

Children and Families Committee

Agenda

Date: Monday, 8th November, 2021
Time: 10.30 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

PLEASE NOTE – This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. This may only be removed when seated.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Lateral Flow Testing: Towards the end of May, test kits were sent to all Members; the purpose being to ensure that Members had a ready supply of kits to facilitate self-testing prior to formal face to face meetings. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

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

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

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

1. Apologies for Absence

To note any apologies for absence from Members.

2. Declarations of Interest

To provide an opportunity for Members and Officers to declare any disclosable pecuniary

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and non-pecuniary interests in any item on the agenda.

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

To approve as a correct record the minutes of the previous meeting held on 6 October 2021.

4. **Public Speaking/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days in advance of the meeting.

5. **Care at Home Recommission** (Pages 11 - 40)

To approve the arrangements to recommission Care at Home services.

6. **Crewe Youth Zone** (Pages 41 - 76)

To note the proposed site for the Youth Zone and arrangements for funding.

7. **SEND Strategy** (Pages 77 - 130)

To approve the SEND Strategy and associated action plan for 2021 – 2024.

8. **School Transport Update** (Pages 131 - 142)

To receive an update on arrangements in relation to home to school transport.

9. **All Age Sensory Impairment Strategy** (Pages 143 - 210)

To approve the new All Age Sensory Impairment Strategy.

10. **Cheshire East Joint Market Position Statement** (Pages 211 - 288)

To approve the Market Position Statement.

11. **Work Programme** (Pages 289 - 290)

To consider the Work Programme and determine any required amendments.

12. **Minutes of Sub-Committees** (Pages 291 - 296)

To receive and note the minutes of the Corporate Parenting Committee meeting held on 14 September 2021.

13. **Reporting of Urgent Decisions** (Pages 297 - 298)

To note the urgent decisions taken on behalf of the committee.

Membership: Councillors M Addison, L Anderson, M Beanland, J Buckley, C Bulman (Vice-Chair), D Edwardes, K Flavell (Chair), S Handley, G Hayes, I MacFarlane, J Saunders, L Smetham and L Smith

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Children and Families Committee**
held on Wednesday, 6th October, 2021 at The Ballroom, Sandbach Town
Hall, High Street, Sandbach, CW11 1AX

PRESENT

Councillor K Flavell (Chair)
Councillor C Bulman (Vice-Chair)

Councillors M Addison, M Beanland, J Buckley, D Edwardes, S Handley,
G Hayes, I Macfarlane, M Simon (substitute) and L Smetham

OFFICERS IN ATTENDANCE

Ali Stathers-Tracey, Director of Prevention and Early Help
Jacky Forster, Director of Education and 14 – 19 Skills
Kerry Birtles, Director of Children's Social Care
Shelley Brough, Head of Integrated Commissioning
Mark Bayley, Head of Achievement and Attainment
Deborah Nickson, Legal Team Manager (People) and Deputy Monitoring
Officer
Joanne Wilcox, Head of Financial Management
Josie Lloyd, Democratic Services Officer

15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors L Anderson, J
Saunders and L Smith. Councillor M Simon attended as a substitute.

16 DECLARATIONS OF INTEREST

There were no declarations of interest.

17 MINUTES OF PREVIOUS MEETING

A typographical error was noted in the list of Members present. It was
agreed that 'C Clowes' would be corrected to 'J Clowes'.

Jacky Forster provided an update on the current Covid situation in schools
and the challenges arising from the high infection rates in school age
children, as well as giving assurances on the work being done to address
these challenges. The committee thanked the schools and all teams
involved.

RESOLVED –

That the minutes of the meeting held on 12 July 2021 be approved as a
correct record, subject to the above amendment.

18 PUBLIC SPEAKING/OPEN SESSION

Heidi Thurland, Head Teacher of Middlewich High School, and Kerry Kirkwood, CEO of the Sir John Brunner Foundation, attended the meeting and spoke in respect of item 8 School Organisation: Academisation of Schools: Middlewich High School to provide their support for the academisation of this school.

19 ALL AGE CARERS HUB AND STRATEGY

The committee considered the report which provided details of the journey so far for carers services in Cheshire East, the initial results of consultation and engagement, and the plans for further engagement and consultation for the Carers Strategy.

RESOLVED –

That the Children and Families Committee:

1. Approve the draft carers strategy as outlined in Appendix 2 for the basis of consultation.
2. Following consultation of the strategy, note that the final version of the All Age Carers Strategy will be presented for approval to the Adults and Health Committee, and Children and Families Committee.
3. Approve the recommission of the All Age Carers Hub contract which ends in December 2022, with Cheshire West and Chester Local Authority, and Cheshire Clinical Commissioning Group.
4. Delegates authority to the Director of Commissioning to award the jointly commissioned All Age Carers Hub contract.

20 SCHOOL ORGANISATION: ACADEMISATION OF SCHOOLS: MIDDLEWICH HIGH SCHOOL

The committee considered the report on the academisation of Middlewich High School which, due to the third-party interests in land which formed the school's site and the resulting land transactions, fell outside the officer delegations and required a Committee decision.

Concerns were raised about the length of the Underlease of Middlewich Leisure Centre and the risks this may present to both parties. It was agreed that further discussions regarding the Underlease would take place post-conversion with the Director, colleagues from the Place directorate and any other relevant parties.

RESOLVED –

That the committee:

1. Notes that Middlewich High School, King Edward Street, Middlewich CW10 9BU, will be converting to Academy status on or after 1 November 2021 as per the Department for Education (DfE) Academy Order (see Appendix 1).
2. Notes that Middlewich High School will become part of the Multi Academy Trust (MAT), The Sir John Brunner Foundation.
3. Authorises the completion of a Commercial Transfer Agreement to the Sir John Brunner Foundation relating to the transfer of all staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006, and assets to the Foundation.
4. Authorises the Executive Director of Children's Services in consultation with Chief Finance Officer and Monitoring Officer to take all steps necessary to agree and execute the Commercial Transfer Agreement.
5. Authorises the grant and completion of all transactions in relation to land, facilities or shared use agreements as are necessary in order to facilitate the conversion, including (but not limited to) the grant and completion of a lease to the Sir John Brunner Foundation for 125 years substantially in the form of the model lease produced by DfE at a peppercorn rent. The school site is identifiable as shown on the accompanying redline plan (see Appendix 2).
6. Authorise the Executive Director of Place and Chief Finance Officer to take the steps necessary to agree the required transactions in relation to land, facilities or shared use agreements to enable the Transfer, in line with the agreed heads of terms.
7. Notes that the Chief Finance Officer has authority to take all steps necessary to agree, transfer and adjust relevant budgets and allocate balances in accordance with Department for Education Guidance.

21 UPDATE REPORT ON THE 2021/2022 ACTION PLAN TO ADDRESS THE ILACS RECOMMENDATIONS

The committee received the report which provided an update on progress against the recommendations from the Ofsted Inspection of Local Authority Children's Services (ILACS) in November 2019. The report focused on the progress made since the action plan was updated in April 2021 under the leadership of the newly appointed Director of Children's Social Care.

RESOLVED –

That the report be received and noted.

22 CHILDREN AND FAMILIES PERFORMANCE REPORT QUARTER 1 2021-22

Councillor Addison left the meeting.

The committee received the report which set out the impact of COVID-19 on performance, the arrangements that were in place during this time and an overview of performance across the Children and Families service for quarter 1 of 2020-21.

RESOLVED –

That the Children and Families Committee notes the performance of Children's Services for quarter 1.

The committee adjourned for a short break.

Councillor Bulman thanked Jacky Forster and her team on the transformation of the Educational Psychology service.

23 SCHOOL ORGANISATION: ACADEMISATION OF SCHOOLS: FORWARD PLAN

The committee received the report which summarised recently converted schools and those in process to ensure Committee Members were fully briefed on the status of ongoing conversions.

RESOLVED –

That the report be received and noted.

24 CORPORATE PARENTING COMMITTEE ANNUAL REPORT 2020-21

The committee received the report which detailed the progress and achievements over 2020-21 against the five pledges the Council made to cared for children and care leavers in the Corporate Parenting Strategy. The report also set out the Terms of Reference for the Corporate Parenting Committee and the priorities for 2021-22.

RESOLVED –

That the report be received and noted.

25 UPDATE ON AFGHAN FAMILIES RESETTLEMENT SCHEME

The committee received a presentation which provided an update on the Afghan Families Resettlement Scheme. It was noted that the Home Office had requested that the location of the accommodation being used was not disclosed.

The committee thanked the teams involved for their work on this scheme.

RESOLVED –

That the update be received and noted.

26 WORK PROGRAMME

Consideration was given to the committee's work programme.

RESOLVED –

That the work programme be received and noted.

The meeting commenced at 14:00 and concluded at 16:50

Councillor K Flavell (Chair)

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Working for a brighter future together

Children and Families Committee

Date of Meeting: 8 November 2021

Report Title: Care at Home Recommission

Report of: Nichola Thompson, Director of Commissioning

Report Reference No: CF/12/21-22

Ward(s) Affected: All

1. Executive Summary

- 1.1** This report provides the background and vision that supports the redesign and re-commission of a new Children's Care at Home Purchasing System that will be operational from November 2022. The proposed Children's Care at Home Purchasing System will have a contract term of five years in order to promote consistency of care for children, sustainability for the market and innovation throughout the term. The Children's Care at Home Purchasing System will be re-designed to build on the excellent outcomes for children on the edge of care being achieved through different ways of working currently being applied and will increase the scope of support to children with disabilities. This means that it is difficult to put a value to the volume through the redesigned Purchasing system, however based on current cases and a trajectory of new ways of working an estimated value of spend over the five-year term would be £22m.
- 1.2** The continual review of the cared for children population and their journey into care has been utilised to identify lessons learnt and the changes needed to alter the trajectory for many children on the edge of care and for those in care who are ready to step down from more intensive support. The primary driver for this review, redesign and re-commission is:
- the effective support to children with disabilities at home, early support to these families to bolster resilience and the best outcomes for children with disabilities.

