

Cheshire East Health and Wellbeing Board Agenda

Date: Tuesday 22nd September 2020
Time: 2.00 pm
Venue: Virtual Meeting

How to Watch the Meeting

For anybody wishing to view the meeting live please click on the link below:

[Click here to watch the meeting](#)

or dial in via telephone on 141 020 3321 5200 and enter Conference ID 775670126 # when prompted.

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.

It should be noted that Part 1 items of Cheshire East committees are recorded and the recordings are uploaded to the Council's website.

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

1. **Apologies for Absence**
2. **Declarations of Interest**

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

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

To approve the minutes of the meeting held on 28 July 2020.

For requests for further information

Contact: Rachel Graves

Tel: 01270 686473

E-Mail: rachel.graves@cheshireeast.gov.uk with any apologies

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 wishing to ask a question or make a statement 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. **Preventing Suicide in Cheshire & Merseyside** (Pages 9 - 46)

To receive a presentation on the achievements of the Cheshire and Merseyside working collaboratively to reduce suicides.

6. **Establishment of a Reducing Inequalities Commission** (Pages 47 - 50)

To consider the establishment of a Reducing Inequalities Commission, as a sub-group of the Health and Wellbeing Board.

7. **Better Care Fund End of Year report 2019 - 2020** (Pages 51 - 102)

To consider report on the performance of the Better Care Fund, including the Improved Better Care Fund in Cheshire East in 2019/20.

8. **Cheshire East Carers Hub** (Pages 103 - 114)

To consider a report on the progress, performance and key risks in relation to the Cheshire East Carers Hub Service.

9. **Special Educational Needs and Disability (SEND) Improvement Update**
(Pages 115 - 162)

To receive an update on the SEND Written Statement of Action and the preparations for the SEND Re-visit.

10. **'Test, Trace, Contain, Enable' Update**

To receive a verbal update on 'Test, Trace, Contain, Enable.'

11. **Cheshire East Place Partnership Update**

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

CHESHIRE EAST COUNCIL

Minutes of a virtual meeting of the
Cheshire East Health and Wellbeing Board
held on Tuesday, 28th July, 2020

PRESENT**Voting Members**

Councillor Sam Corcoran, Cheshire East Council (Chairman)
Councillor Laura Jeuda, Cheshire East Council
Councillor Kathryn Flavell, Cheshire East Council
Mark Palethorpe, Cheshire East Council
Linda Couchman, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Tracey Cole, NHS Cheshire CCG
John Wilbraham, East Cheshire NHS Trust

Non-Voting Members

Lorraine O'Donnell, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Caroline Whitney, CVS

Observer

Councillor Janet Clowes

Councillors in Attendance

Councillor Carol Bulman
Councillor Steven Edgar
Councillor Alift Harewood
Councillor Arthur Moran
Councillor Denis Murphy

Cheshire East Council Officers/Others

Guy Kilminster, Cheshire East Council
Rachel Graves, Cheshire East Council
Sheena Cumiskey, Cheshire and Wirral Partnership NHS Trust
Madeleine Lowry, Cheshire and Wirral Partnership NHS Trust

1 APPOINTMENT OF CHAIRMAN

It was moved and seconded that Councillor Sam Corcoran be appointed the Chairman.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chairman.

2 APPOINTMENT OF VICE CHAIRMAN

It was moved and seconded that Dr Andrew Wilson be appointed as the Vice Chairman.

RESOLVED:

That Dr Andrew Wilson be appointed as Vice Chairman.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Andrew Wilson (NHS Cheshire CCG), Clare Watson (NHS Cheshire CCG), Peter Crowcroft, (Cheshire Police) and Mike Larking, (Cheshire Fire).

4 DECLARATIONS OF INTEREST

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

5 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 28 January 2020 be approved as a correct record.

6 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

7 HEALTH AND WELLBEING BOARD REDESIGN TASK AND FINISH GROUP - RECOMMENDATIONS

The Board considered the report on the proposed redesign of the Cheshire East Health and Wellbeing Board.

As a result of the establishment of the Cheshire East Place Partnership and the Acute Sustainability programme, which were both part of the governance of the Cheshire and Merseyside Health and Care Partnership in response to the NHS Long Term Plan, it had become necessary to review how the Cheshire East Health and Wellbeing Board fitted into the partnership landscape.

A Task and Finish Group had been established to lead on the work to develop proposals for the redesign. The Group had met three times and considered the scope of the Board, the Principles by which the Board would operate and the Process of the Board.

The Task and Finish Group proposed that the focus of the Board should be on shaping and delivery of improvements to the health and wellbeing of Cheshire East residents, with an emphasis on prevention, early intervention and the wider determinants of health, delivering on the outcomes of the Place Five Year Plan and the Joint Health and Wellbeing Strategy.

The proposed draft Principles and Behaviours were set out in Appendix A to the report.

The revised membership for the Board was set out in Appendix B to the report. Consideration was given to the appointment of co-opted non-voting members and, in addition those set out in Appendix B, it was proposed that the Portfolio Holder for Public Health and Corporate Services, a member of the opposition political party and a representative from the North West Ambulance Services be included as co-opted non-voting members.

The proposed changes to the Health and Wellbeing would require the Board's Terms of Reference to be amended (Appendix C to the report) and put forward to the Constitution Committee and Council for approval.

RESOLVED: That

- 1 the redesign proposal, as set out in the report, including the adoption of the draft Principles, be approved; and
- 2 the changes to the Terms of Reference be progressed to secure adoption by the Council.

8 THE CHESHIRE EAST COVID-19 OUTBREAK PREVENTION, MANAGEMENT AND SUPPORT PLAN

The Board considered the report which provided an overview on the work being undertaken to develop a localised approach to a Covid-19 Test Trace Contain Enable programme in Cheshire East.

The Governments approach to localised Test Trace Contain Enable mandated the creation of Local Outbreak Plans. Work on the local approach had been done collaboratively with Public Health England, Cheshire and Merseyside Public Health Collaborative, Cheshire Resilience Forum and Cheshire West and Chester Council.

The Local Outbreak Plan would be used for the prevention, management and containment of community outbreaks of COVID-19 in complex settings and communities within Cheshire East not covered by existing outbreak control processes.

A Covid-19 Health Protection Board would also be established to make recommendations on actions relating to Outbreak Management in

Cheshire East. This Board would decide if additional action was required over and above normal outbreak management and would provide recommendations to Cabinet as well as reassurance to the Health and Wellbeing Board.

Also, to be established was a Local Outbreak Engagement Board, which would provide political oversight of the delivery of the Local Outbreak Management Plan, and include the provision of appropriate support and challenge to actions that arise in responding to outbreaks, and engage with local communities to secure their support. The Local Outbreak Engagement Board would provide recommendations to Cabinet and assurance to the Health and Wellbeing Board.

Test Trace Contain Enable and the Local Outbreak Plan were to be standing items on the Health and Wellbeing Board agenda until such time they could be stepped down.

RESOLVED: That the Health and Wellbeing Board

- 1 note the contents for the report, and their roles in the governance of the Covid-19 Local Outbreak Plan;
- 2 oversee and maintain the Local Outbreak Plan, which is an evolving document through ongoing learning and developments;
- 3 provide oversight of both the local Covid-19 Health Protection Board and the Local Engagement Board;
- 4 include Test Trace Contain Enable and the Local Outbreak Plan as a standing agenda item as part of the Local Outbreak Plan until such time as it can be stepped down; and
- 5 work in partnership in line with the Local Outbreak Plan as part of the local response in the event of a local outbreak.

9 COVID 19 - MENTAL HEALTH IMPACTS

The Board considered the preliminary findings of the Healthwatch Cheshire survey on the impact of Covid-19 on mental health.

87% of responses to the survey had indicated that Covid-19 had had some impact on their mental health, with 40% of these feeling that they needed support to help them. Paragraph 5.1 of the report set out a summary of the survey findings.

The on-line survey was on-going and continuing to track the impact on mental health as the lockdown restrictions were lifted.

Sheena Cumiskey and Madeleine Lowry briefed the Board on the support that Cheshire and Wirral Partnership NHS Trust had been providing to

meet the increase in demand, which included the extension of hours of works the service was provided, provision of a 24/7 helpline, provision of different ways to contact them including virtually and phone in, supporting people in their own homes and working with support teams in schools.

RESOLVED:

That the preliminary findings of the Healthwatch Cheshire survey be noted.

The meeting commenced at 2.00 pm and concluded at 3.32 pm

Councillor S Corcoran (Chairman)

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CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Preventing suicide in Cheshire & Merseyside
Date of meeting:	22 nd September 2020
Written by:	Sheila Woolstencroft
Contact details:	Sheila.woolstencroft@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Matt Tyrer

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To share the achievements of the Cheshire and Merseyside working collaboratively to reduce suicides.		
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 Improving the mental health and wellbeing of people living and working in Cheshire East Enable more people to live well for longer All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To note the report and consider the role of the Board in relation to the Zero Suicide work and the priority within the Joint Health and Wellbeing Strategy to improve the mental health and wellbeing of the people living and working in Cheshire East.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A		

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

1 Report Summary

- 1.1 The Cheshire and Merseyside Public Health Collaborative published the ambitious 'No More Suicide' Strategy outlining a 5 year programme of work where partners across Cheshire and Merseyside work together to achieve the outcomes of the plan. In 2017 a review of the plan was undertaken, and it was decided that for the next three years, the work would be scaled up and actions accelerated to reduce suicides and work towards 'Living Works' Accreditation to become a Suicide Safer Community as a Region. The presentation (Appendix One) outlines the steps which have been taken to meet the actions within the plan.
- 1.2 The Strategy is attached as Appendix Two and the press release regarding achieving the Suicide safer Community Accreditation as Appendix Three.

2 Recommendations

- 2.1 To note the report and consider the role of the Board in relation to the Zero Suicide work and the priority within the Joint Health and Wellbeing Strategy to improve the mental health and wellbeing of the people living and working in Cheshire East.

3 Reasons for Recommendations

- 3.1 To keep the Board sighted on this sub-regional work-stream.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The actions completed from the 'No More Suicide' Strategy will improve the mental health and wellbeing of people working and living in Cheshire East and across the sub region.

5 Access to Information

- 5.1 The background papers relating to this report can be inspected by contacting the report writer:
Name: Sheila Woolstencroft
Designation: Health Improvement Manager
Tel No: 01270 686680
Email: Sheila.woolstencroft@cheshireeast.gov.uk



Champs
Public Health
Collaborative

NO MORE Suicide

Preventing suicide in
Cheshire & Merseyside

Working together to improve health and wellbeing in Cheshire and Merseyside

Champs Public Health Collaborative

NOMORE
Suicide

Preventing suicide in
Cheshire & Merseyside

- The Collaborative is made up of many members and partners
- A 17 year collaboration, built from an award winning public health network with a national profile
- Led by the nine Local Authority Directors of Public Health as an Executive Board
- 9 local authorities/9 CCGs/19 hospital trusts, 1 ICS
- 2.5 million people
- Aim: improve the health and wellbeing of local people by large scale action and working together as system leaders
- Focus on a number of key priorities (including suicide prevention) in partnership with PHE, NHSE and the HCP
- Small support team



Working together to improve health and
wellbeing in Cheshire and Merseyside

Ten key ways we work together as system leaders

1. Influencing strategic partners to enable collective action
2. Sharing specialist public health expertise
3. Innovating together
4. Securing new resources
5. Co-ordinating public facing campaigns and messages
6. Enabling cross-organisational commissioning
7. Learning through a CPD programme
8. Creating and spreading the evidence to be an intelligence-led system
9. Facilitating peer support and challenge
10. Promoting resilience and risk management

Population Health Priority

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Suicide

Preventing suicide in
Cheshire & Merseyside

- Preventing suicide is achievable and everybody can make a difference
- **213** died by suicide per year in C&M
(average of 10 years)
- **2130** bereaved impacted per year
(PHE Support After Suicide 2016, 6-60 per death)
- **1,618** attempts - 0.7% of 16-74 yr population per year
(Adult Psychiatric Morbidity Survey 2016)
- **12,486** have suicidal thoughts – 5.4% of the 16-74 yr population per year
(Adult Psychiatric Morbidity Survey 2016)
- **16,465** affected by suicide in the C&M sub-region in 1 year

Suicide Prevention

A regional partnership approach

NOMORE
Suicide

Preventing suicide in
Cheshire & Merseyside

- Preventing suicide is multi-faceted requiring joint-working from local authorities, NHS MH Trusts, CCGs, police, fire, ambulance, vol sector, those with lived experience, Highways Agency, network Rail etc
- Economies of scale: efficiency and effectiveness
Suicide rates and numbers for each LA not considered sufficient for local commissioning and allocation of resources
- Joint & shared information, commissioning & interventions provides greater knowledge, efficiency & impact
- Sub-regional to Local – Local to Sub-regional



Working together to improve health and
wellbeing in Cheshire and Merseyside

NO MORE Suicide Strategy 2015-20

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Preventing suicide in
Cheshire & Merseyside

The vision

Cheshire and Merseyside is a region where suicides are eliminated, where people do not consider suicide as a solution to the difficulties they face. A region that supports people at a time of personal crisis and builds individual and community resilience for improved lives.

43210%



Working together to improve health and
wellbeing in Cheshire and Merseyside

How can we reach zero?

Suicides are not inevitable. There are many effective ways in which services, communities, individuals and society as a whole can help to improve mental health and prevent suicides. The aims of the NO MORE Zero Suicide strategy are underpinned by key objectives:

A

Cheshire and Merseyside becomes a Suicide Safe Community

B

Care Services transform to eliminate the suicides of patients to become Suicide Safe

C

Support is accessible for those who are exposed to suicide

D

A strong, integrated Suicide Prevention Network provides oversight and governance

Working Together to Prevent Suicide

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Suicide

Preventing suicide in
Cheshire & Merseyside

PRIMARY CARE
SPORTS
FIRE AND POLICE SERVICES
PAPYRUS
SAMARITANS
COLLEGES
CHESHIRE & MERSEYSIDE NO MORE SUICIDE PARTNERSHIP
PUBLIC HEALTH
LIVED EXPERIENCE
LOCAL AUTHORITIES
CORONERS
NW AMBULANCE
CAMHS
CCGS
MENTAL HEALTH TRUSTS
SOBS
WORKPLACES
AMPARO

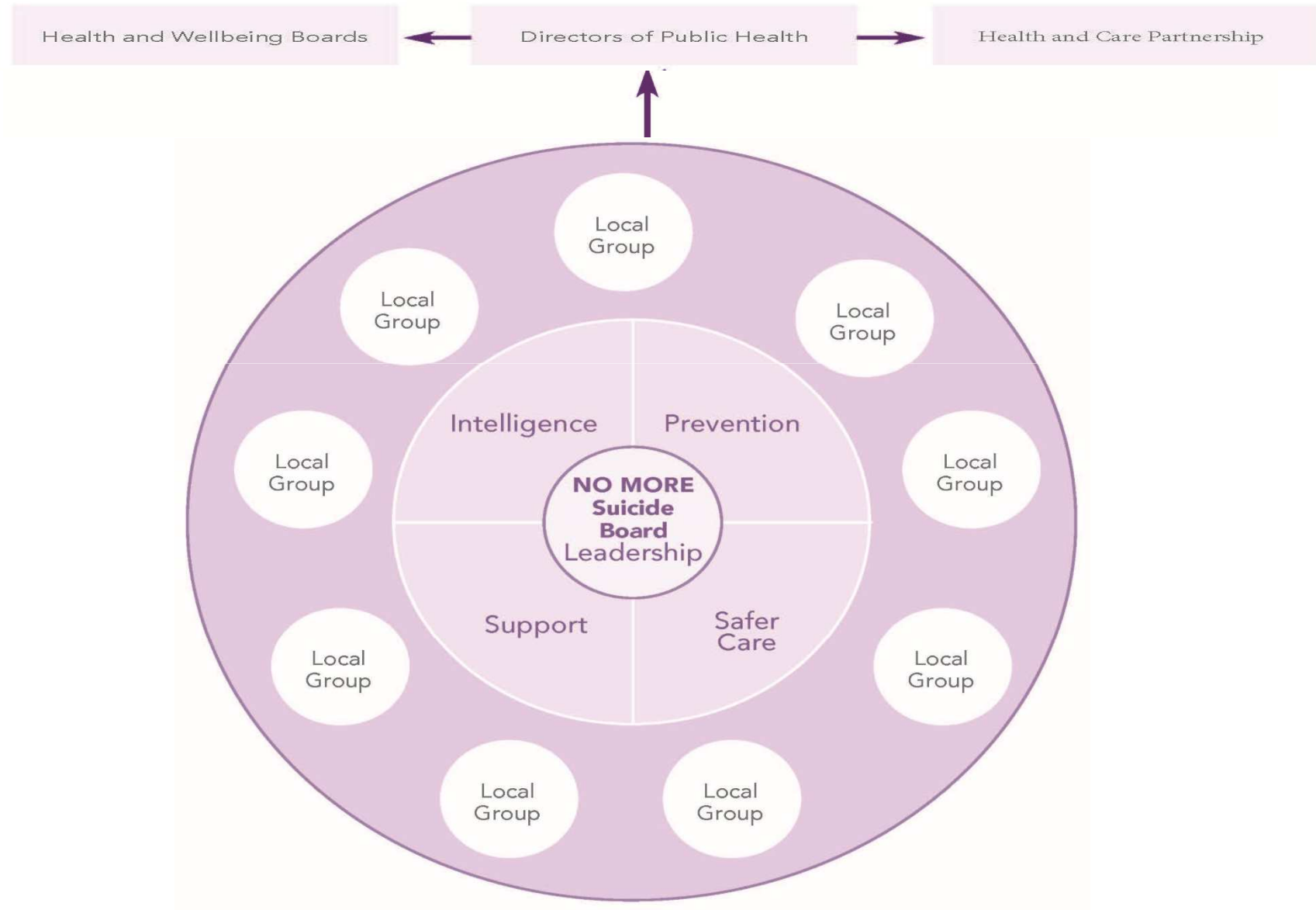


Working together to improve health and
wellbeing in Cheshire and Merseyside

Change through system leadership

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Suicide

Preventing suicide in
Cheshire & Merseyside



Awareness

NOMORE
Suicide

Preventing suicide in
Cheshire & Merseyside

Zero
Suicide
Alliance

Because
ONE life lost
is **ONE** too many

It's time to talk
in St Helens
#10000minutes

BE IN YOUR COLLEAGUE'S CORNER

1 in 4 of us will experience mental health problems this year.
If a team mate is acting differently, step in.



time to change

let's end mental health discrimination

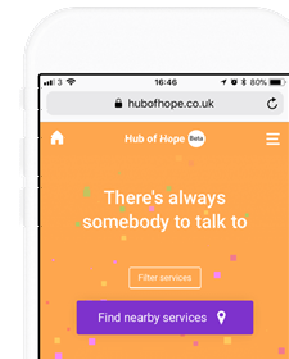
YOUTH
CONNECT 5

Supporting the emotional
wellbeing of young people

**IT'S OKAY
TO TALK**



The NSPA is a cross-sector, England-wide coalition committed to reducing the number of suicides in England, and improving support to those bereaved or affected by suicide.



NO MORE Suicide Community Training

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Suicide

Preventing suicide in
Cheshire & Merseyside

Training Uptake (Jan 17 to Jul 19)

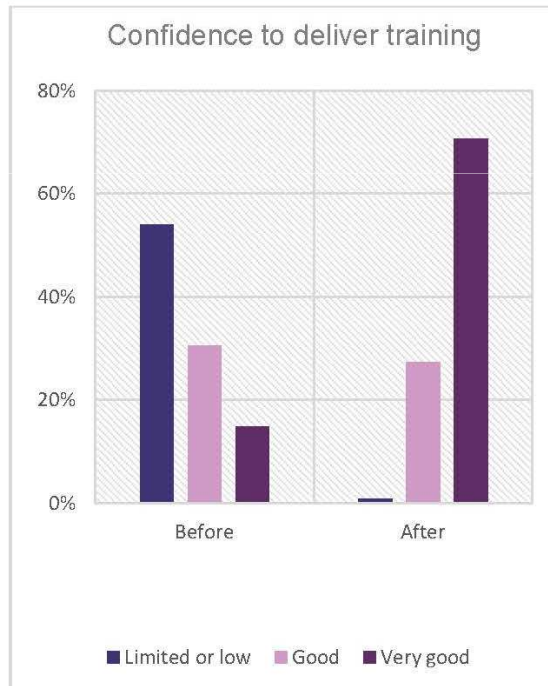
142

Participants from all nine Cheshire & Merseyside local authorities attended a 2-day Train the Trainer course, delivered by Wirral Mind.

3,662

Frontline workers participated in **261** half-day sessions on basic suicide prevention.

Train the Trainer course



Participants' confidence to deliver suicide prevention training increased



Participants gained knowledge & skills in suicide prevention



Has raised awareness of suicide prevention more broadly

Middle-aged Men

- Rapid Review of Community Programmes
- Recommendations for Commissioning Guidelines
- Regional to local middle aged men's programmes
- Variety & range of programmes: OffLoad Rugby, Mersey Forest photography, veterans, mindfulness, small grants schemes
- Joint set out monitoring, indicators and evaluation
- Workshops for learning & challenges exchanges



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Suicide

Preventing suicide in
Cheshire & Merseyside



Working together to improve health and
wellbeing in Cheshire and Merseyside

Suicide Safer Care

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Preventing suicide in
Cheshire & Merseyside



[NCISH 2018 Annual Report Key Findings](#)

Safer Care

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Suicide

Preventing suicide in
Cheshire & Merseyside

- Mental Health Trusts Learning Hubs
RAG rated against 10 NCISH Standards
- Primary Care Pilot in St Helens & Sefton
localities that have highest suicide rates in C&M
EMIS flagging system for those at potential risk
and suicide prevention training for the whole
team
- Self-harm prevention- NICE/NCISH Audit Tool to
baseline A&E/Trust practice

Joint Intelligence-Local Action

NOMORE
Suicide

Preventing suicide in
Cheshire & Merseyside

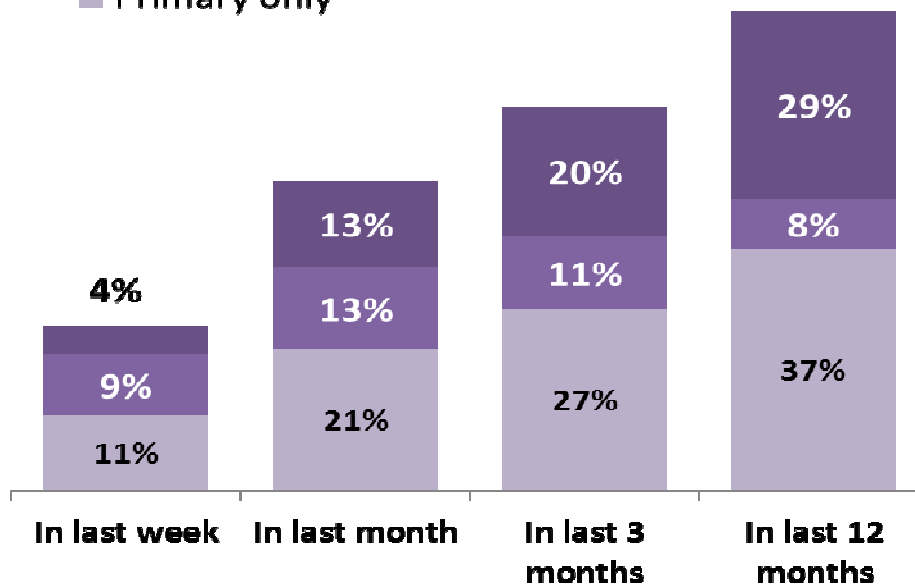
- Joint systematic suicide audits
- Real Time Surveillance
- Suicide Surveillance Group

Joint Suicide Audits

- 74% were male
- 42% of people lived alone
- Only 24% worked full time

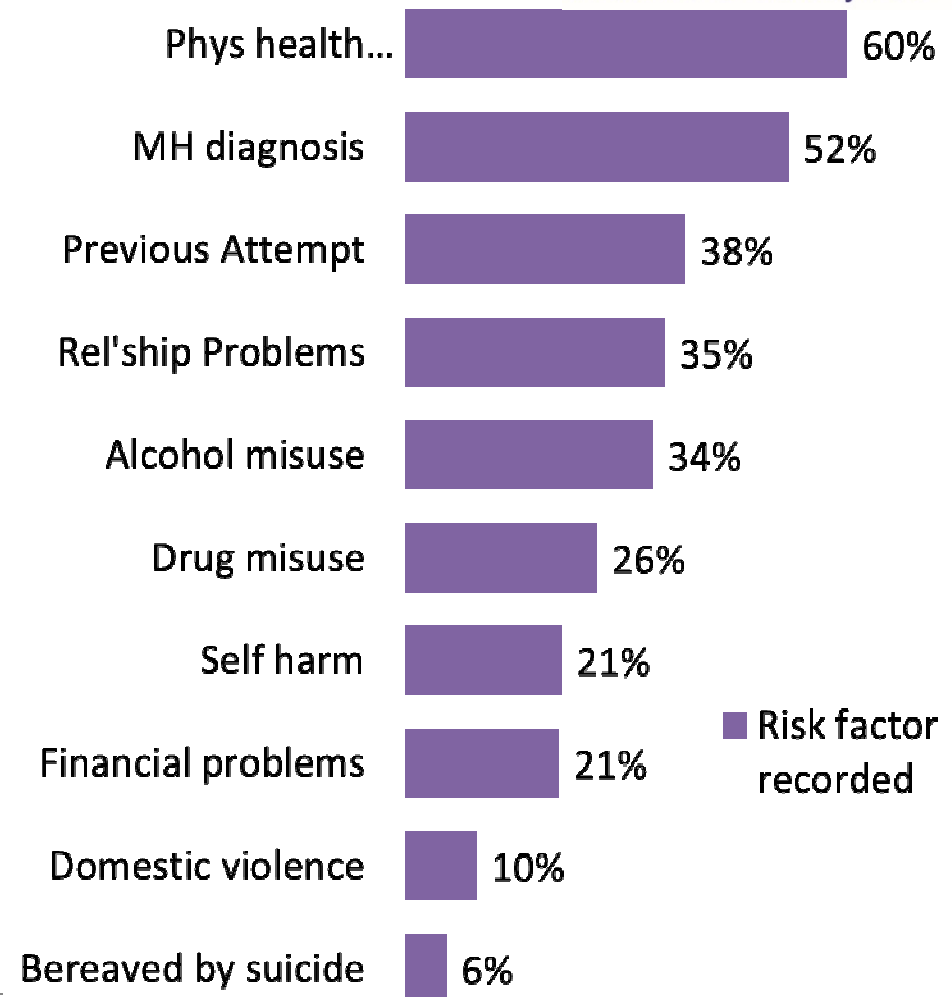
Contact with health services

- Both primary care and mental health
- Mental health only
- Primary only



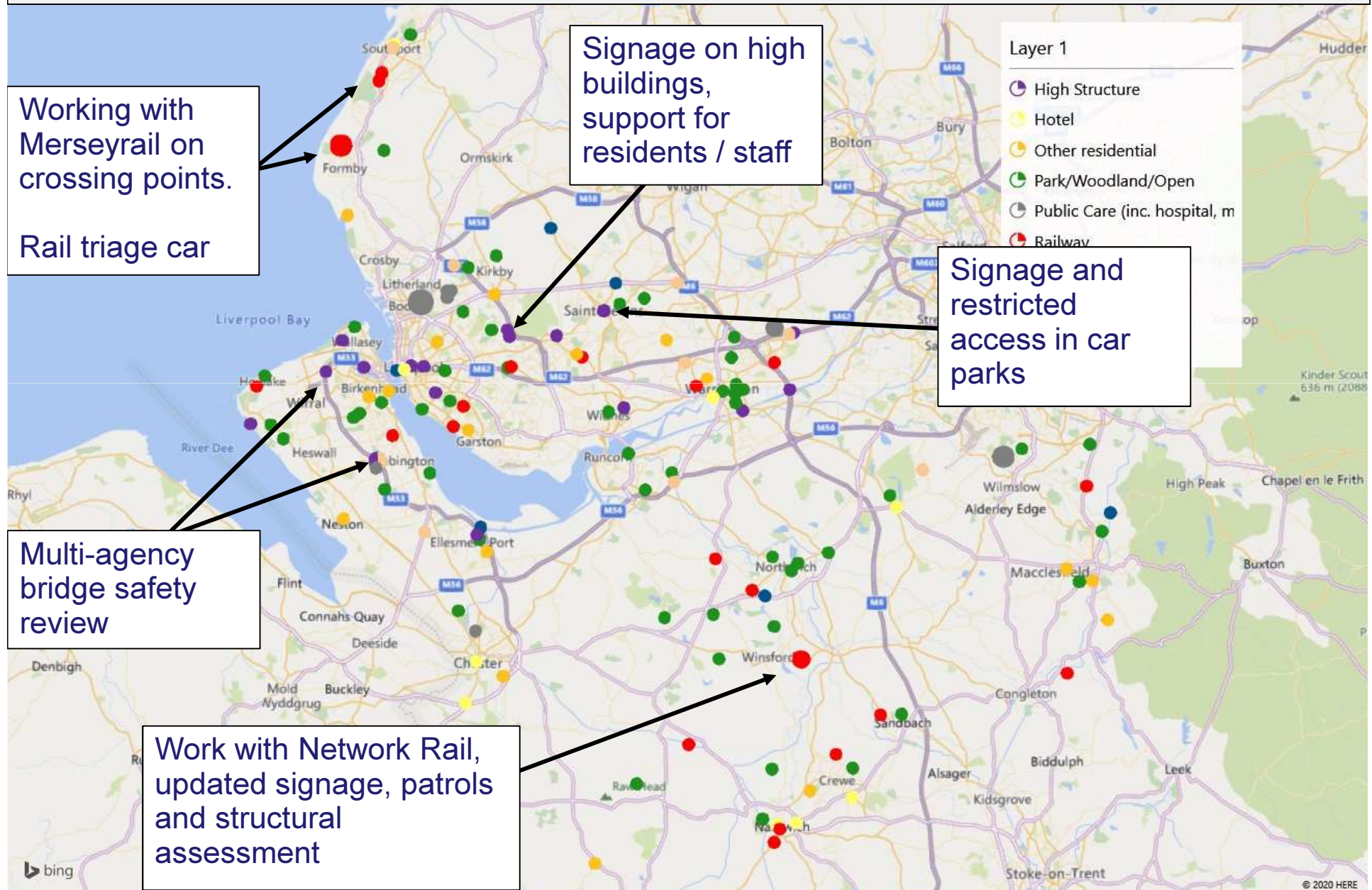
NO MORE Suicide

Preventing suicide in
Cheshire & Merseyside



■ Risk factor
recorded

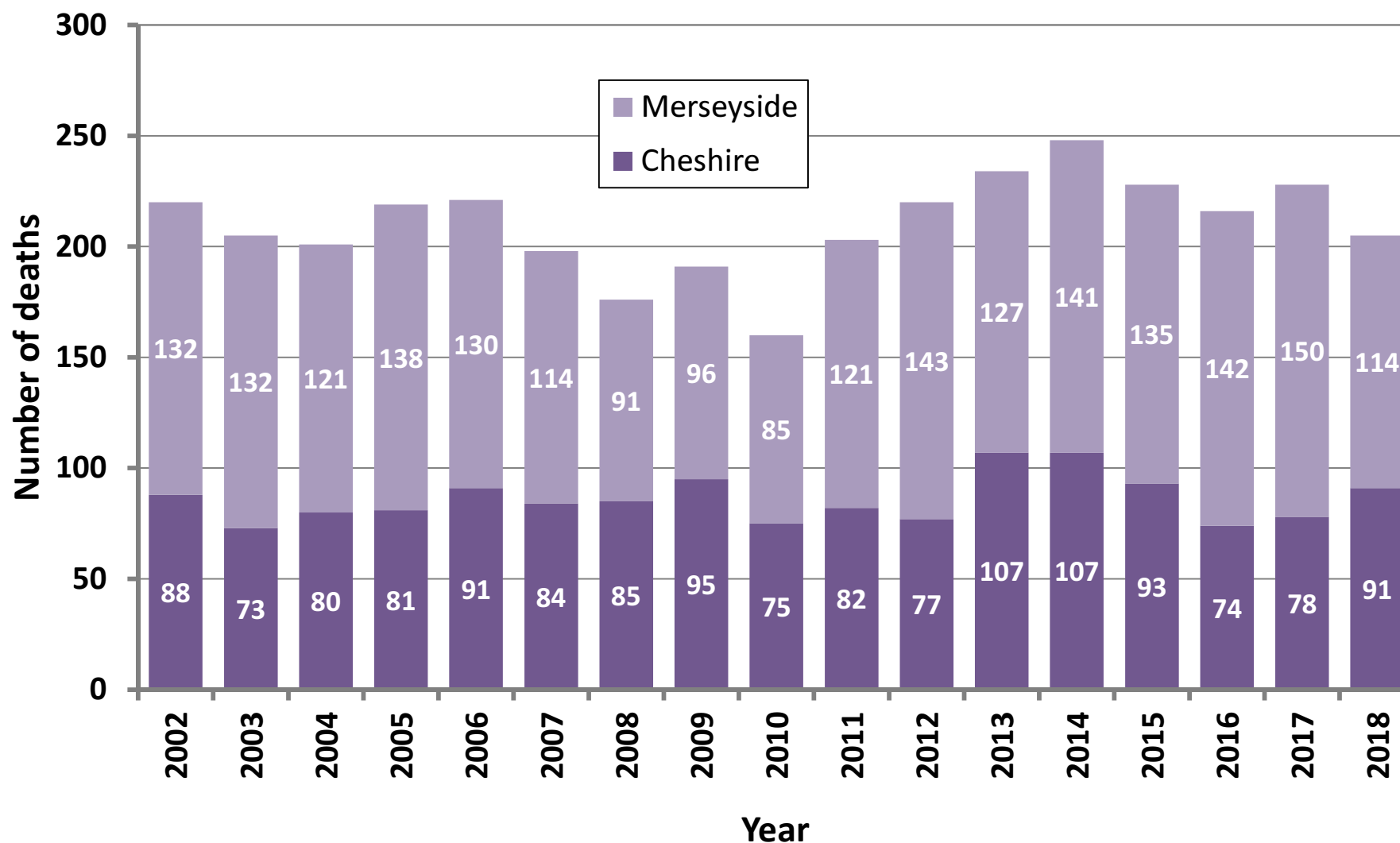
Public locations



Amparo – Suicide Liaison Service

- Practical support to those bereaved by suicide, 7 days a week.
- Individuals bereaved or affected are offered an appointment within 24 hours of receiving referral.
- Beneficiary receives a full needs and risk assessment and a safety plan.
- Support includes liaison with the coroner's office, the police, attending the inquest, dealing with the media, financial concerns, employment and health issues and signposting to further support such as SOBS, GP and counselling.
- No Amparo beneficiaries have gone on to take their own life evidenced by a coroner office audit

