 2018                  | Autism Strategy (Assessment Pathways Working Group) | Autism Team Manager, Stockport Metropolitan Borough Council  | In progress     |
|  | B – 8       | Complete the Baseline Assessment Tool for Autism Spectrum Disorder in Under 19s: recognition, referral and diagnosis (NICE Clinical Guidelines CG128)   | August 2018                  | Autism Strategy (Assessment Pathways Working Group) | Commissioning Manager, Women, Children and Young People, NHS South Cheshire CCG & NHS Vale Royal CCG | In progress     |



| What outcomes are we aiming for? | Action Ref. | Actions – what are we doing about this?   | When will this be completed? | Which workstream will deliver this?                               | Who is leading on this?  | Progress rating |
|----------------------------------|-------------|---|------------------------------|---|--|-----------------|
|                                  | B – 9       | Review the pool of staff trained in using diagnostic assessment tools to ensure we have a sufficient number of appropriate staff trained to contribute to the assessment process  | August 2018                  | Autism Strategy (Assessment Pathways Working Group)               | Commissioning Manager, Women, Children and Young People, NHS South Cheshire CCG & NHS Vale Royal CCG | In progress     |
|                                  | B – 10      | Coproduce a single service specification for ASD assessment and diagnosis for 0-25 across Cheshire East, including any additional costs and impacts on the system this may have. Also develop a standardised referral process to support the single specification | September 2018               |   |  | In progress     |
|                                  | B – 11      | Carry out consultation and engagement on the service specification for ASD assessment and diagnosis for 0-25 across Cheshire East, resulting in sign off from all relevant governance (see Governance section above)  | November 2018                |   |  | Not started     |
|                                  | B – 12      | Set up and launch ASD single service specification for 0-25 to be delivered by all providers across Cheshire East   | April 2019                   |   |  | Not started     |
|                                  | B – 13      | Map current training offer relating to Autism across all education, health and care organisations and identify gaps and/or duplication  | September 2018               | Autism Strategy (Support, information and training working group) | Autism Team Manager, Stockport Metropolitan Borough Council  | In progress     |
|                                  | B – 14      | Map current pre- and post-diagnostic support offer for children, young people and their families in relation to Autism and identify gaps and/or duplication   | September 2018               |   |  | Not started     |
|                                  | B – 15      | Produce a post-diagnostic information pack for families   | September 2018               |   |  | In progress     |
|                                  | B – 16      | Improve access to information on Autism within Cheshire East Local Offer for SEND   | October 2018                 |   |  | Not started     |



## ii. How will we know if we have made a difference?

As mentioned in section 6 of this document (“**Measuring Impact and Success**”), we collect information from a range of sources in order to measure the success and impact of our improvement work. This includes a range of performance measures on 0-25 SEND Scorecards. As an area, we currently have two monthly operational scorecards which cover performance measures within a) the local authority and b) health. We are also developing targets for key performance areas and a joint multi-agency strategic scorecard that will be produced on a quarterly basis. The below performance measures are extracts from our 0-25 SEND Scorecards.

Following the Inspection it was highlighted by the Inspectors (Ofsted and CQC) that more rigorous assurance is required on the performance of the contract regarding ASD. Presently both providers do collate information around waiting times and referral times; however these are universal figures and not clearly broken down to the ASD cohort of patients.

The Table below shows the current dataset that NHS South Cheshire CCG collects from the current commissioned provider Mid Cheshire Hospitals NHS Foundation Trust - Community Paediatric Services (data shown is for 2017/18):