- to prevent children from entering the care system; an outcome which we know can often lead to additional, albeit different vulnerabilities in terms of their opportunities later in life.
- Support the return of cared for children to their birth family / family network.

1.3 The redesign and re-commission of Children's Care at Home will play an important part of the Children's Social Care Demand Management Strategy and support delivery of the targets set in the Medium-Term Financial Strategy.

1.4 A redesigned Children's Care at Home Purchasing System will support the Council to achieve the strategic aims and objectives as detailed in the Council's Corporate Plan 2021-25, with a specific focus on:

A Council which empowers and cares about people -

- Work together with residents and partners to support people and communities to be strong and resilient
- Reduce health inequalities across the borough
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Support all children to have the best start in life
- Increase opportunities for all children and young adults with additional needs.

2. Recommendations

2.1. That Committee:

2.2. Approve the redesign and re-commission of a new Children's Care at Home Purchasing System.

2.3. Delegates authority to the Executive Director - Children's Services to award contracts to providers to enter the Children's Care at Home Purchasing System.

3. Reasons for Recommendations

3.1 The current Care at Home (CAH) Framework expires in November 2022, following a 4-year contract term (2018-2022). Given the complexity of need of our children, the increased number of children going into care over recent years and the reduction in resources, now more than ever it is imperative that we ensure the right support can be offered to keep children at home, safely with their natural families.

3.2 To modernise and stabilise the current offer so that it aligns to the Council's Priorities; in particular those set out in the Corporate Plan and Children and Young People's Plan.

- 3.3 To ensure that the right level of support is available to empower parents/families to care for their child safely, and the child can remain in a place where they are both loved and looked after. By bringing children in to care, this balance is compromised and the child becomes “looked after” at the detriment of love.
- 3.4 To prevent children and young people from entering the Care System when there can be other options to keep children safe at home. The investment in home-based support will result in cost efficiencies resulting from the prevention of long term, high-cost placements and associated costs.
- 3.5 The new Purchasing System will be specifically for children’s Care at Home. Separating adults and children’s support will ensure the Purchasing System is designed specifically for children and families; creating a new way of delivering Care at Home and supporting a new approach for children on the edge of care or stepping down from care/crisis.
- 3.6 By improving the Care at Home offer to reflect the ever changing needs of our vulnerable residents, we give Social Workers the resources and options that best fit the needs of the children and families they are working with. A flexible, dynamic and innovative Purchasing System will support child centred planning in response to assessments, finding the most appropriate way to improve the child’s outcomes and welfare, aligning to Working Together to Safeguard Children (2018) and The Children Act (1989).

4 Other Options Considered

- 4.1 Allow the current Purchasing system to lapse in November 2022 and not replace it. This would require the transfer of care at home for existing children to alternative spot purchasing arrangements that may not be with the existing providers. The potential risks faced would be inconsistent and poorer quality support to children with disabilities and their families and ineffective use of resources.
- 4.2 Re-commission the Care at Home Purchasing System in its existing format. This would not resolve the issues around lack of effective services for families and would result in inefficient spot purchasing arrangements and lack of robust, auditable evidence of value.
- 4.3 Both the options above would negate the ability to build on the innovative and highly positive impacts on children that have been secured through different ways of supporting children at home that are on the edge of care or those being discharged from specialist mental health beds.

5 Background

- 5.1 Although it is absolute that in some cases a child needs to become cared for by the Local Authority in order to keep them safe, there are other cases where children are living at home with a family who love them but do not have the support, experience, resilience or resources to look after them.

When we bring a child into care, we are placing them into a home where they are appropriately looked after but not loved. The ambition is to empower parents to effectively safeguard their children and help them to thrive, keeping children in an environment where they are both loved and looked after. This may mean that they need longer term support, including out of hours.

- 5.2** The proposed new way of working would target support towards families who are at a crisis point and are struggling to deescalate risk, and families who may be reunited with a bespoke package of care and support. The model would be home based and without the traditional limitations of in-house services (such as operating hours), offering help at the time families need it most - which could be overnight or at weekends.
- 5.3** The new Purchasing System would extend the offer whilst maintaining and improving the support that is currently offered to children with disabilities. The existing Lots (set out in 5.10) would be refreshed in order to address identified gaps in current provision, including at-home support for children with autism. A resilient network of providers will offer a graduated response to need which can respond to complex care requirements whilst also offering early intervention and support to minimise the need for more intensive / high-cost support and on some occasions preventing entry into care.
- 5.4** There are currently 542 children in care in Cheshire East and the numbers have increased over recent years but the curve is turning. Few children are re-integrated back into the family home or “stepped down” from residential small group homes into foster care or back to their natural family. The average current cost of children in care is set out in the table below and this is only the direct cost. Other financial implications include statutory meetings, court and legal proceedings, cared for reviews and the hidden costs associated with placement breakdown.

The table below shows a breakdown of costs for the three types of placement over the last 5 years:

	Number of children in external foster placements	Average Cost £	Number of children in In-house foster placements	Average Cost £	Number of children in residential care	Average Cost £
2016	86	804	147	508	40	3,488
2017	109	807	153	502	31	3,164
2018	130	797	147	503	23	3,319
2019	141	847	130	497	37	3,720
2020	148	850	117	608	48	3,830
% cost increase		5.7%		19.7%		9.8%
2020 weekly costs		125,800		71,136		183,840
2020 annual costs		6,541,600		3,699,072		9,559,680

- 5.5** The current care at home contracts for children have been commissioned through a Purchasing System that has nine providers, covering 3 Lots for Adults' and Children's care at home as detailed below:
- Lot 8: Personalised care and support delivered by children's nurses for children with complex health/clinical medical needs. This Lot currently has seven providers within it, and a range of hourly rates between £15 and £22.
 - Lot 9: Personalised care and support delivered by highly skilled care workers. This Lot currently has nine providers within it, and a range of hourly rates between £15 and £18.
 - Lot 10: Personalised care and support delivered by support workers. This Lot currently has eight providers within it, and a range of hourly rates between £15 and £18.
- 5.6** Overall, since the Purchasing System went live in November 2018, there have been 22 referrals sent through eBrokerage for Children's Care at Home. Of these, only 6 (27%) packages of support have been picked up by providers on the Purchasing System. Of the remaining 73%, 6 packages of support were sourced outside of the Purchasing System but have since mobilised to become Purchasing System providers following a successful tender process. 10 packages of support have been sourced through spot purchasing arrangements with providers.
- 5.7** The current care at home contracts for children have been commissioned through a Purchasing System that mirrors the Adult Social Care system and is currently not providing the flexibility required to support children and families effectively. To date the Children's Care at Home Purchasing System has supported a small number of children with a narrow range of disabilities. There are many more families struggling with children that have behaviours that challenge due to their autism or mental health for example. The current Care at Home Purchasing System does not support discharge from Tier 4 mental health inpatient beds or children on the edge of care.
- 5.8** The dominance of care at home for adults, the narrow scope of needs and small packages of hours put out to the market to support children at home is impacting negatively on the number of providers joining the Children's Care at Home Purchasing System and the referrals they pick up. This dilutes the confidence that our social workers and parents have in this avenue of support and adds pressures on the brokerage team and social workers when looking for good quality care that can meet the needs of the families through other routes.
- 5.9** The redesign of the Care at Home Purchasing System will ensure that the existing Lots would remain in place to support children with disabilities and ensure that there is no loss of services, but rather an increase in the offer. As part of the commissioning process full consultation with parents, children,

staff, stakeholders and providers will take place alongside robust market testing. A new specification will be developed to encourage greater provider uptake of packages of support required, providing greater flexibility and choice; ultimately resulting in service improvement and better outcomes for children and families.

- 5.10** The proposed Lots that will form the key part of provider and stakeholder engagement prior to commissioning are as follows:

LOT 1	LOT2	LOT 3	LOT 4 (new)	LOT 5 (new)
Low Level Support Worker	Highly Skilled Support Worker	Nurse	Edge of Care/Step Down (Family Support)	Innovation
Low Level Medical Needs including physical disability and learning difficulty	Moderate level needs including physical and learning disability	Life Limiting or Complex Care	Harmful Sexual Behaviour, Mental Health – parent and/or child, Attachment and Trauma, Family breakdown, Parental alienation, Autism - Whole Family Approach, Substance Misuse	Bereavement, Education Participation, Returning home from care, Adoption support, Mental Health, Contextualised Safeguarding, Child Criminal Exploitation, Gang Violence or Affiliation, Suicidal Ideation, LGBTQ+

6 Consultation and Engagement

- 6.1** Local and National research identifies a range of negative impacts that entering the care system can have on children and young people. When children are bought into a stretched, under resourced and - at times - non-specialist care system, it is imperative that we assess the risk to their holistic development and wellbeing.
- 6.2** Through engagement with social workers, attachment specialists, health colleagues, parents, commissioners, heads of service and by learning from case studies it is evident that a new approach is required in order to help keep families together.
- 6.3** Next steps would be to engage in formal consultation and market engagement to support the redesign of the framework. Consultation will take place sensitively with parents, children and young people, care leavers, cared for children, foster carers and residential providers.

- 6.4** Key stakeholders will be consulted and engaged with including health and education colleagues, other LAs, adult services, SEND services, private sector, providers, police and other interested parties.

7 Implications

7.1 Legal

- 7.1.1 The outcome of the formal consultation and market engagement will feed into the redesign and recommissioning of the proposed Purchasing System.
- 7.1.2 Once the recommissioning and procurement of services has been approved, the procurement should be undertaken in accordance with the relevant provisions of the Public Contract Regulations 2015 and CEC's Contract Procedure Rules.