Numbers of deaths by suicide/UI across Cheshire and Merseyside (2002-18)



Local Working

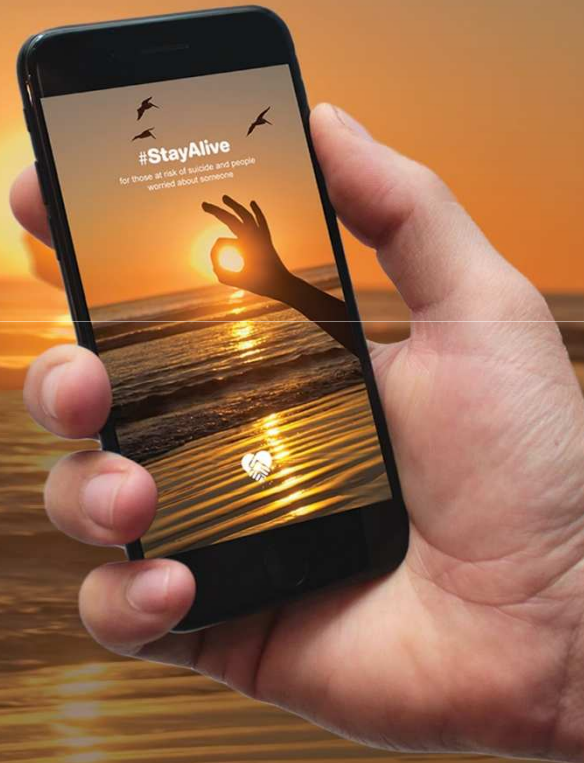
NOMORE
Suicide

Preventing suicide in
Cheshire & Merseyside

- § Local suicide prevention multi-agency group
- § Identifies needs at a local level from Zero Strategy
- § Gatekeeper training –review underway and NHSE further commissioning
- § Building pool of trainers for capacity and sustainability
- § NHSE funding made available for support after bereavement by suicide
- § Mens suicide prevention programme 12th Man

Thinking about suicide? #StayAlive

Download the free app
to help you stay alive



NO MORE
Suicide
Preventing suicide in
Cheshire & Merseyside



Champs
Public Health
Collaborative



GRASSROOTS
SUICIDE PREVENTION
www.prevent-suicide.org.uk

Thank You

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A Zero Suicide Strategy for Cheshire and Merseyside

2015-2020

43210%

1. What is our vision?

Cheshire and Merseyside is a region where suicides are eliminated, where people do not consider suicide as a solution to the difficulties they face. A region that supports people at a time of personal crisis and builds individual and community resilience for improved lives.

2. What is the aim of this document?

This strategic document sets out to be bold, ambitious and innovative, to raise awareness about suicide and to create a momentum for change that eliminates suicides for the Cheshire and Merseyside Region.

3. What do we plan to do?

Suicides are not inevitable. There are many effective ways in which services, communities, individuals and society as a whole can help to prevent suicides. The aims of this strategy are underpinned by key objectives:

- A. Cheshire and Merseyside becomes a Suicide Safer Community
- B. The Health Care System transforms care to eliminate suicide for patients
- C. Support is accessible for those who are exposed to suicide
- D. A strong, integrated Suicide Reduction Network provides oversight and governance

4. Why are we doing this?

Key drivers:

1. Locally, men account for eight out of every ten suicides, therefore our actions must particularly engage with and positively influence men.
2. Increase in pressures and negative circumstances on local populations including deprivation, vulnerability, debt, unemployment – therefore our actions must consider and influence the wider determinants and socioeconomic factors in people's lives, we must think and act holistically
3. Local audit data suggests over a 1/3 of people who complete suicide in our region had been in contact with their GP in the month before their death and 1/2 had been in contact with mental health services, therefore our actions must change and positively influence the culture, attitude and practice within Secondary and Primary healthcare towards suicide prevention.
4. We also know many suicides occur out-of-the-blue i.e. the individual did not have a diagnosed mental health problem and many close to them had no idea they were considering suicide - therefore our actions must change and positively influence the culture, attitude and practice within our communities, the voluntary sector and local authorities.

Suicide is a major social and public health issue. It is a cause of early death and increased mortality rates, and is seen as an indicator of underlying rates of mental ill-health. The impact on family and friends can be devastating and it carries a huge financial burden for the local economy and contributes to worsening inequalities. The highest numbers of suicides are recorded in men aged 35-54 years and among women 40-59 years. Family and friends are up to 3 times more at risk of taking their own lives and they experience severe effects on their health, quality of life, ability to function well at work and in their personal lives.

This strategy is an all-age suicide prevention strategy, recognising that suicide and suicidal risk varies across the life course and that prevention and age-appropriate interventions are particularly important for young people. It is specifically about the prevention of suicide rather than the related problem of non-fatal self-harm. Although people with a history of self-harm are identified as a high risk group, this strategy has not tried to cover the causes and care of all self-harm. Similarly, assisted suicide is a separate issue, outside the scope of the strategy.



5. National Picture

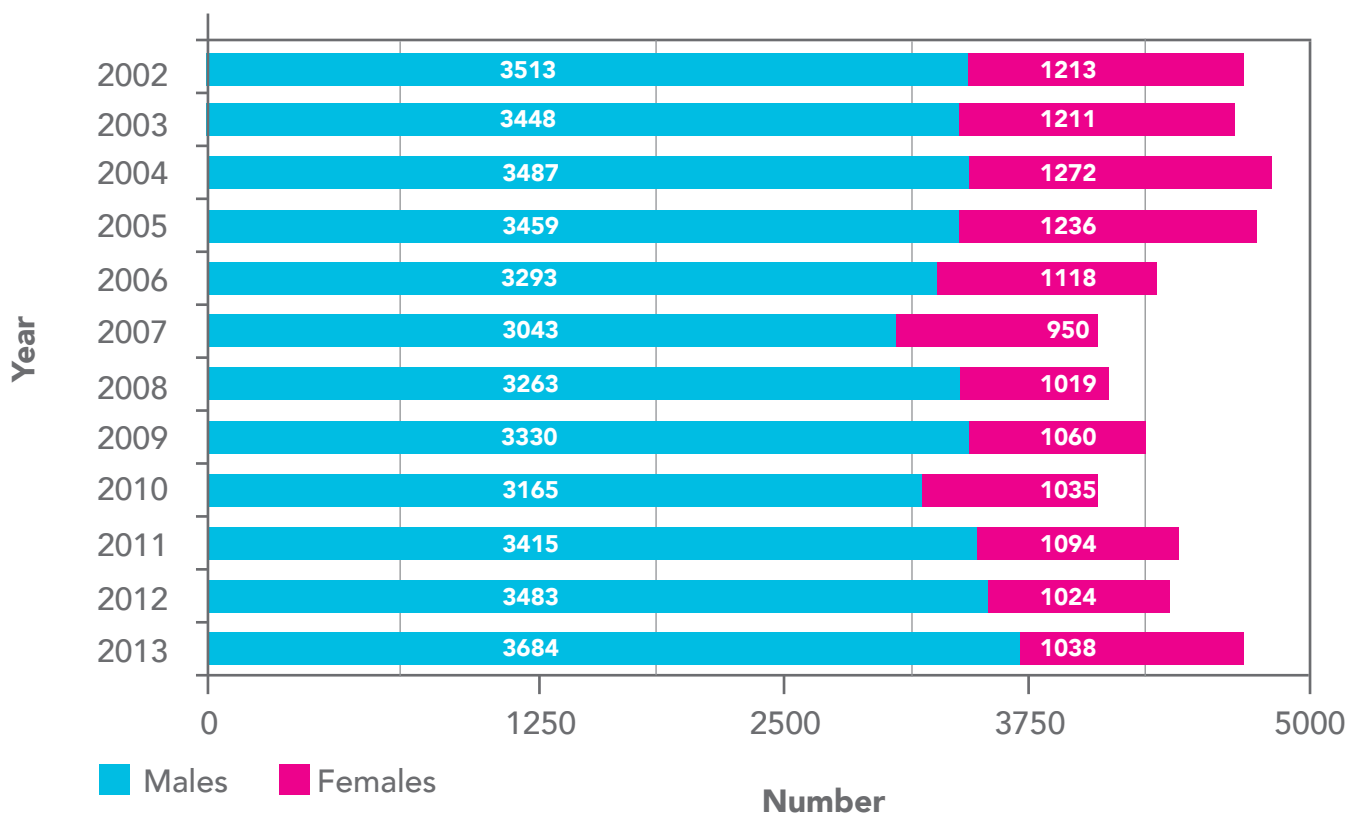
There were 4,727 deaths due to suicide and undetermined injury in England in 2013 with a three-year rate of 8.8 per 100,000 for 2011-13. Suicide in males is more than three times more likely than females (13.8 for males in 2011-13, compared to 4.0 for females).

There has been a rise in overall patient suicide, matching rise in general population, prison suicides are at the rate of 0.7 per 1,000 and a considerable rise in apparent suicides within two days of release from police custody. Furthermore, in 2014 there were 84 self-inflicted deaths in prisons in England and Wales compared to 75 in 2013.

According to national and international research, the total cost to society of suicide has been estimated as being £1,700,000 per case. This consists of: both direct costs (the services used by the individual leading up to and immediately following the suicide) and indirect costs (time lost from work and human costs due to lost years of disability free life and costs to the family).

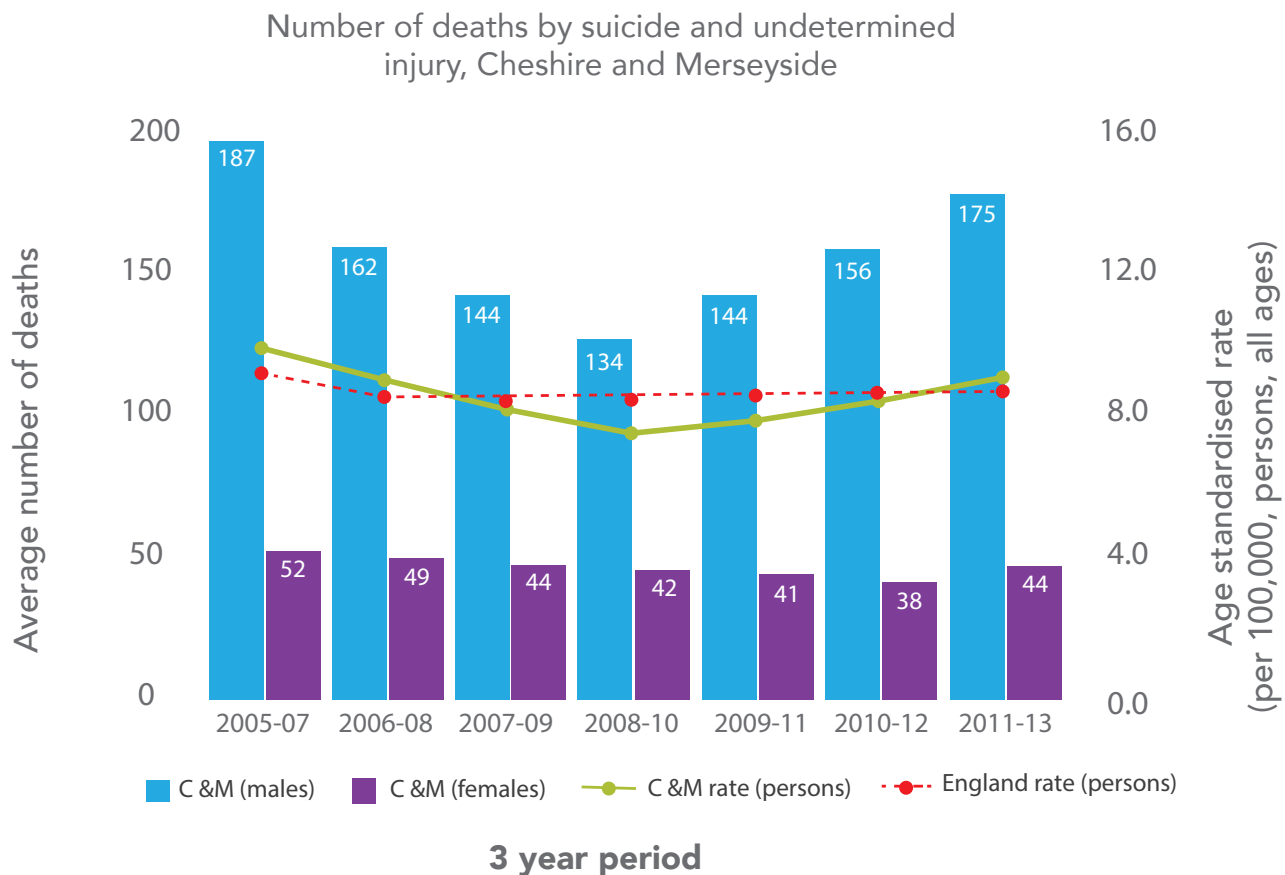
Previously, periods of high unemployment or severe economic problems and reduced social capital have had an adverse effect on the mental health of the population and have been associated with higher rates of suicide. The lowest number of deaths by suicide and undetermined injury in England was in 2007, (3,993). Following the 2008/09 recession, numbers have increased, with the 4,727 deaths in 2013 similar to levels in 2002, (4,726).

Total deaths by suicide and injury undetermined by year, England



Source data: ONS

In Cheshire and Merseyside, the recent lowest three-year number of deaths for men was in 2008-10, with an average of 134 deaths per year. This increased to an average of 175 per year from 2011-13.



Source data: Public Health Outcomes Framework, PHE 2014

6. Local Picture (Cheshire and Merseyside)

Between 2011 and 2013, there were 657 suicides and deaths of undetermined injury across Cheshire and Merseyside, an average of 219 per year and a cost to the economy of £372.3 million per year. The most recent suicide rate available for the sub-region (2011-13) is 9.2 per 100,000, which is statistically similar to the England rate of 8.8 per 100,000. By local authority, the rates in the sub-region vary between Cheshire East's rate of 7.9 per 100,000 up to St Helens suicide rate of 11.9 per 100,000.

However, while this gives numbers and rates of suicides across Cheshire and Merseyside, there is a need for further qualitative information to provide a more detailed understanding. The suicide audits currently undertaken across Cheshire and Merseyside provide more detailed information and for the first time have been combined into a joint report in 2014 to look for themes and trends. The report is more inclusive, since it reduces the chance of suicides in neighbouring local authorities being missed.

The estimated number of people experiencing suicidal thoughts or attempting suicide across Cheshire and Merseyside has been calculated at 85,288 and 13,884 respectively.

7. How do we plan to do it?

The national strategy 'Preventing suicide in England- a cross-government outcomes strategy to save lives', was published in 2012. The Cheshire Merseyside Suicide Reduction Action Plan (the SRAP) adopts the 6 national actions giving every stakeholder from the sub-region a clear framework to work from. We also want to ensure each of the 4 key objectives outlined on the next page are achieved by each of us working together. The action plan is outlined in Table 1.

<p>Objective A</p>	<p>All nine local areas in Cheshire and Merseyside achieve suicide safer community accreditation by 2018</p> <p>Canadian Suicide Safer Community Model:</p> <ol style="list-style-type: none"> 1. Establish a Suicide Safer Community committee 2. Establish the population size of your community 3. Identify organisations representing your committee 4. Create and agree an action plan or strategy with identified priorities 5. Support and commission accessible suicide intervention services 6. Support and commission accessible suicide bereavement support 7. Support and commission promotion of mental health and wellness activities 8. Support and commission proactive suicide prevention activities 9. Establish a pool of formally trained gatekeepers 10. Participate in World Suicide Prevention Day
<p>Objective B</p>	<p>The health care system transforms care to eliminate suicide for patients</p> <ol style="list-style-type: none"> 1. Effective suicide risk assessment, safety plans and treatment, across all Primary Care, Community Care and Secondary Care services whether patients present for physical and/or mental health care by October 2016 2. All 3 secondary care Mental Health trusts within the region to adopt the Henry Ford 'Perfect Depression Care' model of zero suicides by 2018 <p>Perfect Depression Care Model A quality improvement model in mental health care that in Detroit has reduced suicides by 75%</p> <ul style="list-style-type: none"> • Safe Care • Effective Care • Patient Centred Care • Timely Care • Efficient Care • Equitable Care <ol style="list-style-type: none"> 3. Cheshire and Merseyside are signed up to the Mental Health Care Crisis Concordat with action plans that put patients and carers at the centre of decisions by April 2015
<p>Objective C</p>	<p>Support is accessible for those who are exposed to suicide</p> <ol style="list-style-type: none"> 1. A Suicide Liaison Service is in place to provide support to those who are exposed to suicide, alleviating the distress of those bereaved or affected by suicide and providing an effective community response to suicide clusters by April 2015
<p>Objective D</p>	<p>A strong, integrated Suicide Reduction Network provides oversight and governance</p> <ol style="list-style-type: none"> 1. A Suicide Reduction Network is built, supported and evolving that is person-centred at all times and engages stakeholders across health, public, private and voluntary sectors 2. A Suicide Reduction Action Plan is agreed that reflects the six key areas for action in the National Suicide Prevention Strategy

8. Who is going to do it?

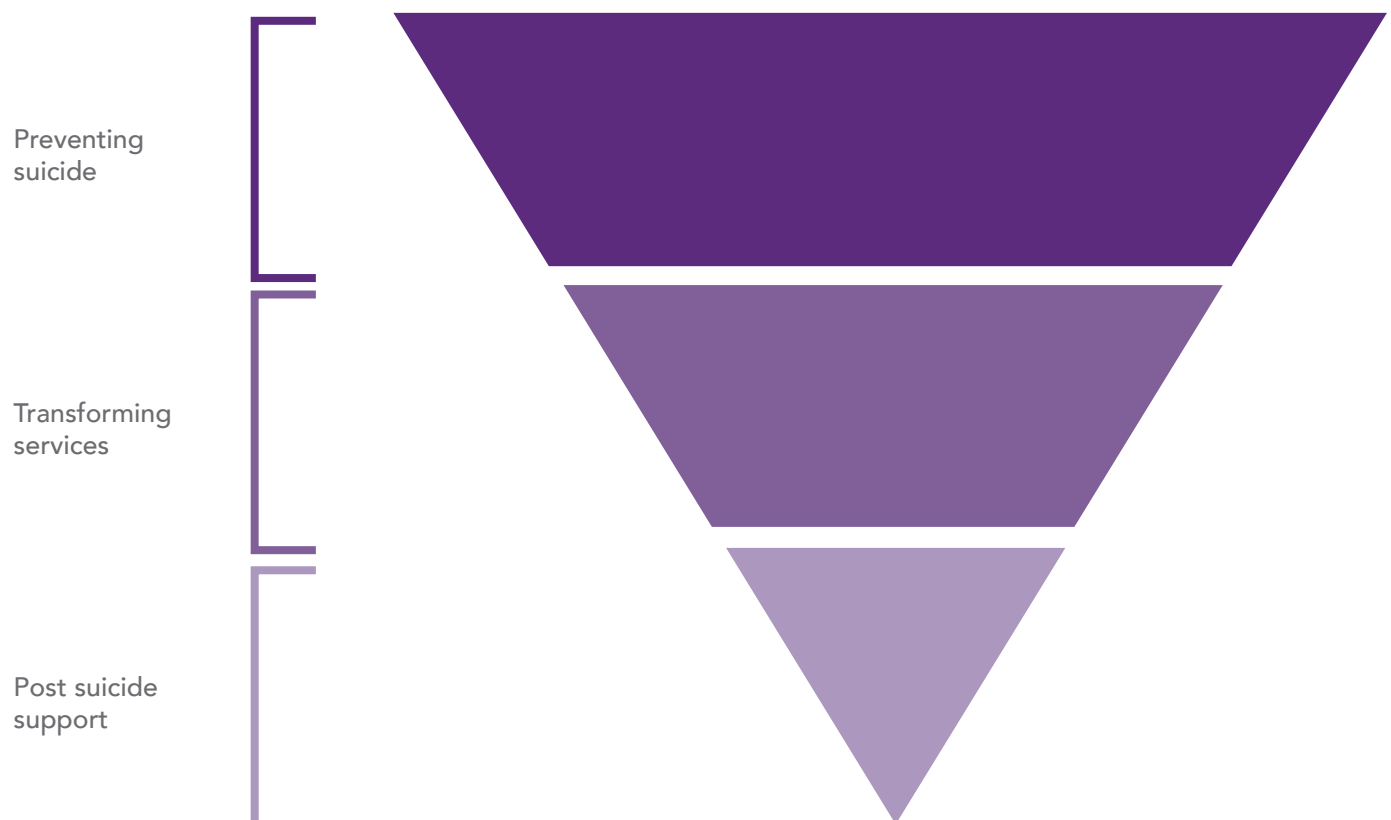
In 'Preventing Suicide: A global imperative' the World Health Organization call for a systematic response to suicide and making prevention a multisectoral priority involving not only health care but education, employment, social welfare, the judiciary and others.

The factors leading to someone taking their own life are often complex, however they are all amenable to change. The prevention of suicide has to address this complexity. No one organisation is able to directly influence all factors, it is vital that services, communities, individuals and society as a whole work together to help prevent suicides. Therefore, we have identified four arenas where actions need to occur:

Wider Community	e.g. community and voluntary sector organisations, sports clubs, educational establishments, faith groups, retail organisations, housing trusts, prisons and probation services, workplaces, employment support
Health & Wellbeing Boards	e.g. Local Authorities, Public Health, CCGs
Primary Care	e.g. GP Practices, Community Health Trusts, IAPT providers
Secondary Care	e.g. Mental Health Trusts, A&E Departments, CAMHs Teams, Hospitals, Ambulance Trusts

We also have identified three stages of action. The diagram and its orientation represent the priority and scale of the three stages within this strategy.

Three stages of action have been identified to deliver the four strategic objectives as a) Preventing suicide, b) Transforming services and c) Post suicide support. Figure 1 represents the priority and scale of the three stages utilised in the strategy.



a) Preventing Suicide – Prevention is the largest stage incorporating actions and activities that build individual and community resilience, targeted at groups or populations that reduce the likelihood of an individual reaching the point of feeling suicidal or considering suicide as a solution to the difficulties they face.

The preventative stage links firmly with the promotion of mental wellbeing and the recognition that communities have their own strengths and assets to support people. The Cheshire and Merseyside Suicide Reduction Network (CMSRN) has grown out of the actions of local community organisations and champions, e.g.: State of Mind, Opening Up Cricket, CALM, SOBS, Papyrus, Samaritans. To achieve a Suicide Safe community requires such preventative actions to be scaled up.

The Cheshire and Merseyside Directors of Public Health recognise that childhood and adolescence are the formative years for good mental health and that 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Consequently children and young people's emotional wellbeing and mental health will be a priority for the Champs Public Health Collaborative 2015-2017. Preventing suicide in children and young people needs to address mental health problems and access to treatment, combined with improving peer attitudes and the material and physical circumstances of young people's lives.

b) Transforming services - Direct efforts to stop an individual from attempting to take their own life intentionally. This activity includes implementing the Mental Health Care Crisis Concordat, Perfect Depression Care, Primary Care interventions and training of healthcare professionals.

Inspiration for the aim to be bold, ambitious and innovative arose out of a workshop with Dr Coffey in September 2014. Invited by the Cheshire and Merseyside Strategic Clinical Network for Mental Health and Mersey Care NHS Trust. Dr. Coffey's innovative work on "Perfect Depression Care" has been widely cited as a model for eliminating suicide and transforming health care. The Perfect Depression Care model developed at the Henry Ford Medical Centre, Detroit, where suicides have been reduced to zero, from 80 per 100,000 to 22 per 100,000 in the first four years and then the subsequent years the rate per 100,000 has been zero. Dr Coffey's work has inspired the primary and secondary care trusts to work innovatively and the CMSRN wants to maintain this momentum and the links to national aspirations for zero suicide.

c) Post suicide support - The provision of a suicide liaison service that provides crisis intervention, support and assistance for those affected by a suicide. Alleviating the distress of those bereaved or affected by suicide, reducing the risk of imitative suicidal behaviour and suicide clusters and promoting the healthy recovery of the affected community

9. Vulnerable groups and those most at risk

Some populations are at higher risk than others:

- middle-aged men
- people known to mental health services
- people with a history of self-harm
- people who have made previous suicide attempts
- people with frequent GP attendance, increasing attendance, and also non-attendance
- young people, especially those who are looked after
- people in contact with the criminal justice system
- veterans
- lesbian, gay, bisexual and transgender people
- Black British, Eastern Europeans and ethnic minority groups
- people living alone
- those who are unemployed or on long term sickness
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers.

Negative life events, experiences and poor health conditions are unequally distributed across the population and can all play a part in increasing the risk of suicide. These include: people with untreated depression, physical health problems, survivors of violence and abuse, those experiencing relationship problems, financial problems and misuse of alcohol and drugs.

Suicide is perhaps the cause of death most directly affected by psychological factors: personality and individual differences (e.g. hopelessness/optimism), cognitive factors (e.g. belongingness and burdensomeness), social factors (e.g. isolation) and negative life events (e.g. childhood adversities and trauma in adulthood).

Recent research highlights that about two fifths of the recent increase in suicides among men during the 2008-10 recession can be attributed to rising unemployment.



