

# **Health and Adult Social Care and Communities Overview and Scrutiny Committee**

## **Agenda**

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**Date:** Thursday, 5th December, 2019  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 in the report.

It should be noted that Part 1 items of Cheshire East Council decision-making meetings are audio recorded and the recordings are uploaded to the Council's website.

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

1. **Apologies for Absence**

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

To approve the minutes of the meeting held on 7 November 2019.

3. **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.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

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For requests for further information

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**Tel:** 01270 686468

**E-Mail:** [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk) with any apologies

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

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Cheshire East Mental Health Strategy** (Pages 9 - 66)

To scrutinise the activity and performance of the council against the key objectives and aims in the recently published Mental Health Strategy.

7. **Reducing the Parity of Deprivation and other Key Health Issues Across Cheshire East** (Pages 67 - 74)

To consider a report that:

- (1) Details and explains what the 'tartan rug' is and how it is used.
- (2) Explains how the council (with and without partners) is working to reduce health inequalities and disparities across the borough, e.g. varying levels of deprivation.

8. **SEND Local Offer for 16-25 Year Olds** (Pages 75 - 96)

To consider the task and finish group report on the local offer of SEND services for 16-25 year olds in Cheshire East.

9. **Forward Plan** (Pages 97 - 108)

To consider the council's current forward plan.

10. **Work Programme** (Pages 109 - 120)

To review the current work programme.

**Membership:** Councillors S Brookfield, J Clowes, A Critchley, D Edwardes, S Gardiner, M Goldsmith, M Houston, A Moran (Vice-Chairman), D Murphy, J Parry, P Redstone, R Vernon, L Wardlaw (Chairman), J Weatherill, N Wylie and J Saunders

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**  
held on Thursday, 7th November, 2019 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor L Wardlaw (Chairman)  
Councillor A Moran (Vice-Chairman)

Councillors S Brookfield, J Clowes, D Edwardes, S Edgar, M Goldsmith,  
M Houston, D Murphy, P Redstone, R Vernon, J Weatherill and J Saunders

**PORTFOLIO HOLDERS IN ATTENDANCE**

Councillor L Jeuda, Portfolio Holder for Adult Social Care and Health; Deputy  
Leader of the Labour Group  
Councillor J Rhodes, Portfolio Holder for Public Health and Corporate  
Services  
Councillor M Warren, Portfolio Holder for Communities

**OFFICERS IN ATTENDANCE**

Jill Broomhall, Director of Adult Social Care  
Tracey Cole, Interim Director of Commissioning\*\*\*  
Linda Couchman, Acting Strategic Director of Adult Social Care and Health  
Nichola Glover-Edge, Director of Commissioning  
Peter Hartwell, Chief Executive Officer, Everybody Sport and Recreation\*\*  
Roger Jones, Sector Manager for Cheshire, North West Ambulance Service\*  
Mark Palethorpe, Acting Executive Director of People  
Nick Sutcliffe, Consultant Paramedic, North West Ambulance Service\*  
Mark Wheelton, Corporate Commissioning Manager – Leisure\*\*

\* Attended for Minute No. 45 only

\*\* Attended for Minute No. 46 only

\*\*\* Attended for Minute No. 47 only

**40 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Critchley, Gardiner  
(substituted for by Councillor Edgar), Parry and Wylie (substituted for by  
Councillor Saunders).

**41 MINUTES OF THE PREVIOUS MEETING**

**RESOVLED –**

That the minutes of the previous meeting held on 10 October 2019 be approved as a correct record and signed by the Chairman.

**42 DECLARATIONS OF INTEREST**

No declarations of interest were received.

**43 DECLARATION OF PARTY WHIP**

No declarations of a party whip were received.

**44 PUBLIC SPEAKING TIME/OPEN SESSION**

The Chairman invited members of the public present to speak to the committee. Ms Debbie Jamison came forward and spoke to the committee in respect of Minute No. 46 (Everybody Sport and Recreation Annual Report 2018/19).

Ms Jamison, who informed members that she was the resident leading on sports and leisure matters in the Knutsford Neighbourhood Plan, invited the committee to ask the officers representing Everybody Sport and Recreation to present information about its on-site user group meetings, and what consultation was planned to be undertaken on the Five-Town Plan.

**RESOLVED –**

The committee thanked Ms Jamison for her statement.

**45 NORTH WEST AMBULANCE SERVICE (NWAS) PERFORMANCE UPDATE**

Consideration was given to a report submitted by the North West Ambulance Service (NWAS) that provided an overview of the performance of the 999 emergency ambulance service for the Cheshire East locality against national standards.

Members asked questions and put comments in respect of;

- how NWAS had managed the pressure arising from the challenging financial climate, and which service areas had been reduced or affected as a result of this;
- the role and importance of Core Responders during emergency situations; and
- how the slower response times experienced in the more rural areas of the borough could be improved.

**RESOLVED –**

That the update be noted.

**46 EVERYBODY SPORT AND RECREATION ANNUAL REPORT 2018/19**

The committee considered the annual performance report of Everybody Sport and Recreation (ESAR) for 2018/19, which provided details of its strategic and financial aims, and overall performance, from the previous municipal year.

In response to Ms Jamison's statement during Minute No. 44, the committee were advised of how, when and with whom ESAR would consult on its current and future work.

The committee put further questions and comments in relation to;

- how more people could be encouraged and motivated to uptake outdoor exercise;
- how information and data on levels of deprivation in the borough supports and informs the work and strategies of ESAR;
- how ESAR supports and encourages those on lower incomes to access its services;
- how many of the borough's cared-for children take up and engage in ESAR services; and
- how many sites have 'green gym' equipment and trim trails.

**RESOLVED –**

- 1 That the annual report be noted.
- 2 That further information be provided to the committee in response to its comments and questions on the take-up of services by cared-for children, and which sites have 'green gym' equipment.

**47 PRE-BUDGET 2020/21 CONSULTATION**

The committee considered the proposals within the Pre-Budget 2020/21 Consultation relating to its remit, with a view to providing its feedback and comments to the Corporate Overview and Scrutiny Committee meeting on 9 January 2020.

Members asked questions and put comments in respect of;

- the need to provide more background information on the costings and rationale of the Care4CE (item 35) budget proposal;
- concern that funding for the 0-19 Healthy Child Programme should not be reduced and that frontline provision should be increased to support the early intervention and prevention work that could benefit the wider connected services; and

- that the overall direction of how funding was planned to be reduced in certain service areas – proposal nos. 34, 37 and 41 were specifically referenced – may not benefit the overall public health picture in Cheshire East.

The committee also expressed concern regarding proposal no. 58 (Community Budgets funded from New Homes Bonus) and commented that this proposal would impact on the plans and proposals being presently produced by local businesses and town and parish councils across Cheshire East.

**RESOLVED –**

- 1 That the comments and feedback raised by the committee be collated alongside those of the other overview and scrutiny committees, to be presented to Corporate Overview and Scrutiny Committee on 9 January 2020.
- 2 That the council inform local town and parish councils about proposal no. 58 (Community Budgets funded from New Homes Bonus) as soon as possible, to ensure that they are made aware of the potential implications of this in 2020/21.

**48 RECOMMISSIONING OF ASSISTIVE TECHNOLOGY**

Consideration was given to an update report on the progress of the new contract for the assistive technology service.

Members asked questions and put comments in relation to;

- whether the same provision for over-85s applied with the new commission; and
- how many users had been surveyed and how many had responded to the survey.

**RESOLVED –**

- 1 That the update be noted.
- 2 That a written response be provided outside of the meeting to the question asking how many users were surveyed and how many had responded to the survey.

Councillors Clowes and Edgar left the meeting.

**49 FORWARD PLAN**

Consideration was given to the council's forward plan of key decisions through to 31 January 2020.

**RESOLVED –**

That the forward plan be noted.

**50 WORK PROGRAMME**

The committee reviewed its work programme and noted the upcoming items scheduled to be presented at its next meeting on 5 December 2019.

**RESOLVED –**

That the work programme be noted.

The meeting commenced at 10.00 am and concluded at 12.31 pm

Councillor L Wardlaw (Chairman)

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## BRIEFING REPORT

### Health and Adult Social Care and Communities Overview and Scrutiny Committee

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**Date of Meeting:** 05 December 2019

**Report Title:** Cheshire East All Age Mental Health Strategy – Overview and Current Performance (Implementation Report)

**Portfolio Holder:** Cllr Dorothy Flude – Children and Families, Cllr Laura Jeuda – Adult Social Care and Health

**Author:** Mark Hughes – Senior Commissioning Manager

**Senior Officer:** Mark Palethorpe – Acting Executive Director People

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#### 1. Background

- 1.1 The Cheshire East [All Age Mental Health Strategy 2019-2022 \(PDF, 5MB\)](#) was published in August 2019. This is our strategy for people with a functional mental health condition. A functional mental health condition is one with a predominantly psychological cause and includes conditions such as depression, schizophrenia, mood disorders and anxiety (A separate strategy for Dementia is being developed currently in Cheshire East).
- 1.2 The strategy is firmly aligned to Cheshire East Council's Corporate Plan which aims to create sustainable growth in the local economy that will support the health and economic wellbeing of the residents of Cheshire East. The strategy is also aligned to the NHS five evidence-based steps to improve our mental wellbeing, the Five Year Forward View and the principles of the Mental Health Act.

- 1.3 The strategy was produced with the support of a number of stakeholders including NHS partners, community and voluntary organisations and the police. There has also been engagement with individuals who have used health and social care services. This ensures that the strategy is relevant and focuses on the things that are important to residents in Cheshire East.
- 1.4 The strategy has been endorsed as joint strategy by Peoples Directorate Management Team on 14 May 2019 and also by NHS Eastern Cheshire CCG Governing Body on 24 April 2019 and NHS South Cheshire CGG on 2 May 2019.
- 1.5 It was agreed that a Strategy Implementation Report (Appendix 1) was to be developed and progress updates would be presented to the Council and CCG's within 6 months. Commissioners from the Council and CCGs have also been involved in the scoping and development of a Cheshire East Mental Health Partnership Board to review progress against the priorities and actions within the strategy. This board will also report to the Cheshire East Health and Wellbeing Board.

## **2. Briefing Information**

- 2.1. The strategy proposes a whole system approach to improve the mental health and wellbeing of individuals and their families and is supported by integrated health and social care services, resilient communities, inclusive employers and services that maximise independence and choice.
- 2.2. Nine priority areas for delivery are highlighted in the strategy and have been chosen by looking at our own mental health support and by engaging with a range of partners as part of a co-production approach.
- 2.3. The priorities are as follows;
  - Transition from Childhood to Adulthood
  - Cared for children and care leavers
  - Employment
  - Personality disorder
  - Crisis care
  - Building sustainable communities
  - Justice and mental health,
  - Commissioning more effective services
  - Mental health law reform
- 2.4. In order to provide an update on the progress against the key priorities identified in the strategy an Implementation Report has been jointly produced with input and contributions from partner organisations from across Cheshire

East including officers from Cheshire East Council, Clinical Commissioning Groups and Cheshire and Wirral Partnership (see Appendix 1). The report will identify progress against implementation actions; identify any barriers and challenges and areas where additional input is required. This report will be updated on a quarterly basis and be used to provide updates to the Council (Overview and Scrutiny), CCGs, the Mental Health Partnership Board and the Health and Wellbeing Board.

### **3. Implications**

#### **3.1. Legal Implications**

- 3.1.1. There are no direct legal implications arising from the strategy but Cheshire East Council Legal Services have been consulted regarding the strategy development and will support in relation to any specific legal issues that arise in the future.
- 3.1.2. If in the course of implementing the strategy it is proposed to procure goods or services (solely or jointly with others), those procurements should be carried out in accordance with the Public Contract Regulations 2015 and (where the Council is leading on the procurement) in accordance with the Council's own Contract Procedure Rules.

#### **3.2. Financial Implications**

- 3.2.1. There are no financial implications for the MTFS from this briefing paper.
- 3.2.2. The All Age Mental Health Strategy aims to encourage system wide work in order to improve outcomes for people with mental health conditions in the Cheshire East area.

#### **3.3. Human Resources Implications**

- 3.3.1. There are no human resources implications associated with this report.

### **4. Contact Details**

Officer: Nichola Glover-Edge  
Title: Director of Commissioning  
Contact: [Nichola.glover-edge@cheshireeast.gov.uk](mailto:Nichola.glover-edge@cheshireeast.gov.uk)

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### Cheshire East Mental Health Strategy Implementation Report 2019-2022 (October 2019)

Priority	Aims and Objectives	Implementation Actions	Update (including barriers, challenges and additional work required)
1 Transition from Childhood to adulthood	<ul style="list-style-type: none"> <li>- Improve the process and planning for individuals undergoing many changes by ensuring the care and support they receive continues to meet their mental health support needs.</li> <li>- Ensure a seamless transition for children entering adulthood and will encourage independence from an early age so that individuals do not become over dependent on services.</li> </ul>	<ul style="list-style-type: none"> <li>- Commission a single pathway combining Emotionally Healthy Schools and Children and Young People's Early Help services.</li> <li>- Refresh Children and Young People's Mental Health JSNA and include a section on transition from children's to adult's mental health service.</li> <li>- Continue to develop the Ignition Panel for Care Leavers to be expanded for those with special educational needs, including those with mental health difficulties</li> </ul>	<ul style="list-style-type: none"> <li>- An Early Intervention pathway has been developed by the Emotionally Healthy CYP team in conjunction with schools and Early Help services. Cross sector events have been held which brought together the Emotionally Healthy CYP provider, voluntary sector, LA and health partners to ensure a shared understanding and vision around the pathway and the wider services available to children and families.</li> <li>- A referral pathway from the Early Intervention Team and CAMHS 16-19 service to the mental health social care teams has been agreed. Social workers will attend the MDTs regularly to discuss cases and where appropriate take new referrals. Also referrals for care coordination will be discussed at the Community Mental Health Team meetings. Mental health social workers in adult services will work alongside the transition workers to ensure an improved service.</li> <li>- CAMHS will also be re-structured to become a 0 – 19 service rather than the current 0 -16 and 16 – 19 structure. This will be a positive for supporting an effective long term transition.</li> <li>- Further work is being completed on changing and redesigning the children's electronic recording system to ensure information regarding Mental Health Act assessments is captured.</li> <li>- SEND Ignition gathered momentum in October when a train the trainer workshop was held in order to speed up and sustain the approach to person centred preparing for adulthood informing commissioning.</li> <li>- A workshop is to be held on 2<sup>nd</sup> December to start again with a new Multi-Agency Preparing for Adulthood Strategy. All appropriate agencies and parent / carers and young people will attend to develop the strategy and the session will be facilitated</li> </ul>

			<p>by NDTI.</p> <p>- The new Axis Academy (Special Free School for Social Emotional and Mental Health – with a focus on mental health) will open in September / October 2020. Key milestones have been achieved for the project and the design of the school will facilitate multi-agency co-location and outreach</p>
2 Cared for Children and Care Leavers	<p>- Ensure adequate support, services and information is made available for cared for children and those leaving care.</p>	<p>- Recommissioning of accommodation and service provision to meet the needs of care leavers across the borough.</p> <p>- Refresh of JSNA for Cared for Children to include a section on mental health and cared for children/ care leavers will be included.</p>	<p>- Recommissioning of accommodation and support for care leavers has been agreed by Cabinet. Market Engagement has been undertaken with the provider market and young people and a tender will be going live in early 2020. The mobilisation of the commission of four new Children's Homes has slowed a little in Q3 due to capacity of Ofsted to complete the registration process for each home. The Children's Homes will form an integral part of Bespoke (a Care Hub approach to enhance the wrap around support offer for children on the edge of care, in care and leaving care). Bespoke will include wider health services i.e. CAMHS, SALT and OT.</p>
3 Employment	<p>- Improve the chances for those with mental health conditions to gain, re-enter or retain appropriate employment.</p> <p>-Reduce the number of working age people are out of work with a mental health condition.</p>	<p>- Implement the Proof of Concept Project to enable customers who are Care Act eligible to access paid work or voluntary opportunities.</p> <p>- Improve provision for individuals wanting support into voluntary work or paid work of less than 16 hours a week</p> <p>- Cheshire East Council to implement the Time to Change pledge to support the mental health and wellbeing of all staff.</p>	<p>- Proof of concept project has focused on LD referrals with Support Plans. To date, there have been no referrals for people with complex Mental Health issues. However, this will look to be addressed when the European Social Fund Journey First project is due to come on line on 20 January 2020 and one of the main target groups are people with mental health conditions looking for work. This could be for less than 16 hours per week employment. For people in work but at risk of losing their job due to an emerging mental health condition, there is now a new Access to Work funded provision to support retention (please refer to the bottom of this Cheshire East Council web page) :<a href="https://www.cheshireeast.gov.uk/jobs_and_careers/supported_employment/welfare-to-work-partnership.aspx">https://www.cheshireeast.gov.uk/jobs_and_careers/supported_employment/welfare-to-work-partnership.aspx</a></p> <p>- Supported Internships are also available to young people with mental health needs as long as they have an Education, Health and Care Plan.</p>

			<p>- Time to Change now has a steering group and action plan in place. Council now have 36 Time to Change Ambassadors across the Council working to breakdown the stigma of Mental Health. Activities include attending team meetings, open sessions, and articles in Team Voice.</p>
4 Personality Disorder	<p>- Improve access to services and psychological therapies for those with a Personality Disorder to ensure adequate and appropriate support</p>	<p>- Work is underway with the Cheshire and Merseyside Mental Health Programme Board and Health and Care Services to develop a strategy on working with people with personality disorder to improve outcomes through access to the right support at the right time.</p>	<p>- A project group is actively working across the Cheshire and Merseyside footprint to design a new care model for - Borderline Personality Disorder (BPD) to propose to the wider system.</p> <p>- By the end of 2019 the project group will have a drafted new care model for BPD. Wider engagement and consultation of the proposed model is planned for early 2020.</p> <p>Some of the models key principles include:</p> <ul style="list-style-type: none"> <li>- Person centred care based on individual need</li> <li>- Provide care closer to home</li> <li>- To eliminate out of area placements for people with PD enabling people to remain close to friends and family</li> <li>- Reduce length of stay in hospital if someone requires admission. We will actively support transition to community based services.</li> <li>- To build resilience and awareness in the wider health and care system enabling professionals to understand signs and symptoms of BPD and where to signpost to.</li> </ul>
5 Crisis Care	<p>- Improve the range of support options 24/7 for those in a mental health crisis, in order to prevent an individual's situation worsening.</p> <p>- Implement the Crisis Care Concordat to ensure the needs of those in crisis are met and they receive appropriate support in an</p>	<p>- Expand the Home Treatment Teams to provide 24/7 crisis care in the community to prevent attendance at A&amp;E and admission to hospital.</p> <p>- Integrated working between Social Workers and other CWP services including the Early Intervention Team, CAMHS 16 19 teams, to work collaboratively on cases around crisis, for transition and those placed out of area.</p>	<p>- In terms of 24 hour crisis services, there are now 5 short stay community beds operational to enable hospital avoidance and provide a place of safety. CWP is supporting families, carers and patients with travel (beds are 2 in Congleton, 2 in Macclesfield, 1 in Crewe). There have been challenges around acquiring suitable properties in Crewe and another bed planned to come on line in this area during January 2020.</p> <p>- The Crisis Café at St Anne Street, Chester has now had funding agreed, renovations are just taking place and this will open in January 2020 for anyone experiencing a mental health crisis. The service will be open 7 days a week (8am - 12 midnight TBC). The</p>

	appropriate setting.		<p>resource will be staffed by professional NHS staff and people who have personal experience of mental health challenges. This is accessible for residents of Cheshire East but there could be challenges and barriers posed by the distance and transportation for those living in Cheshire East.</p> <ul style="list-style-type: none"> <li>- Plans are in place at regional level for an extension of the 111 service to support callers who are experiencing a mental health crisis to receive urgent medical advice without necessarily having to go to A&amp;E for help.</li> <li>- New social work operating model now introduced into the Community Mental Health Teams. Social care staff is now able to work across Cheshire and Wirral Partnership community services, such as Early Intervention and CAMHs Teams</li> </ul>
6 Building Sustainable Communities	<p>The communities within which we live constitute a fundamental building block to good mental health and are the starting point for any mental health strategy. Cheshire East Council has a lead role in shaping and developing place, connecting communities; planning sustainable places to live which are free from crime and encourage access to green spaces; supporting schools and colleges; promoting public health and working with mental health service users and carers to tackle stigma and</p>	<ul style="list-style-type: none"> <li>- Develop an All Age Cheshire East Mental Health Partnership Board to promote partnership working, engage with communities and tackle stigma associated with mental health and monitor the implementation of the strategy.</li> <li>- Recommissioning of Advocacy services including Independent Mental Health Advocacy and Independent Mental Capacity Advocacy.</li> </ul>	<ul style="list-style-type: none"> <li>- Scoping meetings for the establishment of a Cheshire East Mental Health Partnership Board were held in August and September and Draft TOR and membership agreed. We have had extensive commitment so far from the Council, CCG (including GP's), Police, Third Sector, carers and those with lived experience (young people and adults). The Mental Health Partnership Board will meet for first time on 11 December 2019.</li> <li>- It is the Council's intention to extend the current Advocacy contract which covers Cheshire until May 2021. Recommissioning of a new service will take place in 20/21.</li> <li>-</li> </ul>