7.2 Finance

- 7.2.1 The long-term impact of a redesigned and re-commissioned Care at Home Purchasing system should provide an additional tool to manage demand effectively and avoid high cost placements.
- 7.2.2 In order to ensure we do not restrict much needed providers from being awarded contracts, there will be a robust system in place to look at cases individually and determine the best value offer for each child. There will be secure operating systems for Social Workers who will need auditable authorisation before any individual agreements are progressed. This will not add unnecessary layers into the system as the current way of working will be streamlined and spot purchasing will not be required.

7.3 Policy

- 7.3.1 The recommended Care at Home Purchasing System will support the corporate vision to create an open, fair and green Council. Children and families will be supported to thrive with children receiving the best start in life and growing up in a safe environment. Meanwhile the model will support a sustainable financial future by investing in families and reducing the need for high-cost placements. Open and transparent engagement facilitates a two-way conversation with our residents and the dynamic framework provides opportunities for the local care sector to work with the Council, supporting market growth.
- 7.3.2 There is an opportunity to create a "Golden Thread" to align Care at Home with the All-Age Carer's offer, looking at a pathway for referrals into the carers service to ensure that those who are entitled to extra help, receive it in the right place at that right time.

7.4 Equality

- 7.4.1 An Equality Impact Assessment has been completed and included at Appendix 1.

7.5 Human Resources

- 7.5.1 There is no direct impact on Cheshire East employees and no TUPE arrangements.

7.6 Risk Management

- 7.6.1 Risks associated to this re-commission are:

- Supporting a vulnerable cohort of children and their families at risk of a number of factors – poor education and training, health, safeguarding, poor home conditions, lack of family stability and transition into adulthood
- Lack of engagement from the provider market meaning a failure to deliver effective services
- Failure to use Council resources in the most effective way
- Reputational damage to the Council if services are not delivered and/or a serious incident occurs

- 7.6.2 The above risks will be managed through a risk register.

7.7 Rural Communities

- 7.7.1 The recommission will benefit rural communities as the offer will reach all areas within the borough.

7.8 Children and Young People/Cared for Children

- 7.8.1 The Purchasing System will be developed with children and young people at the heart of the offer. Ongoing audits and quality assurance measures will ensure that all providers continue to meet and exceed our minimum standards. Every child in receipt of care will be open to a key worker who will work directly with the child to capture their voice and will also be subject to the standard supervision process to ensure safe practise.

- 7.8.2 Contractual arrangements will ensure that the council has oversight of quality and value for money with control measures in place to address any concerns.

7.9 Public Health

- 7.9.1 Supporting families in their home environment gives them the best opportunity to effect positive change, reducing risk and supporting sustainable, safe outcomes. The proposed Lot system ensures inclusivity so that all children and young people are given the opportunity to thrive. It is well documented that a stable, secure childhood provides the foundation for fulfilling adulthood and this

model strives to narrow the gap in inequality by supporting families to grow together.

7.10 Climate Change

7.10.1 This is an exciting opportunity to work with local providers to increase local employment, reducing travel from out of borough services to deliver Cheshire East services.

7.10.2 If more children are supported to remain at home, key people working with the child will usually be assigned based on location and therefore reduce the carbon footprint by remaining local. We would also reduce the number of children who are placed at a distance and reduce the associated travel for contact or statutory visits.

Access to Information	
Contact Officer:	Dave Leadbetter, Head of Children's Commissioning dave.leadbetter@cheshireeast.gov.uk 07794 059581
Appendices:	Appendix 1 – Equality Impact Assessment
Background Papers:	None

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EQUALITY IMPACT ASSESSMENT FORM

Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

Section 1: Description

Department	Commissioning		Lead officer responsible for assessment		Dave Leadbetter (Head of Service – Children’s Commissioning)	
Service	Care at Home Framework		Other members of team undertaking assessment		Rachael Holdcroft Nicholas Lange	
Date	09/09/2021		Version		1.0	
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/plan/function/policy/procedure/service</p>	<p>This assessment relates to the impact of potential change to services resultant from re-commissioning of the Care at Home Framework</p> <p>Contract Length: 4 years. 1st November 2018 – 31st October 2022</p> <p>Aim to Go Live with a new Service: 1st November 2022</p>					
<p>Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)</p>	<ul style="list-style-type: none"> -Social Care Workforce -Service Users -Wider family members -Councillors -Commissioners -Health Colleagues 					

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EQUALITY IMPACT ASSESSMENT FORM

-Housing
-Safeguarding Partners
-Independent sector Providers

Section 2: Initial screening

Who is affected? (This may or may not include the stakeholders listed above)	<ul style="list-style-type: none"> - All stakeholders listed above potentially - Children and Young People - Whole Family
Who is intended to benefit and how?	<ul style="list-style-type: none"> - Children and Young People - Families - Social Care Workforce - Safeguarding Partners <p>Improved offer for children, young people and families who require extra help to ensure they live in a safe, supportive environment where they can thrive.</p> <p>Bespoke support offered to families experiencing complex trauma to address the holistic needs and adapt support accordingly</p> <p>Accessible services at the right time, preventing escalating needs and reducing risk.</p> <p>Less demand for “Care” which means overall reduction of pressure in the system.</p> <p>Fit for purpose framework will provide greater opportunity for local care providers to work with Cheshire East Council, providing services for vulnerable residents.</p> <p>Clearer pathways for Social Care staff through a fit for purpose brokerage offer.</p> <p>Robust systems in place to reduce the requirement for inefficient spot purchase arrangements, result in better value for money for residents of CE.</p> <p>Greater options for “stepping down” children and achieving reunification, either from care or from acute Tier 4 mental health beds.</p> <p>Better support for foster carers and residential providers to support placement stability, reducing children and young people’s need for multiple placements for short term arrangements.</p> <p>Better outcomes for children and young people as they become adults due to better stability during their childhood.</p> <p>More effective parents and baby assessments as these can be completed in the home environment, giving parents the best</p>

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EQUALITY IMPACT ASSESSMENT FORM

	<p>possible chance to successfully care for their baby. Greater flexibility in the market for care at home for children and young people with disabilities. Specialist workforce who can meet a range of needs including autism, learning disability and physical disability. Empowering whole families to respond to changing needs with confidence. Specific “Lots” which allow a range of traditional and more creative providers to access the framework, aligning to our ambition to work in an innovative way to achieve the objectives set out in the council’s priorities and the children’s plan. Significant financial efficiencies achieved through new ways of working which reduces the number of children in care. The benefits of this process will be that the views of service users and providers (via the consultation events and survey) can be used to inform the tender process and the future service specification, resulting in the residents receiving a service that best meets their needs and outcomes.</p> <p>Referrals for services within the scope of the existing contract over the last 4 years are:</p> <ul style="list-style-type: none"> - Just 22 referrals received through eBrokerage - Of these only 6 (27%) have been picked up by Framework providers - There are 9 providers currently on the Framework - Just 4 have successfully picked up children’s package <p>Current Cared For Population Snapshot:</p>
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		Number of children in external foster placements	Average Cost £	Number of children in In-house foster placements	Average Cost £	Number of children in residential care	Average Cost £	
	2016	86	804	147	508	40	3,488	
	2017	109	807	153	502	31	3,164	
	2018	130	797	147	503	23	3,319	
	2019	141	847	130	497	37	3,720	
	2020	148	850	117	608	48	3,830	
	% cost increase		6.09%		19.7%		9.8%	
	2020 weekly costs		125,800		71,136		183,840	

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	<table border="1"> <tr> <td>2020 annual costs</td><td></td><td>6,541,600</td><td></td><td>3,600,072</td><td></td><td>9,559,680</td></tr> </table>	2020 annual costs		6,541,600		3,600,072		9,559,680	
2020 annual costs		6,541,600		3,600,072		9,559,680			
<p>Could there be a different impact or outcome for some groups?</p>	<ul style="list-style-type: none"> - There are currently 542 children in care in Cheshire East. - According to the Department for Education in 2019, 54% of children in need at 31st March had abuse or neglect recorded as their primary need identified at assessment, compared to 53% last year and 49% in 2015. - Family dysfunction (15%) and child's disability (8%) were the next largest categories. <p>Anticipate that the new service will provide much needed support to families who need additional help in order to function in a safe and supportive way. This will give children and young people the opportunity to live in an environment where they are loved and well looked after. It is well documented that outcomes for children who live in a stable home environment and benefit from secure attachment are much better than for those who have experienced care, particularly when that care is disrupted.</p> <p>This service will offer something different to children on the edge of care, or those who can step down from care to be reunified with their family.</p> <p>By addressing the issues that are reported by the existing providers, we can improve the offer to children with disabilities as the framework will be designed to ensure that providers are supported to meet demand.</p> <p>The new framework would extend the current offer whilst maintaining and improving the support that is currently offered to children with disabilities. The existing Lots would be refreshed in order to address identified gaps in current provision, including at-home support for children with autism. A resilient network of providers will offer a graduated response to need which can respond to complex care requirements whilst also offering early intervention and support to minimise the need for more intensive / high cost support and on some occasions preventing entry into care.</p>								

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			There are potential impacts for the fostering and residential market as one of the primary desired outcomes is to reduce the number of children in care by strengthening families. Combined with the recent commissioning of Children's Homes, this could create a reduction in demand for external residential or fostering providers, however this is very low risk as currently we are experiencing sufficiency issues which result in a lack of available placements.								
Does it include making decisions based on individual characteristics, needs or circumstances?			This will be done at point of referral. Service Users will be put in contact with the appropriate service. The provider of the new service will ensure access to services by individuals and will consider the needs of specific groups to ensure that disadvantage does not occur.								
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)			The Framework targets children and young people who we know have additional vulnerabilities, wither due to safeguarding and welfare concerns, learning disabilities, parental capacity, physical disabilities, mental health needs or autism. The approach is innovative and engagement will ensure that we understand "gaps" in services and can use this framework to respond to identified need. Therefore no groups will have opportunities denied and the framework will be developed on an inclusive model.								
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?			Provider(s) to evidence in their equality and inclusion plan. There is a requirement in the contract for the new provider(s) to reach those who are currently under represented. This service aims to continue improved access to those with additional needs. Any contract holder will be expected to comply with all relevant legislation and Cheshire East Council policy and procedures including equality legislation. Ongoing monitoring during the delivery of the services will be designed to encourage providers to work together to share developed opportunities or issues raised.								
Is there an actual or potential negative impact on these specific characteristics? (Please tick)											
Age	Y	N	Marriage & civil partnership	Y	N	Religion & belief	Y	N	Carers	Y	N
Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N	Socio-economic status	Y	N
Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N			

