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NHS South Cheshire



Cheshire East Health and Wellbeing Board

Agenda

Date: **Tuesday 26th November 2019** Time: 2.00 pm Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

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

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

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Declarations of Interest**

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

3. Minutes of Previous Meeting (Pages 3 - 6)

To approve the minutes of the meeting held on 24 September 2019.

4. Public Speaking Time/Open Session

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

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

5. Appointment of Non-Voting Associate Member of the Board

To consider the proposal to nominate Councillor Jill Rhodes, Portfolio Holder for Public Health and Corporate Services, as an additional non-voting Associate Member of the Board.

6. Cheshire East Safeguarding Adults Board Annual Report (Pages 7 - 22)

To receive the Annual Report of the Safeguarding Adults Board.

7. Public Health - Annual Report 2018 (Pages 23 - 54)

To receive the Public Health Annual Report for 2018.

8. Healthwatch Cheshire East Annual Report 2018/19 (Pages 55 - 92)

To receive the Annual Report for Healthwatch Cheshire East.

9. Cheshire East All Age Autism Strategy 2020-2023 (Pages 93 - 128)

To consider a report seeking endorsement of the Cheshire East All Age Autism Strategy 2020 to 2023.

10. Children & Families Locality Working Model Update (Pages 129 - 164)

To consider a report providing an update on the progress on creating a new way of working called "Together in Communities" across agencies working with Children and Families in Cheshire East.

11. **Falls Prevention Strategy** (Pages 165 - 182)

To consider a report which provides an update on the status of the Cheshire East Falls Prevention Strategy and related work.

12. Cheshire East Partnership Transformation Update

To receive a verbal update on the Cheshire East Partnership Transformation.

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Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 24th September, 2019 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Councillor Sam Corcoran, Cheshire East Council (Chairman) Dr Andrew Wilson, Eastern Cheshire and South Cheshire CCG (Vice-Chairman) Councillor Dorothy Flude, Cheshire East Council Councillor Laura Jeuda, Cheshire East Council Linda Couchman, Cheshire East Council Mark Palethorpe, Cheshire East Council Louise Barry, Healthwatch

Non-Voting Members

Matt Tyrer, Cheshire East Council Superintendent Peter Crowcroft, Cheshire Police Caroline Whitney, CVS

Observer

Councillor Janet Clowes, Cheshire East Council

Councillors in attendance

Councillor Jill Rhodes Councillor Jos Saunders

Cheshire East Officers/Others in Attendance

Guy Kilminster, Cheshire East Council Rachel Graves, Cheshire East Council Deborah Nickson, Cheshire East Council Alex Jones, Cheshire East Council Vicky Howarth, Cheshire East Council Salli Jeynes, The End of Life Partnership Tracey Wright, Service Delivery Manager for Cancer and End of Life Care, East Cheshire, South Cheshire and Vale Royal CCGs

13 APOLOGIES FOR ABSENCE

Apologies were received from John Wilbraham (East Cheshire NHS Trust), Clare Watson, (Cheshire CCGs), Tom Knight (NHS England) and Kath O'Dwyer (Cheshire East Council).

14 DECLARATIONS OF INTEREST

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

15 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 25 June 2019 be confirmed as a correct record, subject to the amendment of organisation represented by Dr Andrew Wilson to 'Eastern Cheshire and South Cheshire CCG'.

16 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

17 END OF LIFE PARTNERSHIP

The Board received a presentation on the work of the end of life partnership from Salli Jeynes of the End of Life Partnership and Tracey Wright, Service Delivery Manager for Cancer and End of Life Care.

The presentation detailed the work undertaken by the End of Life Partnership and the CCGs and set out the strategic priorities for palliative and end of life care which included advanced care planning, care coordination, sharing of clinical information and the effective 2 way commination and engagement with patients, carers and staff. Work was being undertaken with Care Homes to provide education and training on how they can deal with end of life residents to reduce the numbers being sent to A&E. There was also a need to improve the commissioning of care for end of life support for those who wished to die in their home.

RESOLVED:

That the presentation be noted.

18 INTEGRATED CARE PARTNERSHIP UPDATE

This item was withdrawn from the agenda due to the ill health of the Office who was to present the paper.

19 CHESHIRE EAST PARTNERSHIP FIVE YEAR PLAN

The Board considered the Cheshire East Partnership Five Year Plan.

The Five Year Plan set out the vision to improve the health and wellbeing of local communities enabling them to live longer, and healthier lives and setting out how this would be done. The Five Year Plan was being taken to the governing bodies of all partner organisations during September for endorsement and sign off before its submission to the Cheshire and Merseyside Health and Care Partnership.

RESOLVED:

That the Cheshire East Health and Wellbeing Board endorse the Cheshire East Partnership Five Year Plan.

20 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IMPROVEMENT UPDATE

The Board considered an update on progress against the Cheshire East SEND Written Statement of Action, produced following the Ofsted and CQC inspection in March 2018.

The report detailed the actions that had been taken to address the significant weakness relating to the two areas identified: Area 1 - the timeliness, process and quality of education, health and care plans and Area 2 - the lack of an effective autism spectrum disorder pathway and unreasonable waiting times.

RESOLVED: That the Board

- 1 note the progress to date against the SEND Written Statement of Action ;
- 2 recognise the risks highlighted in the report and ensure capacity is secured and available to mitigate them; and
- 3 commit to preparations for the Ofsted and Care Quality Commission re-visit.

21 CQC LOCAL SYSTEM REVIEW READINESS UPDATE

The Board considered a report on the readiness of the Cheshire East system in anticipation of a potential future local systems review by the CQC.

The report provided an overview of what a local system review was, the scope of local reviews, the criterion used to select a system to review, the timeline of an inspection, where local reviews had taken place to date and the progress which had been made locally in preparation for a review.

RESOLVED:

That the progress made to date in readiness for a local system review be noted.

22 CHESHIRE EAST COUNCIL ANNUAL INFLUENZA REPORT: 2018/19

The Board considered the Annual Influenza Report 2018/19.

The report set out the actions taken during the influenza season, the impact on health and wellbeing strategy priorities, actions taken by Cheshire East Council to increase flu vaccine uptake by staff and across the wider health economy, and made recommendations for the 2019/20 influenza season.

RESOLVED: That

- 1 the staff vaccination programme, as undertaken in 2018/19, be repeated to maintain consistency;
- 2 the approach to implementation be standardised, with the provision of influenza vaccinations clinics and the voucher scheme, to help further increase the uptake of the influenza vaccine amongst Cheshire East Council frontline staff; and
- 3 undertake a general winter wellness campaign to reduce the impact on the workforce of minor illnesses.

23 BETTER CARE FUND END OF YEAR REPORT 2018/19

The Board considered a report on the performance of the Better Care Fund, including the Improved Better Care Fund in 2018/19.

The end of year report formed part of the monitoring arrangements for the Better Care Fund and included an overview of the scheme, patient stories, the financial income and expenditure, Better Care Fund metrics and the next steps for the programme,

RESOLVED:

That the Better Care Fund programme performance for 2018/19 be noted.

The meeting commenced at 2.00 pm and concluded at 3.40 pm

Councillor S Corcoran (Chairman)

2018/19

Cheshire East Safeguarding Adults Board Annual Report



Agenda Item

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Welcome from Independent Chair

It is my pleasure to introduce my second annual report and I do hope that you find it both informative and interesting. This year we have introduced themed boards where one partner agency leads a presentation on their work in a particular area, for example, domestic violence, and the ensuing discussion allows an in depth understanding of the strengths of partnership working, and to explore opportunities where that might be further strengthened by the partners represented on the board. Feedback has been positive and we intend to continue with this approach. The membership of the board is wide ranging as you will see from the report and includes members who commission, i.e. pay for services and members who provide them, although each partner plays an important part in the life of the board and the work of adults safeguarding. The board is also there to ensure that we gain assurance that its strategic plan is being delivered. The statutory partners, i.e. those who fund the work of the board, the NHS via the Clinical Commissioning Group, the Police and the Local Authority meet with me prior to the main board meeting to share information on how the wider systems is working and any emerging concerns, these can include commercial and in confidence issues, but anything that is not in that sense confidential will be shared with the whole board. We held our first Safeguarding Awards event this year which was undertaken jointly with our colleagues from the Children's Safeguarding Board. The setting of Congleton Town Hall was impressive and the opportunity to recognise those who go the extra mile in safeguarding our most vulnerable people was fully celebrated by everyone there. It is an event we intend to hold every two years and I would urge those who read this report to bear that in mind and to make nominations when the time comes. Training on Safeguarding to front line staff has been a real success over the last twelve months and especially to staff in the care home sector who have found it really positive and helpful. The world of adult Safeguarding has expanded over the last few years and now includes County Lines, People Trafficking, Cuckooing and other forms of the exploitation of adults. All the Chairs of the different boards in Cheshire East Council regularly meet together to share information and to learn from each other the challenges and opportunities each board faces and where joint working will be more effective and produce better outcomes for the people we serve.

Finally I want to thank all the members of the Board for their dedication and commitment to the work of Adult Safeguarding and to those who support the Board and in particular the Board's Business Support Unit who make my role so much easier and without whom I could not do the work that I do.

Geoffrey Appleton

Interim Independent Chair of Cheshire East Safeguarding Adults Board



THE BOARD

Cheshire East Safeguarding Adults Board is required, under the Care Act 2014, to produce an annual report each year. The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Cheshire East

The work of the Board is driven by its vision that People in Cheshire East have the right to live a life free from harm, where communities:

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens

What is Safeguarding? Safeguarding adults is about protecting adults at risk of harm (vulnerable adults) from suffering abuse or neglect. It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe

Who are we?

The Cheshire East Safeguarding Adults Board (CESAB) is a statutory multi-agency partnership comprising of Cheshire East

Council, Cheshire Police, NHS Eastern Cheshire Clinical Commissioning Group, NHS South Cheshire Clinical Commissioning Group, housing, local Hospital Trusts, Cheshire and Wirral Partnership NHS Trust, North West Ambulance Service, the local prison plus probation trusts, Healthwatch Cheshire East and the faith sector. The Board meets every 3 months and has a number of sub-groups.

The purpose of the Board

The overarching purpose of the board is to help and safeguard adults with care and support needs. CESAB ensure that locally abuse is prevented and that partners respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

Our aims

Working together and with adults at risk of abuse the board aims to ensure people are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- and able to easily get the support, protection and services that they need.

Our annual report tells you:

What the Board has done in 2018/19

What the data for 2018/19 tells us about Adult Safeguarding in Cheshire East

Using case studies, tells you about some of the contributions of partners to adult safeguarding

Our priorities looking forward

This report will be published on our website www.stopadultabuse.org.uk for all partners and members of the public to access

As required by the Care Act, this report will also be shared with the Chief Executive Officer and Lead Member at Cheshire East Council as well as the Police and Crime Commissioner, Heathwatch Cheshire East plus Cheshire East Health and Wellbeing Board.

What has the board done in 2018/19?

The Board focussed on the following four areas of Adult Safeguarding during 2018/19: Domestic Abuse, Modern Slavery, Self Neglect and financial abuse



Domestic Abuse: In 2018 the Board focused on the issue of Domestic Abuse involving adults at risk in Cheshire East. The Board considered the work of domestic abuse services, and SAB partners demonstrated how they work together ensure adults at risk who experience Domestic Abuse get the services they need to be safe and to recover. The findings of multi-agency audits in this

area plus case examples demonstrated how Domestic Abuse affects every aspect of an adults at risk life, from their independence, health, & housing, to their confidence and wellbeing. SAB partners demonstrated that with the right support adults at risk can feel safe and independent following Domestic Abuse. Following this work, Cheshire East Council now has an IDVA (Independent Domestic Violence Advisor) working within their frontline contact team. This work will help provide the best possible support for adults at risk who experience domestic abuse.





Financial Abuse: The board has also reviewed the local response to Financial Abuse. The Board conducted multiagency audits in cases of financial abuse and examined the joined up work with Cheshire Police and Trading Standards to disrupt Financial Abuse and Scams. The Police highlighted how online crime now accounts for 48% of all recorded offences. The 'Stay Safe Online' project with the Community Safety

Partnership was also a key focus in how SAB partners work together to educate adults at risk in Cheshire East in the area of online safety and security. Online Safety for adults at risk now forms part of the SAB's Basic Awareness Safeguarding Training.





Self-Neglect: SAB partners noted an increase during 2018/19 in the numbers of adults at risk experiencing self-neglect and hoarding issues. The Board focussed on the work partners have been doing to support adult's experiencing self-neglect and hoarding behaviour and considered these issues in terms of practice, training and strategy. The Board decided to hold a conference to explore these issues further, especially hoarding



Slavery: In March 2019 the SAB focussed on Modern Day Slavery. It oversaw a deep dive case audit into 4 cases of slavery and examined the local response to reports of slavery. Cheshire East hosted the North West ADASS Training event. Health, Local Authority, Police and Housing partners are now ADASS trained and rolling out slavery training in their settings. A Cheshire East Modern Day Slavery Partnership Group has also been formed to capture local activity and best practice.

The Hoarding Conference March 2019

The Cheshire East Safeguarding Adults Board and Cheshire East Council hosted a local conference at Regents Park, Nantwich on Wednesday 20th March 2019. This conference aimed to highlight the growing need in Cheshire East to expand our services in order to give individuals affected by hoarding behaviour the necessary services to support them towards long-term change. The conference was attended by over 100 delegates from a wide range of partner agencies across the borough. The event was opened by Mark Palethorpe, Acting Executive Director of People, Cheshire East Council, and the keynote session was delivered by Heather Matuozzo the founder of Clouds End CIC, (www.cloudsend.org.uk), the first social enterprise dedicated to working with people who have hoarding issues. The slides from the day plus information from the sessions are available on the Board's website



Geoffrey Appleton, Independent Chair, with Heather Matuozzo

Awards Ceremony



The Cheshire East Safeguarding Adults and Children's Boards aim to prevent abuse where possible and act quickly and appropriately when it does happen. The Boards recognise that across Cheshire East there are many carers, health and social workers plus volunteers doing fantastic jobs, sometimes under very difficult circumstances. The 2018 Safeguarding & Dignity Awards were an opportunity to celebrate and recognise good practice in organisations, teams, individual workers or volunteers with regards to treating individuals with dignity, and supporting and protecting children and adults at risk from abuse, harm or exploitation. Successful nominees were invited to attend a celebratory event in November 2018 at Congleton Town Hall. The event was a celebration of individuals and teams who go the extra mile to treat individuals with dignity or to support and protect children and adults at risk. The awards celebrated 25 winners from across Cheshire East including two residents who won the public community award for noticing signs of abuse in a regular customer and reporting it to our safeguarding teams. Councillor Janet Clowes, presented one of the awards and said:

"We see from the examples of what these people do, that it is extraordinary. It's not just a day job it is a vocation, and as we've seen from real examples today, people have been protected and in some cases, lives saved, congratulations to all our winners"

Training and Development:

We highlighted in the SAB Annual Report of 2017/18 that the Board wanted to make the Adult Safeguarding Learning and Development offer for the local Care, Voluntary and Faith Sector a priority for 2018/19.

In August 2018, the Board successfully secured external funding to deliver a 12 month Training Project. The Board were able to appoint a full-time dedicated Training Officer to deliver Basic Awareness Adult Safeguarding Training to all care providers and third sector partners across Cheshire East. The course is free of charge and gives delegates an understanding of relevant local polices, signs and symptoms of abuse, and how to report any concerns.



The Board is seeking to continue this work into 2019/20. It is also linking with Cheshire East Council and their Adult Safeguarding Champions scheme; ensuring all care providers and voluntary/ faith sector settings have a fully trained Adult Safeguarding Champion within their organisation.

The three year Strategy

Earlier this year the board launched its three year strategic plan. The Safeguarding Adults Board strategy plan is developed as a three year document (2018-2021) through a consultation process; this was done via our Service User Group, consultation in local libraries and through HealthWatch CE. As required by the Care Act, this plan will be reviewed on an annual basis at the Board's Development Session to ensure that it continues to reflect the priorities of the local community. The full detailed plan can be found on the board's website but a summary is below:

Cheshire East Safeguarding Adults Board Strategy 2018 to 2021



our vision, reopte in cheshire	Last nave	the right to live a life free from harm		
Our purpose: To stop Adult Ab				
Our Aims	Goals by 2021			
1. Proportionate Protection	- Support	and representation for those in greatest	need, with the least intrusive response a	ppropriate to the risk presented.
Ensure the safety and	• 4	Ill professionals will follow best interest a	nd making safeguarding personal guidance/	processes.
wellbeing of people at risk of	People at risk of abuse and neglect get help and support to report abuse.			
abuse and neglect in Cheshire East	People at risk of abuse and neglect are supported to take part in the safeguarding process.			
2. Empowerment - Personal	isation and	I the presumption of person-led decision	s and informed consent.	
Ensure the voice of people at risk of abuse and neglect, influence safeguarding practices across Cheshire East		People at risk of abuse and neglect are ask vhat happens.	ed for their outcomes from the safeguardir	ng process and these directly inform
3. Prevention - It is better t	o take acti	on before harm occurs.		
			vhat abuse and neglect is, how to recognise	e the signs and how to seek help.
3. Prevention - It is better t	• F	Produce clear and simple guidance about v	vhat abuse and neglect is, how to recognise orking within diverse communities across Ch	
3. Prevention - It is better t Provide information and support in accessible ways to help residents and	• F	Produce clear and simple guidance about v		
 Prevention - It is better t Provide information and support in accessible ways to 	• F	Produce clear and simple guidance about v		
3. Prevention - It is better t Provide information and support in accessible ways to help residents and	• F	Produce clear and simple guidance about v		
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East	• F	Produce clear and simple guidance about v		
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and	• F	Produce clear and simple guidance about v		
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect.	• F	Produce clear and simple guidance about v		neshire East.
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect. What we will do Governance: Ensure our governance is of th	e highest	Produce clear and simple guidance about v dentify local solutions through services wo Partnership: Work as a multi-agency board to ensure	Impact: Continually measure and test the effect	Person Centred Engagement: Ensure that people are supported
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect. What we will do Governance: Ensure our governance is of th possible standard & open to ch	e highest	Produce clear and simple guidance about v dentify local solutions through services wo Partnership: Work as a multi-agency board to ensure there is effective partnership working	Impact: Continually measure and test the effect of our work, improve quality and	Person Centred Engagement: Ensure that people are supported the way that they want, are
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect. What we will do Governance: Ensure our governance is of th possible standard & open to ch to support the achievement of	e highest nallenge,	Produce clear and simple guidance about v dentify local solutions through services wo Partnership: Work as a multi-agency board to ensure there is effective partnership working and leadership across all agencies for	Impact: Continually measure and test the effect of our work, improve quality and monitor the implementation of	Person Centred Engagement: Ensure that people are supported the way that they want, are empowered to make decisions, an
3. Prevention - It is better t Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect. What we will do Governance: Ensure our governance is of th possible standard & open to ch	e highest nallenge,	Produce clear and simple guidance about v dentify local solutions through services wo Partnership: Work as a multi-agency board to ensure there is effective partnership working	Impact: Continually measure and test the effect of our work, improve quality and	Person Centred Engagement: Ensure that people are supporte the way that they want, are

Prevention and Public awareness: An important role of the SAB is to raise public awareness so

that communities play their part in preventing, identifying and responding to abuse and neglect.



Over 2018/19 CESAB produced regular newsletters and bulletin updates which were sent to all partners and posted on the website providing information on adult safeguarding.

The Board are also producing more information in Easy Read format; this ensures it is now easier for professionals, public and adults at risk to understand safeguarding, how to keep safe and how to respond when there is a concern.

The Board continues to develop its social media presence across Twitter, Facebook, Youtube and Linked In



CESAB have also been in attendance at number of key partnership events across the year such as, Domestic Abuse events facilitated by Cheshire East domestic and sexual abuse partnership, several Multi-agency Training Events, The Safer Cheshire East Development Session, the Health and Wellbeing Board, Adult Scrutiny Committee, The Adult Social Care Team Manager sessions and the Adult Safeguarding Practitioner Forum.



Board partners pledging to stand against Hate Crime in Cheshire East

"By making this pledge, partners promised to:

-Do their best to combat prejudice & stop those who would hurt anyone because of hate or prejudice.

-Try to be aware of any personal prejudice & try to understand people they see as different.

-Speak out against all forms of prejudice and discrimination -Support victims of hate

-Think of ways that their own organisations and communities can promote respect for all people

They believe that there is NO PLACE FOR HATE in Cheshire East"



MSP Pilot In September 2018 – March 2019 Cheshire East Council took part in a Local Government Association MSP Pilot study, the findings of this study have been regularly fed back to SAB partners for shared multi-agency learning. The study emphasised that safeguarding adult's needs to be person centred and outcomes focused. The pilot emphasised to partners that getting the views of individuals that had used safeguarding adult's services was important and demonstrated how this has led to service improvement in Cheshire East. In Cheshire East 95% of Service Users said they felt listened to, with 93% of individuals saying they felt safer due to the adult safeguarding intervention. CESAB partners are committed to ensuring that adults at risk make their own choices and have control over their lives.

Early in 2019, CESAB partners did a repeat of the Self-Assessment they did in 2017 of the Making Safeguarding Personal (MSP) practice within their settings. CESAB want to ensure that in Cheshire East safeguarding services continually work together to improve and make sure people get the lives they want. The self-assessment highlighted that in Cheshire East there is good evidence of service user engagement across partner agencies. Organisations continue to promote users' wishes around choice and control. Partner organisations utilise an appropriate range of methods to ensure the adult safeguarding workforce in Cheshire East is aware of and can apply Making Safeguarding Personal in practice. The repeat audit did indicate that knowledge and understanding of advocacy has heightened across partner agencies over the last 18 months.

In December 2018, the Board also conducted Frontline Visits in conjunction with the Local Safeguarding Children's Board. This enabled the board to further understand the MSP practice of frontline staff in Cheshire East and the overall understanding of the Safeguarding Adults Board. Frontline practitioners fully embrace MSP and listening to the voice of service users, however, more awareness around adult safeguarding is needed across some Children's settings, therefore, the SAB is now sending regular newsletters and bulletins to children's frontline workers, and, the SAB trainer is linking where appropriate to partner training events.

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Links with other Boards: In 2018/19 the SAB continued to establish effective working relationships between the other key partnership boards that have oversight of work undertaken to support residents of Cheshire East. Over the last year we have worked closely with the three other SABs within the Cheshire area as well as local multi-agency partnerships in Cheshire East such as the Community Safety Partnership, the Local Safeguarding Children's Board, the Domestic Abuse Partnership and the Health and Wellbeing Board. The Chairs from the local partnerships have met quarterly throughout 2018/19 as well as a pan Cheshire Business Managers Group also regularly meeting, this has resulted in a clearer understanding of respective roles and responsibilities, improve joined up working between partners, reduced duplication, and developed collaborative efforts to improve the resilience of Cheshire East communities, families and individuals.