| Activity       | INDICATOR   |  | Clinics    | TARGET            | YTD     | Q1   | Apr | May | Jun | Q2  | Jul | Aug | Sep | Q3  | Oct | Nov | Dec | Q4  | Jan | Feb | Mar |     |
|----------------|---|--|------------|-------------------|---------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                | No of Initial HealthAssessments(IHA)                          |  |            | 1916              | 163     | 41   | 9   | 15  | 17  | 45  | 11  | 27  | 7   | 43  | 25  | 11  | 7   | 34  | 23  | 11  | 13  |     |
|                | No of Child Protection Medicals                               |  |            |                   | 53      | 16   | 4   | 3   | 9   | 12  | 5   | 4   | 3   | 16  | 4   | 7   | 5   | 9   | 3   | 6   | 8   |     |
|                | Number of Referrals to Community Paediatrics                  |  |            |                   | 1604    | 454  | 135 | 148 | 171 | 418 | 170 | 112 | 136 | 491 | 169 | 161 | 161 | 241 | 147 | 94  | 58  |     |
|                | New   |  | ATTENDED   | ADHD              | 1369    | 178  | 43  | 16  | 13  | 14  | 64  | 20  | 21  | 23  | 48  | 13  | 18  | 17  | 23  | 4   | 19  | 8   |
|                |   |  |            | Ad-Hoc            |         | 0    | 0   | 0   | 0   | 0   |     | 0   | 0   | 0   |     | 0   | 0   | 0   |     | 0   | 0   | 0   |
|                |   |  |            | Adoption          |         | 49   | 7   | 3   | 2   | 2   | 13  | 4   | 2   | 7   | 17  | 8   | 7   | 2   | 12  | 6   | 2   | 4   |
|                |   |  |            | ASD               |         | 179  | 36  | 14  | 4   | 18  | 51  | 12  | 26  | 13  | 43  | 22  | 14  | 7   | 49  | 16  | 18  | 15  |
|                |   |  |            | Development       |         | 158  | 53  | 22  | 11  | 20  | 43  | 9   | 21  | 13  | 28  | 7   | 12  | 9   | 34  | 10  | 24  | 7   |
|                |   |  |            | Mainstream School |         | 345  | 82  | 33  | 28  | 21  | 82  | 21  | 23  | 38  | 119 | 48  | 58  | 13  | 62  | 24  | 38  | 32  |
|                |   |  |            | Special School    |         | 40   | 12  | 4   | 6   | 2   | 7   | 3   | 0   | 4   | 15  | 5   | 7   | 3   | 6   | 2   | 4   | 3   |
|                | Follow-Up   |  | ATTENDED   | ADHD              | 2435    | 1777 | 470 | 140 | 161 | 169 | 443 | 173 | 117 | 153 | 494 | 187 | 190 | 117 | 370 | 194 | 176 | 166 |
|                |   |  |            | Ad-Hoc            |         | 0    | 0   | 0   | 0   | 0   |     | 0   | 0   | 0   |     | 0   | 0   | 0   |     | 0   | 0   | 0   |
|                |   |  |            | Adoption          |         | 3    | 2   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 1   | 0   | 0   |
|                |   |  |            | ASD               |         | 242  | 58  | 17  | 18  | 23  | 56  | 14  | 20  | 22  | 77  | 33  | 23  | 21  | 51  | 19  | 32  | 24  |
|                |   |  |            | Development       |         | 322  | 100 | 37  | 28  | 35  | 101 | 25  | 35  | 41  | 75  | 30  | 26  | 19  | 46  | 29  | 17  | 33  |
|                |   |  |            | Mainstream School |         | 149  | 45  | 18  | 13  | 14  | 26  | 8   | 8   | 10  | 43  | 17  | 21  | 5   | 35  | 14  | 21  | 9   |
|                |   |  |            | Special School    |         | 95   | 40  | 6   | 14  | 20  | 15  | 7   | 0   | 8   | 30  | 16  | 11  | 3   | 10  | 4   | 6   | 10  |
|                | DNA   |  | DNA RATE % | ADHD              |         | 10%  | 10% | 11% | 10% | 9%  | 11% | 11% | 9%  | 13% | 10% | 6%  | 10% | 13% | 8%  | 7%  | 9%  | 10% |
|                |   |  |            | Ad-Hoc            |         | 0%   | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  |
|                |   |  |            | Adoption          |         | 0%   | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  |
|                |   |  |            | ASD               |         | 7%   | 10% | 11% | 14% | 4%  | 8%  | 13% | 7%  | 5%  | 7%  | 8%  | 7%  | 5%  | 5%  | 4%  | 5%  | 4%  |
|                |   |  |            | Development       |         | 10%  | 12% | 7%  | 11% | 18% | 11% | 11% | 12% | 10% | 7%  | 8%  | 2%  | 10% | 9%  | 13% | 6%  | 5%  |
|                |   |  |            | Mainstream School |         | 15%  | 14% | 16% | 14% | 13% | 19% | 19% | 20% | 18% | 14% | 11% | 13% | 16% | 14% | 12% | 17% | 12% |
|                |   |  |            | Special School    |         | 8%   | 9%  | 9%  | 9%  | 9%  | 0   | 8%  | 0%  | 29% | 0   | 4%  | 9%  | 0%  | 0   | 8%  | 7%  | 21% |
|                | Average Wating Time from initial referra lto first attendance |  | WEEKS      | ADHD              | 13weeks | 14   | 13  | 11  | 13  | 14  | 19  | 16  | 17  | 23  | 17  | 18  | 21  | 12  | 9   | 9   | 9   | 17  |
|                |   |  |            | Ad-Hoc            | 13weeks | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
|                |   |  |            | Adoption          | 13weeks | 4    | 3   | 3   | 2   | 3   | 3   | 2   | 4   | 3   | 6   | 3   | 4   | 11  | 4   | 4   | 4   | 2   |
|                |   |  |            | ASD               | 13weeks | 14   | 15  | 13  | 14  | 19  | 15  | 16  | 16  | 12  | 12  | 9   | 16  | 10  | 13  | 11  | 14  | 15  |
|                |   |  |            | Development       | 13weeks | 13   | 10  | 10  | 10  | 10  | 12  | 15  | 11  | 11  | 14  | 12  | 16  | 13  | 16  | 15  | 17  | 15  |
|                |   |  |            | Mainstream School | 13weeks | 13   | 8   | 5   | 7   | 11  | 15  | 13  | 18  | 15  | 14  | 13  | 15  | 13  | 16  | 16  | 16  | 16  |
| Special School |   |  |            | 13weeks           | 8       | 7    | 4   | 13  | 5   | 8   | 2   | 0   | 21  | 7   | 2   | 10  | 8   | 9   | 5   | 16  | 6   |     |
| Safety         | No. of serious unto ward incidents                            |  |            |                   | 0       | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |
|                | No of completed analysed incident reports                     |  |            |                   | 3       | 0    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3   | 3   | 0   | 0   | 0   | 0   | 0   | 0   |     |

NHS Eastern Cheshire CCG data to be provided from their current commissioned provider Cheshire and Wirral Partnership NHS Foundation Trust.

The CCGs currently collect different data from the providers, and therefore the CCGs are taking on board the advice and recommendation from the Inspection and are ensuring that a single service specification will be in place which will include a set of single performance measures across Cheshire East.



In order for the CCGs to be able to get accurate data and a baseline that focuses primarily on ASD patients, we are working with the providers to implement the below performance measures to begin to collate data that will set the baseline for improvement by 1<sup>st</sup> October 2018. From this CCGs will set quarterly targets for the providers to improve.

The table below shows the 9 key areas that commissioners are to monitor improvement on, using achievable performance/progress targets over time and adhering to both key performance targets within the contract as well as the NICE Guidelines.

| Key Performance Indicator | Performance Measure<br>East Cheshire CCG and South Cheshire CCG<br>1 <sup>st</sup> October 2018 Implementation |
|---------------------------|--|
| KPI 1                     | Number of children and young people awaiting assessment at the end reporting month (total)                     |
| KPI 2                     | Average length of wait for an assessment (from referral) at the end reporting month (total)                    |
| KPI 3                     | Longest length of wait for an assessment (from referral) at the end reporting month (total)                    |
| KPI 4                     | Average waiting time from assessment to intervention at the end reporting month (total)                        |
| KPI 5                     | Longest waiting time from assessment to intervention at the end reporting month (total)                        |
| KPI 6                     | Number of referrals received at the end reporting month (total)  |
| KPI 7                     | Number of inappropriate referrals received at the end reporting month (total)                                  |
| KPI 8                     | Number of assessments undertaken (in total) at the end reporting month (total)                                 |
| KPI 9                     | % of referrals for diagnostic assessment started within 13 weeks   |