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What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Consultation/involvement carried out	
		Yes	No
Age	Pre-birth to 18 (or 25 where appropriate)	Yes, indirect consultation with social workers and stakeholders, reflecting the voice of children, young people and families sensitively due to the nature of the proposals.	
Disability	Services are provided in the way that best meets the needs of children with disabilities. The LOTS will create a graded system whereby children can receive the right level of support.	Yes	
Gender reassignment	Services are provided irrespective of gender reassignment – services are based on the child’s needs and those of their parents / carers.	Yes	
Marriage & civil partnership	Services are provided irrespective of marital status – services are based on the child’s needs and those of their parents / carers.	Yes	
Pregnancy & maternity	Services for pregnancy and maternity are most likely to be enhanced through an offer which is designed to give parents the best chance of success in a natural environment.	Yes	

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Race	Services are provided irrespective of race considerations – services are based on the child’s needs and those of their parents / carers. Throughout the redesign consideration will be given to language and cultural needs to ensure that no group are isolated from the programme.	Yes	
Religion & belief	Services are provided irrespective of religion and belief – services are based on the child’s needs and those of their parents / carers.	Yes	
Sex	Services are provided irrespective of sex – services are based on the child’s needs and those of their parents / carers.	Yes	
Sexual orientation	Services are provided irrespective of sexual orientation – services are based on the child’s needs and those of their parents / carers.	Yes	
Carers	Services to parents and carers are based on the child’s needs. Carers will be routinely included in the range of service offers with specific considerations for carers.	Yes	
Socio-economic status	There is a focus on targeting help to those families and communities at higher risk of achieving poorer outcomes, however services are open to all irrespective of socio-economic status.	Yes	
Proceed to full impact assessment? (Please tick)	Yes	No	Date

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	No	Yes. Children and young people up to the age of 25.	Low	Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation. As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the

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				Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably
Disability	No	Yes. Better range of framework services for children and young people with disabilities. This gives us reassurance that providers meet our required minimum standards and supports good working relationships.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in</p>

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				place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably
Gender reassignment	No	Yes. Services will be offered to children and young people who are exploring gender identification. This is a known gap in the current offer and the new framework will ensure we have the right specialism to offer help and support to Children and Young People.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors</p>

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				will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably
Marriage & civil partnership	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and</p>

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				policies to provide evidence to commissioners that services are offered equitably
Pregnancy and maternity	No	Yes. Bespoke support available to pregnant women and families to support them to successfully parent their baby.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are</p>

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				offered equitably
Race	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>

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Religion & belief	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>

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Sex	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
Sexual orientation	No			

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Carers	No	Yes. Support to be provided to whole family, including carers.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>

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Socio-economics	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
<p>Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality</p>				

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legislation (e.g. tendering, awards process, contract, monitoring and performance measures)

Yes. The contract will be awarded to externally contracted provider(s) through a tender process, which will ensure that providers comply with equality legislation. This will be monitored through the contract management process.

Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Framework to entice innovative providers who can offer the right support to vulnerable groups with dedication and resilience. Providers who can work flexibly including a willingness to work unsociable hours to meet need.	Commissioning/Contracts Team/Operational Teams	EE/NL/RH	November 2022
Please provide details and link to full action plan for actions	Mobilisation plan will be developed.		
When will this assessment be reviewed?			
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		

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Lead officer signoff	Rachael Holdcroft Nicholas Lange	Date	09/09/21
Head of service signoff	Dave Leadbetter	Date	07/10/21

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Working for a brighter future together

Children and Families Committee

Date of Meeting:	8 November 2021
Report Title:	Crewe Youth Zone
Report of:	Ali Stathers-Tracey, Director of Children's Prevention and Support
Report Reference No:	CF/06/21-22
Ward(s) Affected:	All Crewe Wards

1. Executive Summary

- 1.1.** This report provides an update on the progress made to date to develop a Crewe Youth Zone, including an outdoor satellite site, following Cabinet approval in October 2020. The focus of the report is to take forward the next steps required to progress capital and revenue financing of the project and identify and confirm suitable sites (Oak Street for the Youth Zone and Mirion Street for the outdoor satellite site) in line with the Government's Towns Fund Heads of Terms offer recorded in the Officer Decision Record, signed by the Chief Executive on 30th July 2021. This includes confirmation of details of ten projects being taken forward and addressing key conditions relating to those projects. To secure this funding each project is required to complete an approved full business case by August 2022, following which the Department for Levelling Up, Housing & Communities (DLUHC) will release funding in tranches. Crewe Youth Zone is one of the identified projects requiring £2.6m Towns Fund (£2.0m for the main Youth Zone and £0.6m for the outdoor satellite facility) towards overall costs of £9.0m required to deliver the Youth Zone.
- 1.2.** The current facilities to support young people in Crewe are very limited and there has been no formal consideration to date to consider capital investment into dedicated facilities for young people beyond schools and general community leisure facilities. The development of a Crewe Youth Zone in Oak Street including an outdoor satellite site in Mirion Street would enable the Council to demonstrate our investment in young people as valued citizens and notably, vital users of our town centres.

- 1.3. The Crewe Youth Zone will provide a high-quality new build facility that supports young people to develop new skills and socialise in a safe, positive and accessible environment. This Youth Zone will have 13 high specification equipped spaces including an outdoor satellite facility at Mirion Street, large scale sports hall, multi-use 3G pitch, climbing wall, boxing and fitness suites, dance and music studios, art workshop, café and social areas, plus flexible spaces that can be adapted to the changing needs and priorities of young people. The attraction of a successful Youth Zone encourages parents and carers to spend time in town centre retail and recreation facilities which will be critically important as we come out of the current lockdown, but also essential to the future success of Crewe town centre.
- 1.4. For the purposes of this report, further references to Crewe Youth Zone include the outdoor satellite facility at Mirion Street. The facility at Mirion Street will be procured and delivered by the Council.
- 1.5. The development of a Crewe Youth Zone is a perfect fit with the exciting programme of regeneration being planned for Crewe. Strong links have already been developed with the recently formed Crewe Town Board and Crewe Town Council.
- 1.6. A Crewe Youth Zone will support the Council to achieve the strategic aims and objectives as detailed in the Council's Corporate Plan 2021-25, with a specific focus on:

A Council which empowers and cares about people -

- Work together with residents and partners to support people and communities to be strong and resilient
- Reduce health inequalities across the borough
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Support all children to have the best start in life
- Increase opportunities for all children and young adults with additional needs.

A thriving and sustainable place –

- A great place for people to live, work and visit
- Welcoming, safe and clean neighbourhoods.

2. Recommendations

- 2.1. That Committee note this report.

- 2.2.** Notes that a further Children and Families Committee report will be prepared to seek approval for the detailed arrangements for the opening, operation and governance of the Crewe Youth Zone.

3. Reasons for Recommendations

- 3.1.** The development of a Youth Zone in Crewe will provide a much-needed facility for young people and ensure Cheshire East is a great place to be young. The Youth Zone will support the Council's strategic aim to empower and care about people and ensure that Crewe is a thriving town that provides the building blocks for the lifetime aspirations for local young people.
- 3.2.** To ensure an effective and planned approach to developing a Youth Zone that secures external funding, ensures due diligence / compliance and an aspirational facility that is sustainable for generations of young people to come.
- 3.3.** The introduction of a Youth Zone facility in Crewe town centre would support the continued diversification of the town centre, building on recent investments in the Lifestyle Centre, UTC and Market Hall as well as aligning to the Crewe regeneration programme. A prominent and vibrant Youth Zone is key to ensuring there are more reasons for more people to visit the town centre throughout the day and evening and aligns with the objectives of the Crewe Town Centre Regeneration Framework.

4. Other Options Considered

- 4.1.** The options in this instance are limited. The Council had not considered developing a major purpose-built youth facility in the borough before considering the proposal as presented, the options are therefore limited as indicated below.
- 4.2.** Option 1 - Do nothing and reject the proposal to establish a Crewe Youth Zone. The opportunity to create sustainable youth provision in the borough would be lost and the Council would have to make alternative provisions for Crewe using its own resources. This option is not recommended.
- 4.3.** Option 2 - Full Council led development. This would result in the Council needing to provide 100% capital and revenue funding (less any grant funding it could raise); Council would be required to follow the Public Contract Regulations 2015 that would add time and cost in addition to carrying capital overrun full risk and revenue liabilities. In this instance the Council's capital investment is likely to be in excess of £8m. This option is not recommended.
- 4.4.** Option 3 – make a capital investment into the local voluntary sector. The capital sum is unlikely to be matched by the voluntary sector – and any opportunities to do this would take considerable time. Without additional capital the youth facilities would only be able to offer less than half the

opportunities on offer through a Partnership approach with a charitable organisation. The borough would lose the opportunity of an inward capital and revenue investment. This option is not recommended.