Quality and Audit: The board has conducted four themed Multi-Agency Audits and deep dives of during 2018/19, to coincide with the themes of the Board. This has enabled partners to have a clear insight in the multi-agency work that is taking place to protect adults at risk. It allows the Multi-agency Audit Group to review the quality of multi-agency practice in Cheshire East and whether local polices and procedures are being adhered to. The audits draw on a variety of data sources from a number of agencies.

The Audit Groups findings are passed on to the Board and learning is shared with frontline staff and team managers

What is a Safeguarding Adult Review (SAR)?

The Board may carry out a Safeguarding Adult Review (SAR) when an adult at risk has died or been seriously harmed, and abuse or neglect is suspected. In such cases a SAR will be commissioned where there has been multi-agency involvement and it is believed that there are lessons to be learnt about how organisations have worked together to prevent similar deaths or injuries happening in the future.

Local update:

The Board received three referrals for a SAR over the last year; these were reviewed by our Serious Case Group that is chaired by Cheshire Police. The group concluded that these cases did not meet the threshold for a full SAR. However, it recommended that a detailed Multi-agency Learning Event/ Reflective Review was held for each case. These have taken place and learning has been shared across the partnership and with frontline staff.

Performance and activity Information 2018-19



COMPLETED ENQUIRIES (S42)

Highest types of abuse were Neglect/Acts of Omission (28%) Physical Abuse (21%) & financial abuse (21%)

Most prominent location of abuse is own home, followed by care home settings

Crewe and Macclesfield had the highest area of concern



Data comparisons to the North West England figures for 2017/18 available on request

THE HERBERT PROTOCOL Safe & Found Constabulary BE SAFE, FEEL SAFE

The Herbert Protocol initiative is named after George Herbert, a war veteran, who lived with dementia. George Herbert sadly died whilst 'missing', trying to find his childhood home. It is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. Carers, family members and friends can complete in advance, a form recording all vital details, such as medication required, mobile numbers, places previously located, a photograph etc. In the event of your family member or friend going missing, the form can be easily handed to the police to reduce the time taken in gathering this information. The Cheshire East Safeguarding Adults Board is encouraging all care providers and families to complete a Herbert Protocol for individuals at risk of going missing. For more details please visit the Cheshire Police website.

Vicky's Story Vicky was 56 when she developed care and support needs following a stroke, which resulted in mobility and communication difficulties. Vicky attends a day centre twice a week to support her husband with his caring role. The Centre staff noted that Vicky's husband was being rough with her at times when supporting her in and out of the car. A Social Worker visited the couple and spoke to both Vicky and her husband. Vicky stated that she wanted to continue to have her husband as her main carer but both parties acknowledged that he sometimes gets frustrated with this caring role. Vicky's husband received a Carer's Assessment and a number of actions have been put in place to support the couple and to ensure the home is calmer/safer environment. Third sector organisations play an important part in ensuring this plan is successful.

CASE EXAMPLES

Joyce's Story Joyce is 72 and lives alone. She has mobility difficulties and some health issues. She told the District Nurse that over the last few months her neighbour had been asking her for money and bits of food, and she was not always paying the money back, plus these requests were becoming more frequent. Joyce consented to the District Nurse notifying her Social Worker about this, she did not want the Police involved as liked the neighbour's company but just wanted her to stop asking to borrow money and food as it was making her stressed and unhappy. A Social Worker visited Joyce and discussed the options available to her, including how to speak with the neighbour herself, arranging for another person to speak with the neighbour on her behalf, or contacting the police for advice. Joyce decided she would talk directly to the neighbour and let the neighbour know that her Social Worker realised the neighbour was a single mother that was in arrears with her landlord and was struggling to cope. A referral the Cheshire East Consultation Service (ChECS) was made for support for the family.

Tom's Story Tom is 68, lives at home alone. His wife passed away a couple of years ago. The couple were known to hoard but since losing his wife Tom's hoarding behaviours have heightened. Neighbours contacted Environmental Health with concerns that the property may contain vermin. Environmental Health didn't find any evidence of vermin but did refer to Adult Social Care as were concerned about Tom's wellbeing and safety. Tom was initially reluctant to engage with Adult Social Care but did agree to the Fire Service visiting the property in order to do a Fire Risk Assessment with him. Following this, Tom slowly started to engage more with services; he has cleared some space in the property with support from Housing and has received support and advice around his finances. It is important for Tom to live at home independently and services continue to support him in achieving this.

Our priorities 2019-20

The Board recognises more can be achieved by working together in partnership, and has committed to the following areas for the year ahead, based on feedback, learning and analysis of current strengths.

<u>Training</u> CESAB are committed to continue to strengthen the Training function of the board. It plans to build on the positive foundation established over 2018/19 with the Safeguarding Training Project, and look to extend this project further. This includes ensuring our frontline care staff are knowledgeable and prepared for the DoLS replacement scheme, Liberty Protection Safeguards (LiPS)

In 2019 the Board held a successful Adult Safeguarding Conference; it plans to make this an annual event with another planned for spring 2020

<u>Strengthening Partnerships</u> We will continue to strengthen our board by establishing closer working links and structures with the Community Safety Partnership, and LSCB ensuring clear oversight of wider contextual safeguarding issues such as Honour Based Violence, Female Genital Mutilation, County Lines and Cuckooing.

Improving Communication/ Service User Voice: We will improve our communication with service users residing in a care home settings, ensuring the voice of care home residents are heard. We will also continue to develop our webpages and explore the use of Social Media in getting our message across to all Cheshire East communities

<u>Transition</u>: The Board plans to work with partners to scope and seek assurance that effective protocols are in place to ensure smooth transition from children's safeguarding services into adults. The Board also wants to monitor the needs of parents/ carers of young people transitioning between services

The work of our members All Board partners submitted Single Agency Reports to CESAB highlighting their agency's Safeguarding work over 2018/19 and their future plans/strategic directions. Highlights from this information have been incorporated into this multiagency report but the full single-agency statements are available on our website. What do you do if a bad thing is happening to you or someone else?

Abuse is wrong. Tell someone.

Call Cheshire East Adult Social Care



0300 123 5010 (8.30am - 5pm) 0300 123 5022 (at all other times)

If you are hearing or speech impaired, you can use Text Relay



en If you

If someone is hurt or it is an emergency, please ring 999

If you are scared, tell someone you trust who can report it for you.

Cheshire East Safeguarding Adults Board, First Floor - Macclesfield Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA. Tel: 01625 374753

email: lsab@cheshireeast.gov.uk







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South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group



CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

Reports Cover Sneet	
Title of Report:	Public Health – Annual Report 2018
Date of meeting:	26 th November 2019
Written by:	Matt Tyrer
Contact details:	matt.tyrer@cheshireeast.gov.uk
Health & Wellbeing	Matt Tyrer
Board Lead:	

Executive Summary

Is this report for:	Information	Discussion X	Decision X
Why is the report being brought to the board?	The production of the annual Public Health requirement is a statutory requirement of Directors of Public Health. The Report provides a brief overview of a wide range of issues affecting people's health in Cheshire East. It also highlights work primarily across the Place Services to address these and identifies actions that individuals can undertake to benefit their own and their families' health.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing V Living and Working Well □ Ageing Well □ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness Accessibility Integration Quality Sustainability Safeguarding All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The recommendation is the Approves this paper as the	nat the Board: e Public Health Annual Report	for 2018.

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	No
Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The report summarises a variety of issues affecting the Cheshire East population's health and work taking place to address it.

1 Report Summary

1.1 The production of the annual Public Health requirement is a statutory requirement of Directors of Public Health.

The Report (Appendix 1) provides a brief overview of a wide range of issues affecting people's health in Cheshire East. It also highlights work across the Place Services that address these and identifies actions that individuals can undertake to benefit their own and their families' health.

2 Recommendations

2.1 The recommendation is that the Board:

Approves this paper as the Public Health Annual Report for 2018.

3. Reasons for Recommendations

3.1 The report summarises a variety of issues affecting the Cheshire East population's health and work taking place to address it.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The report captures some of the breadth of work that has taken place in Cheshire East to address the health needs of the population, as identified by the JSNA and other sources and the the Health and Wellbeing Board's Place priorities.

5 Background

5.1 The Public Health Annual Report has been produced in a different format to last year. Instead of focusing on one issue, it is exploring a range of issues and responses.

OFFICIAL

- 5.2 The presentation is 'magazine-style' with an aim to encourage more people to read it rather than presenting a lengthy reference document. We've included personal interest stories where possible and highlighted good practice taking place within Cheshire East. It also focuses on key messages and actions that individuals can take providing tips on what they can do in relation to the issue highlighted, some of the services that are available. The intention is that the Public Health Annual Report is another tool to help improve health rather than passively reporting on the local situation.
- 5.3 This Report is part of the range of intelligence tools that the Public Health Team produces and is an example of work that is accessible to lay audiences rather than professionals.
- 5.5 It is the intention that the 2019 report will take the same format as the 2017 and 2018 reports.

6 Access to Information

6.1 For further information, please contact the report writer:

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Public Health Annual Report 2018

Cheshire East Council

cheshireeast.gov.uk Working for a brighter futures together

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Working for a brighter futures together

Foreword





Welcome to the public health annual report for 2018, which features a summary of some of the work to improve the health and wellbeing of everyone who lives in the borough of Cheshire East.

Our health is shaped by the locations in which we live, work and play, as shown by the Dahlgren and Whitehead 'rainbow model' shown below. It shows the relationship between the individual, their environment and health. People are placed in the centre, surrounded by the various layers of influences on health – such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

So, this year's report focuses on Place – mostly in reference to the services that are part of the Place Directorate within Cheshire East Council because they have a vital role in supporting people's health and wellbeing. This does not capture everything but attempts to show some of the broad range of factors and services that contribute to health and wellbeing in Cheshire East.

Helping the whole community to be as healthy as possible requires us all to do what we can to take care of our own health and wellbeing and I highlight again the Live Well Cheshire East - www.cheshireeast.gov.uk/livewell - , free website, which lists more than 3,000 services and activities available across the area. It includes everything from care services to sports and walking clubs - there really is something for everyone. Cheshire East is a great place to live with general indicators showing a good quality of life for the majority of residents. People are also living longer and this is a long term trend that thankfully is set to continue. Looking at 2018 month by month, this report shares outcomes from several case studies and projects.

I would like to thank the following people, who wrote the chapters of this report:

Roz Atherton, Genni Butler, Daniel Coyne, Ian Dale, Brendan Flanagan, Helena Jones, Nick Kelly, Carole Mullineux, Helen Paton, Paul Traynor and Julia Wood.

We hope you find it informative and interesting and please do get in touch if you would like to know more about anything in this report or about public health at Cheshire East Council. You can email us at: PHBusinessTeam@cheshireeast.gov.uk or visit: www.cheshireeast.gov.uk/livewell and search for public health.



JANUARY

Arts and Culture

There is now an accepted body of evidence for arts and culture having a direct positive impact on health and wellbeing. In addition it can be a catalyst for participatory community activity, accessible health promotion and for enhancing health care environments. Although all arts and cultural activity can be reasonably considered to have some positive impact on wellbeing, there is research which suggests that specific positive impacts can be had on mental health, dementia and falls prevention. In addition, evidence suggests that participation in arts and culture is particularly attractive and beneficial to those on the autism spectrum.

The Cultural Economy Team aims to commission programmes of work which will have beneficial impact on health and wellbeing. This may be jointly with other health commissioners or with other partners. The work is focused on areas where there is evidence of potential significant impact either geographically (with Crewe and Macclesfield being of priority) or through communities of interest such as young people, older people and sufferers of dementia.

Greater levels of joint commissioning are required to really expand the impact of programmes and embed them in mainstream provision.

"The Cultural Economy Team aims to commission programmes of work which will have beneficial impact on health and wellbeing."

Key Statistics

- In Cheshire East there are estimated to be **5,730 people** over the age of 65 living with dementia.
- **65%** are likely to be women
- one in five people over 80 has a form of dementia
- one in 20 people over 65 has a form of dementia
- 18% of Cheshire East's population is over the age of 65.
 We have the highest percentage in England compared to 16% nationally.

Case Study

1. Where did this work take place?

This programme of Dance and Dementia took place in Crewe, particularly at Leighton Hospital and Beechmere Extra Care Housing facility, using dance and personcentred creative practice to:

- Enhance the healing environment in the hospital;
- Contribute to the prevention of the early onset of dementia;
- Offer people a way to live well with dementia within dementia friendly communities;
- Challenge perceptions around dance and who can dance; and
- Undertake a qualitative enquiry, collecting observations about the project from all stakeholders.

2. What was achieved?

- Weekly dance sessions;
- Resource pack produced;
- Training for volunteers; and
- Professional development to ensure continued access to trained professional in the area.

3. What were the benefits?

Social benefits - Space and time for people to be seen, heard and sometimes, rediscovered – to share their stories with others. "One week there was a lady sleeping in the day room. I felt unsure but made the tricky decision to go over and wake her. I gently touched her hand and introduced myself. She wanted to join in and went on to really engage in the session. From sleeping to super engaged – it was a real eye opener for me." Jody, Dance Artist

Physical benefits - Mobilising joints, stretching muscles and including movements that will enable participants to maintain skills for essential tasks, such as getting dressed, bending to pick up objects and gripping things, have been integral to the sessions.

Mental Health Benefits -

"It makes you think of, actually... things you've forgotten."

Participant





"In order to implement the AQAP, it is essential that all relevant council departments work together to improve air quality."



FEBRUARY

Air Quality

The links between air quality and health are well known and it is one of the major environmental risk factors to the public's health. High air pollution levels can increase the chance of hospital admissions. The main risks to health have been linked to increases in cardiovascular and respiratory disease, which can interfere with everyday life.

Whilst air quality within Cheshire East is generally good, there are a number of small defined areas where, because of traffic, the level of nitrogen dioxide is breaching the national objective. Therefore, seventeen Air Quality Management Areas (AQMAs) have been declared across the borough and as a result the council has a duty to produce an action plan setting out measures to address the levels both within the AQMAs and generally across the borough. As a result of a number of new AQMAs being declared, the council is currently updating the action plan to take into account all the relevant areas.

Key Statistics

- Cheshire East has **17 AQMAs**, which whilst this seems a lot they are only for small defined areas, whereas other areas may have fewer AQMAs but these are generally larger areas such as city/town centres.
- According to COMEAP (the Committee on the Medical Effects of Air Pollution) it is estimated that air pollution can result in up to 36,000 deaths per year nationally.
- All of the AQMAs declared within the borough are due to levels of nitrogen dioxide and this is similar to other areas across the country.

Currently the council is in the process of revising the Air Quality Action Plan (AQAP), which sets out what actions can be taken to address the pollution levels both within all of the AQMAs and generally across the area. In addition, the council is also updating its Air Quality strategy, which is an overarching document and ensures that air quality is taken into account in all relevant decisions.

In order to implement the AQAP, it is essential that all relevant council departments work together to improve air quality. Therefore, it is appropriate that various documents are updated at this time as this falls in line with both the Local Plan and the Local Transport Plan reviews which are ongoing. This will enable a closer working relationship between the various teams and allow for the relevant considerations to improve air quality to be incorporated in to the various plans.

With regards to the AQAP, the plan is split into two main areas so: areas - actions which apply to the whole of the borough and those which apply to specific AQMAs. However, as the main problems in the borough relate to vehicle emissions, any action to reduce the use of vehicles by residents and businesses will all help to improve the situation. In addition, the use of alternative fuelled cars such as electric or hybrid vehicles will also provide a benefit to the pollution levels.

MARCH

Green Infrastructure

Green infrastructure delivers a network of multi-functional green (and blue) spaces, urban and rural that are capable of delivering a wide range of environmental, conservation and quality of life benefits for local communities. There is an increasing body of evidence showing, in urban and rural areas the health protection benefits of green infrastructure. Green infrastructure in Cheshire East already provides physical and mental health benefits to communities, increases opportunities for more active travel and can also reduce air pollution.

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There is a growing evidence base supporting the role that green space plays in helping to improve wellbeing and also and reduce health inequalities. For example:

- In a recent UK study, a protective effect of green infrastructure on depression was consistently observed, with 4-0% lower odds of major depressive disorder with increasing levels of green infrastructure.
- In England, people who live furthest from parks are 27% more likely to be overweight or obese, and children able to play in natural green space gain 2.5 kg less per year than children who do not have such opportunities.
- Green infrastructure can significantly lower the temperatures in urban areas, thereby reducing the health risks to vulnerable people such as the elderly.

Green infrastructure in Cheshire East already plays a role in keeping people active, supporting good mental health and improving environmental health determinants, but there is more that can be done.

Whilst the natural environment, our natural capital, has intrinsic value, green infrastructure planning can help to identify issues/opportunities that green infrastructure can help to address. Developing a strategic approach to retaining, enhancing or increasing our green infrastructure will ensure that capacity and resource are targeted on needs/benefits and coordinated with partners and other stakeholders to best effect.

An evidence-based plan that identifies and guides the approach to local Green Infrastructure (GI) needs and opportunities in Cheshire East will help to deliver a good quality and accessible network of green spaces for people to enjoy, providing for healthy recreation and biodiversity and continuing to provide a range of social, environmental, economic and health benefits. This may become increasingly important as the number of homes increases and the population of Cheshire East rises.

Local opportunities can be realised through ensuring green infrastructure is addressed by neighbourhood plans. People can also take up opportunities to get engaged in maintaining or enhancing our green infrastructure through volunteering, whether with the likes of Cheshire East's Countryside Management Service or though organisations such as the National Trust, Wildlife Trusts or Woodland Trust.

Key Statistics

- Using GI-Val to assess some aspects of the health value of Cheshire East's green infrastructure, the estimated wider economic value of GI health benefits is £171m.
- It is estimated that 52 tonnes of pollutant particles smaller than 10 microns in diameter (PM10) per year is removed from the atmosphere by green infrastructure in Cheshire East (likely to be an underestimate), valued at £8.3m.
- In spatial terms, 62% of the non-agriculture green infrastructure in the borough is north of the River Dane, while 17% of the non-agricultural green infrastructure is in the top 20% most affluent wards, with 6% in the least affluent.
Case Study

To illustrate the potential one site, which lies between Styal Country Park, Handforth and Wilmslow, is being studied for its potential to secure greater Gl benefits. The site lies along the River Dean, to the South of which there is The Carrs and The Bollin Valley Way. This links those sites along the urban fringe to the National Trust Styal estate and Quarry Bank Mill to the west. The green spaces are well connected with a good Public Rights of Way network. The land at Dean Valley provides a key connecting route and is important to the green infrastructure of the area.

There is little open space in the area, so accessible areas of countryside are very important green spaces. The initial study indicates that there is an opportunity to generate additional benefits, including for recreation and health through more integrated management of the area and improving its natural capital. This would help to preserve and enhance the countryside area, providing a healthy, natural environment for all, and enhancing connectivity with the wider landscape to provide biodiversity and health benefits.

It is hoped that this study of the River Dean corridor will lead to future plans that enhance the health and wellbeing of local communities through improvements to green infrastructure.



"Field to Fork is a ground-breaking project – there's nothing quite like it anywhere else."



APRIL

Field to Fork

Tatton Park Farm's £1.3 million Field to Fork project – officially launched in July 2018

A £1.3 million development of Cheshire East's Tatton Park has recently opened at the farm. This innovative new 'Field to Fork' story aims to inspire visitors, young and old, by telling the story of the journey of our food, from field to fork. In its heyday the farm helped feed the whole of the Tatton Estate and it is hoped that the Field to Fork narrative will help reconnect families with the origins of the food they eat by bringing to life this fascinating heritage. Field to Fork is a ground-breaking project there is nothing quite like it anywhere else. There are a lot of animal petting farms in the UK but nowhere that visitors can get the full experience of a working farm and how food makes a journey - from a field being ploughed, to seeds being sown, crops being grown and then harvested to process into animal feed to produce healthy animals for meat. People are losing touch with where their food comes from and our aim is to provide this information in a sensitive and thought-provoking way. The ability to understand where food comes from and consequently make informed decisions about diet and lifestyle is an essential part of education, health and wellbeing and we are one of very few sites to explore this in any detail.

Key Statistics

- A recent survey* of 5,000 school children found that 14% of 5 - 7 year olds think that bacon comes from cows, sheep or chickens and 13% of 8 -11 year olds think that pasta comes from an animal.
 - * British Nutrition Foundation research 2017 conducted as part of the annual Healthy Eating Week, surveyed over 5,000 school children aged 5 - 16 years old.
- Food and nutrition is now a compulsory curriculum subject up to Key Stage 3.

Case Study

The project has developed relationships and activities with new audiences including school children, families from deprived wards, volunteers, people with health and learning needs e.g. CEC mental health group, Age UK Congleton Dementia group and black and minority ethnic communities. Programmes have included healthy eating initiatives, cookery skills, formal education, memory boxes, oral histories, practical farming skills, a digital app to provide DDA access for less mobile visitors and a new purpose-built activity barn complete with state-of-the-art food prep and cooking facilities

A case study of a disabled member of the farm volunteer team has recently been featured nationally as part of the Heritage Lottery Fund's 'Changing Lives' series. Nick was a farmer and became wheelchair bound after an illness and suffered resulting mental health issues. He joined the Field to Fork project as a live interpretation volunteer, demonstrating the mill machines to visitors. This has literally changed his life and given him hope for the future.

MAY

Accessible Communities

The creation or enhancement, through planning and design, of accessible communities is a key element in the encouragement of physical activity. Residents, who are able and encouraged to walk and cycle as means of active travel, will benefit not only their health through informal outdoor activity but that of their community through reduced transport-related pollution.

A range of departments across the council strive to make new developments as accessible as possible. Working with developers, walking and cycling routes for both active travel and leisure purposes are designed for development plans. As well as creating the routes themselves and linking the development with other existing facilities and services, such design helps to secure green infrastructure corridors and contribute to the Quality of Place and community cohesion.

Residents can opt to walk and cycle more as part of their daily routines in order to improve their own health and that of their community.

Key Statistics

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- Walking can reduce the risk of heart disease, type 2 diabetes, Alzheimer's, stroke and cancer by 20-50%, with outdoor exercise having been found to deliver an estimated £2.2 bn of health benefits to adults in England each year. There is also recognition that 'investment in outdoor recreation offers a considerable opportunity for meaningful return on investment, yet these benefits have remained largely untapped.' (Reconomics Plus: the economic, health and social value of outdoor recreation, 2017, Manchester Metropolitan University and Sport & Recreation Alliance)
- Percentage of physically active adults (those aged 19+ engaged in 150+ mins of moderate activity per week) – Cheshire East (69.2%), North West (65.1%) and England (66%)
- Percentage of adults walking for travel at least three days per week (those aged 16+) – Cheshire East (19.6%), North West (21%) and England (22.9%)
- Percentage of adults cycling for travel at least three days per week (those aged 16+) – Cheshire East (3.7%), North West (2.7%) and England (3.3%)

Source: Active Lives Survey, Nov 2016 – Nov 2017, PHE/Sports England

Case Study

A footpath runs between Clifton Road and Station Road in Elworth forming a key link between a major housing development area and the railway station, and onward towards the town facilities. However it was not an attractive route to use and suffered from graffiti, encroaching vegetation, a lack of lighting and uneven surfacing.