	discrimination.		
7 Justice and Mental Health	<ul style="list-style-type: none"> <li>- Work in partnership to improve their outcomes of those with mental health that come into contact with the criminal justice system.</li> <li>- Reduce the number of people who are detained as a result of undiagnosed and untreated mental health issues and also support continuity of care after release.</li> </ul>	<ul style="list-style-type: none"> <li>- Publication of Operational Guidance between Health and Social Care.</li> <li>- Map current health and justice liaison Clinical Commissioning and diversion provision and respond imminent tender opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>- Social workers and Approved Mental Health Practitioners (AMHPs) are working alongside health colleagues in the mental health criminal justice and forensic services. AMHPs undertake the role of social supervisor for patients who are subject to the special restrictions (restricted patients) set out in section 41 of the Mental Health Act 1983 (the Act) and who have been conditionally discharged from hospital by either the Secretary of State under S.42 (2) or by the First tier Tribunal - Mental Health under S.73 (2) of the Act those subject to home office conditions.</li> <li>- Cheshire East Head of Service/Locality Manager for mental health have been attending Multi-agency public protection arrangements (MAPPA) meetings which assess and manage the risks posed by sexual and violent offenders: guidance for the police, prison service and probation trusts.</li> </ul>
8 Commissioning More Effective Services	<ul style="list-style-type: none"> <li>- Develop a more vibrant and responsive market of providers to deliver more choice and control to service users</li> <li>- Develop provision which is flexible, person centred support which promotes independence, recovery and access to universal services.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to engage and develop the mental health provider market through the Complex Care Framework including the provision of community accommodation to meet the needs of individuals with mental health conditions.</li> <li>- Commissioning of integrated services as part of the Adult Mental Health Service Redesign.</li> </ul>	<ul style="list-style-type: none"> <li>- Complex Care Framework has now completed its 4<sup>th</sup> bidding round. 73 Providers are now accredited to provide services in Cheshire East (40 of which support people with Mental Health). We still have challenges regarding the availability of suitable supported accommodation in some parts of Cheshire East (especially the North and rural areas). Commissioners are engaging with the market to encourage further development within the borough.</li> <li>- Mental Health Floating Support Service has been recommissioned. New service goes live on 1/12/19. Service will provide short term support to help individuals to remain independent, develop new skills, and manage benefits and access community networks.</li> <li>- New Adult MH Service Redesign provision will be operational by 9 December 2019. Silk Ward (Macclesfield District Hospital) will provide specialist inpatient treatment and assessment for 15 people with dementia. Mulberry Ward will provide mental health inpatient facilities in a 26-bed mixed gender spacious modern</li> </ul>

			<p>ward on one level and will feature an open garden, courtyard, gym facilities and all en-suite bedrooms.</p> <ul style="list-style-type: none"> <li>- The CCGs are developing an outcomes based system model which supports people to receive services based on need rather than diagnosis. This will constitute of a review of service thresholds and current pathways.</li> <li>- CCGs are looking to roll out the All Age Wellbeing Hub model across Cheshire (this is already in place in South Cheshire and Vale Royal CCGs) in order to support early detection, better management and improved treatment outcomes of patients presenting to primary care in order that their physical and mental health can be treated together. This will contribute to improving local community support networks with a range of other providers, including social care.</li> </ul>
9 Mental Health Law Reform	The council will work with the Association of Directors of Adult Social Services to support the review of the Mental Health Act 1983 and the Mental Capacity Act 2005.	- Contribute to the Government review of the Mental Health Act 1983 and the Mental Capacity Act 2005 by actively engaging with the Government via the Association of Directors of Adult Social Services (ADASS).	<ul style="list-style-type: none"> <li>- Cheshire East Council has contributed to the final report of the All Party Parliamentary Group: Social Work and a new Mental Health Act.</li> <li>- The council continues to lead the North ADASS Mental Health group and attends the National ADASS Mental Health group.</li> <li>- Further developments in the legislation have been delayed and will now await the formation of a new government.</li> </ul>

# Cheshire East *All Age Mental Health Strategy* 2019-2022



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# Introduction

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**Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.**

This is a mental health strategy for the borough of Cheshire East, for people of all ages with a functional mental health condition. A functional mental health condition is one with a predominantly psychological cause and includes conditions such as depression, schizophrenia, mood disorders and anxiety. Whilst this strategy will have occasional references to clinical conditions, its purpose is to promote a social model of mental health intervention which contributes to and supports the strategic intention of key health partners who are responsible for providing clinical services, most notably Cheshire and Wirral NHS Partnership Foundation Trust (CWP).

We propose a whole system approach to improve the mental health and wellbeing of individuals and their families, supported by integrated health and social care services, resilient communities, inclusive employers and services that maximise independence and choice.

We appreciate that in order for the strategy to be a success and truly embedded into our practices, we must work with our partners collaboratively and ensure the work we do is integrated with our local health colleagues including both local Clinical Commissioning Groups (NHS Eastern Cheshire CCG and NHS South Cheshire CCG), education and neighbouring authorities.

This Mental Health Strategy is firmly aligned to Cheshire East Council's Corporate Plan which aims to create sustainable growth in the local economy that will support the health and economic wellbeing of the residents of Cheshire East. Within the Corporate Plan there are five focused outcomes which all have relevance to mental health which we have linked to the NHS five evidence-based steps we can all take to improve our mental wellbeing.



Corporate Plan Outcome	NHS Evidence Based Steps to Wellbeing
<p><b>Education:</b> supporting residents early to provide a great start in life.</p> <p>For Mental Health this means working with educational establishments to support the mental and physical well-being of students. Education is not just about formal study but supports people to learn essential life skills, develop resilience and create meaningful, positive relationships with others.</p>	<p><b>Keep learning:</b></p> <p>Learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike? Find out more in Learn for mental wellbeing. <a href="#">Learn for mental wellbeing.</a></p>
<p><b>Environment:</b> Protecting and enhancing the quality of place in the borough.</p> <p>For Mental Health this means creating safe communities, encouraging active lifestyles and ensuring access to green and pleasant spaces for people to relax and enjoy. Being out of doors is known to reduce stress, improve mood and enhance physical health.</p>	<p><b>Be mindful:</b></p> <p>Be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about yourself. Be for mindful for mental wellbeing <a href="#">Be for mindful for mental wellbeing</a></p>
<p><b>Health:</b> we are committed to supporting the most vulnerable residents, whilst enabling others to support themselves and lead a prosperous and healthy lifestyle</p> <p>For Mental Health this means ensuring that we work with partners to intervene early to prevent the onset of mental ill health and to support those people with already established mental ill health to maximise their autonomy and independence</p>	<p><b>Be Active:</b></p> <p>You don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life. Learn more in Get active for mental wellbeing. <a href="#">Get active for mental wellbeing.</a></p>
<p><b>Communities:</b> we will enable and empower individuals and communities to thrive independently in a supportive environment; working together, engaging and collaborating with partners, with the voluntary sector, with business, and most importantly with residents themselves.</p> <p>For Mental Health this means supporting individuals to be resilient, connected and confident in their local communities.</p>	<p><b>Connect:</b></p> <p>Connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships. Learn more in Connect for mental wellbeing. Learn more in: <a href="#">Connect for mental wellbeing.</a></p> <p><b>Give to others:</b></p> <p>Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks. Learn more in Give for mental wellbeing. <a href="#">Give for mental wellbeing.</a></p>
<p><b>Economy:</b> we are committed to ensuring that the growing economic prosperity of this area creates opportunities for everyone who lives here.</p> <p>For Mental Health this means creating opportunities for people with mental health problems to enter/re-enter the employment market and to support the 1 in 3 employees who will experience a mental health problem in any one year.</p>	<p><b>Keep learning:</b></p> <p>Learning new skills can give you a sense of achievement and a new confidence. This could in turn lead to employment, voluntary opportunities. Find out more in Learn for mental wellbeing. <a href="#">Learn for mental wellbeing.</a></p>

These outcomes are underpinned by a sixth outcome based on a responsible efficient way of working.

For Mental Health this means ensuring that our strategy has the best fit possible to delivering with partners, a mental health service which is safe, sound and effective.

The strategy has been produced with the support of a number of stakeholders including NHS partners, community and voluntary organisations and the police. There has also been engagement with individuals who have used mental health services. This ensures that the strategy is relevant and focuses on the things that are important to residents in Cheshire East.

This strategy also ties in with a number of other council strategies including the commissioning plan, housing strategy and the Cheshire and Merseyside suicide prevention strategy. Ensuring that children and young people experience good emotional and mental health and wellbeing is also a priority outcome within Cheshire East's Children and Young People's Plan. This is to reduce duplication of work and to ensure that services are joined up and that those using services are able to access support in a timely and effective manner.

We welcome feedback on the strategy to ensure that we are adapting to changing needs across the borough and are responding to issues appropriately and effectively.





# Executive Summary

## Our Vision

Our vision for the Mental Health Strategy is where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. We aim to create a system that reaches people before they reach crisis, providing parity of esteem between mental and physical health. We will do this by working in collaboration with health and community groups to ensure that those in need receive the right support at the right time. We will work with those using services to ensure their needs are met and that appropriate support is available to all.

## Why Mental Health?

The majority of mental health problems are preventable and almost all are treatable therefore people can either fully recover or manage their conditions successfully in the main and live as healthy, happy and productive lives as possible. There is drive to ensure people get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. We recognise we do work with people who also have long-term conditions where we aim for them to have a care and support plan with a focus on achieving the maximum possible independence (as is realistic and possible for their individual circumstances).

Challenges of mental health can affect everyone, it is likely that every one of us has experienced mental health issues or knows someone who has. 1 in 4 adults experience at least one diagnosable mental health problem in any given year. Mental health is the single largest cause of disability in the UK costing the economy an estimated £105 billion a year. The rate of mental health problems in children is 1 in 10, with 50% of all mental health problems established by the age of 14 and 75% by the age of 24 [1]. Despite these figures approximately only 25% of people with a mental

health problem receive ongoing treatment [2]. Those with mental health issues have disproportionately higher rates of mortality than those without and with the number of people with mental disorders estimated to grow by 15% by the year 2020 [3] mental health should be a key priority across all health and social care sectors.

## Our Mission

Our mission is to provide the strategic framework for assessing and improving mental health services across Cheshire East. Community involvement will ensure the voices of those using services are heard to ensure we are providing appropriate and effective care in a timely manner. Integrated working across organisations will improve services by making access easier so that no one in need is left behind. The information from organisations and the public will then inform how and what we commission in future to ensure we are meeting the needs of our local population.

## Our Principles

### Co-produced

This strategy has been developed with and influenced by local people and communities. Involving those who currently, or might in the future, use mental health services in Cheshire East will help us to choose which services to provide and inform how existing services can be improved..

### Local

Making connections locally can help those in need access groups and services to allow them to be happy and healthy in their own community ensuring we support a shift towards a greater focus on prevention, mental wellbeing and personal resilience. We will aim to provide care as close to home as possible to allow individuals to maintain their lifestyle and relationships.



### Outcomes Focused

We are determined to tackle the issues causing poor mental health and will monitor and review the impact of this strategy and the services in the area to ensure we continue to provide the right support for our communities.

### Partnerships

We will work in partnership with healthcare, community services and other organisations across Cheshire to close the gaps in service provision so people with all needs are supported (the strategy provides some examples of how this is working currently and how this will be achieved in the future). This partnership approach will also help to avoid overlap in systems and avoid those using services having to repeat their story.

### Strengths Based & Person Centred

We will focus on the person, ensuring they have a say in how, when and where they receive their care and are always fully informed. We will look at what an individual can do rather than what they cannot do to ensure we are positively working to improve individual's mental health and assist them to get to a place where they are empowered to manage their care independently.

#### What does good mental healthcare look like:

*'A holistic approach... person centred and focused on the empowerment of the individual'*  
Service User, 25+

### Our Priorities

These priorities have been chosen by looking at our own mental health support and by engaging with a range of stakeholders including Clinical Commissioning Groups (CCGs), NHS trusts, the voluntary sector and those who use mental health services across Cheshire East and their families/ carers.

#### Transition from childhood to adulthood

This is a difficult time for individuals, undergoing many changes including the care and support they may receive. Mental health care is different for children and adults and so it is important to bridge this gap so people continue to get the support they need.

#### Cared for children and care leavers

Individuals who have been in care are 4 times more likely than their peers to have a mental health difficulty [5]. When leaving care an individual has a lot to think about and may be unsure of what to do. This links in with transition and so it is important that care leavers are helped with their mental health as well as other needs.

#### Employment

People in Great Britain who are unemployed are 4 to 10 times more likely to develop anxiety and depression [6]. Helping those with mental health issues gain and retain employment provides benefits for the individual and also to the economy.





### Personality Disorder

Individuals with a personality disorder have had limited support from mental health services in the past and so it is important to provide those with personality disorder adequate and appropriate support [7].

### Crisis Care

Adequate and accessible mental health care out of hours is crucial if we are to achieve parity of esteem between physical and mental health. For physical health you can go to A&E at any time but for mental health there is not always appropriate care available at all times of the day and night. This is needed, especially for those in crisis, in order to prevent an individual's situation worsening.

### Building Sustainable Communities

The communities within which we live constitute a fundamental building block to good mental health and is the starting point for any mental health strategy. Cheshire East Council has a lead role in shaping and developing place, connecting communities; planning sustainable places to live which are free from crime and encourage access to green spaces; supporting schools and colleges; promoting public health and working with mental health service users and carers to tackle stigma and discrimination.

### What does good mental healthcare look like:

*'Speaking to people that won't judge you'*  
Service User, 0-16

### Justice and Mental Health

There are health and social inequalities resulting in a gap between those in the criminal justice system and the rest of the population. Our organisations will continue to work together to improve their outcomes and we intend to map out provision across the borough. We support a reduction in the number of people who are detained as a result of undiagnosed and untreated mental health issues and also support continuity of care after release.

### Commissioning More Effective Services

We aim to develop a more vibrant and responsive market of providers to deliver more choice and control to service users through the provision of more flexible, person centred support which promotes independence, recovery and access to universal services.

There will be an integrated approach to commissioning services across all ages with a focus on preventing inappropriate admissions to hospital or residential care. We will also commission timely, responsive and proactive services for people in a crisis to avoid mental health conditions escalating.

### Mental Health Law reform

The council will work with the Association of Directors of Adult Social Services to support the review of the Mental Health Act 1983 and the Mental Capacity Act 2005.



# Where Are We Now?

Historically mental health has been marginalised from mainstream health and welfare systems contributing to the stigma of mental illness. This has improved in recent years with an increased focus from a wide variety of organisations. We will look at the current state of mental health services to identify where we need to be.

## National Context

This strategy is being published at a period of change within mental health. The Five Year Forward View (FYFV) for mental health was published in 2016 and so the end period for both the FYFV and this strategy will be 2021 at which point they can be reviewed.

These documents and policies are needed to address the gaps in mental health provision and to align the standard with that of physical care. As mentioned earlier, children are not receiving adequate care early enough; this could be broadened to include those of all ages. This is an issue because mental ill health and its associated problems can reduce life expectancy in sufferers by 15-20 years [8].

Timely and effective treatment is important to tackling the issue; care given at an early enough age prevents further ill health. However, waiting times for first appointments and follow-ups are lengthy and services are under pressure. As a result individual's needs often escalate and they can experience a crisis which results in poor outcomes for the individual and a higher cost of care [9].

People with a mental illness face considerable social disadvantage including a higher unemployment rate and higher poverty risks. It is important to provide adequate funding to mental health treatment not only to ensure that patients have access to effective health and social care but also because mental health, if untreated or ineffectively treated, can cause considerable financial burden not only to health and social care, but the wider economy in terms of lost productivity not only from suffers of mental illness but their carers as well.

## General mental health trends nationally: [10]

- There is an increase in the number of people with mental illness.
- Funding for mental health is falling.
- Increase in patient\* suicides but a decrease in suicides of inpatients. Suicides are generally increasing in men but decreasing in women.
- The number of those accessing mental health services is increasing.
- Increase in the use of the Mental Health Act but a decrease in time spent as an inpatient.
- Increase in admissions for those with substance misuse and mental health problems [11].

\*Individual had been in contact with mental health services in the 12 months prior to their death.

## National Strategies

### The Five Year Forward View

*“The NHS needs a far more proactive and preventative approach to reduce the long-term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services.” [12]*

This strategy is aligned with the main aim of the FYFV in that it is looking to identify earlier the needs of individuals suffering with mental ill health and reduce the impact by working with other organisations to align services and prevent individuals having multiple routes to treatment.

### The Mental Health Act

The five overarching principles of the Act are: [13]

1. Treatment is the least restrictive option and maximises independence
2. Empowerment and involvement
3. Respect and dignity
4. Purpose and effectiveness
5. Efficiency and equity



The principles of this strategy are aligned with the above principles through our emphasis on co-production with service users, integration with other organisations and a person-focused approach to care.

### No Health without Mental Health

The 6 main objectives of this document are: [14]

1. More people will have good mental health .....
2. More people with mental health problems will recover .....
3. More people with mental health problems will have good physical health .....
4. More people will have a positive experience of care and support .....
5. Fewer people will suffer avoidable harm .....
6. Fewer people will experience stigma and discrimination .....

This strategy looks to these outcomes as a guideline for measuring the success of what it sets out to implement.

### Transforming children and young people's mental health provision: A green paper (December 2017)

Areas already being acted upon or highlighted for future action include new waiting times, specialist services, crisis care, working in partnership, children in need, support in schools, transition and support in the workplace. [15]

This mental health strategy fits with this recent green paper as all of our priorities have been highlighted in this green paper as key areas of focus nationally as has the need for partnership working which is focused on heavily in this mental health strategy.

### The NHS Long Term Plan (January 2019)

This strategy also aligns itself to the aims of the recently published NHS Long Term Plan and the development of Integrated Care Systems. The four Cheshire CCGs are working in partnership with the three local (Cheshire) acute hospital trusts, Cheshire and Wirral Partnership NHS Foundation Trust, GP



Federations, the two local authorities in Cheshire and other key stakeholders in developing integrated care partnerships (ICPs) to cover the geographic place of either Cheshire East Council or Cheshire West and Chester Council.

The ICPs brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care, consistent with what is required locally.

## Local Need

There are an estimated 378,800 people living in Cheshire East, with approximately 75,800 children under the age of 18 and 303,000 adults [16].

Cheshire East Council has a Joint Strategic Needs Assessment (JSNA) for children and young people's mental health and has a number for adult's mental health including mental health and employment and LGBT+ mental health. These documents provide information on the prevalence of mental health across Cheshire and the needs of those with mental ill health.

- In 2015 there were an estimated 12,500 individuals aged 0-24 with a mental disorder in Cheshire East [17].
- As of the 8th June 2018 there were 586 individuals using services with Cheshire East Council whose primary support need was mental health [18].
- There are an estimated 50,500 adults aged 25 or over with common mental health disorders such as anxiety or depression in Cheshire East. These people are more likely to use community services and to discuss their mental health with a general practitioner.
- Between 5,500 to 6,000 adults are estimated to be living with a severe mental illness such as schizophrenia, bipolar disorder, psychotic depression and other less common psychotic disorders [19].

- There are also an estimated 4,300 adults with an Eating Disorder [20].
- In January 2016 there were 3,185 adults (aged 19-64) registered with secondary mental health services in Cheshire East.

In Cheshire East there are approximately 1,410 people per 100,000 of the population accessing secondary mental health services, this is lower than the England average for adults which is 1,672 per 100,000 [21].