5. Background

- 5.1.** Crewe incorporates some of our most deprived wards; the ability to support the area's young people to access positive things to do in their community will not only improve their health and wellbeing and drive aspirations for adulthood but also support community cohesion and a vibrant Crewe town centre. Our young people tell us on many occasions that improving positive things to do is one of their main priorities.
- 5.2.** The Council is working with a national charity OnSide Youth Zones (OnSide) to develop a Youth Zone in Cheshire East. OnSide work in partnership with local authorities, charitable trusts and local businesses to provide both capital and revenue funding for each facility. OnSide now operates a national network of Youth Zones with fourteen in operation and a number of others in the development pipeline.
- 5.3.** An open market testing exercise was undertaken to understand the ability of charitable organisations to become an effective partner of the Council. Three responses were received and only OnSide met the key criteria required to become an effective partner.
- 5.4.** Each Youth Zone is established as an independent local charity and company limited by guarantee with a local Board of Directors and an independent Chair. The Council will be invited to nominate one Board Director. Each Youth Zone is also a member of the national OnSide network which brings benefits including operational support, funding, training, development and progression opportunities, and national recognition.
- 5.5.** Crewe Youth Zone will target young people aged 8-19, and up to 25 with additional needs, and provide a safe exciting place to go to have fun, which typically include a multi-use 3G pitch, indoor sports hall, climbing wall, gym, music, dance, performing and creative arts facilities and café, along with flexible spaces that can respond to young people's changing needs and preferences. Local young people are involved in the naming, branding and interior design of each new Youth Zone from the very start.
- 5.6.** The latest OnSide Network – Ambition and Impact report published in February 2021 provides a vast array of outstanding evidence, case studies and quotes from young people (see Appendix 1). The impacts for young people cover personal development, health and wellbeing improvements, improved school attendance and reductions in crime and anti-social behaviour by Youth Zone members. The following provides an extract from the Ambition and Impact report:

- 100% of stakeholders said that the Youth Zones provided a safe place for young people to have fun and grow
- 66% of young people thought they were better at bouncing back from setbacks and disappointments
- 73% feel happier about their lives (89% for those on free school meals)
- 70% of members believe that they are more physically healthy
- 78% of parents consider that the Youth Zone has had a positive impact on their child's life, a figure which rises to 95% amongst those whose children have been attending more than 2 years
- 74% of young people aged 14 and over said they understand more about the dangers of smoking, drugs and alcohol
- 78% say staff and volunteers at the Youth Zone encourage them to prepare for the future
- 97% of stakeholders thought that their area was better since their Youth Zone opened.

5.7. The Youth Zone bid was part of the successful Crewe Town's Fund £22.9m bid, of which £2.6m has been identified for the Youth Zone project, subject to complete of an approved business case, and is a fantastic first step to securing the estimated £9.0m needed to develop a Youth Zone. There are two gateways that all projects included in the Towns Fund are required to go through before funding is confirmed and in place. These include:

– Gateway 1: provide all necessary information and project requirements to be examined by the Town Board and Accountable Body (S151 Officer) for recommendation to approve and submit to DLUHC. This includes: latest cost information and expenditure profiles; funding tranches, and in the case of the Youth Zone this also required confirmation of match funding arrangements and a more detailed delivery plan and further information on outcomes, risks, interdependencies and mitigation measures; Equalities Impact Assessment; Environmental Impact Screening; Monitoring and Evaluation Plan. All of which have been approved by S151 Officer and Crewe Town Board and submitted to DLUHC.

- Gateway 2: Government needs to be assured that the funding meets its criteria for Towns Fund and provides necessary value for money. Projects are therefore required to develop a full business case that is independently appraised and endorsed by Crewe Town Board. This submission is required to be submitted to the Towns Board by May 2022 for it to be appraised and submitted to DLUHC by 5th August 2022.

5.8. This report focuses on the formal financial commitments required from the Council in order for OnSide to establish an operating charity to manage / govern the Youth Zone, commence with pre planning development work and implementation of their fundraising plans. The current estimated maximum capital investment required of the Council is £2.2m. This could

reduce to £1.1m if Youth Investment Funding was secured and could increase to a maximum of £4.8m if the Youth Zone project does not receive final approval from DLUHC and the Crewe Town's Fund capital allocation is not therefore available.

- 5.9.** A full business case, in line with the Treasury Green Book requirements, will be developed by the end of April 2022 for Crewe Youth Zone (incorporating an OnSide fundraising commitment and plan). A Cheshire East Council business case will also be completed as part of the next round of Medium Term Financial Planning for 2022-23 and beyond.
- 5.10.** In order for the Crewe Youth Zone project to move forward, a £350k upfront capital investment is required from the Council to cover the project costs up to submission of an application for full planning consent. This will include the development of the required information for the Treasury Green Book business case including: maximise public value to society through the selection of optimal combination of components produces and related activities; is commercially viable and attractive to the supply side; is affordable and fundable over time; can be delivered successfully by the organisation and its partners. The release of any proportion of the £350k will be supported by an analysis of the services and costs to be incurred. OnSide will formally commit to raise the funding required to progress the project during the rest of the conditional period (i.e. from planning submission to start on site) at an equal value of £350k. In circumstances where the Council decides to withdraw its support for the project before commencement of construction, OnSide would require the Council to reimburse the direct and third-party costs borne by OnSide to the date of such decision (capped at a further £350k).
- 5.11.** To provide comfort in respect of the upfront financial commitment, a service level / grant agreement will be entered into subject to full review and agreement with Cheshire East Legal Services. The Council's regeneration team is liaising with DLUHC to formalise the draw-down of the initial £350k from the Towns Fund allocation to this project.
- 5.12.** Following the Council's formal financial commitment to deliver a Crewe Youth Zone, as part of the Medium Term Financial Strategy, the project is then deemed 'live' by OnSide. OnSide would then proceed with incorporation and registration of the operating charity ('Crewe Youth Zone') utilising a template of the Articles of Association which are common across the Youth Zones in the Network (subject to minor variation following changes in the Charity Commission's model and periodic review of the template by our charity lawyers). OnSide would also request that the Council nominate an elected member or senior officer to be one of the subscribers and thereafter to be a director/trustee.
- 5.13.** Crewe Youth Zone (operating charity) will procure the design and construction services through their well-established mini framework for the professional team and a single stage competitive tender to identify a

suitable building contractor. Recognising that Crewe Youth Zone will on incorporation be little more than a 'shell' and it will only develop capacity and resources gradually during the development period, it is OnSide that will provide the comprehensive development management service to Crewe Youth Zone. Development Agreements and Operational Agreements will be put in place to provide the Council with comfort that when any formal documents say Crewe Youth Zone will do something, the Council can rely on OnSide, through its various specialist teams, to ensure that it is done.

- 5.14.** In terms of the Council's release of land and assets, OnSide have supplied a template of the lease that has been successfully utilised for other live projects across the country. The heads of terms have evolved over early projects to provide an appropriate balance between providing sufficient security for Crewe Youth Zone to be a multi-generational facility for young people of the Borough (and sufficiently attractive for OnSide supporters to fund) and providing suitable protection of the Council's interests and its application of public funds. The permitted user is very restrictive and whilst OnSide cannot agree break clauses, the lease provides for forfeiture in the event of fundamental failure of Crewe Youth Zone and/or its protracted failure to provide the agreed service and community benefits. There is also the additional protection of the Lease containing step-in rights for OnSide to take over delivery of the service and benefits (subject to satisfying the Council it has the ability and resources to do so).
- 5.15.** All OnSide Youth Zones have signed a Network Agreement that has developed over the last couple of years in consultation with the Youth Zones and specialist charity lawyers. The purpose of a Network Agreement is for OnSide to provide support and for the Youth Zones to maintain the quality of delivery to which we all aspire. It provides for collaboration rather than regulation but does impose a number of mutual obligations that will support best practice, quality and sustainability. This can only be of benefit to the Council and Crewe Youth Zone's numerous other funders all of whom will enjoy the reassurance that the collective strength of the Network provides the best possible chance of our mutual aspirations being met over many years.
- 5.16.** The Council has considered the following three site criteria that have led to successful and sustainable delivery of Youth Zones:
- A prominent and neutral location
 - Good access and transport links
 - Adequate size of footprint and longevity of use.

After reviewing available Crewe sites that meet the above criteria (some have already been prioritised for other Crewe regeneration projects) only one site was left as a credible option for a Crewe Youth Zone. Oak Street car park meets the Youth Zone site criteria and is also a strategic fit with

the Crewe Town Investment Plan and Town Centre Regeneration Delivery Framework. Work will be required by the project to achieve a carparking closure order. An early pre-planning advice session was undertaken with OnSide and Cheshire East Regeneration Team and the only notable risk was the impact of taking Oak Street out of use as car park and whether this created any gap in the supply and demand for short and long-term parking. It is recommended that a formal pre-planning assessment is completed for more comprehensive advice. This assessment will need to take account of the substantial mitigating factor provided by the planned opening of a new Crewe multi-storey car park.

- 5.17.** Once built, the Crewe Youth Zone, which will be located on Council owned land, would be granted a 125-year lease, at a peppercorn rent, without break clauses but with strict user clauses and provision for forfeiture in the event of fundamental failure of the charity to comply with the terms of the lease. The proposed utilisation of any Council owned land would be subject to a further report containing specific legal advice on the nature of the legal agreement governing its use.

6. Consultation and Engagement

- 6.1.** Early engagement with a range of stakeholders is crucial for a project of the nature of Crewe Youth Zone, especially when there is such a range of important projects to regenerate Crewe town centre. Over the last eight months meetings have taken place to engage with the following stakeholders:

- Children and young people
- Crewe Town Council
- Crewe Town Board
- Crewe ward members and other lead members
- Various partners and leads for related Crewe regeneration projects
- Council planners, transport and highways colleagues.

- 6.2.** All the above engagement has allowed key stakeholders to understand the operation, facilities and outstanding outcomes that can be achieved for young people and their local community. The energy and buy-in from all parties has been overwhelmingly positive.

7. Implications

7.1. Legal

- 7.1.1.** This project presents risk in the following areas and further legal advice will be required as the project progresses to mitigate and safeguard the Council's position:
- 7.1.2.** The Constitution of the new registered charity: further advice will be required to ensure that the key procurement activities to be undertaken around the design and construction of the building and the supply of the Youth Zone services are exempt from the Public Contracts Regulations

2015, given that it is the charity that will undertake these activities. Also, further legal advice will be required in relation to governance of the charity to ensure that the Council's interests are adequately protected when decisions are made by the charity.