In order to permit investment in the route to improve its accessibility and aesthetics, a legal order process was required to resolve an anomaly in the status of Public Footpath. After the legal order process was completed, improvement works were undertaken. The works included surfacing, lighting and signage. Funding was secured partly from developer contributions and partly through the Local Transport Plan.

The route now has a defined legal status to ensure ongoing maintenance and has been improved to create a more accessible and welcoming route to encourage walking within the town, particularly to the railway station.





Key Statistics

The Cheshire East Local Plan aims to deliver 36,000 new homes between 2010 and 2030.

The government through its recently revised National Planning Policy Framework (NPPF) requires planning to deliver sustainable development which, along with economic and environmental objectives, delivers:

"...strong, vibrant and healthy communities..."

"planning policies and decisions should aim to achieve healthy, inclusive and safe places which a) promote social interaction.. b) are safe and accessible... c) enable and support healthy lifestyles..."

"Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well being of communities."





Good accessibility to green space and facilities encourages walking and cycling as an alternative to car use. Well designed urban space coupled with green space has great benefits for mental health. Trees and landscaping have additional benefits for health such as urban cooling and improved air quality.



Cheshire East Council promotes and manages development within its borough through its Local Plan Strategy and subsequent planning documents. The strategy contains policies concerning leisure and recreation, indoor and outdoor sports facilities, health and wellbeing, urban design, landscape and green infrastructure.

Cheshire East Council has developed and published its Residential Design Guide in order to improve the quality and liveability of new housing developments and



increase accessibility. The guide is based on Building for Life 12 and requires developers to build new housing which connects to its local surroundings, creates great places to live in, provides a high quality of green infrastructure and urban landscape and is sustainable in all its aspects. In 2018, all major developments have been assessed against the requirements of the Design Guide in order to drive up design quality. Schemes which cannot demonstrate good design will not receive planning permission.



Active Travel

Encouraging active travel through walking and cycling is a key element of the council's transport strategy. The council is investing £2m as part of the Local Growth Fund to improve walking and cycling routes. In addition, through the Local Transport Plan, Sustainable Modes of Travel to School Strategy and Local Cycling and Walking Infrastructure Plan projects the council is developing future improvements.

Increased levels of physical activity associated with walking and cycling supports the council's wider ambitions as set out in the corporate plan, including 'enabling people to live well and for longer'.

Although Cheshire East has higher levels of physical activity than the regional and national average, there remains a significant proportion of the population (22%) who take minimal regular exercise. Integrating physical exercise into regular everyday journeys can be an effective strategy for decreasing physical inactivity. Local and national surveys into the barriers to walking and cycling show that providing safe and attractive routes is key to enabling people to travel actively. The council is investing funds into improving routes to workplaces, schools and everyday services. This previously included £1.6m to provide a high quality walking and cycling route between Nantwich and Crewe and a current £2m programme to improve routes in Wilmslow and north west Crewe.

The council recognises there is more to do and is identifying future schemes through the Local Transport Plan process, Sustainable Modes of Travel Strategy, and through developing local Cycling and Walking Infrastructure Plans. The council's recently adopted Cycling Strategy includes the key objective to 'create and maintain safer, attractive, cohesive, direct and adaptable networks and infrastructure'.

The www.travelcheshire.co.uk website includes maps for cycle networks and current traffic free routes in Cheshire East and there is an online journey planner using the www.cyclestreets.net website. Walking is free and there are many good quality routes in Cheshire East whether you are looking for a weekend ramble or for an everyday journey to work.

Case Study

In March 2013 a major walking and cycling route linking Crewe and Nantwich was officially opened, providing a car-free route between the two towns. The scheme cost £1.6m and was funded by Sustrans' Connect2 programme, delivered by Cheshire East Highways and supported by a Big Lottery Fund grant. The project directly benefits Reaseheath College, Leighton Hospital and a number of major employers within the local area. Monitoring shows a 43% increase in cyclists using the route and a 60% increase in pedestrians.

Key Statistics

- 22.1% of residents in Cheshire East are classed as physically inactive (less than 30 minutes physical activity a week). This compares to 26.6% inactive as a North West average and 25.2% nationally – data from Active Lives Survey 2018
- 6.6% of residents in Cheshire East walk to work as their main mode of travel. This compares to 6.8% as a North West average and 6.9% nationally – data from Census 2011
- 1.8% of residents in Cheshire East cycle to work as their main mode of travel. This compares to 1.4% as a North West average and 1.9% nationally – data from Census 2011









AUGUST

Connected Communities

Cheshire East Council's Connected Communities infrastructure initiative is a project to mobilise communities in a supportive and structured way. It aims to ensure local issues are addressed with the right support. This includes securing expertise and resource, including venues from a range of organisations and empowered local people.

Cheshire East Council's Communities Team has worked closely with local residents, key community representatives and a range of venues in 20 separate communities to develop customised community infrastructures. Their approach aims to empower, connect and build capacity through the facilitation of sustainable 'Local Community Partnerships'. This approach has seen the creation of a social franchise model creating 30 'Connected Communities Centres' across areas of deprivation using an engagement approach to create bespoke resident-led early intervention and preventative sustainable initiatives.

We now have 30 Connected Communities Centres signed up, having a range of new services delivered from their facilities. They work with local people as a single point of contact for their community for a range of local priorities.

Each of the 20 partnerships are now maturing and have all identified their priorities and shared information, have working action plans and are working action plans and work collaboratively to gather and disseminate key messages out to the community.

To date, 16 new resident-led initiatives have been created, including the community interest dementia cafe, mental health first aid training, mums and tots provision, alcohol addiction support groups, a community choir, a youth group and a community lunch club.

Mental Health support group, cardiac group, groups to support alcohol addiction, dementia friends, community choir, youth group, community lunch club etc. The social franchise model has now been embedded in adult social care and public health commissioning. Each new tender has a paragraph that asks the applicant if this service could be delivered from a Connected Communities Centre and, if it can, they should be embedding within their bid.



SEPTEMBER

Food Allergies



The EU Food Information for Consumer Regulations 1169/2011 came into force in December 2014 and these are enforced in the UK by the Food Information Regulations 2014. These regulations make it a requirement for food businesses to know exactly which of the 14 allergens listed within the EU regulations are present in the dishes that they are serving.

Key Statistics

- The EU Food Information for Consumer (FIC) Regulation 1169/2011 came into force in December 2014 and set new standards for providing allergen information.
- In the UK, an estimated 2 million people are living with a diagnosed food allergy, and 600,000 (1 in 100) with coeliac disease. These figures exclude those with food intolerances such as lactose intolerance.
- In the UK, about **10 people** die every year from food-induced anaphylaxis.
- Most food allergies affect younger children under the age of three. It's estimated around 1 in every 14 children of this age has at least one food allergy.

In preparation for the regulations coming into force in August 2014, Cheshire East's Trading Standards Team wrote to all food businesses and also carried out a number of face to face training sessions to help businesses understand their obligations.

Over the last few years there has been an increase in allergen related complaints received by the Trading Standards team. A number of these complaints involved consumers suffering anaphylactic shocks. The cause was either due to a lack of communication or substituted ingredients being used, e.g. almond being substituted with peanut.

In July 2018, a further reminder letter was sent to food businesses. The team also carried out some targeted allergen inspections. A number of revisits had to be carried out to ensure compliance.

On 10 September 2018, the Food Standards Agency launched a campaign entitled #easytoASK with the aim of raising awareness among young people (16-24 years old) of their rights when it comes to the provision of allergen information when eating out. The campaign was delivered in partnership with Allergy UK and Anaphylaxis campaign. This is something that we'll continue promoting with the contacts that we have with the local colleagues and university.











OCTOBER



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Libraries

Libraries have a key role to play in reducing isolation and loneliness.

The Office for National Statistics also noted that:

- People who feel that they belong less strongly to their neighbourhood reported feeling lonely more often; and
- People who have little trust of others in their local area reported feeling lonely more often.

Libraries are seen as trusted, welcoming community spaces. Staff are skilled at engaging with the public and understanding the needs of their local community. In October, libraries across the country celebrated 'Libraries Week'. With a focus on wellbeing they showcased how libraries bring communities together, help combat loneliness, provide a space for reading and creativity and support people with their mental health.

Key Statistic

In total 27,490 people of all ages visited our libraries during Libraries Week.

During Libraries Week, Cheshire East libraries hosted a wide variety of social activities including: story and tea, knit and natter, special rhymetimes, roots family history, IT and chat, adult colouring and volunteering opportunities. Our libraries also held events with voluntary organisations such as CAB, DIB, Hearing Dogs, Macclesfield Flower Club and Alsager Partnership Memory Café, all of which help to ensure that libraries reach those in most need.

23

A new weekly group called 'Let's meet on a Friday' started during Libraries Week at Sandbach Library.

One participant brought along a friend because she thought it would do her good to get out of the house

Cheshire East libraries will continue to contribute to reducing loneliness by providing opportunities for people to build connections and improve their health and wellbeing in their local library.



NOVEMBER

Employment

Employment is important for health: we know that incidence of obesity, smoking, substance misuse and mental health conditions are higher in unemployed cohorts compared to those in work. Therefore public health and economic development/ employment are intrinsically linked.

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A mechanism to more effectively link employers and communities, to achieve more for residents, businesses and the local economy, is a compact/agreement. It is intended to provide a framework for developing effective relationships between employers and the local community, leading to more and better results on the ground including the increased health and wellbeing benefits of 'work' in its varying formats.

Key Statistics

- There are **2,445 working age unemployed people** in Cheshire East (on Job Seekers Allowance and Universal Credit). This figure has been falling over the past five years and is set to continue falling.
- In Cheshire East there are 10,380 working age people who are unemployed and on disability benefits (ESA and IB). This figure is set to rise over the next few years. Applying the 65% national estimate figure, this equates to over 6,700 residents with disabilities in Cheshire East who want to work.

Cheshire East has an ageing population and a shrinking working age population. Forecasts show a 12% reduction in available labour by 2030 (ageing population/shrinking working age population). Based on these forecasts, employers are going to find it increasingly hard to recruit staff both at the skilled level and entry level. Employers will need to look to non-traditional sources of labour.

There are a number of existing employment initiatives operating across Cheshire East, which aim to support unemployed residents to gain the skills and experience to move closer to and/ or into work. However, the supported employment landscape is disparate and disconnected.

Through joint working with stakeholders, a suite of compact/agreements would address skills gaps in the local workforce by supporting employers to harness the skills of a non traditional workforce. Activities would: create different routes to education and jobs; increase progression towards life and employment goals; and empower and engage the most disadvantaged or underrepresented and socially excluded residents.

Each compact/agreement would have an accompanying action plan focusing on practical steps to tackle issues and seize opportunities most effectively addressed at authority level.





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Types of commitments that could be explored:

- Employability and Social Inclusion –support for those neighbourhoods/ communities that have a greater concentration of residents with lower skills/ income and higher unemployment.
- **Complex Barriers** support for people with complex barriers into paid work of less than 16 hours and voluntary work.
- **Employers** Raise awareness and support to engage with, recruit and retain alternative sources of labour. Develop retention support models.
- Skills Gaps ensure recruitment and skills opportunities are promoted to all residents. Enable discussions between training providers and businesses to develop skills provision targeting the non traditional workforce.
- Widening Participation Ensure equality and diversity are embedded throughout.
- Strategic Approach cement employment and economic outcomes to public health outcomes.







DECEMBER





Public Service Transformation Programmes

Building on the success of the Complex Dependency programme delivered across Cheshire and Warrington between 2015-2017, sub-regional partners have initiated a three-year transformation plan for Public Sector Transformation across Cheshire & Warrington that will deliver improved outcomes for our collective population. The programme has six priorities: complex dependency; health related worklessness and low pay; preventing poor mental health; reducing offending; reducing domestic abuse and enablers to achieve change.

A sub-regional approach is the only real way to tackle these complex priorities in a time of shrinking budgets and increasing demand; working together achieves value by being greater than the sum of its parts. But, working across organisations requires continued support, resource and management for ongoing collaboration, integration and efficiency.

There is a huge amount of positive work happening across the sub-region. This programme looks to add value to that work and complement it rather than act as a separate workstream.

We are encouraging a collective response to local issues, shared resources where appropriate, and a stronger case for external investment and funding.

More than £1m of innovation funds have already been made available to the area and this approach will maximise the opportunity to attract more funding whilst reducing bureaucracy and competition as partners may, if acting alone, end up competing for the same fundingstreams.

Working together and investing in public service transformation will positively impact the life chances and wellbeing of our residents at a greater scale than could be achieved by working individually. By focussing on those who have the greatest support needs we can ensure that they also have a stake in their local area, becoming more independent and resilient.



It is not possible to capture the plans here. For more information on the Public Service Transformation Programme visit the website: www.candwleadersboard.org.uk/dbimgs 27

Contact Us

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Agenda Item 8

NHS South Cheshire Clinical Commissioning Group





CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Healthwatch Cheshire East Annual Report Presentation 2018/19
Date of meeting:	November 2019
Written by:	Louise Barry/George Gibson
Contact details:	george.gibson@healthwatchcheshire.org.uk
Health & Wellbeing	Louise Barry
Board Lead:	

Executive Summary

Is this report for:	Information X	Discussion	Decision	
Why is the report being brought to the board?	An update on the work of Healthwatch Cheshire East			
Please detail which, if	Creating a place that supports health and wellbeing for everyone living in Cheshire			
any, of the Health &	East 🗖			
Wellbeing Strategy	Improving the mental health and wellbeing of people living and working in Cheshire			
priorities this report	East 🗖			
relates to?	Enable more people to live well for longer \square			
	All of the above X			
Please detail which, if	Equality and Fairness \Box			
any, of the Health &	Accessibility 🗖			
Wellbeing Principles this	Integration 🗖			
report relates to?	Quality 🗖			
	Sustainability 🗖			
	Safeguarding 🗖			
	All of the above X			
Key Actions for the	For information.			
Health & Wellbeing				
Board to address.				
Please state				
recommendations for				
action.				
Has the report been	N/A			
considered at any other				
committee meeting of				
the Council/meeting of				
the CCG				
board/stakeholders?				

Has public, service user, patient	N/A
feedback/consultation	
informed the	
recommendations of	
this report?	
If recommendations are	N/A
adopted, how will	
residents benefit?	
Detail benefits and	
reasons why they will	
benefit.	



Healthwatch Cheshire East

Annual Report 2018-19



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About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Cheshire East, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



Sir Robert Francis QC Healthwatch England Chair

Our vision is simple

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

Our purpose

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

Our approach

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

People are at the heart of everything we do

We play an important role in bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations.

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.

Healthwatch Cheshire East at an International Women's Day event at South Cheshire College, Crewe - 2nd March 2019



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Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**



1054 comments about health and social care were received from people in Cheshire East,86% more than last year.



We have **36** volunteers helping to carry out our work. In total, they gave up **1142** hours of their time.



We attended **121** events to speak to people and understand their experiences of care.



We have produced recommendations for **42** services including GP Practices, Hospitals, and Care Homes.

16 services adopted improvements we suggested to make health and care better in our community.



69 people contacted our Independent NHS Complaints Advocacy Service for support through the NHS complaints process.



We have **1523** followers on Twitter. A **6%** increase on last year.

Message from our Chair

I am delighted to present to you our Annual Report for 2018/19; a year which saw us make a greater impact in improving health and care services than ever before.

This year has seen us obtain 1054 views from people in Cheshire East, an 86% increase on the previous year. This has taken us to towns and villages across the area and allowed us to represent the diverse community we serve by attending Pride events, community festivals, dementia events, Connected Community launches, and many more.

People have told us that being able to access doctors or nurses quickly and making it easier to access appointments is important to them, along with shorter delays and fewer cancellations for operations.

This year saw us heavily involved in obtaining the views of people in regard to the Adult and Older People's Mental Health consultation, ensuring that people were aware of proposed changes and that their voices were heard throughout the process. People told us that shorter and fewer delays in diagnosis and treatment of Mental Health conditions was a priority. People also told us that more understanding regarding autism, and shorter delays in diagnosis and receiving treatment, were important issues.

The year also saw us begin our engagement activity on the NHS Long Term Plan, asking the people of Cheshire East their thoughts on the plan and what matters most to them about health and care services. The full report of our findings will be published later in 2019.

I would like to thank everyone that has shared their views and experiences with us this year, and to service providers, and local authority and NHS commissioners, for working with us and listening to the opinions of the people of Cheshire East.



Lynne Turnbull Healthwatch Cheshire CIC Chair

Message from our CEO

This year has been one of great progress for Healthwatch. We have been able to gain and share the views of more people in Cheshire East than ever before. These views are also having impact and making changes for the people of Cheshire East.



This year has seen us launch our new website, which makes it easier than ever for people to leave their feedback. People can now just search for the health or care service they wish to share their experience of and submit their feedback directly to us. The website also contains lots of handy signposting information, including health and wellbeing advice guides and access to all of our latest project and Enter and View reports.

I would like to take the opportunity to say a big thank you to all of our staff and 36 volunteers. They have played a significant role in helping us to gain the views of more people than ever before, and help to make positive changes for people's health and care services in Cheshire East. We again conducted our A&E Watch, with eight members of staff and 20 of our volunteers getting the views and experiences of 232 people in the three A&E departments in Cheshire across 12 hours from 9am until 9pm. The report that followed was well received by the Hospital Trusts and has resulted in many changes and improvements to people's experiences such as clearer signage within departments, more comfortable waiting areas, and more information on services and waiting times on display screens.

We have conducted focused projects on Sexual Health services, and the rights of Carers in registering with GP Practices. This has not only seen us gain people's views on these topics but also signpost and provide information on the services available to people. Our work with the boating community last year has now been taken forward, and we have managed to organise a series of meetings between representatives of the boating community and staff from the local NHS and local authority. This is really helping boaters to get their views heard and we can now work together to make health and services more accessible for that community.

We look forward to speaking to even more people in our community next year, and to publishing our findings from the NHS Long Term Plan, which can really shape the future direction of health and care services in Cheshire East over the coming years. We will continue to discuss potential changes in the way health and care will be delivered with integration and the further development of care communities with the people of Cheshire East, and use their views to help shape services going forward.

Louise Barry Healthwatch Cheshire CIC CEO

Changes you want to see

Last year we received **1054** comments from people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



Make it easier to see a doctor or nurse quickly



+ Shorter and fewer delays in diagnosis and treatment for Mental Health conditions



+ Shorter waiting lists and fewer cancelled operations at our hospitals



 More understanding regarding autism, and shorter delays in diagnosis and receiving treatment

How we've made

a difference

Changes made to your community

Find out how sharing your views with your local Healthwatch has led to positive changes to health and social care services in Cheshire East. We show that when people speak up about what's important, and services listen, care is improved for all. Take a look at examples of how we have made a difference in our community.

12 Hours in A&E

On 11th February 2019, Healthwatch Cheshire East and Healthwatch Cheshire West spent 12 hours in the three A&E Departments in Cheshire, namely Leighton Hospital, Macclesfield Hospital, and the Countess of Chester Hospital to conduct A&E Watch.

A&E Watch is designed to gain a snapshot view of the experiences of people and understand why they attended and how they thought services could be improved. The purpose of A&E Watch is to explore themes emerging from the comments we have received about A&E during our regular general engagement activity.

Eight members of staff and 20 of our volunteers, assisted in engaging with people in the A&E departments over 12



hours from 9am until 9pm. In total we received 232 responses to our surveys. This report was published online, and presented to the Hospital Trusts and at the Quality and Performance Committees of local Clinical Commissioning Groups.

What people told us

The main findings from the report across the three hospitals were:

- The majority of people told us that the reason they attended A&E was because their problem was too urgent to wait.
- 52% of people we spoke to had attempted to access another service before going to A&E.
- + Just over half of people rated their experience of A&E as 4 or 5 out of 5.

The report can be accessed online at www.healthwatchcheshireeast.org.uk/ what-we-do/our-reports

Healthwatch Cheshire East volunteer, Ros, at Macclesfield Hospital - 11th February 2019

A&E Watch improving our hospitals

Based upon the feedback people gave us, **Leighton Hospital** have committed to:

- + Review the signage inside and outside A&E.
- + Monitor the temperature in the children's waiting area daily.
- + Increase the amount of information available to people in waiting areas, including on noticeboards and display screens.
- + Install another drinks machine and water fountain in the waiting area.
- + Have volunteers sitting with people and directing them to where they need to be.

"The report informs the picture of the entire health economy rather than just MCHFT. There is much to celebrate in the report, with numerous positive comments. It has also given us the opportunity to address anything negative."

Belinda Dean - Head of Nursing Urgent and Emergency Care, Leighton Hospital



Healthwatch Cheshire East at Leighton Hospital -11th February 2019

Based upon what people told us, Macclesfield Hospital have committed to:

- + Improve signage inside and outside A&E.
- + Increase car parking spaces.
- + Replace the drinks machine in the waiting area.
- Increase the number of chairs in the waiting area and review arrangements for the children's waiting area.
- Purchase display screens to show waiting times and information for patients.

In March 2018, we published a report based on the experiences of the boating community in accessing health and care. During this year, we have been able to use this report as a basis for discussions on how to improve access for boaters throughout Cheshire.

Boaters told us that they had experienced difficulty in registering at certain GP Practices and NHS dentists due to postcode issues, and problems in the processing of repeat prescriptions. They told us that they needed better signage and access to information as to where they could access care and which GP Practices they could register with. People we spoke to had also not accessed social care.

Using these views, we were able to bring together, for the first time, the key stakeholders of the boating community, including the Waterways Chaplaincy and the Canal and River Trust, with service providers and commissioners from the NHS and local authorities in Cheshire. This took place in a meeting at the National Waterways Museum in Ellesmere Port in February 2019.



"Numerous attempts had been made by Waterways Chaplaincies to engage with the NHS trusts across the country without any sustainable engagement with the issues being achieved. The Healthwatch report provided the first clearly defined account of the boater access issues. It clearly identifies the issues and proposes outcomes to address them for boaters in the Cheshire region and subsequently nationwide.

"One of the main outcomes will be the development of materials which can be used to engage with staff of surgeries directly associated with the canal community, so that their understanding of boater rights can be revised. These materials would be trialled in Cheshire along the Shropshire Union and Trent and Mersey canals, and then offered to other regions."

Andy Taylor - Senior Waterways Chaplain in the North West

Next steps in improving access to health and care in the boating community

The key issues raised in our report were discussed and various commitments were made to work together to improve access to services for the boating community:

- Regular meetings will take place between stakeholders and service providers at various locations throughout Cheshire, to be facilitated by Healthwatch.
- + Local authority commitment to liaise with the Waterways Chaplaincy to provide more and accessible information to boaters.
- + Stakeholders and local NHS and local authorities to look at partnership working around the main issues going forward.