Table 1: Action Plan – 1st April 2015 to 31st March 2017

The following action plan outlines the key aims/objectives for focus 2015/2017 underpinning the 'No More' strategy

Objective		Actions	Who For	By Whom	Timescales
A	The Cheshire Merseyside Region and all nine local authorities achieve Suicide Safer Community accreditation	1. Establish a Suicide-Safer Community committee	Vulnerable Groups and the wider community at risk of poor mental health & wellbeing	Leads Local Authority Directors of Public Health for all nine local areas	31 st March 2017
		2. Establish the population size of your community		Local Health and Wellbeing Boards (HWBBs)	
		3. Identify organisations representing your committee		Support Champs Public Health Collaborative	
		4. Create and agree an action plan or strategy with identified priorities		Local Authority Mental Health Champions	
		5. Support and commission accessible suicide intervention services			
		6. Support and commission accessible suicide bereavement support			
		7. Support and commission promotion of mental health and wellness activities			
		8. Support and commission proactive suicide prevention activities			
		9. Establish a pool of formally trained gatekeepers			
		10. Participate in World Suicide Prevention Day			

Objective		Actions	Who For	By Whom	Timescales
B	CM Health Care System transforms care to eliminate suicide for patients	<ol style="list-style-type: none"> 1. Effective suicide risk assessment, safety plans, treatment and workforce training across all Primary Care, Community Care and Secondary Care services 2. All 3 secondary care Mental Health Trusts within the region to adopt the Henry Ford 'Perfect Depression Care' model 3. Cheshire and Merseyside are signed up to the Mental Health Care Crisis Concordat with action plans that put patients and carers at the centre of decisions 4. Reduce access to the means of suicide 	High Risk Groups	Leads Cheshire & Mersey Clinical Commissioning Groups (CCGs) NHS Mental Health Trusts: Mersey Care, Five Boroughs Partnership, Cheshire Wirral Partnership IAPT Providers CAMHS Providers	31 st March 2016
				Support CMSRN Operational Group	31 st March 2017 30 th April 2015 31 st Oct 2016 to have implemented PHE National Guidance on hotspots
C	Support is accessible for those who are exposed to suicide	<ol style="list-style-type: none"> 1. A Suicide Liaison Service is in place to provide support to those who are exposed to suicide, alleviating the distress of those bereaved or affected by suicide and providing an effective community response to suicide clusters 	Those bereaved or affected by suicide	Leads Local Authority Directors of Public Health for all 9 local areas Support Champs Public Health Collaborative	30 th April 2015

Objective		Actions	Who For	By Whom	Timescales
D	A strong, integrated Suicide Reduction Network provides oversight and governance	1. A Suicide Reduction Network is built, supported and evolving that is person-centred at all times and engages stakeholders across health, public, private and voluntary sectors.	Stakeholders, partnerships, providers and key agencies engaged with the Cheshire Mersey SRN	Leads Local Authority Directors of Public Health for all 9 local areas SRN Partnership Board Support Champs Public Health Collaborative SRN Operational Group	30 th April 2015
		2. A Cheshire Merseyside Suicide Reduction Action Plan is agreed that reflects the National Suicide Prevention Strategy			30 th September 2015
		3. A joint standardised suicide audit process for Cheshire Merseyside is developed			31 st March 2016
		4. Support the media in delivering sensitive approaches to suicide and suicidal behaviour			

10. How will we know we have achieved it?

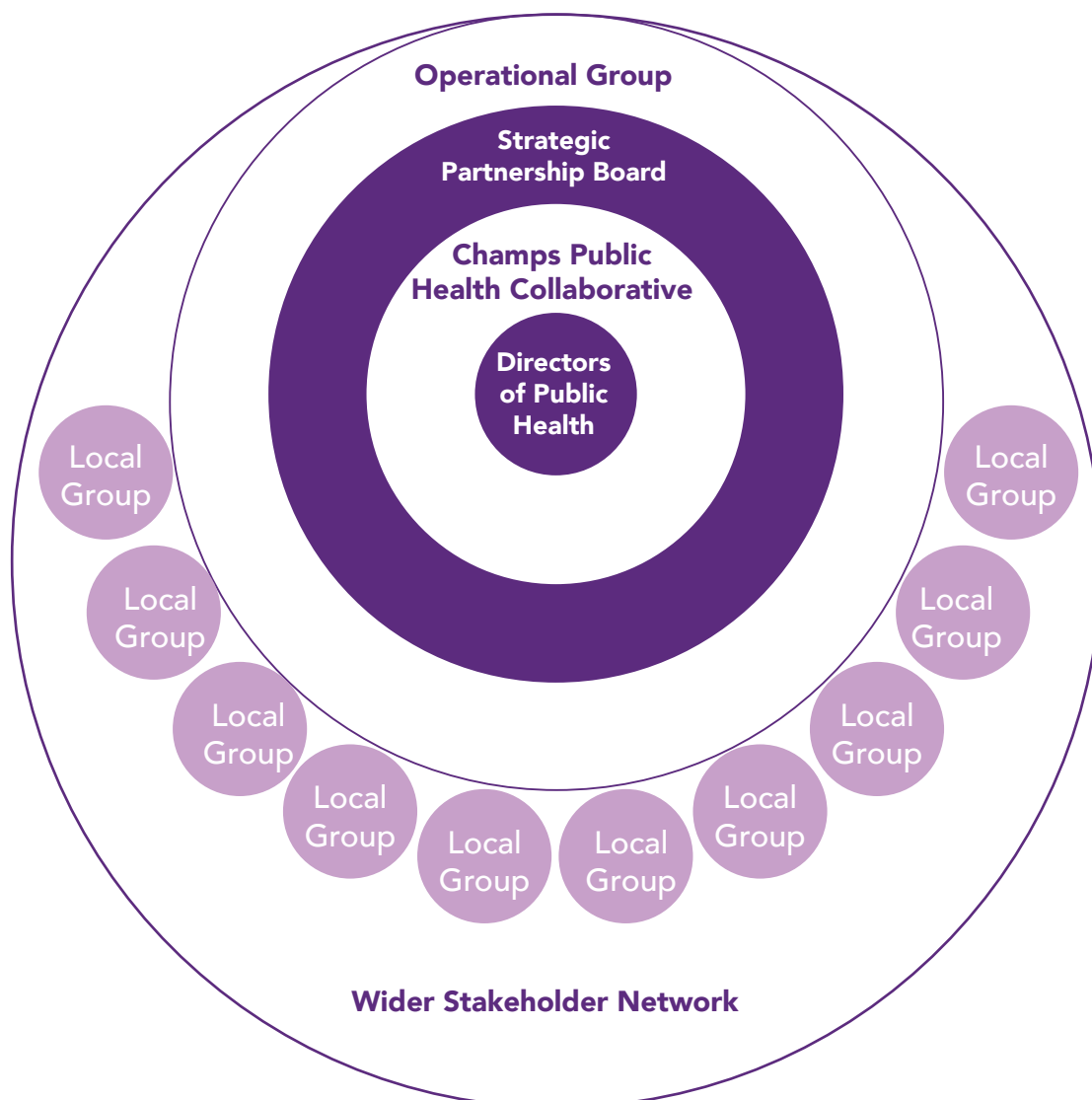
We will have achieved our overarching aim when we have reached zero suicides across Cheshire & Merseyside. In respect of the Suicide Reduction Action Plan, this should be regarded as a practical tool in achieving the overarching aims and will be periodically updated to reflect changing needs and demands. Nevertheless there are key milestones that we need to hit and these will be managed via the quarterly meetings of the Cheshire and Merseyside Suicide Reduction Network Operational Group and progress will be reported to the Strategic Partnership Board and the Cheshire and Merseyside Directors of Public Health. Local areas will be responsible for their own action plans and delivery. In 2015 a robust evaluation framework will be established to ensure progress and effectiveness.

11. Accountability and Governance

From April 2013 the co-ordination of suicide reduction became a local authority responsibility, with guidance provided by Health & Wellbeing Boards, as set out in the government's 2012 national strategy for suicide reduction "Preventing suicide in England - A cross-government outcomes strategy to save lives".

The Cheshire Merseyside Suicide Reduction Network (CMSRN) was formed in 2008 to seek greater co-ordination of responses to and understanding of patterns of suicide. The CMSRN consists of four components: a Partnership Board, an Operational Group, Local Suicide Prevention Groups, and a Stakeholder Network. The four components take an integrated approach to a strategic direction and the systematic implementation of action plans and robust provision of effective prevention, treatment and crisis services.

Figure 2: Structure of the Cheshire Merseyside Suicide Reduction Network



References

- ¹ DH 2014 Statistical update on suicide
- ² Lukas C. and Seiden H 2007 Silent Grief: Living in the wake of suicide. Jessica G Publishers, London UK,.
- ³ DH 2015 Preventing suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives www.gov.uk/government/publications/suicide-prevention-second-annual-report
- ⁴ DH 2015 Statistical update www.gov.uk/government/uploads/system/uploads/attachment_data/file/405411/Statistical_update_on_suicide_acc.pdf
- ⁵ Knapp M. et al 2011 Mental Health Promotion and Prevention: The Economic Case. Department of Health
- ⁶ Aaron Reeves et al 2014 Economic shocks, resilience, and male suicides in the Great Recession: cross-national analysis of 20 EU countries . DOI: [dx.doi.org/10.1093/eurpub/cku168](https://doi.org/10.1093/eurpub/cku168) First published online: 6 October
- ⁷ Number of suicides registered in each calendar year, 2002-2013, by sex in England and Wales www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/health/december-2014/number-of-suicides-registered-between-2002-and-2013--by-sex-and-english-region.xls
- ⁸ PHE Fingertips www.fingertips.phe.org.uk
- ⁹ Cheshire and Merseyside Suicide Audit Joint Report 2014, November 2014, Cheshire and Merseyside Suicide Reduction Network, champs collaborative
- ¹⁰ Adult Psychiatric Morbidity in England 2007, www.hscic.gov.uk/pubs/psychiatricmorbidity07
- ¹¹ WHO 2014 Preventing suicide A global imperative
- ¹² DH 2015 Future in Mind <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>
- ¹³ Foster, Rayner, Allen 2012 Self Harm and Suicide Amongst Children and Young People, Literature Review. Univ Salford
- ¹⁴ DH 2012 Preventing suicide in England - A cross-government outcomes strategy to save lives www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Cheshire & Merseyside receive Suicide-Safer Community accolade

Cheshire & Merseyside has been officially awarded Suicide-Safer Community status by Living Works, the world's leading suicide prevention training company.

This award is symbolic of the fantastic leadership and hard work of colleagues and partners from across Cheshire & Merseyside over the last five years, implementing the NO MORE Suicide Strategy together.

Having taken a sector led improvement approach, Cheshire & Merseyside has now had confirmation that the sub-region fulfils all the high standards. This is difficult to achieve for one locality, so to have been successful as a sub-region is a tremendous accomplishment. It is testament to the excellent integrated working, innovation and cross-cutting programmes that Cheshire & Merseyside partners deliver as system leaders.



In order to be recognised as a Suicide-Safer Community, there are ten main pillars of community action that must be addressed, including training, suicide bereavement, leadership and mental health promotion. These pillars are associated with most national suicide prevention strategies. Communities can assess their progression and current strengths, as well as areas for growth and improvement, as they work within their own national and local frameworks to become safer from suicide.

There is still much more to be done in order to continue pursuing our ultimate zero suicide ambition but this award signals great progress.

Sue Forster, Chair of the Cheshire & Merseyside NO MORE Suicide Partnership Board and Director of Public Health for St Helens said *"So many people have contributed towards this prestigious accolade. I am grateful for their dedication and support. We truly have a fantastic partnership approach to suicide prevention and have achieved many things from training to awareness raising campaigns and supporting those bereaved by suicide. On behalf of the NO MORE Suicide Partnership Board I would like to thank all colleagues and partners who have helped us achieve this award. As we refresh the NO MORE Suicide strategy and action plan, we will continue to work together in our aim to reach zero suicide in Cheshire & Merseyside."*

Louise Gittins, lead elected member for Suicide Prevention in Cheshire & Merseyside and Leader of Cheshire West & Chester Council added *“I am delighted to hear that Cheshire & Merseyside have received this award. I have been so impressed with the work that has been carried out to prevent suicide in our area and have seen the dedication and commitment of the Board, operational groups and partners throughout Cheshire & Merseyside. I look forward to working with colleagues in the future on this important public health issue.”*

The award will be celebrated and acknowledged at the World Suicide Prevention Day webinar led by Champs Collaborative on the 10th September 'Hope and Recovery in the time of COVID-19'. Registration for this webinar will open shortly.



CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Establishment of a Reducing Inequalities Commission
Date of meeting:	22 nd September 2020
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr Matt Tyrer

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision X
Why is the report being brought to the board?	To seek the Board's agreement to establish a Reducing Inequalities Commission to lead and co-ordinate the work across Cheshire East.		
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 <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	That the Cheshire East Health and Wellbeing Board agree to the establishment of a Reducing Inequalities Commission, as a sub-group of the H&W Board, with the remit to lead and co-ordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough.		
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?	Not directly but the evidence from the Cheshire East Tartan Rug, Healthwatch Cheshire East COVID 19 reports and Public Health England have informed the recommendation.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Reducing inequalities is a priority outcome both nationally and locally, to narrow the gap between those who enjoy a good quality of life and those that don't. The pandemic has emphasised the links that exist between our health and an economy that, for all its successes, continues to produce poverty, inequality, and insecurity. We know that a lack of economic opportunity has consequences for our health, and, in turn, that poor health impacts our capacity to participate fully in the economy and realise our potential.

1 Report Summary

- 1.1 Within the Cheshire East Place Health and Care Partnership Five Year Plan and the Joint Health and Wellbeing Strategy, the need to address the inequalities evident through the Tartan Rug is a priority. Additionally, the evidence of COVID-19's impact on those facing these same inequalities has led to NHS England and Improvement making addressing the inequalities a priority in the COVID-19 Phase 3 recovery planning.
- 1.2 To ensure that there is a joined up and co-ordinated response to the need to tackle the inequalities, it is proposed that a Reducing Inequalities Commission be established as a sub-group of the Board.

2 Recommendations

- 2.1 That the Cheshire East Health and Wellbeing Board agree to the establishment of a Reducing Inequalities Commission, as a sub-group of the Health and Wellbeing Board, with the remit to lead and co-ordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough.

3 Reasons for Recommendations

- 3.1 To ensure that there is a co-ordinated response to the need to reduce the inequalities faced by residents of Cheshire East, with a recognition of the important role of the wider (or social) determinants of health and the requirement to consider these and address them systematically, for example education, housing, employment, access to green spaces etc.
- 3.2 To ensure that the projected significant increasing demand on many of our public services (most notably health and social care) is mitigated against with a strategy to tackle this demand, by investing in prevention and delivering sustainable and inclusive growth across the Borough.
- 3.3 To support the Cheshire East Social Value Policy, that is being drafted as a joint Policy with NHS Cheshire CCG, which aims to support local economic recovery, as well as longer term economic growth and inclusive growth. Evidence shows that the social impacts that can be achieved through Social Value, are underpinned by the Marmot Principles (see 6.1) in terms of the wider determinants of health and wellbeing and health inequalities.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The creation of a Reducing Inequalities Commission has the potential to make a significant contribution to the priorities within the Joint Health and Wellbeing Strategy.

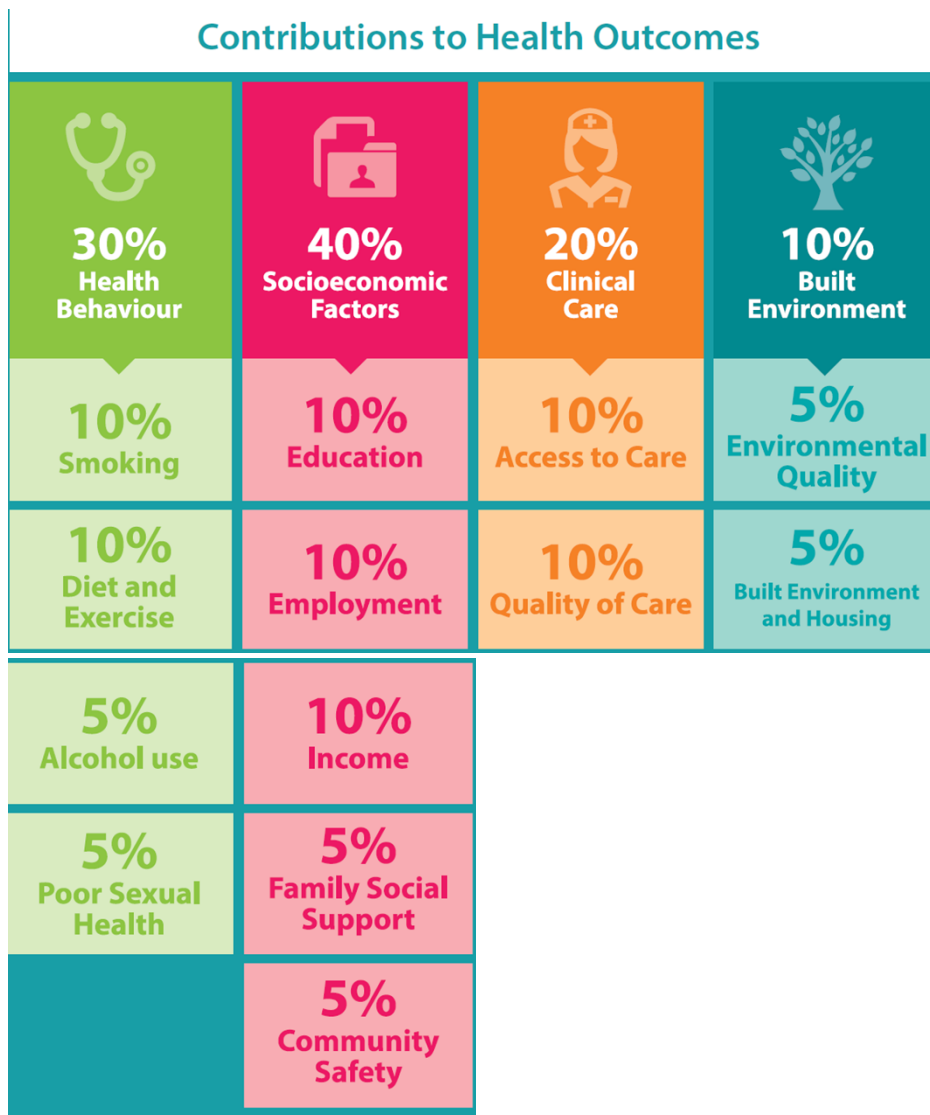
5 Background and Options

- 5.1 Within the Cheshire East Health and Care Partnership's Five Year Plan and the H&W Strategy, the need to reduce inequalities is emphasised and identified as a priority outcome. This is based upon the local data from the Tartan Rug that demonstrates very clearly the different outcomes for different parts of the community in relation to a number of key measures. In addition to this, the clear demonstration that the COVID 19 virus has had a more significant impact upon certain sectors of the community, and that there is a correlation between levels of inequality and likelihood of suffering from the virus, has prompted the NHS to focus upon the need to ramp up their efforts to reduce the levels of inequality faced by some of our residents. The NHS COVID-19 Phase 3 Recovery Guidance has set NHS organisations very clear criteria that they are expected to meet.
- 5.2 To bring all of this together it has been proposed that we need a sub-group of the Health and Wellbeing Commission to coordinate the work, recognising that this is not just about health, it's about education, employment, housing, access to transport and to services, digital connectivity, lifestyle behaviours and all the many other things that contribute to a better quality of life, a good work/life balance and more years lived in good health.
- 5.3 This creates a strong link to the Social Value Policy that has been drafted by the Council and CCG with other partners. Our local definition and understanding of Social Value was co-produced collaboratively with partners and local residents across Cheshire and Merseyside, including residents across Cheshire East.

Social Value is:

- the good that we can achieve within our communities, related to *environmental, economic and social factors*;
- our approach to building capabilities, strengths and assets and enabling people to live a valued and dignified life;
- an enabler for the growth of 'Social Innovation' and helps to reduce avoidable inequalities – linked to the Marmot Principles;
- a requirement of the public sector as 'Anchor Organisations' to use their purchasing power to build capabilities, strengths and assets within our communities, ensuring that Cheshire East is a great 'Place' to live and work

- 5.4 The diagram below (taken from the Five Year Plan), sets out clearly what we need to be considering.



- 5.5 If the Health and Wellbeing Board support the proposal Dr Matt Tyrer will take the lead in the establishment of the Commission. Nominations for membership will be sought from partners and other organisations that have a role to play or interest in reducing inequalities across the borough.

6 Access to Information

- 6.1 <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>
- 6.2 The background papers relating to this report can be inspected by contacting the report writer:

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CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund End of Year report 2019 - 2020
Date of meeting:	22/09/2020
Written by:	Alex Jones
Contact details:	Alex.t.jones@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr. Laura Jeuda (Adults Social Care and Health)

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is the report being brought to the board?	To highlight the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2019/20.		
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 <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2019/20. Within this, that the Health and Wellbeing Board considers: Better Care Fund scheme overview, metric performance, the financial income and expenditure of the plan.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The following report has separately been distributed to the Better Care Fund Governance Group.		

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.	N/A

1 Report Summary

1.1 The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and the iBCF. Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives.

1.2 Some highlights of scheme performance during 2019/20 was as follows:

BCF – Combined Reablement	<ul style="list-style-type: none"> Community reablement – 1353 packages delivered Mental health reablement – 2404 packages delivered Dementia reablement – 551 packages delivered
BCF - Carers hub	<ul style="list-style-type: none"> Identified and supported 1,798 new adult and young carers. 1:1 sessions with carers 2,266 99% of carers reported increased choice, control and Independence. Distributed 1,083 living well fund grants
BCF - British Red Cross	<ul style="list-style-type: none"> 383 packages delivered as at Q3
BCF - Statutory Social Care activities resulting from the Care Act including Safeguarding	<ul style="list-style-type: none"> Total number of safeguarding concerns: 1,450
BCF - Assistive technology (Monthly)	<ul style="list-style-type: none"> 3000 people supported each month Installations - URGENT to completed within 24 hours ie Hospital discharges- 100% Installations - STANDARD to be completed within 5 working days - 91% Maintenance/Faults – CRITICAL within 24hours -100% Maintenance/Faults – NON-CRITICAL within 7 working days - 92%

BCF - Disabled Facilities Grant (Monthly)	<ul style="list-style-type: none"> The average number of referrals per month in 2019/20 is 54. The average grant awarded in 2019-20 is £5,127 Cancelled grants - 151 cases have been cancelled in 2019-20. The most common reason is where landlords have completed the adaptations without Disabled Facilities Grant funding; social landlords insist on an occupational therapy assessment before they will consider any adaptations
iBCF - Live Well (Monthly)	<ul style="list-style-type: none"> Total page views 81,332 Total sessions 38,093
iBCF - Sustain the capacity, capability and quality within the social care market place Care Home providers	<p>Since October 2018, the percentage of Cheshire East Care Home Providers rated as 'good' or 'outstanding' has gradually increased from 68% to the current figure of 72%. This does not however compare favourably to the national average (82.3%). To the North West average of (82.9%) and the national average of (82.1%).</p> <p>The percentage of Cheshire East Care Home Providers rated 'inadequate' gradually improved from a high of 10.2% in April 2018 to the current figure of 0%. This is significantly lower than the England (1.0%) and North West (1.1%) averages.</p> <p>Care at Home Providers - the latest figures show that the percentage of Cheshire East Care at Home Providers rated as 'good' or 'outstanding' is 81.5%. This is slightly below the national average (85.3%) and the North West regional average (89.1%).</p> <p>Cheshire East has a significantly higher percentage of Providers rated as 'outstanding' (9.2%) than England (3.6%) and the North West (4.1%) region.</p>

2 Recommendations

- 2.1 That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2019/20. Within this, the Health and Wellbeing Board considers: Better Care Fund scheme overview, metric performance, the financial income and expenditure of the plan

3 Reasons for Recommendations

- 3.1 This end of year report forms part of the monitoring arrangements for the Better Care Fund.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 This report supports the Health and Wellbeing Priority of Ageing Well.

5 Background and Options

- 5.1 Local BCF plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.
- 5.2 For 2019-20, there were four National Conditions, in line with the BCF policy framework:
- Plans to be jointly agreed
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
 - Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC).
- 5.3 Metric performance
- 5.4 The following table describes the planned performance against the national metrics and the actual performance.

National metric	2019/20 BCF Plan Target	2019/20 BCF Plan Actual
Non Elective Admissions	Quarter 4: 11,634 2019/20 Year Total: 45,685	Data up to March 2020 is due to be published on 14/05/20. As at Feb 2020 the total for the year was: 42,565
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	601	701
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	83.3%	74.6%
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	24.4	47.9 (as at Feb 2020)

- 5.2 The financial income and expenditure of the plan
- 5.3 The following table describes the budget for the Better Care Fund the actual spend, the variance between the budget and the actual spend and the commitment carry forward to 2020/21.

2019/20 Better Care Fund	Budget	Actual	Variance	Commitment c/fwd to 2020/21
Assistive technology - telecare	757,000	832,700	75,700	0
Early Discharge Schemes	222,942	220,677	-2,265	0
Combined Re-ablement	4,575,000	4,241,012	-333,988	0
Social Care Act	405,000	405,000	0	0
Programme Enablers	223,729	85,283	-138,446	0
MH Social Workers	40,000	40,000	0	
Trusted Assessor Scheme	75,000	6,500	-68,500	68,500
Winter pressures	510,000	500,000	-10,000	0
Carers Assessment and Support	722,000	701,662	-20,338	0
Addn Winter Pressures beds	128,000	128,000	0	0
Double Handling Project(incl. Training)	268,000	0	-268,000	268,000
Safe Steps	20,000	0	-20,000	20,000
Sub Total	7,946,671	7,160,834	-785,837	336,500
DFG	2,064,279	2,064,279	0	0
Homefirst South CCG	8,154,034	8,154,034	0	0
Homefirst East CCG	9,036,038	9,036,038	0	0
Total BCF	27,201,022	26,415,185	-785,837	336,500

6 Access to Information

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

Name: Alex Jones

Designation: BCF Programme manager

Tel No: 07803846231

Email: Alex.t.jones@cheshireeast.gov.uk

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Working for a brighter future together

Cheshire East Health and Wellbeing Board

Date of Meeting: 22/09/2020

Report Title: Better Care Fund End of Year report 2019 - 2020

Portfolio Holder: Cllr. Laura Jeuda (Adults Social Care and Health)

Senior Officer: Linda Couchman, Acting Strategic Director of Adults Social Care & Health.

1. Report Summary

- 1.1. To highlight the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2019/20.

2. Recommendations

- 2.1. That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2019/20.
- 2.2. Within this, that the Health and Wellbeing Board considers: Better Care Fund scheme overview, metric performance, the financial income and expenditure of the plan and individual scheme performance noted in Appendix one.

3. Reasons for Recommendations

- 3.1. This end of year report forms part of the monitoring arrangements for the Better Care Fund.

4. Other Options Considered

- 4.1. Not applicable.

5. Background

5.1. What is the BCF

- 5.2. The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and the iBCF. Since 2015, the Government's aims around integrating health, social

care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives.

5.3. Local BCF plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.

5.4. National funding for the BCF in 2019-20 totalled £6.422bn.

Table 1 – BCF funding contributions in 2019-20

BCF funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

5.5. For 2019-20, there were four National Conditions, in line with the BCF policy framework:

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC).

5.6. Beyond this, areas had flexibility in how the Fund was spent over health, care and housing schemes or services. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital.

5.7. **Current schemes**

5.8. The following table summarises the schemes, which comprise the iBCF, BCF and winter pressures.

Number	Scheme	Description
1	iBCF - Increased weekend capacity for social workers	To maintain Social Work assessments and advice services over 7-days per week. Based within the hospitals at Macclesfield and Leighton.
2	iBCF - Care Sourcing team model	The funding supports and expands the work of the Care sourcing team. The team undertakes all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates 8am until 2pm / 2pm until 8pm, Monday to Sunday.
3	iBCF - Live well	'Live Well Cheshire East' is an online resource. It is designed to give people greater choice and control by providing easily accessible information and advice about care and support services in the region and beyond. This digital channel provides information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services.
4	iBCF - Funding for additional social care staff to support Discharge to Assess initiatives	Funding for additional Social Care staff (Locality Manager and Practice Manager) for each hospital team to implement and maintain 'Assessment Outside of Hospital' (previously known as 'Discharge to Assess') in a range of locations across Cheshire East. This includes bed-based services and within a person's own home to prevent admissions to hospital and facilitate timely discharge.
5	iBCF - Winter funding	Additional capacity to support the local health and social care system to manage increased demand over the winter period.
6	iBCF - Sustain the capacity, capability and quality within the social care market place	This funding supports and stabilizes the local social care market by offering fee uplifts for both 'Care at Home' (domiciliary care) and Accommodation with Care (Care Homes). The funding relates to the following: <ul style="list-style-type: none"> • Residential/nursing care – 1360 bed weeks which is 26 placements over the course of the year. • Domiciliary care – 380 new people until the end of the year.
7	iBCF - Electronic Call	The monitoring providers to ensure that individual level care calls meet planned activity as set out in care plans.

	Monitoring (ECM)	The electronic call monitoring system (ECM) will support the delivery of the recommissioned Care at Home service. ECM offers an automated solution to monitor care visits undertaken by the provider's staff, which will help to improve performance monitoring and safeguarding and improve the safety of staff. The ECM solution will also offer the potential to move towards the monitoring of outcomes for service users.
8	BCF Assistive Technology (AT)	<p>Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalized to each individual and is integrated within the overall support plan. This will entail:</p> <ul style="list-style-type: none"> • Increasing the independence of people living with long term conditions and complex care. • Supporting Carers to maintain their caring role. • Improving access to the right service at the right time. <p>The scheme supports the existing assistive technology service users. But will also involve piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).</p>
9	BCF Early discharge service – ECT is commissioned to provide an Early Discharge Co-ordinator also forming part of this scheme is the commission of the British Red Cross service.	<p>Early discharge service – ECT is commissioned to provide an Early Discharge Co-ordinator, as part of this scheme there is also a commissioned element which supports the British Red Cross service: Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting</p>

		people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home).
10	BCF Combined Reablement Service	<p>The current service has three specialist elements delivered across two teams (North and South):</p> <ol style="list-style-type: none"> 1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs. 2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their Carers. The service is focused on prevention and early intervention following a diagnosis of dementia. 3. Mental Health Reablement - supports adults age 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.
11	BCF Statutory Social Care activities resulting from the Care Act including Safeguarding	<p>The Care Act 2014 introduced and revised the statutory responsibilities of local authorities. The Partnership will ensure sustainable appropriate embedded solutions are in place to meet these responsibilities. The Partnership encompasses the duties of the Safeguarding Adults Board.</p> <p>This safeguarding scheme also includes the responsibilities which come from the Care Act which includes the following sub-schemes: Provider Quality Reports (BCF Social Care Act Allocation), Maintaining minimum care eligibility thresholds - Contribution towards maintaining care eligibility thresholds at critical and substantial, Continuity of care for people moving into areas - Additional social worker capacity, Assessment of Social Care in prisons - Additional social worker capacity, Disregard for armed forces Guaranteed Minimum Income - Allocated to care packages, Training social care staff in Social Care Act - Delivery of Care Act training to staff, Less reduction for savings from staff</p>

		time and reduced complaints
12	BCF Disabled Facilities Grant (DFG)	The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme will be administered by Cheshire East Council and will be delivered across the whole of Cheshire East.
13	BCF Carers hub	The Cheshire East Carers Hub is an information and support service designed to help Carers of all ages fulfil their caring responsibilities and still enjoy a healthy life outside of their caring role. The Hub will support Carers who live in Cheshire East, along with those who live outside the area but care for a Cheshire East resident.
14	BCF Programme Management and Infrastructure	Overall responsibility for delivery of the principles and targets of the BCF and identifying barriers, risks and mitigation to ensure they are achieved. Staff employed and infrastructure required to support the management and governance arrangements for the BCF.
15	BCF Winter Schemes ECCCCG	Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.
16	BCF Homefirst ECCCCG	'Home First' is the 'umbrella' term used to describe a collection of services commissioned by NHS Eastern Cheshire CCG and predominately delivered by East Cheshire NHS Trust
17	BCF Homefirst SCCCCG	Home First is an ethos, to support patients to remain in their own homes. This scheme is delivered through a number of community health services predominately delivered by Central Cheshire Integrated Care Partnership.
18	Winter - rapid response	The Rapid Response Service facilitates the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but

		who may have still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.
19	Winter additional beds	- We have 60 short stay beds per week to support step down and step up per bed. Existing Commissioning resource will be used to procure these beds.
20	Trusted assessor service	The overall aim of this service is to develop and establish a trusted assessor service in Cheshire East; this service will provide a trusted assessment function through Independent Transfer of Care Coordinators. This service will initially work with existing care home residents who have been admitted to hospital and require assessment prior to transferring back to the care home. This service will in part help reduce patient length of stay as well as contributing to a reduction in Delayed Transfers of Care.

1.1. Metric performance

1.2. The following table describes the planned performance against the national metrics and the actual performance.

	2019/20 BCF Plan Target	2019/20 Actual
Non Elective Admissions	Quarter 4: 11,634 2019/20 Year Total: 45,685	Data up to March 2020 is due to be published on 14/05/20. As at Feb 2020 the total for the year was: 42,565
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population ³	601	701

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	83.3%	74.6%
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+) ⁶	24.4	47.9 (as at Feb 2020)

1.3. **The financial income and expenditure of the plan**

1.4. The following table describes the budget for the Better Care Fund the actual spend, the variance between the budget and the actual spend and the commitment carry forward to 2020/21.

2019/20 Better Care Fund	Budget	Actual	Variance	Commitment c/fwd to 2020/21
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Social Care Act	405,000	405,000	0	0
Programme Enablers	223,729	85,283	-138,446	0
MH Social Workers	40,000	40,000	0	
Trusted Assessor Scheme	75,000	6,500	-68,500	68,500
Winter pressures	510,000	500,000	-10,000	0
Carers Assessment and Support	722,000	701,662	-20,338	0
Addn Winter Pressures beds	128,000	128,000	0	0
Double Handling Project(incl. Training)	268,000	0	-268,000	268,000
Safe Steps	20,000	0	-20,000	20,000
Sub Total	7,946,671	7,160,834	-785,837	336,500
DFG	2,064,279	2,064,279	0	0
Homefirst South CCG	8,154,034	8,154,034	0	0
Homefirst East CCG	9,036,038	9,036,038	0	0
Total BCF	27,201,022	26,415,185	-785,837	336,500

2. Implications of the Recommendations

2.1. Legal Implications

2.1.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance and the Local Government Act 2003 for adult social care.

2.1.2. Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS

functions and the health functions of local authorities. The Better Care Fund Governance Group continues to have oversight and responsibility for reviewing the delivery of the agreement.