- 7.1.3.** The leases and Youth Zone operational agreement: further legal advice will be required to ensure that in the event the charity fails either during or after the initial 3-year period due to a lack of funding or for other reasons there are clear exit mechanism in place which will lead to acceptable outcomes for the Council.
- 7.1.4.** Any lease of the Council's land will be subject to the provisions of s123 of the Local Government Act 1972 and indeed where the rent payable is nominal the disposal must satisfy the requirements of the General Disposal Consent and any State aid requirements. Once the site has been identified the Council's Legal Department will advise in relation to any matters affecting the site prior to the lease grant and will undertake a full review of the proposed lease prior to any final decision being made to grant a lease of the Council's land.
- 7.1.5.** Legal will provide further advice as necessary through a Project Group to work through the timeline and actions to achieve the key deliverables.

7.2. Finance

Capital

- 7.2.1.** The Youth Zone was part of the successful Crewe Town's Fund £22.9m bid. £2.6m has been identified for the project subject to further appraisal and is a first step to securing the estimated £9.0m needed to develop a Youth Zone (£8.4m for the main Youth Zone and £0.6m for the outdoor satellite facility).
- 7.2.2.** The expected criteria for Round 1 of the Department for Culture, Media and Sports (DCMS) Youth Investment Fund (YIF) have changed to focus on small projects that can be delivered in 2021-22. This rules out a YIF Round 1 bid for the Crewe Youth Zone. DCMS have indicated that a Round 2 will become available and if the Youth Zone meets the criteria and a successful bid is submitted then this could reduce the Council's capital commitment by up to £1.1m. YIF would normally be based on a total of 75% of public money being allowable on the project and at least some element of non-public matched funding being required.

7.2.3. The two most realistic capital scenarios are:

	Without YIF	With YIF (Mirrors Towns Fund application)
Crewe Town Fund	£2.6m	£2.6m
CEC Capital - Prudential Borrowing	£2.2m	£1.1m
OnSide fundraising	£4.2m	£3.1m
YIF round 2	-	£2.2m
TOTAL	£9m	£9m

The £2.2m proposed capital investment from the Council would cost approximately £88k pa for 25 years in extra revenue funding for the repayment of borrowing. This is currently not included in the 2021-25 Medium Term Financial Strategy.

7.2.4. The Council's commitment to make the appropriate level of capital investment is included in the Development Agreement (DA) and except for an initial 'at risk' capital contribution of c.£350k (described below), release of the capital takes place typically by four quarterly instalments, during the construction period, pursuant to a cash flow forecast which is one of the appendices to the DA. The DA is initially exchanged conditional on both planning and all funding routes being secured.

7.2.5. The 'at risk' capital contribution of £350k will form part of an agreement between the Council and OnSide. Typically, it costs c.£350k in professional fees to get to proposals to the level of detail required for consideration of a full planning application and then a similar amount to complete advance design and tender the construction. It is of course likely that the DA will remain conditional throughout these processes and hence total 'at risk' costs of c.£700k are effectively shared between the Council and the funders that OnSide sources. OnSide fundraising can only commence once a project is 'live' (following the Council's resolution to proceed) which means that the first £350k, to take us to planning, is borne by the Council. At the point a planning application is submitted, OnSide will have sourced funding to meet the second £350k required to get the project to tender stage.

7.2.6. The Council's initial £350k commitment is usually released in two equal tranches, the first on a confirmed resolution to proceed and the second only on receiving satisfactory evidence of spend of the first. It is important to note that this £350k is an advance payment of the total capital contribution not in addition to it. The Council's regeneration

team is currently liaising with DLUHC to formalise the draw-down of the £350k Towns Fund allocation to this project.

Revenue

- 7.2.7.** The Council's revenue contribution is an initial commitment of £400k per annum for the first three years after opening. It is proposed that the existing Early Help budget will be reconfigured to free up the £400k revenue contribution in 2024 and report this as part of MTFS proposals. This is paid by way of revenue grant to the new independent charity pursuant to the terms of the Operational Agreement (OA) and typically quarterly in advance. The commitment to start release of that grant commences only after opening of the Youth Zone, although it can support mobilisation of the Youth Zone for an earlier start to revenue grant being negotiated. The revenue grant supports the core universal service that Crewe Youth Zone will offer the young people of Crewe and the OA contains provisions describing what the Youth Zone will deliver (backed by OnSide's full support). As part of the Treasury Green Book Full Five business case, it will be expected the project will be expected to undertake more detailed discussions about sustainability of the project and certainty over revenue projections.
- 7.2.8.** Importantly, there is no commitment on the Council to extend revenue support beyond the initial period covered by the OA. However, across other Youth Zones in the Network, the community benefits (and savings) have been such that other local authorities have readily agreed to continue support of the operating costs in that way.
- 7.2.9.** Annual revenue costs for the Youth Zone, once fully operational, are estimated to be £1.3m. This is anticipated to be met through fundraising through the charitable organisation OnSide partner with, including specifically targeting corporate support through the local business community and also income from young people by way of membership/attendance fees and secondary spend. OnSide's partner charitable organisation will act as lead organisation, supporting Crewe Youth Zone, for the purposes of raising the first three years anticipated revenue costs of operating the Youth Zone to the extent that it is not provided by the Council.
- 7.2.10.** The revenue implications of developing a Youth Zone in Crewe will be incorporated into a business case to redesign youth services within the current Early Help base budget and manage budget setting in the wider context of the Medium Term Financial Strategy.
- 7.2.11.** The revenue and capital implications for the Council as detailed above will be included within the Council's planning and consultation for the next Medium Term Financial Strategy.

7.2.12. The key financial risks for the Council are:

- committing the Council to annual revenue expenditure of up to £400,000.
- the scope for any increase in revenue contribution in future years.
- the need for an exit strategy if the benefits of the scheme do not materialise or partners drop out.

7.3. Policy

7.3.1. There are no policy implications to this report.

7.4. Equality

7.4.1. An Equality Impact Assessment has been completed and attached at Appendix 2. This proposal is not expected to discriminate or have negative impacts on people with protected characteristics. The development of a Youth Zone will be inclusive and ensure accessibility for those aged up to 25 that have a disability.

7.5. Human Resources

7.5.1. There are no human resource implications to this report.

7.6. Risk Management

7.6.1. The Council will continue to work to ensure the site identified for a Crewe Youth Zone (Oak Street car park) is fit for purpose and any impacts on parking across Crewe are mitigated as far as is reasonable. If the Council is unable to do so, the project may not be able to continue.

7.6.2. There is a risk that there is insufficient funding to deliver the project which could result in significant additional costs and financial strain on the Council to deliver the project or cause the project to halt, resulting in the Council being poorly regarded.

7.6.3. Indicative capital and revenue costs will be sought through the next round of planning and consultation for the Council's Medium Term Financial Strategy, and this will be kept under review each year. The formal agreements to be put in place will also need to set out the financial commitments that OnSide are required to secure to ensure the project can move forward. OnSide have significant experience and a good track record of delivering and sustaining good quality Youth Zones.

7.6.4. There is a risk that the Council's project capacity across a range of disciplines is insufficient to ensure the key milestones for this project are met. Senior officers will work with the Programme Management

Office to ensure capacity is applied to ensure the project is delivered effectively.

7.7. Rural Communities

7.7.1. No rural communities' impacts are expected.

7.8. Children and Young People/Cared for Children

7.8.1. There are significant benefits of developing a Youth Zone for Crewe young people in terms of aspirational things to do, support to mental health and wellbeing, community cohesion and changing mindset around school attendance.

7.9. Public Health

7.9.1. Developing a Youth Zone will encourage improved physical activity and mental health and wellbeing thereby improving key public health outcomes.

7.10. Climate Change

7.10.1. The project has recently completed an Environmental Impact screening exercise and will be required to complete a full Environmental Impact Assessment via Cheshire East Planning department as part of submission of full business case.

Access to Information	
Contact Officer:	Sonia Bassey, Director of Public Sector Transformation Cheshire and Warrington 01270685677 Sonia.bassey@cheshireeast.gov.uk
Appendices:	Appendix 1 - OnSide Network – Ambition and Impact report Appendix 2 – Equality Impact Assessment
Background Papers:	No background papers

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ON SIDE YOUTH ZONES NETWORK –

Ambition and Impact



Introduction

OnSide Youth Zones primarily focus on providing open access youth services to all young people from across their borough/ district regardless of socio-economic background, ethnicity or culture. Additional targeted services support young people facing challenges or personal struggles to succeed.

"I am doing more sport and I feel happier and healthier."

Mahdlo, Female, Aged 15

"The staff are amazing and want the very best for the youngsters. They go above and beyond to truly make a difference to young people's lives - especially those who are disadvantaged."

Stakeholder, Mahdlo

Young people and their families tell us about the transformative effect we have on their lives. We sought to quantify this through an independent evaluation. The findings of that research report (published in late 2019) have prompted us to reflect on what we are working to achieve, how we achieve it and the evidence we have of our impact to date. We will continue to work towards these goals making a tangible difference to young people across the country.



Goal 1:

Give young people a safe exciting place to go to have fun, build their social networks and support their personal development

Youth Zones deliver a high quality universal youth offer that enables all young people to come together, meet new people and participate in developmental activities that build confidence, self-esteem, social skills, communication skills, and team working skills. By engaging in new experiences or taking on challenges they learn from experience, problem solve and overcome setbacks, building resilience and motivation.



How we achieve the goal

Provide high quality affordable spaces for all young people to come together to have fun, make new friends and grow in some of the most deprived parts of the country.



Increase the Network of Youth Zones to provide more young people with a safe place to grow.