Whilst mental health can affect anyone anywhere, in Cheshire East there appears to be a higher prevalence in Crewe and Macclesfield [22].

## System challenges

- The landscape of Cheshire is complex with 2 Local Authorities, 4 Clinical Commissioning Groups, and 1 NHS Mental Health Trust covering Cheshire and Wirral. This landscape is not without challenge to service provision.
- The 4 CCGs coming together as one will bring the potential to reduce the variability of services across Cheshire.
- The geographic landscape of rural and urban in Cheshire East can make it difficult for individuals to access services.
- There is a lack of out of hours, 24/7 mental health crisis care for children and adults with the main route for this treatment being Accident and Emergency (A&E).
- The clear distinction between children and adult mental health services can cause issues when a child is in transition. This could lead to the individual dropping out of services and not returning until older and potentially in a worse condition.

Mental Health is usually part of a wider set of challenging issues including housing, employment and poverty.

# If Cheshire East were a village of 100 people

There would be 27 children and young people under the age of 25  
and 73 adults over the age of 25

**14 adults**

would have a common mental  
disorder (e.g. depression/anxiety)

**2 adults**

would suffer from severe mental  
health issues (e.g. bipolar,  
schizophrenia or psychosis)

**3 children and  
young people**

would have mental health issues

**1 adult**

would have an eating disorder





# What the local community wants

## Co-production

This strategy and the priorities have been written through co-production. This means that individuals that use mental health services, as well as their families and carers, were given the opportunity to voice their opinions and experiences of mental health care in Cheshire East. This co-production was undertaken through a number of focus groups, the distribution of a survey and an online consultation.

Through this engagement a picture of what good mental health care looks like has been built. The key themes for this were quick access to services with no waiting lists, clear and easily accessible information on the services that are available and support out of hours and when in crisis. It is also clear from the feedback that individuals believe that good mental health care needs to be person-centred and holistic focusing on the individual needs of each person and looking at the wider impact their mental health has. From younger individuals who use services having non-judgemental, friendly staff is a key part of good mental health care and they also believe good care should include support in schools.

The most common issue identified by those who use services was waiting times; many had themselves experienced a long wait for support or knew someone who had. Many were also of the opinion

that more services were needed and of a wider variety, the services then need to be better advertised as many individuals felt that they did not know what was out there or where to go for help.

Younger individuals who provided feedback believed that schools needed to do more to help with mental health and teachers should therefore be better trained. Overall, those who have used services believe them to be of good quality and helpful for their mental health and wellbeing but that it is a struggle to get into the system. There was a general consensus that the priorities within this strategy are important and need addressing with many individuals picking up on the same areas within their feedback.

## Continuing engagement

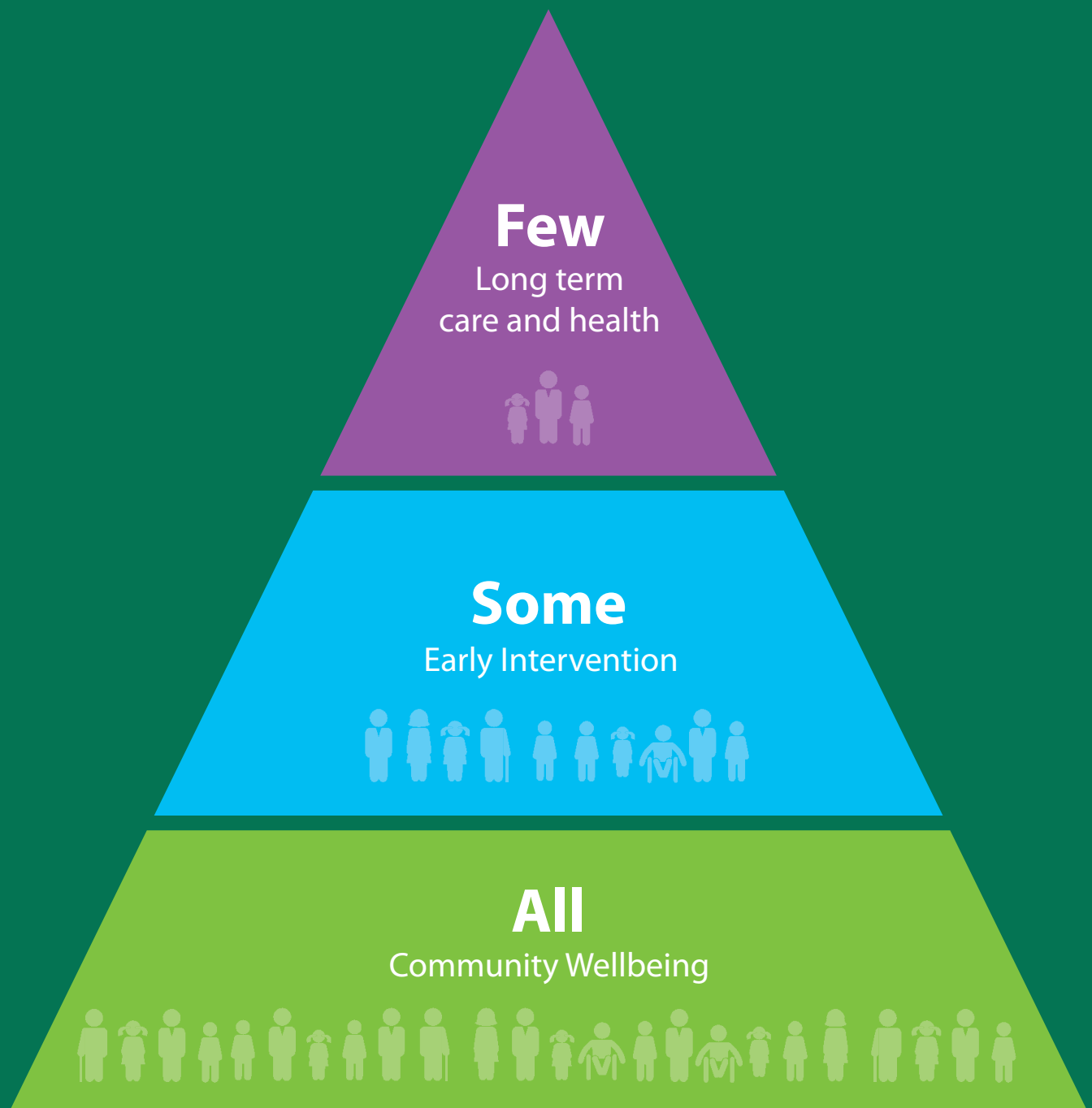
We are keen to continue the engagement we have started through producing this strategy so that those using services have a chance to keep feeding into the strategy as it is implemented, reviewed and refreshed.

The East Cheshire Mental Health Forum in Macclesfield and the Open Minds Forum in Crewe allow individuals using mental health services to be continually engaged. These forums have expressed an interest for further communication between themselves and Cheshire East council staff and commissioners and we will ensure this communication is there to allow for continued co-production.



# Our Priorities

We commission early intervention and prevention services within a 'triangle of prevention' framework to achieve improved outcomes for local people [Figure 1]. This means anticipating and responding to health and wellbeing needs as early as possible to ensure that local people are helped to 'live well and for longer' by building resilience, so that people are empowered to recognise and address their own health and wellbeing needs and make the most of assets within communities, such as by connecting with local groups and voluntary services.







We commission early intervention and prevention services within a 'triangle of prevention' framework to achieve improved outcomes for local people [Figure 1]. This means anticipating and responding to health and wellbeing needs as early as possible to ensure that local people are helped to 'live well and for longer' by building resilience, so that people are empowered to recognise and address their own health and wellbeing needs and make the most of assets within communities, such as by connecting with local groups and voluntary services.

A partnership approach between Cheshire East Council, Clinical Commissioning Groups, the Voluntary Sector and local communities will be used to ensure that we are able to improve outcomes for local people at a community level (All) and with early intervention and prevention services targeted at those who need it (Some). Working in this way will help to prevent or delay local people from moving up the triangle and needing long term care and support (Few).

This will ultimately reduce demand for long-term care and health treatment which will remain available for the smaller number of individuals who need it most. This approach is a direct requirement of the Care Act 2014, is a key principle of the Cheshire East Council Commissioning Strategy: People Live Well, For Longer and also supports the achievement of Outcome 5 within our Corporate Plan (2017-2020): 'People Live Well and for Longer'. This approach of early help and prevention is seen throughout the priorities in this strategy providing help with employment, ensuring those leaving care receive the support they need and providing guidance through transition points.

This strategy is also aligned with the THRIVE model which is used for children's mental health services. This focuses on signposting and self-management. Care is goals focused so it meets the needs of the individual concerned.

## Transition from Childhood to Adulthood

Adolescence is a time of great change for young people. Changes may include education, employment, housing, finances and relationships. Transitioning from children's to adult mental health services can also increase the uncertainty and pressure during this time. Integrated working is required to ensure a holistic approach is taken so that health, social care and wider needs are met for these vulnerable individuals.

The transition of individuals from Children and Adolescent Mental Health Services (CAMHS) to adult services within the council, healthcare and elsewhere requires improvement. There are inconsistencies in upper age limits of children's mental health services across Cheshire East. Children, young people and their parents have told us there is also inconsistency in mental health support provided by schools, especially during transition periods [23].

Ensuring we get the transition period correct for those experiencing mental health difficulties is vital to ensure support is continued and individuals do not fall out of the system as this could lead to worse mental health later in life.

### What we have achieved so far

The Emotionally Healthy Schools (EHS) project is a multi-agency project providing a mixture of whole school and targeted interventions for children and young people's mental health and wellbeing. Phase 1 had 6 schools and focused on reflection sessions, developed a self-harm pathway and created a mental health awareness package. Phase 1 was independently evaluated by the University of Salford and was found to have reached 600 staff and over 6,000 children, young people and families.

Phase 2 started in January 2017 and has 3 aspects: Schools leadership programme, Link programme and Tools for Schools. The schools leadership programme aims to get schools engaged and committed and as of the 6th October 2017 six teaching staff had been trained as Specialist Leaders in Education for emotional health and wellbeing; the first in the country to complete this. 35% of schools in Cheshire East have accessed the Link and

Tools for Schools programmes and the first EHS conference was held on the 29th September 2017 and had over 180 education and health professionals in attendance. The EHS project was also given a special commendation at the 2018 Local Government Chronicle awards.

This focus on support in schools was highlighted by most young individuals involved in co-production for this strategy demonstrating that Cheshire East council's response to the local population. This focus on support in school, raising awareness and reducing stigma helps children in transition as they will have greater understanding of mental health and a better support network. This support from the EHS programme will also ensure that children and young people are supported through other transition periods in their life such as moving from primary to secondary school.

The Government's recent Green paper; Transforming Children and Young People's Mental Health Provision, and subsequent response from central government contain many of the measures we have commissioned locally. This has resulted in the LGA inviting the borough to offer a 'Peer Visit' to authorities looking to address children and young people's emotional health and wellbeing.

Cheshire East Council currently commission four Children's and Families Early Help Emotional Health and Wellbeing contracts which were awarded to Vision, Just Drop In, Xenon and CLASP on the 1st of April 2014. The providers offer a range of early help emotional health and wellbeing services for children and young people aged between 11 and 19 years old for example; online web counselling and peer mentoring, face to face counselling, therapy and drop in sessions. Recent service developments with Vision have been to offer 'pop up' drop in sessions that parents, children and young people can access, which offer immediate intervention and preventative support, thus reducing the need to more intensive counselling. This has been well received by parents; especially where the child is under the age of 11 years and/or has Special Education Needs/Disabilities (SEND).

## What we plan to do

The EHS project will continue to run and by March 2019 all schools and further education settings in Cheshire East will be participating in the programme. Our ambition is to commission a single pathway combining Emotionally Healthy Schools and Children and Young People's Early Help services from April 2019. Our ambition is to commission a single pathway combining Emotionally Healthy Schools and Children and Young People's Early Help services from April 2019. Therefore, the ambition is that all 5-19 year olds in Cheshire East will benefit from the project. This extra support in schools will greatly benefit those in transition.

An increasing concern, not only amongst mental health professionals, but also teachers, parents and young people, is the recognition that social media can have a harmful effect on mental health. Excessive social media use can lead to sleep deprivation, poor self-esteem, depression and self-harm. Whilst social media providers have a clear duty to limit harmful content and encourage online safety, it is also clear that professionals involved with children and young people and their parents have a responsibility too, to tackle the detrimental impact of the over/misuse of social media. We need to work with schools to include in the EHS project educating children and young people how to make safe and healthy choices over their use of social media.

Cheshire East Council has an ignition panel for care leavers including stakeholders from various partners, housing providers and the council. This allows the care leaver to speak to people in services to discuss options for when they leave care. This model is being expanded for those with special educational needs, including those with mental health difficulties. This allows the individual to get to know what is available for adults and make an informed decision on their next steps.

The upper age limit for CAMHS across Cheshire East should be aligned in order to ensure all children are able to move from children's to adult's services as easily as possible and reduce drop out from services, or gaps without service provision. We will work collaboratively with external stakeholders and achieve this. This could

be made easier with the merging of the 4 CCGs in Cheshire.

The Children and Young People's Mental Health JSNA will be refreshed providing up to date and relevant information on the population in Cheshire. A section on transition from children's to adult's mental health services will be included.

Our transition process will be NICE compliant. This means that transition should start for an individual when they are 13/14 years old. This requirement is set out in our preparing for adulthood policy that will be circulated and used by professionals who are working with these young people.

During transition the individual will have a dedicated named worker throughout the process, together with the opportunity to meet a professional from adult's services before they transition. These procedures ensure we are NICE compliant and benefit the individual involved as it will make the transition smoother, make the young person feel more comfortable during the process and ensure they know who to go to for support.

We set a commitment to undertake Care Act assessments before the age of 18 for those who want and need them.

***'Waiting times increased when I moved to 16-19 services'***

*Service User, 16-25*



## Cared for children and care leavers

Children entering the local authority care system may already have experienced trauma, neglect, abuse and difficulties above those their peers experience. It is no surprise then that cared for children\* have a 5 fold increased risk of having a childhood mental disorder, a 6-7 fold increased risk of having a conduct disorder and a 4-5 fold increased risk of attempting suicide as an adult compared with children who are not cared for [24].

*\*A cared for child is one who is in the care of, or provided accommodation by, the local authority for a continuous period of more than 24 hours [25].*

### What we have achieved so far

Cared for children undertake a strengths and difficulties questionnaire to try and establish if they have any mental health needs. However, this may not always be an accurate representation as it could depend on the day it is taken.

The council has a 16-25 emotional wellbeing tool set up by care leavers that helps to identify those at high risk of having mental health and wellbeing needs.

The cared for children's team have a CAMHS social worker undertaking consultations, providing different types of therapies including play therapy, together with, undertaking life story work engaging with the young people and helping with mental health needs.

There is a training programme for foster parents to provide wraparound support to help them deal with low level issues to avoid the young person having to access CAMHS.

As mentioned in transition, Cheshire East council have an ignition panel to establish the next steps for those leaving care. A review of this panel will be undertaken to decide if it needs be expanded to include any health or social care needs (including mental health) the individual has to ensure they receive the right support when leaving care.

### What we plan to do

The JSNA for cared for children will be refreshed to provide up to date and relevant information on the population. During this refresh a section on mental health and cared for children/ care leavers will be included.

The Social Care Institute for Excellence (SCIE) recommends that cared for children can continue to access children's services up the age of 25. We will therefore work on ensuring care leavers up to the age of 25 receive the same support from mental health services as children.

We will ensure that cared for children and care leavers have access to mental health services within a 2 week timescale for consultation following a referral from social care. This will require further collaboration and discussions between social care and health.

From January 2019, a new model of social work will be implemented across the Community Mental Health Teams. This will include social workers working more closely with CAMHS and the Early Intervention Service in psychosis, thus providing a more holistic approach to meeting the needs of these young people.

**'(Staff) need to get to know young people and their background'**

*Service User, 16-25*





## Employment

Being in employment is generally beneficial to mental health. The rate of mental ill health in those of working age (16-64) is 14.1% for those in full time employment, but this increases to 28.8% for those unemployed.

One way to try and reduce mental health issues in Cheshire East could therefore be to improve employment rates and ensure those with mental health issues are supported to gain, re-enter or retain appropriate employment.

There are 2,900 working age unemployed people in Cheshire East (on Job Seekers Allowance and Universal Credit). This figure has been falling and is set to continue falling (Feb 2014 figure was 4,310).

There are 10,290 working age people out of work in Cheshire East on disability benefits (Employment Support Allowance - ESA and Incapacity Benefit - IB). This figure is set to rise slightly over the next few years.

Around 46% of the above ESA and IB claims relate to mental health issues. This means that around 4,700 working age people are out of work with a mental health condition.

The Government manifesto pledge is to halve the disability unemployment gap by the end of this parliament. The following sections of this strategy set out Cheshire East Council's ambitions to tackle this at the local level.

### What we have achieved so far

Within Cheshire East our Care4CE team delivers a programme called Occupational Opportunities. The focus of the service is to provide supported, purposeful community based occupational and training opportunities in the form of projects for vulnerable adults referred with complex needs including those with mental health issues. These projects aim to develop skills and coping techniques at the individual's own pace as well as developing confidence and motivation towards increased independence. Across the 5 projects between April 2016 and March 2017 there were

approximately 23,344 hours of direct contact time given to those using this service, supporting around 50 individuals. The programme is flexible and absorbs demand when required.

Cheshire East Council has a small Supported Employment team who have delivered the Department for Work and Pensions (DWP) Work Choice Programme for the Cheshire East area. This programme targeted customers with disabilities and long term health conditions, supporting them into employment of 16 or more hours a week. This programme ended for new referrals in December 2017. During its time in operation Cheshire East Council helped 200 individuals into paid work, with approximately 40% of those on the programme having mental health issues. This provision was regularly at the top of the leader board for performance and outcomes across the North West. The DWP Work Choice Programme has been replaced by the Work and Health Programme. This programme also aims to help those with a disability, amongst other individuals, into work by providing help to identify needs, match skills to what is available and putting individuals in touch with employers.

The Supported Employment Team are currently running a Proof of Concept project which was launched in December 2017.

### The project aims:

- To offer a flexible deal to customers with outcomes tailored to their assessed needs and work preferences/goals.
- To reduce dependence on more costly services such as Personal Budgets and Day Service provision.
- To achieve sustainable opportunities that will increase health, wellbeing and independence thus reducing the number of cases re-presenting for referral/assessment.

### Customers who are eligible will....

- have a disability or health condition
- be in receipt of a support plan e.g. Day Service, Personal Assistant
- have a desire to undertake volunteer work or paid employment

Cheshire East Council's Supported Employment Team have set up a Welfare to Work Partnership bringing together organisations in Cheshire East. This partnership is developing a coordinated approach to employer engagement, transition support, a directory of services and external funding. As of May 2018 there were 48 organisations involved. The Welfare to Work directory of services is published on the Council's website and has a link on the Live Well Website.

## What we plan to do

### Proof of Concept Project

The Proof of Concept project has enabled the Council's Supported Employment service to be realigned to provide an offer that is designed specifically to Adult Social Care Act eligible customers as it is not restricted by the Work Choice 16 hour restriction. Outcomes can now be paid work of below as well as above 16 hours and also voluntary work. As outcomes are achieved for customers with a care plan, their independence from Adult Social Care decreases as does the paid package (eg direct payments or day care package). In many cases the Adult Social Care payments can be withdrawn altogether. This is a win-win scenario as customers gain increased independence and savings can be re-invested.

**Bids are currently in for the following additional support services:**

### European Social Fund

ESF Measure 1.4 Active Inclusion (£2.9m)

ESF Measure 1.2 Sustainable Integration of Young People (£2.5m)

This ambitious collaboration between Cheshire East Council, Cheshire West and Chester Council and Warrington Borough Council will start to deliver new supported employment services by April 2019. Provision will be aimed at people with more complex barriers including people with severe and enduring mental ill health.

It is clear from discussions within the Cheshire East Council led Welfare to Work Partnership, that there is a lack of provision for individuals wanting support into voluntary work or paid work of less than 16 hours a week. Sub regional discussions have taken place to ensure that the above ESF money focuses on this gap.

Staffing for this project will be embedded into front line Adults and Youth teams.

### Individual Placement and Support (IPS) Provision

IPS is a supporting methodology specific to employment support for people with severe and enduring mental illness.

The New Leaf partnership has recently commissioned Stand Guide to deliver this service in Cheshire East. Staffing for this project will be embedded in front line Mental Health teams.