Healthwatch were able to make a difference by raising awareness of the issues of a community that struggle to make their voice heard, and enabling improvements to be made in the future. You can find out more about our work with the boating community by viewing the report on our website at <u>www.healthwatchcheshireeast.org.uk/</u> what-we-do/our-reports

> "The meetings are always productive, engaging and have the right people in attendance. It feels like the concerns raised are listened to and there is a proactive approach to address these concerns and make like better for boaters.

"I look forward to continuing our partnership work into the future and seeing how these initiatives help improve lives."

Sean Williams - Welfare Officer, Canal and River Trust

Healthwatch meeting with stakeholders from the boating community, local NHS CCGs, and local authorities - 12th February 2019, National Waterways Museum, Ellesmere Port


Improving services in Cheshire East through Enter and View

Healthwatch Cheshire East regularly visit GP Practices, Hospitals, Care Homes and other specialist services to conduct Enter and View visits. These visits provide a snapshot in time of the services being provided and allow us to see, hear and feel what it is like within that particular setting for the people who use services, as well as their families and staff.

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

affect.

These reports are sent to the Care Quality Commission, local Clinical Commissioning Groups and Cheshire East Council and presented at various committees where our findings can be discussed and used to influence change.

Between April 2018 and the end of March 2019, Healthwatch Cheshire East published 42 Enter and View reports of services across the whole of Cheshire East, available to view on our website at

www.healthwatchcheshireeast.org.uk/ what-we-do/enter-and-view/hospitalscrutiny

These include reports of:

- + 28 Care Homes
- + 7 GP Practices
- + 7 Hospital settings.





The recommendations offered in these reports led to improvements to things such as care home activities, interior décor, improvements to meals, more information provision for people in waiting areas, and much more. Improvements based on our recommendations were carried out in:

- + 11 Care Homes
- + 2 GP Practices
- + 3 Hospital settings.



Healthwatch Cheshire East at Belong, Crewe

"East Cheshire NHS Trust welcomes the involvement of Healthwatch as it offers an independent view of the services we offer. Enter and View and engagement exercises help us to identify good practice and also any areas for further improvement. The trust particularly welcomes the collaborative approach in seeking to review and improve patient and carer experience."

Lyn Bailey - Equality and Patient Experience Manager, East Cheshire NHS Trust "We were happy with the arrangements prior to the visit. A fine visit. Representatives were unobtrusive. Residents enjoyed the representatives visiting. Actions: Smoking policy has been reviewed. Garden room will be redecorated. Activities are always discussed at the residents meeting."

Manager, Tunnicliffe House Care Home, Macclesfield

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Making it easier to share your views online

The end of this year saw the launch of our new Healthwatch Cheshire East <u>website</u>, which makes it easier than ever to share your views on health and care with us through our Feedback Centre. The website also contains lots of handy signposting information, including health and wellbeing advice guides and access to all of our latest project and Enter and View reports.

To share your feedback on a health and care service, you can just search for the service and submit your feedback directly to us. We can then produce reports based on these comments that go straight to those who provide health and care services.



You can now search for a specific service and submit your feedback directly to us as shown on the image above - www.healthwatchcheshireeast.org.uk

Listening to your views

Healthwatch Cheshire East use a variety of methods to obtain the views and experiences of the diverse communities of Cheshire East. This includes in person, by telephone, via email, by Freepost comment cards, via our new website and Feedback Centre or via Facebook and Twitter.

There is no substitute for getting out and speaking to people face-to-face, and our engagement team have been able to gain a breadth of information by visiting all areas across Cheshire East, and working with a diverse range of groups and organisations. We attend a wide variety of venues to gain people's feedback such as children's centres, libraries, community centres, local colleges, work zones, leisure centres, hospital outpatients, medical centres, streets and supermarkets.



Healthwatch Cheshire East at Macclesfield Pride, 28th July 2018





We spoke to **2450** people about their health and social care in Cheshire East in 2018-19

Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: www.healthwatchcheshireeast.org.ukt: 0300 323 0006e: info@healthwatchcheshire.org.uk

Speaking to people around Cheshire East

Between April 2018 and the end of March 2019, we attended 121 events in:

- + Crewe 30 events
- + Macclesfield 16 events
- + Congleton 13 events
- + Middlewich 8 events
- + Nantwich 5 events
- + Sandbach 5 events
- + Alsager 5 events
- + Holmes Chapel 4 events
- + Knutsford 4 events
- + Poynton 3 events
- + We also attended engagement events in Chelford, Wilmslow, Bollington, Handforth, Disley and Tytherington.

We have attended Pride Events in Macclesfield and Knutsford (Tatton Park), at which we gained over 240 comments about health and care services from the LGBTQ+ community.



Healthwatch Cheshire East at Dry January launch, Crewe - 7th January 2019

Wherever possible, we have also linked our attendance at events to national and local initiatives such as Carers Week, local health and wellbeing events, Dementia Action Day, National Carers Rights Day, the End of Life Conference for Cheshire, Connected Community launches, Macclesfield Peace Festival, and Crewe Family Fit and Fun Day.



Sharing your experiences

Healthwatch Cheshire East report on the feedback we receive in various ways:

- + All Hospitals, GP Practices, and the Cheshire East Social Care department are sent the comments we have received from people relating to their service on a quarterly basis.
- We attend the Cheshire East Health and Wellbeing Board, the NHS South Cheshire and Eastern Cheshire CCGs Quality and Performance Committees.
- Quarterly reports are submitted to the above committees, as well as to Cheshire East Council commissioners, outlining what people have told us about their health and care.

As well as feeding back to service providers, people's views on health and care enables us to focus on specific areas from which we can produce targeted project reports. These are available to view online at www.healthwatchcheshireeast.org.uk/w hat-we-do/our-reports

This year this has included:

- + A&E Watch
- Sexual Health Services
- + Carers' Rights.

Throughout March 2019, our engagement work was focused around the NHS Long Term Plan, and obtaining the views of people on what matters most to them about the future of the NHS. This report will be published in July 2019.

This year also saw us take the health and care views of people in Cheshire East to Parliament, as Healthwatch England held a Parliamentary Reception in Westminster. We were able to meet the MP for Tatton, Esther McVey, to discuss the current issues around health and care in our area.



Healthwatch Cheshire East and Esther McVey MP, Healthwatch England Parliamentary Reception - 21st January 2019

"The Healthwatch [Sexual Health Services] report provides tangible and robust evidence which will be used as a starting point to help inform the service review and develop services going forward."

Joanne Sutton - Senior Commissioning Manager, Public Health Cheshire East Council

How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't always know where to look.

You can come to us for advice and information in a number of ways including:

- + Specific advice and information at www.healthwatchcheshireeast.org.uk/useful-links
- + Our contact us form
- + At community events
- + Promoting helpful services across <u>Facebook</u> and <u>Twitter</u>
- + Over the phone 0300 323 0006.

Below are some examples of where we have helped people in Cheshire East to find the information they need:





Above: Healthwatch Cheshire East at Macclesfield Pride, 28th July 2018

Below: Healthwatch Cheshire East at Macclesfield Peace Festival, 22nd September 2018

Autism support

At a carers event organised by the Parent Carer Forum in Knutsford, we spoke to a woman whose son had recently been diagnosed with autism. She had built up the courage to attend the event in order to meet and talk to people in a similar situation to her own. She talked about her struggles to find any local support and as a result of our conversation, Healthwatch were able to use links we have built up through engagement with people with autism in order to signpost her to Space4Autism and other local carers groups to support her.

Helping people to make adjustments to stay at home

Healthwatch met a woman with mobility issues at a Knit & Natter group. She had problems showering and needed support to get adjustments made in her home. The woman said she had been to her doctor several times but had been waiting over three months for a referral.

Healthwatch contacted the Cheshire East Social Care team and went back to the Knit & Natter group to provide details for the woman to contact about adjustments to her home. Healthwatch then met the assessment team at an event in Congleton and arranged for them to go to speak to the Knit & Natter group about their service.



Healthwatch Cheshire East have taken great interest in the recent Mental Health consultation and subsequent service redesign in Cheshire East. In order to help ensure that people's voices were heard during the consultation process which took place during 2018, we:

- + Circulated details of the findings and consultation events online and via social media.
- + Healthwatch attended multiple consultation events to gauge the public mood and comments about the proposed options.
- + Following the consultation events, we collated the feedback we had received and our summaries of these events which were then submitted to NHS Eastern Cheshire CCG.

- + Staff attended the Open Minds Mental Health group in Crewe in November at which NHS Eastern Cheshire CCG presented feedback from the original consultation. Feedback from the group raised some concerns and Healthwatch raised general concern on breadth and quality of communications and dissemination of proposals.
- Healthwatch attended a follow-up consultation event in Middlewich in November and again raised concerns over communication of findings.
- + We also attended the Joint CCG Decision Making Group in November, and the Cheshire and Wirral Partnership (CWP) listening event in January regarding community crisis beds as an aspect of the proposal. We provided feedback to organisers about the positive nature of the CWP event.





Helping people to understand their rights as a carer

Across the UK, around 7 million people care for a family member or friend. That's 1 in 10 individuals who care for someone, unpaid (<u>Carers Trust</u>). Under the Care Act 2014, carers registering at their GP Practice are entitled to receive certain <u>benefits</u>; such as appointments at a convenient time, an understanding from Practice staff, provision of free annual health checks and flu vaccinations, among others.

During our general engagement activity, we heard reports anecdotally of some unpaid carers not receiving or being aware of the benefits detailed above when registering as a carer with their GP Practice. Therefore, to coincide with activity around Carers Rights Day in November 2018, we developed a survey to assess the experiences of people registering as a carer with their GP Practice in Cheshire East.

To obtain the views of people, we targeted particular carers groups where we could reach unpaid carers, such as parent carers and young carer groups in Crewe and Macclesfield. On Carers Rights Day, our Community Engagement and Project Officers held stands at events in order to promote the survey to people; one organised by Cheshire



East Carers Hub in Macclesfield, and one organised by Cheshire and Warrington Carers Trust in Macclesfield.

The survey outlined the benefits that people could expect to receive by registering as a carer with their GP Practice. Where people were unaware of these benefits, we were able to have conversations with people that informed them of these rights, and provide them with the information they need to improve their experience of accessing GP services as a carer. Our full report detailing the findings of our survey will be published in 2019.



Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you. w: www.healthwatchcheshireeast.org.uk t: 0300 323 0006

e: info@healthwatchcheshire.org.uk

Independent NHS Complaints Advocacy Service

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

ICAS offers a service through online, telephone and, where appropriate, face to face support to people living in Cheshire who need assistance to progress complaints in relation to any NHS service provision provided at: Independent Advocacy is a way of supporting a person to express their views, have these taken seriously and achieve positive outcomes.

Of the 69 people who contacted ICAS for support, 24 were provided with information by ICAS to progress their complaint, 21 were signposted by ICAS to other organisations, whilst 20 required further support from our ICAS advocate to help them through the complaints process. The other four people no longer required assistance from ICAS.

- + Hospitals
- + GP Practices
- + Dentists
- + Pharmacists
- + Opticians
- + NHS funded care homes.





69 people from Cheshire East contacted our Independent NHS Complaints Advocacy Service for support through the NHS complaints process in 2018-19.

Helping people to make sense of the NHS complaints process

"I honestly can't thank you enough for your help with all this, please pass on my comments to your team too as I felt like I was drowning with it and so worried I was going to get it wrong. Your support and practical advice has been such a help." A woman had made an NHS complaint on behalf of her mother and had been asked to put the complaint in writing. She stated that she had mental health issues and could do with support to write a letter as she was unsure what to include. By providing her with information on what to put in a complaint letter and discussing what her concerns were and what she wanted to happen in response to her complaint, ICAS were able to help her write a letter of complaint.

Changing practice through resolution

A woman was supported to raise a complaint across two Hospital Trusts. Through receiving information and being able to discuss issues with an advocate, she was able to self advocate. She had requested that the issue be handled by one Trust working with the other but this did not happen and she ended up attending two resolution meetings and receiving separate responses; one with a family member and the other with support from an ICAS advocate. At the meeting, the complaint investigator identified something they had learned from the process and would be changing in their practice.



"Thank you for all your support, I don't think I would have got this far without your help."



How do our volunteers help us?

Healthwatch Cheshire East could not have undertaken all of this activity without the support of our 36 volunteers that work with us to help make care better for their communities.

What our volunteers do:

- + Raise awareness of the work we do in the community.
- + Visit services to make sure they're meeting people's needs.
- + Collect people's views and experiences which we use in our reports.



Healthwatch Cheshire East volunteers taking part in Enter and View Training

We owe a big thank you to our volunteers, who in total gave up 1142 hours to Healthwatch Cheshire West last year - double the number of last year.

The continued support and development of our volunteers is very important, and this year has seen volunteers take part in Enter and View and Safeguarding Training, as well as workshops relating to the local health and care system.

Volunteers are the vital to our Enter and View process, each bringing their specific skills and perspectives to produce impactful reports that can really affect change in GP Practices, Hospitals, Care Homes and Specialist Care Centres across Cheshire East.

Our volunteers have again got involved in a range of activities that have allowed us to reflect the diversity of our community and provide us with the reach to gain the views of people across Cheshire East.

What have our volunteers been involved in?

- + A&E Watch 20 of our volunteers took part in our A&E Watch, enabling us to cover 12 hours in A&E, speaking to people about their experience of using A&E.
- Pride events in Macclesfield and Tatton Park - allowing us to hear the views of the LGBTQ+ community around health and care.
- + Sexual Health project volunteers have been involved in project planning, engaging with the community, Enter and View visits, and report writing about people's experiences of using Sexual Health services in Cheshire East.

- + Carers Week volunteers have engaged and distributed surveys about carers' rights.
- Recruitment volunteers have been involved in our interview process for new Community Engagement and Project Officers, assisting with an informal session with candidates prior to interview to assess their abilities.



Healthwatch Cheshire East at Pride in the Park, Tatton Park - 16th September 2018

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.

Susan

"As a semi retired Grants Manager in the community sector, I was looking at volunteer positions and was impressed



with the work Healthwatch is carrying out in Cheshire East.

I feel I am making an important contribution through my feedback and comments on hospitals and other NHS/Government supported/funded facilities we visit in the Cheshire area. I find the work interesting and extremely varied. We all use these hospitals, health centres at some point in our lives and it's reassuring to see these facilities at first hand, ensuring standards are high. Healthwatch offers the volunteer a chance to make a difference."

Our volunteers come from areas such as:



Carolynne

"I explained that I had an interest in administration and that I wanted to work in an office. Healthwatch Cheshire created the role of administrative volunteer working at their office in Northwich.



The team there are great and make me feel at home and one of the team. This is a fantastic feeling improving my confidence and ability. I assist with many roles, but now also have the opportunity to take part in the other roles of Healthwatch. I will be trained to become an authorised representative in Enter and View. This is a massive responsibility ensuring services are maintained to standards and that people are treated with respect and dignity. I will also take part in projects, engagement and attending meetings on Mental Health. Last year I would not have thought I would be doing this, my confidence is increased, as is my involvement."

5

5

5

Our finances

How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we spent £162,027.

We also received £4,000 of additional income.



Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us
- + All of our amazing staff and volunteers
- + The voluntary organisations that have contributed to our work
- + All local NHS and Local Authority partners and service providers who have engaged in our feedback process and listened to the views of the public.

'Cheshire Healthwatch has continued to ask its partners to put patients and the residents of Cheshire at the centre of their work. The CCGs in Cheshire have welcomed this challenge, and have established formal accountability between the CCGs' new Executive Director of Ouality and Patient Experience and Healthwatch. This will help foster closer working relationships and ensure the CCGs put the resident at the heart of our commissioning programmes. I'm grateful to the Healthwatch team of staff and volunteers for their ongoing work with the NHS and public sector, and for the support they have given the CCGs as we begin a new phase in our working together as Cheshire.'

Clare Watson Chief Officer Cheshire Clinical Commissioning Groups



Healthwatch Cheshire East with Cllr Bryan Edwards, Mayor of Crewe at Winter Wellness Event, Crewe -17th October 2018

Contact us



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Agenda Item 9



Working for a brighter futures together

Cheshire East Health and Wellbeing Board

Date of Meeting:	eeting: 26 November 2019	
Report Title:	Cheshire East All Age Autism Strategy 2020-2023	
Senior Officer:	Mark Palethorpe Acting Executive Director of People	

1. Report Summary

- 1.1. A new All Age Autism Strategy for Cheshire East has been coproduced and a Multi-Agency Implementation Group is in place to ensure delivery and monitoring through an agreed Delivery Plan within the Strategy, which is updated annually. This strategy meets the council's statutory requirement as outlined in the Autism Act 2009 and the national adult autism strategy, which places a legal duty on all local authorities to develop and implement a local autism plan in partnership with health.
- 1.2. We are committed to commissioning high quality autism services and working with partner organisations to improve the lives and opportunities for children, young people and adults with autism. In order to achieve this, this three-year local strategy has been created with involvement and engagement from a wide range of people, including children and adults with autism and their families. Its purpose is to provide a clear plan for support in Cheshire East and identify objectives and actions, which reflect the local needs of people with autism whatever their age.

2. Recommendations

2.1. That the Board endorse the Cheshire East All Age Autism Strategy 2020 to 2023.

3. Reasons for Recommendations

3.1. The first national autism strategy, 'Fulfilling and Rewarding Lives' was published by the Department of Health in 2010. The Strategy set out how a range of services across the public sector should improve support for adults

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with autism. 'Fulfilling and Rewarding Lives includes the government's vision for adults with autism:

'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

3.2. In 2014, the Department of Health published 'Think Autism', an update to the 2010 Strategy following a review of progress. 'Think Autism' reaffirmed the commitment to the five areas of action originally identified in 'Fulfilling and Rewarding Lives' to improve the lives of adults with autism through three key principles:

1.	Autism Aware Communities	<i>Think Autism</i> community awareness projects will be established in local communities and there will be pledges/awards for local organisations to work towards
2.	Autism Innovation Fund	Funding for projects that promote innovative local services and projects, particularly for lower-level preventative support

- 3. Better data collection and more joined up advice and information service Hereitary in the se
- 3.3. The All Age Autism Strategy is presented as a coproduced partnership strategy as we recognise that the needs of autistic adults cut across services and are not exclusive to adult social care and children services. The lifespan of the strategy is three years, Central to making the autism strategy a success is to ensure we effectively plan, measure and monitor how we will deliver the priorities detailed within this document, which will be achieved through the outlined Delivery Plan within each strategic priority.
- 3.4. The monitoring of the Delivery Plan and progress reports will be undertaken through the Multi-Agency Workstreams of the SEND Partnership Board,

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who in turn report to The Cheshire East Health and Wellbeing Board. Quarterly reports will be submitted to the Board and Directorate Senior Management Team and published annually to support the Strategy aims and objectives.

4. Other Options Considered

4.1. The Council have a statutory requirement to produce an Autism Strategy, coproduced with the NHS and partners, as outlined in the Autism Act 2009

5. Background

- 5.1. Autism is a lifelong neurodevelopment condition. People with autism experience challenges or differences in three key areas: social communication; social inclusion and sensory processing. Autism is a spectrum condition, which means that different people with autism experience it differently and are impacted in different ways.
- 5.2. The Cheshire East All Age Autism Strategy (The Strategy) has been coproduced through the collective working of Cheshire East Council; East Cheshire Clinical Commissioning Group; South Cheshire Clinical Commissioning Group; Cheshire and Wirral Partnership and the direct involvement of people who experience autism, their families, carers and other stakeholders.
- 5.3. The Strategy experienced formal public consultation between 04 February 2019 and 11 March 2019, in which 82 responses were received and detailed in the Cheshire East All Age Autism Strategy Consultation Report (See 8.1 and Supporting document 9.2).
- 5.4. Through the combining of consultation responses and the developed work of the coproduced strategy, eight key themes and priorities have been identified (Graph 1].



- 5.5. Key themes and priorities:
 - 1. First concerns and early identification To ensure people with autism, their careers and families and professionals are able to access clear, comprehensive and up-to-date information about where to go for support, and have a means of sharing knowledge and experiences with others
 - 2. Assessment We will improve the diagnostic and assessment pathway by reducing the waiting times and implementing an all age autism pathway

- 3. Education We will ensure that there are significant improvements of the timeliness and efficiency of the education, health and care needs assessment processes
- 4. Transition We will ensure that a seamless transition for children throughout their lives and entering adulthood, including during childhood, specifically into school / primary to secondary or mainstream to special school encouraging independence from an early stage so that individuals do not become dependent on services and are able to live a fulfilled life with the same opportunities as anyone else
- 5. Employment and training Developing pathways to suitable employment and training is not just important economically; it also offers the opportunity for individuals to feel valued, respected and included in society and can help prevent isolation
- 6. Housing and independent living
 We will ensure that everybody has the opportunity to live in their own home, within a community setting, with their own front door and access to local amenities. We will improve the housing offer available and seek to provide choice, opportunities and support
- 7. Evidence based advice, intervention's and support Specialist health and social care services will be provided as required and will be easily accessed by those who need them. Individuals and families encounter a range of highquality services that are joined-up, easy to navigate and appropriate for their needs
- 8. Support for families and carers are identified, supported and empowered to manage their caring role, and are able to have a life outside of caring

6. Implications of the Recommendations

6.1. Legal Implications

- 6.1.1. The Care Act 2014 requires councils to make sure that any adult with an appearance of care and support needs, and any carer with an appearance of support needs, should receive a needs assessment.
- 6.1.2. The Act also requires councils to undertake 'transition assessments' if a child, young carer or adult caring for a child is likely to have needs when they, or the child they care for, turns 18.
- 6.1.3. Additionally, the local authority's legal duties in relation to people on the autism spectrum flows from the Autism Act 2009 and its accompanying statutory guidance (published in March 2015), which

provides additional detail on the level of specialist knowledge and skills assessors are expected to have in autism.

6.1.4. The Cheshire East All Age Autism Strategy 2020-2023 demonstrates compliance with the Council's legal responsibilities as described.

6.2. Finance Implications

6.2.1. There are no financial implications from the recommendations of this report. The council services detailed in this strategy are existing services, and reporting and attendance at the boards will be met via existing staffing resources.

6.3. **Policy Implications**

6.3.1. This strategy positively supports The Council's Corporate Plan 2017 – 2020, in its priority that children and young people should get a good start in life, are prepared for the world of work and are equipped to live independent, self-sufficient lives, and to realise their particular talents and abilities. The Corporate Plan also looks to ensure quality and best value for local people, striving to get it right first time, and acting with integrity, being open, honest, accountable, and delivering on our promises.

6.4. Equality Implications

6.4.1. An Equity Impact Assessment has been completed (see 9.3). The assessment details that the aims of the Autism Strategy are to promote equality and inclusion by working with and improving outcomes for people with autism and people who experience autism.