Provide 40hr plus of meaningful activities through a universal youth offer in each Youth Zone that enables young people to engage at a 'try', 'train' or 'team' level to support personal and social development.



Provide youth work support to help young people believe in themselves, make positive life choices and gain the skills they need to 'live, learn, work and achieve'.



Work in partnership with a network of public and voluntary sector organisations enabling the multiplier effects of joint working and resources to have greater impact, with each organisation strengthening each other's work.



Evidence

- **100%** of stakeholders said that the Youth Zones provided a safe place for young people to have fun and grow
- **95%** of young people said they felt safe at their Youth Zone (4% said 'sometimes')
- **92%** of parents of 2 year plus members said their child had learnt new things

Confidence

- **77%** of members are more self-confident
- **100%** of stakeholders said their Youth Zone improved young people's confidence

Social Skills

- **75%** of members have more friends, this increases to **87%** of those eligible for FSM
- **73%** of young people 14 plus feel less isolated as a result of their membership
- **68%** of members say they are better at mixing with people who are different from them
- **100%** of stakeholders said that it improved young people's social skills

Emotional skills

- **66%** of young people thought they were better at bouncing back from setbacks and disappointments

Analysis of outcomes by gender, disability, ethnicity and age show no significant differences with the exception of cohesion which is stronger for Junior members. The strength of impact does increase with length of membership across all indicators. Those who have been members for two years or more are around twice as likely to 'strongly agree' that there has been an impact compared with those who have recently joined.

"I just have more of a social life, met lots of people, do lots of different activities, I have fun with my friends & learn new things"
As a result, "I feel it has helped me grow which made me think more sensibly & behave better in general."

Wigan Youth Zone, Female, Aged 11



Case study

D is a 16 year old member of Mahdlo. Prior to coming to the Youth Zone she reports she was "getting into trouble, being stupid". She has now been attending for over 3 years and goes 4-6 times a week, taking part in a wide variety of activities including sports, the gym, climbing and art. She tells us the Youth Zone has had a major impact on many aspects of her life. "Just coming here has done me good I am more active, I feel happier, [and have] more friends. It's changed my personality, I've done so much better. This place has been amazing for my confidence". This has helped her do better at school. "I went back to school & listened more. I've done better in exams. I'm better at school, better at home and my mum & dad are happier with me. "

Goal 2:

Help young people to lead healthier, happier lives

We support young people to improve their physical health, emotional health and wellbeing, and emotional self care (healthy behaviours).



How we achieve the goal

Provide a varied engaging and developmental sports offer, universally available every session, that both supports young people to move from inactive to active and increase their activity levels.



Support a significant proportion of disabled young people to access the Youth Zones engaging in sport and increasing social interactions.



Provide a full holiday provision - often with subsidised places for disadvantaged young people.



Support the 'influencing factors' on young people's mental health and wellbeing through our universal offer including; social connections and inclusion, having a sense of purpose, feeling in control, healthier lifestyles, resilience, meaningful participation, addressing bullying and cohesive communities'.



Delivering targeted interventions to support emotional health and wellbeing preventing escalation e.g. mentoring to build resilience and emotional intelligence; tailored fitness programmes, cookery and nutrition training to improve physical health; and learning and employability initiatives'.



Evidence

Health

- **78%** of under 13s thought they were healthier and **66%** of over 13s; (perhaps reflecting a greater awareness of healthy lifestyles and decreasing levels of physical activity)
- **65%** of those with a disability considered they were healthier
- **95%** of stakeholders considered that it helps people lead healthier, happier lives



Physical Health

- **70%** of members believe that they are more healthy physically
- More young people are doing more activity for more days per week. Those doing little or no exercise has halved (**34% to 18%**) and those doing significant physical activity (4 days or more per week) has almost doubled (**21% to 37%**)
- **100%** of stakeholders said that it moved people from inactive to active lifestyles



Emotional health & wellbeing

- **73%** feel happier about their lives (**89%** for those on free school meals)
- **100%** of stakeholders said that it improved young people's mental health



Emotional self care

- **74%** of young people aged 14 and over said they understand more about the dangers of smoking, drugs and alcohol
- **97%** of stakeholders said that it supports young people to make healthier choices



The Way Mentoring

C is an incredibly witty, intelligent and competitive individual, with a sharp sense of humour and an infectious laugh however he was struggling to interact with peers and manage his anger; he was also experiencing several health-related complications. He was referred to the mentoring programme and matched with Mentor N based on their common interests, similar personalities and Mentor N's previous experience supporting young people with emotional & behavioural difficulties. Since being matched C has made great progress, doing many active pursuits together that C didn't ever think he would be capable of including his mentor teaching him how to ride a bike; something C was adamant he wouldn't be able to do at the beginning of their match.

C has now graduated from the mentoring journey with outcomes including:

- A healthier lifestyle which resulted in mentee C not needing medical intervention
- Techniques for managing his reaction to situations that make him angry
- Increased self-confidence and social skills

Goal 3:

Enable young people to better face the challenges of life

We support young people to develop the emotional intelligence (self-awareness, self-regulation, motivation, empathy, social skills), problem solving skills, confidence and resilience to deal with the challenges they face, to strengthen their wellbeing and promote success in life.



How we achieve the goal

Provide a safe environment, supportive relationships, positive adult role models and positive experiences through the universal offer.



Deliver universal and targeted activities that enable young people to overcome challenges and achieve.



Deliver targeted programmes such as mentoring and key working to support young people to develop the ability to understand and manage emotions and build resilience.



Offer more specialised 'trauma informed' support through our targeted programmes and partnerships for those experiencing adversity (e.g. counselling and key worker support for those at risk of child criminal exploitation or experiencing adverse childhood experiences).

Evidence

Self Awareness

- **77%** know what their strengths and weaknesses are (asked of those 14yrs plus)



Ability to manage own emotions

- **59%** are better able to control/manage their feelings better



Empathy

- **65%** are better at understanding how other young people are feeling enabling them to show greater levels of empathy and understanding



Resilience

- **73%** of young people feel less isolated (asked of those 14yrs plus)
- **66%** thought they were better at bouncing back from setbacks and disappointments
- **92%** considered that they had a trusted adult who they could speak to



- **78%** of parents consider that the Youth Zone has had a positive impact on their child's life, a figure which rises to **95%** amongst those whose children have been attending more than 2 years
- **71%** of parents of 2 year plus members believe that their child's membership had had a positive impact on their family life. This figure rises to **79%** amongst frequent attenders (4 or more times per week)

Case study

K's story illustrates the importance of being there for young people through their personal journeys to strengthen and increase the long term impact of targeted programmes. "K, age 14 was referred to Manchester Youth Zone's 'Senior Choices Programme' after several reports of anti-social behaviour. With the support from course leaders K returned to mainstream schooling. Whilst on the programme, the police reported that there were zero complaints received about K and his teachers reported he was making great progress.

After completing the programme, his attendance at school dropped dramatically and the anti-social behaviour restarted culminating in an arrest; it became apparent that more support was needed. A meeting with all professionals working with the family resulted in K being placed back on the Senior Choices Programme.

K opened up about his involvement with drugs and older gang members and openly said that he feels lost when he's not on the programme. Whilst on it, he has positive role models to speak to about what is going on in his life, and he gets to go out and do normal things that someone his age should be doing.

He is now involved in community volunteering with the Youth Zone and has returned to school.



Goal 4:

Support young people to raise their aspirations and fulfil their potential

We support young people to be ready to learn and work by raising; aspirations, sense of self-esteem and self-efficacy, communication and interpersonal skills, and fostering a determination to succeed. Young people have a better understanding of the career opportunities available, the skills required, an improved sense of how their life experiences can be valuable in the workplace and are supported to move into employment, education or training.



How we achieve the goal

Provide a range of experiences and opportunities that support young people's personal and social development increasing their self-esteem and belief they can change their lives.



Support young people to address the challenges they face enabling them to better engage in education or sustain employment.



Build understanding of the opportunities available locally and how to access them through universal provision e.g. careers events and targeted programmes.



Provide targeted educational support for those disengaging with education to help re-motivate and build a stronger sense of self belief for example Inspiring Futures and employer mentoring.



Deliver employability programmes, such as Get a Job, to support young people to be more work ready and access meaningful employment or training opportunities, in line with their aspirations.



Evidence

Aspirations

- A 2015 study showed a **17.2%** increase in aspirations amongst Youth Zone members



Ready for work/learning

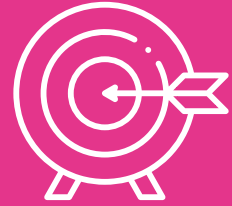
- **78%** say staff and volunteers at the Youth Zone encourage them to prepare for the future
- **68%** feel better prepared for the future – this increases to **79%** amongst frequent attenders
- **66%** are more confident in getting the qualifications/experience needed
- **66%** are clearer about what they need for the job/work they want in the future
- **58%** report getting better marks in class/perform better at work/training
- Results were particularly strong for White British members. National research shows white working class pupils achieve the lowest GCSE grades and are most likely to be Not in Education, Employment or Training (NEET)*
- High levels of improvement in aspirations and preparedness for the future amongst White British members were strongly positive findings
- For both our Inspiring Futures and Get a Job programmes **87%** of participants reported an increase in workplace skills and attributes



*Sutton Trust: Class differences, 2016

Achievement

- 17 of the 20 schools with a high density of young members attending a YZ, for which there was data, had improved their Attainment 8 Scores or had seen less decline than the national average
- Of the 1,669 NEET young people who have participated on Get a Job across the OnSide Network, 83% moved into employment, education or training (**24%** of participants had a disability or additional need)
- **97%** of stakeholders consider that the Youth Zones effectively support all young people to achieve their potential



Case study

D, a 13 year old male member at The Hive in Wirral who attends 2-3 times a week, reports he is doing better in school because of the Youth Zone. He has said if it wasn't for the Youth Zone he would be at home playing video games now he is active playing football and climbing which has helped him feel 'happier, more confident' and less isolated. "Playing with other people has made me see how other people talk and behave and I can learn how to mix well with a variety of people. I'm more pushed to meet more people, then I have more confidence to push myself in school. I'm more confident to ask questions or to go into situations I'm uncomfortable in. I can concentrate longer". As a result he reports he is enjoying school more, getting better marks and feels more prepared for the future.