| Using feedback and audits to measure our performance   |  |  |   |
|--|--|--|---|
| Children and young people with SEND  | Parents and Carers   | Professionals  | Audits  |
| <p>Feedback collected from engagement events, SEND youth groups/participation groups, and special school councils shows that children and young people with Autism know who their key worker is (who helps coordinate their care and the support detailed in their personalised plan).</p> <p>Children and young people with Autism feel they are able to access appropriate support to help meet their needs.</p> | <p>Feedback collected during the revision of ASD assessment and diagnostic pathways, and from pre-and post-diagnostic surveys, shows that parents:</p> <ul style="list-style-type: none"> <li>- feel engaged with, and fully involved in, the process to review the diagnostic pathway</li> <li>- sign up to revised pathway</li> <li>- report a clear and consistent assessment and diagnostic experience across Cheshire East</li> </ul> | <p>Professionals across the SEND Partnership report that the ASD assessment and diagnosis pathway is clear and consistent across Cheshire East, and they are confident about roles and responsibilities within the pathway.</p> <p>Professionals also report that, following assessments, children and young people with Autism have a personalised plan that has been developed and implemented in partnership with the child and young person, their family and carers (if appropriate) and the Autism team.</p> | <p>Audits show that the referral and assessment pathway:</p> <ul style="list-style-type: none"> <li>- is consistent across Cheshire East</li> <li>- complies with NICE Guideline</li> <li>- is clear and easy to follow</li> <li>- results in children and young people with Autism having person centred plans and/or being signposted to appropriate support</li> </ul> |



## Appendix 1: Membership of the Cheshire East 0-25 SEND Partnership Board

| Name                     | Role  | Organisation   |
|--------------------------|---|--|
| Tracy Ryan               | Director of Prevention and Support<br>(Chair of the SEND Partnership Board) | Cheshire East Council  |
| Ian Donegani             | Head of Service: SEND and Inclusion   | Cheshire East Council  |
| Andy Hodgkinson          | eCAPH Chair   | East Cheshire Association of Primary Heads<br>(eCAPH)                    |
| Mark Bayley              | Head of Service: Education Infrastructure and Outcomes                      | Cheshire East Council  |
| Tracey Beardmore-Evans   | SEND Service Manager  | Cheshire East Council  |
| Gill Betton              | Head of Service: Children's Development and Partnerships                    | Cheshire East Council  |
| Kerry Birtles            | Head of Service: Cared for Children   | Cheshire East Council  |
| Chris Jaydeokar          | Co-Chair of Cheshire East Parent Carer Forum                                | Cheshire East Parent Carer Forum   |
| Anne Casey               | Child and Adolescent Mental Health Service (CAMHS) lead                     | NHS Cheshire and Wirral Partnership Trust                                |
| Chris Chapman            | School Governor   | Middlewich High School and Cheshire East Association of Governing Boards |
| Chris Baggs              | Director of Learning and Learner Services                                   | Cheshire College - South & West  |
| Curtis Vickers           | 0-19 Contract Manager, Adult Social Care and Public Health                  | Cheshire East Council  |
| Keith Evans              | Head of Service: Mental Health and Learning Disability                      | Cheshire East Council  |
| Fleur Blakeman           | Director of Strategy and Transformation                                     | NHS Eastern Cheshire Clinical Commissioning Group                        |
| Councillor Dorothy Flude | Councillor – Crewe South  | Cheshire East Council  |
| Councillor Jos Saunders  | Children and Families Portfolio Holder                                      | Cheshire East Council  |
| Jacky Forster            | Director of Education and 14 -19 Skills                                     | Cheshire East Council  |



| Name              | Role  | Organisation  |
|-------------------|---|---|
| Sarah Gill        | Headteacher   | Ivy Bank Primary School   |
| Jamaila Tausif    | Associate Director of Commissioning   | NHS South Cheshire and Vale Royal Clinical Commissioning Groups       |
| Jo Vitta          | Commissioning Manager: Women, Children and Young People                     | NHS South Cheshire and Vale Royal Clinical Commissioning Groups       |
| Tracey Shewan     | Director of Quality and Safeguarding  | NHS South Cheshire and Vale Royal Clinical Commissioning Groups       |
| Dave Leadbetter   | Head of Service: Children's Commissioning                                   | Cheshire East Council   |
| Sandie Isherwood  | Headteacher   | Marlfields Primary School   |
| Keith Martin      | Service Manager: Children with Disabilities                                 | Cheshire East Council   |
| Nigel Moorhouse   | Deputy Director of Children's Services & Director of Children's Social Care | Cheshire East Council   |
| Lorraine Warmer   | Headteacher   | Park Lane School  |
| Penny Hughes      | Designated Clinical Officer   | NHS Eastern Cheshire and South Cheshire Clinical Commissioning Groups |
| Richard Hedge     | Headteacher   | Macclesfield Academy  |
| Carol Sharples    | Early Years and Childcare Manager   | Cheshire East Council   |
| Tom Dooks         | Senior Manager: Partnerships, Prevention and Business Development           | Youth Justice Services  |
| Nicola West       | Principal Educational Psychologist  | Cheshire East Council   |
| Claire Williamson | Head of Service: Education Participation and Pupil Support                  | Cheshire East Council   |
| James Pullé       | Headteacher   | Wilmslow High School  |
| Vicky Howarth     | Project Manager   | Cheshire East Council   |
| Karen Morrey      | PA to Director of Prevention and Support                                    | Cheshire East Council   |