6.5. Human Resources Implications

6.5.1. There are no direct implications for human resources

6.6. Risk Management Implications

6.6.1. Children, young people and adults, together with parent and carers are a vulnerable group that is at risk from a number of factors – poor education and training, health, safeguarding and transition into adulthood. This Strategy aims to ensure all services work collaboratively providing improved and person centred support, and as such mitigate these risks to our most vulnerable residents.

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 Cheshire East All Age Autism Strategy directly supports the aims and objectives for our services for Children and Young People, as outlined within the Written Statement of Action in response to the Ofsted and the Care Quality Commission inspection in March 2018.
- 6.8.2. Further, the strategy works to directly link with the national autism strategy, as such positively supporting for the transition of children and young people into adult services. Further it is aligned with a number of other key strategic documents that outline support for children with autism. This includes the Special Educational Needs and Disability Strategy that is in development for children and young people aged 0-25.

6.9. Public Health Implications

- 6.9.1. Implementation of the All Age Autism Strategy will promote health and wellbeing by ensuring a joined-up partnership approach to identification and support for people with autism spectrum conditions and working towards improved service standards and outcomes.
- 6.9.2. In directly supporting the health and wellbeing of Cheshire East residents, the Council will ensure that people with autism that is eligible for services, continue to be able to access support to meet their needs. At the same time, working with partners to support people with autism across the spectrum to live as independently as possible, and prevent, reduce or delay their needs from becoming more serious.

6.10. Climate Change Implications

6.10.1. There are no direct implications for climate change

7. Ward Members Affected

7.1. All.

8. Consultation & Engagement

8.1. Extensive, consultation and engagement has taken place. A formal consultation was conducted during February and March 2019 in which 82 respondents were received (see 9.2). We consulted with individuals and groups of people who experience autism on a daily basis, seeking views on the strategy through face to face conversations; telephone calls; emails;

meetings; workshops and questionnaires in which the which have informed and shaped the key priorities of this Strategy.

9. Access to Information

- 9.1. Cheshire East All Age Autism Strategy 2020-2023
- 9.2. Cheshire East All Age Autism Strategy: Public consultation report
- 9.3. Cheshire East All Age Autism Strategy 2020-2023 EIA

10. Contact Information

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

Name: Gerard Buckley

Job Title: Integrated Commissioning Manager

Email: gerard.buckley@cheshireeast.gov.uk

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Cheshire East All-Age Autism Strategy 2020-2023



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The strategy contains quotes and thoughts from some Cheshire East residents; parents, carers; children and young who experience autism in their daily lives, captured during recent consultation in the development of the strategy

Foreword

This strategy has been developed through co-production and engagement with all our partners; stakeholders, and importantly people with autism, their families, and carers in line with the TOGETHER co-production principles. "Think Autism", the National Strategy, places an expectation on local councils and health services to develop plans to ensure that people with autism who live in their area get the help that they need. This strategy responds to that expectation, developed in line with the Autism Act (2009); the National Autism Strategy and the local Written Statement of Action following the local area SEND inspection.¹

Autism is a lifelong condition that can significantly affect the lives of people living with it, and it is part of the daily life of around 600,000 people in the UK.² In Cheshire East, there are an estimated 1.594 children and young people assessed onto the autism spectrum, and 728 adults³. People with autism are valued members of our communities and this Strategy reflects a shared commitment to improve the health, wellbeing, and opportunities for both children and adults with autism.

'Important that children and young people are given the help and support to reach their full potential'

Preparing for adulthood is a recognised challenge. While most young people with autism will not need specialist services as an adult, they will need support as they move towards adulthood in developing independence – for example; learning additional life skills, travelling independently and seeking opportunities for further education, employment, and independent living.

The Strategy seeks to ensure that people with autism their families and carers are able to achieve their full potential by bringing together health and social care, educational settings, local employers, service providers, voluntary organisations and the people of Cheshire East.

To do this, the Strategy contains clear aims and objectives, which have been defined and shaped by the key priorities. The Strategy is supported by a Delivery Plan - which will be updated throughout the lifespan of the Strategy, reflecting changes in national and local policy to ensure we capture every opportunity to further enhance our vision for improved health, wellbeing, and quality of life for people with autism, their families, and carers.

We would like to thank all of you who have contributed to its development. The Strategy provides an opportunity to make a significant difference to the lives of people with autism and its success lies in the extent to which it achieves this. Our challenge now is to work together and make those aspirations real.

¹ Cheshire East Written Statement of Action for Special Educational Needs and/or Disabilities [SEND] Aug 2018

² The NHS Long Term Plan S.2.31. January 2019

³ Cheshire East JSNA.

Executive Summary

The Cheshire East All Age Autism Strategy makes a commitment to improving services and support for children and adults with autism, and their families and carers. This Strategy acts as a roadmap for commissioning intentions and service re-design and improvement initiatives throughout its lifespan.

Autism touches the lives of many people in Cheshire East, and it is therefore essential that we have an allage Strategy which enables us to work in partnership to support people with autism and their families in the most effective way. This includes raising awareness and understanding of autism in our wider communities, whilst also ensuring young people in the transition into adulthood reach their educational potential, gain employment, have a choice of housing, and have access to local services which are autism friendly.

To steer and inform the strategy, a working group was established of people with autism, their families, and carers, representatives from Social Care, Education, Housing, Local Area Coordinators, Health, Employment Support, Criminal Justice, Police, Advocacy, autism specific agencies, as well as community and third sector organisations.

As the Strategy highlights, we have also collected the thoughts, experiences, and suggestions of people with autism, their families, friends, and carers in what needs to be improved. Combining this with recent national and local data and evidence, we have identified key themes and priorities, which are explored

'Parents/carers are given opportunity to be involved in finding a solution' throughout the Strategy.

Autism is everyone's business, and we know if we get things right for children and young people, they are more likely to enter adulthood with the appropriate level of advice, information, self-management strategies, and support and therefore have greater opportunity to achieve their aspirations and live happy and safe lives.

Our Vision

In Cheshire East we are committed to improving the lives of individuals who experience autism. We will do this by working with families, carers, local groups, and partner organisations to address the existing issues in accessing a number of services. It is critical that a significant amount of focus is placed in improving access to a multi-disciplinary assessment pathway to support diagnosis. Our vision includes a consistent and integrated autism assessment pathway, which is compliant with NICE guidance and Quality Standards, and includes access to evidence-based pre and post diagnostic support.

We want to empower individuals and families to participate in decisions about assessments and diagnosis, to receive support, information and advice as early as possible as soon as needs have been identified. We want to provide support to help families to understand the diagnosis pathway.

The strategy is intended to provide more consistent and effective early intervention support to children, young people, adults, and families. There is an ambition that having appropriate and timely advice, information, self-management strategies and support for our residents who experience autism. As far as possible, we wish to ensure that all professionals and organisations working with children, young people, and adults are able to demonstrate a good understanding of both autism and reasonable adjustments and arrangements needed to enable people with Autism to access services, education, employment, and housing.

Our approach will emphasise the importance of effective, well led transition planning throughout an individual's life by promoting independence and enhancing lives. We want people to feel that Cheshire East is a place where you can participate socially, feel safe and lead an independent life, including reaching their educational potential, gaining and maintaining employment, living close to family and social networks, and taking part in leisure and social activities.

The purpose of this strategy is to help guide us towards achieving our vision over the next 3 years, by setting the tone and direction to improve outcomes for people with autism and their families. Our ambitions and the success of the priorities are dependent on partner organisations working in an integrated way to achieve the same goals.

Our priorities

In order the meet the ambitions set out within this Strategy, we have agreed a number of key priorities, which have been co-produced through extensive engagement and working with people with autism, their families and carers and professionals within the sector.


How this strategy was developed

Co-production and consultation

The development of our All Age Autism Strategy has been linked to the updating of our Cheshire East Joint Strategic Needs Assessment (JSNA)⁴, through a multi-agency Autism Strategy and JSNA Working Group. Further, we have been working extensively to develop this strategy through consultation events over recent years within the SEND Partnership, service users, and parent carers.

A formal consultation was conducted during February and March 2019 in which 82 respondents were received (See Appendix 3). We consulted with individuals and groups of people who experience autism on a daily basis, seeking views on the strategy through face to face conversations; telephone calls; emails; meetings; workshops and questionnaires⁵ - in which the following was clearly emphasised and which have informed and shaped the key priorities of this Strategy:



⁴ Cheshire East JSNA

⁵ To further support the development of the Strategy, a service user online questionnaire, hosted by The independent <u>Cheshire East</u> <u>Parent Care Forum</u>. The Autism Questionnaire was sent out to a number of service user and parent carer groups throughout Cheshire East between December 2018 and January 2019. 28 returns were received, together with personal comments

How the strategy will be used

This Strategy represents the collective view of people with autism and their families as well as professionals and organisational representatives, on priorities for people with autism in Cheshire East for the next three years.

We have deliberately chosen to maintain a focus on the themes that have arisen through consultation and joint working and improvements that families, people with lived experiences and organisational

representatives view as needed in the future. Strategies usually start with where we are now, set out work undertaken as part of the previous strategy, and then describe future needs and priorities. We've chosen to focus on the future and not dilute the message by detailing work that has already been done. We are not underestimating the effort that has gone into developing services and support for people with autism over the last three years, but are choosing to focus on the future.

'Joined up health, social and educational services and plans is vital'

There are many different views on what the priorities should be. Given the wider national context in public service funding, there is no new money. What needs to be achieved must be done within existing, and possibly reducing resources. Everyone involved in producing the strategy therefore agreed that focus and clarity is key. Our aims were:

- To get as clear about the priorities as we could
- To accept that tough choices have to be made about the use of limited resources
- To support commissioners in making choices by identifying criteria against which decisions could be measured

Terminology

For consistency with the National Strategy and associated guidance, recent research into terminology, and in line with an aim to de-medicalise autism, the terms 'autism community', 'autism' and 'autistic' will be used in the context of our All Age Autism Strategy. These terms are taken to cover various descriptions of autism, diagnosed or otherwise, and include Autistic Spectrum Disorder (ASD), Asperger's Syndrome, Autistic Spectrum Condition (ASC), and neuro-divergence.

Defining autism

Autistic individuals experience the world differently and often view autism as a fundamental aspect of their identity. Autism is not an illness or disease. In order to de-medicalize autism, thereby removing the overuse of inappropriate terminology, support is growing for the reframing of autism as a socially constructed human difference rather than pathology. Autistic individuals, their families and carers, have a great many gifts and strengths.

With the right sort of support, everyone can learn, develop, and live more fulfilling lives of their own choosing. However, it needs to be acknowledged that living with autism is often stressful and stress is linked to episodes of mental and emotional ill health. Late adolescence and early adult life are times of increased vulnerability.

An individual's quality of life, as well as that of their families or carers, can be substantially affected. Where no crisis pathway is in place, autistic individuals often fall through service gaps. The long-term nature of autism, and any variation in the severity of impact, means that the needs of individuals, families, and carers are not directly comparable with people requiring care and support for other reasons.

Autism is a lifelong condition that affects how a person communicates with and relates to other people and the world around them. Autism touches individuals in many different ways, although people with Autism will experience difficulties in three main areas:⁶

- Social Communication using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice
- Social Interaction recognising and understanding other people's feelings and managing their own
- Social isolation Many autistic people can experience social isolation. We'll look at the possible reasons for this and improvements

Some people with autism may also have a learning disability and many of these qualify for support from learning disability services.⁷ Others may be of average or above average intellectual ability, have good communication skills and show knowledge or skill in specific areas. They may still experience significant difficulties in key areas but, since they do not require support for a learning disability, find a lack of alternative support to meet their needs. This leaves people in this situation more dependent on families,

'Housing is potentially one of the greatest challenges...commissioners should plan not just for today' universal services, and community based support delivered by local authorities and through the voluntary and community sector.

Research indicated that even though mental illness can be more common for people on the autism spectrum than in the general population, the mental health of autistic people is often overlooked.⁸

An inability to communicate effectively, meet self-

expectation or those of others, or problems engaging in everyday life can lead to anxiety or depression. Insufficient understanding of autism can also lead to risk of misdiagnosis, such as psychosis or obsessivecompulsive disorder, with inappropriate prescribing of drugs. Difficulties with communication, interaction, and social imagination can also leave people vulnerable to misunderstanding others' intentions and sometimes poor judgement which can lead to exploitation, exposing individuals to risk of victimisation or criminalisation.

People with autism can also experience a number of additional neurodevelopmental conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and attachment Disorders. ADHD is common in people with autism. If someone has ADHD, they have significant difficulties with things like poor attention, over-activity and impulsiveness. This can lead people to experience difficulties accessing support and services.

⁶ National Autistic Society: What is autism

 ⁷ Around 40% of autistic people have a learning disability, compared with just 1% of people without autism. <u>Autistica (autism research charity)</u>. March 2019.
 ⁸ Dr Anastasios Galanopoulos, Dr Dene Robertson, Ms Debbie Spain, and Dr Clodagh Murphy. This information is drawn from an article hat

⁸ Dr Anastasios Galanopoulos, Dr Dene Robertson, Ms Debbie Spain, and Dr Clodagh Murphy. This information is drawn from an article hat first appeared in the Mental Health supplement of <u>Your Autism Magazine, Vol 8(4)</u>, Winter 2014.

National context

The Autism Act (2009) Section 29 states that we need to make services better. It says that people with autism may not always get the help that they need; it is the only condition-specific legislation of its type in England. The statutory guidance places a duty on all local authorities and NHS bodies to produce an autism strategy. We must legally take notice of the guidance and follow the relevant sections, failure to do so without a good reason why specific actions have not been met can lead to us being liable for judicial review or action by the Sectary of State.¹⁰

The need for an All Age Autism Strategy for Cheshire East has been informed by several drivers;

- Think Autism 2014
- Equality Act 2010)
- The Care Act 2014
- Care and Support Assessment regulations (2014) & Transforming Care Recommendations
- Accessible Information Standards NHS England 2016
- United Nations Convention for the Rights of the Child
- Supporting Pupils at School with Medical Conditions 2014

- Safeguarding requirements
- NICE Guidance CG142, QS51 & Professional Standards and guidance
- Children and Families Act 2014
- Lenehan Report (January 2017)
- Building the Right Support 2015
- Keeping Children Safe in Education Act 2014
- Working Together to Safeguard Children 2018
- The NHS Long Term Plan 2019

Transforming Care

Transforming care is all about improving health and care services so that more people can live in the community, with the right support, and close to home. The function of Transforming Care Partnerships is to work with people with a learning disability, autism or both and their families and carers to agree and deliver local plans for the programme.

There has been a greater focus on children and young people more recently concerning services and pathways to avoid children and young people being required to go into hospitals or residential placements and supporting them to remain in mainstream education.

Care Education and Treatment Reviews

Care Education and Treatment Review (CETR) standards have been set out to offer a process for those at risk of admission or who have been admitted. This Strategy should be read in conjunction with the Care and Treatment Review Standards. CETRs are for people whose behaviour is seen as challenging and /or for people with a mental health condition. They are used by commissioners for people living in the community and in learning disability and mental health hospitals.

⁹ Autism Act 209 S. 2

¹⁰ Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy

Building the Right Support

Building the Right Support was published in 2015, and sets out a clear framework to develop more community services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition, and closes some inpatient facilities.

Think Autism Strategy (2014) – Review

The government's decision to update the National Autism Strategy in England to include children and young people has been welcomed by the sector, who had been calling for a national strategy to meet the needs of children on the autism spectrum. Through the review the Government will collect evidence from autistic children, families and their carers on how to improve current levels of support. This is explored throughout this Strategy, in which to capture:

- Continued improvements to the needs autistic children's and young people holistically
- Increase poor understanding of autism
- Develop diagnostic services to seek diagnose autism earlier, in line with clinical guidance
- Enhance the transition pathway between children and adult services

The Lenehan Reports

The Lenehan report provides strategic overview and recommendations about the practical action that can be taken to co-ordinate care, support and treatment for children and young people with complex needs (and behaviour that challenges) involving mental health problems and learning disabilities and/or autism. The 'Think Autism' national strategy (published in 2014) and the subsequent 'Statutory Guidance for Local Authorities and NHS organisations' (published in March 2015, and then updated in 2018, to support implementation of the 'Adults Autism Strategy') have provided detail on what improvements need to take place to make meaningful changes for people with autism.

The NHS Long Term Plan

The NHS Long Term Plan¹¹ released in January 2019 goes some way to address physical health issues as it sets out the intention for the delivery of health services in England over the next 10 years. The NHS Long Term Plan includes Autism for people of all ages, and in particular seeks to address the needs of children and young people and the health inequalities that those on the autistic spectrum may face. It states: 'Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, and longer lives.'

With the focus on prevention, the NHS Long Term Plan promises to offer timely support to children, young people, and their families. It also commits to ensure reasonable adjustments are made to enable access to mainstream health services and improve the health and wellbeing of children and adults on the autistic spectrum. This includes access to eyesight, hearing, and dental services for children as part of the general screening reviews. By 2023/24 a 'digital flag' on patient records will identify if a patient has a known learning disability or autism. It further seeks improvements by the introduction of diagnosis Waiting List Standard for children and young people.

¹¹ NHS England. NHS Long Term Plan January 2019

The local context

Economic Impact

A respected study commissioned by *The National Autism Project*¹² estimated spend on autism across the lifespan to range from £0.80million to £1.23 million depending on the co-occurrence of an additional intellectual disability diagnosis. This research shows that for adults with autism the highest spend are those generated by health and social care provisions (59%), followed by lost employment (36%) and family expenses (5%).

We should approach the spending challenge with an attitude of invest to save. With this economic perspective in mind, it is essential to have a firm appreciation of the current level of autism funding in order to strategically invest in interventions that lead to better outcomes. High care spending is often associated with crisis situations, which have arisen as a consequence of unmet need.

Housing and independent living

Within the autism community, almost half of adults over 25 continue to live in the family home and over half are dependent on their parents for financial support.¹³ Moving out of the family home is one of the biggest milestones in a person's life. However, for autistic individuals this can be a long and challenging process. We have chosen to take an all-age approach to its strategy in order to ensure commitment and collaborative working across services. By working in partnership with individuals, families, and carers, gaps in provision can be identified and predicted, therefore ensuring that resources are used wisely which, in turn, should enable smoother transitioning from children to adult services, and into older age.

Locally, of the 234 residents with a recorded health condition of autism who had contact with adult social care during 2017/18:¹⁴

- 50 (24.9%) are living in a care or nursing home setting
- 49 (24.4%) are living in accommodation with structured support e.g. sheltered housing, Shared Lives
- 75 (37.3%) are living with friends or family
- 27 (13.4%) are living independently (owner occupier / shared ownership scheme; tenant social housing; tenant – private landlord; other temporary accommodation)

All resident over 65 are living in accommodation where there is support from others, either in a care or nursing home, sheltered accommodation or living with family/friends. Commissioners will look to encourage care and support providers to develop bespoke accommodation within Cheshire East which is autism-friendly and sensory buildings that underpin the support required.

While continuing to contribute to the Vulnerable and Older People Housing Strategy,¹⁵ we will ensure that provision is designed for a range of people including those who struggle with sensory issues and/or sharing space, those who struggle with change and also those that present behaviours that cause harm to themselves or others. We aim to focus on commissioning support to reduce the behaviours that are of concern and promote skill building to support greater independence.

¹² The Autism Dividend: Reaping the rewards of better investment. Martin Knapp Et al. January 2017

¹³ Housing with support options. National Autistic Society November 2015

¹⁴ Cheshire East JSNA July 2019. Housing

¹⁵ Cheshire East Council Vulnerable and Older People Housing Strategy

Access to employment

Through a study by The National Autistic Society¹⁶ It is estimated that only 15% of autistic individuals are in full-time employment and 9% are in part-time employment. 79% in receipt of out-of-work benefits say they would like to work but require the right support. Moreover, 26% of autistic graduates are unemployed; around twice the proportion of any other disability group.

Experiences in Cheshire East of the 234 residents with a recorded health condition of autism who had contact with adult social care during 2017/18, 52 (22%) have an unknown employment status. 99% of the 182 adults where employment status was recorded are of working age (aged 18-64). Analysis of these people shows that:

- 94% (171) are not in paid employment, of which only 4% are actively seeking work
- While only 6% are in paid employment, less than 1% work 16 hours of more

One third (34%) of residents (79) with a recorded health condition of autism are aged 18-24 years. 25% of these residents having an unknown employment status. Of those where employment status was recorded, 97% are not in paid employment and 88% are not seeking work. It is not known whether 7% who are not in paid employment are seeking work.

Criminal justice system

Over the past decade, there has been significant increase in the understanding of people with autism within the criminal justice system.¹⁷ However, there is a clear lack of data, both nationally and locally of its prevalence. Autistic young people and adults frequently experience increased episodes of trauma due to their additional needs going unrecognised.

We are committed to identifying and addressing the barriers to support and participation experienced by specific groups such as older people, people from BAME communities, women, and those who are LGBTQ+. We will set up an engagement plan with community organisations working with BAME communities, LGBTQ+ communities, older adults, and women for autistic adults and family members in order to try to understand what those barriers are and to encourage people from those communities to access support and services. After a period of scoping we will develop a plan for each of those groups to increase engagement.

Ethnicity

Ethnicity remains a key determinant of health inequalities in England.¹⁸ Individuals, families, and carers from Black and Minority Ethnic (BAME) communities face disparity in relation to healthcare access, positive outcomes, culturally sensitive support, and innovative forms of engagement. Autism within BAME communities is less likely to be diagnosed, and those affected by autism are unlikely to be in receipt of appropriate service provision.

Gender

It is becoming clear that women of all ages and ethnicities may be underrepresented in terms of diagnosis. Published studies reveal high rates of suicide among autistic individuals, with women at greatest risk of taking their own lives.¹⁹ A gender-specific diagnostic model that encompasses the varied ways in which autistic traits present would go a long way toward reducing the invisibility of autistic girls and autistic women.

¹⁶ <u>The Autism Employment Gap</u>. The National Autistic Society. August 2016

¹⁷ Autism, Culpability and The Criminal Law. Daniele Age UWL. Vol 5 Issue 1 April 2019

¹⁸ Diverse Perspectives: The challenges for families affected by autism from BAME. Guy Slade National Autism Society 2014

¹⁹ <u>Girls and Autism: Flying under the radar</u>. NASEN March 2016

Prevalence in Cheshire East

Nationally, the prevalence of autism is rising. Based upon the combined Adult Psychiatric Morbidity Surveys (APMS), there are approximately 700,000 people on the autism spectrum in the UK – that is more than one in 100. If you include their families, autism is a part of daily life for 2.8 million people.²⁰ This suggests that nearly 15,000 people are affected daily within Cheshire East.

The local picture for children and young people (0-24)²¹

1,594 Estimated number of children and young people assessed as being on the Autistic Spectrum in Cheshire East

The National Autistic Society has published estimates of the prevalence of autism in the UK, which note that although the figures for the prevalence of autism cannot be precisely fixed, it appears that a rate of around 1 in 100 is a best estimate of the prevalence in children. The children and young people may not necessarily have been diagnosed as having autism. There will also be children who are receiving support from schools / colleges who are not recorded on council systems and there may be children and young people with ASC who do not need additional support from services.