- 2.1.3. S141 of the Care Act 2014 provides for the Better Care Fund Pooled Funds to be held under and governed by an overarching s75 National Health Service Act 2006 Partnership Agreement.

2.2. Finance Implications

- 2.2.1. Throughout the financial year the aim was to fully invest all the resources available to maximise performance against metrics. As any funds became available they were invested into new schemes and the table above demonstrates where these new schemes couldn't achieve a full year effect and therefore a commitment in 2020/21 is outlined. The year end position is a small variance at year-end (as there has been in the last couple of years), this will be ring-fenced and carried forward to 2020/21. This underspend results from two factors, firstly, the timing of new schemes commencing means part of their funding needs to be to carried forward and secondly, some small variances on existing schemes which came through late in the financial year (after third quarter review) As in previous years, the BCF Governance Group will then invest any carried forward monies in order to maximise performance against the BCF National Metrics.

2.3. Policy Implications

- 2.3.1. The ageing population in Cheshire East and associated pressures on the home care market is central to the planning behind the iBCF schemes and core Better Care Fund schemes, which have been developed for Cheshire East Better Care Fund.

2.4. Equality Implications

- 2.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

2.5. Human Resources Implications

- 2.5.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning in terms of restructures or changes to job roles. These will be dealt in accordance with the Councils policy and procedures. This could be due to a number of factors- seven day working policy, change in terms and conditions, geographical location of staff. Any identified implication will have a full

impact assessment completed and assurance that all employment legislation is adhered to.

2.6. Risk Management Implications

2.6.1. Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these with respect to the schemes in 2019-20.

2.7. Rural Communities Implications

2.7.1. There are no direct implications for rural communities.

2.8. Implications for Children & Young People/Cared for Children

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

2.9. Public Health Implications

2.9.1. There are no direct implications for public health.

2.10. Climate Change Implications

2.10.1. The following report encompasses an overview of the Better Care Fund schemes, the aim of these schemes include keeping people as independent as possible. Specifically the Live Well digital channel includes a range of information and advice to enable people to lead healthy lifestyles.

3. Ward Members Affected

3.1. The implications are borough wide.

4. Consultation & Engagement

4.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

5. Access to Information

5.1. 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)

5.2. Delivering the Better Care Fund in Cheshire East 2017-19

5.3. Integration and Better Care Fund planning requirements for 2017-19

6. Contact Information

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

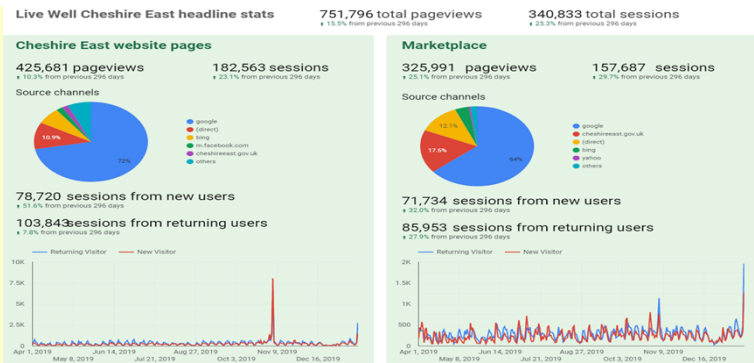
Name: Alex Jones

Job Title: BCF Programme manager

Email:

Appendix one – progress made to date

Number	Scheme	Description
1	iBCF - Increased weekend capacity for social workers	Services were provided over a 7 day week at Macclesfield and Leighton hospitals providing additional social work assessment capacity.
2	iBCF - Care Sourcing team model	<p>The funding supports and expands the work of the Care sourcing team. The team undertakes all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates 8am until 2pm/2pm until 8pm, Monday to Sunday.</p> <p>Progress made during 2019/20 was as follows:</p> <ul style="list-style-type: none"> • Designated Hospital Workers for AWC & CAH • Weekly communication from Reablement • Daily Communication with Hospitals • Full Systems review with the project management team • Implemented Hospital escalation process & electronic early referral form using Liquid Logic. • Rural Contract incentive for set geographical locations • Implementation of the Winter Pressure Beds • Weekly meetings with hospital and reablement teams
3	iBCF - Live well	<p>‘Live Well Cheshire East’ is an online resource. It is designed to give people greater choice and control by providing easily accessible information and advice about care and support services in the region and beyond. This digital channel provides information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services.</p> <p>Progress made during 2019/20 was as follows:</p> <p><u>Live Well page views and sessions, broken down to capture new and existing users</u></p>



Top 10 frequently visited pages on Live Well Cheshire East and Live Well directory

Most popular pages on cheshireeast.gov.uk/livewell (Cheshire East website)

Page Title	Pageviews	Sessions	Avg. Time on Page	Bounce Rate
1. Live Well Cheshire East	25,010	13,818	00:00:35	26.71%
2. Cheshire East Early years and Childcare Bulletin	24,451	16,700	00:02:46	11.97%
3. Crewe Lions Bonfire and Firework Extravaganza - Queens Park - Crewe	21,998	18,785	00:03:09	86.9%
4. Care and support for adults	12,495	3,720	00:00:31	28.84%
5. SEND toolkit	10,661	4,582	00:03:10	21.74%
6. Care and support for children	8,063	1,526	00:00:19	26.28%
7. ChECS - Cheshire East Children's Consultation Service	7,164	3,303	00:01:58	74.99%
8. Special Educational Needs and Disability	6,480	4,379	00:01:38	58.6%
9. Local offer for children with SEN and disabilities	5,727	1,170	00:00:24	28.38%
10. How to find childcare in Cheshire East	5,614	2,518	00:00:55	73.15%

Pageviews
425,681
↑ 10.3%

Top 10 frequently visited pages on Live Well directory

Most popular pages on livewellservices.cheshireeast.gov.uk (OCC Marketplace)

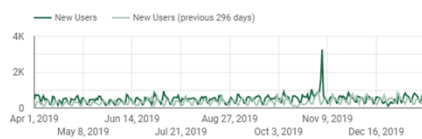
Page Title	Pageviews	Sessions	Avg. Time on Page	Bounce Rate
1. Search results - Live Well Cheshire East	78,445	27,325	00:00:38	31.11%
2. Eagle Bridge Health & Wellbeing Centre (Sexual Health Clinic) - Live Well Cheshire East	7,354	5,723	00:03:29	76.95%
3. Congleton War Memorial Hospital (Sexual Health Clinic) - Live Well Cheshire East	2,457	1,846	00:03:40	78.49%
4. Silklife Foodbank - Live Well Cheshire East	2,368	1,781	00:02:25	71.59%
5. 0 - 19 Health Visiting Service Cheshire East - Live Well Cheshire East	2,186	1,307	00:02:36	80.18%
6. Talking Therapies - Live Well Cheshire East	1,999	1,583	00:01:50	87.43%
7. Occupational Therapy Service - Live Well Cheshire East	1,834	1,457	00:03:06	83.6%
8. Axxess Sexual Health Macclesfield - Live Well Cheshire East	1,817	1,287	00:03:07	71.41%
9. Cherubs Breastfeeding Support - Live Well Cheshire East	1,809	1,356	00:02:27	67.77%
10. Service not found - Live Well Cheshire East	1,769	1,413	00:01:19	75.02%

Pageviews
325,991
↑ 25.1%

1 - 100 / 3177

New users vs returning visitors on Live Well Cheshire East and Live Well MarketPlace

New users



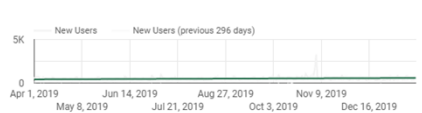
148,812

↑ 40.6% from previous 296 days

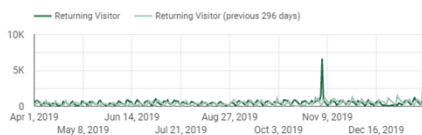
New users

People that visit for the first time in the selected date range.

New user trendline

New users for www.cheshireeast.gov.uk/livewell 74,437New users for livewellservices.cheshireeast.gov.uk 74,319

Returning visitors



85,745

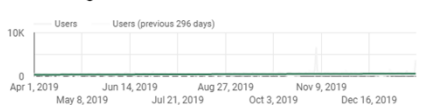
↑ 25.2% from previous 296 days

Returning visitors

Returning Visitors have visited your site before.

If someone has visited our website within the past two years and returns from the same device, they are marked as a Returning Visitor.

Returning visitor trendline

Returning visitors for www.cheshireeast.gov.uk/livewell 50,529Returning visitors for livewellservices.cheshireeast.gov.uk 52,614

Top 10 UK visitor location sessions originating within Cheshire East

	City	Country	Sessions ▾	Pageviews
1.	Crewe	United Kingdom	43,604	99,426
2.	Macclesfield	United Kingdom	18,871	45,895
3.	Wilmslow	United Kingdom	8,284	18,453
4.	Nantwich	United Kingdom	7,884	17,706
5.	Congleton	United Kingdom	7,028	17,031
6.	Sandbach	United Kingdom	1,404	3,257
7.	Knutsford	United Kingdom	1,244	2,679
8.	Alderley Edge	United Kingdom	199	439
9.	Holmes Chapel	United Kingdom	66	181
10.	Handforth	United Kingdom	21	63
	Grand total		88,605	205,130
	1 - 10 / 10 < >			

4	iBCF Funding for additional social care staff to support Discharge to Assess initiatives	-	Funding for additional Social Care staff (Locality Manager and Practice Manager) for each hospital team to implement and maintain 'Assessment Outside of Hospital' (previously known as 'Discharge to Assess') in a range of locations across Cheshire East. This includes bed-based services and within a person's own home to prevent admissions to hospital and facilitate timely discharge. These staff were employed and worked across the hospital settings.
5	iBCF - Winter funding		<p>Additional capacity to support the local health and social care system to manage increased demand over the winter period. Progress made during 2019/20 was as follows:</p> <ul style="list-style-type: none"> Reconfiguration of 21 surgical beds to medical beds.

		<ul style="list-style-type: none"> • Continued provision for medical outliers on Ward 1 (surgery). • Opening of Ward 5 for 13 in-patient beds. • Re-focusing on a home first approach to enable people to live independently with an emphasis on conditions with a high risk of hospital admission - respiratory, frailty and falls. • Additional social worker presence at the hospital to enable timely discharges in particular discharges from Stepping Hill (funded by Improved Better Care Fund (IBCF)). • Cheshire East Council – 10 block beds (3 Elderly Mental Illness and 7 Residential) across Cheshire East Council footprint. • Care at home (Domiciliary Care) rapid response service 250 hours per week for Eastern Cheshire. • Care at home (Domiciliary Care) rural modification scheme. • Social Care Assessor and Occupational Therapy Assistant rapid response to reablement • British Red Cross (2 week) support at home service (IBCF). • Maintenance of patient flow initiatives e.g. trusted assessor role, social prescribing, stranded reviews, early discharges, National Early Warning Signs (NEWS 2), safari pharmacy (weekdays). • North West Ambulance Service (NWS) operational arrangements to manage predicted increased demand for both the patient emergency service and NHS 111. • Flu vaccination programme for staff and the local population for at risk groups. • Community beds (Block up to 30 Intermediate care beds & Spot Purchase Up to 12 Discharge to Assess) over and above the contracted 58 intermediate care beds at East Cheshire NHS Trust. • Implementation of the redesign of mental health services from November 2019, resulting in the provision of community beds, the increased investment into Home Treatment services, a staffed mental health crisis line that will provide a 24 hour response service to avoid people being signposted to Emergency Department (ED). • NHS Community Pharmacist Consultation Service (CPCS) from 29 October 2019 which will connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. • GP Practice Winter Plans including in hours flexibility to maximise access and extended access at evenings and weekends. • Eastern Cheshire Winter Campaign describes a range of internal and external communications, both analogue and digital, to reduce avoidable demand on urgent and emergency care by promoting self-care and informed use of NHS services.
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6	iBCF - Sustain the capacity, capability and quality within the social care market place	<p>This funding supports and stabilizes the local social care market by offering fee uplifts for both 'Care at Home' (domiciliary care) and Accommodation with Care (Care Homes). The funding relates to the following: Residential/nursing care – 1360 bed weeks which is 26 placements over the course of the year. Domiciliary care – 380 new people until the end of the year.</p> <p>Progress made during 2019/20 was as follows:</p> <p><u>Care Home providers</u></p> <ul style="list-style-type: none"> • Since October 2018, the percentage of Cheshire East Care Home Providers rated as 'good' or 'outstanding' has gradually increased from 68% to the current figure of 72%. This does not however compare favourably to the national average (82.3%). To the North West average of (82.9%) and the national average of (82.1%). • The percentage of Cheshire East Care Home Providers rated 'inadequate' gradually improved from a high of 10.2% in April 2018 to the current figure of 0%. This is significantly lower than the England (1.0%) and North West (1.1%) averages. <p><u>Care at Home Providers</u></p> <ul style="list-style-type: none"> • The latest figures show that the percentage of Cheshire East Care at Home Providers rated as 'good' or 'outstanding' is 81.5%. This is slightly below the national average (85.3%) and the North West regional average (89.1%). • Cheshire East has a significantly higher percentage of Providers rated as 'outstanding' (9.2%) than England (3.6%) and the North West (4.1%) region. <p>A breakdown of total service users at any one point in 2019/20 was as follows:</p> <table border="1"> <thead> <tr> <th></th><th>Total</th><th>Number where this service type was the only type they received</th></tr> </thead> <tbody> <tr> <td>Direct Payments</td><td>686</td><td>455</td></tr> <tr> <td>Extra Care Housing</td><td>222</td><td>206</td></tr> <tr> <td>Home Care</td><td>1241</td><td>647</td></tr> <tr> <td>Residential and Nursing</td><td>1435</td><td>1376</td></tr> <tr> <td>Respite</td><td>15</td><td>1</td></tr> </tbody> </table>		Total	Number where this service type was the only type they received	Direct Payments	686	455	Extra Care Housing	222	206	Home Care	1241	647	Residential and Nursing	1435	1376	Respite	15	1
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Respite	15	1																		
7	iBCF - Electronic Call Monitoring (ECM)	<p>The monitoring providers to ensure that individual level care calls meet planned activity as set out in care plans. The electronic call monitoring system (ECM) will support the delivery of the recommissioned Care at Home service. ECM offers an automated solution to monitor care visits undertaken by the provider's staff, which will help to improve performance monitoring and safeguarding and improve the safety of staff. The ECM solution will</p>																		

		<p>also offer the potential to move towards the monitoring of outcomes for service users.</p> <p>Progress made during 2019/20 was as follows:</p> <p>ECM was implemented across Cheshire East prime providers and the following information was collected:</p> <ul style="list-style-type: none"> • Punctuality • Cheshire East - all agencies: punctual visits (excl. missed visits) • Cheshire East - by agency: punctual visits (excl. missed visits) • Cheshire East - all agencies: % punctual visits (excl. missed visits) against target • Cheshire East - by agency: % punctual visits (excl. missed visits) against target • Consistency of Carers* - single handling and double handling • All Clients: Consistency of Carers • Single Handling Clients: Consistency of Carers • Double Handling Clients - Consistency of Carers • Visit duration - Cheshire East - all agencies: total actual visit duration v s total planned visit duration (excl. missed visits) • Cheshire East - by agency: total actual visit duration v s total planned visit duration (excl. missed visits) • Cheshire East - all agencies: proportion of visits (excl. missed visits) by percentage of planned visit duration • Cheshire East - by agency: proportion of visits (excl. missed visits) by percentage of planned visit duration • Logging using ECM • Cheshire East - all agencies: visit validation breakdown
8	BCF Assistive Technology (AT)	<p>Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalized to each individual and is integrated within the overall support plan.</p> <p>This will entail: Increasing the independence of people living with long term conditions and complex care, Supporting Carers to maintain their caring role, Improving access to the right service at the right time. The scheme supports the existing assistive technology service users. But will also involve piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).</p> <p>Progress made during 2019/20 was as follows:</p> <p>Narrative update:</p>

- Demand on the service remains high and performance in the service continues to improve, following implementation of the new structure.
- The Task and Finish group is continuing to review current processes in order to identify potential efficiencies and cost reductions going forward.
- Welbeing staff that have been co-located at different venues i.e. Leighton Hospital, Macclesfield Hospital, Contact centres have been well received by front line staff and feel this is a positive step forward in supporting the referral process and their understanding of AT equipment.

Summary of performance:

- Installations - URGENT to completed within 24 hours ie Hospital discharges- 100%
- Installations - STANDARD to be completed within 5 working days - 91%
- Maintenance/Faults – CRITICAL within 24hours -100%
- Maintenance/Faults – NON-CRITICAL within 7 working days - 92%
- Withdrawals - STANDARD within 7 working days - 99%
- Response – Calls answered within 60 seconds - 98.0%
- Response – Calls answered within 30 seconds - 91%
- Response – When a mobile response is required it will be within 45 minutes of the initial call. Also captured from July response within 60 minutes of the initial call. - 72%, 84%
- Total number of Telecare clients – 3275

Summary of survey

A survey of AT service users was carried out by an independent third party research company. The survey was conducted in July 2019 with a sample size of 308 people. The Respondents were as follows: 85% user / 13% carer. 31% Men / 69% Female.

Question	Yes (%)	No (%)
Did the telecare installer explain how the lifeline worked?	95	5
Did installer show identification?	96	4
When you last contacted Welbeing was your call answered promptly?	93	7

Was the operator polite and helpful?	100	-
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Overwhelmingly users feel the service is beneficial to them and their family

Question: Would you say you...	Yes (%)	No (%)
Feel safer as a result of having lifeline?	98	2
It provides reassurance to other people?	99	1
You find it easy to use?	99	1
It means you are able to continue living at home?	97	3
Would recommend the service?	99	1

- 15% said they would welcome improvements to the service
- Many comments saying the pendant is too sensitive and results in false alarms.
- Several comments on issues with strap (uncomfortable, different material, adjustable, colour). Also louder speaker, want more than one unit.
- Few comments on service: cheaper, would like a call checking service, ambulance took too long to arrive.

Mobile response

- 95 people answered questions about the last time they used the mobile response service
- 76% pressed pendant as needed help, 24% because of equipment failure.
- Of those that needed help: 58% needed emergency services, 20% social services and 27% friends/family.
- 98% said call was answered promptly
- 100% said operator was helpful
- 93% were able to get everything sorted in first call
- 92% were satisfied how quickly they were able to get hold of

		<p>contact</p> <ul style="list-style-type: none"> 96% rated service very good/good. <p>Testimonials</p> <ul style="list-style-type: none"> I've told relatives about it; thinks it's marvelous; my relatives have had to use it in an emergency so I'm glad I suggested it. Even if I did have to pay, I'd still keep it. It's a brilliant service. The family are very pleased with it. There couldn't be any improvements. The customer is very impressed that when Lifeline was called, they came the same morning. Customer keeps calling by accident - she has never needed it for help. The equipment is too sensitive. – this issue came up a lot The customer said she "wouldn't be without it". Unsatisfied with how long it took for Lifeline to get hold of the nominated contact - it took 40 minutes.
9	BCF Early discharge service – ECT is commissioned to provide an Early Discharge Co-ordinator also forming part of this scheme is the commission of the British Red Cross service.	<p>Early discharge service – ECT is commissioned to provide an Early Discharge Co-ordinator, as part of this scheme there is also a commissioned element which supports the British Red Cross service: Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home).</p> <p>Progress made during 2019/20 was as follows:</p> <p>Quarter 3 performance of referrals by location:</p> <ul style="list-style-type: none"> Crewe - 46 Holmes Chapel- 4 Nantwich- 23 Middlewich - 5 Sandbach - 15 Congleton - 7 Macclesfield- 18 Poynton/Disley- 3

- Wilmslow/Alderley Edge - 5
- Alsager - 7
- Knutsford- 7
- Out of area- 7

Case study one

Social circumstances

Mrs G is a 81 year old lady who resides alone in a privately owned house in the Chelford area. She has no family locally, and her daughter was on holiday at the time of the referral.

Reason for referral

Mrs G has previously been admitted to hospital following a fall. Mrs G discussed that prior to the fall she felt confident and independent. However, following the fall Mrs G discussed feeling nervous and losing her confidence when mobilising, and does not feel confident to drive without someone being with her. She privately employs a cleaner, who will also undertake food shopping, but this person was away on holiday at the time of the referral. Mrs G self-referred to the Support at Home team having used the service on a previous occasion.

Red Cross involvement

A Red Cross worker visited Mrs G at home for an initial assessment of her needs. A risk assessment was also carried out. Mrs G discussed her initial feelings of anxiety regarding managing her food shopping whilst her cleaner was on holiday, along with completing a few other tasks. The support worker reassured her all efforts would be made to achieve this her thereby preserving and maintaining her personal choices and ensuring continuation of a healthy diet. The support worker reassured her and it was therefore agreed a worker would visit Mrs G for an agreed period of time to carry out her food shopping along with supporting her to complete other tasks, for example putting the items away and throwing away old food from her fridge, taking rubbish to the outside bin and posting letters.

During the first visit, Mrs G was relieved to be supported with her food shopping, therefore encouraging her daily living activities and encouraging her wellbeing. She was also encouraged to contact the Social Care team to discuss her long-term practical requirements, as she had recently lost a lot of weight and was only

able to walk with a frame, and she could not foresee being able to manage certain tasks by herself for the near future.

Outcomes

The weekly visits continued until the end of the agreed service period. Mrs G was given information to contact outside agencies to offer future support and was encouraged to maintain her independent lifestyle she enjoyed prior to her recent ill health. She was also given the contact details of another British Red Cross service to enquire whether they could assist her to attend her upcoming medical appointments.

Professional involvement/feedback

Mrs G thanked the Red Cross for their involvement and the support and encouragement she had received. She was clearly relieved the Red Cross was able to visit and provide emotional and practical support.

			Q1	Q2	Q3	Q4	
N o.	Outc ome meas ure	Evidence What evaluation tools have been used to gather this evidence, for example surveys, individual interviews etc.	Outc ome	Outc ome	Out co me	Ou tc o me	Additio nal Informa tion Includin g any issues that may have affected achieve ment or reportin g of outcom es
1	Feeli ng safe and secur e	Service user questionnaire s individual interviews and data collection	60	60	63		
2	Maki ng	Service user questionnaire	1	9	14		

			more mean ingful use of time	s individual interviews and data collection					
		3	Impro ved ability to mana ge paper work and finan ces	Service user questionnaire s individual interviews and data collection	0	0	1		
		4	Impro ved ability to mana ge day to day activit ies	Service user questionnaire s individual interviews and data collection	69	65	29		
		5	Incre ased satisf actio n with home envir onme nt	Service user questionnaire s individual interviews and data collection	0	10	3		
		6	Impro ved awar enes s of the acces s to furthe r servic es	Service user questionnaire s individual interviews and data collection	56	112	116		

		7	Improved social networks and friendships	Service user questionnaires individual interviews and data collection	0	6	12										
		8	Improved ability to cope in caring role	Service user questionnaires individual interviews and data collection	0	5	3										
					186	267	241										
10	BCF Combined Reablement Service	<p>The current service has three specialist elements delivered across two teams (North and South):</p> <p>1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs.</p> <p>2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their Carers. The service is focused on prevention and early intervention following a diagnosis of dementia.</p> <p>3. Mental Health Reablement - supports adults age 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.</p> <p>Progress made during 2019/20 was as follows:</p> <p>Community reablement</p> <table><tr><th colspan="2">Number of packages delivered</th></tr><tr><td></td><td>Total</td></tr><tr><td>No. Referrals in the month</td><td>1326</td></tr><tr><td>No. Closed in the month</td><td>1353</td></tr></table> <p>Time between referral & assessment</p>								Number of packages delivered			Total	No. Referrals in the month	1326	No. Closed in the month	1353
Number of packages delivered																	
	Total																
No. Referrals in the month	1326																
No. Closed in the month	1353																

Average days between referral and 1st visit	9
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Average package delivered

Average days between 1st and last visit	23
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Outcome of Reablement

1.NHS/Palliative/Died	10
2.NHS/other-admitted to hosp	140
3.NHS/leading to LT support	9
4.LTsupport any setting agency	414
5.NSP N.Ident S-Fund	19
6.Ongoing Assistive Tech	25
7.Short Term Support[other]	10
8.NSP N.Ident declined	73
9.Universal Signposted	18
10.NSP- no needs identified	228
11.No Availability	406

Mental health reablement

Number of packages delivered

	Total
No. Referrals in the month	2674
No. Closed in the month	2404

Time between referral & assessment

Average days between referral and 1st visit	25
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Average package delivered

Average days between 1st and last visit	46
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Outcome of Reablement

Early cessation of service (not leading to long-term support)	204
No services provided - No identified needs	1
No services provided - Universal services / signposted to other service	2046

		Long-Term Support (Community)	134
		Dementia reablement	
		Number of packages delivered	
			Total
		No. Referrals in the month	1071
		No. Closed in the month	551
		Time between referral & assessment	
		Average days between contact and 1st visit	26
		Average package delivered	
		Average days between 1st and last visit	67
		Outcome of Reablement	
		Early cessation of service (not leading to long term support) - 100% NHS funded care/End of Life/deceased	3
		Early cessation of service (not leading to long-term support)	5
		Long-Term Support (Community)	15
		Long-Term Support (Nursing)	26
		Long-Term support (Residential)	1
		No services provided - Needs identified but self-funding	98
		No services provided - Needs identified but support declined	6
		No services provided - No identified needs	99
		No services provided - Universal services / signposted to other service	74
		On-going low level support	196
		Short-Term support (other)	28
11	BCF Statutory Social Care activities resulting from the Care Act including Safeguarding	<p>The Care Act 2014 introduced and revised the statutory responsibilities of local authorities. The Partnership will ensure sustainable appropriate embedded solutions are in place to meet these responsibilities. The Partnership encompasses the duties of the Safeguarding Adults Board. This safeguarding scheme also includes the responsibilities which come from the Care Act which includes the following sub-schemes:</p>	

Provider Quality Reports (BCF Social Care Act Allocation), Maintaining minimum care eligibility thresholds - Contribution towards maintaining care eligibility thresholds at critical and substantial, Continuity of care for people moving into areas - Additional social worker capacity, Assessment of Social Care in prisons - Additional social worker capacity, Disregard for armed forces Guaranteed Minimum Income - Allocated to care packages, Training social care staff in Social Care Act - Delivery of Care Act training to staff, Less reduction for savings from staff time and reduced complaints.

Progress made during 2019/20 was as follows:

Total number of safeguarding concerns: 1,450. Abuse types for those cases where this has been recorded (as will not have been recorded for all cases that are open):

- Discriminatory: 9
- Domestic abuse: 66
- Emotional/Psychological abuse: 221
- Financial abuse: 219
- Modern Slavery: 8
- Neglect: 525
- Organisational: 53
- Physical: 362
- Self-neglect: 77
- Sexual: 49
- Sexual Exploitation: 6

Notes regarding the data

- A safeguarding concern is either a contact that has been recorded as a safeguarding concern or a contact where safeguarding issues have been identified.
- More than one abuse type can be chosen for each concern/enquiry

Classification and definition of abuse types

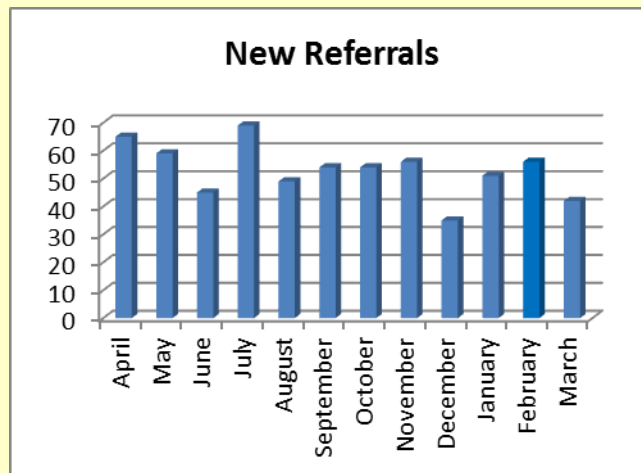
Classificat	Definition
Physical	Includes hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.
Sexual	Includes rape and sexual assault, sexual acts to which the adult has not consented, could not consent or was pressured into consenting.
Psycholo	Includes emotional abuse, threats of harm or

		gical	abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
		Financial	Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
		Neglect and acts of omission	Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
		Discriminatory	Includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.
		Organisational	Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.
		Domestic Abuse	An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage.
		Sexual Exploitation	Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.
		Modern Slavery	Encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
		Self-Neglect	Covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

12	BCF Disabled Facilities Grant (DFG)	<p>The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme will be administered by Cheshire East Council and will be delivered across the whole of Cheshire East.</p> <p>Progress made during 2019/20 was as follows:</p> <p>Narrative update:</p> <ul style="list-style-type: none"> • Spend has been managed well, with the budget fully committed to adaptation schemes without the need to implement any legislative provisions to delay approvals or payments. The full budget allocation of £2,064,279 was spent in 2019-20. • There was a 17% reduction in referrals from Occupational Therapists, due to recruitment and retention difficulties, and the impact of Covid-19 in March 2020. • 335 new grants have been awarded. 74% had a value of less than £5,000; 19% £5,000 to 10,000; and 7% over £10,000. • 370 adaptation schemes were completed. This is a 19% reduction (88 schemes) compared to 2018-19. This reflects the 17% reduction in referrals, the impact of Covid-19 in March 2020 as well as reduced staffing due to long term sickness within the Strategic Housing team. • 25% of referrals that were initiated through the Disabled Facilities Grant programme went on to be completed without grant assistance. <p>Case Study</p> <ul style="list-style-type: none"> • Mrs S is a wheelchair user and has Multiple Sclerosis, needing assistance with all mobility. This was creating a high risk of carer breakdown, as formal carers were unable to assist safely, and Mr S was providing all mobility assistance, including transferring on and off a stair lift. As Mrs S's illness has progressed, this has become unsafe so a different method of enabling Mrs S to access her bedroom and bathroom was needed. A Disabled Facilities Grant was awarded for a vertical passenger lift, and for ceiling track hoists to assist safe transfers. The adaptations had a huge impact: "The adaptation has made our lives much easier, no more lifting or trying to get S off the floor. A lot easier for carers and family. It has made a massive improvement to our
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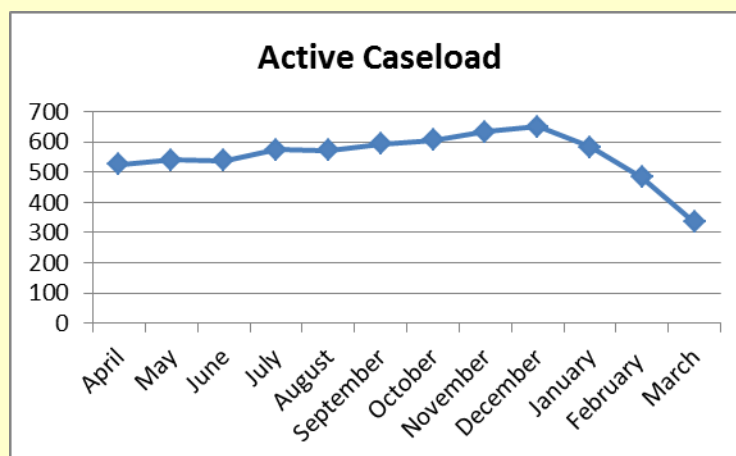
day to day lives". The adaptation means that single handed care can be delivered effectively, and carer breakdown is avoided. Costs associated with an increased care package have been avoided.

The number of referrals



Referrals are received into the Disabled Facilities Grant programme following a functional assessment by an Occupational Therapist / Social Care Assessor of how the disabled person manages activities of daily living in the home environment. The average number of referrals per month in 2019/20 is 53.