### Intelligence Led Approach

The Cheshire East Council led Welfare to Work Partnership continues to coordinate Supported Employment provision across Cheshire East. Work is also underway at the sub-regional level to conduct a provider survey. Intelligence from this survey will be used to harmonise provision, link services, reduce service and geographical gaps/overlaps, coordinate referral pathways and create a more joined up approach.

A survey in Cheshire East is about to be launched that will focus on potential user groups. Intelligence from this will be used to gauge unmet need across a variety of cohorts including people with mental ill health.

This will be valuable when commissions are being designed re the potential to add social value elements including employment offers/support to people with mental illness.

### Transition Support

517 people aged 18+ had an Education and Health Care Plan (EHCP) in Cheshire East. Of these, 137 have had an ASC funded package. Of those 113 are current with their funded package. The total cost to

Adult Social Care for these packages is £72,845 a week. This is £3.79m per annum. Supported Employment or Supported Internships offer a positive alternative destination for young people in transition with an EHCP.

### Time to Change

Whilst evidence supports the mental health benefits of employment, people in work can also experience mental health problems. The Council has recently signed the Time to Change Pledge, providing an umbrella framework for actions and interventions designed to support the mental health and wellbeing of all staff. Signing the pledge signals the Council's commitment to change perceptions of mental health and can provide reassurance to staff facing difficulties that they will be supported. A significant proportion of sickness absence is related to stress, anxiety and depression so there is good reason to prioritise this. An action plan has been drafted and approved by Time to Change and they will work with the Council to initiate key elements. Dedicated support will also be offered throughout the process and there will be a focus on the recruitment of Champions from across the workforce who have lived with or experienced mental health issues to help drive the campaign forward.



## Personality Disorder

Personality disorders are a type of mental health problem where a person's attitudes, beliefs and behaviours cause longstanding problems in their life. Those with a personality disorder (PD) have difficulties with how they think and feel about themselves and others. These difficulties are ongoing and problematic and can negatively affect their mental health and wellbeing and relationships with others.

The management of PD is a challenge because there is little research on the effectiveness of treatment [27]. The national strategy No Health without Mental Health highlighted those with PD as a group known to have limited access to mental health services [28] and the implementation document for the FYFV states an objective of improving access and increasing psychological therapies for those with PD [29].

There are no specific medications to be prescribed for those with a personality disorder. Medication may be given to treat other issues associated with PD such as depression or anxiety. The main form of treatment is talking therapies including Cognitive Behavioural Therapy, Dialectical Behavioural Therapy (DBT) and also Therapeutic Communities [30].

Using prevalence estimates over 39,000 residents aged 25 and over will have some type of personality disorder. Within this nearly 11,300 will have antisocial personality disorder (ASPD) and 8,400 will have borderline personality disorder (BPD). ASPD is characterised by a disregard for and violation of the rights of others, this manifests in a pattern of aggressive and irresponsible behaviours which can lead to increased rates of assaults, suicidal behaviour, road accidents and sexually transmitted diseases. People with BPD have difficulties in sustaining relationships, self-harm and suicides are common. It is important to understand that personality disorders often co-occur with mood and anxiety disorders so people may be counted within the number of those identified as having a common mental health disorder [31].

### What we have achieved so far

Cheshire East Council's Mental Health Reablement team works with those with mental health issues and received around 2,500 referrals per year. They support

referrals from many different areas including Home Treatment team, Hospital Discharges, Psychiatric Liaison, Community Mental Health Teams, CAMHS, Drug and Alcohol team, Personality Disorders, Talking therapies and GP's. The service provides 6 weeks of support. This support is holistic social care support looking at different aspects of an individual's situation to try and improve their mental health. The individual will have a support worker who will help with housing, finances, education, employment and more. They will be focusing on coping techniques and a self-help approach to promote social inclusion, build self esteem and achieving set goals.

Cheshire and Wirral Partnership (CWP) run a Personality Disorder Hub, for those in secondary mental health services, which is used to empower individuals to learn how to take responsibility for themselves. It provides a safe and predictable space for individuals to explore and understand causes of distress, strong thoughts and feelings and relationship difficulties. The group space allows individuals to explore difficulties with others in a similar position.

Those with a personality disorder can use the wider mental health services such as the substance misuse service and occupational opportunities etc. For further help, those with PD would be encouraged to use services provided by other organisations. There are charities across Cheshire East that provide mental health support including counselling and group sessions and the council is currently commissioning a number of these organisations.

There are also the health services which can be accessed for PD including CAMHS, talking therapies and the substance misuse service which Cheshire East Council commissions.

### What we plan to do

We are working with the Mental Health Programme Board Cheshire and Merseyside Health and Care Services to develop a strategy on working with people with personality disorder to improve outcomes through access to the right support at the right time.



## Crisis Care

Parity of esteem values mental health the same as physical health and is one of the main objectives of the Five Year Forward View for mental health. Those suffering a mental health crisis should be able to access appropriate support 24/7 in the same way that they could access urgent physical healthcare at any time. This is important because the peak time for people presenting to A&E with mental health crises is 11pm 7am [32].

### What we have achieved so far

Local authorities have a statutory duty to provide Mental Health Act assessments. This is coordinated by Approved Mental Health Professionals following the five principles of the Mental Health Act. Cheshire East Council employs Approved Mental Health Professionals (AMPs) to make decisions on the least restrictive options for care and to protect individual's human rights.

In Cheshire East there are Home Treatment Teams made up of mental health professionals responding to mental health issues for those age 16 and over by providing intensive home based therapies and support as a safe alternative to hospital admission. The service also acts as a gatekeeper to facilitate admission and discharge from hospital when necessary.

The Mental Health Social Care Service works with CWP to provide an integrated community mental health team approach around the needs of people who meet the eligibility criteria of the CPA.

Mental ill health rarely leads to a lifelong disability. The primary function of the service is to enable as many people as possible to achieve their maximum autonomy and independence to the point where they no longer need to rely on publicly funded care and support. Where individuals have reached their maximum level of autonomy and independence, but still need to rely on publicly funded support, then this will continue lifelong. Where they can be enabled to achieve their maximum autonomy and no longer require publicly funded support, then they will be discharged into universal services.

The psychiatric liaison service based in hospitals across Cheshire provides mental health assessments to individuals at A&E and on wards who have issues with their mental health and wellbeing. Cheshire East

Council is also involved in the Crisis Care Concordat which is a national agreement between services and agencies involved in the care and support of people in crisis. The aim is to help those in crisis because of a mental health difficulty ensuring their needs are met and they receive appropriate support in an appropriate setting.

### What we plan to do

The Social Work Service re design will provide a mental health social work service that not only focuses on people that access the adult and older peoples secondary mental health services but also people that access other CWP services including the Early Intervention Team, CAMHS 16 19 teams, to work collaboratively on cases for transition and those placed out of area.

There is currently a redesign of mental health services which is considering an expansion of the Home Treatment Teams service to provide support 24/7 to individuals in crisis. The Community Mental Health Teams are exploring the opportunity to enhance their capacity for crisis care. There is an opportunity to establish a crisis house which will provide a safe and supportive alternative to A&E or hospital admission for those suffering during a mental health crisis.

We have appointed a lead for the crisis care concordat to ensure there is commitment to the work and momentum for progress is maintained.



## Building Sustainable Communities

Sustainable communities are characterised by strong social networks, high levels of civic engagement, a clear sense of belonging and a sense of obligation to help neighbours in need. Cheshire East presents a number of challenges, as a diverse and geographically large area consisting of towns and villages with a large rural component. Social isolation by definition is hidden and whilst is not a mental illness, it can have a serious consequence on mental wellbeing.

**Tackling social isolation and loneliness requires a multi-dimensional approach including:**

- Supporting local community groups and networks in the voluntary and faith communities.
- Encouraging community activities especially those activities that support physical activity and exercise. It is well established that accessing green and open spaces supports mental wellbeing. Cheshire East has a wealth of beautiful countryside for people to enjoy but may be denied to many people because of inadequate transport links or simply because of lack of confidence.
- Supporting carers both in terms of emotional and physical wellbeing and to give them a break from caring.
- Improve access to mental health wellbeing by supporting primary care for those with low level mental health needs to access alternatives to seeing the GP.
- Look to reduce premature mortality of people living with severe mental illness by ensuring more people have their physical needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.
- Tackling stigma and discrimination which can cause people with mental health problems to retreat further into themselves and to intensify their feelings of loneliness and being apart from their community.
- Working with partners to prevent suicide which

impacts most on those people who are socially and economically deprived and will have experienced adverse childhood events and trauma.

- Review the current dementia pathway and consider how individuals can be more effectively supported to stay in the community in times of crisis and deterioration.

### What we have achieved so far

Cheshire and Wirral Partnership (CWP) currently deliver a Recovery College for adults in Macclesfield and Crewe, which contains a wide range of recovery, educational and self-care workshops.

As part of the workshops an individual action plan is created to identify goals and a pathway to reach them. This can include learning new skills, debt and managing money, loneliness and isolation, welfare benefits and managing physical health and exercise.

The NHS and Cheshire East Council has also developed eight care communities across the borough as part of a move towards having a single joined-up care system by 2020. The care communities would provide integrated health and social care services to populations of between 30,000 and 50,000 people (see Appendix 1 for details).

The approach would focus particularly on older adults at first but would then be expanded to include children and other vulnerable groups of people including those with mental health needs. The introduction of the care communities started in 2018/19 as part of a five-year plan that will culminate in having a single integrated care system fully operational by 2022/23.

The Council has also published its Connected Communities Strategy to encourage mutual help and support, reduce isolation and to support greater wellbeing. The strategy reflects the different needs of different parts of the borough, such as Neighbourhood Action in Crewe to town and community partnerships in places such as

Wilmslow, Middlewich, Holmes Chapel, Alsager, Nantwich, Sandbach, Congleton and Poynton. It includes services such as community connectors and community navigators which help people to access the services they need.

The development of Care Choices within the Live Well site will enable people, including carers, to undertake a light touch self assessment which will direct them to the most relevant area of Live Well where they will be informed of the services that can best meet their needs. Care Choices is a development that is planned to go live in 2019.

There are a number of services currently operational in Cheshire East which support and promote good mental health and wellbeing in the community.

Cheshire and Wirral Partnership currently delivers a Wellbeing Hub in Crewe which is available for anyone over the age of 16 in South Cheshire who would like support with managing their emotional health and wellbeing.

The Council, in partnership with the CCGs, has commissioned the Cheshire East Carers Hub, which is a new information and support service designed to help carers of all ages fulfil their caring responsibilities and still enjoy a healthy life outside of their caring role. The Hub support carers who live in Cheshire East, along with those who live outside the area but care for a Cheshire East resident.

The service is delivered by N-Compass Northwest which will work in partnership with Child Action North West, The Alzheimer's Society and other local organisations to ensure carers receive information and support which is tailored to their individual needs.

Cheshire East Council have also re-commissioned a substance misuse service, which went live on the 1st November 2018. The new service is delivered by Change Grow Live (CGL) in partnership with Emerging Futures and Recovery Works. The service provides treatment and recovery support for adults as well as early intervention and treatment support for young people. Some individuals may have a dual diagnosis for mental health and drug/and or alcohol needs. The service has a whole family focus and will also provide support for families affected

by drug and alcohol use, and will also link to the Carers Hub.

In September 2018, the Council hosted its first ever Pride in the Park at Tatton Park to celebrate the LGBT community and to tackle homophobia in all its forms.

The Council is an active member of the Cheshire and Merseyside Public Health Collaborative (Champs) and supports the Champs NO MORE Suicide Campaign 2015-2020. The 2017 update focused on inequalities, men, children and young people, self-harm and safer care.

## What we plan to do

Cheshire East Council will continue to invest in its connected communities' strategy. Our community work provides market intelligence about existing services and the outcomes people want to achieve. We will provide training for local groups to develop their skills to engage in commissioning opportunities. The Localism Act has created new rights to give local people more say about what happens to their local buildings and land and how local services are delivered. We will offer help and support to local communities to make the most of these rights.

The Council will explore new ways of promoting walkable local environments to stimulate physical activity and to increase opportunities for social engagement. Ecotherapy is the name given to a wide range of treatments which aim to improve physical and mental wellbeing through doing outdoor activities in nature. The Council and its CCG partners will explore how the principles of ecotherapy can be included in the menu of recovery options for people experiencing mental ill health.

The Council continues to invest in information and advice through the further development of its Live Well site. Live Well connects people via the internet to more than 3,000 services and activities throughout Cheshire East, giving people greater choice and control over the services they need.



The Carers Hub will undertake carers' assessments on behalf of the Council which will ensure that the Council will have a clearer understanding of their needs and how these needs can be met.

The Council, the CCG's and Cheshire and Wirral Partnership will work with service user groups such as Open Minds and East Cheshire Mental Health Forum to develop a campaign to tackle stigma and discrimination. We will also work with user and care groups to support the new NHS national campaign One You Every Mind Matters campaign.

The Council will support a strong advocacy service to our most vulnerable adults who are in hospital, subject to the Mental Health Act 1983. This includes:

- Independent Mental Health Advocacy
- Independent Mental Capacity Advocacy
- Independent Advocacy under the Care Act 2014

The Council aims to recommission the Advocacy service by June 2019 and are exploring opportunities for an all age service for children and adults

The Council, the CCG's and CWP will continue to work as part of the Champs network to support the NO MORE Suicide Strategy which aims to eliminate suicide by 2020.

We will work in line with the new recommendations around suicide prevention outlined in Learning from Suicide-related claims – A thematic review of NHS Resolution Data. (September 2018). This will include implementing a systemic and systematic approach to communication to ensure that important information regarding an individual is shared with appropriate parties. The Department of Health and Social Care and Health Education England, will look at greater engagement and discussions around creating a standardised and accredited training programme for all staff conducting Serious Incident (SI) investigations.



## Justice and Mental Health

People in or at risk of being in temporary detention, custody or secure and detained settings experience a disproportionately higher burden of illness (including infectious diseases, long term conditions and mental health problems) and poorer access to treatment and prevention programmes as well as problems with substance misuse (drugs, alcohol and tobacco). Such health issues are often complicated by social issues including homelessness, deprivation, unemployment and poor levels of education.

Many children, young people and adults have no place of safety, no sense of belonging, low self-esteem, struggle to build and sustain relationships, and have long histories of complex trauma generated through neglect, abuse and bereavement; all of which make them a particularly vulnerable group of our society. Developmental disorders and a history of being in the care system are also highly prevalent amongst those in the criminal justice system.

The ambition of Strategic Direction for the Health Services in the Justice System 2016-2020 is therefore to improve health and care outcomes, support safer communities and social cohesion and in doing so. It recognises that without appropriate consideration and development of integrated pathways of care, those known to or at risk of entering the criminal justice system may not have equitable access to vital services i.e. mental health and/or substance misuse services in the same way other people do. NHS England will therefore ensure that it works closely with CCGs, Local Authorities and Police and Crime Commissioners to support the joint development and delivery of care pathways and services.

Commissioners (police and crime commissioners, local authorities, NHS England and clinical commissioning groups) ensure that commissioned services have processes in place to ensure that mental health care plans developed for people in contact with the criminal justice system can be shared across services to ensure partnership working and continuity of care.

Adults with mental health problems who are in contact with the criminal justice system have a mental health care plan, which includes an agreed



plan for sharing it with other services. This will help to make sure all services they have contact with, for example courts, prisons, probation, housing and healthcare, can follow the plan to ensure they receive the right care.

Cheshire East has within its boundaries Styal Prison, which has a current population of 465 (August 2018) and accepts people from all over England and Wales. The women in Styal are often victims themselves of abuse and are vulnerable to substance misuse and mental ill health. The Wilmslow community team provides social workers to the prison which undertakes Care Act assessments where required, irrespective of where they come from. They also provide Occupational Therapy visits and equipment to support needs and provide information and advice. They also provide a visual impairment service.

The council also commissions advocacy services to help give the women a voice to support them with the identification of their personal care needs as part of their preparation for release.



## What we have achieved so far

Cheshire East has multi agency working arrangements under MAPPA – Multi Agency Public Protection Arrangements.

A key link between children's services departments and MAPPA will be in the area of child protection and safeguarding children. MAPPA agencies will be members of the Local Safeguarding Children Board, and individual practitioners in the police, in probation and in children's social care will also be working together to manage the risk posed to children by particular dangerous offenders.

The Care Act 2014 states that Local Authorities must establish Safeguarding Adults Boards which required local agencies to collaborate and work together. including the local authority, NHS and police, to develop, share and implement a joint safeguarding strategy.

Mental Health Trusts (together with Social Services) have a statutory supervisory / care role in relation to certain MAPPA offenders and persons subject to conditional discharge. Under section 117 of the

Mental Health Act 1983, there is a requirement on the relevant Health and Social Services authorities to provide after-care services to offenders subject to section 37 hospital orders who are discharged from hospital, for as long as they require them. The type of care provided will naturally vary but in many cases it will be co-ordinated by Community Mental Health Teams. The local authority has a duty to provide Approved Mental Health Professionals who act as a Social Supervisor including the provision of reports to the Ministry for Justice.

Cheshire Youth Justice Service was successful in a pan-Cheshire bid to NHS England to provide an improved health offer those at risk of entering the criminal justice system.

## What we plan to do

We are continuing to develop our working agreements with our colleagues in the justice and health systems to achieve improved health and care outcomes, map out current provision which support safer communities and social cohesion.

## Commissioning More Effective Services

Commissioning is the whole process through which Cheshire East Council, Eastern Cheshire CCG and South Cheshire CCG identify and deliver services.

Through the Commissioning Plan 'People Live Well for Longer' we aim to ensure that Cheshire East residents have mental health services in place that are of high quality, affordable and provide value for money. Our priorities in the way we commission services will be guided by:

- Integrated Partnership Working
- Quality Assurance
- Value for Money
- Local Residents
- Outcomes
- Social Values

We realise there is more work to be done to ensure that local services offer real choice and flexibility to people with mental health needs and to enable commissioners to work with providers to tailor and develop services to meet individual need.

### What we have achieved so far

Our commissioning intentions around mental health are focusing on early help and prevention to enable individuals to be confident and reassured that they receive the right support, in the right place, at the right price to maximise their independence, aid their recovery and build their resilience to remain healthy and safe.

### Early Help Framework

An Early Help Framework went live across Cheshire East in August 2018 with the aim of commissioning services to prevent or delay demand for social care and health services by targeting support across all ages effectively to maximise impact. Services will be developed in conjunction with the CCG's under four themes:

- Social Inclusion/social connectedness
- Financial inclusion
- Children and Young People's Emotional Health and Wellbeing
- Health and Wellbeing



### **Complex Care Dynamic Purchasing System (DPS)**

A co-production approach with service users, providers and partners (across the Cheshire and Wirral footprint) has been used to develop a Dynamic Purchasing System to focus on commissioning services that meet individual needs, are outcomes focused, and enable individuals to be confident and reassured that they receive the right support, in the right place, at the right price to maximise their independence, aid their recovery and build their resilience to remain healthy and safe.

The DPS went live in December 2018 and includes a range of services commissioned to support those with mental health conditions including supported living, floating support, day opportunities and befriending services.

### **Care and Accommodation**

Cheshire East Council and the Clinical Commissioning Groups have recently jointly commissioned contracts an accommodation with care framework (within residential and nursing care homes). Providers need to meet minimum standards to be awarded a contract. This is an ongoing, open process allowing new providers to apply to join the framework at any time.

This has seen a more flexible approach incorporating a range of different types of provision including Discharge to Assess, Step-Up-Step-Down and End of Life, Mental Health, Autism Spectrum Disorder, Learning Disabilities, Physical disability/Sensory Impairment, Dementia and Older People.

### **Care at Home**

A new jointly commissioned care at home model has also been developed across Cheshire East. This is intended to create greater market stability and improve quality and accountability. Prime Providers have been appointed in one or more designated patches and have a guaranteed number of hours alongside Framework Providers who have no guaranteed hours and can deliver in any part of the borough where a Prime Provider is unable to pick up. Both types of contracts are supported by robust Performance Management and Outcomes Frameworks.

### **Respite**

In 2018/19 Cheshire East Council commissioned a more flexible offer of respite support available to people with eligible support needs. This includes provision in nursing and residential homes and community based respite. Through this new model we will be able to deliver a more effective range of respite services to be available to both Carers and the cared for person, offering a range of personalised options, appropriate to meet the needs of many and offering best value.