## Appendix 2: Action Plan to improve 20 week EHC needs assessment timeliness

| Action Ref.                                | Action  | Responsible Lead                    | Progress                             |
|--|---|-------------------------------------|--------------------------------------|
| <b>1. SEND Team - Process improvements</b> |   |                                     |                                      |
| 1.1  | Undertake a Business Improvement Review of the EHC needs assessment process including associated internal admin tasks and implement an action plan to deliver the improvements identified which include the following:  | Senior Business Improvement Analyst | Completed<br>Oct 17                  |
| 1.2  | Implementation of a triage system to ensure requests for EHC needs assessments are processed as appropriate without delay. Process also identifies schools which require support in creating robust referrals.          | SEND Service Manager                | Completed and in place<br>– Jan 18   |
| 1.3  | Implementation of category recording of all client concerns raised (phone calls and emails) to enable repetitive process issues to be identified and resolved   | SEND Service Manager                | Completed and in place<br>– Jan 18   |
| 1.4  | Introduction of standard agendas for all parental contact and co-production points throughout the process to ensure that consistency of service is delivered across the SEND Team and information sharing is optimised. | SEND Service Manager                | In progress<br>Implement in June     |
| 1.5  | Review all standard letters and templates to ensure that we are giving parents the right level of information in the right way  | SEND Service Manager                | In progress<br>Commence in April     |
| 1.6  | Review of management of the panels to improve efficiency and ensure decision making is structured and evidenced in local authority IT case management system  | Head of Service: SEND and Inclusion | In progress<br>Complete by September |
| 1.7  | Streamlining of consultation process (with schools/settings) to improve efficiency and evidence decision making. Reporting process also highlights schools which require support on Cheshire East inclusion strategy    | SEND Service Manager                | In progress<br>Complete by September |
| 1.8  | Appoint SEND Team leaders to co-ordinate and oversee the workload of the 0-25 SEND Officers and related processes   | Head of Service: SEND and Inclusion | Completed and in place<br>Jan 18     |
| 1.9  | Review undertaken on how internal communications are managed and revised communication  | SEND Service Manager                | Completed May 18                     |



|      |  |                      |                                   |
|------|--|----------------------|-----------------------------------|
|      | structure implemented at all levels for managing both day to day communications and project change   |                      |                                   |
| 1.10 | Implement a proactive tracking and reporting structure to ensure that every stage of the 20 week process is monitored. This will include early warning flags to ensure that delays are highlighted proactively and can be investigated and managed appropriately | SEND Service Manager | In progress<br>Complete by Aug 18 |
| 1.11 | Create checklist and specification for settings to guide/train them towards the level of quality expected when sending in Needs Assessment requests.   | SEND Service Manager | Completed June 18                 |
| 1.12 | Revise the annual review process to proactively manage review dates and the associated paperwork, ensuring that reviews are managed within a coproduced, timely and consistent manner which optimises the case system functionality                              | SEND Service Manager | Complete by Dec 18                |
| 1.13 | Develop timeliness, consistency and quality assurance around the consultations process optimising the case management system functionality in order to track and record all stages of the process with dates and outcomes  | SEND Service Manager | In progress<br>Complete by Aug 18 |
| 1.15 | Identify and reduce the non-value added activity within the Tribunals process to create a more timely and efficient process, creating feedback and learning loops to reduce the future number of cases going to tribunal   | SEND Service Manager | Complete by Mar 2019              |

## 2. Educational Psychology Service – Process Improvements

|     |   |  |                        |
|-----|---|--|------------------------|
| 2.1 | Introduction of a weekly meeting between the Principal Educational Psychologist and the SEND Service Manager to discuss cases approaching 16 weeks in order to facilitate introduction of support at an earlier stage if child or young person is likely to require additional support in line with an EHC Plan | Principal Educational Psychologist and SEND Service Manager                | Completed and in place |
| 2.2 | Review format and content of Educational Psychologists' reports in order to maximise efficiency   | Head of Service: SEND and Inclusion  | Pending                |
| 2.3 | Agreement in place with schools to highlight priority cases to Educational Psychology Service.  | Principal Educational Psychologist and Head of Service: SEND and Inclusion | Completed and in place |



|  |  |  |                         |
|--|--|--|-------------------------|
| 2.5  | Develop full set of criteria to facilitate prioritisation of cases awaiting an Educational Psychologist assessment.  | Principal Educational Psychologist and Head of Service: SEND and Inclusion | Ongoing                 |
| 2.6  | Principal Educational Psychologist to manage and use a tracking spreadsheet to list the required number of hours for a particular assessment and to assign cases to individual Educational Psychologists, thereby ensuring team members share an equal caseload of more complex cases. | Principal Educational Psychologist   | Completed and in place  |
| 2.7  | Principal Educational Psychologist to monitor full-time equivalent capacity in the service and report this to Head of Service: SEND and Inclusion, and Director of Prevention and Support, on a weekly basis   | Principal Educational Psychologist   | Completed and in place  |
| 2.8  | Undertake a full, independent service review of the Educational Psychology Service (along with the Cheshire East Autism Team and the Sensory Improvement Service) to ensure team structures, practice and processes are fit for purpose and as efficient as possible                   | Head of Service: SEND and Inclusion  | Pending                 |
| <b>3. Educational Psychology Service – Recruitment and Retention</b> |  |  |                         |
| 3.1  | Recruit a Trainee Educational Psychologist   | Principal Educational Psychologist   | Completed and in post   |
| 3.2  | Introduction of a sponsored bursary placement with Manchester University to ensure trainee Educational Psychologists spend Year 2 and Year 3 placed within Cheshire East Council, and later work for Cheshire East Council   | Head of Service: SEND and Inclusion  | Pending                 |
| 3.3  | Ensure a suitable recruitment and retention policy is in place and implemented.  | Head of Service: SEND and Inclusion  | Completed November 2017 |
| 3.4  | Undertake a comparative assessment of salaries for Educational Psychologists across the North West region  | Head of Service: SEND and Inclusion  | Pending                 |
| 3.5  | Advertise and recruit 2 permanent members of staff to Educational Psychology service   | Principal Educational Psychologist and Head of Service:                    | Ongoing                 |