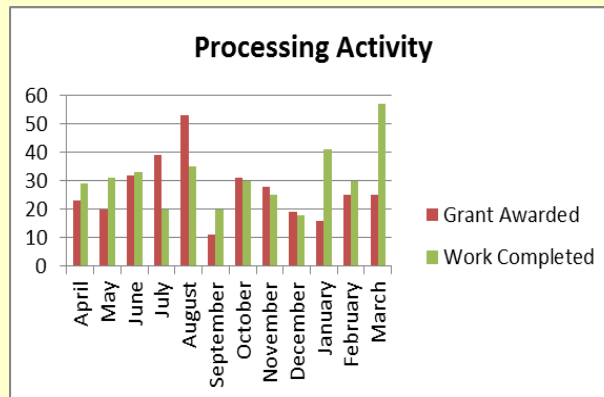
The number of grants awarded



This chart shows the number of active cases that are in the Disabled Facilities Grants programme at any one time; the number of cases has steadily risen over the year as capacity has not been able to keep up with demand for the service. The active caseload at 31.03.2020 is 334, a 36% reduction from 31.03.2019 as a result of the reduction in new referrals from Occupational Therapists and

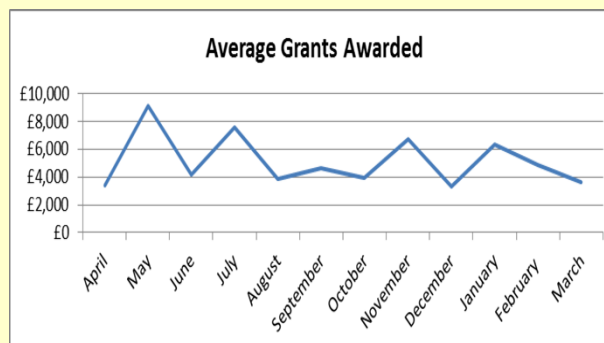
improved case management.

Grant processing activity



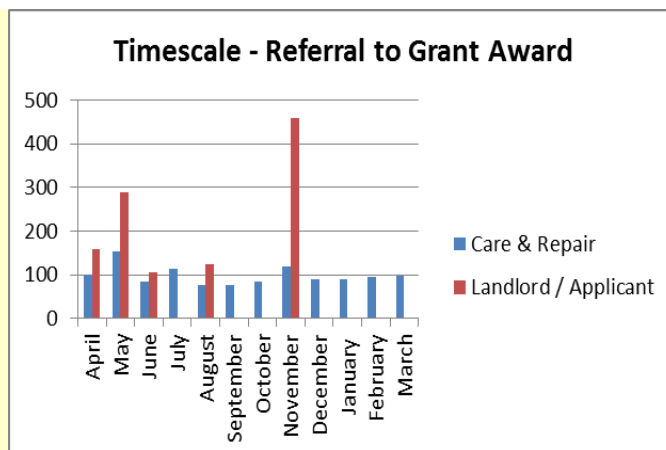
The graph shows the number of grants that are awarded and the number of completed schemes of work. There appears to be a spike in August and a significant drop in September; when these two months are averaged out it shows a more consistent line with the other months. 25 new grants were awarded in March 2020 and 57 adaptations schemes were completed.

The average grant value approved



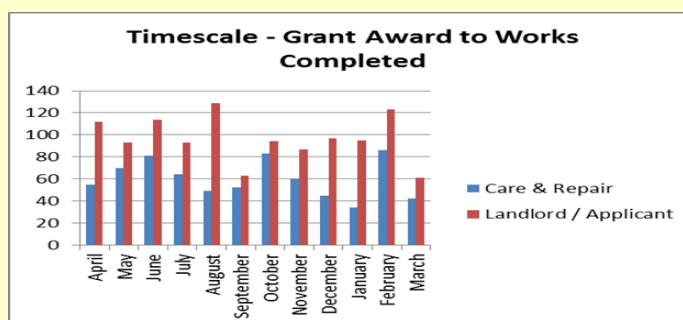
The average grant awarded in 2019-20 is £5,118; the peaks on the graph represent where more complex and expensive schemes have been approved. 25 grants were awarded in March 2020 at an average of £3,653; 19 of the grants were for less than £5,000.

The average time between referral and grant



The timescale is measured from receipt of the referral from the occupational therapist, to when the grant is awarded. The graph demonstrates that using the Care & Repair service to manage the grant application process is consistently more efficient than applicants / landlords managing the grant themselves.

The average time between grant award and works completed



The timescale from when the grant is awarded to when the works are completed is also measured. The graph illustrates the benefit of the Care & Repair service managing the building works, as timescales for completion of works is considerably quicker than where applicants / landlords manage the process.

13

BCF Carers hub

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

Progress made during 2019/20 was as follows:

- Identified and supported 1,798 new adult and young carers.
- 1:1 sessions with carers 2,266

		<ul style="list-style-type: none">99% of carers reported increased choice, control and independence.Distributed 1,083 living well fund grants. <p><u>Testimonials</u></p> <p>“Yes I have had useful information from the support service, not just information about Mum’s diagnosis but about other things. You always do what you say you will do. Always answer the phone and are available to speak it has made it easier knowing someone is listening. “</p> <p>“Thank you to all at the Carers Hub for your help, support and assistance it has been a good source of support for me just in the short time I have been aware of the carers’ hub.”</p> <p>“You and your service make my life more bearable. You are always there for me to talk to it helps me to cope as a carer, in what are sometimes difficult situations.”</p>				
14	BCF Programme Management and Infrastructure	<p>Overall responsibility for delivery of the principles and targets of the BCF and identifying barriers, risks and mitigation to ensure they are achieved. Staff employed and infrastructure required to support the management and governance arrangements for the BCF.</p> <p>Progress made during 2019/20 was as follows:</p> <ul style="list-style-type: none">The production of a number of reports and plans: Quarterly reports, Winter plan, BCF plan 2019/20, End of year review BCF 2018/19End of year review 2019/20, Terms of reference, Minutes, AgendaAction log, Highlight report, Forward plan, Business case production.DMT, CLT, HWB, Cabinet, CCG and Overview and Scrutiny reports				
15	BCF Winter Schemes ECCCCG	<p>Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.</p> <p>Progress made during 2019/20 was as follows:</p> <table><tr><td>Scheme</td><td>Increase in ED health care and registered nursing staff</td></tr><tr><td>Value of investme</td><td>499k</td></tr></table>	Scheme	Increase in ED health care and registered nursing staff	Value of investme	499k
Scheme	Increase in ED health care and registered nursing staff					
Value of investme	499k					

		nt	
		Period Active	Recruitment commenced in May 2019
		Implementation lead	MCHFT
		Summary Detail	Additional workforce necessary within the emergency department to support with the increasing demand and maintain patient safety
		Scheme	ED clinical co-ordinator
		Value of investment	51k
		Period Active	Oct-19
		Implementation lead	MCHFT
		Summary Detail	Increased clinical leadership required to ensure 24/7 senior nursing support for the emergency department
		Scheme	ED clinical fellow
		Value of investment	17k
		Period Active	Jan-20
		Implementation lead	MCHFT
		Summary Detail	Further medical support is required to allow for an increase in shift patterns to cover increasing attendances throughout the evening and weekend in the emergency department
		Scheme	EN ENP (VIN)
		Value of investment	16K
		Period Active	Jan-20
		Implementation lead	MCHFT
		Summary Detail	Victoria Infirmary Northwich continues to experience high level of attendance; additional

			workforce is required to support the current team
		Scheme	Acute consultant
		Value of investment	30k
		Period Active	Jan-20
		Implementation lead	MCHFT
		Summary Detail	An increase in senior clinicians to support the flow through ED into the admission and assessment units.
		Scheme	Additional Streaming Appointments
		Value of investment	95k
		Period Active	Jul-19
		Implementation lead	MCHFT
		Summary Detail	Increased support from GP's / primary care to allow for the provision of evening and weekend cover. The additional appointments for the GP will support the demand in ED and ensure that patients suitable for primary care / UTC have increased availability of appointments.
		Scheme	Discharge co-ordinators
		Value of investment	34k
		Period Active	Sep-19
		Implementation lead	MCHFT
		Summary Detail	Further support for the assessment areas in the Trust to support with complex discharges. The discharge coordinators are integral to work closely with social care and the integrated discharge team to allow for safe discharge for patients into their homes with additional support

	or another care setting.
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Scheme	Weekend OT/ physio - core wards
Value of investment	35k
Period Active	Sep-19
Implementation lead	MCHFT
Summary Detail	There is a very limited provision of OT and physiotherapy across the core wards at the weekend. The increased support across winter will assist with weekend discharges and 7 day flow across the system

Scheme	Increase in pharmacy
Value of investment	34k
Period Active	Already in place from last winter
Implementation lead	MCHFT
Summary Detail	Increase in pharmacy to support the wards and early discharge across winter

Scheme	Ward 19 shortfall
Value of investment	234k
Period Active	Oct-19
Implementation lead	MCHFT
Summary Detail	Additional funding is required for ward 19 to ensure the ward remains in place permanently, due to shortages of nursing staff, the ward has a high use of agency - as such, and additional funding is required. The ward is multi-disciplinary and led by the GP's, undertaking daily wards and support the safe discharge of medically optimised

	patients from the hospital
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Scheme	British Red Cross - patient transport
Value of investment	79k
Period Active	Oct-19
Implementation lead	MCHFT
Summary Detail	The British Red Cross currently provide supportive discharge to the system. For winter 19/20 we will pilot the stretcher transfer services to assist with the more complex discharges.

Scheme	Packages of care
Value of investment	100k
Period Active	Oct-19
Implementation lead	CCICP
Summary Detail	This scheme will allow for increased community provision to reduce the delayed transfer of care and allow for increased community services to support patients in their own home.

Scheme	Spot Purchase beds
Value of investment	50
Period Active	Oct-19
Implementation lead	CCG
Summary Detail	Throughout winter, there is an increased need for nursing home placement and support. Spot purchase beds will be attained in conjunction with CCG colleagues to allow for increase provision outside of the acute setting to maintain flow and

		<table><tr><td></td><td>safe and timely discharge</td></tr></table>		safe and timely discharge								
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		<table><tr><td>Scheme</td><td>Repeat Prescriptions</td></tr><tr><td>Value of investment</td><td>30k</td></tr><tr><td>Period Active</td><td>Oct-19</td></tr><tr><td>Implementation lead</td><td>CCG</td></tr><tr><td>Summary Detail</td><td>Throughout the bank holidays this scheme will ensure that provision is in place for patients with on-going medication needs across primary avoiding hospital attendance</td></tr></table>	Scheme	Repeat Prescriptions	Value of investment	30k	Period Active	Oct-19	Implementation lead	CCG	Summary Detail	Throughout the bank holidays this scheme will ensure that provision is in place for patients with on-going medication needs across primary avoiding hospital attendance
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16-17	BCF Homefirst ECCCG/ SCCCG	<p>‘Home First’ is the ‘umbrella’ term used to describe a collection of services commissioned by NHS Eastern Cheshire CCG and South Cheshire CCG.</p> <p>Progress made during 2019/20 was as follows:</p> <p>They are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as</p>										

possible with support following an admission to a hospital bed.

The Home First schemes mainly support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, functional or cognitive needs.

1. Proactive:

- Risk stratification to target services to the most 'at risk' groups
- A single assessment focused on lifestyle, goals and care needs using a joint assessment across health and social care
- An identified care co-ordinator from within the integrated community team
- A care plan created jointly with the person to include goals, required and interventions. For less complex needs, a 'crisis plan' will be agreed
- Proactive case management approach
- Education and training across all care settings and involving the whole workforce in a rolling evidence-based training and mentoring programme
- Single Point of Access for all GPs and professional referrals

BCF funded services already commissioned and in place:

- Dedicated staff to support Nursing Home MDT - Dietician and Speech and Language Therapist (based on an assessment of admissions from Nursing Homes)
- NIMO medicines support
- Community Matrons case-managing highest risk and frail patients'
- Telehealth
- Evidence-based frailty training programme delivered on a rolling programme for all staff (including frailty champions and trainers)

2. Responsive:

- Comprehensive assessment on attendance at A&E or admission to Acute Assessment Unit (Acute Frailty Approach). People are assessed and supported to return home (if not possible, the service will minimise inpatient stay)
- Link to existing care plans via Cheshire Care Record and 'real-time' access to Primary, Community and Social Care records.
- Rapid support to return home via increased nursing and therapy support to A&E and outreach into community.
- Transport service and support to 'settle back home'.
- Community (home-based) intermediate care service (independently clinically reviewed). Working jointly with Social Care colleagues) to enable recovery at home – both to prevent admissions and support people following an admission to

		<p>hospital (and prevent readmission).</p> <ul style="list-style-type: none"> • Comprehensive step-up and step-down short-term bed-based rehabilitation and assessment service (independently clinically reviewed). People in this service are more dependent than those being supported at home and have a greater number of morbidities and risk factors. Barthel score available on admission and discharge to evidence improvements in independence. Full tracking database in place to track all admissions, interventions delivered, LoS and discharge. • In-hours acute GP home visiting service (independently clinically reviewed) to prevent admissions due to escalating needs (visit within 4-hours of request). The majority of referrals are received from NWS. The independent clinical review evidenced that the majority of people seen are older people living with frailty and they remained at home for >30 days following the visit. <p><u>Services already commissioned and in place (BCF and Core CCG Funding)</u></p> <ul style="list-style-type: none"> • Single Point of Access • Community Intermediate Care Service • Bed-based Intermediate Care Service (64 core beds plus seasonal additional capacity and including 12 CHC DTA beds) • Additional evening staffing in A&E (based on an assessment of times people arrive) • Frailty Approach multi-disciplinary team with Consultant clinical lead and 'GPs with Special Interest in Frailty,' additional Nursing and Therapy support in A&E to provide rapid reablement/Home First approach • Transport home from A&E at night • Acute Visiting Service (three GP teams with an interest in managing complex needs and frailty).
18	Winter - rapid response	<p>The Rapid Response Service facilitates the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.</p>

		<p>Progress made during 2019/20 was as follows:</p> <p>The current Rapid Response service commenced on 1st October 2019 as a direct follow on from the previous service that ran from January 29th 2019 to September 30th 2019. As with the previous incarnation of Rapid Response, the new service is not based on a rota model. Each provider is aligned to the terms and conditions of the Prime Provider Contract where payment is made for delivered care and that any capacity gaps are compensated for only in the event of lack of service demand.</p> <p>The current Rapid Response contract runs for a period of 6 months (end date 31st March) with the potential for 2 further incremental increases of 2 months. Previously, the areas that providers covered were aligned to the Eastern and Southern CCG footprints. However, for this version of the service the decision was taken to further break down the areas covered by providers to match up with the 6 Care at Home Lots. The primary driver for this was the previous difficulties faced by a single provider in servicing both Lots 1 and 2 effectively. A provider could not be found for all of Lot 1's provision and 2 providers currently cover 60% of the lot's 100-hour allocation and each cover specific postcode areas.</p> <p>Initially, management of the referral process, as well as capacity and flow, remained with the Brokerage team. However, all referrals that originate from Macclesfield and Leighton Hospitals are now managed by the Social Work based within these hospitals. This decision was taken further aide faster but safe discharges from hospital for those requiring support at home. All referrals that originate from any other source continue to be managed directly by the Brokerage team. . Referrals can be made out of hours, weekends and Bank Holidays by EDT as providers are required to be able to respond between 6am and 11pm. The brokerage team now operates</p> <p>The current providers are:</p> <ul style="list-style-type: none"> • Cherished Care Services 50 hours (50% of Lot 1 provision) • Sylk Care Limited (10% of Lot 1 provision) • Affinity Homecare (Cheshire) Ltd 130 hours (100% of Lot 2 provision) • Evolving Care Crewe 370 Hours (100% Lots3,4,5 and 6 provision)
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		<table><tr><th colspan="6">Cumulative total</th></tr><tr><th>Provid er</th><th>Lot(s)</th><th>Block hours per week</th><th>Total Hours deliver ed during winter period</th><th>Avera ge numbe r of days spent under Rapid Respo nse</th><th>Total Numb er of people using Rapid Respo nse during winter period</th></tr><tr><td>Cheris hed</td><td>1 (covering specific postcodes)</td><td>50</td><td>2,997</td><td>92.18</td><td>104</td></tr><tr><td>Sylk</td><td>1(covering specific postcodes)</td><td>10</td><td>1,092</td><td>110.3</td><td>26</td></tr><tr><td>Affinit y</td><td>2 (Cover whole lot as sole provider)</td><td>130</td><td>1,367</td><td>91.24</td><td>62</td></tr><tr><td>Evolvi ng</td><td>3-6 (Cover whole of each lot as sole provider)</td><td>370</td><td>5,507</td><td>81.045</td><td>254</td></tr><tr><td></td><td></td><td></td><td>10,962</td><td>374.76 5</td><td>446</td></tr></table>	Cumulative total						Provid er	Lot(s)	Block hours per week	Total Hours deliver ed during winter period	Avera ge numbe r of days spent under Rapid Respo nse	Total Numb er of people using Rapid Respo nse during winter period	Cheris hed	1 (covering specific postcodes)	50	2,997	92.18	104	Sylk	1(covering specific postcodes)	10	1,092	110.3	26	Affinit y	2 (Cover whole lot as sole provider)	130	1,367	91.24	62	Evolvi ng	3-6 (Cover whole of each lot as sole provider)	370	5,507	81.045	254				10,962	374.76 5	446					
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19	Winter additional beds	-	<p>We have 60 short stay beds per week to support step down and step up per bed. Existing Commissioning resource will be used to procure these beds.</p> <p>Progress made during 2019/20 was as follow:</p> <p>Period covers November 2019 to March 2020</p> <table><tr><th>Location</th><th>Total days used</th><th>Days availa ble</th><th>%</th></tr><tr><td>Leycester house 1</td><td>87</td><td>154</td><td>56</td></tr><tr><td>Leycester house 2</td><td>72</td><td>154</td><td>47</td></tr><tr><td>Leycester house 3</td><td>66</td><td>154</td><td>43</td></tr><tr><td>Elm House 1</td><td>136</td><td>154</td><td>88</td></tr><tr><td>Elm house 2</td><td>100</td><td>154</td><td>65</td></tr><tr><td>Mayfield 1</td><td>118</td><td>154</td><td>77</td></tr><tr><td>Park Lane</td><td>71</td><td>154</td><td>46</td></tr><tr><td>Turnpike 1</td><td>90</td><td>154</td><td>58</td></tr><tr><td>Turnpike 2</td><td>76</td><td>154</td><td>49</td></tr><tr><td>Bentley Manor</td><td>78</td><td>898</td><td>59</td></tr></table>			Location	Total days used	Days availa ble	%	Leycester house 1	87	154	56	Leycester house 2	72	154	47	Leycester house 3	66	154	43	Elm House 1	136	154	88	Elm house 2	100	154	65	Mayfield 1	118	154	77	Park Lane	71	154	46	Turnpike 1	90	154	58	Turnpike 2	76	154	49	Bentley Manor	78	898	59
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20	Trusted assessor service		The overall aim of this service is to develop and establish a trusted assessor service in Cheshire East; this service will provide a trusted assessment function through Independent Transfer of Care																																														

		<p>Coordinators. This service will initially work with existing care home residents who have been admitted to hospital and require assessment prior to transferring back to the care home. This service will in part help reduce patient length of stay as well as contributing to a reduction in Delayed Transfers of Care.</p> <p>Progress made during 2019/20 was as follows:</p> <ul style="list-style-type: none"> • Number of Patients - 46 • Average LOS - 13.6 • Days saved - 48 • Estimated Financial savings £33,750
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Appendix two – scheme funding

Scheme ID	Scheme Name	Scheme Type	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Ibcf - Increased weekend capacity for social workers	HICM for Managing Transfer of Care	Local Authority	iBCF	£161,862	Existing
2	Ibcf - Care Sourcing team model	Other	Local Authority	iBCF	£407,200	Existing
3	Ibcf - Live well	Prevention / Early Intervention	Local Authority	iBCF	£107,908	Existing
4	Ibcf - Funding for additional social care staff to support Discharge to Assess initiatives	HICM for Managing Transfer of Care	Local Authority	iBCF	£295,220	Existing
5	Ibcf - Winter funding	Other	NHS Acute Provider	iBCF	£510,000	Existing
6	Ibcf - Sustain the capacity, capability and quality within the social care market place	Personalised Care at Home	Private Sector	iBCF	£5,415,301	Existing
7	Ibcf - Electronic Call Monitoring (ECM)	Other	Private Sector	iBCF	£101,800	Existing
8	BCF Assistive Technology (AT)	Assistive Technologies and Equipment	Private Sector	Minimum CCG Contribution	£757,000	Existing
9	BCF Early discharge service – ECT is commissioned to provide an Early Discharge Co-ordinator also forming part of this scheme is the commission of the British Red Cross service.	Community Based Schemes	Local Authority	Minimum CCG Contribution	£222,942	Existing
10	BCF Combined Reablement Service	Community Based Schemes	Local Authority	Minimum CCG Contribution	£4,575,000	Existing
11	BCF Statutory Social Care activities resulting from the	Care Act Implementation Related Duties	Local Authority	Minimum CCG Contribution	£405,000	Existing

	Care Act including Safeguarding					
12	BCF Disabled Facilities Grant (DFG)	DFG Related Schemes	Local Authority	DFG	£2,064,279	Existing
13	BCF Carers hub	Carers Services	Local Authority	Minimum CCG Contribution	£722,000	Existing
14	BCF Programme Management and Infrastructure	Enablers for Integration	Local Authority	Minimum CCG Contribution	£404,088	Existing
15	BCF Winter Schemes ECCCCG	Other	NHS Acute Provider	Minimum CCG Contribution	£510,000	Existing
16	BCF Homefirst ECCCCG	HICM for Managing Transfer of Care	NHS Acute Provider	Minimum CCG Contribution	£9,036,038	Existing
17	BCF Homefirst SCCCCG	HICM for Managing Transfer of Care	NHS Acute Provider	Minimum CCG Contribution	£8,154,034	Existing
18	Winter - rapid response	Community Based Schemes	Private Sector	Winter Pressures Grant	£613,212	Existing
19	Winter - additional beds	Other	Private Sector	Winter Pressures Grant	£837,426	Existing
20	Trusted assessor service	HICM for Managing Transfer of Care	Local Authority	Minimum CCG Contribution	£75,000	Existing

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CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East Carers Hub
Date of meeting:	22 nd of September 2020
Written by:	Liz Smith
Contact details:	Liz.Smith@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Mark Palethorpe - Executive Director – People

Executive Summary

Is this report for:	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Decision
Why is the report being brought to the board?	<p>The purpose of this report is to update the Health and Wellbeing Board on the progress, performance and key risks in relation to the Cheshire East Carers Hub Service.</p> <p>To provide information on the single point of access for carers assessments.</p> <p>To provide an update on the response to Covid-19 for carers.</p> <p>To provide an update on the status of the current contract and future service developments.</p>
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	<p>Starting and Developing Well <input type="checkbox"/></p> <p>Living and Working Well <input type="checkbox"/></p> <p>Ageing Well <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> All of the above</p>
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	<p>Equality and Fairness <input type="checkbox"/></p> <p>Accessibility <input type="checkbox"/></p> <p>Integration <input type="checkbox"/></p> <p>Quality <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Safeguarding <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> All of the above <input type="checkbox"/></p>

Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	<p>That the Health and Wellbeing Board are to review and note the progress of the Cheshire East Integrated Carers Hub and the single point of access for carers assessments.</p> <p>That the Health and Wellbeing Board review and note the response by the Cheshire East Integrated Carers Hub to Covid-19.</p>
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been to DMT within CEC and has been circulated Eastern CCG and South Cheshire CCG to be presented at execs.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	<p>Carers supported the co-production and re-design of the Cheshire East Carers Hub. Carers have directed the contract award of the Cheshire East Carers Hub.</p> <p>A representative from the Carers Hub attends the Parents Carers Forum.</p>
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Improved BCF Outcomes and wider health and wellbeing outcomes for Carers through improved pathways and access to services.

1 Report Summary

- 1.1 The purpose of the report is to update the Health and Wellbeing Board on the progress of the Cheshire East Integrated Carers Hub. The report will outline how the Carers Hub is delivering its targets and supporting the five key priorities within The Carer's Strategy Delivery Plan 2018.
- 1.2 The Cheshire East Integrated Carers Hub has a focus upon key areas that carers told us that are important to them, providing a service that improves and positively impacts on their life including the continued development of the single point of access including carers assessment.
- 1.3 The report also provides details on the Cheshire East Integrated Carers Hub service for carers during the Covid-19 pandemic.

2 Recommendations

- 2.1 That the Health and Wellbeing Board review and note the progress of the Cheshire East Carers Hub with the single carers assessment route and the planned review and service engagement and consultation.
- 2.2 That the Health and Wellbeing Board review and comment on the contribution that the Cheshire East Carers Hub against the five key priorities of the Carers Strategy Delivery Plan 2018.
- 2.3 That the Health and Wellbeing Board review and comment on the Cheshire East Hub response during Covid-19.

3 Reasons for Recommendations

- 3.1 To note this report is a key driver to influence progress and success against the five key priorities set within the Joint Carers Strategy Delivery plan 2018.
- 3.2 To note the single route of assessment for carers and Covid-19 response.
- 3.3 To continue to support the partnership approach that is essential to the achievements of mutually beneficial outcomes for Cheshire East Council and Clinical Commissioning Groups that are aligned to the Better Care Fund.
- 3.4 The Cheshire East Carers Hub is a key element of the Council's statutory obligations under the Care Act 2014, the Children and Families Act 2014. The Strategy therefore ensures compliance with the Council's strategic aims and policies for Carers including legal rights to assessment and support.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Outcome 2: Improving the mental health and wellbeing of people living and working in Cheshire East.

The Cheshire East Carers Hub provides an information and support service designed to help carers of all ages fulfil their caring responsibilities and still enjoy a healthy life outside of their caring role. The Hub is supporting carers who live in Cheshire East, along with those who live outside the area who care for a Cheshire East resident. The vision of the Hub is to provide a high quality, effective, single point of access service that offers carers a range of diverse services designed to meet their individual needs. The service is focusing on early intervention and prevention for adults and young carers, while empowering them to improve their life chances and health and well-being.

Quarter 4: 61% of carers completing the baseline and end questionnaires reported improved emotional health.

Quarter 4: 99% of carers completing baseline and end questionnaires reported improved quality of life.

Quarter 4: 100% of carers feel engaged, involved and have a voice improving self-confidence and self-esteem

4.2 **Outcome 3: Enable more people to live well for longer.**

The Carers Hub model's new whole system, all age approach to delivering services for carers in Cheshire East, will ensure that their needs and outcomes are met to support them in their caring role. This brings all carers services under one integrated approach thereby ensuring a clear referral pathway for all carers through one single access point so that they access the support they need, at the time when they need it most. By providing improved access to information, advice and support, this system is assisting to reduce the impact the caring role can have on a carers own health and wellbeing and therefore, enabling people to live well for longer.

Quarter 4: 99% of carers completing baseline and end questionnaires reported improved quality of life.

Quarter 4: 99% of carers completing baseline and end questionnaires reported improved physical health.

5 Background and Options

- 5.1 The Care Act sets out the Local Authority responsibility for carers and the improved outcomes that are required for carers. Ensuring that carers assessments and subsequent caring responsibilities, consider the impact of the caring role and how this affects their own daily life. The assessment should consider how the carer is able to maintain employment, training, learning, social connections and well as the effect on their physical health and mental wellbeing.

Carers and other key stakeholders have been involved in the development of the Strategy including our vision and local priorities. The delivery plan priorities are being implemented by lead officers from Cheshire East Council, NHS South Cheshire and NHS Eastern Cheshire Clinical Commissioning Groups. Building on the previous carer's engagement events officers from the Council and the Clinical Commissioning Groups continued to work with carers and service providers in shaping and developing (co-produce) services for carers. This is being achieved through aligning commissioning intentions to the priorities identified within the strategy and delivery plan.

As part of the Carers Whole System Redesign 2016/17, it was identified that Carers needed to have a service that was a single point of contact. In response to the feedback from Carer's the Council in partnership with the Clinical Commissioning Groups tendered for an organisation to provide the Cheshire East Integrated Carers Hub. The integration of carers services through an Integrated Carers Hub approach through a 'Hub and Spoke' model that

will co-ordinate support for Adult, Parent and Young Carers in Cheshire East. This approach was to provide a single point of contact for Carers service that will coordinate and improve access to local support.

The aim of the service was to offer a universal service to all carers for information, advice and support, with targeted and crisis support offered to ensure the safety and welfare of the carer. This service was an 'all age' service that included all Carers regardless of their age and who they care for, therefore the service is for Adult, Parent and Young Carers.

Other actions for the Integrated Carer's Hub was to increase the identification of carers locally, manage and administer the Carers Living Well Fund, 24-hour Carers Helpline, to have a single route of carers assessment and to improve the health and wellbeing of carers locally.

The Contract

The contract was awarded to NCompass in partnership with Child Action North West and the Alzheimer's Society and was available for all carers on the 1st of April 2018 on a 2 year basis with an option to extend for a further 2 years. It was agreed that the service was extended from April 2020 to March 2021.

The Integrated Carers Hub now provides services including information, advice and guidance alongside other support mechanisms such individual key workers, peer support groups, drop-in sessions, access to Living Well funded breaks and 24-hour Carers Help and Talk (CHAT) phone line, as well as using community assets via our Connected Communities sites to increase accessibility.

The Service Achievements

The progress of Cheshire East Carers Hub achievement has been measured against the five key priorities within the Joint Carers' Strategy Delivery Plan (2016-18). These are highlighted below to provide Health and Wellbeing Board with an overview.

Summary of Key Achievements April 2019 to March 2020

Priority 1 Assessment of Carer Needs and Crisis Support:

There is no set target for the number of carers assessments that the Cheshire East Carers Hub is to complete annually and in Quarters 1 to 4 (April 2019 to March 2020) the Hub has completed 93 individual assessments. This is additional to the 192 Carers Assessments completed by the Council, of which 181 were for individual assessments. Compared with the number of carers assessments completed by the Council in 2018/19 which was 335.

The breakdown of the assessments (April 2019 to March 2020) is as follows:

No. Carers Assessments (Hub)	93
No. Carers Assessments (Council)	192

Total in 2019/20	285
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A key achievement of 2019/20 was the change in process for the completion of statutory carers assessments. As of February 2020, the Carers Hub took the responsibility of completing statutory carers assessments on behalf of the local authority for adult carers and from March 2020 for young carers assessments. Joint assessments are still completed by the Council. This development work was completed in conjunction with Commissioners, ICT, Social Care Teams and the Hub, who designed the assessment form and agreed the new process.

This process change means that carers of Cheshire East experience a single point of contact from their initial contact for carer support. A new assessment form has been set up in the new Live Well website, which allows external professionals to complete and submit forms to Cheshire East Council. <https://www.cheshireeast.gov.uk/livewell/living-independently/forms-for-professionals/forms-for-professionals.aspx>

The Hub complete the assessment of need for the carer and if it is assessed that the carer would benefit from statutory services, they will be referred back to the Council via Liquid Logic and the referral will be picked up by the appropriate social care team and taken forward.

There has been a significant change to the whole approach of Carer's assessments, which focus on a personalised approach of achieving individual's outcomes rather than a means of just accessing services.

This is reflected in the various ways in which we seek to support carers, further details are outlined below:

No of Carers – Low support (Info/advice)	43
No of Carers – Medium support	1243
No of Carers – Intensive support	53
No of Carers – Live Well Funding	943
Carers Choice Awards (Number of organisations awarded)	12
No of Carers provided with a break	3782
No of groups sessions	389

Additionally, the number of Carers who have received additional funding from the Carers Live Well Fund is above the annual target set at 822 for year 2 of the contract. The Carers Hub offers Carers the opportunity to apply for support via The Live Well Fund, and is available to all Carers.