### **Adult Mental Health Service Redesign**

During 2018/19 a public consultation took place regarding proposals to redesign adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal. Seven public engagement consultation events and 28 community events were held which attracted over 700 attendees. At the very heart of these proposals we aim to improve the health and wellbeing of people with severe mental health problems.

The CCG's will be working collaboratively with Cheshire East Council to implement the outcomes of the consultation and develop a new model of care for adults with a greater focus on prevention/mental wellbeing and personal resilience. There will continue to be effective user and carer engagement and involvement in the ongoing development of the service redesign.

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

Through the Complex Care DPS we aim to develop a more vibrant, responsive market of service providers with the clear ability to respond to the changing needs of Cheshire East residents. This will stimulate the provision of flexible, person centred support that promotes independence, recovery and connects people to universal services.

Throughout our commissioning we will ensure that co-production remains at the heart of new service models which place people with mental health needs at the centre of planning, delivering and quality assuring support

We will continue to develop new models of support for more people to access and maintain their own tenancies, promote access to employment and engagement in meaningful activities.



There is a growing need for specialist housing for individuals with mental health conditions across all age groups. We aim to commission services for people at home or through specialist housing provision where possible and reduce the number of people moving into residential care. At the same time we realise there is a shortage of specialist provision to meet higher, more complex healthcare needs such as late stage dementia and acute mental health conditions in quality nursing care beds that are affordable.

We will review our case management arrangements in relation to complex individuals, ensuring they are appropriately placed and that necessary clinical reviews are undertaken. We will ensure that clients remain in inpatient provision the shortest time possible and also seek to repatriate those who are placed out of area to ensure that care is delivered closer to home.

We also aim to improve mental health wellbeing and access to support people at times of a mental health crisis. Our future commissioning intentions will set out how we aim to prevent a large number of inappropriate admissions to hospital or residential care as well as reducing the flow of frequent attendees at hospital emergency departments. We will provide timely, responsive and proactive services for people in a crisis to avoid mental health conditions escalating. To improve support to people in a crisis we will be looking at improving our current services, shifting settings of care, hospital based psychiatric liaison.

Developing relationships with local partners is essential to create good quality and safe services that offer real choice in the type of care people want and expect. We will commission more integrated health and social care services across adult social care, health and public health.

***'Tailored treatment for  
specific conditions needed'***

*Service User, 16-25*





## Mental Health Law Reform

At the time of preparing this strategy the Government is undertaking a major review of mental health legislation.

The driver behind the review of the Mental Health Act 1983, is to understand the reasons for, and develop proposals to help address, the rising rates of detention under the Act, the disproportionate number of people from black and minority ethnic groups detained under the Act and processes that are out of step with a modern mental health care system

The driver behind the review of the Mental Capacity Act 2005 is to find a workable system of supporting vulnerable incapacitated adults who are deprived of their liberty, following the Supreme Court Judgment, 2014 in the Cheshire West and Chester and Surrey County Council case.

The Council will contribute to the review of both these important developments by actively engaging with the Government via the Association of Directors of Adult Social Services (ADASS). The new reforms will no doubt have significant impact on how services are delivered and workforce development and will be a key deliverable to any refresh of this strategy.



# How will we achieve this?

## How?

As mentioned previously mental health requires an integrated approach including a variety of stakeholders and so to implement this strategy effectively it will require integration and collaboration between stakeholders. Cheshire East Council, NHS and providers will need to work together as a whole system approach from frontline staff to directors.

Continued co-production between those using services and engagement with stakeholders involved in mental health will be necessary in order to accurately assess the progress of the aims and priorities set out in this strategy. This will also help to ensure services continue providing efficient and effective care relevant to the local population.

In recent years there has been a big push nationally to improve mental health and these national drivers should help to keep up the pace of work and continue to raise awareness and reduce stigma. This national work will feed down into Cheshire East on a local level to further help the vision of this strategy.

The action plan within the appendix sets out key actions to achieve our priorities. The director of commissioning will be responsible for delivering and developing this strategy to maximise outcomes and opportunities for those in Cheshire East with mental health issues.

## Wider strategic work

This Mental Health Strategy fits into the wider context of health and social care. This strategy made reference to the impact that wider determinants can have on mental health and vice versa. It therefore follows that we must look at mental health in terms of these wider determinants and what the council is doing to improve the mental wellbeing of residents. This follows the vision and priorities of the Cheshire East commissioning plan for creating resilient communities that are supported to thrive [33].

## Housing

Cheshire East Council Strategic Housing Team has undertaken joint work with the Cheshire and Wirral Partnership to improve services for people with mental illness. In 2016, they explored the need to provide dedicated housing options and homelessness assistance to patients within a hospital setting who have an enduring mental health diagnosis to ensure that they have the necessary support and assistance required to prepare them for hospital discharge. It was recognised that there was a need for more joined up services and accommodation for people needing to step down from mental health services into the community. This led to the introduction of a new working protocol between housing and health and additionally saw the introduction of Housing and Health link workers and emergency accommodation provision.

Housing is keen to maintain and develop strong relationships with health colleagues to provide successful pathways for people with complex lifestyles. Some residents of Cheshire East need help from accommodation based support or floating support to assist them in moving towards securing a more sustainable housing solution.

A new programme of Housing Related Support projects were commissioned by housing in April 2017, to provide supported accommodation and floating support for over 300 individuals at any one time across Cheshire East. The first eleven months of the new projects has evidenced that there is significant demand for the services, with over 557 referrals to supported accommodation and 369 to floating support. (April figures were excluded due to placing of existing clients in the first month of the new contracts)





### Health and Wellbeing

There is plenty of research which states that being active and having access to green open spaces is important and can benefit mental health. In the Council's Local Plan they have committed to creating a green infrastructure network to increase the provision of accessible green spaces.

The Cheshire and Merseyside No More Suicide Strategy has an ambition to transform cultural attitudes to suicides, for it to be known that suicide is preventable and for behaviours to change in an attempt to have zero suicide. Over the next 3 years it will seek to scale up and accelerate actions to eliminate suicide, building on the national momentum and awareness of mental health and suicide. Cheshire & Merseyside are working towards accreditation from Living Works to become a Suicide Safer Community. This provides us with a benchmark against which to measure the outcomes, however the goal is sustained action to build individual and community resilience that prevents deaths by suicide now and in the future. Acting to eliminate preventable deaths is a public health concern. There is no single cause and no single solution to suicide, but a requirement for joint, collaborative effort utilising evidence based interventions, intelligence and a drive to eradicate this preventable death. The strategy is an all age suicide prevention strategy similar to the all age approach in this mental health strategy and both strategies highlight the need for collaborative working.

### Who is involved?

This strategy has shown that mental health is complex and needs to be tackled in an integrated way. Requirements for collaboration between stakeholders including local authorities, NHS trusts, police and the voluntary sector will be the key to success.

As well as co production, stakeholder engagement was also undertaken to gain the opinions and experiences of other organisations responsible for mental health care in Cheshire East. The organisations consulted to establish service provision, need and gaps within Cheshire East were the voluntary sector (through CVS Cheshire East), Cheshire Constabulary, Cheshire and Wirral Partnership and East, South and Vale Royal CCGs. At the present time the CCGs are undergoing a review and redesign of mental health services the outcome of this review will feed into this strategy once it becomes available. Council and other stakeholders have provided information for this CCG review and consultation exercise.

It was clear from this engagement that all stakeholders were reflecting similar requirements for the future direction of mental health services within Cheshire East. There was support from all organisations for the priorities set out in this strategy. This engagement across Cheshire East will lead to collaborative working in order to avoid repetition, increase access and allow those using services to have greater flexibility and choice.

# How will we know if we're successful?

## Measuring success

We will measure success against our priorities set out in the action plan to see how we are performing, what's working well and where action is needed to improve or make changes.

One method of measuring progress and success will be through continued co-production with those using mental health services in Cheshire East. This will be by a variety of formats including consultations, focus groups, surveys and feedback on services. Co-production will ensure services continue to meet local need throughout. Continued engagement with stakeholders will occur to ensure that priorities continue to be relevant to those using services, Cheshire East Council and stakeholders.

Performance measures will include the production/refresh and publication of JSNAs in order to keep data and information up to date to ensure we have an accurate picture of the local need.

We will quantifiably identify the number of individuals with mental health issues that are supported into employment through the range of programmes highlighted in this strategy.

For transition we will monitor and record the numbers of individuals in transition and those receiving care. This will include the number of individuals with a dedicated support worker, the number of individual's aged 13/14+ with a transition plan in place and the number of individuals who met with a professional in adult's services before transitioning.

We will monitor the number of cared for children and care leavers referred to mental health services by social care and compliance with the 2 week timescale.

In line with the Adult Social Care Outcomes Framework we measure success against outcome 1F: 'The proportion of adults in contact with secondary mental health services in paid employment' and outcome 1H: 'The proportion of adults in contact with secondary mental health services who live independently, with or without support' [34]. These measures are currently recorded, however, the detail is not robust enough

to produce reliable figures, so it is an action of this strategy to increase the recording of this data.

## Reviewing our progress

An Implementation Plan will be developed by Commissioners and will be monitored and scrutinised by Commissioners from health and social care.

We will also begin to scoping exercise with a view to establishing a Cheshire East Mental Health Partnership Board, to encourage the development of greater integrated partnership working across Cheshire East to enable us to deliver the priorities and actions as detailed in the Action Plan (on page 42). This will help to ensure that the aspirations of our population are maintained.

## Example of collaboration- 2018 Mental Health Awareness Week

### Campaign:

Led by Cheshire East council including CCGs, housing, mental health providers, NHS trusts and leisure services. The campaign brought together different organisations across Cheshire to raise awareness of mental health for staff and local residents.





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Written by: Dr Alice Oates BMedSci(Hons) MBChB MRCPsych PG Cert(Hons), Clinical Fellow, NHS Resolution. <https://resolution.nhs.uk/mentalhealthreport/>

# Appendix

## Abbreviations

A&E - Accident and emergency

CAMHS - Children and Adolescent Mental Health Services

CCG - Clinical Commissioning Group

CMHTs - Community Mental Health Teams

DBT - Dialectical Behavioural Therapy

DWP - Department for Work and Pensions

EHS - Emotionally Healthy Schools

FYFV - Five Year Forward View

IAPT - Improving Access to Psychological Therapy

IPS - Individual Placement and Support

JSNA - Joint Strategic Needs Assessment

NICE - The National Institute for Care and Health Excellence

PD - Personality Disorder

SCIE - Social Care Institute for Excellence

## Acknowledgements

- All individuals involved in co-production
- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire Constabulary
- Cheshire East Council Community Mental Health Teams
- Cheshire East Council Mental Health Reablement Teams
- CVS Cheshire East
- East Cheshire Mental Health Forum
- Just Drop In
- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- Open Minds
- Pure Insight
- Visyon

## Key Documents

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- The NHS Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

# Cheshire East All Age Mental Health Strategy Action Plan

Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>1 General</b>				
1.1	Appoint a lead to engage with mental health forums in Cheshire East to allow for continued co-production throughout implementation of strategy and any reviews that take place.	All staff	Attendance at meetings	Ongoing
1.2	Appoint a mental health champion and register with the local authority mental health challenge.	Cllr Dorothy Flude		Completed
1.3	Align data collection across different teams and across adults and children's services to ensure that data is as accurate as possible.	Public Health Business Intelligence		Ongoing
1.4	Coproduction in the review and updating of the Cheshire East Council Vulnerable and Older Person Housing Strategy	Cheshire East Council Strategic Housing Team	Engagement meetings held, collation of feedback via different formats including easy read	March 2020
1.5	Continue to engage with housing providers to stimulate housing provision	Cheshire East Council Strategic Housing Team, Adults Commissioning Team	Meetings with housing providers	2019-2021
1.6	Ensure the Cheshire East Live Well website is continually updated to reflect the ever-changing landscape. This will give those needing to access services a clearer idea of what is available.	Cheshire East Council Commissioning - Nichola Glover-Edge	Live well is up to date, relevant reflected in a steady increase in hits year on year	Ongoing
1.7	Introduce a new model of social work in the Community Mental Health Teams	Social Care Operations - Keith Evans	Social workers will be offering Care Act assessments to young people in transition open to CAMHS when it is of significant benefit to them	Summer 2019/20

Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>2 Transition from Childhood to Adulthood</b>				
2.1	Create a consistent upper age limit for CAMHS across Cheshire East.	CCGs	Simplified pathway for young people moving into adult services	Summer 2019/20
2.2	Update the children and young people's JSNA including a section on transition	Public Health	JSNA informs partners of the needs of young people moving into adult service	2019/20
2.3	Ensure preparing for adulthood policy is circulated to relevant heads of service and is used by staff during transition process.	Cheshire East Council Commissioning- Nichola Glover-Edge	Transition process is understood by staff across health and social care	2019/20
2.4	Ensure a structure is in place so that all individuals who need and want a Care Act assessment receive one before the age of 18.	Social Care Operations- Jill Broomhall	Number of assessments conducted for people under 18	Ongoing
2.5	Commission a single pathway combining Emotionally Healthy Schools and Children and Young People's Early Help services.	Cheshire East Council Commissioning – Shelley Brough	Number of schools across the borough implementing new pathway	2019/20
2.6	Develop guidelines with schools on the safe use of social media	Cheshire East Council	Safe use of social media included in the curriculum.	2019 (TBC)
2.7	Introduce a revised transition process that is compliant with NICE guidelines	Social Care Operations	Transition process is understood by staff across health and social care	2019 (TBC)
2.8	Develop the Supported Internship offer in Cheshire East for young people in transition with an Education and Health Care Plan. Engage with DWP's Access to Work (AtoW) in order to maximise this to fund in-work PA support and transport assistance. Roll out good practice acquired to providers across Cheshire East. Record and report on cost-savings to ASC direct payment budgets with forecasts for future savings.	Cheshire East Council Supported Employment Team - Colin Jacklin and Zoe Macey.	Supported Internship Coordinator's project plan with outcome targets and milestones	2019/20



Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>3 Cared for Children and Care Leavers</b>				
3.1	Update the cared for children's JSNA including a section on mental health.	Children's Services – Jacquie Sims		2019/20
3.2	Include mental health needs in SEND Ignition panel.	Cheshire East Council Children's Commissioning - Dave Leadbetter		2019/20
3.3	Create (and regularly update) a local map identifying all agencies involved in care for looked after children as recommended in the NICE guidelines.	Cheshire East Council Commissioning - Nichola Glover- Edge		2019/20
3.4	Create and regularly update a directory of resources for cared for children to aid social workers and create a resource guide for cared for children and care leavers as recommended in the NICE guidelines.	Cheshire East Council Commissioning - Nichola Glover-Edge		2019/20
3.5	Develop a focused Child and Young People Crisis Care Service which sits alongside the Core 24 Crisis Liaison Service	Clinical Commissioning Groups  Child and Adolescent Mental Health Services		2019/20



Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>4 Employment</b>				
4.1	Improved intelligence of employment and housing status for service users	Public Health Cheshire East Council Performance Team	Annual monitoring of housing and employment status data	2019 (TBC)
4.2	To further develop the Cheshire East Council led Welfare to Work partnership (A partnership of organisations in Cheshire East who provide support to disadvantaged job seekers). Developing a joined up approach to employer engagement, transition support, referral pathways, dovetailed provision, sharing best practice, feeding data into commissioners/ strategy managers and external funding collaboration.	Cheshire East Council Supported Employment Team - Colin Jacklin and Zoe Macey.	Effectiveness measured quarterly via the Welfare to Work partnership meetings	Ongoing
4.3	Encourage Cheshire East Council as an employer to offer work experience and supported Internships for disabled customers including people with mental ill health.	Cheshire East Council Supported Employment Team - Colin Jacklin and Zoe Macey.	Project plan to be drafted which will include plans for monitoring progress.	2019/20
4.4	Train key staff to roll out a training of trainers programme. This to focus on systematic instruction and IPS support methodologies. IPS (Individual Placement & Support) is now widely accepted as the most effective supporting methodology re helping people with mental ill health into work.  Develop cohorts of PAs and other support staff who are trained and can be used for in-work support settings. A cohort of well-trained PAs will be able to fade their support, leaving the customer independent in their work settings and enabling the PA to move on to new referrals.	Cheshire East Council Supported Employment Team - Colin Jacklin and Zoe Macey.	This is one of the key objectives in the Supported Employment Strategy under development. Monitoring and review arrangements will be conducted through this strategy	2019/20
4.5	Develop supported employment as a positive alternative to more traditional transition destinations. Supported Employment team to engage with Social Workers, Youth Support Services and SEND staff to identify cohorts that are interested in and could be supported into, a work setting as a reabling alternative to destinations such as out-of-borough residential college provision. Develop business case/model re such interventions. Record and report on cost savings to ASC direct payment budgets, with forecasts for future savings	Cheshire East Council Supported Employment Team - Colin Jacklin and Zoe Macey.	This is one of the key objectives in the Supported Employment Strategy under development. Monitoring and review arrangements will be conducted through this strategy	Ongoing
4.6	Implement the action plan to support Time to Change	Cheshire East Council - Guy Kiliminster		2019/20

Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>5 Personality Disorder</b>				
5.1	Development of a Personality Disorder Strategy	Cheshire and Merseyside Partnership		2019 (TBC)

<b>6 Crisis Care</b>				
6.1	Appoint a lead for the Crisis Care Concordat to ensure momentum in work is maintained	Cheshire East Council - Keith Evans/ Nichola Glover-Edge		Completed
6.2	Develop alternatives to hospital admission such as crisis beds and or respite provision	Clinical Commissioning Groups	Adult Mental Health Service Redesign	2019 (TBC)

<b>7 Building Sustainable Communities</b>				
7.1	The council will work with partners to provide opportunities to encourage people to access and enjoy the countryside. The Council and its CCG partners will explore how the principles of ecotherapy can be included in the menu of recovery options for people experiencing mental ill health.	Cheshire East Council - Richard Doran	Monitoring of numbers accessing activities in the countryside	Ongoing
7.2	Implement Care Choices on the Live Well site	Cheshire East Council Commissioning - Nik Darwin	Website hits	2019/20
7.3	Carers Hub will undertake carers' assessments on behalf of the Council	Cheshire East Carers Hub Commissioning	Number of Carers assessments completed	2019/20
7.4	Support service user groups such as Open Minds and East Cheshire Mental Health Forum	Social Care Operations - Keith Evans Cheshire East Council Commissioning – Mark Hughes	Attendance at meetings/forums	Ongoing
7.5	In partnership with service users/groups develop a campaign to tackle stigma and discrimination.	Cheshire East Council Commissioning – Mark Hughes	Stigma campaign advertised and recognised by local communities	2019/20

Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>7 Building Sustainable Communities (continued)</b>				
7.6	Support the new NHS national campaign 'One You Every Mind Matters' campaign.	Clinical Commissioning Groups Cheshire East Council		Ongoing
7.7	Recommissioning of Advocacy service	Cheshire East Council Commissioning – Shelley Brough		2019/20
7.8	The Council, the Clinical Commissioning Groups and Cheshire and Wirral Partnership will continue to work as part of the Champs network to support the NO MORE Suicide Strategy which aims to eliminate suicide by 2020.	Public Health – Fiona Reynolds Clinical Commissioning Groups Cheshire and Wirral Partnership	Reduction in the number of suicides	Ongoing
7.9	Develop with Champs a standardised and accredited training programme for all staff conducting Serious Incident (SI) investigations	Public Health – Fiona Reynolds Clinical Commissioning Groups Cheshire and Wirral Partnership	Health and social care have a sufficient pool of staff available to undertake SI investigations	Ongoing