|   |   |  |  |
|---|---|--|--|
|   |   | SEND and Inclusion   |  |
| 3.7                                     | Gain approval from Director of People and senior management team for additional, temporary funding for 3 x agency posts to alleviate capacity issues during recruitment of permanent staff  | Director of Prevention and Support   | Completed and in place   |
| 3.8                                     | Recruit 3 x agency staff to increase capacity temporarily during ongoing recruitment of permanent staff   | Principal Educational Psychologist and Head of Service: SEND and Inclusion   | Completed and in place (plus 1 locum officer, and 1 part-time officer) |
| <b>4. Health – process improvements</b> |   |  |  |
| 4.1                                     | Fully embed data on EHC needs assessments into NHS Standard Contract monitoring arrangements by both Clinical Commissioning Groups. To include:<br>a) how many requests for EHC needs assessment the service has received in the last month<br>b) the percentage of requests for advice that were completed within the 6 week timescale | Lana Davidson,<br>Contract Manager NHS Eastern Cheshire CCG and Steve Evans<br>Contract Manager NHS South Cheshire CCG | In progress  |
| 4.2                                     | Report data on performance of relevant health services on the monthly operational health scorecard (which covers both CCGs) to Quality and Performance Committees and Governing Bodies at both CCGs. Data to include measures of outcomes as well as waiting times for first and follow up appointments, caseload size and discharges.  | Jo Vitta,<br>Commissioning Manager, Women, Children and Young People, NHS South Cheshire CCG & NHS Vale Royal CCG      | In progress  |
| 4.3                                     | Addition of a provider portal to the local authority's IT case management system, thereby allowing health providers to submit health advice directly into the system. This will also facilitate management oversight of advice requests by the Designated Clinical Officer (DCO)  | Project Manager – EHM Liquid Logic Phase 2 and DCO   | Completed and in place   |
| 4.4                                     | Increase capacity of Designated Clinical Officer role by increasing post to full time (from 3 days/week). Review arrangement on a quarterly basis.  | Fleur Blakeman NHS Eastern Cheshire CCG and Tracey Shewan  | Completed and in place   |



|  |  |  |                        |
|--|--|--|------------------------|
|  |  | NHS South Cheshire CCG   |                        |
| <b>5. Social Care - process improvements</b> |  |  |                        |
| 5.1  | Make improvements to workflows within the local authority's IT case management system for social care advice – in particular, ensure that requests for advice are assigned to individual social worker and family service worker work-trays and management alert system is in place  | Project Manager, ICT Services, Cheshire East Council and Interim Service Manager – Children with Disabilities, Cheshire East Council | Completed and in place |
| <b>6. Miscellaneous</b>                      |  |  |                        |
| 6.1  | Use data and analysis on monthly, operational scorecards within the local authority and health to identify services and processes that are demonstrating delays or bottlenecks which require intervention. Scorecards to be used as means of accountability of partners to one another and to allow for challenge to be provided via the SEND partnership board. | SEND Management Team and SEND Partnership Board  | Ongoing                |
| 6.2  | Second 4 x SENCOs from local schools and settings to embed the ethos and practices outlined in the <a href="#">Cheshire East Toolkit for SEND</a> in order to ensure that requests for EHC needs assessment are appropriate and contain relevant and high-quality information (thereby managing demand and reducing potential delays in the assessment process)  | Head of Service: SEND and Inclusion  | Completed and in place |





# Your thoughts matter

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



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## CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

|   |  |
|---|--|
| <b>Title of Report:</b>                   | Cheshire East Council Annual Influenza Report: 2017/18 |
| <b>Date of meeting:</b>                   | 24 <sup>th</sup> July 2018                             |
| <b>Written by:</b>                        | Dr Matt Tyrer  |
| <b>Contact details:</b>                   | matt.tyrer@cheshireeast.gov.uk                         |
| <b>Health &amp; Wellbeing Board Lead:</b> | Fiona Reynolds   |

### Executive Summary

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| <b>Is this report for:</b>   | Information <input type="checkbox"/>   | Discussion <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> |
| <b>Why is the report being brought to the board?</b>   | To summarise the actions taken in the 2017/18 influenza season, the impacts of influenza on the health economy and the recommendations for the 2018/19 influenza season  |  |                                   |
| <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"/><br>Living and Working Well <input type="checkbox"/><br>Ageing Well <input type="checkbox"/><br>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"/><br>Accessibility <input type="checkbox"/><br>Integration <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Sustainability <input type="checkbox"/><br>Safeguarding <input type="checkbox"/><br>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>               | 1 Bid for NHS England communications grant to extend the scope and duration of our television, radio and social media communications in the 2018/19 influenza season<br>2 Repeat the vaccination programmes that were undertaken in the 2017/18 influenza season to maintain consistency and increase uptake<br>3 Support general winter wellness campaigns to reduce the impact on the workforce of minor illnesses |  |                                   |
| <b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b> | Corporate Leadership Team meeting  |  |                                   |



|  |   |
|--|---|
| Has public, service user, patient feedback/consultation informed the recommendations of this report?           | No  |
| If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit. | <p>Raised awareness of the start of influenza season and the need to be vaccinated</p> <p>By protecting our frontline care staff our vulnerable and older residents who are receiving care will have increased protection from influenza and a reduced likelihood of an interruption in care.</p> |

## 1 Report Summary

- 1.1 The 2017/18 influenza season has been a busy flu season. There have been high levels of both influenza A and influenza B circulating this year. Hospital admissions due to influenza have been higher than usual this year and there have been outbreaks across the UK most of which have been in care homes. This season has also seen high levels of other respiratory illnesses such as colds.
- 1.2 The flu vaccine was moderately effective this season, but for the 2018/19 season new, more effective vaccines have been recommended for the over 65s and those at increased risk.
- 1.3 Generally in East Cheshire flu vaccine uptake has been higher than the national average in all groups and was particularly high amongst the over 65s.
- 1.4 Cheshire East Council has worked with Cheshire West and Chester Council and NHS England to produce targeted television adverts to increase uptake of the influenza vaccine and we intend to use these adverts again during the next influenza season. We have also had adverts on local radio, across social media and throughout our internal communications.
- 1.5 Cheshire East Council ran two vaccination programmes to provide access to free vaccination for our frontline staff. We provided vaccination clinics with bookable appointments in sites throughout the council and also provided a vaccination voucher scheme, where managers could print and issue vouchers for their staff to redeem at one of the 61 participating pharmacies across East Cheshire. 167 staff took advantage of one of these schemes.