The current Cheshire East Autism Spectrum Condition JSNA includes more details on how local numbers of children and young people with ASC compare with the estimated numbers. However, the age distribution shows lower than expected numbers of school age children identified as requiring support from associated services than would be expected using latest national prevalence estimates. Very few children are recorded in local authority systems in their first 4 years of life. Levels of identified need peak at age 13-14 years, the age children move to secondary school, when the number of children in contact with services exceeds those that might be expected.²²

It is acknowledged that current there remains differences in assessments for male and female. Currently there is no evidence to suggest that neurodiversity disproportionately affects boys more than girls, but studies suggests that girls are less likely to receive a diagnosis due to differences in presentation and the preconceptions of a male model focused observer. This has resulted in no agreed prevalence rate for ASC in females but might be as high as one female for every two males. An increase in the number of females diagnosed will increase the national prevalence

'In our experience transition seems to throw up the greatest challenge to all stakeholders'

above 1.5%.²³ Studies have shown a steady increase in prevalence over the years. A recent large US study reported an overall prevalence of 1.68% in 8 year olds but rates ranged from 1.31-2.93% across the study sites.²⁴ If the maximum age-specific rate of 2.8% is the true prevalence within Cheshire East, there are

²¹ Cheshire East JSNA

Christensen DL, et al. (2014Monitoring Network, 11 Sites, United States, 2014. MMWR Surveill Summ 2018;67(No. SS-6):1–23. DOI: Link to article

²⁰ The NHS Information Centre, Community and Mental Health Team, Brugha, T. et al (2012). Estimating the prevalence of Autism spectrum conditions in adults: extending the 2007, updated in 2014. Adult Psychiatric

Morbidity Survey. LNHS Information Centre for Health and Social Care

²² Cheshire East JSNA. Children and young people aged 0-24 diagnosed and those receiving support

²³ Cheshire East JSNA. Prevalence of autism and gender differences

²⁴ Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Baio J, Wiggins L,

potentially over 1300 more children and young people (0-24 years) currently awaiting diagnosis or not yet recognised as having autism in Cheshire East. The majority of these are currently pre- and primary school age. People with autism can also experience a number of additional neurodevelopmental conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and attachment Disorders. ADHD is common in people with autism. If someone has ADHD, they have significant difficulties with things like poor attention, over- activity, and impulsiveness. This can lead people to experience difficulties accessing support and services.

Assessment and support

The Thrive model is being used to organise services (pathways) to respond to the needs of CYP with autism. Taken from mental health service re-design it promotes a flexible response to CYP, families and carers recognising different levels of need at different times in children's lives:



The local picture for adults



Across Cheshire East, there are 728 adults over 25-year olds assessed with autism, which is a shortfall of over 3,600 across both NHS Clinical Commissioning Groups (CCG) compared to the estimated 4,374. These low diagnosis rates and the low numbers of adults accessing support indicates that the needs of adults with autism may not be known or being met effectively.

Data from GP systems giving the numbers of people diagnosed by age of diagnosis shows an increase in the number of people age 25 and over coming forward for a diagnosis in the last 10 years.²⁵Older adults with autism have received little attention to date, at least in part because historically there has been a lack of awareness, understanding and acceptance of the condition, highlighting the need to improve the identification of autism in older adults to ensure needs are being met effectively.

²⁵ Cheshire East JSNA. Estimated prevalence compared to numbers diagnosed across Cheshire East for adults aged 25 and over

Service Provision

Children and young people

Assessment

The care pathway for referral, diagnostic assessment, and service provision for children and young people is currently being reviewed. Preschool children who show possible signs of autism, communication, or behavioural issues can be referred for a general developmental assessment; an autism specific diagnostic multi-disciplinary assessment may be undertaken within the preschool social communication clinic. Children and young people of school age who show signs of possible autism can be referred by any professional working in primary care, education, or social care to The Cheshire East Autism Team (CEAT).²⁶ Importantly, a diagnosis of autism is not needed for CEAT to become involved in supporting a child or young person.

The pathway for referral, diagnostic assessment, and service provision for children and young people is set out in Appendix 4. Preschool children who show possible signs of autism, communication, or behavioural issues can be referred for a general developmental assessment; an autism specific diagnostic multidisciplinary assessment may be undertaken within the preschool social communication clinic. Children and young people of school age who show signs of possible autism can be referred by any professional working in primary care, education, or social care to a multi-disciplinary assessment for on-going support.

Support in educational settings

The Cheshire East Toolkit for SEND provides educational settings with detailed guidance on how they can identify children and young people with different types and levels of special educational need, and information on appropriate steps and strategies to support them. It provides clear information about when a request for an Education, Health, and Care needs assessment, or specialist services, may be required.

Transition

From home to early years setting – If a child has significant identified needs which are highly likely to impact upon transition into an early year setting there is a Settling In Process, which is linked to a Settling In Grant. The named Health professional can liaise with the setting to coordinate a transition planning meeting and invite a representative from the Early Start Team. This takes place for all children with significant special educational needs of all types, and so is not ASC specific.

From Early Years (EY) setting to school – During the summer term prior to the child starting school, the setting, supported by the Early Start team, organise a transition planning meeting linking in with the receiving primary or special school.

If a child has Autism or social communication difficulties, Cheshire East Autism Team (CEAT) will be invited to attend, so that school receive CEAT support from September when the child transitions into school. As above, this process is not an ASC specific offer. Cheshire East continues to develop and administer an effective transition arrangement for young people with disabilities preparing for adulthood. A new transition framework will be established to ensure improved shared working arrangements, oversight and scrutiny, and to deliver a robust professional service to young people moving to adulthood.

²⁶ Live Well Autism CEAT

Where an individual is on the autistic spectrum but without an associated learning disability, the learning disability service will consider such referrals for assessment. Depending on the presentation of the individual, such assessments will be conducted jointly with another service, such as mental health. Upon transition from children to adult's service, this joint assessment would determine which service is best able to support the service user if they are eligible for care and support under the Care Act 2014.

Adults

Assessment

The current pathway for adults for referral to specialist diagnostic assessment, and for social care assessment is complex and not well developed, particularly for those with Asperger syndrome. For adults who present with social care needs who have a learning disability and autism and/or with a mental health problem and autism, initial referrals can currently be made, via the First Point of Contact to the Council's Learning Disability team or the social work element of the Community Mental Health Teams (CMHTs).

People with autism and a learning disability will be referred to the learning disability team and those without an accompanying learning disability will be referred to the mental health social workers. From January 2019, the Council introduced a new model of social work support within the CMHTs so that acceptance by them of a referral is no longer determined by the eligibility criteria of the Care Programme Approach (CPA). Under the CPA, the primary criterion for eligibility is the presence of a severe and enduring mental illness, thus precluding many people with autism. From January, mental health social workers will be working to the eligibility criteria of the Care Act.

Whilst the majority of referrals are likely to include an element of severe and enduring mental illness, this now means that people with moderate mental health conditions, whose primary need is related to autism, can now be accepted by social care within the CMHTs. It is important to note that the Council does not necessarily consider the diagnosis as the primary reason for a social care assessment of an individual but considers their presenting needs.

Operating models

The Care Act 2014 provides the statutory framework for the assessment of adult social care needs, including young people who may be eligible for care and support when they reach the age of 18. The fundamental starting point of the Care Act is the wellbeing principle which includes:

- Personal dignity
- Physical and mental health and well-being
- Protection from abuse and neglect
- Control by the individual over day to day life
- Participation in work, education, training or recreation

Both the learning disability team and the community mental health teams will now be working to new team operating models, which have an explicit acceptance of autism within their acceptance criteria. It is important to note that the Council is in the process of re-establishing a specialist learning disability team and some people with a learning disability and or autism will continue to be managed by generic community teams, until the learning disability team has been fully established. It will, however, take full responsibility for all young people with a learning disability and or autism coming through from transition from January 2019.

The social workers within the community mental health team will continue to work in a multi-disciplinary environment with Cheshire and Wirral Partnership (CWP), but from January 2019 will work with Care Act eligible adults with autism who may or may not have a severe and enduring mental health problem. Currently, acceptance into the community mental health team is predicated on the presence of a severe and enduring mental illness, which can exclude some people with autism who still have significant needs.

Commissioning

Services which are by Cheshire East Council through a Dynamic Purchasing System (DPS) for individuals (16+) with complex care needs, including those with ASC. These services will be outcome focused and enable individuals to be confident and reassured that they receive the right support, at the right place and right price. Services commissioned through DPS include supported living; floating support; day opportunities and befriending services.

Cheshire East Council have also commissioned a more flexible offer of respite support which is available to adults and those in transition to adulthood who have eligible support needs, including those with autism, this includes accommodation-based overnight respite 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.

Delivering our priorities

The monitoring of the Strategy through progress reports will be undertaken by reporting to the Health and Wellbeing Board, through the multi-agency SEND Partnership Board; Health Goverance; the Autism Group and the Learning Disability Partnership Board. Quarterly reports will be submitted to the Health and Wellbeing Board and Directorate Senior Management Team and published annually to support the Strategy aims and objectives.

During the lifetime of our strategy, we will;

Awareness and information		
Our ambition	Increasing awareness and understanding of autism is central to this strategy and is fundamental to achieving our ambition of making Cheshire East an autism-friendly borough, in which the general population are aware of autism and have a better understanding of the condition	
We plan to	 Assess the level of training needed for each member of staff within the Council, based on their role 	
	 Ensure that an e-learning programme is available for raising autism awareness 	
	 Develop an autism champion network of knowledgeable individuals, their families and carers to promote consistency and clarity 	
	 Maintain the <u>Live Well</u> pages ensuring that there is clear transparent information for parent carers and children 	
	 Ensure support and information is available for autistic people and their families to access as soon as it is needed 	
Outcome	 People with autism, their family and carers and professionals report increased awareness of the resources available 	
	 People with autism, their family and carers and professionals report satisfaction with the information and resources available 	

	 Everyone is aware who their autism champion is – including a database of champions throughout the support networks of individuals with autism, their families and carers and professional
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Support for families and carers		
Our ambition	Our Strategy aims to ensure that carers are identified, supported, and empowered to manage their caring role, and are able to have a life outside of caring. When professionals understand autism, the positive effects on the individual, their families, and carers can be immense	
We plan to	 Embed Think Carer throughout services and Continue to strengthen Person Centred Planning 	
	 Provide appropriate support throughout transition stages from Children and Young People's Services / CAMHS into Adult Services 	
	 Promote Respite provision, developing databased of Respite requests 	
Outcome	 Access to information and advice so that the right support can be identified and provided effectively 	
	 Set standards of self-advocacy 	
	 Improved and flexible services available for people with Autism and their carers including respite 	

Assessment		
Our ambition	As a partnership, working together to jointly commission a consistent and integrated autism assessment pathway, which is compliant with <u>NICE guidance</u> <u>and Quality Standards</u> , and includes access to evidence-based pre and post diagnostic support. We will reduce waits for autism assessment.	
We plan to	 Create a single point of access for autism assessment A co-ordinated, multi-disciplinary assessment and decision-making to support assessment Address the gaps in diagnosis for BAME autistic people Focus on needs of adults Manage access to a clear local offer Provide greater choice and breadth of provision 	
Outcome	 The first concern and assessment pathway and post support for children and adults crisis and risk support to be clear, transparent and communicated effectively Simplified access and a standardised referral process Reduction in waiting time Providing the most appropriate interventions, support and strategies to ensure all professionals are working together in partnership with the family to deliver a single, agreed plan of support 	

Education			
Our ambition	Making sure that everyone has access to appropriate educational provision so they can fulfil their potential as learners		
We plan to	 Ensure all pre-school child facing staff receive good quality autism awareness training from trainers such as Autism Education Trust (AET) Toolkit for SEND or relationship with EHCP quality improvement Continue to collect and analyse data through the JSNA on the number of children and young people on the autism spectrum in the area Record where young people go after they leave school and post 16 education to help assure themselves that they are equipping pupils on the autism spectrum as effectively as possible for adult life 		
Outcome	 Ensuring that children, young people and their families are supported at the earliest stages Improved intelligence to inform commissioning decision making Raised awareness of autism amongst all education professionals Continually support through the child and young person's transition 		
Transition			
Our ambition	We will ensure that additional and relevant advice, information, and support are provided at all transition points to facilitate a smooth transition. This will ensure a seamless transition for children throughout their lives and entering adulthood, including during childhood, specifically into school / primary to secondary or mainstream to special school.		
We plan to	 Improve the quality of transition assessments 		
	 Provide appropriate information sharing agreements in place 		
	 Improve access to support within the further education / training setting 		
	 Provide more life skills training for young people with autism 		
Outcome	 A clear understanding of young people's needs so the right support will be put in place to achieve their full potential 		
	 Young people will not have to retell their story and information will be shared between services appropriately 		
	 An increased number of young will achieve qualifications, which will lead to employment 		
	 Increased opportunities for children, young people and adults to access meaningful employment and vocational training 		

Employment and train	ning	
Our ambition	We will develop pathways to suitable employment and training is not just important economically; it also offers the opportunity for individuals to feel valued, respected and included in society and can help prevent isolation. We will increase the number of people with autism into work	
We plan to	 Promote the uptake of autism awareness training among local employers 	
	 Promote the Government's Disability Confident scheme among local businesses / organisations 	
	 Increase the number of Supported Internship Places in Cheshire East 	
	 Increase the take up of Individual Placement and Support 	
	 Increase the number of people with more complex conditions (including complex autism) into paid or voluntary work 	
	 Increase the take up of disabled people into Council posts 	
Outcome	 Increase awareness of autism and improved employment and training opportunities 	
	 Increase opportunities for young disabled people in transition with an EHCP, including young people with autism 	
	 Greater awareness and confidence within the local business sector 	

Housing and independent living		
Our ambition	We will ensure that everybody has the opportunity to live in their own home, within a community setting, with their own front door and access to local amenities. We will improve the housing offer and seek to provide choice, opportunities, support and ensure people feel safe. We will reduce the number of people living in Nursing Homes	
We plan to	 Work with developers and providers in the provision of appropriate housing and to ensure that housing needs are identified Reduce the number of people with assessed needs living in inappropriate housing Continually support the option for independent living Continue to work with Spatial Planning and Strategic Housing to further develop needs, by improved intelligence 	
Outcome	 Better housing offer for people with autism within Cheshire East Greater involvement of the autistic community in the planning and execution of decisions that directly affect them to live independently Further enhancing our data for need and contribution to specialised supplementary planning documents 	

Service provision		
Our ambition	More specialist health and social care services will be provided and will be easily accessed by those who need them. Individuals and families encounter a range of high-quality services that are joined-up, easy to navigate and appropriate for their needs	
We plan to	 Engage with and stimulate with the provider market to increase and enhance the range of available provision to support young people and adults with autism who have eligible support needs Develop first concerns and crisis / risk pathways Further develop the local Dynamic Support Database - a Risk Register to ensure there appropriate support is available and put in place Continue to improve workforce capability and capacity Further develop our knowledge base of need and cohort intelligence 	
Outcome	 A more joined up, person centred approach to commissioning provision across Children's and Adults will ensure a smooth transition and improved outcomes for individuals with autism who require care and support services Improved co-ordination, communication and information sharing between core services such as health and education Improved intelligence in relation to people with autism 	

Appendix 1:

Governance Arrangements



Appendix 2:

Glossary of Terms

Asperger Syndrome
Autistic Spectrum Condition
Autistic Spectrum Disorder
Care Education and Treatment Review
Community Early Autism Team
Clinical Commissioning Group
Care Quality Commission
When someone is told what his or her medical condition is
Disability Employment Advisors
Education, Health and Care Plans
High Functioning Autism
National Institute for Clinical Excellence
National Health Service
OT Occupational Therapy
Outcome The difference something makes
Pathway A map that sets out the routes to access services
Special educational needs and / disabilities
Strategy A plan that sets out what should be done to make things better
Transition A process or period of change

Appendix 3:

Consultation Summary

The Strategy experienced formal public consultation between 04 February 2019 and 11 March 2019, in which 90 responses were received and detailed in the Cheshire East All Age Autism Strategy Consultation. A summary of



Q2: How strongly do you agree or disagree with each of the 8 key themes as identified within the draft Autism Strategy?





Q3: How strongly do you agree or disagree that the Autism Strategy is...

Q4: Have you read...



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Assessment, intervention and case management

Information sharing between professionals

Autism Assessment Pathway (0-19 years)



(Assessment and support for development / behaviour concerns)

Available online with

guidance on what is offered, when and how to access or refer Each service has own referral, assessment and evidence-based interventions Advice, support and help for child/young person, family and settings: Early Years SEN Support • Health Visitors Cheshire East Autism •

Team (CEAT)

Family Support Workers

Identification by parent, professional or school/Early Years setting of need for

a co-ordinated MDT Autism assessment

referral for

- Emotionally Healthy Schools
- Paediatric Therapies
- Play Therapy
- Paediatricians
- Educational Psychologists (EPs)
- CAMHS
- Space4Autism
- Third Sector
- Youth Service Support
- Short Breaks
- Sensory Pilot in primary schools



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CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Children & Families Locality Working Model Update
Date of meeting:	22 October
Written by:	Ali Stathers-Tracey
Contact details:	Alison.stathers-tracey@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Mark Palethorpe

Executive Summary

Is this report for:	Information	Discussion 🛛 x	Decision
Why is the report being brought to the board?	To ensure that Leaders across the Health & Well Being Board can approve and endorse the progress around our Locality Delivery model.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East $\Box x$ Improving the mental health and wellbeing of people living and working in Cheshire East $\Box x$ Enable more people to live well for longer \Box All of the above \Box		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness Accessibility Integration Quality Sustainability Safeguarding All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Health & Well-being Boa locality working model for have chosen to brand "T HWBB members to pron workshops to further end	rd members to endorse a or Children & Family Servi ogether in Communities" note attendance at Octobe dorse the new way of worl ating "virtual" team working	ces that young people er/November Locality king, building upon

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The feedback from initial workshops has been received by the Childrens Safeguarding Partnership. The referenced Early Help Strategy and action plan has been agreed by the Safeguarding Partnership, Children and Families Overview and Scrutiny Committee and Safer Communities Partnership
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes Parents views and Children and Young People have been consulted in the creation of the Together in Communities Locality model
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Benefits detailed in the report, more streamlines access to services, better integrated and joined up delivery and reduced duplication of agency involvement

1 Report Summary

1.1 To update the Health and Wellbeing Board on progress to date to create a new way of working called "**Together in Communities**" across agencies working with Children and Families in Cheshire East.

2 Recommendations

- 2.1 Board members to endorse and promote a refreshed locality working model for Children & Family Services that young people have chosen to brand "**Together in Communities**"
- 2.2 Board members to promote attendance at October/November Locality workshops to further endorse the new way of working, building upon Signs of Safety and creating "virtual" team working across communities

3 Reasons for Recommendations

3.1 To bring about greater efficiency of service provision for complex families, children and young people and promote greater integration of service delivery to best meet needs and improve outcomes for children young people and their families

4 Impact on Health and Wellbeing Strategy Priorities

4.1 By bringing together services to work more efficiently around the needs of children and families will ensure that we can identify and respond earlier to the health and well-being needs and prevent access to acute, expensive services.

5 Background and Options

- 5.1 Ofsted report that the most successful areas who achieve better outcomes have adopted a locality working model for services delivered to Children and Families. Building upon the NHS Place based commissioning hubs for integrated care in Adult services, our ambition is to mirror this structure for Children and Families services to ensure a much improved synergy and integrated operational model that can maximise potential for joint assessment, planning and team around the family working.
- 5.2 Due to the different configuration of services and levels of need for children and families in different places, there would not be capacity to split in to the 9 existing care communities, but instead we have grouped these areas in to three groupings to reflect North, Middle and South "Communities" across the Cheshire East geography. These boundaries align with connected communities geography.
- 5.3 We have based our consideration of the model to date on building virtual teams across agencies and services rather than at this stage considering wholesale reorganisation and management arrangements. There are several reasons for adopting this approach they are:

a- **Imminent OFSTED** ILACs Inspection of Childrens services means that we would not want to undertake wholesale reorganisation and destabilise the workforce ahead of Inspection

b- **Reorganisation of CCGs** and associated Commissioning structures could be complicated by a significant redesign of children and family services in advance of an agreed structure being established

c – **Recommissioning of 0-19 Contract** due in October 2020

- 5.4 Progress to date has seen us refresh the Early Help Strategy and action place to focus on a locality delivery model. We have refreshed the early Help Together Board to set the multi-agency direction of whole family working in place. It is proposed that progress from the Early Help Strategy is reported to the HWBB.
- 5.5 To ensure that we have true co-production and design of the model we have run 8 workshops wit Managers, Operational staff and Young People to help design a model that would work operationally, add value and importantly respond to what families and CYP tell us that being, service access is complex, they want to tell their story once to a single lead person/professional and for agencies to share their information so that they get the best coordinated help as early as possible. These sessions have been hugely positive, we undertook a SWOT analysis to understand the barriers and opportunities that we have captured in the Early Help Strategy and action plan.
- 5.6 The next stage is to arrange three further workshops with multi-disciplinary staff to bring together partners in North, Middle and South delivery areas to help to build officer relationships, their shared understanding of what each professional does, build a personal directory of contacts and promote the firmer establishment

of calling multi-agency supervision sessions locally for those more complex cases that get "stuck" between organisations and require shared problem solving and responsibility to manage risk across the partnership. These workshops are in direct response to what staff told us they need.

- 5.7 The workshops have been advertised to agencies across the Safeguarding Partnerships, the Community Safety Partnership and the Early Help Together Board to encourage attendance from 60-80 practitioners in each place. We will repeat these sessions again in February to broaden the reach and access to wider community organisations to get involved.
- 5.8 The feedback from the original workshops is attached as visual minutes as an annex to this report for reference.
- 5.9 The map below reflects the groupings agreed through several workshops advised by manager, staff and children and young people.



5.10 The Early Help Together Strategy and action plan is also attached as an annex to this report for reference and detail. This document also reflects the full list of intended improvements and impact as a result of moving to a more integrated delivery model based on community configuration for Children and family services

- 5.11 This model also is reflected in the way schools across Communities who are also proposing to cluster and have shared coordination meetings across the three north, middle and south cluster arrangements.
- 5.12 In addition the SEND service within the Council is currently introducing a new delivery structure based upon the same geographical boundaries to ensure we can build better delivery relationships locally to get the best response services to children, parents/carers.
- 5.13 The future is likely to see more services within Children and Families services redesigned and configured on a Together in Community footprint on a phased basis, learning from what works elsewhere and understanding what is working for our communities.