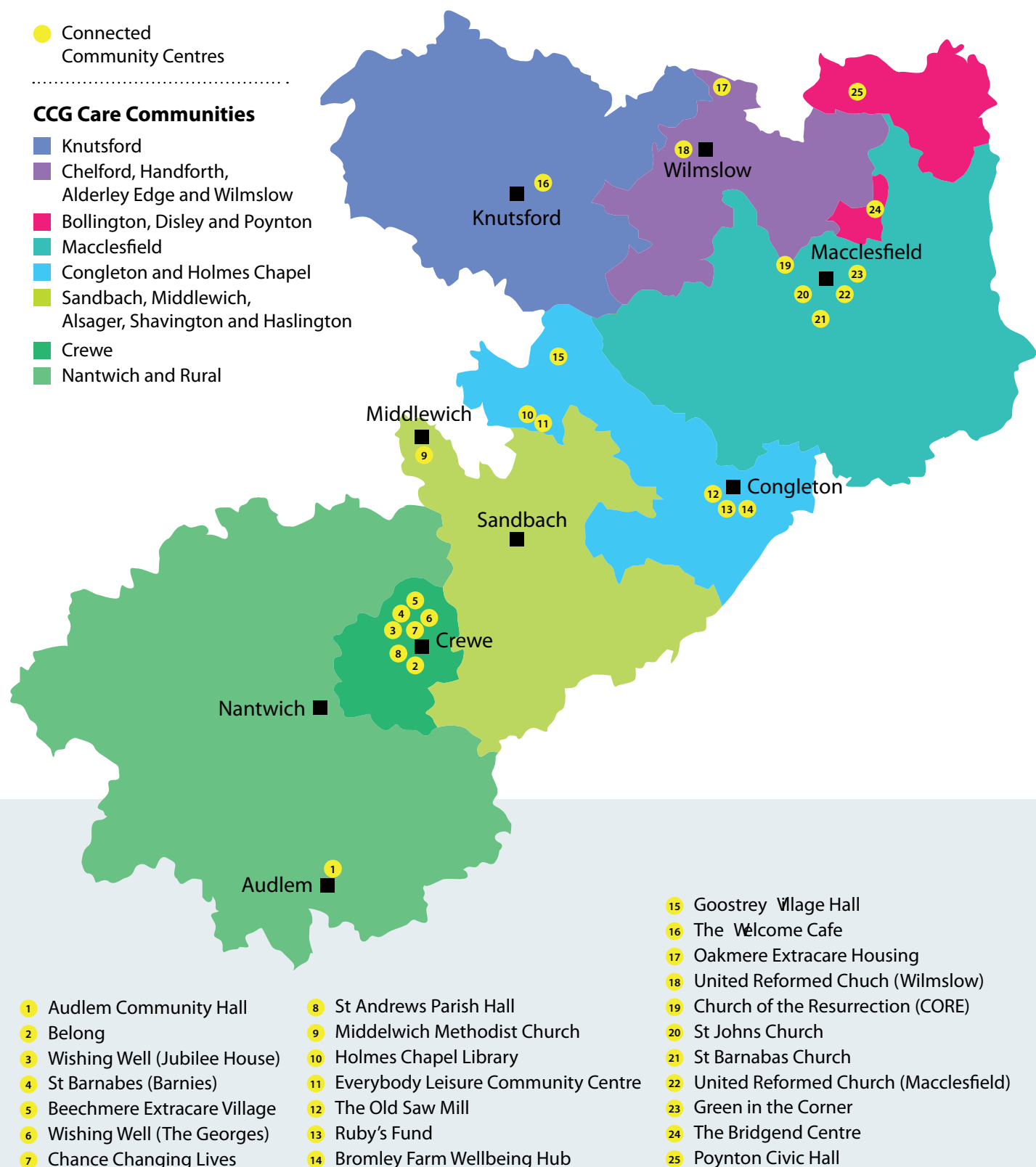
Ref.	Action	Who's Responsible	How will we measure progress? (where applicable)	Complete By
<b>8 Justice and Mental Health</b>				
8.1	Publication of Operational Guidance between Health and Social Care	Cheshire East Council – Tasha Zacune  Cheshire and Wirral Partnership – Gordon Leonard		2019
8.2	Map current health and justice liaison and diversion provision and respond to imminent tender opportunities aligned with the Cheshire East footprint.	Clinical Commissioning Groups  Cheshire East Council		Ongoing 2019-2021

<b>9 Commissioning More Effective Services</b>				
9.1	Create a vibrant provider market of across Cheshire East that can meet the needs and requirements of individuals with mental health needs	Cheshire East Council Commissioning – Mark Hughes	Review through Complex Care DPS	Ongoing
9.2	Continue to support step-up/down provision across Cheshire East	Cheshire East Council Strategic Housing Team, Adults Commissioning Team  Clinical Commissioning Groups	Meetings with housing providers  Development of services across Cheshire East	Ongoing 2019-2021
9.3	Implementation of the Mental Health Service Redesign	Clinical Commissioning Groups  Cheshire East Council		2019

<b>10 Mental Health Law Reform</b>				
10.1	The Council will contribute to the Government review of the Mental Health Act 1983 and the Mental Capacity Act 2005 by actively engaging with the Government via the Association of Directors of Adult Social Services (ADASS).	Social Care Operations – Keith Evans	ADASS views reflected in the final draft of new legislation and accompanying statutory guidance	Ongoing and subject to Government and Parliamentary timetabling



# CCG Care Communities and Connected Communities Centres









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## **Health and Adults Social Care and Communities Oversight and Scrutiny Committee**

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**Date of Meeting:** 05/12/2019

**Report Title:** The Tartan Rug: Current Position and Future Planning

**Portfolio Holder:** Cllr Jill Rhodes, Portfolio Holder for Corporate Services and Public Health

**Senior Officer:** Mark Palethorpe, Acting Executive Director of People

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### **1. Report Summary**

- 1.1. This report describes the use of the Tartan Rug as both a visual display that shows the health inequalities that exist across Cheshire East and a call to action to ourselves, our partners and our residents to work together to address these inequalities.
- 1.2. The report also sets out our intention to develop a place-based approach to our Joint Strategic Needs Assessment that will provide a detailed reflection of the health needs and opportunities for targeted work to address them in each of our eight Care Communities.

### **2. Recommendations**

- 2.1. The committee is asked to note the report and endorse our approach to supporting Cheshire East Council, our partners and our residents to address local health challenges and reduce inequalities using a robust, health intelligence led approach.

### **3. Reasons for Recommendations**

- 3.1. This approach will support:
  - 3.1.1. Council and health commissioning.

3.1.2. Our Communities Team, the Care Communities and Primary Care Networks.

3.1.3. Ward Members.

3.1.4. Residents.

#### **4. Other Options Considered**

4.1. None – publishing the JSNA is a statutory responsibility of the Health and Wellbeing Board and the Tartan Rug comprises part of it.

#### **5. Background**

5.1. Where we are now:

5.1.1. The physical and emotional health and wellbeing of the residents of Cheshire East is generally good. However, there are pockets of significant socioeconomic deprivation that exist across the borough that are leading to inequalities between those living in our most deprived wards and those in the most affluent wards.

5.1.2. An example of this inequality is the 13-year gap in life expectancy between women living in Gawsorth and women living in Crewe Central, and an 11 year gap in life expectancy between men living in Wilmslow East and men living in Crewe Central. We need to work as both a council and as system to close these gaps.

5.1.3. In the Cheshire East Partnership Five Year Plan, we commit to working collaboratively to improve the health and wellbeing of our residents. A targeted approach to the delivery of health and community services will ensure that we are not only addressing inequalities but will give the best return on investment, and support the Local Industrial Strategy on delivering inclusive growth.

5.1.4. The Tartan Rug is a visual display of how our local communities compare with the rest of the country on a range of Public Health indicators. The Tartan Shawls are extracts of the Tartan Rug that correspond to the eight care communities.

5.1.5. Across the top of the Tartan Rug are the electoral wards of Cheshire East, and listed down the side are the range of indicators that are included in the Public Health Outcomes Framework.

5.1.6. The areas that are the darkest red are in the bottom 20 percent of the country and the areas of brightest green are in the top 20 percent.



5.1.7. The areas with the most red are in the centres of Crewe and Macclesfield. These are the areas with the greatest health needs and the greatest concentration of socioeconomic deprivation.

5.1.8. The Tartan Rug is a helpful way to visualise the inequalities that exist across the borough in terms of physical and emotional health and wellbeing. This shows where the need is greatest and where interventions could be targeted to have the greatest effect.

5.1.9. The Tartan Rug forms part of the Cheshire East Joint Strategic Needs Assessment (JSNA), which it is a statutory responsibility for the Health and Wellbeing Board to publish. The JSNA is published on our website, is publically accessible and incorporates not only the Tartan Rug but also chapters on specific areas that relate to commissioning and health.

5.2. Where do we want to be and what changes are we making:

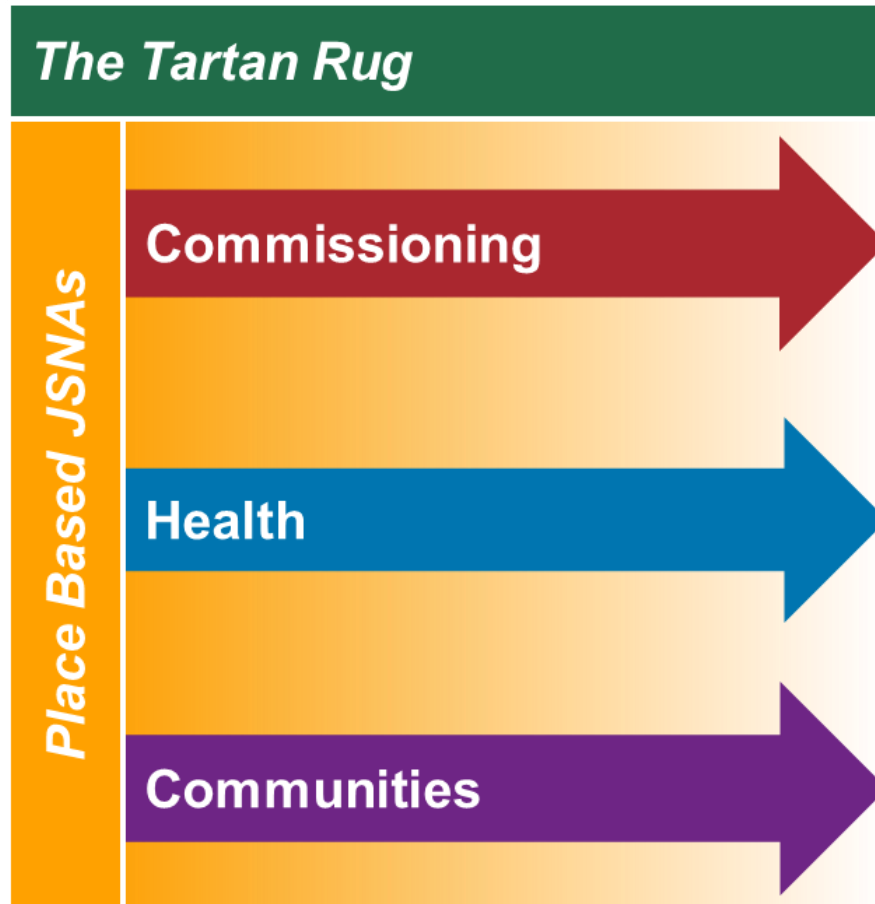
5.2.1. The Tartan Rug represents a good first step in describing and sharing an understanding of the health needs of Cheshire East residents. It provides not only a visualisation of the challenges that we need to work towards addressing, but can also be used as a call to action for making local changes.

5.2.2. We have shared the Tartan Rug widely within Cheshire East Council and also with local partners via leadership and partnership boards. We have also provided briefings for members on how they can use the Tartan Rug and to support their residents in accessing community grants.

5.2.3. In order to understand the challenges presented by the Tartan Rug we will commence a rolling work programme to look at the detail that underpins the indicators in neighbourhoods and towns. This will lead to the compilation of eight place based JSNA chapters on the footprint of the eight care communities that describe the needs and opportunities for improvement.

5.2.4. The public health intelligence team will lead the development of the place based JSNA and will work collaboratively with partners from across Cheshire East Council and with key external partners including capturing the voice of the public.

5.2.5. The Tartan Rug provides the overview that can help to shape our commissioned services, how local health services can be configured and what can be done in local communities. The place based JSNA chapters will provide the richness of information that will enable more targeted approaches to be developed.



5.2.6. This work will dovetail with pieces of work that are ongoing across Cheshire East including community grants, social value and the work of community connectors.

5.2.7. Work on the first place based JSNA chapter will begin when our new public health analysts join the public health intelligence team and the process will be made more robust with the successful recruitment of two JSNA officers who will write the chapters.

5.2.8. Ultimately, the impact we would hope to see would be a greening of the Tartan Rug over the next decade. That would mean an improvement in a range of health outcomes for the people who are living in our most deprived communities.

## 6. Implications of the Recommendations

### 6.1. Legal Implications

6.1.1. Any commissioning activity arising from the proposed work plan will need to be procured in accordance with the Public Contracts Regulations 2015 and the Council's own Contract Procedure Rules. The legal team will provide support and advice as appropriate.

6.1.2. The Tartan Rug forms part of the JSNA, which local authorities and CCGs have joint statutory responsibility under the Health and Social Care Act 2012 to prepare, through the Health and Wellbeing Board.

6.1.3. Additionally, the use of this visual tool as an approach to understand and address the health needs of Cheshire East residents demonstrates the Council's commitment and adherence to the statutory duties in the Care Act 2014, particularly the duty under section 2 to promote well-being in respect of all adults with or without eligible needs, with the aim of preventing or delaying the onset of eligible needs.

## **6.2. Finance Implications**

6.2.1. There are no financial implications for the recommendations in this report. The staff time and resources that will be needed to develop the place based JSNA will be funded via the existing Public Health ring-fenced grant.

## **6.3. Policy Implications**

6.3.1. Producing the JSNA is a statutory responsibility that we will be fulfilling with this work.

6.3.2. The place based JSNA will support the Cheshire East Partnership Five Year Plan, the Joint Health and Wellbeing Strategy and ensure that our residents live well for longer.

## **6.4. Equality Implications**

6.4.1. The proposed work plan aims to describe the impacts of and underlying causes of the health inequalities in Cheshire East and to make recommendations to reduce inequalities and the impacts of inequalities on our residents.

## **6.5. Human Resources Implications**

6.5.1. Ensuring we recruit and retain the right people to be able to carry out the work required.

## **6.6. Risk Management Implications**

6.6.1. The place based JSNA will support reduction in avoidable harms in our neighbourhoods and communities by identifying gaps or opportunities for targeted interventions.

## **6.7. Rural Communities Implications**

- 6.7.1. Health inequalities in our rural communities will be identified and recommendations will be made on how to address these where possible.

## **6.8. Implications for Children & Young People/Cared for Children**

- 6.8.1. Reducing health inequalities will have a positive benefit on the life course of all of our residents and this will have the greatest impact over the life course of those who are children now and children born in Cheshire East in the future.
- 6.8.2. There is the potential to interrupt health inequalities that have been passed from one generation to the next allowing subsequent generations to flourish in our most deprived communities.

## **6.9. Public Health Implications**

- 6.9.1. The proposed programme of work aims to improve public health across Cheshire East through the reduction of health inequalities.

## **6.10. Climate Change Implications**

- 6.10.1. Recommendations will be made on how health and wellbeing can be improved in communities across Cheshire East.
- 6.10.2. These will be evidence based but may include recommendations that reduce our carbon footprint, or that mitigate against the consequences of climate change.

## **7. Ward Members Affected**

- 7.1. All

## **8. Consultation & Engagement**

- 8.1. All members have been invited to briefings on the Tartan Rug and how they can use it within their wards and with their residents.
- 8.2. The Tartan Rug and JSNA have been shared and are used by many partner organisations already and there is a commitment to using good quality health intelligence and evidence to guide commissioning and service delivery across the Cheshire East Place.

## **9. Access to Information**

- 9.1. The Cheshire East JSNA is accessible on our website  
[https://www.cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/jsna/jsna.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx)

## **10. Contact Information**

10.1. Any questions relating to this report should be directed to the following officer:

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**11. Version Control**

<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Meeting report presented to</b>	<b>Consultees</b>		<b>Summary of amendments made</b>
				Name of officers consulted	Date consulted	
24/10/19	1.0	Matt Tyrer	DMT			
06/11/19	1.1	Matt Tyrer	DMT	Nikki Wood-Hill Lisa Crisford Deborah Nickson	25/10/19	Finance, HR and legal comments
20/11/19	2.0	Matt Tyrer	CLT			No changes



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Version  
Number: 1.0

Key Decision N

Date First  
Published: N/A

## **Health and Adult Social Care and Communities Overview and Scrutiny Committee**

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**Date of Meeting:** 5 December 2019

**Report Title:** SEND Local Offer for 16 to 25 Year Olds – Task and Finish Group Report

**Portfolio Holder:** Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe, Acting Executive Director of People

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### **1. Report Summary**

- 1.1. Under the Children and Families Overview and Scrutiny Committee, a task and finish group was established in 2018/19 to review the local offer of SEND services provided in Cheshire East for people aged 16 to 25.
- 1.2. This report presents the final report of the task and finish group, which was presented to the Children and Families Overview and Scrutiny Committee on 25 November 2019 and Cabinet on 3 December 2019.

### **2. Recommendation**

- 2.1. To note the report of the task and finish group.

### **3. Reason for Recommendation**

- 3.1. The report is being presented to the Health and Adult Social Care and Communities Overview and Scrutiny Committee, to be received as an informative report, as it relates to the provision of services for a cohort of people that includes young adults.

### **4. Other Options Considered**

4.1. N/A.

## **5. Background**

5.1. The SEND reforms task and finish group met in December 2018 to scope the review and agreed to use the following objectives during its review:

- To identify the barriers for young people accessing the job market;
- To identify the rationale for the perceived lack of social care services;
- To review the Cheshire East Local Offer, including the toolkit and benchmark against other local authorities;
- To recommend potential commissioning intentions to develop opportunities for young people aged 16 plus;
- To investigate what support is provided for the transition into adulthood; and
- To investigate the relationship between Cheshire East Council, private providers and further education providers, and what specialist advice is provided.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

6.1.1. There are no legal implications anticipated from this report being considered by the Health and Adult Social Care and Communities Overview and Scrutiny Committee.

### **6.2. Finance Implications**

6.2.1. There are no financial implications anticipated from this report being considered by the Health and Adult Social Care and Communities Overview and Scrutiny Committee.

### **6.3. Policy Implications**

6.3.1. There are no policy implications anticipated from this report being considered by the Health and Adult Social Care and Communities Overview and Scrutiny Committee.

### **6.4. Equality Implications**

6.4.1. There are no equality implications.

#### **6.5. Human Resources Implications**

6.5.1. There are no human resources implications.

#### **6.6. Risk Management Implications**

6.6.1. There are no risk management implications.

#### **6.7. Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

#### **6.8. Implications for Children & Young People/Cared for Children**

6.8.1. The recommendations put forward by the task and finish group were intended to improve the offer to children and young people with special educational needs and disabilities.

6.8.2. There are, however, no direct implications anticipated for children and young people, or cared-for children resulting from this report being considered by the Health and Adult Social Care and Communities Overview and Scrutiny Committee.

#### **6.9. Public Health Implications**

6.9.1. There are no direct implications for public health.

#### **6.10. Climate Change Implications**

6.10.1. There are no direct climate change implications expected as a result of this report.

### **7. Ward Members Affected**

7.1. No ward members are directly affected.

### **8. Access to Information**

8.1. The following documents were considered by the task and finish group as part of its review and are available for inspection:

8.1.1. Children and Young People with Special Education Needs and/or Disabilities Cheshire East Self-Evaluation – December 2017.

8.1.2. Children and Young people with Special Educational Needs and/or Disabilities Joint Strategy 2017/19.

8.1.3. Cheshire East SEN/EHCP Scorecard.

8.1.4. LGiU – briefing notes.



8.1.5. Special Educational Needs and Disability Code of Practice.

8.1.6. Sufficient Statement and Provision Plan.

8.1.7. Ofsted Inspection Report.

8.1.8. Written Statement of Action for SEN and Disabilities (Cheshire East Council).

## **9. Contact Information**

9.1. Any questions relating to this report should be directed to the following officer:

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## Children and Families Overview and Scrutiny Committee



## SEND Local Offer for 16 to 25 Year Olds

### SEND Reforms Task and Finish Group – 2<sup>nd</sup> Report

September 2019

## 1. Chairman's Foreword

- 1.1. In our first report dated March 2018 we stated that in coming to terms with the realisation that a child has a learning difficulty, parents and carers need to be reassured that they will receive support from the local authority and its partners that is timely and easily accessible with outcomes that enable their child's prospects to be life enhancing.
- 1.2. Following the implementation of the Children and Families Act 2014 and the statutory framework for the personalisation of services for children and young people from 0 to 25 years, the Children and Families Overview and Scrutiny Committee decided to establish a task and finish group to conduct an in-depth review at the new system.
- 1.3. In our first report we looked at the provision for the 0 to 16 year olds in this our second review, which began in January 2019, we have looked at the provision for young adults aged 16 to 25. This is a very important time in any young person's life as they leave school move to college and set out on their journey towards independence. We recognise that independence for some can be restricted by their personal needs and our report recognises this.
- 1.4. The local authority and its partners have been on a significant journey since the last Ofsted inspection. Members were pleased to see improvements now being made that are resulting in changes for SEND children and their parents/carers. However, there is still more to do and overview and scrutiny will continue to monitor progress.
- 1.5. The group thanks parents, carers and the many staff from education, health, social care services, as well as the private providers who gave evidence to the group. A special thank you goes to Katie Small, Scrutiny Officer at Cheshire East for all her assistance.