## 2 Recommendations

- 2.1 Bid for funding from NHS England for our influenza communications ahead of the 2018/19 influenza season so that we can increase the scope and range of our television adverts, radio adverts and social media communications.
- 2.2 Repeat and extend the vaccination programmes that we offered last year. We recommend repeating the influenza vaccination clinics and the voucher scheme that we ran last year in



order to maintain a consistency of approach. We will support managers to encourage front line staff within their teams to access flu vaccination either through clinics or through the voucher scheme. This will require funding from occupational health to ensure that we can pay for the vaccines that we are providing so that no cost is borne by our eligible staff.

- 3.3 Undertake broader health and hygiene work throughout the organisation linking in with work plans around winter wellness to emphasise measures such as hand hygiene, but also an evaluation of and investment in measures to improve hygiene and reduce the spread of minor illnesses.

### **3 Reasons for Recommendations**

- 3.1 We made use of a £10,000 grant that was available from NHS England last year to support our communications. This was invested to develop animations suitable for use in targeted advertising to raise awareness of flu vaccination. Most of the grant for 2017/18 went into the development and distribution of these advertisements with the remainder being spent on radio and social media campaigns. In the 2018/19 season, if we are successful in our bid we expect to use the grant to extend the length and reach of our campaigns as the materials that have been developed can be reused.
- 3.2 We have an obligation to ensure the wellness of our front line staff and the individuals for whom they are providing support and care. We achieved a good uptake of 21% during the first year of the scheme and with further work and consistency in our approach we believe that this uptake can be increased further, offering protection to staff working with our most vulnerable residents so that they stay well through winter and can continue to provide the best possible care.
- 3.3 The 3 main causes of short term absence recorded through the winter within Cheshire East Council were colds, respiratory illnesses and flu. The spread and impact of these illnesses can be reduced and prevented through effective hygiene and wellness approaches.

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

- 4.1 Starting and developing well: the communication approaches that we have taken include targeted messages for pregnant women to ensure that they remain well throughout their pregnancy and during the first months and years of their child's life. Also by protecting our frontline staff that work with families and children we reduce the risk of transmission of influenza.
- 4.2 Living and working well: this is where the majority of our internal schemes are targeted. The approaches that we are recommending are geared towards keeping our workforce fit and well through winter whether or not they are working on the frontline or are office based.
- 4.3 Aging well: our targeted communication is also aimed at our older residents.

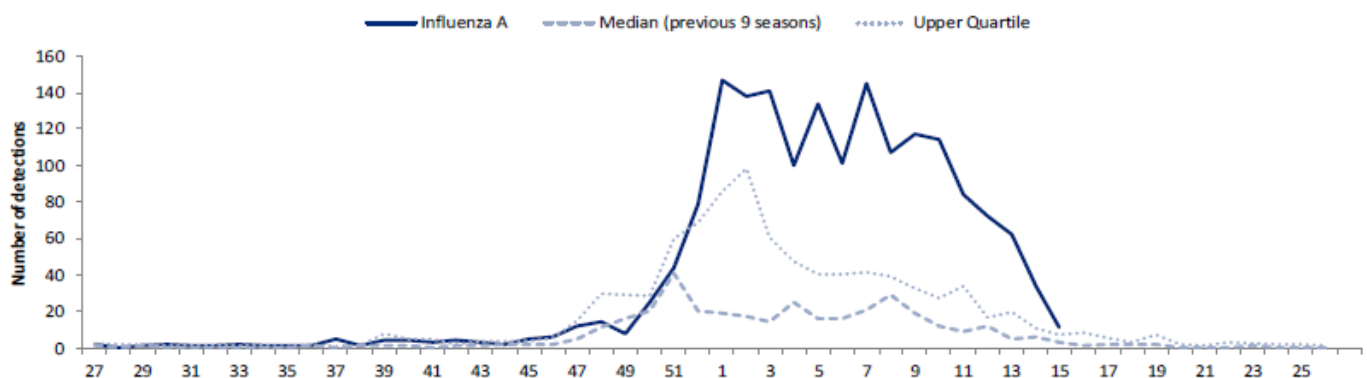
### **5 Background and Options**



## National and Regional Summary

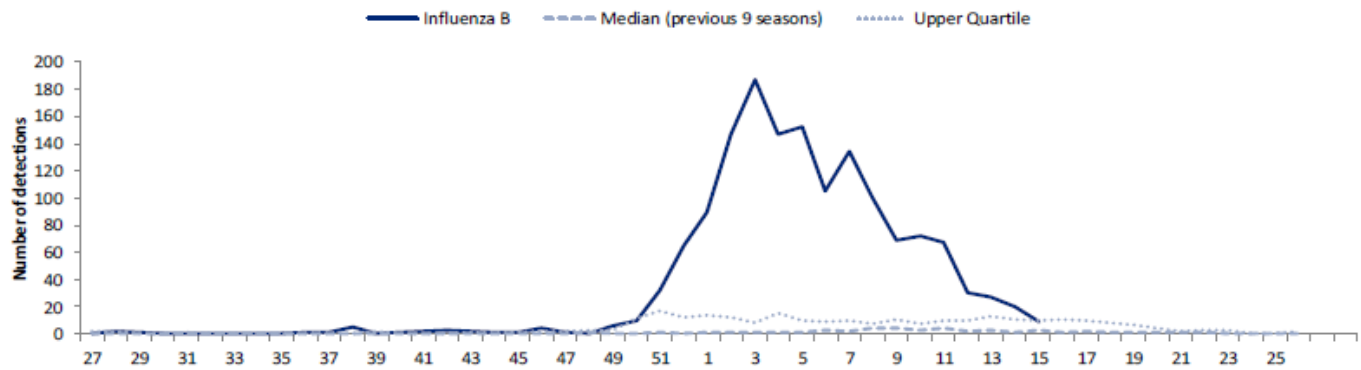
- 5.1 In the 2017/18 influenza season moderate to high levels of influenza were seen with the highest number of weekly cases since the 2010/11 flu season. There were higher than average levels seen of both influenza A and influenza B compared to the average of the last 9 years, with influenza B cases being particularly high this season. However the most common strain was influenza A H3.
- 5.2 Nationally, the majority of those affected by this co-circulation were older adults, with care homes being particularly vulnerable. A very high number of older adults who were admitted to intensive care or high dependency units during the 2017/18 influenza season tested positive for influenza. All cause mortality in older adults was higher this influenza season than in the 2016/17 season, though it was lower than the 2014/15 season.
- 5.3 Across North West Region there were 1,738 laboratory detections of influenza A and 1,493 laboratory detections of influenza B. These were the highest number of laboratory detections of both strains since the 2010/11 season.
- 5.4 There were 343 reported outbreaks of respiratory illness across the North West Region, 97 (28%) of these were in Cheshire and Merseyside. Of the 343 outbreaks 298 (87%) were in care homes. 61% of outbreaks were confirmed as influenza A and 42% confirmed as influenza B (4% of confirmed outbreaks had both A and B identified). Additionally high rates of laboratory detection of other respiratory illnesses was seen throughout the season with parainfluenza, rhinovirus (colds) and metapneumovirus all being seen at higher than average levels.