A proportion of the Live Well Fund monies has been ring-fenced to support Young Carers in their caring role. The Carers Hub has decided that they no longer need to sub-contract Child Action North West (CANW) to provide the Young Carers service. The Carers Hub are now providing this service directly and have TUPE'd the staff from CANW and are working with young people to redesign the offer for young carers.

A further proportion of the Live Well Fund was used to fund the 'Carers Choice Awards' scheme. In 2019/20 the Hub changed the way the Carers could vote to enable more people to be able to participate. A panel was set up consisting of Adult, Young and Parent Carers, the panel then shortlisted the organisations that applied. The shortlisted organisations made a short video about their project and these were then hosted on the Hub's website for Carers to view. An information booklet and voting form was posted to all Carers registered with the Hub. Carers were asked to vote by ranking their favourite schemes from 1-14 and return the form using the Hub's freepost address. After counting the votes, 12 schemes were selected to be awarded a grant. Just under £85,000 was awarded. A launch event was due to take place after the votes were counted but due to the Coronavirus pandemic this was not able to happen.

The successful organisations were:

- **Cheshire Young Carers: £7,435** – A programme of activities for Young Carers in Cheshire East during Easter and October school holidays when they feel most isolated from friends and social activities due to their care responsibilities at home;
- **Central Cheshire Buddy Scheme: £6,453** – To support Young Carers who have a disabled brother or sister, to give them a break as a young carer providing access to regular physical activity, improve their mental wellbeing through shared experiences, develop coping strategies and have a life outside of their caring role.
- **End of Life Partnership (EoLP) – Bereavement Support: £7,850** – EoLP will work with four compassionate communities to increase support and training for people who have experienced or are experiencing bereavement;
- **End of Life Partnership (EoLP) – Carers Wellbeing: £7,800** – The Carers' wellbeing programme builds on existing work to increase the availability of support to improve carer health and wellbeing, through practical workshops that help people to care with confidence and for as long as they feel able;
- **Cheshire and Warrington Carers Trust – Time For Me: £7,950** – Provision of 15 'Carers Day' events across Cheshire East, events will be a combination of full and half day events and offer a range of activities including relaxation events, arts and crafts and hobby taster sessions;
- **Cheshire and Warrington Carers Trust – Time for Young Adult Carers: £8,000** – Support for young people aged between 18-25 to access a break from their caring role. There will be a monthly social and support group in Crewe and 6 events or trips. The project will also offer a mentoring service for young adult carers and an online support group;
- **Cheshire and Warrington Carers Trust – Time Out for Male Carers: £7,850** - Time out for Male Carers will extend and develop the Male Carers support group in Crewe, develop a new group in Macclesfield and offer 6 social events during the year for Male Carers across the borough to meet for support and information;
- **Audlem and District Community Action (ADCA): £7,880** – ADCA plans to build on their existing support programme for carers. They aim to focus on hard-to-reach and isolated Carers across the rural community, aiming to connect with and support 120 Carers;

- **Wishing Well: £6,700** – Wishing Well will develop a Carer's Café in Crewe to provide carers with a space where they can relax and unwind and have conversations with other carers. The café will link with other provision to allow carers to have a complete break from caring responsibilities. Each carer will receive a free afternoon tea on their first visit;
- **Wilmslow Guild: £6,250** – Wilmslow Guild will deliver a self-help programme for Carers to build their confidence and assist in recovery and progression. It will offer a confidential and safe space for carers to meet and engage. The 6-week programme will run from September 2020 in Wilmslow, Macclesfield, Alderley Edge and Handforth.
- **Transformation DMP CIC – Movement in Mind: £2,640** - Movement in Mind is a weekly Dance Movement Psychotherapy group specifically for Carers. The one-hour group allows carers to focus on themselves and process thoughts feelings and emotions in a safe and contained environment;
- **Ruby's Fund: £7,770** - Ruby's Fund Befriending Project will support Parent Carers who care for children from birth to 8 years of age with additional needs and disabilities within Cheshire East. The aim will be to reduce social isolation, help to access support networks and provide a listening ear and help them become part of a community. Parent Carers and their families will be matched to a suitably trained volunteer.

Better Care Fund

The Hub contributes towards the Better Care Fund outcomes by supporting individual's wellbeing and health within the community, allowing them to continue with their caring roles. In April 2019 to March 2020 the following contribution to the BCF have been made:

Non Elective admissions (General and Acute)	120
Admissions to residential care homes (prevented Carer Breakdown)	246

COVID-19

Some of the above information during **February to the end of March 2020**, has been affected by the pandemic and numbers of referrals received in March dropped from 178 in the same period last year to 142. However, while these figures seem low in terms of new referrals, focus was on current carers and those needing immediate support. Following lockdown as they were unable to carry out face to face visits the Carers Hub focused on making wellbeing calls to Carers on their current caseloads and those who attended the coffee and chat groups. They also started making wellbeing calls to Carers not actively supported but still registered with the Hub; prioritising Carers over 70 first followed by Parent Carers and Carers supporting people with learning disabilities and autism. Where Carers required more support, they were re-referred to the service for further support calls and signposting to other organisations. The Hub was able to move to a digital offer for some of their services with virtual coffee and chats, Carers Community Online Network, Facebook Live groups for Young Carers and their families and Zoom activities during Carers week.

Work has been underway via the **Cheshire East People Helping People** pandemic response service for Hidden Carers, and since 20th April 2020 86 additional carers have been identified, of

these there were 67 Carers that had not been previously referred to the Carers Hub. These carers details were shared with the Carers Hub who have carried out 18 assessments and with offers of support, advice and information. Of those that did not have an assessment, 16 Carers declined the service or no longer required it.; 1 Carer requested to have a statutory assessment deferred until September; 12 had welfare calls and / or were signposted to other agencies; 18 were not contactable; and there 2 were inappropriate referrals.

Carers Consultation and Engagement 2020 – 2021

The current contract has an option to be extended for a further 12 months from April 21 to March 2022, therefore the Council is starting to plan how early help services for carers can look like in the future. Due to the Covid-19 pandemic we are reviewing the most appropriate methods of communication to include our responsibility for public safety and the need for social distancing.

We are working on using several methods of engagement from shared online surveys and virtual meetings, and where possible some face to face workshop in 2021. Although this is not considered ideal, we have recently learnt from a tendering activity during the pandemic we can still actively engage with wide audiences in a creative manner to still shape the future of all its services.

The engagement and consultation will start in October 2020 and will be inclusive of all carers including Adults, Young People, Parent Carers and will also target individual carers not in receipt of carers support and working carers.

Key factors – April 2019 to March 2020

- Number of new Adult Carers accessing the Hub was 1219, exceeding the incentivised indicator target set at 1200 for year 2.
- Number of Young Carers accessing the Hub was 120, exceeding the incentivised indicator target set at 100 for year 2.
- Single point of assessment went live for Adult Carers on the 10th February 2020 and YC on 23rd March 2020
- 24-hour Carers Help and Talk (CHAT) line is now available;
- Average of 3 Carers who undertake Peer Mentoring role per month

Priority 2 Information Service:

- Single point of access for all carers for information, advice, guidance and support is now available
- 24/7 CHAT line, supported by volunteers and peer mentors
- Market Stalls and social media campaigns
- Peer mentoring and volunteering opportunities
- The service is active in ensuring website updates – Including where they complement the offer via the Council's 'Live Well'- Online resource.

Priority 3 Respite and Carer Breaks:

- Live well Funded Breaks
- Carers Choice Grant Scheme
- Coffee and Chat (Drop-in sessions)
- Support Groups

Priority 4 Realising Carer Potential:

- Recruitment of volunteers to support the Hub activities
- Peer mentoring
- Training and support
- Volunteer opportunities

Priority 5 Engagement and Co-Production

Carers Right Day - This was on 21st November 2019. The Carers Hub had a pop-up stall at Leighton Hospital to offer information, guidance and support to visitors and staff. To celebrate they also arranged for Carers at the Macclesfield Coffee and Chat group to have the opportunity for a mini manicure and massage. The Middlewich Coffee and Chat group held a flower arranging workshop.

Carers Week – 8-14 June 2020 - Carers Week is an annual awareness campaign to celebrate and recognise the vital contribution made by the millions of UK Carers. The campaign's focus this year was making caring visible to ensure that Carers get the information and support they need from services and the wider public. This year the Carers Hub celebrated Carers Week virtually, due to Covid-19. A virtual programme of activities were arranged for carers to join online. They included; cookery demonstrations, quizzes, exercises, meditation and relaxation techniques, bingo and arts and crafts. The week was a big success with lots of Cheshire East carers participating.

Carers Reference Group – is undergoing development to change its approach to having a covid-19 access for carers and representatives that safeguards attendees.

Parents Carers Forum – the Hub is linking in with the PCF and representatives are attending the meetings.

Carers Hub 'Carers Choice Awards' – a showcase event was due to be held following the vote for the Carers Choice Awards but this had to be cancelled due to the Coronavirus pandemic. Cheshire East Carers' Hub is committed to working in partnership with local organisations and groups to extend their reach in supporting Carers to fulfil their role, while maintaining Carers' own health and wellbeing.

Consultation and Engagement 2020/21 – will be a key component in planning and developing early help carers services that are fit for the future.

Key service developments for 2020 to 2021 include:

- Continued development towards the Trusted Assessor
- Carer Reference Board
- Development of the assessment data sharing
- Recruitment of volunteers Consultation and Engagement with Carers in 2020/21

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 HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Special Educational Needs and Disability (SEND) Improvement Update
Date of meeting:	22 nd September 2020
Written by:	Cheshire East 0-25 SEND Partnership
Contact details:	Jacky Forster (Chair of the Cheshire East 0-25 SEND Partnership)
Health & Wellbeing Board Lead:	Mark Palethorpe (Executive Director of People, Cheshire East Council)

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?			
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 <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Members of Health and Wellbeing Board are asked to: a) Note the progress to date against the SEND Written Statement of Action and preparations for the SEND Re-visit; and b) Endorse the progress report documents in Appendices 1-4.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Prior to this meeting, this report has been considered by all relevant Directors within the Council's Children and Families Service and the Cheshire CCG.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	<p>Feedback from a wide range of professionals across education, health and care and members of the public (including parent carers) contributed to the development of the SEND Written Statement of Action and the Action Plan within it.</p> <p>We are continuing to use both data and feedback as a measure of the impact of our improvement actions.</p>
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>The SEND Written Statement of Action aims to ensure that, where appropriate, children and young people with SEND, and their families, have access to:</p> <ul style="list-style-type: none"> • timely child and young person-centred EHC needs assessments and EHC Plans of high quality • efficient, consistent and timely pathways of assessment and support for Autism

1 Report Summary

- 1.1 Following the Ofsted and CQC Special Educational Needs and Disability (SEND) Local Area Inspection in March 2018, Cheshire East was asked to produce a Written Statement of Action which described the actions the area would take to improve identified significant weaknesses relating to Education, Health and Care (EHC) Plans and Autism pathways. Our Written Statement of Action was considered by the Health and Wellbeing Board in July 2018 and was subsequently deemed fit for purpose by Ofsted in October 2018. An update was previously provided to the Board in September 2019. A further update was prepared for the March 2020 meeting of the board; however, this meeting was impacted by the emerging COVID-19 pandemic. This report provides a further update, in particular around the impact of the pandemic on SEND inspections nationally and our local preparations for the SEND Re-visit.

2 Recommendations

- 2.1 Members of Health and Wellbeing Board are asked to:
- a. Note the progress to date against the SEND Written Statement of Action and preparations for the SEND Re-visit; and
 - b. Endorse the progress report documents in Appendices 1-4.

3 Reasons for Recommendations

- 3.1 The Cheshire East Health and Wellbeing Board is the overarching governance board for the 0-25 SEND Partnership. This report ensures that the members of the Health and Wellbeing Board are updated on SEND improvement work and have the opportunity to provide relevant support and challenge to the 0-25 SEND Partnership around improvements relating to SEND, in line with the SEND Written Statement of Action.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 This report focuses on improvements to services for Cheshire East children and young people aged 0-25 with SEND, and is linked to all of the Health and Wellbeing Board priority outcomes.

5 Background and Options

5.1 Introduction and background

- 5.1.1 In March 2018, Ofsted and the Care Quality Commission (CQC) carried out a joint local area inspection of Special Educational Needs and Disabilities (SEND) in Cheshire East. The inspection looked at how effectively partners in Cheshire East work together to identify, assess and meet the needs of children and young people aged 0-25 with SEND to improve their outcomes.
- 5.1.2 As a result of two areas of significant weakness, Cheshire East was required to produce and submit a Written Statement of Action (WSOA) to Ofsted that explains what the local area is doing to address the identified areas:
- Area 1 - the timeliness, process and quality of education, health and care (EHC) plans
 - Area 2 - the lack of an effective autism spectrum disorder (ASD) pathway and unreasonable waiting times
- 5.1.3 Our Written Statement of Action was considered by the Health and Wellbeing Board in July 2018 and was subsequently deemed fit for purpose by Ofsted in October 2018. Since then, significant progress has been made in improving SEND services. Whether or not we have made sufficient progress will be considered in detail as part of the Ofsted/CQC SEND re-visit.

5.2 The impact of COVID-19 on Ofsted/CQC SEND Inspections and Re-visits

- 5.2.1 In previous updates to the Health and Wellbeing Board, we advised that Ofsted and the CQC were due to carry out a SEND re-visit in Cheshire East before the end of April 2020 (in line with re-visits being carried out within 18 months of an area's Written Statement of Action being approved by Ofsted). The sole purpose of the re-visit is to determine whether sufficient progress has been made in addressing the areas of significant weakness detailed in the WSOA (including an evaluation of the impact of the actions taken).
- 5.2.2 On 17th March 2020, all Ofsted inspections (including Local area SEND inspections and SEND re-visits) were suspended as a result of the COVID-19 (coronavirus) pandemic.
- 5.2.3 In a press release on 9th July 2020, Ofsted announced that they did not feel it was appropriate to return to SEND inspections in the Autumn Term. Instead, Ofsted are proposing a phased return to inspection, with an interim period before full inspections resume.
- 5.2.4 From autumn 2020, Ofsted and CQC are planning to conduct a limited number of visits to local areas regarding their SEND arrangements. The aim of these visits will be to:
- Support the local area to understand the impact of the pandemic on children and young people with SEND and their families
 - Find out what has worked well for them during this time, what the challenges have been and lessons learned
 - Work with the local area to identify opportunities for improvement that address the challenges faced by children and young people with SEND

- Highlight best practice case studies and share insights nationally to promote whole system learning.

5.2.5 Each visit would involve:

- One Education Inspector, one Social Care Inspector and one CQC Children's Services Inspector
- 2 days on site, with flexibility for remote/online meetings
- 4-6 case studies of children and young people and practitioners working with them
- Conversations with leaders
- A feedback meeting
- A summary note which will be agreed with local area leaders and shared with the Department for Education (DfE) and NHS England and Improvement (NHSE/I), but will not be published.

5.2.6 During these visits, Inspectors will focus on three key themes:

- Co-production with children and young people with SEND and their families in responding to the pandemic
- Collaboration across agencies to understand children and young people's new, emerging or existing needs and work out how best to support them during the pandemic
- Access to the right support at the right time, including online or remotely where necessary

5.2.7 Ofsted and CQC will not visit all local areas during this programme and will instead invite a limited number of local areas to participate, aiming to cover local areas from all regions with different factors, such as geographical make up, population characteristics, and previous inspection outcomes. The hope is that this will result in good variation across the sample.

5.2.8 Ofsted have advised that guidance on how inspectors will carry out the visits will be shared in September. Visits will take place in three waves and these are expected to begin in early October 2020, late autumn 2020 and early spring 2021.

5.2.9 National reports will be published following the three phases of visits. These national reports will not contain details about individual areas, but they will include learning from the visits, alongside good practice and case studies which will benefit the whole SEND system.

5.2.10 Findings will:

- contribute to the decision about when to restart the local area SEND inspection and re-visit cycle.
- inform national bodies (e.g. Ofsted, CQC, DfE and DHSC) about the changes and challenges local areas and regions are facing as a result of COVID-19, and what wider improvement support may be needed.
- Contribute to early thinking about the shape of an amended inspection framework for the second cycle of SEND inspections.

- 5.2.11 In addition to the interim visits, the Parliamentary Under-Secretary of State for Children and Families has commissioned Ofsted and CQC to develop a new local area SEND inspection framework to launch after the existing cycle has been completed.
- 5.2.12 Ofsted and the CQC have agreed that the new framework will improve the current arrangements by:
- introducing a continuous cycle of inspections
 - focusing inspection more sharply on the experience of children and young people with SEND and their families
 - featuring more prominently in inspection the quality, integration and commissioning of education, health and care services for children and young people with SEND.
- 5.3 Arrangements for SEND monitoring and inspection preparation in Cheshire East
- 5.3.1 The Department for Education (DfE) and NHS England and Improvement (NHSE/I) have re-started their SEND monitoring visits with us and an informal, virtual monitoring visit took place on 7th September 2020.
- 5.3.2 We are continuing with preparations for our Ofsted/CQC SEND re-visit. This includes preparing key documents to evidence progress, carrying out communication and engagement with all stakeholders and ensuring arrangements are in place to respond quickly upon notification of the re-visit.
- 5.3.3 It is expected that the following documents will be provided to Inspectors on day 4 of the first off-site week of the re-visit:
- An overview document in relation to our progress against the WSoA (Appendix 1)
 - A report on the timeliness of Education, Health and Care (EHC) Plans (Appendix 2)
 - A report on the process and quality of Education, Health and Care (EHC) Plans (Appendix 3)
 - A report on autism timeliness and pathways (Appendix 4)
 - The latest updated WSoA with detailed progress on each action (additional updates are currently being added to this document).
- 5.3.4 We will be updating these documents on a regular basis so that up-to-date versions are available when we receive notification of the re-visit. We are also preparing a number of other supporting documents so that they are ready should Inspectors request them.
- 5.3.5 Following the re-visit, if Cheshire East is considered to have made sufficient progress, the formal quarterly support and challenge visits that we currently have with the DfE and NHSE/I will cease.
- 5.3.6 If Cheshire East is making insufficient progress in any of the serious weaknesses identified, it is for the DfE and NHS England to determine the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and the CQC will not carry out any further re-visits unless directed to do so by the Secretary of State.

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 Overview of progress against our SEND WSoA

August 2020

1. Introduction

The SEND Inspection of Cheshire East in March 2018 identified a number of strengths in our arrangements but these were undermined by **two key areas of significant weakness** (the timeliness, process and quality of EHC plans; and the lack of an effective ASD pathway and unreasonable waiting times). Cheshire East was therefore required to submit a Written Statement of Action (WSOA) in relation to these two areas. Cheshire East's **WSOA was deemed to be fit for purpose by Ofsted on 23rd October 2018**.

This document provides an overview of the progress we have made and is supported by themed reports on the areas of significant weakness.

2. Senior Leaders' Statement

In Cheshire East we are proud of the **significant improvements we have made since 2018** for children and young people who have special educational needs and/or disabilities (SEND). Our Written Statement of Action (WSOA) has been an effective **driver in improving the experiences of children, young people and their parent/carers** in the two areas of significant weaknesses set out in the inspection report.

As a partnership, we have worked tirelessly over the past two years against a **backdrop of significant increased demand and budget pressures**, and now the challenges of a global pandemic. However, we are confident that the energy and enthusiasm of leaders at a strategic level to improve provision, observed in our inspection, is now resulting in positive change for children, young people and their families. **Children and young people with SEN now have their needs met earlier**; we have significantly decreased the number of ongoing EHC needs assessments over 20 weeks, and **no children and young people in the Eastern Cheshire area now wait more than 12 weeks for an autism assessment**.

These improvements would not have been possible without the **continued commitment of our parent carers**. Co-production has been essential to understand the experiences of parent carers and their children and how these can be improved. We are not complacent, and we know that there is much more we need to do in Cheshire East. However, we are confident that **we have the right culture, staff and resources to develop and sustain quality services** that children and young people with SEND in the borough need and deserve.

3. Impact

A highlight of actions from the WSOA within key milestone periods is set out at Appendix 1.

The impact we have achieved across the two areas within the WSOA since May 2018 (September 2018 for autism) is set out in detail in our themed reports, but includes:

- ✓ A significant and sustained improvement (decrease) in the number of ongoing EHC needs assessments over 20 weeks, with a reduction from **180 assessments on 17/12/2018** to **2 assessments on 29/07/2019**.
- ✓ The number of assessments over 20 weeks **was sustained in single figures for 4 months** until 25/11/2019 (when it reached 12 assessments). This number peaked at 91 during the initial Covid-19 restrictions in April 2020 but, despite the impact of the pandemic, this was

managed to ensure that it did not reach levels that were seen in 2018 prior to our improvements. It has since been reduced by a third (with 63 assessments on 21/08/2020) and continues to decrease.

- ✓ An **increase in percentage of health advice for EHC needs assessment submitted within 6 weeks** (performance for individual months for advice due in that month) from **37%** to **91%** in July 2020. This has remained **above 83% throughout 2020**, despite the ongoing impact of the Covid-19 pandemic on our health services.
- ✓ **ASD diagnostic pathways** across Cheshire East were **consistent and compliant with NICE guidance** before lockdown as of 6th March 2020.
- ✓ A **reduction in the number of children and young people in the Eastern Cheshire area awaiting the start of autism assessment** for more than 12 weeks from **210** to **0** children and young people **which we have sustained since December 2019**. Numbers in the South Cheshire area remain very low (and have not risen above 1 or 2 children each month during 2020).
- ✓ A **reduction in the average length** of wait in weeks between referral and first appointment from **56 weeks** to **8 weeks** as of 6th June 2020.
- ✓ A **consistent MTD assessment 0-4 pathway** is now available across Cheshire East.
- ✓ **There has been an increase in parental satisfaction** – whilst we are still working to improve in this area, our latest survey of plans completed shows improved parental satisfaction, particularly for those parents where plans have been completed in the past 6 months. A telephone survey (10% of those completed) shows that 65% of parents were satisfied with the EHC needs assessment process overall.

4. Leadership Commitment

Strong leadership across all agencies has ensured a focus on making sure that **the WSoA actions have been completed** and **performance has significantly improved in the target measures**.

Strategic Leadership and management in Cheshire East is visible and well established. The Leader of the Council, Chief Executives in the Council and Health, and Portfolio Holder, recognise and prioritise the needs of children and this is reflected through increased budget allocation, decision-making and membership at meetings and boards. Whilst the Director with lead responsibility for SEND has experienced some change over the past couple of years, the existing experienced Director has worked closely with the Deputy Director for Strategy and Partnerships within in the CCG to **significantly increase the pace of change** over the past 18 months. We have strengthened the senior management with two Heads of Service for SEND and additional DCO support which will provide sustainability to our improvements, giving equal priority to timeliness and quality of EHC plans.

Management oversight at all levels has been strengthened through the development of better performance information, trackers, weekly and monthly meetings. Regular audits by senior managers has improved the quality of plans, reports and information through effective challenge. A **new health governance structure** for management oversight of SEND improvements and performance has increased the scrutiny in this area. The 0-25 SEND Partnership **Executive Management Group**, established in May 2019, has provided a formalised agreement of how leaders in education, health and care work together. The group provides strategic oversight of the

progress, outcomes and impact of the work carried out by the 0-25 SEND Partnership and progress against the WSoA.

The Council's **Children and Families Overview and Scrutiny Committee** has received updates on the progress of the WSoA and provide scrutiny and challenge around key SEND performance measures, which are included in a quarterly scorecard to the Committee.

A number of **services have been restructured to better meet the needs of children and young people and their families**, including the SEND and Specialist Teams within the Council, to strengthen management oversight. The previous Head of Service, Service Manager and Team Manager have left Cheshire East which enabled **strengthening of leadership and management** by increasing capacity at a senior level (Head of Service). This has further strengthened management oversight of the timeliness and quality of SEND services from the Locality Manager and Quality Manager. **A secondment from Health** to a Head of Service position has supported integrated working across education, health and care partners. The Educational Psychology Service has moved to sit with our Head of Service for Pupil Support and Participation and has undergone significant restructuring and review of working practices.

Both the local authority and health have **commissioned additional capacity to address the backlog** in EHC needs assessments and waiting lists for autism assessments. This has resulted in significant improvements in timeliness and compliance with NICE guidance. The Local Authority and CCG have ensured that additional funding into the services will remain to ensure longer term sustainability. Whilst temporary and agency staff have enabled us to meet some of our short-term issues around timeliness, developing our workforce is key; our **priority is to ensure that we have the right permanent workforce, with the right support and development in place** to enable them to carry out their roles effectively. Ongoing recruitment exercises are in place across Cheshire and Wirral Partnership (CWP) to ensure the right workforce is in place.

5. Covid-19

The Covid-19 pandemic has had an impact on our planned improvement journey creating some delays on our pace of improvement. However, we can demonstrate that we have remained focused on the aim to ensure a **quality service with good timeliness**.

The main challenges of the Covid-19 pandemic have been:

- Delays in receiving advice – as services had to adapt to gathering their information remotely – this has impacted on our timeliness and the quality of advice.
- The challenge of additional work, as we ensured risk assessments and temporary provision plans were in place to support children during this period.
- Some parents not wanting to complete plans within the timeframe as they have not been able to visit schools and have felt uncertain.
- Our ability to continue the induction and training of new staff and therefore the time it has taken for them to be fully effective has taken longer.
- Some families have been reluctant to attend hospital/outpatient clinics for a face-to-face appointment. Children on the Autism Assessment pathway by nature of their difficulties find it challenging to cope with the different experience that a trip to out-patients brings with the PPE and distancing requirements. PPE makes assessment of communication and social

interaction skills very challenging. However, all patients have been tracked and future appointments provided where required.

- Assessments by the Specialist Speech and Language Therapist (SALT) on the Autism Assessment pathway have been difficult to complete during this time for similar reasons.
- Children have been out of school for a significant length of time so getting up to date feedback and information from staff has been difficult.

During Covid-19, the CCG with partners have supported families and young people to **access ASD assessments and pre and post diagnostic support online**. Space 4 Autism and ChAPS increased access to support the waiting list. Many parents have been able to have their assessment completed online, however there are times when appropriate diagnosis can only take place on a face-to-face basis which has caused some delays. As a partnership we are ensuring that the impact of any delays is limited. Where required, face-to-face assessments have been booked dependant on Covid-19 guidance. We are continuing to use a mix of video, telephone clinics and face-to-face support as deemed appropriate by the clinician. Services are using alternate ways to virtually assess children, including Video Consultations, to see if that helps the overall pathway, as it is a multi-disciplinary assessment, so therefore relies heavily on receiving information from all various sources.

Additional hours are being worked over the summer to undertake more CCICP SALT assessments (part of the ASD Diagnostic pathway) to catch up on the delay in assessments as a result of the pandemic. Additional administrative support is also being secured to assist with appointment booking.

We have provided lots of support remotely and **services have been creative and adapted their offer** to ensure that families have continued to be supported during this time. During school shutdown we provided learning resources tailored to different types of needs to support children, along with a helpline for parents with children with Autism and support via video conferencing for children with sensory impairments. Support and equipment were provided for families where needed to enable them to support remote education. We have maintained regular contact with the Parent Carer Forum and have worked with them to develop our approach to reopening schools. As part of an early intervention mental health offer, Cheshire CCG has increased funding into online services through Visyon and Healthbox.

In general, the feedback received from parents during the lockdown period has been positive. Teams have continued to keep in contact with families who have understood that face-to-face visits/assessment could not be completed during this time and that virtual appointments would not necessarily be appropriate to complete a more formal assessment.

Despite the challenges brought on by the Covid-19 pandemic, we have made some excellent improvements over the last 6 months, as detailed in the appendix.

6. Strong Partnerships

Since its establishment, Cheshire East's **0-25 SEND Partnership has been committed to improving outcomes for children and young people with SEND**. The partnership has **parent carers at the heart** of decision making and at all levels of governance. It has very good representation and engagement from all key stakeholders and continues to focus on making a difference for children and young people with SEND.

We **revised and streamlined all workstreams and governance** of the SEND Partnership Board in order to ensure delivery and focus in relation to the Written Statement of Action (WSOA). Our practice and procedures are becoming increasingly integrated across agencies and we now **jointly commission** a number of services, including a Speech and Language Therapy and Occupational Therapy provision. A Children's Joint Commissioning Strategy and Commissioners meeting ensures that partners work together across the range of children's services, and clear action plans are in place to ensure we commission seamless services.

Ensuring that children, young people and young adults with additional needs have better chances in life is **Outcome 6 of our new Children and Young People's Plan, 2019-21**, co-produced with children and young people.

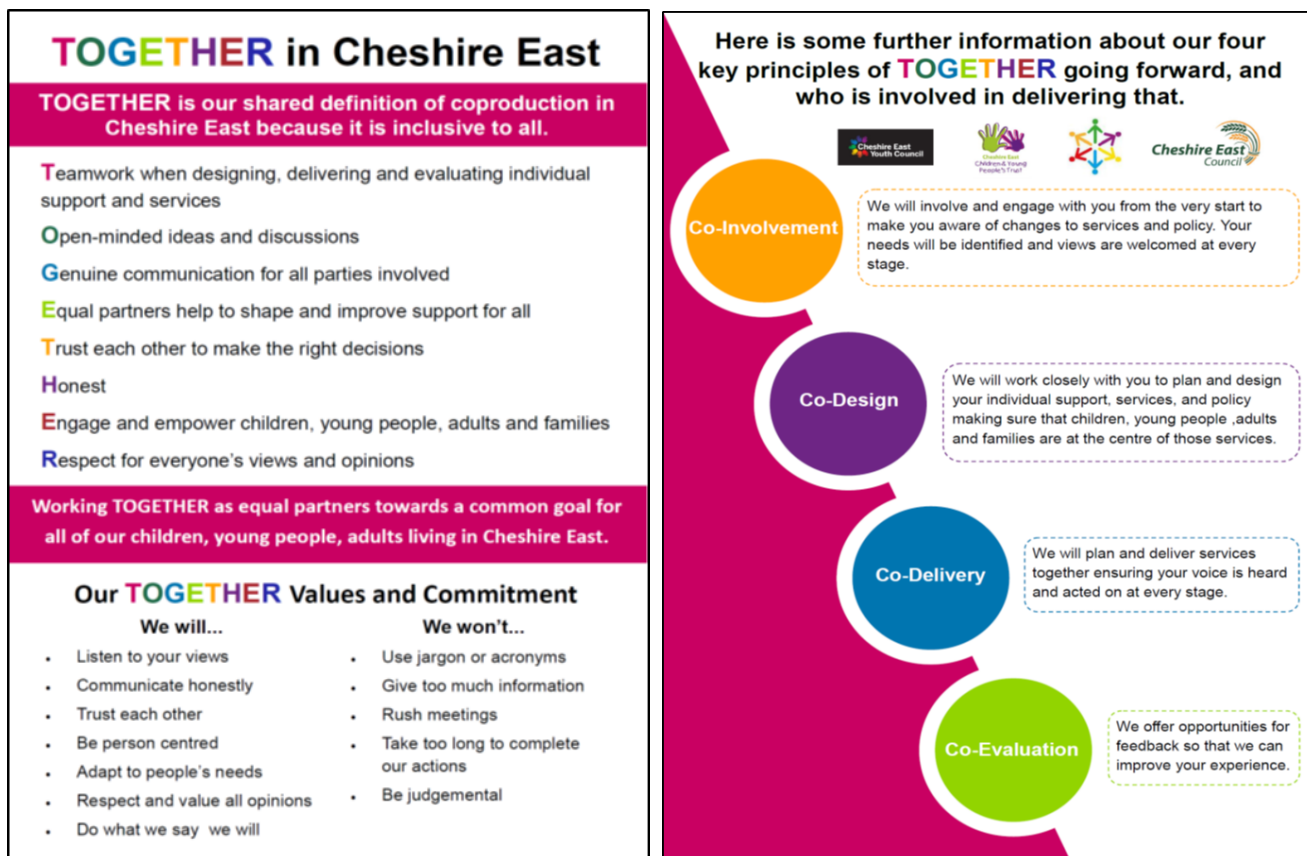
We have **strengthened our partnership with schools**. This includes regular Headteacher and Governor Briefings, along with termly SENCO conferences, which provide both local and national updates and development opportunities. SENCO conference attendee numbers rose from 35 to 235 at our last conference before Covid-19.