6 Access to Information

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

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Cheshire East Early Help Strategy 2019-22

Marnese



Cheshire East Local Safeguarding Children Board

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Background and Introduction

We are pleased to present the Cheshire East Early Help Strategy for 2019- 22. Cheshire East Partners have given their commitment to completely refresh and re-energise our approach to maximising the potential of this multi-agency strategy.



Our 2019-21 Children and Young People's Plan sets out a joint commitment that **TOGETHER** we will make Cheshire East a *great place to be young*. **TOGETHER** is our shared definition of co-production as it is inclusive to all.

We have strong communities, excellent schools and good opportunities for work and training. We want every child and their family to get the help and support they need to succeed as early as possible. Early help can make the biggest difference when it is given before things go wrong and when people get the help they need from families, communities and the right professional support.

The purpose of this strategy is to set out how partners who work with children, their families and carers will deliver services in a way which enables children to maximise their potential, are kept safe and where appropriate, prevents escalation of needs that require targeted or intensive interventions from statutory agencies.

The strategy sets out the ambition of all the partners in Cheshire East to 'get it right' for children, their families and carers by providing support and early help that enables children to thrive within their family environment and improve their long term outcome and goals. We want to achieve a **Brighter Future Together**.

Our principles as a partnership clearly sets out our commitment to work together when considering the needs of a family as a unit and to ensure that families receive a coordinated approach to their support, with a lead Person who will make sure that the needs, views and wishes of the children are fully understood and central to the support they receive.

The strategy builds on the existing work already being undertaken in Cheshire East. At the LSCB in December 2018 it was agreed that we would refocus on working at a locality level to tight, shared geographical boundaries. This will be the key direction of the future shaping of our services moving forward for the People

Directorate, including commissioned services specifically our 0-19 Health Service and schools clustering model. Building upon the NHS Place based commissioning hubs for integrated care, we would like to mirror this structure for children and families services to ensure we have a much improved synergy and integrated operational model that can maximise available delivery space and potential for joint assessment, planning and team around the family working. This refreshed refocus of our resources will enable us to mainstream our whole family working approach and offer us a sustainable delivery model as developed through the Family Focus Service Transformation Grant bringing services closer to those families who present the greatest challenge to the public sectors and VCS partners.



1. Early Help in Cheshire East

In Cheshire East we are committed to making a difference to the lives of children and young people. We want Cheshire East to be **a great place to be young**, where all children and young people thrive, and feel safe from harm.

Early Help is:

Intervening early and as soon as possible to tackle problems emerging for children, young people and their families, or with a population most at risk of developing problems. Effective intervention is a process and may occur at any point in a child or young person's life.

Services offering early help are not just aimed at preventing abuse or neglect but at improving the life chances of children and young people as a whole this support can be around a wide range of issues, social and emotional skills, communication, the ability to manage your own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health.

Why we need an Early Help Strategy

Having a strong early help offer is extremely important in ensuring we **provide families with the support they need as soon as they need it,** and we prevent problems from escalating. Serious problems can cause

serious harm to children and young people in the long term, are detrimental to everyone in the family, and are more difficult to address.

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

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



2. Families' Needs in Cheshire East

Demographics

With an estimated population of 375,000, Cheshire East is the third biggest unitary authority in the North West.

From 2014 to 2024, the number of children (aged 0-14) is estimated to increase by 2,000 (a 3% increase), the number of working age (15-65) is estimated to decrease by 5,000 (2% decrease) and the number of residents over the age of 65 is expected to increase by 17,000 (22% increase), which is similar to England (20% increase).

Residents of Cheshire East are predominantly White British (93.6%); however this proportion has been decreasing over the last decade (2011 Census). The Black and Minority Ethnic population (3.3%) is lower than in the North West (9.8%) and England (14%). Another significant proportion of our residents (2.3%) are from European countries, with 3,868 of these being from Poland (1%). Cheshire East has a significant travelling community.

15% of our pupils are from ethnic groups other than White British (Cheshire East School Census, January 2016), which is a two-fold increase from 7% in 2007. 5.6% of pupils' first language spoken at home was not English, which has increased from 2.1% in 2007.

Cheshire East is a relatively affluent area and we know that most of our children and families experience good outcomes. However, there are pockets where child poverty and associated deprivation is endemic and intergenerational.

Cheshire East has 18 areas which are within the top 20% of the most deprived areas in England, affecting 31,600 people or 8.5% of Cheshire East's population. These areas are shown in the map below. 13 of these areas are in Crewe, with two in Macclesfield, one in Wilmslow, one in Alsager, and one in Congleton. Overall, relative deprivation has increased since 2010, as only 16 areas were previously within the top 20% of most deprived areas.

We know that there are over 8,000 children living in poverty in Cheshire East (2014 Cheshire East Business Intelligence). There are still more families living on the edge of poverty, but we don't know how many. We know that living in poverty can put additional strain on families. For some families, living in rural areas can make living in poverty even more challenging, due to more limited access to services, isolation, and a lack of community support.



Heat map showing deprivation in Cheshire East



Need in Cheshire East

A number of children and young people in Cheshire East live in difficult family circumstances. These include children whose families are affected by parental drug and alcohol dependency, domestic abuse and poor mental health. It is crucial that these children and their families benefit from help at the earliest opportunity.

Our geographical pattern of need in Cheshire East very closely mirrors our areas of deprivation. High levels of need are located within a small number of areas, with a more significant cluster of need in the town of Crewe.

Half of all our children on Child Protection plans are from just 20 areas (8.5%) out of the 234 areas that make up Cheshire East. When we consider children who are on a Child in Need plan as well as those on a Child Protection plan, half of these children come from just 33 areas (14% areas).

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High levels of children on support plans are shown in red in the map on the left. This shows that high levels of need are concentrated in a few very distinct communities.

> Heat Map of Children on Child in Need and Child
Levels of Need

We have four levels of need in Cheshire East. Early help covers services provided across the first three levels; universal, targeted and complex.



A quick reference guide is available on our thresholds to support practitioners to identify the holistic needs of children and young people.

Thresholds cannot entirely account for all the complexities of children's lives. Therefore, those involved, practitioners and families, must always consider the lived experience of the child, and whether the outcomes that child is experiencing are good enough, so we can take action as soon as possible to ensure their needs are met within their timescale.

Level 1: Children with No Unmet Needs

Children are achieving their expected outcomes. There are no unmet needs, or their need level is low, and can be met by universal services or with some limited additional guidance and support. Children, young people, parents and carers can access support directly.

Level 2: Children with Additional Needs

Children and young people are in need of coordinated help and support. The need cannot be met from universal services alone, but can be met from a single service or some limited additional support.

Level 3: Children with Multiple and Complex Needs

Children at this level have complex needs, and a targeted multi-agency approach is required, eg, through a group of services using the Early Help assessment process, supported by a coordinated and regularly reviewed multi-agency support plan.

Level 4: Children with Acute/Specialist Needs

These children are at risk of or may have suffered significant harm and in need of statutory services. Additionally, they may be children with very significant disabilities which contribute to a level of complexity necessitating a specialist social work Assessment.

3. Our Early Help Offer

Our Services

The majority of level 3 Early Help interventions in Cheshire East take place within three broad workforces: the Council's Early Help Services, Health providers and educational establishments. Alongside these workforces there are a range of voluntary, community and faith organisations that play an extensive role in providing early help to families in Cheshire East.

Central to our approach to early help is our Early Help Brokerage service. This is a team within the Cheshire East Consultation Service (CHECS) which acts as the front door to Children and Families' services. Referrals to CHECS are initially triaged to ensure any safeguarding issues are identified quickly and referred to support from Children's Social Care. Families that do not require safeguarding-level services are then referred to Early Help Brokerage, which is a dedicated service for matching the needs of families with the right early help support.

Early Help Brokerage also offers support to agencies using the Early Help Assessment framework which is based on our Signs of Safety practice model, in order to ensure that assessments are robust and result in clear and focussed multi-agency action plans that support children and families to achieve their best outcomes.

Early Help Brokerage also supports cases that are stepping down from support within Children's Social Care, identifying the right early help support for them to ensure that families remain supported to maintain the improvements they have achieved. Effective delivery of early help relies on robust multi-agency arrangements.

Examples of current services offered

Examples of the services offered are, Children Centre group, speech & Language intervention, access to 2 year old child care places, Early years special education needs support, targeted Youth support, Youth worker support, family support case work, parenting support, support to children & families with disabilities, supporting young people with risky behaviour, Health Visitor support, within schools there are pastoral systems that are part of the Early Help offer and a range of voluntary organisations some of which are commissioned by partners organisations who are also key players in the delivery of Early Help.





We expect everyone to...

Support Good Relationships

Work hard to build good relationships with families and colleagues. Help families to find and strengthen their networks.





How do we monitor quality?

A sample of Early Help Assessments and plans are audited regularly by managers from preventative services and partner agencies. The intention of this is to ensure that the key partners have a common understanding of what good Early Help intervention look like and to allow partners to feed back to their work forces where there is scope for improvement in practice.

Some of the key issues identified are there quality assessments and the linkage between assessment and actions, secondly the maintenance of momentum in Early Help Plans.



Part 1. Development of unborn baby, infant, child or young person

Scoring for Development of unborn baby, infant, child or young person (Part 1)

0 being no issues | 10 being serious issues

Child Indicators

Date	Mental Heath Child with mental heath problems	8	Substance Misuse Child with drug er alcohol concern	*	Other Health Needs Child or young person with other health needs	A b	Offending Concerns A child/YP who has committed an offence	~	ASB Concerns An Young Person who has received an ASB intervention	۲	Alternative Education In alternative educational provision	۲	Not In Education Not registered with school, nor receiving hame education		Attendance Concerns A young person who is having school attandance concerns	~	NEET / Risk Of Young Person about to leave school, with few qualifications or who has already left school and is NEET.	
------	--	---	--	---	---	-----	--	---	---	---	--	---	--	--	--	---	---	--

Our principles for working together to deliver effective early help as a partnership are:

- We are committed to intervening as early as possible and providing families with the support they need when they need it. Everyone understands their role in safeguarding children and young people and acts in their best interests.
- Our work is centered on the day to day lived experience of the child. This is what we want to improve, and is how we continually evaluate where our work is making a difference.
- We work together building upon the assets within a family seeking and listening to their views and supporting them to develop their own solutions working through our Signs of Safety Practice model.
- We work together as one team considering the needs of the whole family we share risk and make joint decisions, and we provide challenge and support to all our colleagues. We focus on working as a multi-agency team around the child/family in localities.
- We all use the Signs of Safety Early Help Assessment model to guide our multi-agency early help work in localities.

Managers at all levels also have additional responsibilities, which are that:

• We ensure our workforce has the support, skills and training they need to deliver good quality support to families

We understand our early help offer and our agency's contribution: the volume and quality of the work we undertake. This is shared with the partnership at multi-agency partnership meetings such as the Local Safeguarding Children Partnership (LSCP) and Children and Young People's Trust, and any potential barriers to effective early help are shared and addressed.

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

- To be listened to and tell their story to fewer agencies
- To be included in their plans, and understand what the concerns are and why they need a plan
- For professionals to be clear with them about what is going to, or could happen

Partnership Culture Checks

We know we have a strong partnership early help offer when:

Families can approach anyone working with them to ask for support, and that person will respond quickly to assess their needs, and start conversations with the right people to identify how they will be supported. A multi-agency plan will be in place and regularly reviewed.

Everyone is happy to act as the lead practitioner/person and champion the interests of children and young people.

We respect and build on the relationships and trust families have in us. We stay involved with families and we champion their interests. We act as a link between services: we don't just refer on to another service.

5. Our Priorities for 2019-22

Priority 1: The Partnership has the right infrastructure to support the development of early help services

Strengthening early help is a key priority of the Local Safeguarding Children Partnership and our Health and Well-Being Board. Our ambition is to further align our practice model with Signs of Safety. We have delivered significant improvements through the delivery of our previous Early Help Strategy but we still need to ensure that our joint vision and commitment is effective and to have the right Leadership in place and is accountable to drive improvements across agencies.



Priority 2: Children and families get the right service at the right time: all partners understand levels of need and referral pathways

In order to ensure all children and families get the right service at the right time, we need to have clear thresholds and referral pathways which are understood by all partners. To achieve this we will:

- Refresh and review the effectiveness of our thresholds document which defines partners' responsibilities at each level of the continuum, and the referral pathways
- Review early help services and the referral pathways as they operate strengthening relationships at locality level
- Review step up and step down procedures to improve consistency and smooth transfer of families as their support needs change.

Priority 3: Understand the training need required, to ensure that our practitioners are enabled to co-produce high quality assessments and plans

We want to ensure that we achieve improved outcomes for our children and young people which are sustainable in the long term. To do this, we need strong assessments which clearly understand and evaluate the strengths, issues, and risks within the family, and lead on the development of good quality, clear and focused plans which are produced with families using their solutions. We need a joined up approach across the partnership so that the quality of our work is consistent, and wherever families receive a service it is good quality, inclusive and supportive. To achieve this we will:

- Review the impact of our new Early Help assessments tools that we launched across the partnership, considering best practice nationally and the Signs of Safety approach.
- Refresh our locality focus for calling multi-agency meetings to develop SMART outcome focussed plans, which are regularly reviewed involving group supervision.



Signs of Safety is widely recognised internationally as the leading approach to child protection casework. We introduced our new Early Help Assessment and practice model in January 2019 across our partnership. This reflects the successful adoption of the practice model across agencies and enables us to use a common language across our partnership not only to address immediate safeguarding needs but to intervene early to make a difference.

Priority 4: We understand the quality of our services and act on this to improve outcomes for children

In order to respond quickly to any areas for improvement within our services we need to have a comprehensive overview of our partnership offer, which we regularly review. In order to do this we will:

- o Develop and re-launch multi-agency Early Help Audits
- Refine and improve our multi-agency early help performance scorecard
- Report the audit findings and early help performance to multiagency groups such as the LSCB on a regular basis

Priority 5: We understand the needs of children and families in Cheshire East, and we have the right range of services to meet these that can be accessed locally

In order to make the best use of our resources, and tailor our services to the groups and locations where they are most needed and will have the most impact, we need to have a clear picture of the needs of our families. To do this we will:

- Ensure the Joint Strategic Needs Assessment is informed by the early help strategy.
- Review the range of programmes and interventions available in Cheshire East by levels of need and locality based on locality needs analysis, and identify any duplication or gaps in our service
- o Develop a joint partnership commissioning plan for early help

In order to achieve good, sustainable outcomes for children, we need to ensure we have a strong workforce that is supported with the right tools, guidance, best practice, management support and direction, and training. To do this we will:

- Review the Early Help Assessment training offer and promote the revised offer in local multi-agency training session
- Develop and provide training in the role of the Lead Person / Lead Professional
- Develop a communication strategy to communicate new tools, guidance and best practice
- Explore technical solutions to facilitate Live Well information via smart phones and other mobile devices



7. Making our Priorities Happen

Action Plan

The action plan at Appendix 1 sets out the key actions we will carry out to achieve our priorities. This will be reviewed and updated quarterly by the Early Help Together Group to ensure the delivery of this strategy.

Governance

The Health & Well-being Board will oversee progress against this strategy, the Early Help Together Group will also report regularly to the Local Safeguarding Children Partnership. Performance reporting and impact will be assessed by the EHTG and will be published in the LSCP Annual Report, which is also scrutinised by the Health and Wellbeing Board and Cheshire East Council's Children and Families' Overview and Scrutiny Committee.



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8. How will we know if we are successful?

Measuring Success

Ultimately we will evaluate our success against the difference we make to the lives of our children and young people. We will use the following sources to inform us on how well we are performing, what's working well, and where we need to take action to achieve change. Our key indicators for success will be measured via a dedicated scorecard.

Qualitative Measures

Multi-agency Early Help and care plan audits will be developed to evaluate the quality of our work to support families across the partnership. Findings from these audits will be reported to the LSCP.

Feedback from Families

A feedback survey will be developed to gain feedback on the quality of our services and their experiences from children, young people, parents and carers. Feedback from families will also be sought through the audit process. This feedback will inform further service developments.

Feedback from Practitioners

A feedback survey will be developed for practitioners. Feedback from practitioners will also be sought through Partner agency frontline visits, training questionnaires, and audit.



Appendix 1:

Cheshire East Early Help Action Plan

Ref	Task	Lead	Complete by	Impact
Prio	rity 1: The Partnership has the right infrastruct	ure to support the	development	of early help services
1a	Establish the 3 Early Help Practitioners to align early help practice with the Signs of Safety model	HoS Early Help	Summer 2019	Better quality and volume of Early Help Assessments and Planned around the
1b	Make sure that Strong leadership is in place and that all organisations are accountable to drive improvements across local communities	Director EH&P	Summer 2019	Leaders can demonstrate and evidence improvements in service delivery
1c	Establish new Locality partnership through local community networks	HoS Early Help	September 2019	All partners working together to deliver more effective outcomes
1d	Measure the impact of improved Joined-up working across all services including children' social care and adults	Director EH&P	April 2020	Joined-up working is evident across all services including children' social care and adults
1e	Ensure the Early Help Together Group membership is maintained and partners are challenged to engage effectively	Director EH&P	September 2019	Agencies performance and delivery is evident in improving outcomes for children and their families
lf	Establish regular multi-agency meetings on a thematic basis to reflect on and develop services	HoS Early Help	Quarterly starting Summer 2019	Joined up agency briefing and service promotion facilitates improved referrals and information sharing
1g	Develop school clusters to facilitate information sharing at transition	HoS School Improvement	Autumn Term 2019	Schools feel better supported to undertake EHA's and Plans

Ref	Task	Lead	Complete by	Impact
1h	Re-establish regular network meetings with the voluntary and faith sector	Director EH&P	March 2020	Improved joint working and relationships with the VCF sector
1i	Optimise financial resources – use of grants/bids across the area or with partners	HoS Communities	September 2019- ongoing	Early Intervention Grants distributed and aligned with community priorities for families
	rity 2: Children and families get the right servio rral pathways	ce at the right time:	: all partners ເ	understand levels of need and
2a	Refresh and promote thresholds document and processes	HoS Early Help	Summer 2019	At six monthly reviews, audits reflect a greater agency understanding of when children young people and families require early help services
2b	Refresh agency knowledge about early help services that are available in local communities and referral pathways	HoS Early Help	September 2019 and ongoing	Families report that they have been offered a range of local support services that meet their needs
2c	Review refresh and retrain agencies on the step up and step down procedures across the levels of need	Director Childrens Social Care/ Director EH&P	September 2019 and ongoing	Improved consistency and smooth transfer of families as their support needs change
2d	Empower and enable agencies to feel the confidence to intervene/get involved early	All Managers across agencies	March 2020	Agencies report that they feel supported and empowered to engage with children and families earlier through partnership support
2e	Develop improved working links between the Integrated Front Door and the Virtual School Hub	HoS Early Help	September 2019 and ongoing	Improved communication and information sharing is evident and is making a difference
2f	Improve links between Early Help and Adults Services to	Director EH&P	March 2020	Whole family working model is more

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Ref	Task	Lead	Complete by	Impact
	help reduce the impact of parental conflict including the roll out of DWP Training across sectors			evident with parents reporting that they are better able to support their children
2g	Strengthen our Early Help offer to vulnerable groups of children and young people, such as care leavers who are parents and children who are home educated or on part- time timetables	HoS Early Help /Virtual Head	September 2019 and ongoing	Children and vulnerable young people report that they feel better supported and know where to go to for help from their Lead person/worker
	rity 3: Understand the training need required, a quality assessments and plans	to ensure that our p	oractitioners a	are enabled to co-produce
За	Review the impact of the new Early Help assessments and planning process, considering best practice nationally and the Signs of Safety approach	Director Childrens Social Care/ Director EH&P	March 2020	Quality of Assessments and plans are improved and families report that they feel more empowered to take control of their lives
3b	Introduce good planning and recording training skills across agencies with a locality focus.	HoS Early Help	March 2020	Feedback from practitioners and agencies report that they are more confident in recording confidently. Audits evidence recording improvements
3с	Support local delivery teams to reflect on and deepen their Signs of Safety practice through observation and support within multi-agency group supervision	Director Childrens Social Care/ Director EH&P/All	March 2020 and ongoing	Practitioners can evidence a maturity in their understanding of SoS and strengths within families and local communities
3d	Strengthen the offer of support for partners leading Early Help work including refreshing skills of staff to hold multi- agency meetings with families	HoS Early Help	September 2019 and ongoing	More partners undertaking Early Help Assessments and planning with families across the Area

Ref	Task	Lead	Complete by	Impact
3e	Share training, evidence base and good practice to support all practitioners	Director Childrens Social Care/ Director EH&P/All	March 2020 and ongoing	Training and development is regularly reviewed and areas for improvement implemented based on feedback
3f	Review the effectiveness and impact of the Early Help Locality Practice Lead role pilot and expand/mainstream what works in to core service design	HoS Early Help	January 2020	Learning from the initial pilot roles is embedded as a mainstream way of working
Prio	rity 4: We understand the quality of our servic	es and act on this to	improve out	comes for children
4a	Develop and re-launch multi-agency Early Help Audits with the new audit tool	HoS Early Help	December 2019	Shared understanding from the new Audit findings and learning embedded in training and future commissioned services
4b	Refine and improve our multi-agency early help performance scorecard	Director EH&P/Director of Commissioning	Summer 2019	New Performance scorecard accurately reflects the impact of EH Service delivery across the whole system in Cheshire East
4c	Report the audit findings and early help performance to multi- agency groups such as the LSCP on a regular basis	Director EH&P	March 2020 and ongoing	Shared understanding from the new Audit findings and learning embedded in training and future commissioned services
4d	Develop a feedback survey to gain feedback on the quality of our services and the experiences from children, young people and their families	HoS Early Help	December 2019	Feedback from the survey feeds directly in to service reviews and practice improvement across agencies
4e	Seek views of practitioners through audits, frontline visits and surveys	Director Childrens Social Care/ Director EH&P/All	Quarterly	The EHT Board receive regular updates from the front line

Ref	Task	Lead	Complete by	Impact
	rity 5: We understand the needs of children ar rices to meet these that can be accessed locally		re East, and v	ve have the right range of
5a	Ensure the Joint Strategic Needs Assessment is informed by the early help strategy and local needs.	Director EH&P/Director Public Health	March 2020 and ongoing	The Early Help needs of Children and Families are reflected in the JSNA on a place basis to inform joint commissioning plans
5b	Review the range of programmes and interventions available in Cheshire East by levels of need and locality based on locality needs analysis, and identify any duplication or gaps in our service	Director Childrens Social Care/ Director EH&P/All	March 2020 and ongoing	All agencies understand that presenting needs and challenges for children, young people and families in place and are able to respond swiftly
5c	Develop a joint partnership commissioning plan for Early Help	Director EH&P/Director Commissioning/Cheshire East ICP	September 2020	Shared investment is in place to maximise available pan-agency investment in the right place
5d	Develop easily accessible and effective ways of communicating with our children and families e.g. pen portraits, use of social media	Director EH&P/Participation service/Agency Comms leads	March 2020 and ongoing	Children and Families report that they understand what help is available for them and they are able to access support where and how they need it
5e	Develop links with our rural communities to better understand their needs	HoS Communities	March 2020 and ongoing	Children and Families report that they understand what help is available for them and they are able to access support where and how they need it
5f	Challenge and improve how we involve children and young people in the development of services	Director EH&P	Summer 2019	Children report that they can influence service design and can feel the improvements that they contribute