**Figure 1 Influenza A 2017/18 with median and upper quartile based on previous 8 seasons, Public Health Laboratory, Manchester, data**

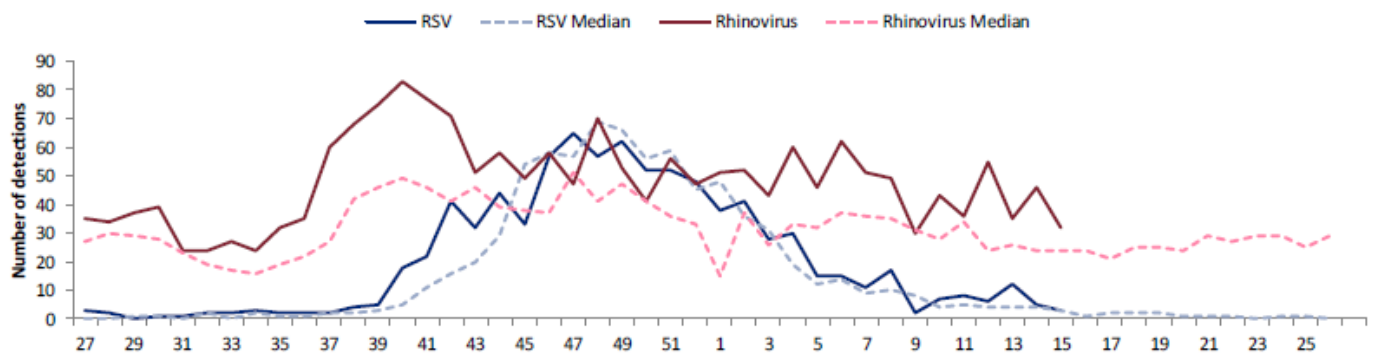




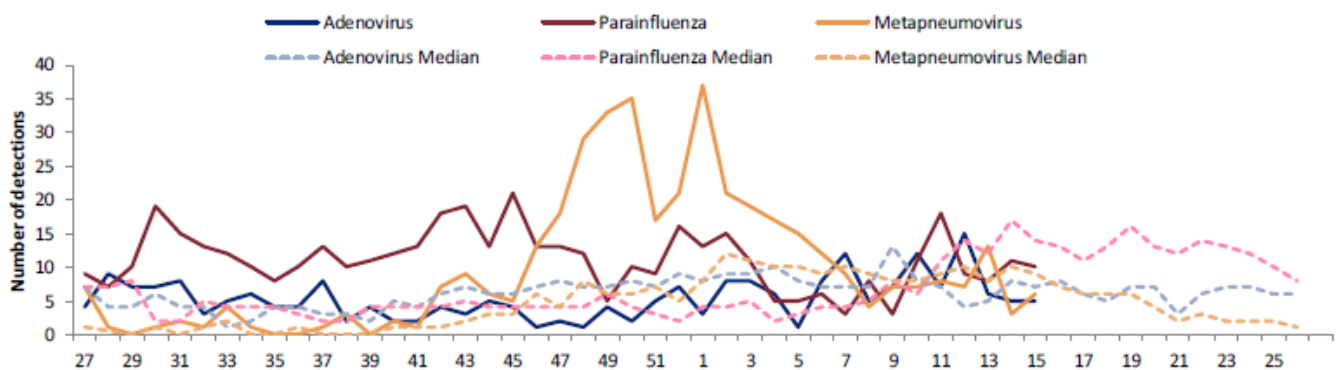
**Figure 2 Influenza B 2017/18 with median and upper quartile based on previous 8 seasons, Public Health Laboratory, Manchester, data**



**Figure 3 RSV & rhinovirus detections 2017/18 with median based on previous 9 seasons, Public Health Laboratory, Manchester**



**Figure 4 Adenovirus, parainfluenza & metapneumovirus detections 2017/18 with median based on previous 9 seasons, Public Health Laboratory, Manchester**



- 5.5 In East Cheshire during the 2017/18 flu season a total of 18 out of our 97 (19%) care homes had a closure due to respiratory illness with a total of 178 days of care home closure across the local health economy, which amounts to nearly 10 days per care home.

## Influenza Vaccination

- 5.6 In East Cheshire influenza vaccine uptake was higher than the England average in all groups. Uptake increased in adults >65 with 77.7% receiving a vaccination. Uptake in those under 65 who are at increased risk fell slightly compared to last year to 51.6% but this figure has remained fairly stable for the last few years, and this fall does not represent a sustained trend. Uptake of the influenza vaccine in pregnant women was also higher than the England average with 53.5% overall and 64.6% in those with additional risk factors.



There continues to be an increase in the uptake of Flu vaccine in the 2-4 age group and remain higher than the England average. In Cheshire and Merseyside we achieved one of the highest flu vaccine uptake rates amongst frontline healthcare staff. There is still work to do across the health economy to increase the uptake of the influenza vaccination amongst all groups and to maintain the high uptake that we are achieving in our >65s.