Improving **communication and engagement** has been an area of focus. The introduction of *SENDing you the News*, aims to provide regular updates to all stakeholders, supported by increased and improved information on our Local Offer. A Communication and Engagement Strategy has been co-produced with our Parent Carer Forum which sets the framework for all future communication and engagement.

7. Developing our services TOGETHER

Building our relationships with parent carers and young people has been a priority. Co-production has been at the heart of our improvement journey and our Parent Carer Forum and SEND Youth Forum are central to this. As a partnership we developed and signed up to TOGETHER in Cheshire East (see overleaf) as our shared definition of co-production as it is inclusive to all. This work has been endorsed and adopted by key partnerships and agencies across children and adult services in Cheshire East in addition to the SEND Partnership.

Examples of some of the areas we have produced TOGETHER include information about how to request an EHC needs assessment, Standards for EHC Plans, a single delivery model across Cheshire to align the diagnostic process for ASD, an All Age Autism Strategy and our Quality Assurance Framework for SEND.



8. Using our Learning to Sustain Improvements

As a learning partnership, we intend to use the experiences of our services and those who have used them over the past two years to ensure we sustain these improvements in the future. This includes the **importance of putting parent carers and children and young people at the heart of decision making**; they know how services can best meet their needs.

We are also much **clearer about peaks and troughs in demand** and, through challenge and support, we have a much better understanding and systems in place to manage these. Our **management oversight and monitoring** now provide us with the tools we need to manage demand. **Getting the right staff with the right culture and commitment** is also key to building confidence and trust with our parents and carers. We will continue to learn from good practice in other areas, to embrace peer challenge.

We are currently revising our 0-25 SEND Partnership Strategy. This will be informed by our self-evaluation, but priorities are likely to include:

- The **quality of EHC Plans**
- **Satisfaction of parent carers** through refreshed communication and engagement strategy
- The quality and effectiveness of **annual reviews** of EHC Plans and transitions
- Preparing for **adulthood and transitions earlier**
- **Better access to health services**
- Improvements in the **time between completion of an autism assessment and feedback** of a diagnosis to ensure hidden waits do not develop

9. Any finally....

From those who have had a positive experience of our services....

"Improvements related to SEND are palpable. x High had noticed a transformation in the effectiveness of the service provided by the SEND Team over the last 6+ months. There appears to be better join up between officers, greater resource becoming available to support the frontline and some very motivated team members who appear to be making things happen. For example, [staff member] had been excellent and [staff member] has quickly impressed. Similarly Education Psychologist reports have been more useful, helping to lead to improved provision."

[Cheshire East School]

"The commitment, effort and energy by everyone involved is very much appreciated - if I could rate this on a scale of 1 - 5 it would be 100."

[Parent/carer in telephone survey, Feb 2020]

"The Education Psychologist's report was superb and a 'game change' in our house. We had not had one of these before and everything was documented so well."

[Parent/carer in telephone survey, Feb 2020]

"My reading has improved significantly due to the plan."

[Young person]

"I would also just like to say how supportive and valuable your seconded SENCOs are. Other than at the networking meetings, I have only had contact with [IQ Officer] but she has been extremely helpful to not only me as a covering SENCO but to our school, staff and parents. The support from someone who works in a SENCO role, is always available to give advice, visit and even attend meetings is very much appreciated".

[Cheshire East School]

"I said what works well for me and my worker listened."

"It is a plan that has all my needs and helps others understand my needs."

[Young people]

WSOA Progress

6 months post-WSOA approval (by April 2019)

- ✓ **Weekly support** and training workshop sessions established to focus on improving the quality of EHC Plans.
- ✓ **Weekly reports** created (using data from comprehensive live trackers) to provide detailed information on the number and timeliness of EP advice requests and ongoing EHC needs assessment requests.
- ✓ Established **weekly operational meetings** for SEND Team managers focused on timeliness of EHC needs assessments, which provide management oversight and challenge around timeliness of EP advice and EHC Plans using the detailed trackers.
- ✓ **Access in place** for settings to share information from annual review meetings directly within the **local authority's case management system**. Health professionals in all provider trusts were also provided access to the case management system.
- ✓ **Additional capacity** secured through an external provider (Enhance EHC Ltd.) who completed work to assist with short term review processes for current EHC plans.
- ✓ Published revised, co-produced details about **how to request an EHC needs assessment**.
- ✓ **New clear pathway and paperwork** for bringing children and young people with SEN to the attention of the local authority published.
- ✓ Content of all **standard letters** within the EHC needs assessment process **reviewed and revised**.
- ✓ **Multi-agency Quality Assurance Task and Finish Group** in place monthly to drive forward improvements relating to the quality of EHC needs assessments and EHC Plans.
- ✓ **Quality Assurance Framework**, calendar of quality assurance activities and our co-produced standards for EHC Plans in place.
- ✓ **New 'Ignition' process** to improve person-centred transition planning within the EHC needs assessment process introduced.
- ✓ A set of **'non-negotiables'**, and more detailed quality standards in place for EHC Plans.
- ✓ **Waiting List Initiative** (WLI) to increase the assessment capacity for Autism and 'Dual' Autism and ADHD assessments in place.
- ✓ **0-4 years Autism Assessment Pathway established**.
- ✓ Multi-disciplinary team of healthcare and education **experts set up to assess the needs of 0 to 4 year olds** in the Eastern Cheshire part of Cheshire East.
- ✓ **Clinical care co-ordinators** to ensure that children and young people get all the help they need during the ASD assessment process in place as a result of additional health funding secured.
- ✓ **New post diagnostic support pack** developed, along with a bespoke post diagnostic 3-hour training course.
- ✓ Launched **'TOGETHER'**, co-produced shared definition of co-production.

- ✓ **SEND Youth Forum** in place.
- ✓ **Termly conferences** to provide local, regional and national updates, continuing professional development and networking opportunities for Cheshire East **SENCOs** established.

One year post-WSOA approval (by October 2019)

- ✓ **Recurrent £500,000 investment to increase capacity** across the SEND service agreed by the Council.
- ✓ Newly established multi-agency 0-25 SEND Partnership **Executive Management Group** in place.
- ✓ **Finalised, and consulted on, a new structure** for the SEND team and the Educational Psychology (EP) Service.
- ✓ Multi-agency **workshop focusing on 'Defining Excellence across SEND'** with a wide range of representatives from across education, health and care services, along with parent carers, to input into our refreshed Quality Assurance (QA) Framework for SEND by considering what 'good' looks like in Cheshire East.
- ✓ Additional **£300k investment into health services** to ensure consistency of offer across Cheshire East in regard to diagnosis and pre and post diagnostic support.
- ✓ **The waiting list initiative** for children and young people (CYP) age 4-19 years **extended** in Eastern Cheshire until February 2020 (**£80k new investment**).
- ✓ **Updated Autism JSNA** published.
- ✓ **Two seconded part-time Health Visitors** in place (one for Eastern Cheshire and one for South Cheshire) to act as specialist HVs for SEND.
- ✓ **Health scorecard developed** so that there is now consistent information gathered by both CCGs from all provider trusts in order to track performance.
- ✓ Increased **engagement with the Parent Carer Forum**, including through their Annual General Meeting and Preparing for Adulthood event.
- ✓ **Additional SALT therapists recruited.**

18 months post-WSOA approval (by April 2020)

- ✓ Developed **new advice templates** co-produced with parents.
- ✓ Interim **dedicated team to focus on timeliness and quality of annual reviews** in place.
- ✓ New **SEND Service structure in place**, including three Locality Manager roles and two Interim Head of Service posts to ensure that we can move the improvement of the service forward with greater pace.
- ✓ **Service offer and processes** within the **Cheshire East Autism Team, Sensory Inclusion** service and **Educational Psychology** service **reviewed**.
- ✓ **Experienced Head of Service** leads on driving forward changes in the **Educational Psychology** service
- ✓ **Autism Strategy** published.

- ✓ Director for Education and Skills/Chair of SEND Partnership attends **termly meetings with Parent Carer Forum.**
- ✓ Key Health officers attend Parent Carer Forum meetings to update on health and social care integrated process as well as work with the Forum to develop integrated co-produced approaches.
- ✓ **Additional recurrent £500,000 investment to increase capacity** across the SEND service agreed by the Council.
- ✓ **Recurrent investment by Cheshire CCG** to support the maintenance of the NICE Autism timescales.
- ✓ **Adapted services to offer support online** in response to Covid-19 and lockdown.

Two years post-WSOA approval (by October 2020)

- ✓ Co-produced **new temporary provision plans** with services and parents.
- ✓ Established a **Quality Managers group** across the partnership which has led to significant improvement of plans.
- ✓ Introduced a **Practice Champions Forum** which brings all key services together and ensures they take accountability for improvement in their part of the service.
- ✓ Put in place **guidance on undertaking remote annual reviews.**
- ✓ Introduced a **full review of the annual review process and paperwork**, co-developed with the Parent Carer Forum, and published up-to-date information on our Local Offer.
- ✓ Developed a **demand management process** for EHC needs assessments.
- ✓ **Further reviewed and developed EHC Panel arrangements**, particularly with a review of post-16 panel to ensure more effective decision making.
- ✓ **Recruitment to plan writers post** to bring in additional capacity to ensure we can meet potential increase demand in September 2020 when schools return.
- ✓ **Undertaken a full review of Educational Psychology service and recruited Assistant Educational Psychologists.**
- ✓ Developed a **quality management system** to ensure sustainability and moved away from quality assuring 100% of EHC Plans with confidence.
- ✓ Developed a **comprehensive training plan.**
- ✓ **Single agreed Autism diagnosis pathway in place.**
- ✓ Implementation of the **THRIVE model.**
- ✓ **Pre and post diagnostic support for Autism** in place across Cheshire East.
- ✓ **Online consultations** now available where applicable.
- ✓ Dynamic **risk register** in place for children and young people with ASC and/or learning difficulties who are at risk of being admitted to a tier 4 bed in order to monitor and prevent admission. Risks to individual children are reviewed on a multi-agency basis to ensure there is an accurate understanding of their needs.
- ✓ **Updated Care Education and Treatment Review (CETR) processes** – the DCO now attends all CETR to facilitate good working relationships between partners.

- ✓ **Reduced inpatient admissions** demonstrating we are successfully avoiding escalation and are meeting children and young people's needs in the community.
- ✓ **Autism intensive care support** in place through Cheshire and Wirral Partnership.



Cheshire East Overview of progress against our SEND WSOA

Area A - The timeliness of Education, Health and Care (EHC) Plans

August 2020



1. The issues identified within this weakness

- EHC plans are not being completed in a timely manner. This delays children and young people's needs being met and sets them and their families back.
- Capacity within the education psychologists' team has severely affected the delays.

2. Summary

Following our previous inspection and the introduction of improvements relating to our Written Statement of Action (WSOA), we have improved timeliness for EHC needs assessments, and thereby have improved the time within which we assess and meet the needs of local children and young people with Special Educational Needs (SEN).

Our detailed performance data demonstrates the significant improvements that were made to decrease the number of ongoing EHC needs assessments over 20 weeks, and to increase the timeliness of advice and the number of EHC needs assessments that were completed within the 20 week timescale. There have been some recent delays in timeliness of EHC needs assessments, but this is not on the same scale of the delays that previously seen at the time of drafting our Written Statement of Action. Recent delays have been due to a combination of factors:

1. The implementation of a permanent structure which resulted in an approximately 80% change in staffing. The introduction of the permanent structure resulted in agency staff leaving earlier than we would have liked, as we had planned to retain them until the new staff were in post and trained as required.
2. The impact of the Covid-19 pandemic and the need to complete risk assessments, create temporary provision plans and seek creative ways to meet the needs of pupils not in school. In addition, there was a need for staff to adapt to working remotely, including adapting to undertaking assessments and meetings via video calls.
3. We listened to the voice of our local parent carers, who told us that they preferred to have an EHC Plan that was late but of better quality. Quality aspects were not improving as quickly as we had planned, and we needed to invest heavily in this area (see separate themed report on process and quality of EHC Plans for more information on this area).
4. There has been a continued increase in the number of requests for EHC needs assessments, and a number of significant peaks in requests.
5. There has also been a need to consider and improve the timeliness and quality of our annual reviews of EHC Plans.

An improved interactive tracker is now in place and we are confident that the timeliness and quality of EHC plans will both be significantly improved by the end of October 2020. New leadership and management arrangements in place from December 2019, along with further investment in the service, will ensure that timeliness continues to improve and is sustained.

3. The impact of our changes

- ✓ There has been a significant and sustained improvement (decrease) in the number of ongoing EHC needs assessments over 20 weeks, with a reduction from **180 assessments on 17/12/2018** to **2 assessments on 29/07/2019**.
- ✓ The number of assessments over 20 weeks was sustained in single figures for 4 months until 25/11/2019 (when it reached 12 assessments). This number peaked at 91 during the initial Covid-19 restrictions in April 2020 but, despite the impact of the pandemic, this was managed to ensure that it did not reach levels that were seen in 2018 prior to our improvements. It has since been reduced by a third (with 63 assessments on 21/08/2020) and continues to decrease.
- ✓ There has also been a continued increase in the number of new EHC Plans issued within 20 weeks each month. During the period January – September 2019, this rose steadily from **11% of EHC Plans in January 2019** to **96% of EHC Plans issued in both September and October 2019**. Indeed, timeliness was sustained at over 75% for 4 consecutive months between July and October 2019.
- ✓ Between January and August 2019, there was a substantial decrease in the number of EHC needs assessments awaiting advice for more than 6 weeks – with a reduction from the highest figure of **159 assessments on 21/01/2019** to **2 assessments on 05/08/2019**. This figure did rise and reach a peak of 93 during the Covid-19 restrictions in June 2020; however, this was again managed so that it did not reach levels seen prior to improvements and has since been reducing steadily with 54 assessments on 21/08/2020.
- ✓ There was also a significant decrease in the number of EHC needs assessments awaiting advice from the Educational Psychology service for over 6 weeks between January and August 2019 - with a reduction from **135 assessments on 28/01/2019** to **1 assessment on 05/08/2019**. There has been peaks in the number of assessments since then, but these have been well managed and the number of assessments has reduced once more. The most recent peak, resulting from the impact of the Covid-19 pandemic, led to a sharp increase up to 71 assessments on 29/05/2020, but we managed this over June and July and the number of advice requests over 6 weeks has now significantly decreased again (to 18 assessments on 21/08/2020) and continues to do so.
- ✓ There has been a significant and sustained increase in the percentage of health advice submitted within 6 weeks, going from **37% in our WSoA (May 2018)** to **91% in July 2020**. This has remained **above 83% throughout 2020**, despite the ongoing impact of the Covid-19 pandemic on our health services.
- ✓ There has also been a significant decrease in the average time to complete an EHC needs assessment. This reduced from **35.8 weeks in our WSoA (May 2018)** to **15.0 weeks in August 2019**. As a result of the recent delays, our current performance stands at 25.0 weeks in July 2020 (however with an average of 17.8 weeks for completed EHC Plans that were due in July 2020); this still represents an improvement in our performance but we are confident that we will be able to return this to expected levels by the end of October 2020.

4. The key changes we have made

4.1. SEND Team staffing and culture

We finalised and consulted on a new structure for the SEND team and the Educational Psychology (EP) Service. As part of the new structure, the Council committed an additional £500,000 to increase capacity across the SEND service in April 2019 and a further £500,000 in April 2020. We have appointed individuals to a significant number of posts within the new structure and, as of January 2020, the majority of posts in the new structure for the SEND team are filled.

We have significantly reduced reliance on agency staff for EHCP writing as this has been leading to lack of pace in quality improvement in EHC plans. There have also been significant changes in leadership of our SEND team. The previous Service Manager left in August 2019, the previous Team Manager in December 2019 and the previous Head of Service in January 2020. Two Interim Head of Service posts have been appointed in order to ensure that we can move the improvement of the service forward with greater pace. A new Head of Service with responsibility for the SEND Assessment and Monitoring started in December 2019 and the Head of Service for Quality Development and Specialist Services started in February 2020. The Three Locality Managers started in December 2019 and an Interim Quality Manager, seconded from another LA team who has made significant impact in a school improvement role, started in January 2020. Officers are also now in post for the three Locality Manager roles within the SEND service. In the last month, we have also recruited 3 additional Key Workers and are currently interviewing for additional EHC Plan Writers, with an intention for all new staff members to join us in September for a joint induction and training programme.

4.2. Educational Psychology Service staffing and culture

In addition to the two new SEND Heads of Service outlined above, further Head of Service support was introduced in order to increase management oversight of our Educational Psychology (EP) service. Responsibility for the EP service was moved to our Head of Service for Education Participation and Pupil Support. Our Principal EP is currently on long-term sickness absence; however, the two Senior EPs in the service are working with the Head of Service to move the service forward and are supported with supervision from the Principal EP in Solihull.

We launched a recruitment campaign for our Educational Psychology (EP) service and have new Trainee EPs and Assistant EPs starting with us in September 2020. As an interim measure whilst new staff join the service, we are also continuing to fund a high level of additional agency staff for EP assessments in order to provide consistent levels of service. We have also recently changed the contracting arrangements for Locum EPs. We are currently finalising our strategy to redesign the EP Service and will be launching this in the Autumn.

4.3. Scorecards and Tracking

At the time of the original SEND Inspection in March 2018, a monthly operational SEND scorecard covering the EHC needs assessment process and local authority SEND services was already well established and was being routinely shared and scrutinised at SEND management meetings and the 0-25 SEND Partnership Board. During the first half of 2018, the measures within the scorecard were reviewed and amended to ensure relevant information was being shared, and a number of significant new measures relating to timeliness were added. This scorecard was then updated again to include the WSoA Key Performance Indicators relating to EHC needs assessments and Plans. This scorecard is a standing item on the SEND Partnership Board where appropriate challenge and support takes place.

We also developed a health scorecard so that consistent information is gathered from all provider trusts in order to track performance. Performance data within both health and the local authority continues to be refined, and the Local Authority and CCGs each have an identified Business Intelligence officer with a focus on SEND.

In addition to the monthly scorecards, we have created weekly reports (using data from comprehensive live trackers) which provide detailed information on the number and timeliness of EP advice requests and ongoing EHC needs assessment requests. A further detailed tracker is also in place to monitor Annual Reviews of EHC Plans.

We established weekly operational meetings for SEND Team managers focused on timeliness of EHC needs assessments; these meetings provide management oversight and challenge around timeliness of EP advice and EHC Plans using the EP and EHCP reports and trackers described above.

The Designated Clinical Officer continues to provide close monitoring and oversight of the timeliness of all EHC needs assessment health advice and any themes or specific causes for concern are fed back to providers, the CCG and Local Authority.

5. The steps to ensure timeliness continues to improve and is sustainable

As discussed above, there has been a recent increase in the number of ongoing EHC needs assessments over 20 weeks. As at 21/08/2020, 25% of ongoing EHC needs assessments (63 cases) were over 20 weeks. This has also resulted in a recent dip in the percentage of EHC Plans issued within 20 weeks in each month (going from 96% in September 2019 to 67% in January 2020 to 37% in July 2020, excluding exceptions). The current decrease in performance in timeliness of advice and overall EHC needs assessments is due to a number of factors, including:

- A very significant increase in the number of EHC needs assessment requests received in July 2019 (105 requests). The average number of requests in each month in the period January – June 2019 was 47. There was also a peak in the number of requests in December 2019 (67 requests). We have completed a deep-dive analysis of all of the requests and have been working with

educational settings and parent/carers to understand the factors leading to increased requests towards the end of academic terms and are taking steps to improve this in the future.

- Extended school holidays over the summer period and then over the Christmas and New Year period, which impacted upon the ability of Educational Psychologists (EPs) to meet with pupils and their educational setting. The majority of the assessments that were awaiting advice for more than 6 weeks from our EPs following these periods were subject to exceptions to the 20 week timescales, in line with The Special Educational Needs and Disability Regulations 2014. However, we continually monitor all assessments awaiting advice from the EP service carefully in order to minimise the impact on overall timeliness as far as possible. In addition, we have made a number of new appointments in the EP service which are now being made sustainable through the redesign of how the service operates. The EP service has also moved to an experienced Head of Service who has introduced weekly allocations meetings and prioritised the EP service to focus on statutory service. There is a focus on changing the culture within the EP service. This has had an immediate impact.
- There has been a lot of change within the SEND service due to moving to the new structure which has caused some delays. We previously identified this as a risk and had put in measures to allow agency and permanent posts to overlap, but some agency staff members chose to leave early as they had new assignments and this caused some gaps. Following a significant influx of permanent staff over December 2019 and early 2020, officers are now in place in almost all posts within the new structure. The Covid-19 pandemic has impacted and delayed further service changes by causing challenges in the induction and training of new staff. We continue to invest additional staff in the service in a managed way, so that we can support new starters, and the service is now predominately permanent staff.
- As part of our drive around quality, we reintroduced the 2 'working TOGETHER' (co-production) meetings held during the EHC needs assessment process. This puts pressure on the timeline; however parents tell us they prefer EHC Plans to be late and have a co-production meeting and improved quality, over a drive to achieve timeliness.
- The need to ensure transitions were confirmed for transfers in September 2020 created pressure at the point where we were also addressing timeliness. Further planning around transitions has been prioritised and will be built into the tracker so that we can learn from experience and mitigate future impact.
- Most recently, the impact of the Covid-19 pandemic and the need to complete risk assessments, create temporary provision plans and seek creative ways to meet the needs of pupils not in school has had a large impact on staff capacity. In addition, there was a need for staff to adapt to working remotely, including adapting to undertaking assessments and meetings via video calls.

Despite the recent dip in performance, there has still been a significant improvement in timeliness of EHC Plans since our Written Statement of Action (WSOA) was drafted, as shown in section 3 of this report. We are confident that our timeliness will improve again by the end of October 2020. The

following steps have been taken to meet this target, and we have ensured that all steps put in place are sustainable:

- Weekly Director and Head of Service review of timeliness and to confirm priority areas for Keyworkers.
- Weekly Operational Managers' Meetings to ensure workloads are managed and staff supported.
- Additional support for complaints to enable us to simultaneously support families who remain dissatisfied whilst keeping Keyworkers free to support new assessments and plans
- We have created an annual review team to take pressure from the locality teams; this supports the locality teams to ensure timeliness of new assessments. This capacity will be retained from April 2020.
- We recruited additional temporary plan writers and built this post into the structure from April 2020 on a permanent basis. This will support addressing any ongoing peaks and troughs in demand.
- The structure from April 2020 also includes additional capacity to support transitions so that Keyworkers can remain focused on new assessments
- Delays in EP advice have been addressed and the Head of Service will ensure that further capacity is brought in along with the new allocations methodology and prioritisation of statutory advice.

In addition, we have put in place arrangements to ensure that there are improvements in the timeliness of annual reviews for EHC Plans. A multi-agency working group is in place, with crucial input and representation from our Parent Carer Forum. This group co-produced a wide variety of detailed information on processes, timings and responsibilities for annual reviews, and this was published on a dedicated section of our Local Offer in July 2020. Letters on the new expectations and timeliness have been issued to all schools and all parents of children and young people with EHC Plans. Significant work has also been taking place on the development of trackers for annual reviews (which mirror those for new assessments), along with data cleansing exercises to ensure that all annual review information within our case management system is accurate.

6. Listening to feedback

In January 2020, we introduced a new online parent carer survey; we plan to run this annually, with the same questions on EHC needs assessments, as one method of measuring our progress and any changes in parental satisfaction. During the initial January 2020 survey, when asked whether their child's EHC needs assessment was completed in 20 weeks or less – 36% of parent carers whose child's EHC Plan had been completed in 2019 said yes, compared to only 27% of parent carers whose child's EHC Plan had been completed in 2018 or earlier. Whilst this shows an improvement, we hope to see this figure increase further in the next survey (planned for January 2021).

Further to the online survey, a telephone survey was carried out in February 2020 with a dip sample of parent carers whose child had recently had a new EHC Plan finalised. Over half of the respondents

of this survey (65%) were satisfied with the overall EHC needs assessment process, with some specifically appreciating the timeliness of the process (e.g. *'it has been a quick process for me'*). However, we appreciate that this was not the case for all respondents and know that there is further work to be done. Furthermore, whilst we did not specifically ask about timeliness in this survey, this is something we would look to include in future telephone surveys.

In addition to wider surveys, we recognise the importance of gathering routine feedback for all new EHC needs assessments wherever possible, and are now collecting satisfaction information when finalising EHC plans so that we have regular feedback from our parent carers about what is and isn't working well during the process. SEND team members also carry a link to a short satisfaction survey in their email signatures, which can be completed by anybody (young person, parent carer or professional) in order to give feedback on their interaction with the SEND team – some responses to this survey are shown below:

"A swift process on this occasion which is different from our experiences in earlier years. So a positive improvement."

[Anonymous response, July 2019]

"Two of my EHCPs have been finalised recently, both within the time allocated. The draft documents have been well written and the parents have been very happy with them. We feel that the hours allocated reflect the level of need appropriately. This is partly due to fantastic support from our link EP [X] who has captured the needs of each child and provided helpful advice that is then reflected in the quality of the final EHCP"

[SENCO, September 2019]

"Communicating with the SEND EHCP Interim Annual Review team re updating the EHCP's for my sons following their Annual Reviews. [SEND Keyworker] and [SEND team admin] were very efficient in keeping me informed on progress. [SEND Keyworker]'s professional input and friendly manner were much appreciated and we managed to sort out finalising the Amended EHCP's in quick turnaround."

[Parent Carer, June 2020]

*"Impressive EP report
Clear and useable EHCP
Excellent time frame
Always a pleasure to deal with all professionals"*

[High School staff member, June 2020]

7. Learning and next steps

- The main learning has been around managing peaks in EHC needs assessments and ensuring that we have capacity to respond to these. In particular, the EP service need to ensure they maintain advice in 6 weeks; delays in EP advice has resulted in EHC needs assessments being over timescale by the time advice is provided. We have carried out a detailed piece of work on demand management and will use the learning from this to plan for anticipated peaks in demand going forward.
- Further development and integration of the health scorecard will be carried out in order to include more data and link in more closely with the Local Authority SEND scorecard. Health and local authority scorecards are shared at SEND Partnership Board meetings to allow scrutiny and challenge as needed.
- An interim Annual Review Team is in place until October 2020. Additional capacity is being recruited into the locality teams so that this work can be embedded sustainably into the teams.

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Cheshire East Overview of progress against our SEND WSOA

Area A - The process and quality of Education, Health and Care (EHC) Plans

August 2020



1. The issues identified within this weakness

The following significant weaknesses were identified in our previous SEND Local Area Inspection in March 2018:

- The process of requesting an EHC plan is not universally well understood. There is the widespread perception that only educational professionals can request an assessment for an EHC plan. Most parents reported that the responsibility to gather evidence was left to them. Other professionals agreed with this. The process is not clear for parents or some professionals and the parents feel 'abandoned' in the process.
- The quality of EHC plans are inadequate. The plans are, at best, statements of educational need. Despite other professionals making good contributions to the plans, this information does not always translate into meaningful outcomes. Inspectors saw far too many examples of children who have significant health and/or social care needs yet their EHC plans state 'none identified'. This failing on the part of leaders has a detrimental effect on the lives of children, young people and their families.

2. Summary

In the first 12 months of implementing our Written Statement of Action (WSOA), emphasis was given to reviewing all processes and documents through external support; this allowed for a focus on addressing timeliness of EHC needs assessments (see themed report on EHC timeliness for further information). To ensure that EHC Plans were improving in quality, a set of non-negotiables were put in place, which outline our basic expectations for quality EHC Plans. There were challenges in introducing these due to a high volume of agency staff and consequential staff turnover. The real drive for quality started in Autumn 2019 with our Quality Assurance Framework for SEND being reviewed in October 2019. The revised Framework that is now in place was co-produced and sets out what good looks like in Cheshire East and our aspirations, with a clear action plan which will be developed further and driven through the SEND Quality Assurance working group to ensure progress is made at pace and is sustained.

3. The impact of our changes

- ✓ Requests for EHC needs assessments are **now regularly received from parent carers (21%** of requests over the past 12 months) and professionals (1% of requests over the past 12 months), in addition to requests from schools and settings (78% of requests over the past 12 months). At the time of our WSOA (May 2018), 91% of requests were from schools and settings, and only 9% of requests were from parent carers.
- ✓ In a parent carer survey carried out in January 2020:
 - **57%** of parent carers that took part said they **felt involved in making decisions** about the EHC Plan and about how best to support their child/young person.

- When asked how satisfied or dissatisfied they were that **their views and those of their child/young person were taken into account** during the last review of their EHC Plan, **67%** of parent carer participants said they were very or fairly satisfied.
- **56%** of parents were very or fairly satisfied that their child/young person's EHC Plan **accurately describes their needs** and how their needs should be met. For more recent plans (where the EHC plan was finalised in 2019) this increased to **67%**.
- ✓ In February 2020, a telephone survey was carried out with a sample of parent carers whose child had recently had a new EHC Plan finalised:
 - over half of respondents (**65%**) **were satisfied** with the EHC needs assessment process overall.
 - **88%** agreed that the EHC Plan included **all the relevant information**, including strengths and needs
 - **88%** agreed that the EHC Plan was **easy to understand**
 - **82%** agreed that they could **see themselves and the child in the EHC Plan**
 - **76%** agreed that **we explained the needs assessment process clearly**
 - **76%** agreed that the **process was child centred**
 - **71%** agreed that their **views and opinions** were considered
- ✓ In the last health professionals survey (October 2019), one health professional commented: 'Parents can make an application themselves and the information needed is on the Local Offer'. Another said 'the DCO has taken the time to meet with other professionals to explain the process of EHCP'.
- ✓ In a survey carried out with young people in June 2019, **73%** of young people had a **good awareness** of what an EHC plan is.
- ✓ The last meeting of the multi-agency Quality Audit group in July 2020 rated **75%** of the reviewed EHC Plans as '**good with elements of outstanding**'.
- ✓ Our 'TOGETHER' co-production definition and principles are used beyond the Council's SEND Team and have been embedded across children and adult services, and across partner agencies within the Cheshire East Children's Trust.

Whilst we recognise that there is more work to do to further increase satisfaction rates, progress since the 2018 SEND Local Area Inspection is demonstrable when the January 2020 online parent carer survey results are compared with the results from the 2018 inspection webinar - where only 20% of parent carers felt that their child's needs had been identified, only 12% felt their child's needs were being met and only 34% of parent carers felt involved in the assessment.

4. The key changes we have made

4.1. Quality Assurance Framework

An initial Quality Assurance (QA) Framework for SEND was developed and in place by December 2018. However, on reflection, the initial framework was not as aspirational as we would have liked and did not set out the SEND Partnership's ambitions. Therefore, a fundamental review of this document took place in October 2019. A multi-agency workshop focusing on 'Defining Excellence across SEND' took place with a wide range of representatives from across education, health and care services, along with parent carers, to co-produce our refreshed Quality Assurance (QA) Framework for SEND by considering what 'good' looks like in Cheshire East. This was then supported by input from our SEND Youth Forum and, following consultation and final feedback, our refreshed Framework was finalised in February 2020.