Ref	Task	Lead	Complete by	Impact
Prio	rity 6: Our workforce is equipped with the kno	wledge and skills to	achieve imp	roved outcomes for children
6a	Review the Early Help Assessment training offer and promote the revised offer in local multi-agency training sessions	HoS Early Help	September 2019	The EHT Board receive regular updates from the front line and supports changes to training commitments accordingly
6b	Develop and provide training in the role of the Lead Person / Lead Professional for whole family working	HoS Early Help	September 2019 and ongoing	Practitioners across organisations report that they feel more confident to intervene early when families need help
6c	Develop a communication strategy to communicate new tools, guidance and best practice	Director EH&P	December 2019	Practitioners across organisations report that they feel more confident to intervene early when families need help
6d	Explore technical solutions to facilitate Live Well information via smart phones and other mobile devices	CE Youth Participation Service and ICT and Public Health	December 2019	Children and Families report that they understand what help is available for them and they are able to access support where and how they need it
6e	Continue to support teams and partners with using Signs of Safety practice, and request bespoke training and workshops as required	Director Childrens Social Care/ Director EH&P/All	Ongoing	Signs of Safety becomes fully embedded as an effective practice model creating stronger caring communities
6f	Develop and communicate information and online resources to families to equip them with the skills they need to support each other	Director EH&P/Participation service/Agency Comms leads		Practitioners can evidence a maturity in their understanding of SoS and strengths within families and local communities

Appendix 2:

Key Success Indicators

Outcomes	How will this be achieved?	Key Outcome Indicators
Children, young people and families feel happier, healthier, safer, more valued, more accepted, more responsible for their actions, more positively engaged in their community and successful in achieving their goals.	 Effective direct work with the child/young person and family: effective assessment, planning and review of the needs of children, parents and families The child's voice is heard throughout and their experience and understood within the context of the family Creative solution-focused and whole family approach Increased capacity of parents to provide consistent, safe, caring and effective parenting to meet the needs of their children 	 % of children that improved overall across outcomes % of parents that improved overall across outcomes % of children that feel happy at closure % of children that feel healthy at closure % of children that feel safe at closure Effectiveness of Early Help audit (qualitative)
Families experience a positive family life	 The child's voice is heard throughout and their experience and understood within the context of the family Creative solution-focused and whole family approach o The needs of parents are identified and met, resolving issues that were impacting on parenting capacity, and increasing the capacity of parents to provide consistent, safe, caring and effective parenting to meet the needs of their children 	 % of families with improvement overall across all key indicators of positive family life % of families with improvement overall in their: healthy lifestyles relationships learning and development community engagement safeguarding

Children, young people and families	 Increasing front line practitioners' skills and confidence in working with children, young people and families early and in the identification and management of risk Thresholds understood by professionals and applied consistently Social work support Children, young people and families have swift, appropriate access to the right help the right time Develop an integrated locality support service to provide targeted early help to children and families Build the capacity of parents, carers and communities to provide support and early help to their friends, neighbours and their community. Single point of coordination 	 Number and % of children with a closed Early Help plan that within 3 months of closure: have had a referral to the Initial Contact Team have not had a referral to the Initial Contact Team have had no further Early Help support have had further Early Help support have had further Early Help support Number and % of children open to Early Help that have a referral to the Initial Contact Team (and the outcome of that referral) Number of children referred to the Initial Contact Team that had a referral with an outcome of an assessment under Section 17 that had not had an Early Help intervention within the 12 months previous to the referral % of children that have closed to social care that have de-escalated to Early Help Number of children with a re-referral to social care that had a previous referral with an outcome of NFA-Early Help "Stepping in" audit, "step down" audit and "step up" audit results (qualitative) Practitioner confidence (annual practitioner feedback questionnaire) % of referrals to CHECS with an outcome 	Page 161
have swift, appropriate access to the right help at the right time	 Single point of coordination Timely, appropriate response to all requests for support 	 % of referrals to CHECS with an outcome of no further action % of appropriate referrals to CAMHS 	

 problem and in early years providing accessible services to parents and children at the right time Child/young person's journey through services is smooth and well-coordinated Early Help systems and processes have minimum bureaucracy 	 Timeliness of response to Early Help Targeted Referrals – from referral to allocation Timeliness of response to requests for consultation "Stepping in" audit, "step down" audit and "step up" audit results (qualitative) Service user feedback Practitioner feedback on accessibility, usability
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Your thoughts matter

If you have any views on this Strategy or how we can improve our services, please contact us at **xxx@cheshireeast.gov.uk**

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Agenda Item 11



Working for a brighter futures together

Health and Wellbeing Board

Date of Meeting:26 November 2019Report Title:Falls Prevention StrategySenior Officer:Nichola Glover-Edge, Director of Commissioning

1. Report Summary

1.1. The purpose of this report is to provide an update on the status of the Cheshire East Falls Prevention Strategy and related work. This addresses Outcome 5 of the Corporate Objective: "People Live Well and For Longer", and delivers on the principle of 'Early Help' in the Council's commissioning plan, meaning preventative support is offered before health need escalates. Additionally, a falls strategy is a key deliverable in the Cheshire East Joint Health and Wellbeing Strategy 2018-2021.

2. Recommendation/s

- 2.1. It is recommended that the Board endorse:
 - 2.1.1. The adoption of the Cheshire East Falls Prevention Strategy following completion of the consultation process.

3. Reasons for Recommendation/s

- 3.1 Falls are a significant issue within Cheshire East. There were 2,041 emergency admissions to hospital as a result of a fall in those aged 65+ in 2017/18⁻¹; and 23,564 residents predicted to experience a fall this year (27% of the Borough population aged 65+)².
- 3.2 The introduction of a Falls Prevention Strategy provides the framework for the implementation of a number of falls related actions. This is based around the following aims:
 - i. reducing the numbers of serious injuries that result from falls;

¹ Public Health Outcomes Framework, <u>https://fingertips.phe.org.uk/profile/public-health-outcomes-framework</u>

² POPPI – Projecting Older People Population Information, 2018

- ii. reducing the numbers of falls that affect older people and those at higher risk of falling;
- iii. commissioning on the basis of an integrated, evidenced-based, falls prevention pathway across Cheshire East;
- iv. reducing fear of falling amongst older people.

4. Other Options Considered

4.1. Do nothing – This would mean that coordinated action to tackle the issue of falls would not take place. It would also mean that a key deliverable in the Joint Health and Wellbeing Strategy would not be achieved.

5. Background

- 5.1. Falls are already a significant issue within Cheshire East, with 2,041 emergency admissions to hospital as a result of a fall in those aged 65+ in 2017/18 and 23,564 residents predicted to experience a fall this year. The human cost associated with falling includes soft tissue injuries, fractures, and reduced confidence; with the latter leading to reduced independence and increased social isolation. In infrequent cases, a fall can also directly cause death.
- 5.2. This situation is likely to worsen as a result of the ageing population. For instance, the proportion of the population over 65+ within the Borough is projected to increase from 22.9% in 2018 to 27.8% by 2030 ³. This is likely to impose increased demands on NHS and Social Care services. However, evidence suggests that falls are not a natural consequence of ageing but can be reduced through effective preventative measures.
- 5.3. The Cheshire East Falls Prevention Group was established in May 2018. This aims to provide a whole systems approach to addressing this health issue through implementation of a Falls Prevention Strategy (see Appendix A) and action plan. Additionally, the group links with the west of Cheshire to facilitate a pan-Cheshire approach.
- 5.4. Membership of the Cheshire East Falls Prevention Strategy Group includes:
 - Cheshire East Council
 - Cheshire East Clinical Commissioning Groups (Eastern Cheshire Clinical Commissioning Group, South Cheshire Clinical Commissioning Group, Vale Royal Clinical Commissioning Group)
 - North West Ambulance Service (NWAS)

³ ONS. Subnational population projections for local authorities and higher administrative areas in England - 24 May 2018 Release. ONS; 2018

- Falls Prevention Providers
- Acute Trusts (Mid Cheshire NHS Foundation Trust, East Cheshire NHS Trust)
- Cheshire East Communities Team
- GP Practices.
- 5.5. The Falls Prevention Strategy was consulted on from Jan-March 2019; 32 responses were received directly on the strategy. However, additional falls related questions were asked in the 'One You Cheshire East' lifestyle survey which received 522 responses.
- 5.6. In general, respondents were positive about all aspects of the Cheshire East Falls Prevention Strategy; rating them 'fairly good' or 'very good.' Feedback from respondents in open comments suggest that negatively rated aspects came from the strategy being 'overly wordy' or not being clear about deliverables. As such, some small amendments have been made. Additional feedback in relation to the One You Cheshire East commission showed that 7% of all respondents were interested in avoiding falls in the future; with 27% already taking steps to do so.
- 5.7. Of further note, are the following falls related actions which have been implemented by the group to date:
 - A substantial increase has been achieved in the capacity of One You Cheshire East falls prevention services due to the recommissioning process. This service offers an evidence based intervention proven to reduce falls by improving an older person's strength and balance. Moreover, this intervention has been found to be popular with residents; and is an approach shown by Public Health England as delivering significant return on investment⁴.
 - The development of needs assessment information which will be incorporated into a Joint Strategic Needs Assessment section. This will help the group to ensure actions are derived from evidence;
 - A falls prevention leaflet has been developed in conjunction with Cheshire West which aims to offer initial advice to stop people falling;
 - The mapping of system wide pathways for fallers in Cheshire East has been completed. This will help in the identification of service gaps.

⁴ <u>https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning</u>

6. Implications of the Recommendations

The aim of the strategy is to improve outcomes for people in Cheshire East in relation to falls prevention.

6.1. Legal Implications

6.1.1. The Falls Prevention Strategy aligns with the Council's duties under the Care Act 2014, particularly in relation to its general duty to promote individuals' wellbeing under section 1 of the Act; and its preventative duties in section 2 of the Act.

6.2. Finance Implications

- 6.2.1. There are no Financial Implications as a result of the recommendations in this report.
- 6.2.2. As noted, there is an ageing population in Cheshire East, and national evidence reflects that older people aged 65 years+ are at increased risk of falls. This risk increases as people age, with 50% of people aged 80 years and over falling at least once a year. Therefore, the adoption of the strategy aims to reduce future increases in care costs linked to falls.

6.3. **Policy Implications**

6.3.1. To ensure that Cheshire East provides a strategic policy approach to addressing falls prevention in Cheshire East.

6.4. Equality Implications

6.4.1. An Equality Impact Assessment has been completed on the Falls Strategy.

6.5. Human Resources Implications

6.5.1. None associated.

6.6. Risk Management Implications

6.6.1. The Cheshire East Falls Prevention Strategy Group will oversee any mitigating of risks with regard to the implementation of the Cheshire East Falls Prevention Strategy. This will report through any risks through appropriate channels such as Commissioning SMT.

6.7. Rural Communities Implications

6.7.1. A falls prevention strategy can help to support vulnerable people in rural communities. This is particularly important for those without ready access to support including from informal carers.

6.8. Implications for Children & Young People\Cared for Children

6.8.1. There are no direct implications for children and young people.

6.9. **Public Health Implications**

6.9.1. The Joint Health and Wellbeing Strategy 2018 – 2021 identifies a key deliverable within Outcome three – 'people living well for longer' as the development of a falls prevention strategy for the Cheshire East population.

6.10 Climate Change Implications

6.10.1 There are no direct implications for climate change

7. Ward Members Affected

7.1. All wards

8. Consultation & Engagement

8.1. Consulation and engagment has been conducted with members of the public and professionals.

9. Access to Information

- 9.1. The following documents have been key to project development:
 - Cheshire East Joint Health and Wellbeing Strategy 2018 2021
 - The Cheshire East Commissioning Plan
 - The Cheshire East Corporate Plan 2017-2020.

10. Contact Information

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

Name:Nik DarwinJob Title:Senior Commissioning ManagerEmail:nik.darwin@cheshireeast.gov.uk

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Eastern Cheshire Clinical Commissioning Group





Cheshire East Falls Prevention Strategy 2019-2021



Working for a brighter futures together

Foreword

Every year older people in Cheshire East fall and injure themselves, sometimes severely. Often the fall results in the person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing. Sometimes these falls could have been prevented, or the repercussions of the fall reduced with timely intervention.

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In addition to the personal consequences of falling, treating people who have fallen can be very expensive for the local health and social care community.

The dual importance of falls prevention has been recognised by both the Council and Clinical Commissioning Groups who have prioritised reducing the number of falls and associated hospital admissions in older people within Cheshire East.

People aged 65 and older have the highest risk of falling. Therefore, for the purpose of this strategy, older people are defined as aged 65 and over.

The strategy also applies to adults identified to be at a higher risk of falling.

The key stakeholders who make up the membership of the Falls Prevention Group, are committed to ensuring that all older people who live in Cheshire East have access to high quality falls prevention services, irrespective of their condition or where they live.

This high-level falls prevention strategy, therefore outlines the system wide approach to falls prevention that will be taken within Cheshire East over the next three years (2019-21).

Introduction

A fall is defined as an unintentional loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. A fall is distinguished from a collapse that occurs as a result of an acute medical problem such as acute arrhythmia, a transient ischaemic attack or vertigo (NICE Quality Standard 86, 2015).

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Reducing the incidence of and injuries sustained from falls in the borough, has been identified as a key priority by Cheshire East's Health and Wellbeing Board. Within Cheshire East's Health and Wellbeing Strategy 2018-2021, the key strategic priorities for falls prevention are to:

 Reduce the number of older people who fall and are admitted to hospital

Falls and fractures amongst older people, (the majority of which are as a result of a fall), are significant public health issues. Falls are costly to the individual, the NHS and the social care system. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and even death.

Although everyone is at risk of a fall, people over the age of 65 have the highest risk of falling. Losing confidence and subsequent loss of independence are major results of someone having a fall; often, this results in the person being admitted into either residential or nursing care, or becoming isolated within their own home.

Aims

The primary aims of this strategy are therefore to:

- Reduce the numbers of serious injuries that result from a fall
- Reduce the numbers of senous injulies that result from a fail
 Reduce the numbers of falls that affect older people and those
 - at higher risk of falling
- Commission an integrated, evidenced-based, falls prevention pathway across Cheshire East
- Reduce the fear of falling among older people

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This strategy acknowledges the critical role that many organisations have to play in this area, reflecting the multifactorial causes of falls and the holistic approach that is necessary to reduce them.

Older people are central to this strategy. They are in a great position themselves to contribute to falls prevention work; for example by having regular medication reviews, checking their home environment for potential hazards that could result in a fall, arranging regular eye check-ups and by taking regular exercise to improve their strength and balance. This strategy will therefore ensure that those at higher risk of falls and their carers understand how to reduce the risk of falling.

Vision

"Working together to reduce falls and promote independence"

This vision provides the borough-wide direction for commissioning, service planning and delivery and will be implemented by the Cheshire East Falls Prevention Group. This Group consists of representatives from relevant local stakeholders. The Falls Prevention Group will report progress to Cheshire East's Health and Wellbeing Board regarding the effective delivery of the strategy in the coming three years.

This strategy reinforces the need to continue to strengthen partnerships to ensure a whole system approach. It is underpinned by the same key principles and approaches to improving health and wellbeing as outlined

in Cheshire East's Health and Wellbeing Strategy 2018-21. For example, the organisations implementing the strategy will take account of the considerable variations in general health and wellbeing between the most affluent and most deprived parts of the borough. Furthermore, it builds on the information contained in Cheshire East's Joint Strategic Needs Assessment and uses analysis from the Public Health Profile for Cheshire East.

The strategy supports the work of other key local documents including Cheshire East Council's Corporate Plan; and the Strategic Plan of Eastern Cheshire Clinical Commissioning Group and the Central Cheshire Operational Plan (for South Cheshire and Vale Royal Clinical Commissioning Group).

The strategy applies to people aged 65 and over within Cheshire East and those adults identified to be at a higher risk of falling. This includes people residing at home or in residential care.

Outcomes

The intended outcomes of this strategy are to reduce injury rates from falls in the over 65's and adults identified to be at a higher risk of falling in Cheshire East by:

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- Identifying those likely to have a fall
- Helping those likely to fall in order to prevent falls
- Working effectively with people who have fallen to help reduce the likelihood that they will fall again

Background

National Position

Falls and fall-related injuries are a common and serious problem for older people, particularly those who have underlying conditions:

- Falls are a major cause of disability and the leading cause of death resulting from injury in people aged 75 and older in the UK
- People aged 65 and older have the highest risk of falling. Around 30% of adults over the age of 65 and living at home will experience at least one fall a year this is approximately 2.5 million people in England. This rises to 50% of adults aged over 80, who are either at home, or in residential care
- Every year, approximately 5% of older people living in the community who fall experience a fracture, or require hospitalisation
- In 2010, falls and fractures in people aged 65 and over accounted for over 4 million hospital bed days each year in England

Local Position

In 2016/17, in Cheshire East, there were 2,058 hospital admissions for people aged 65 and over, with an injury related to a fall. This figure is significantly higher than the average admission rate for England. Two thirds (70%) of all admissions were in people aged over 80. Falls in the over 80's were more likely to result in a fractured neck of femur, accounting for over 25% of falls in this age group, compared to 21% in those aged 65-79.

Costs

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence, social isolation and even death. Falling also affects the family members and carers of people who fall.

Falls are estimated to cost the NHS more than £2.3 billion per year. This cost is likely to be proportionately similar for Local Authorities, either through an increased demand on both short and long term social care, or through commissioning Third Sector services to provide care for the older person who has fallen and their carers.

In 2016/17, there were 493 hospital admissions for hip fractures in people aged 65 and over in Cheshire East equating to hospital costs of $\pounds 2,831,792$ or $\pounds 5,744$ per patient. If all admissions were conveyed to hospital by ambulance; the cost would be a further $\pounds 113,390$ or $\pounds 230$ per call-out.

Assets

We recognise that there are a number of initiatives and groups that currently take place within our communities and other settings that support older people to remain both physically and socially active and thereby reduce the risk of falling. This strategy will therefore seek to build on such assets and ensure that they form a central part of a falls prevention pathway.

Early Help

Early help and prevention are central to implementation of this strategy. This means giving support to individuals at risk at an early stage, before they experience a significant fall.

Areas of action for the next three years

We believe that service users and those with lived experience of falls are integral to the development and delivery of the Strategy. In order to deliver the strategic priorities for falls prevention in Cheshire East the following broad actions will be delivered.

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- 1. Involving the public in the implementation of the strategy, for example:
 - a) Through the formal involvement of Healthwatch on the Falls Prevention Group
 - b) By all falls prevention services routinely obtaining the views of the people who have used them about their experiences and learning from their feedback
 - c) Through engagement with older people including survey work

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- 2. Looking to ensure value for money is obtained across services. For example by:
 - a) Reviewing current investment in falls prevention in terms of impact and effectiveness against National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards
 - b) Investing money in prevention and early intervention that will save money across health and social care systems in the longer term
- 3. Commissioning and developing borough-wide appropriate, evidenced based services which are both individually and collectively successful in reducing the likelihood of at risk people falling and injuring themselves.

For example, ensuring those at risk of falling and injuring themselves are able to:

- a) Access a formal risk assessment from an appropriate qualified professional
- b) Be able to access falls specific exercise classes that can improve their posture, balance and muscle strength
- c) Be provided with a home environment check to reduce the likelihood of them falling
- d) Access assistive technology and a falls response service (where appropriate) which can help safeguard them at home.
- e) Access community equipment which can reduce their risk of falling
- 4. The Falls Prevention Group will:
 - a) Continue to develop opportunities to work collaboratively, to ensure that all available data and evidence-based practice is used to inform future falls prevention commissioning across the whole of Cheshire East
 - b) Ensure people know how to access the services they need and that it is easy for them to do so by undertaking a pathway review of current falls prevention services. The review will identify any gaps in provision and better understand how people access and navigate current services. This will ensure that everyone receives the services they need in a timely manner
 - c) Develop a Communications Plan to improve public awareness of the importance of falls prevention to their general health and wellbeing
 - d) Ensure that service users and their families and carers are integral to the delivery of this strategy
 - e) Engage with Cheshire East Council's Highways Department to explore potential areas for joint action
 - f) Establish agreed, clear lines of accountability for monitoring the delivery of the strategy

- 5. Utilise the experience and expertise of the Third Sector by:
 - a) Incorporating evidence-based research and best practice from national and local Third Sector organisations into Cheshire East Council's detailed service development considerations
 - b) Using Third Sector networks and links to maximise the involvement of service users and carers

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- 6. All professionals will be pro-active in identifying people at risk of falls. For example GPs and other relevant professionals will:
 - a) Use their records to identify people at the highest risk of falling and refer them to appropriate services so that they can be offered person-centred falls prevention advice and support
 - b) Ensure people receive regular reviews of their medications to help limit the likelihood of a fall
 - c) Ensure people with weak or fragile bones are offered treatment in line with national guidelines to help limit the likelihood of serious injury to people should they fall

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- 7. Ensuring local authority, health and third party colleagues take account of the importance of falls prevention within their strategic plans. For example, to ensure:
 - a) All relevant community services are appropriately included in the care and support of people who have injured themselves as the result of a fall, when they are discharged from hospital
 - b) Housing design and lighting facilities are appropriate for people with reduced mobility or vision
 - c) Housing adaptations are completed as quickly as possible
 - d) Home safety checks are undertaken and subsequent recommendations are delivered

8. Ensuring all health and social care professionals have access to appropriate basic yet high quality training and education regarding effective falls prevention approaches.

How will we know and ensure we are making a difference?

This strategy will be implemented through the Falls Prevention Group who will agree clear lines of accountability for monitoring and delivering the Strategy. An action plan will support the detailed delivery of this strategy over the 2019 to 2022 timeframe. The action plan lists all the actions required to actively improve falls prevention in Cheshire East and to ensure this improvement will continue sustainably.

Public Health Outcomes Framework

- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over
- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 80+
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+

For each area of focus, achievable objectives and targets will be set with appropriate timescales and clear organisational accountability. Progress against these objectives and targets will be continuously reviewed and updated by the Falls Prevention Group. This process will ensure that falls prevention continues to reflect and develop in line with public and stakeholder needs and wishes and reported back to the Health and Wellbeing Board.

All this work will collectively contribute to Cheshire East's improved performance against the following national indicators contained with the Public Health Outcomes Framework.

A number of sub-outcomes will also be used for monitoring performance, for example:

- A reduction in the number of other fractures as a result of a fall
- The reduction in the number of inpatient falls
- The reduction in the number of falls-related deaths