- 5.7 Preliminary reports suggest that vaccine effectiveness against all influenza this season ranged from 25% to 52%. This was in part due to a mismatch between one of the main circulating influenza A strains and the strain included in the vaccine. With this exception vaccine effectiveness was determined to be moderate or moderate to good for the other strains that it offered protection against.
- 5.8 The formulation of flu vaccines offered to the UK population will be changing for the 2018/19 influenza season with those >65 being offered an adjuvanted trivalent influenza vaccine, which will protect them against the 2 most commonly circulated strains of influenza A and the most common strain of influenza B with an added component that will increase the effectiveness of the vaccine on the immune system of the over 65s making the influenza vaccine more effective in this age group. For all other groups a quadrivalent vaccine will be offered that protects against the 2 most commonly circulating strains of influenza A and the 2 most commonly circulating strains of influenza B.

#### **Actions Taken By Cheshire East Council**

- 5.9 Within Cheshire East Council we undertook several key approaches to increase flu vaccine uptake both within our frontline staff and across the wider health economy. This included the following activities:
- 5.10 We delivered a targeted public awareness campaign. Animations that had been previously created were adapted to be suitable for television advertising and were broadcast using Sky Adsmart directly to our target audience for several weeks at the beginning of the influenza season. With the remaining money from the NHSE grant we were also able to place ads on local radio and on social media. We also included pre-recorded messages that would be played when residents contacted the council. Internally we also included messages about flu vaccination within Team Voice and encouraged managers to support their team members to get flu vaccinations.
- 5.11 For our frontline staff we created two schemes to enable them to access free flu vaccinations. The first of these was a vaccination clinic lead by occupational health offering booked appointments in Sandbach, Macclesfield, Crewe and Oakenclough. Although 1 of these had to be cancelled 48 members of staff were vaccinated across the 3 days. We also offered a voucher scheme through which managers could print vouchers for their frontline staff to attend participating pharmacies and redeem the voucher to receive a free flu vaccination. 61 pharmacies agreed to participate in the scheme, with 119 vouchers in total being redeemed. This suggests that out of an estimated 800 frontline staff 167 received a flu vaccination via a council scheme (21%). The limitations to this estimate are that we do



not know for certain what our frontline staff numbers are or how many frontline staff accessed the vaccination by other means.

- 5.12 We have worked collaboratively with the commissioning team on the development of new service specifications for both Care at Home and Accommodation with Care to support the collection of information on vaccine uptake in residents, but also to highlight the need for employers and organisations to ensure that they promote and support their staff to access the influenza vaccination. Actions that accommodation with care providers can undertake to support the rapid response to influenza outbreaks to reduce the duration and severity of influenza outbreaks have also been included in the new contract.
- 5.13 For the forthcoming 2018/19 influenza season we make the following recommendations:
- Increase uptake of the influenza vaccine amongst Cheshire East Council frontline staff by building on the successes of the 2017/18 influenza season. Specifically repeat the activities of this year (ensuring that funding is made available), but support this by working with managers and by recruiting Flu Champions to increase access and uptake.
  - Bid for PHE funding to support wider communications strategies. Now that we have the materials to do television and radio advertising we can make more efficient use of the funds available as we will not be paying for the creation of the adverts themselves.
  - Undertake influenza and respiratory illness prevention within the council as minor illnesses (colds, chest infections and flu) account for the most common reasons for short term absence within Cheshire East Council. This would ideally include organisation wide health and hygiene messages in the run up to and throughout flu season ranging from simple handwashing signs in all bathrooms to messages in Team Voice and in team meetings. This could also include measures such as the provision of alcohol hand gel to increase hand washing. These measures would incur small costs, but may reduce the number of days lost to preventable illnesses.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:  
Name: Dr Matt Tyrer  
Designation: Consultant in Public Health Medicine  
Tel No: 01270686409  
Email: [matt.tyrer@cheshireeast.gov.uk](mailto:matt.tyrer@cheshireeast.gov.uk)



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Working together:

NHS Eastern Cheshire Clinical Commissioning Group

NHS South Cheshire Clinical Commissioning Group

NHS Vale Royal Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group

## Working together across Cheshire

### Background

We wrote to you in April to set out proposals to support our place-based approach to integrated care in Cheshire; aligned with our local authority boundaries and including recommendations to our Governing Bodies to merge the four Cheshire CCGs into a single strategic commissioner.

We committed to regular briefings and an ongoing conversation with you to ensure you are kept informed of the proposed changes and we are now able to update that all of the CCG Governing Bodies have now met and have accepted the recommendations set out below;

- **Recommendation 1:** that the four existing CCGs should merge into one Cheshire CCG with the development of two integrated health and social care commissioning boards on local authority footprints.  
The single Cheshire CCG would be a statutory NHS body from 1st April 2020.
- **Recommendation 2:** that a single Accountable Officer for the four CCGs is appointed and in post by 1st April 2019.
- **Recommendation 3:** that the three existing Executive Teams will merge into one single team following the appointment of the single Accountable Officer. We will work closely with local authority colleagues across the two council footprints.
- **Recommendation 4:** that between 2018-2020 the CCGs will continue to strengthen their collaborative commissioning arrangements, identifying opportunities to commission services for our local population collectively and collaboratively.
- **Recommendation 5:** that the CCGs progress, ahead of 2020, shared governance arrangements.

### Next Steps

All Governing Bodies have agreed to take the proposals to the respective membership bodies of each CCG for discussion. The Joint Commissioning Committee will now agree the process and timeline to achieve this.

The outcome of these discussions will then need to be taken back to each Governing Body and it is expected that this will take place in July 2018.

If you have any immediate questions or concerns, please continue speak to one of our GP Chairs or Accountable Officer in the first instance who will work to address these.

Many thanks

**Dr Paul Bowen**  
Clinical Chair  
NHS Eastern Cheshire CCG  
**Jerry Hawker**  
Accountable Officer  
NHS Eastern Cheshire CCG

**Dr Andrew Wilson**  
Clinical Chair  
NHS South Cheshire CCG  
**Clare Watson**  
Accountable Officer  
NHS South Cheshire CCG &  
NHS Vale Royal CCG

**Dr Jonathan Griffiths**  
Clinical Chair  
NHS Vale Royal CCG  
**Alison Lee**  
Accountable Officer  
NHS West Cheshire CCG

**Dr Chris Ritchieson**  
Clinical Chair  
NHS West Cheshire CCG



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