Councillor Dorothy Flude

Chairman of the Task and Finish Group

## 2. Background and Membership

- 2.1. The Children's and Families Act 2014 introduced a wide range of reforms to the organisation of Special Education Needs and Disability (SEND) Provision. These reforms were aimed at improving the quality and reliability of SEND provision by providing a joined up approach between the relevant agencies and by giving parents and young people more influence over the provision they received.
- 2.2. The Act extended the reach to people up to age 25 and also placed a requirement on Further Education settings to work to Education Health and Care Plans rather than learning disability assessments. The Children and Families Overview and Scrutiny Committee had previously set up a task and finish group to review the progress made in implementing these reforms, concern was raised that young people aged 16 and over were unable to access the job market.
- 2.3. The task and finish group agreed that the next phase of their work would focus on the improvements required to be made in respect of the 16-25 SEND offer. Members were concerned that young people would end up in the adult social care system, for reasons that could have been prevented with early intervention and the right services being available.
- 2.4. As a consequence the Children and Families Overview and Scrutiny Committee agreed that an additional task and finish group should be established to review the offer to 16-25 year olds.
- 2.5. The membership of the task and finish group was as follows:



From left to right:

Councillors Rhoda Bailey, Flude, Grant, Hayes, Merry and Rhodes

### **3. Recommendations**

**3.1. It is recommended that further work is undertaken to continue to develop and embed the following actions relating to current improvement work in the service and recommendations from the previous OSC report, as follows:**

3.1.1. Continue to ensure that the co-production of Education and Health Care Plans (paragraph 7.2 refers) is embedded.

3.1.2. Implement the new locality structure within the service ensuring capacity and expertise for 16-25 provision.(paragraph 7.2 refers).

3.1.3. Continue to ensure the transition across 16 -25 provision is seamless and continue to ensure the annual reviews are coproduced with all relevant partners, parents and carers to better prepare young people for adulthood and furthermore to ensure the right services are in place in a timely manner (paragraph 7.24 refers).

**3.2. In relation to health services which support SEND it is recommended that services align with the development of one CCG to ensure consistent offer for the following:**

3.2.1. Ensure that there are no gaps in services, particularly in relation mental health and speech and language and that these services are fit for purpose.

3.2.2. Ensure continued partnership oversight of the newly developed single pathway for autism, promoting the consistent offer across the borough and monitoring performance to ensure improved outcomes for children and young people. (Paragraph 7.8 refers).

3.2.3. That the Council encourages voluntary groups to provide activities which allow supported young people to develop their skills and interests.

**3.3. It is recommended that the following specific actions in relation to the 16-25 offer be addressed by all partners:**

3.3.1. That Cheshire East Council continues to coordinate, drive, develop and promote supported internships and support local businesses in the employment of those with disabilities. (Paragraph 7.37 refers).

3.3.2. To undertake a sufficiency review of supported accommodation to ensure sufficient quality accommodation which is fit for purpose where it is appropriate.



3.3.3. Review the financial procedures and processes for post 16 payments and ensure these are made efficient. (Paragraph 7.40 refers).

3.3.4. Monitor the new locality structure within the service ensuring capacity and expertise for 16-25 provision. (Paragraph 7.39 refers).

#### **4. Objectives**

4.1. The Group set out the following objectives for this review:

- To identify the barriers for young people accessing the job market.
- To identify the rationale for the perceived lack of social care services.
- To review the Cheshire East local offer, including the toolkit and benchmark against other local authorities.
- To recommend potential commissioning intentions to develop opportunities for young people aged 16 plus.
- To investigate what support is provided for transition into adulthood.
- To investigate the relationship between Cheshire East, private providers and further education providers, and what specialist advice is provided.

#### **5. Methodology**

5.1. The group identified and engaged with the following witnesses as part of this review:

- Focus group sessions with representatives from the following council services and partners; finance; youth support; transition; children's commissioning; SEND team; adult social care, housing, Space4Autism; Friends for Leisure, complex worklessness; supported internship; and support employment.
- Service Manager for Paediatric Therapies department in CCICP.
- Special Educational Needs and Disability Designated Clinical Officer.
- Head of Service – Director of Education and 14-19 Skills.
- Councillor Jos Saunders - Portfolio Holder for Children and Families (in 2018/19).
- Parents and carers.

5.2. The group also undertook visits to; Reaseheath College; Total People; Department of Education – Macclesfield; Supported Community Business – Crewe; Acorn Centre – Crewe; Princes Trust; and Wishing Well Project – Crewe.

## 6. Timeline

6.1. The table below sets out the timeline of actions undertaken by the Group during this review:

Date	Action
7 December 2018	Task and Finish Group – Scoped Review
4 January 2019	Task and Finish Group – Background papers and agree programme
21 January 2019	Post 16 Providers – Network Meeting
1 February 2019	SEND Ignition Pilot
5 February 2019	Visit to Department of Education, Macclesfield
8 February 2019	Task and Finish Group – Meeting to review progress
13 March 2019	Visit to Reaseheath College
15 March 2019	Three focus group sessions
19 March 2019	Meeting with Head Of Service
20 March 2019	Visit to Total People - Macclesfield
25 March 2019	Meeting with Portfolio Holder for Children and Families
2 April 2019	Visit to Community Supported Business, Crewe
4 April 2019	Visit to Acorn Centre, Crewe

## 7. Findings

### The Local Offer

7.1. Every Council is required to publish details of the local support available for young people with SEND. The local offer provides clear and accurate information about local education, health and care services. The Local Offer for Cheshire East is detailed in Figure 1 below:

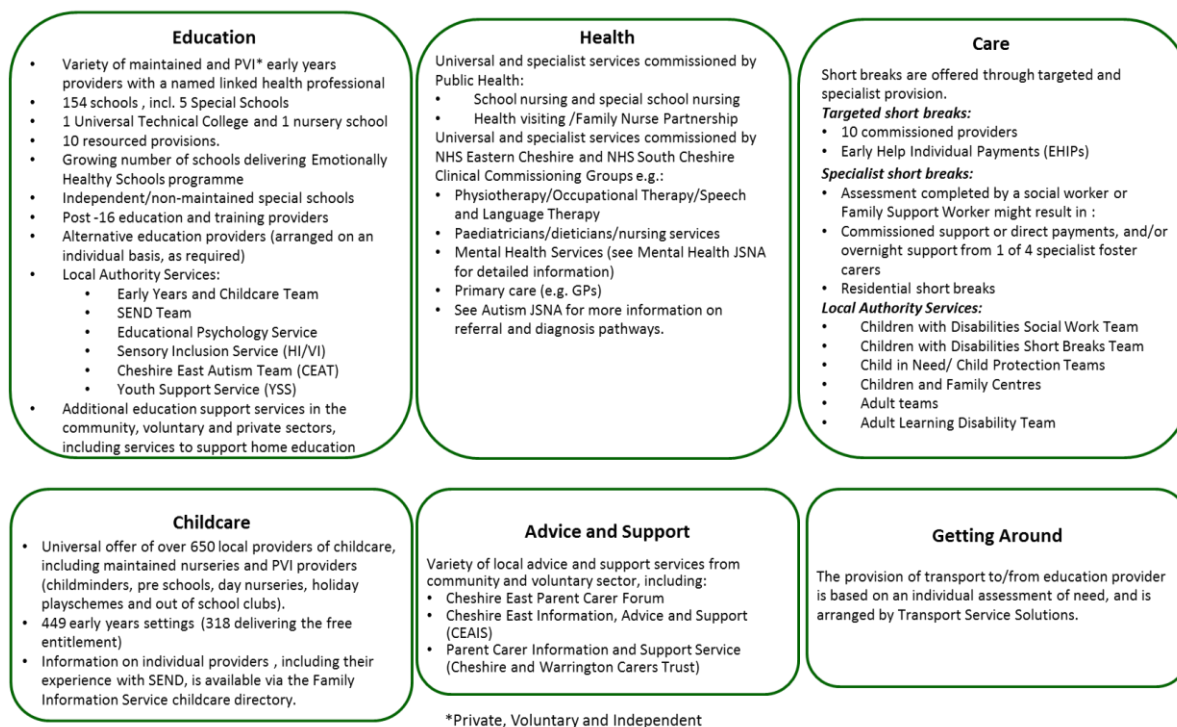


Figure 1. The Local Offer for Cheshire East

## Services Working Together

7.2. Children and young people need well co-ordinated, coherent support across education, health and social care to help them to achieve their agreed outcomes. Local authorities and key agencies are required to co-ordinate and jointly plan services. It was acknowledged that in the past, partnership working had required improvement. However, with the introduction of the SEND Partnership Board, the group agreed that improvements were being made, there was evidence of strong partnership working and partners and Cheshire East staff were both positive and eager to work together. Further to the previous task and finish group on the SEND Reforms.

## Health Care Services

7.3. Up to age 16, children receive the 'whole package' in terms of health services. However, post 16 it becomes fragmented and there are gaps in the health service for 16 to 19 year olds when transitioning into adult care, particularly in relation to mental health and speech and language services.

7.4. Provision in Macclesfield and Crewe health services are not consistent; the Children and Adolescent Mental Health Service (CAMHS) is overstretched and referrals into the system can take a significant amount of time. To try

and alleviate this pressure, the threshold for CAMHS is now too high resulting in children either 'falling through the gap' or intervention taking place too late.

- 7.5. Further to the last task and finish group report, there were still inconsistencies between Eastern Cheshire and South CCG in terms of autism diagnosis thus creating inequalities. The task and finish group acknowledged that there was a substantial amount of work being undertaken, to embed a single pathway, however, some parents can feel unsupported and unclear on the services and options available for their children in the future. Overview and scrutiny should maintain their overview role to ensure the single pathway is effectively implemented and have assurance that families understand the services available.

#### Equipment Store

- 7.6. Again further to the last task and finish group final report, throughout the review, the issue of funding and cost of equipment consistently arose. The task and finish group agreed that as specialist equipment was so expensive and there were significant budgets pressures on schools, Cheshire East should coordinate an equipment store which could be used by all schools, enabling equipment to be recycled.

#### Preparing for Adulthood

- 7.7. The task and finish group were concerned that young adults would end up in adult social care which could have been prevented if early intervention had taken place and the right services were available.
- 7.8. Preparing for adulthood is when a young person begins to think about what they want to do in the future. The Children and Families Act 2014 and the Care Act 2014 provide the legislative framework for transition. They both highlight the need to take an outcome based approach and promote wellbeing.
- 7.9. Each young person is different; some will receive support from social care, some may leave education at 19, some may have complex health needs. As a result of this there will be changes to the care and support they receive from education, health and care services, or involvement with new agencies such as housing, employment or further education and training.
- 7.10. Young people need to be guided down the preparing for adulthood (PfA) pathways which best meet their needs and promotes their wellbeing, employment, housing - own place, planning for good health, developing friendships, relationship and community. The Council has developed a pathway to support young people with disabilities up to the age of 25.

Education and Health Care Plans (EHCP)

- 7.11. EHCPs replace SEN Statements. A plan is a legally binding summary of the provision that is to be made for an individual aged 0-25 in response to their needs and aspirations covering education, health and social care. They are based on a single assessment process, involving all the relevant agencies, and include input from the young person who is the subject of the proposed plan, and their parent/carer.
- 7.12. During the SEND Ofsted inspection conducted in March 2018, it was highlighted that 'the annual review process is often not completed within expected timescales. As a result, many children and young people's changing needs and outcomes are not being acknowledged in a timely enough manner and required changes to provision or placement are not reflected in children and young people's EHC plans. The overwhelming majority of parents who contributed to the inspection did not believe that their children's needs were being effectively assessed and met. Due to delays in identification of needs and the subsequent failure to meet needs effectively, some families have now entered the social care system. This situation could have been avoided had their children's needs been identified sooner and the appropriate provision put in place'.
- 7.13. 'Completion of annual health checks for 14 to 25-year-olds who have learning disabilities varies between CCGs.
- 7.14. The task and finish group based on evidence from witnesses considered that the EHCP are often still not being updated to reflect the move to further education, or being coproduced. The process and conversation between partners for preparing for adulthood and transition should start earlier, so that it can be managed and the required funding be in place prior to the child starting further education. The group also felt that at this stage the expectations of parents and carers needed to be managed to ensure they are realistic.
- 7.15. Members agreed that it was not possible for SEN officers to attend all reviews, however they were tracked and checked, which was adequate. The task and finish group was pleased that annual reviews could now be completed electronically and that a parents' portal was available to track cases.
- 7.16. Members noted that post 16 previously had a learning disability assessment (LDA) rather than a statement and that although all current LDAs were converted to EHC plans these may already have ceased for those aged 19-25. Members noted that a request for a new needs assessment can be



submitted for consideration if there is still an educational need but not all parent/cares requested this.

### SEND Ignite

7.17. SEND Ignition is an innovative project which has been established to support young people with SEND who may not have a clear preparing for adulthood pathway. It is based on the success of the Ignition project for care leavers which has won national awards. It focuses on person centred planning taking a bottom up approach which will in turn influence and develop the SEND local offer for people aged 16 and over.

7.18. Members of the task and finish group attended the first session of the SEND ignition workshop which included young people, parents/carers, health and local authorities representatives. They acknowledged that no one person, family, community, team or service can improve outcomes for young people, it takes team work and co-production of plans.

7.19. The recent SEND inspection highlighted that professionals, young people and their parents/carers are not always aware of the range of post 16 provisions available. Parents had highlighted concerns about post 16 pathways and therefore the offer needed to be developed so that young people's needs are met locally, ensuring better life outcomes, increased independence and choice and control over their support.

7.20. Preparing for adulthood is required to take place from year 9 (age 14) but there are benefits from this happening much earlier and expectations of parents and children needs to be understood. The task and finish group considered that whilst a lot of work is being undertaken to prepare children for adulthood, it is still in the early stages and often fragmented. This development work needs to continue. More work needed to be undertaken to help parents understand the transition process and manage expectations.

### Pathway to Transition

7.21. Local Authorities must carry out a transition assessment of any young person when there is significant benefit to the young person or carer in doing so, and if they are likely to have needs for care or support after turning 18. The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving children's services, but for anyone who is likely to have needs for adult care and support, after turning 18.

7.22. The timing of this assessment will depend on when it is of significant benefit to the young person or carer. This will generally be at the point when their

needs for care and support as an adult can be predicted reasonably confidently, but will also depend on a range of other factors discussed in the section below.

7.23. The consideration of 'significant benefit' is not related to the level of a young person or carer's needs, but rather to the timing of the transition assessment. When considering whether it is of significant benefit to assess, a local authority should consider factors which may contribute to establishing the right time to assess (including but not limited to the following):

- The stage they have reached at school and any upcoming exam.
- Whether the young person or carer wishes to enter further/higher education or training.
- Whether the young person or carer wishes to get a job when they become a young adult.
- Whether the young person is planning to move out of their parental home into their own accommodation.
- Whether the young person will have care leaver status when they become 18.
- Whether the carer of a young person wishes to remain in or return to employment when the young person leaves full time education.
- The time it may take to carry out an assessment.
- The time it may take to plan and put in place the adult care and support.
- Any relevant family circumstances.

#### Outcomes of an Assessment

7.24. That a young person may have needs. This means if they have any "appearance" of any need for care and support as an adult – not just those needs that will be deemed eligible under the adult statute. Adult services should therefore carry out a transition assessment for those who are receiving children's services as they approach adulthood, so that they have information about what to expect when they become an adult. The Care Act guidance reaffirms the long standing position within adult social care legislation that the threshold for assessment is set deliberately low.

7.25. There are three possible assessment outcomes:

1. The assessment concludes that the person does not have needs for adult care and support, or
2. The assessment concludes that the person does have such needs and begins to meet some or all of them (adult services will not always meet all of a person's needs – certain needs are sometimes met by carers or other organisations, or
3. The assessment concludes that the person does have such needs but decides they are not going to meet any of those needs (for instance, because their needs do not meet the eligibility criteria under the Care Act 2014).

7.26. In order to reach such a conclusion, the Local Authority must conduct a transition assessment. Furthermore the guidance underlines the need to take a holistic account of a person's needs, and not limit them to eligible needs for care and support.

#### Pathways in Transition

7.27. For children and young people who meet the criteria of the transition team at age 16, the transition assessment is assured. The criteria for the transition team is:

- A physical and/or learning disability which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.
- They are likely to meet the eligibility criteria for care and support under the Care Act.

7.28. This criterion allows the transition team to work with young people with disabilities who have the potential to progress into adulthood without the need to rely further on publicly funded adult social care.

7.29. In relation to adult social care day services, the task and finish group agreed that whilst there was provision available it was not always suitable for young people. Rather than day services, parents often wanted community based services, providing a holistic package of activities suitable for young people. Members visited Wishing Well at the Jubilee Centre in Crewe, which provides a programme for supported adults including a range of clubs, activities and bespoke provision. The offer includes improving self-esteem, building confidence, communication, reducing isolation, health & wellbeing, skills for working life, skills for independent living, 1-2-1 support

& mentoring whilst having fun in an inclusive setting. Each supported adult is provided with a timetable of activities specific to their needs, all led by a suitably qualified mentor and/or supervisor.

7.30. Activities include;

- Residential;
- Community outreach;
- Domestic skills such as cooking, cleaning and personal hygiene;
- Day clubs;
- Sports and arts;
- Volunteering and skill development; and
- Employability training.

#### Supported Employment

7.31. Cheshire East Council has a supported employment team who offer support to people with disabilities to find or retain employment. As employment is a key ingredient for real social inclusion, the team support people with disabilities to gain independence through work. Those that don't trigger adult social care need a route for a work place setting.

7.32. The task and finish group visited the Supported Community Business in Crewe, which was founded in 1998 out of a desire by the founder to provide his daughter, who had special needs to have access to the same working opportunities and to experience the world of work as other people her age. She wanted to learn what it was to work, to feel a sense of achievement, earn an income, meet friends and have a sense of purpose. Failing to locate such an opportunity, the founder and co-founder created SCB (Special Needs) Limited as a not for profit organisation and a registered charity, which is endorsed by Cheshire East Council and benefits from the support of a growing number of customers. The aims of the business are:

- To establish a strong community based business with a culture of equal opportunities for all, irrespective of any disability.
- To forward equal opportunities and life enhancement for people with special needs and/or learning difficulties.

- To provide a safe environment for trainees, enabling them to acquire a better quality of life through increased confidence, higher self-esteem and a sense of being valued.
- To help people with special needs and/or learning difficulties to develop both their personal and work skills ensuring progress to reach their full potential.
- To provide support to service users families and carers through regular reports on progress.
- To show individual progress within a working environment leading to employment through the Supported Employment Scheme.
- Operate as a business resource that aims to produce a quality service at competitive rates whilst enabling each employee to work to their own capability.

7.33. The task and finish group noted that this was the only business of its kind in the borough and felt that the Council need to liaise with the business to ensure this is promoted through the local offer and to consider supporting any new businesses or new ventures of a similar nature across the borough. Some council officers appeared to be unaware of the service and therefore not promoting it as a viable option. This was in line with the findings of the Ofsted SEND Inspection which highlighted that professionals are not always aware of the range of post-16 provision available within Cheshire East.

#### Supported Internships

7.34. Supported internships are a structured study programme based primarily at an employer. They enable young people aged 16-24 with an EHCP to achieve sustainable paid employment by equipping them with the skills they need for work, through learning in the workplace. Supported internships are unpaid, and last for a minimum of six months. Wherever possible, they support the young person to move into paid employment at the end of the programme. Alongside their time at the employer, young people complete a personalised study programme which includes the chance to study for relevant substantial qualifications, if appropriate, and english and maths.

7.35. The task and finish group visited Total People in Macclesfield to learn about its supported internship programme which lasted around 2 years, the first year included work experience and the second included a work placement of at least six months. The internships are funded from a combination of educations funding, agency core funding and top up funding for the



required amount from the Councils high needs budget. The Department for Work and Pensions Access to Work fund could include a job coach and extra fares to work if the young person was unable to use public transport.