Multi-agency Quality Assurance Task and Finish Groups have been used since 2018 to drive forward improvements relating to the quality of EHC needs assessments and EHC Plans, such as developing our standards for EHC Plans, initiating our Quality Assurance Framework for SEND and refreshing advice templates. The current Quality Assurance Task and Finish group is overseeing the implementation of our refreshed Quality Assurance Framework for SEND and accompanying action plan. Additional capacity has been put in place to ensure this gains momentum and pace. This includes leadership through a seconded post from Health and management from a seconded school improvement Project Manager, both of which are supported by SENCOs within the Inclusion Quality Team.

Proposals for the longer-term quality assurance function will be consulted on in the Autumn term, based on our experience over the last 6 months, in order to ensure that we have a sustainable structure which makes impact.

4.2. Co-production

We worked with young people, parent carers and professionals to co-produce a shared definition of co-production in Cheshire East called 'TOGETHER', along with a suite of materials to explain our 'TOGETHER' concept, including a video produced by our young people (the video and all supporting information is available online at www.cheshireeast.gov.uk/together). This work has been endorsed by, and is being adopted by, key partnerships and agencies across children and adult services in Cheshire East in addition to the SEND Partnership.

We have introduced 2 co-production points within our EHC needs assessment process. Following a recommendation from the Parent Carer Forum in October 2019, these are now called 'Working TOGETHER' meetings. In order to ensure that we could address backlogs relating to timeliness, full implementation of these meetings was paused. We started to implement the meetings again from September 2019; however, learning has resulted in these being more flexible and they may take

place by telephone (though face to face meetings may still be preferable where children and young people have more complex needs).

Further work is currently taking place to embed working TOGETHER and co-production as a continual way of working with parent carers throughout the EHC needs assessment process, in order to change mindsets and move away from a prior focus on co-production taking place only in 2 designated meetings. The aim of this work is to further enhance communication throughout the process, and involve, talk and listen to parent carers at all times. This work is currently being undertaken by SENCOs within our Inclusion Quality Team, in conjunction with our Information and Advice Service and SEND Locality Managers.

4.3. Staffing and culture

There has been a complete change in leadership for SEND within the Council since our WSoA was signed off in 2018; this includes a change in Director, 2 New Heads of Service, 3 New Locality leads, and a high proportion of SEND key workers. In addition, the Educational Psychology service has moved to an experienced Head of Service who is rapidly securing changes in working practice in the service through motivational leadership. This has led to a change in culture and commitment which will enable greater pace in improvements and ensure sustainability of changes. It has taken longer than we would have liked to achieve this position due to the need to follow appropriate HR processes.

To further enhance specialist SEND support and knowledge within our Early Start Team, 2 seconded part-time Health Visitors (one for the Eastern Cheshire area and one for the South Cheshire area) have been put in place to act as specialists for Health Visitors around SEND.

4.4. Processes

Revised request information - We have published revised, co-produced information about how to request an EHC needs assessment, which includes clear, targeted information for educational settings, young people, parent carers, and for other individuals wishing to bring a child or young person to the attention of the local authority, along with dedicated paperwork such as: checklists for specific groups, a notification form, a clear pathway for notifications, a knowledge and agreement form and a consistent provision map template.

A greater proportion of EHC needs assessments initiated in each month now originate from parental requests and notifications from professionals, when compared to data from our WSoA in May 2018. Detailed monthly data shows a peak of 38% for parental requests in one month last year, and several months where notifications from professionals accounted for 5-6% of initiated EHC needs assessments. We do also receive requests directly from young people, although these do remain rare.

Overall, we have seen a significant increase in the number of requests for EHC needs assessments and we have developed a demand management strategy that we plan to further develop over the Autumn term in conjunction with schools/educational settings and our Parent Carer Forum.

Advice Champions – We have established a number of advice champions who are responsible for ensuring the quality of advice from their services and for establishing and embedding any service-specific advice standards. This network meets regularly and have contributed to the development of new advice templates, which were developed in coproduction with the Parent Carer Forum.

Improvements to panel - Since the previous inspection, we have made various improvements to the multi-agency panel used during EHC needs assessments in order to improve its efficacy, including: amalgamating 3 separate panels for different age groups into a single panel with different timeslots; saving time by automating many aspects of the panel process; expanding the panel membership to enhance the professional input involved; plus reviewing and amending guidance for panel members, and providing training for all panel members (new and existing) to ensure processes were both effective and consistent.

A subsequent review of panel was jointly undertaken by a Quality Assurance Consultant and a Consultant Principle Education Psychologist during 2019 to evaluate the improvements made to panel. Based upon this and the initial experience of the new Head of Service as Chair of the panel, further improvements are now scheduled. This includes re-considering the use of age-specific panels.

The introduction of a triage process has also had a positive effect on the panel as it removed the need for 6 to 8 people to read through all of the paperwork relating to children (which could take at least 4-5 hours per panel member depending on the size of the agenda) where the need to assess was very obvious and this decision could be made by 2 SEND Keyworkers. Triage is currently being undertaken by the SEND Locality Managers and the interim Manager of the Annual Review Team. This reduces the number of cases going to Panel and allows more time for the Panel to properly consider cases that are presented, thereby improving decision making. In addition, all requests are triaged within 1 week of receipt – this previously took up to 3 weeks to reach the Panel decision point.

Improved letter formats - During 2019, we worked with a range of representatives to review and amend all letters used during the EHC needs assessment process. Following a suggestion from parent carer representatives, the letters were re-structured under clear headings describing different aspects such as: what the letter is about, what parent/carers need to do, what will happen next and where to go for further information. Further changes were also made to the letters earlier this year following feedback from SEND managers and other services, and changes will continue to be made to the letters as needed.

IT developments - We have provided over 135 settings with access to share information from annual review meetings directly within the local authority's case management system, and have also enabled health professionals in all provider trusts to access this case management system. We are

also working with the supplier of our case management system and our Parent Carer Forum on the development of a parental portal to enable parent carers to access their child's EHC Plan electronically.

Streamlined consultation process - We have taken significant steps to streamline processes relating to consultations with educational settings and strengthen decision making. This includes the development of a flowchart for decision making in line with the ladder of support (which includes an authorisation step and clear indication of when commissioning should be involved) and a consultation form to record the consultation steps that have been taken in the Local Authority's case management system (Liquid Logic), including fields to formally record when communication has occurred with parents and settings. The new Consultation form and processes also link with the electronic Annual Review process to enable schools to complete it for change of placement requests. Training on the revised Consultation processes and form was carried out with all Local Authority SEND Staff, local SENCOs and with Cheshire East Information, Advice and Support. A Locality Manager with oversight of all consultations has also been identified and a comprehensive report has been developed to enable all consultations to be monitored at the SEND weekly planning meetings. Data from reports in early February 2020 showed that the new process and form was starting to be used for consultations for both new EHC needs assessments and change of placement requests.

Service reviews - External Peer reviews were undertaken in October and November 2018 for our Educational Psychology (EP) Service, the Cheshire East Autism Team and our Sensory Inclusion Service; however the outcome of these reviews was not as useful as we would have liked in terms of supporting change. Therefore, independent local authority officers (outside of the SEND service) undertook a further review of the service offer and processes within each of these teams. The internal reviews have provided some clearer outcomes and recommendations that will support the Head of Service for Quality Development and Specialist Services, and the Team Managers, to move forward with improvements to team processes and ways of working.

We have appointed new Team Managers for the Sensory Inclusion Service and the Cheshire East Autism Team, and have also worked on a redesign of the working practice of our EP Service, which will move to trading with schools. This will be piloted during the 2020 Autumn term and then implemented on a phased basis from January 2021. The Cheshire East Autism Team have revised their offer to schools from January 2020 and this will be reviewed after 12 months.

4.5. Quality of EHC plans

We developed a comprehensive checklist for assessing the quality of EHC Plans but this was too detailed to implement from our starting point. We therefore developed a set of 'non-negotiables' for EHC Plans, along with more detailed quality standards, in order to drive up quality and consistency of plans and provided training on these for officers within the SEND team.

As we have had a range of agency staff and staff turnover it has taken longer than we would have liked to embed use of our EHC Plan non-negotiables and quality standards. From January 2020 the service has been staffed by permanent staff, and these quality tools are now fully embraced and embedded in practice with much clearer management oversight.

We have worked with services providing advice to agree quality standards and assurance processes for EHC needs assessments and EHC Plans; this includes publishing guidance for health and social care professionals on writing advice for EHC needs assessments and establishing a monthly multi-agency Quality Audit Group to assess quality of EHC Plans.

The Designated Clinical Officer continues to provide close monitoring and oversight of the quality of all health advice for EHC needs assessments and any themes or specific causes for concern are fed back to the providers, CCG and Local Authority.

A SEND QA Consultant was brought in on an interim basis in 2019; this consultant undertook a review of the stages that lead to the writing of an EHC Plan in order to make recommendations for ensuring that each step is robust and delivers a quality outcome.

We re-enforced additional quality assurance steps during the EHC needs assessment process. SEND Keyworkers undertake peer-to-peer moderation and check drafted EHC Plans against the non-negotiables, with additional oversight by team managers. However, based upon our learning to date, we are now piloting replacing peer to peer reviews, and are planning the implementation of a new process for quality assurance by SEND team staff during the EHC needs assessment process.

We have had various iterations of a quality assurance panel since the previous SEND inspection. A revised panel (referred to as 'our multi-agency Quality Audit Group') was established in December 2019 and is chaired by the Designated Clinical Officer (DCO). This has resulted in a sustainable arrangement which is impacting on the quality of EHC Plans. The group meets on a monthly basis, with a focus on a different locality each time, and reviews a sample of new and revised (following Annual Review) EHC Plans. Detailed meeting notes record overall gradings, and section-by-section gradings, for each audited plan, along with actions to be undertaken and clear feedback on the quality of each Plan. This information is used to feedback to individual keyworkers and inform learning and development plans for professionals going forward.

In order to drive improvement in the quality of EHC Plans, a number of officers across the various services involved in SEND were identified to quality assure all draft EHC Plans using the agreed quality standards. This has been sustained for 6 months and has led to improvements. The officers shared feedback with the individuals writing the EHC Plans, and common themes from all officers were also collated. Now we have established improved quality, we are moving to a sampling system for quality assurance of EHC Plans and to a sustainable quality management system rather than the current quality control system.

4.6. Annual Reviews

We recognise that annual reviews provide an ideal opportunity to review and improve the content of EHC Plans, and they are therefore a key part of our drive to improve the quality of our existing EHC Plans (in addition to improving the quality of new EHC Plans). We have undertaken substantial work to improve the timeliness, processes and quality of our Annual Reviews for EHC Plans, for example:

- Following sign off of our WSOA in 2018, we utilised additional capacity through an external provider (Enhance EHC Ltd.) to assist the SEND team with short term review processes for current EHC plans. Enhance EHC Ltd. completed their work at the end of July 2019.
- Following this, we put in place an interim dedicated team to focus on timeliness and quality of annual reviews.
- In order to remove inefficient paper-based systems, we worked to extend the digital annual review processes to settings, and to date, we have provided over 135 settings with access to share information from annual review meetings directly within the local authority's case management system. We are continuing to roll this out and will be extending this to early years and independent/out of borough settings in the Autumn term.
- We also established a multi-agency Annual Review Working Group, which includes representation from our Parent Carer Forum. This group co-produced a wide variety of detailed information on processes, timings and responsibilities for annual reviews, which was published on a dedicated section of our Local Offer in July 2020. Letters on the new expectations and timeliness have been issued to all schools and all parents of children and young people with EHC Plans. Significant work has also been taking place on the development of trackers for annual reviews (which mirror those for new assessments), along with data cleansing exercises to ensure that all annual review information within our case management system is accurate.
- EHC Plans that are revised following annual reviews are subject to the same quality assurance tools described above, and revised plans are also regularly sampled for quality checks by the multi-agency Quality Audit Group.

4.7. Training

A variety of training and development opportunities have been undertaken with SEND professionals across all agencies since the introduction of our WSoA in 2018. This began with the following training in 2018:

- the Council for Disabled Children delivered 2 multi-agency training sessions focused on producing holistic, outcome-focused EHC Plans.
- the Service Manager for Children with Disabilities and colleagues delivered training on the EHC needs assessment process and input into EHC needs assessments and EHC Plans to early help and social care professionals across children's and adults' services. We are currently refreshing the content of this training in order to embark on another round of training sessions.

- NDTi delivered targeted training to health professionals on a) EHC Plans – aspirations, outcomes and provision and b) joint working and holistic planning

Since then, we have commissioned additional training, such as training on SEN and the Law for SEND Team officers. This has been recommissioned to deliver with all SEND staff and across the SEND Partnership.

In 2019, SEND training with a focus on early identification for Health Visitors (HVs) was rolled out and reached over 100 staff through a series of locality-based training sessions. In the same year, we also utilised weekly support and training workshop sessions for SEND Keyworkers and other stakeholders, such as the EP service and Inclusion Quality Team, which were focused on improving the quality of EHC Plans.

More recently, a number of workshops have been held for SEND Keyworkers. These included an outcomes workshop in November 2019 and an Advice Writers workshop in December 2019. This was followed up by a Plan Writing workshop in February 2020. A bespoke SEND induction and training plan is being devised based on learning needs and in line with the Council's corporate workforce development plans. This will be implemented from September 2020 and will then be embedded into ongoing practice with regular CPD and training. The Parent Carer Forum will be designing and delivering a session on parental perspectives.

We have also scheduled further workshop sessions with the CDC on holistic outcomes in EHC Plans for September 2020. This will be a refresher for staff that attended the 2018 sessions and ensure that new staff have had the same training, whilst also acting as a means of checking our progress against improving the quality of EHC Plans and our processes over the last 2 years. The sessions also include facilitated work on action planning around our priority areas.

In addition to training sessions, we have contacted and worked with other local authorities and CCGs for support and guidance around the quality of EHC Plans, quality of advice and EP good practice, with one local authority acting as a critical friend to provide external quality oversight and contributions to staff development sessions.

We have delivered a number of termly conferences for Cheshire East SENCOs to provide local, regional and national updates, continuing professional development and networking opportunities for all professionals involved in SEND in schools and settings. The number of attendees has risen from 35 to 235 (including 156 SENCOs) at the last conference on 7th February 2020.

5. Listening to Feedback

Health professionals survey – Annual surveys are carried out with health professionals to gather views on their confidence around SEND processes and knowledge, and to gather their feedback on current SEND practices. To date, surveys have been carried out in October 2018 and October 2019. Results from the surveys inform future training and development from the Designated Clinical Officer (DCO) and inform the agendas of future health provider reference groups.

SEND Team Survey – We have recently conducted a survey of SEND Keyworkers and Business Support Officers to ensure that we have a clear picture of their skills and can tailor support and development appropriately. The results of this survey are currently being used to inform a training needs analysis and to plan future training and development opportunities for the team.

Parent Carer Forum – We have worked hard to improve relationships and engagement with the Parent Carer Forum. The Forum have worked with us to develop a SEND Communication and Engagement strategy (which includes an action plan). Parent Carer Forum representatives participate actively in all levels of the SEND Partnership (from working groups and workstreams to the SEND Partnership Board) and Heads of Service and other key professionals regularly attend their meetings. The Director of Education has established informal meetings with Parent Carer Forum representatives so that she can hear first-hand from them about how things are feeling for parents and focus improvements appropriately. These have continued throughout the Covid-19 pandemic via video calls. The SEND Locality Teams are working with the Parent Carer Forum to establish regular locality Coffee Mornings so that parents can meet their Locality team informally. We have worked together on a number of joint events and representatives are regularly invited to our SENCO conferences. Parent Carers have been heavily involved in the development of our refreshed Quality Assurance Framework, and have made significant contributions to the content and action plan in order to ensure that it accurately describes their view of 'what good looks like in Cheshire East'.

Wider Parent Carer Feedback - In January 2020, we introduced a new online parent carer survey; we plan to run this annually, with the same questions on EHC needs assessments, as one method of measuring our progress and any changes in parental satisfaction. Headline results from this survey relating to the EHC needs assessment process and quality of EHC Plans have been included in section 3 of this report. We hope to see satisfaction figures increase further in the next survey (planned for January 2021).

Further to the online survey, a telephone survey was carried out in February 2020 with a dip sample of parent carers whose child had recently had a new EHC Plan finalised. Again, some headline results from this survey have been included in section 3 of this report. Over half of the respondents of this survey (65%) were satisfied with the overall EHC needs assessment process. However, we appreciate that this was not the case for all respondents and know that there is further work to be done. Direct comments from this survey included the following:

- *Communication was good, and the plan took all their child's needs into consideration.*
- *The assessor was excellent, she kept me informed throughout the process and was always approachable. Her communication was great and it was really helpful to have a named contact during the process.*
- *Kept really well informed – we met the assessor who spelt out all the steps and what to expect for us. Very pleased with the outcome as X's needs were identified. Pleased we could comment on the plan. Could tell that the assessor had a very good relationship with the school which worked well. This is our 1st experience and was very good overall.*

In addition to scheduled surveys, we recognise the importance of gathering routine feedback for all new EHC needs assessments wherever possible, and are now collecting satisfaction information when finalising EHC plans so that we have regular feedback from our parent carers about what is and isn't working well during the process.

Youth Forum - The SEND Youth Forum allows children and young people with SEND or any additional needs to come together to influence change in wider SEND services. Additionally there are termly events for 5-11 year olds and 11-16 year olds where commissioners and other colleagues can capture the voice of SEND children and young people. The Participation team also deliver activity days with early years children with SEND and parents/carers to capture their voice through interactive workshops and sessions. Children and young people were involved in the development of the Cheshire East SEND Quality Assurance Framework and they have a section in this document dedicated to their views.

Complaints - The number of complaints received relating to EHC needs assessments and EHC Plans within 12 month periods has shown an overall reduction when compared to our performance at the time of our WSoA – with a reduction from 110 complaints in the 12 months up to 1st May 2018 to 74 complaints in the 12 months up to 1st July 2020. This indicates some increase in satisfaction amongst parent carers with the EHC needs assessment process, however we acknowledge that there is still further work to do to.

Ongoing analysis of SEND complaints has shown a shift in complaint themes since our previous inspection – initially, a large majority of complaints related to timeliness, but as this has improved, complaint themes are now spread across a number of areas such as communication, staffing and provision/placements. We anticipate that improvements relating to co-production (as described above) and staff recruitment and training will begin to have a positive impact on further reducing the number of complaints going forward. Complaints relating to SEND are a standing item on SEND management meetings and additional management meetings led by the Director of Education and 14-19 Skills to ensure that learning is taken forward and agreed actions implemented.

Monitoring – in order to drive up the overall quality of support for children and young people with SEND, we have also undertaken work to monitor support received in settings. During 2018 and 2019 our Inclusion Quality Team (IQ Team) conducted SEND Reviews of all Cheshire East schools (a separate review was undertaken for settings with resource provisions, which is outlined below). The purpose of the SEND reviews was to make contact and build relationships with professionals supporting SEND in schools, quality assure and support settings in using the Cheshire East Toolkit for SEND and associated paperwork, and to capture information on overall SEND needs and provision (number of pupils at first concerns and SEN Support levels, plus number of pupils with EHC Plans). SEN Support Plans were also monitored as part of the SEND Review, and where quality issues are identified in outcomes or provision, the IQ Team either advise on how to improve these, book in and deliver training, or organise a further meeting for a more detailed discussion. The IQ Team also captured how provision to support SEND was being delivered in settings including the

interventions, Teaching Assistant support, use of the SEND budget and where further advice and support was provided from. The output from the SEND review for each school was a 'School SEND Action Plan' and a report summarising identified themes from the reviews has also been produced and will be used to inform future training activities. In January 2020 contact was made with all settings who had received a review before December 2019, beginning the SEND evaluation cycle.

During the 2019 Autumn Term, detailed quality assurance reviews were undertaken in all 13 current Resource Provisions to generate a valuable insight into everyday practice in supporting some of our most vulnerable young people. A detailed report of findings was generated, along with a series of comprehensive recommendations, which are being used to create an action plan to further improve provision.

Gathering general feedback on the SEND team - In addition to scheduled surveys for specific audiences, SEND team members also carry a link to a short satisfaction survey in their email signatures, which can be completed by anybody (young person, parent carer or professional) in order to give feedback on their interaction with the SEND team. The Council's Compliance and Customer Relations Team also collates compliments that are received regarding members of the SEND team – again, these can be originate from anywhere, including from other professionals, settings or residents. A small selection of compliments and short survey responses are shown below:

"I feel compelled to write to you thank you so much for the tremendous service we as a family have received from Cheshire East Council... [X]'s school applied for an EHCP as sadly they were unable to meets his complex needs. I have to praise your SEN Team, in particular [Y], who continually updated me regarding the progress of the application. The process was extremely efficient and dealt with very quickly from start to finish (probably only a matter of weeks)."

[Parent Carer, June 2019]

"Two of my EHCPs have been finalised recently, both within the time allocated. The draft documents have been well written and the parents have been very happy with them. We feel that the hours allocated reflect the level of need appropriately. This is partly due to fantastic support from our link EP [X] who has captured the needs of each child and provided helpful advice that is then reflected in the quality of the final EHCP"

[SENCO, Cheshire East School, September 2019]

"It's great to be able to talk openly and with shared understanding with us parents, my son, teachers and professionals at the EHCP reviews to ensure my son is getting the help he needs."

[Parent Carer, July 2019]

"It was only a pleasure to deal with such a wonderful keyworker [X] and her knowledge. She went out of the way to assist me and communicate with me each step of the process what an asset you have a jewel to have in your team. The whole process is daunting and she made me feel at ease and comfortable and take the fear out of the process."

[Anonymous, November 2019]

"Everybody we have had contact with has been extremely supportive throughout the process. In addition, even though we have all faced some challenges with the current circumstances we have not felt that has in anyway hindered the process at all. [SEND Keyworker] has kept us constantly updated and we could not have asked for any more."

[Parent Carer, June 2020]

6. Learning and next steps

Although quality assurance checks of both new and amended EHC Plans have shown some improvements in EHC Plan quality since the previous inspection, in line with our agreed standards, we recognise that additional action is required to further improve EHC Plan quality and work is therefore in progress to implement an improved and sustainable quality assurance system based on our learning to date. We are also undertaking further review work on our EHC Plan template to see whether further changes would assist with our drive to improve the quality of final EHC Plans, in conjunction with our wider quality assurance system.

We will also be working to implement our Quality Assurance Framework for SEND, and its associated action plan, in order to drive up quality for SEND in all areas of our Partnership.

Improving parental satisfaction and co-production is an ongoing priority. We are working with parent carers to implement our Communication and Engagement Strategy in order to further strengthen ongoing communication with parent carers. In addition to the ongoing work to strengthen and embed co-production outlined in previous sections, plans are in place to develop preparation templates for parents and to develop videos of a good 'Working TOGETHER' meeting in order to ensure that parents are supported in what to expect – this again is a recommendation from our Parent Carer Forum. We will also be allocating specific Keyworkers to our most dissatisfied parent carers in order to focus on building improved relationships with them.

Multi-agency discussions are continuing regarding the Cheshire East Dynamic Support Database for children and there are further improvements to make to ensure this is clear and joined up efficiently across agencies whilst also linking in with the EHC needs assessment process and developments around Autism. This is being progressed on a regional footprint in line with the Transforming Care programme.



Cheshire East Overview of progress against our SEND WSOA

Area B – Autism timeliness and pathways

August 2020



1. The issues identified within this weakness

Lack of an effective autism spectrum disorder (ASD) pathway and unreasonable waiting times.

2. Summary

Over the past two years, work has been undertaken to improve services so that waiting times are reduced, and we have worked collectively with partners, young people and families to ensure a single equitable offer across Cheshire East.

3. The impact of our changes

- ✓ By December 2019, no children or young people within Eastern Cheshire were waiting for more than 12 weeks for an assessment.
- ✓ We can demonstrate positive outcomes for children, young people and their parents/families through the completion and monitoring of satisfaction questionnaires following the assessment process and diagnostic feedback. The Speech and Language Therapists have also received verbal feedback from parents that they have appreciated the new ways of working as their child has started their Autism assessment.
- ✓ We have worked with local charities to bring in more specialist support and training for children, young people and their families. Two staff members in the assessment team have been nominated by parents for the Autism Professionals Award 2020.
- ✓ Feedback from parents and families who have attended the training programme is very positive (questionnaires are completed pre and post training).

4. The key changes we have made

There has been significant work to redesign and increase capacity across the 4-19 age pathway, including a new clinical triage process and Multi-Disciplinary Team (MDT) Panels being implemented, with Educational Psychologists and Specialist Teachers from the Cheshire East Autism Team (CEAT) working alongside the Consultant Psychiatrist, Specialist Nurses and Speech and Language Therapists to assess children's needs.

JSNA and Strategy

A revised All Age Autism Joint Strategic Needs Assessment (JSNA) has been developed which has informed the new All Age Autism Strategy for Cheshire East. Autism Workstream B is in place to ensure effective delivery and monitoring of the Strategy through an agreed delivery plan which is updated annually. There is Parent Carer Forum representation on the Workstream and supporting Working Groups. Two task and finish groups sit below the Workstream meeting to ensure continued development of services and consistency of offer across all providers.

Assessment Services and Timeliness

We have invested in our assessment services to bring waiting times in line with the three-month guideline recommended by the National Institute for Health and Care Excellence. As a result, waiting times for diagnosis fell by 80% in one year despite a large rise in referrals.

In October 2018 there were 478 children and young people waiting for an Autism assessment across Cheshire East with the longest wait being 104 weeks (almost 2 years). On 6th June 2020 there were a total of 59 children and young people waiting less than 12-weeks in the Eastern Cheshire area. Where there are individual concerns about waiting times, we are working with families to address them and to give an individual response about their child.

The challenges presented due to Covid-19 have been mitigated by clinical staff offering virtual and telephone contact with families where appropriate or possible; however there has been some impact on waiting times. There has been an increase in both the number of children waiting for ASD assessment and the length of time from referral to initial assessment. This has been as a direct consequence of the Covid-19 pandemic restrictions that have been in place. Providers have looked at alternatives to ADOS and are about to trial BOSA that is a shortened version of ADOS. ADOS is not validated as an assessment when wearing masks, therefore alternatives are being sourced.

The challenges facing the services during this unprecedented time have included the following:

- Some families have been reluctant to attend hospital for a face to face appointment. Children on this pathway by nature of their difficulties find it challenging to cope with the different experience that a trip to out-patients brings with the PPE and distancing requirements. PPE makes assessment of communication and social interaction skills very challenging.
- Children have been out of school for a significant length of time so getting up to date feedback and information from staff has been difficult.

In general, the verbal feedback from parents during the lockdown period has been positive. Teams have continued to keep in contact with families who have understood that face-to-face visits or assessments could not be completed during this time and that virtual appointments would not necessarily be appropriate to complete a more formal assessment.

Additional clinical staff and Speech and Language Therapists appointed in the previous period are now established in post and are developing their roles in line with the needs of the service. A single Clinical Care Coordination function across all providers in Cheshire East is being planned to ensure greater consistency across the Cheshire East area. We have recently recommenced 'in person' appointments to complete speech and language therapy (SALT) Assessments, and the Specialist Speech and Language Therapist and another member of staff are completing additional hours over the Summer in order to complete more assessments in order to catch up on the delay in completing assessments due to the challenges of not being able to complete these in person.

A multi-disciplinary team of healthcare and education experts has been commissioned on a recurring basis to assess the needs of pre-school children, aged 0 to 4 years, in the Eastern Cheshire area to ensure there is a consistent offer across Cheshire East and early identification and intervention is promoted.

Pre and Post diagnostic support

We are offering consistent early intervention support as part of both a family-centred and settings approach with specialist support being offered in all Children's Centres, including peer-led groups and workshops through our Early Start Team and seconded Health Visitors.

The local charities commissioned to provide additional pre and post diagnosis support and training for the parents or carers of children diagnosed with autism or on the autism assessment pathway continue to operate successfully. These community-based programmes offer practical help and strategies on issues such as sleep management, sensory advice, anxiety management and positive behavioural support.

When Covid-19 restrictions were put in place, both community providers (Space 4 Autism and ChAPS) swiftly moved to an online offer and they have continued to support families virtually through this time. It has been vital to continue to support these parents, as once the schools closed, some of them will have found the circumstances very stressful and challenging as all the social clubs also stopped in line with government requirements over social distancing.

These programmes of support link with NHS and local authority services such as the Cheshire East Autism Team (CEAT) as well as with the valuable support provided by schools and other education settings in Cheshire East. We have recently evaluated, reviewed and widened the programme to ensure there are more courses available for children, young people and adults with autism (including widening social groups where attendance has doubled since the programme began). All the training can be accessed by people who are on the waiting list as well as people who have already received a diagnosis (pre and post diagnostic support).

Communications are being maintained through regular engagement with parents, carers, families and adults with Autism through attendance and presentations at the Parent Carer Forum. There is parent carer representation on all work relating to Autism.

Training support for staff (health, education and social care sector) has also been reviewed. More work needs to be done to review the offers available across Cheshire and align the offers, where it makes sense to do so.

Single Integrated Autism Assessment Model

We have developed a single Integrated Autism Assessment Model/Pathway across Cheshire East. Joining up services in this way means that children, young people and their families can access appropriate help and support according to their level of need based on four connected pathways, which are based on the child and family centred 'Thrive Multi-agency Framework':

- **Getting advice** - first concerns/early identification
- **Getting help** - local offer/specialist Autism assessment
- **Getting more help** - post-diagnostic support
- **Getting risk support** - prevention of crisis/specialist risk support.

The implementation of a single assessment model/pathway has ensured that the Autism assessment process is aligned and consistent across the whole of the Cheshire East area, regardless of the providers used, to deliver equality of assessment and consistent delivery of service.

We have developed and implemented a single Integrated Service Specification that has been written and agreed by all partners including feedback from young people and parents. The purpose of this specification is to provide a clear, single commissioning agreement and approach across four commissioning organisations and four statutory providers, to describe how health, education and care will work together to deliver a single, accessible, streamlined, consistent and cost effective Autism assessment pathway, alongside evidence-based and innovative interventions and support.

A review has also been completed on the range of Autism training for staff across Cheshire East. We have commissioned a two-day accredited training course for 15 professionals from across Cheshire East in standardised autism assessment (ADOS) including the 'toddler module' to ensure that we have enough staff trained to deliver the new assessment pathway both now and in the future. A summary of schools that receive training from CEAT has been compiled and a register will be maintained. The recently published 'Right to be Heard' document – the government's response to the consultation on Autism and Learning Difficulty (LD) training for healthcare staff - is being reviewed. It presents a tiered approach (linked to the amount of contact staff have with people):

- Tier 1 – general awareness
- Tier 2 – staff routinely caring for people with LD or Autism
- Tier 3 – those with high degree of autonomy providing care in complex situations.

5. Learning and next steps

As a result of the response to Covid-19, we have been looking at how best to address recovery of the waiting times and numbers waiting for ASD assessment, which include the following:

- Exploring new ways of working, looking at what can be done virtually, or through video software
- Allocating additional clinic and administrative hours to be allocated over the summer period where required
- Learning from the adapted ways of working and feedback from parents, carers, children and young people to utilise good ideas to take forward
- Progressing with the prevention of crisis pathway and links between the Dynamic Support Database
- Learning and embedding revised CETR process following a regional review
- Ensuring sustainable pre and post diagnostic support.

Cheshire and Wirral Partnership (CWP) is undertaking an evaluation of staff, patient and family experiences of service delivery during the Covid-19 period. The patient and family element of the evaluation commenced 27th August 2020.

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