7.36. During the Ofsted Inspection some parents told inspectors that they had been told that Cheshire East do not provide supported internships and to go elsewhere to access routes into employment. This lack of dissemination of information must be a factor in explaining why some social care workers can be seen by parents/carers as not supporting the use of supported internships. Members were pleased to see the progress being made and overview and scrutiny will maintain a monitoring role.

7.37. The task and finish group considered supported internships to be invaluable for those that don't trigger adult social care and are able to work in some capacity. Members agreed that more companies should be encouraged to provide work placements. Members agreed that the Council should consider ways in which it can encourage more companies to provide appropriate work placements. The Council should consider ways to promote and expand the provision of supported internships.

#### Supported Accommodation

7.38. Consideration needs to be given at an early stage as to what accommodation a young person will need as they transition into adulthood, there is a need for more specialist accommodation and young people need to have a voice in determining that accommodation. Supported accommodation should be given the same consideration as affordable housing.

#### Funding

7.39. The task and finish group discovered that there had been significant delays in further education providers receiving funding from Cheshire East Council. This had resulted in them having to fund placements for several months which put them under financial pressure.

7.40. The arrangements for funding high needs pupils in schools and colleges are more complex than standard schools funding and have changed in recent years. Funding for academies and colleges can depend on the number of commissioned places from September of each year, and the SEND service undertaking due process to confirm that all the relevant young people have been included and have the correct needs. The group acknowledged that processes are fairly new. Members were concerned that there have been delays in some payments and there is a need to review of the financial

procedures and processes for post 16 payments to ensure these are made in a timely manner.

## **8. Conclusions**

- 8.1. The Group identified a number of barriers to young people accessing the job market, which need to be considered.

Assessments are not always appropriate or timely and young people and their parents/carers were concerned that there was not always enough information supplied to allow them to make informed choices.

The Group found that there are limited opportunities for supported internships and supported employment. If the Council is actively seeking to encourage young people into work then a way to develop these services needs to be explored.

- 8.2. Young people and their parents/carers commented that EHCPs were not always completed in a timely manner and by all the relevant professionals. They also indicated that there can be gaps in healthcare during the transitioning period.

The Group found that not all young people with autism have had access to the single pathway and so their needs had not always been fully assessed. This is linked to the perceived inconsistencies in the way the different CCG's respond to and deal with the diagnosis of Autism.

Parents commented that the CAMH's service is overstretched and there is a long waiting list for appointments for young people. Parents also mentioned that sometimes their expectations are not met by the Council and Health Service providers. Though whether this is because of high parental expectations or a lack of the provision of appropriate services for young people is unclear.

- 8.3. The Group saw many examples of good practice and heard positive stories. Young people and their parents/carers spoke positively about supported internships. Similarly, there was praise for supported community activities based in Connected Community Centres. Supported employment placements were also praised by the young people and their parents/carers.

The Group felt that the Council could co-ordinate information for young people and their parents/carers about the range of options available. It also hopes the Council will investigate ways in which it could share good practice and encourage the provision for these options for young people across the County.

- 8.4. The single Autism Pathway has been commissioned but not evaluated as yet. EHCP are being co-produced and regularly updated. However, some young people do not have the necessary plans in place. Not all young people receive the appropriate advice and information at the time it is needed. Similarly, appropriate funding is available but needs are not always assessed and funding put in place in a timely manner
- 8.5. Further education providers work with the Council to provide a useful service for young people giving them the skills they need to access work. There are a limited number of private providers and voluntary organisations which give training for young people and provide community facilities. Similarly, there is a limited amount of supported accommodation for young people. The Group felt that the Council should explore ways in which these services could be developed and organisations encouraged to provide more accommodation to meet the needs of young people.

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## **FORWARD PLAN FOR THE PERIOD ENDING 29<sup>TH</sup> FEBRUARY 2020**

This Plan sets out the key decisions which the Executive expects to take over the period indicated above. The Plan is rolled forward every month. A key decision is defined in the Council's Constitution as:

"an executive decision which is likely –

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

*For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £1M."*

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Council's Offices/Information Centres 5 days before the decision is to be made. Copies of, or extracts from, these documents may be obtained on the payment of a reasonable fee from the following address:

Democratic Services Team  
Cheshire East Council  
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ  
Telephone: 01270 686472

However, it is not possible to make available for viewing or to supply copies of reports or documents the publication of which is restricted due to confidentiality of the information contained.

A record of each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, at Council Information Centres and at Council Offices.

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the



Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

The list of decisions in this Forward Plan indicates whether a decision is to be taken in private, with the reason category for the decision being taken in private being drawn from the list overleaf:

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting, please email:

Paul Mountford, Executive Democratic Services Officer  
[paul.mountford@cheshireeast.gov.uk](mailto:paul.mountford@cheshireeast.gov.uk)

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 clear day rule for publication of notice of a key decision or intention to meet in private, the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

## Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-65 SMDA Infrastructure Procurement Strategy	<p>In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8<sup>th</sup> May 2018:</p> <p>To procure the infrastructure, utilities and ground stabilisation works at South Macclesfield Development Area; to enter into any contracts or agreements required under the SCAPE Civil Engineering and Infrastructure Framework; and to utilise an NEC ECC Type C construction contract with Early Contractor Involvement.</p>	Executive Director Place	Not before 12th Jun 2019			N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-66 SMDA Infrastructure and Funding Agreement	<p>In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8<sup>th</sup> May 2018:</p> <p>To enter into a funding agreement (infrastructure agreement) with the principal landowner in respect of the Council's landholding at South Macclesfield Development Area.</p>	Executive Director Place	Not before 12th Jun 2019			Partly exempt by virtue of paras 3 and 5.

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-69 Acquisition of the Willows, Macclesfield	<p>In accordance with Chapter 2, Part 6, Paragraph 52 of the constitution of Cheshire East Borough Council dated 12<sup>th</sup> February 2019:</p> <p>To approve the acquisition of the property known as The Willows, Macclesfield, Cheshire SK11 8LF and to instruct the Council's Legal Officers to proceed to legal completion of the purchase and any related legal documentation on terms and conditions to be determined by the Assets Manager and the Director of Governance and Compliance.</p>	Executive Director Place	Not before 19th Jun 2019			Fully exempt under para 3
CE 18/19-44 Local Transport Plan	Cheshire East Council as the Local Transport Authority has a duty to produce, and keep under review, a Local Transport Plan (LTP) in accordance with the Local Transport Act 2008. Council will be asked to approve the LTP for adoption following consideration by Cabinet.	Council	17 Oct 2019		Richard Hibbert	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-51 ASDV Programme Update	To authorise officers to take all necessary actions to implement the recommendations made in the ASDV Review report approved by Cabinet on 12th March 2019.	Cabinet	5 Nov 2019			Fully exempt - paras 3 & 4
CE 19/20-22 Crewe Southern Link Road Bridge - Preferred Route	To seek approval for the selection of a preferred route and to continue to progress the design and development of the scheme and carry out work necessary to support a planning application.	Cabinet	5 Nov 2019		Paul Griffiths	N/A
CE 19/20-19 Supplementary Planning Document - Brooks Lane (Middlewich) Development Framework (Masterplan)	To consider representations received to the draft Brooks Lane (Middlewich) Development Framework (Masterplan) public consultation held in January and February 2019; subject to that, to approve the publication of the document as a Supplementary Planning Document.	Portfolio Holder for Planning	Not before 20th Nov 2019		Jeremy Owens	N/A



<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	November 2019		David Malcolm	N/A
CE 19/20-6 Care4CE	In connection with a strategic review of Care4CE, to seek approval to establish a wholly-owned community interest company (CiC), and to introduce new terms and conditions for new staff in the Single Legal Entity (SLE).	Cabinet	3 Dec 2019			Fully exempt - para 3
CE 19/20-26 Best4Business Update	To approve the revised Best4Business programme plan and associated budget impact.	Cabinet	3 Dec 2019			Part exempt - para 3
CE 19/20-27 Selective Licensing	To authorise officers to progress a two-staged approach to the implementation of a Selective Licensing scheme.	Cabinet	3 Dec 2019		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A
CE 19/20-18 Review of Council Tax Support Scheme for 2020/21	To approve the Council Tax Support Scheme for 2020/21.	Council	19 Dec 2019		Liz Rimmer	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-54 Crewe Station Hub Area Action Plan - Publication Draft Plan	To seek approval for a further six week consultation period on the Crewe Station Hub Area Action Plan.	Cabinet	14 Jan 2020		David Malcolm	N/A
CE 19/20-17 Well-Managed Highway Infrastructure	To seek authority for the Executive Director Place, in consultation with the Portfolio Holder for Highways and Waste, to approve amendments to the Council's Highway Inspection Code of Practice and Adverse Weather Plan to ensure that they accord with the document ' Well-Managed Highway Infrastructure'.	Cabinet	14 Jan 2020		Paul Traynor	N/A
CE 19/20-20 Highway and Infrastructure Schemes up to £5M in Value	To seek approval to deliver a number of highway and infrastructure schemes valued between £1M and £5M and to authorise the officers to take all necessary actions to implement the schemes.	Cabinet	14 Jan 2020		Paul Davies	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-23 Crewe Hub Station - Project Development Output, Strategic Outline Business Case and Evidence Base	To approve the outputs of the Crewe Hub Station solutions stage project development work, approve the strategic outline business case for the enhanced Crewe Hub Station and its supporting evidence base and funding and financing strategy, progress the Hub station design to detailed design, and seek necessary Government commitments on funding.	Cabinet	14 Jan 2020		Hayley Kirkham	N/A
CE 19/20-29 Revenues and Benefits Printing and Postal Service	To authorise offices to take all necessary actions to implement a contractual arrangement to facilitate the procurement and award of a contract for a printing and postal service to support the Revenues and Benefits billing functions.	Cabinet	14 Jan 2020		Paul Manning	N/A
CE 19/20-28 Congleton Household Waste Recycling Centre	To consider proposals for household waste recycling provision.	Cabinet	4 Feb 2020		Ralph Kemp, Corporate Manager for Commissioning	Fully exempt - para 3

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-68 Medium Term Financial Strategy 2020-24	To approve the Medium Term Financial Strategy for 2020-24, incorporating the Council's priorities, budget, policy proposals and capital programme. The report will also include the capital, treasury management, investment and reserves strategies.	Council	20 Feb 2020		Alex Thompson, Director of Financial and Customer Services	N/A
CE 19/20-21 Site Allocations and Development Policies Document	To seek approval to submit the Publication Draft Cheshire East Site Allocations and Development Policies Document, along with its supporting evidence, for public examination.	Council	20 Feb 2020		Jeremy Owens	N/A
CE 19/20-24 Municipal Waste Management Strategy 5 Year Review	To consider the updated waste strategy and authorise officers to undertake consultation and, subject to the outcome of that consultation, any necessary actions to implement the strategy.	Cabinet	10 Mar 2020		Paul Bayley	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 19/20-25 Cheshire East Carbon Reduction Action Plan	To receive the draft Carbon Strategy for the Council to achieve its carbon neutral aims by 2025 and to encourage all businesses, residents and organisations in Cheshire East to reduce their carbon footprint; and to authorise officers to undertake consultation and revise the strategy prior to its adoption and implementation.	Cabinet	7 Apr 2020		Ralph Kemp, Corporate Manager for Commissioning	N/A



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Version  
Number: 1

Key Decision N

Date First  
Published: N/A

## **Health and Adult Social Care and Communities Overview and Scrutiny Committee**

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**Date of Meeting:** 05 December 2019

**Report Title:** Work Programme

**Senior Officer:** Jane Burns, Executive Director of Corporate Services

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### **1. Report Summary**

- 1.1. To review items in the work programme listed in the schedule attached, together with any other items suggested by committee members.

### **2. Recommendation**

- 2.1. To approve the work programme, subject to the agreement to add new items or delete items that no longer require any scrutiny activity.
- 2.2. To review the changes to the work programme, as at Section 6 of the report, and determine whether the additions, deletions and/or changes to the work programme will be accepted.

### **3. Reason for Recommendation**

- 3.1. It is good practice to regularly review the work programme and update it as required.

### **4. Background**

- 4.1. The committee has responsibility for updating and approving its own work programme. Scrutiny liaison meetings – held between the Chairman and Vice-Chairman of the committee, alongside the portfolio holders and key senior officers – ensure that there is continued awareness and discussion of upcoming policies, strategies and decisions within the committee's remit area.

## **5. Determining Which Items Should be Added to the Work Programme**

- 5.1. When selecting potential topics, members should have regard to the Council's three year plan and to the criteria listed below, which should be considered to determine whether scrutiny activity is appropriate.
- 5.2. The following questions should be considered by the committee when determining whether to add new work programme items, or delete existing items:
- Does the issue fall within a corporate priority?
  - Is the issue of key interest to the public?
  - Does the matter relate to a poor or declining performing service for which there is no obvious explanation?
  - Is there a pattern of budgetary overspends or underspends?
  - Is it a matter raised by external audit management letters and or audit reports?
  - Is there a high level of dissatisfaction with the service?
- 5.3. The committee should not add any items to its work programme (and should delete any existing items) that fall under any one of the following:
- The topic is already being addressed elsewhere by another body (i.e. this committee would be duplicating work)
  - The matter is sub-judice
  - Scrutiny would not add value to the matter
  - The committee is unlikely to be able to conclude an investigation within a specified or required timescale

## **6. Changes to the Work Programme**

- 6.1. Since the last meeting on 7 November 2019, the following reports and matters have either been suggested for addition, deletion or have been changed. It is for the committee to determine whether to add, delete or accept these changes.
- 6.1.1. 'Update on the Re-design of Adults and Older People's Mental Health Services in Cheshire East' has been moved from 5 December to 16 January 2020; purdah was cited as the reason why this could not be presented at the meeting on 5 December.

6.1.2. 'Provision of Orthodontic and Oral Surgery Services in Cheshire East' has been moved from 5 December 2019 to 16 January 2020; purdah was cited as the reason why this could not be presented at the meeting on 5 December.

6.1.3. The items scheduled for March 2020 ('Recommissioned Respite Care Services' and 'Falls Prevention Strategy') have been brought forward to the meeting on 6 February 2020.

6.1.4. Two additional items have been suggested for addition on 6 February 2020, including a review of Supported Employment and of the Performance of Council's Substance Misuse Contract.

## **7. Implications of the Recommendations**

7.1. There are no implications to legal or financial matters, equality, human resources, risk management, or for rural communities, children and young people or public health.

## **8. Ward Members Affected**

8.1. All.

## **9. Access to Information**

9.1. The background papers can be inspected by contacting the report author.

## **10. Contact Information**

10.1. Any questions relating to this report should be directed to the following officer:

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk)

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<b>05.12.19</b>	<b>16.01.20</b>	<b>06.02.20</b>	<b>05.03.20</b>	<b>09.04.20</b>	<b>07.05.20</b>
10.00am	10.00am	10.00am	10.00am	10.00am	10.00am
<b>Ordinary business meeting</b>	<b>Ordinary business meeting</b>	<b>Ordinary business meeting</b>	<b>Ordinary business meeting</b>	<b>Ordinary business meeting</b>	<b>Ordinary business meeting</b>
Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields

<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead Officer</u></b>	<b><u>Portfolios</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
Cheshire East Mental Health Strategy	To scrutinise the activity and performance of the council against the key objectives and aims in the recently published Mental Health Strategy.	Acting Executive Director of People	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	05.12.19



Reducing the Parity of Deprivation and other Key Health Issues Across Cheshire East	(1) To consider a report detailing and explaining what the 'tartan rug' is and how it is used. (2) To consider a report on how the council (with and without partners) is working to reduce health inequalities and disparities across the borough, e.g. varying levels of deprivation.	Acting Executive Director of People / Acting Director of Public Health	Adult Social Care and Health  Public Health and Corporate Services  Communities	Committee	Overview	People live well and for longer  Our local communities are strong and supportive	05.12.19
SEND Local Offer 16-25 Year Olds (Task and Finish Group Report)	To receive the report of the SEND Task and Finish Group (under the Children and Families Overview and Scrutiny Committee as parent committee) from its review of the local offer in Cheshire East for 16-25 year olds.	Acting Executive Director of People	Adult Social Care and Health  Public Health and Corporate Services	Chairman	Review the findings and recommendation in relation to SEND support/services for adults in Cheshire East.	People live well and for longer  Our local communities are strong and supportive	05.12.19
Update on the Re-design of Adults and Older People's Mental Health Services in Cheshire East	To consider the progress made to date by health partners to establish the new, redesigned service provision for adults and older people's mental health services in Cheshire East, as well as performance against key targets and objectives.	NHS Eastern Cheshire CCG / CWP / CEC	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	(16.01.19 Moved back from 05.12.19)

Provision of Orthodontic and Oral Surgery Services in Cheshire East	Following the most recent update on 12.09.19, to receive a further update on the activity and progress in relation to future orthodontic and oral surgery services in Cheshire East.	NHS England / Public Health England	Adult Social Care and Health	Committee	To be consulted and informed of development of new model of care for services	People live well and for longer	(16.01.19 Moved back from 05.12.19)
Review of Autism Screening at Cheshire's Custody Suites	To consider a report from the Cheshire and Wirral Partnership (CWP) on autism screening at Cheshire's custody suites, following a campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	CWP	Adult Social Care and Health	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	16.01.20
Performance scorecard – Quarter 2, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health  Public Health and Corporate Services  Communities	CLT	Performance monitoring	Our local communities are strong and supportive  People live well and for longer	16.01.20

We're Still Here (Gypsy and Traveller Welfare)	To consider the report from Irish Community Care, produced alongside members of the gypsy and traveller communities in the Cheshire and Warrington footprint.	Acting Executive Director of People / CWaC / Irish Community Care	Adult Social Care and Health Communities	Committee	Consider this up to date information and data and decide how to further deal with the matter, if at all.	Our local communities are strong and supportive  People live well and for longer	16.01.20 (TBC – depends on report publication date)
Recommissioned Respite Care Services	To consider an update on the recommissioned respite care services.	Director of Commissioning	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	06.02.20 (brought forward from 05.03.20)
Falls Prevention Strategy	To consider an update on performance related to the council's Falls Prevention Strategy	Acting Executive Director of People	Adult Social Care and Health	Chairman	Performance monitoring	People live well and for longer  Responsible, effective and efficient organisation	06.02.20 (brought forward from 05.03.20)

Supported Employment	Following the report on the SEND Local Offer 16-25 Year Olds task and finish group review, to receive information on how the council is supporting Cheshire East residents to find and remain in, secure employment.	Director of Commissioning	Adult Social Care and Health	Chairman	Performance monitoring	People live well and for longer	06.02.20
Review of Performance of Substance Misuse Contract	To consider the performance of the council's contract for substance misuse services.	Director of Commissioning	Adult Social Care and Health  Public Health and Corporate Services	Chairman	Performance monitoring	People live well and for longer	06.02.20
Funding for the Congleton Minor Injuries Unit and Future Local Service Provision in Congleton	Following the committee's request on 10 October 2019, to consider a report from Cheshire CCGs (commissioner) and East Cheshire NHS Trust (provider) on the funding provision for the CMIU and the shape of future local service provision in Congleton.	Clare Watson (CCGs) / John Wilbraham (East Cheshire NHS Trust)	Adult Social Care and Health	Committee	Review of service provision and funding	Our local communities are strong and supportive  People live well and for longer	09.04.20

Cheshire and Wirral Partnership NHS Foundation Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	CWP	Adult Social Care and Health	CWP	Performance monitoring	People live well and for longer	09.04.20
East Cheshire NHS Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	East Cheshire NHS Trust	Adult Social Care and Health	East Cheshire NHS Trust	Performance monitoring	People live well and for longer	09.04.20
Mid Cheshire NHS Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	Mid Cheshire NHS Trust	Adult Social Care and Health	Mid Cheshire NHS Trust	Performance monitoring	People live well and for longer	09.04.20
Performance scorecard – Quarter 3, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health  Public Health and Corporate Services  Communities	CLT	Performance monitoring	Our local communities are strong and supportive  People live well and for longer	07.05.20

Performance scorecard – Quarter 4, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health  Public Health and Corporate Services  Communities	CLT	Performance monitoring	Our local communities are strong and supportive  People live well and for longer	July/Aug 2020
Recommissioning of Integrated Lifestyle Services	A performance update on the new commission approximately 6 months after it has been in place	Director of Commissioning	Adult Social Care and Health	Committee (2018/19)	Performance monitoring	Our local communities are strong and supportive  People live well and for longer	July/Aug 2020



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