Goal 5:

Strengthen communities by supporting young people to be empowered, active, responsible citizens

We increase social cohesion and build a sense belonging through our universal offer.

We develop leadership skills and support young people to feel empowered and be more active in their community. We promote positive behaviours to create safe communities.



How we will achieve the goal

Bring diverse young people together strengthening social bonds and building awareness and understanding of different cultures and communities within our universal and targeted programmes e.g. through celebrating diversity and 'hate crime' awareness projects



Aim to challenge stereotypes of young people and champion young people's perceptions.



Support young people to have a 'Voice' in the development and running of the Youth Zone, locally within their community and nationally.



Deliver citizenship based programmes to help young people feel more connected to their local community and empowered to achieve change.



Provide opportunities for young people to 'give back' to their community either by volunteering in the Youth Zone or in the local area.



Support young people to understand consequences and make positive choices in their engagement with their community.



Evidence

- **90%** of stakeholders said we strengthened local communities by supporting young people



- **94%** said Youth Zones raised pride in the local area
- **97%** of stakeholders thought that their area was better since their Youth Zone opened
- **66%** of parents of 2 year plus members believe that their child's membership made a positive difference to the community

Citizenship

- **65%** of members felt more a part of their community as a result of attending their Youth Zone
- **65%** felt that they could make a positive difference to their community
- **97%** of stakeholders said it was good or very good at encouraging people to volunteer/ take part in social activity



Cohesion

- **65%** say they are better at mixing with people who are different from them
- **97%** of stakeholders said that it made a positive contribution to community cohesion



Amongst stakeholders:

- **96%** said that their Youth Zone had made an impact on supporting them achieve their objectives
- **97%** of stakeholders said that the Youth Zone worked effectively with them in their role



Safer Communities

- **66%** of members say they are more likely to stay out of trouble
- Local stakeholders credit the Youth Zones with reducing crime and anti-social behaviour for example:
 - Greater Manchester Fire and Rescue Service credited the Youth Zones as having made a significant contribution to the significant fall in deliberate secondary fires started.
 - In Oldham police reported a **30%** reduction in ASB involving young people and a **40%** decline in young people being victims of street crime
 - In Wigan police reported a **77%** reduction in ASB in nearby Mesnes Park post Youth Zone opening
 - Chorley - Police report a **49%** reduction in nuisance & criminal behaviour by young people since opening



Case study

Tyler, aged 14 and a friend became litter picking sensations cleaning up the streets of Blackburn. He was inspired by the Youth Zone's Youth Ambassador Project to become more involved in their community through social integration, social action and team building. Tyler explained "Through doing the Youth Ambassador Project I gained the confidence to believe that I could make a difference in my community. I bought myself a litter picker and set off around the streets, all together we have collected 44 bags of rubbish. When I finish doing my local area I want to go into different areas and make a difference there. I had noticed a lot of litter lying around the streets, it makes the area look really scruffy and I was worried about the harm it would cause to wildlife. After researching I found the 'Keep Blackburn Tidy' page on facebook and knew this was something I could get involved with". The boys have since gone on to set up their own social media pages to persuade others to get involved with cleaning up the streets of Blackburn with Darwen.



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PROJECT-LEVEL ASSESSMENT TEMPLATE

A sample project-level assessment table is provided below, which follows EqIA principles to help to provide assurance that the duty has been appropriately discharged (and the outcomes recorded). Each box should be limited to around 250 words, and some may not be relevant (e.g. where there is no negative or mixed effect). The template can be completed for each project and submitted alongside the business case, as well as included in the summary document. Towns may make amendments to the template to reflect local circumstances or needs.

(Note, there is an alternative, long-form layout to this template in Appendix A, which you may find easier to complete. You might choose to use this version as a summary / comparison version.)

Name of project:	Crewe Youth Zone Cheshire East
Project objectives: (describe the project's aim as it relates to protected characteristics)	A high-quality new build facility that supports young people to develop new skills and socialise in a safe, positive and accessible environment

Consideration	Protected Characteristics (Part 1)				
	Age	Disability	Gender reassignment	Marriage and civil partnerships	Pregnancy and maternity
Baseline situation (describe only where different to the national average, or where otherwise relevant)					
Assessment text (summary of how the proposed project affects the protected characteristic)	This project stands to benefit younger people as that is the focus of this new facility. This is a positive effect. However, there is the possibility that older people who live in the vicinity of the new facility may be concerned about anti-social behaviour. This is a potential negative effect on this protected characteristic group. This could be mitigated via some early local community engagement and involvement of any older residents in the area.	This project is open to young people with disabilities and additional needs. The key issue here is access. This means physical access and the building being fully accessible and having a full Changing Places toilet facility. Good access also means good bus routes and close bus stops. Promotion of the service and methods of booking will also need to take into account people with sensory disabilities and learning disabilities. Easy read versions of any promotional materials will be built in. The mitigating action here could be to involve disability user groups and access experts in the planning	There is no clear evidence that this protected characteristic group could be disproportionately affected	There is no clear evidence that this protected characteristic group could be disproportionately affected	There is no clear evidence that this protected characteristic group could be disproportionately affected
Is the effect positive/negative/mixed? (add an explanation)	+VE / M / -VE	+VE / M / -VE	+VE / M / -VE	+VE / M / -VE	+VE / M / -VE
	Mixed	Potentially negative	N/A	N/A	N/A
If the effect is negative or mixed:					
Is the effect significant? (add an explanation)	Y	Y	Y / N	Y / N	Y / N
	Explained above	Explained above	N/A	N/A	N/A

Consideration	Protected Characteristics (Part 1)				
	Age	Disability	Gender reassignment	Marriage and civil partnerships	Pregnancy and maternity
What embedded mitigation does the project contain?	This noted potential mixed impact could be mitigated via some early local community engagement and involvement of any older residents in the area. This may not yet be embedded into the project plan – see below	All aspects of access, and transport for disabled young people will be embedded in project plans	N/A	N/A	N/A
What residual significant effects remain?	Without the above recommended action there is the potential for a residual negative impact	None likely			
Is there an in-combination effect across multiple protected characteristics (across both Part 1 and Part 2 of the assessment table)? <i>(e.g. the proposed project has minor effects across several protected characteristics which, when considered together, have a more significant impact)</i>	There are no clear combination effects				
What action is required? Who will be accountable for it? <i>(this could include further mitigation measures or re-prioritisation of projects)</i>	Early local community engagement and involvement of any older residents in the area	As long as all aspects of access are built into the planning process then no mitigating actions should be needed. It is however recommended that once the provision is up and running that access audits are completed by disabled people and the results fed back	N/A	N/A	N/A

Consideration	Protected Characteristics (Part 2)				
	Race	Religion or belief	Sex	Sexual orientation	'Family Test' (if used)
Baseline situation <i>(describe only where different to the national average, or where otherwise relevant)</i>					
Assessment text <i>(summary of how the proposed project affects the protected characteristic)</i>	There is a substantial Polish population in Crewe. It is anticipated that multilingual promotion would be advantageous. Cheshire East are also supporting the national Afghan citizens resettlement scheme and all cultures will be encouraged and supported to access the centre. Community Support Officers are well placed to ensure all cultures are supported to access services. In the new Youth Zone.	Some ethnic groups require strict segregation of males/females – for instance the potential need for one sex swimming classes. These aspects will be built into the service offer specification to mitigate this risk	The take-up of organised sports activity amongst females is known to be lower than males. To mitigate this particular attention will be paid to gender when designing and rolling out marketing and promotion	There is no clear evidence that this protected characteristic group could be disproportionately affected	
Is the effect positive/negative/mixed? <i>(add an explanation)</i>	-VE	-VE	-VE	+VE / M / -VE	+VE / M / -VE
	Potential negative impact	Potential negative impact	Potential negative impact		

Consideration	Protected Characteristics (Part 2)				
	Race	Religion or belief	Sex	Sexual orientation	'Family Test' (if used)
If the effect is negative or mixed:					
Is the effect significant? <i>(add an explanation)</i>	N	N	N	N	Y / N
	See above	See above	See above	N/A	
What embedded mitigation does the project contain?	It is recommended that multilingual promotion would be advantageous. Community Support Officers will also provide support and ensure any new cultural settlers / refugees are provided with culturally sensitive access to services.	These aspects will be built into the provision specification to mitigate this risk			
What residual significant effects remain?	None if the above mitigating actions are taken	None if the above mitigating actions are taken	None if the above mitigating actions are taken		
Is there an in-combination effect across multiple protected characteristics (across both Part 1 and Part 2 of the assessment table)? <i>(e.g. the proposed project has minor effects across several protected characteristics which, when considered together, have a more significant impact)</i>	There are no clear combination effects				
What action is required? Who will be accountable for it? <i>(this could include further mitigation measures or re-prioritisation of projects)</i>	Multilingual promotion and sensitive approaches regarding refugee families new to the area. The Charity and OnSide will be accountable for this.	These aspects will be built into the provision specification to mitigate this risk	Attention will be paid to gender when designing and rolling out marketing and promotion		

SAMPLE PROGRAMME-LEVEL ASSESSMENT TEMPLATE

Following project-level assessment, a programme-level assessment should be undertaken which considers effects on the protected characteristics across the whole portfolio of projects. A sample programme-level assessment table is provided below, to be submitted alongside the business case and included in the summary document. It is suggested that the overall assessment should be around 500 words across the assessment, although this will depend on the issues arising. As above, Towns may make amendments to the template to reflect local circumstances etc.

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[Town name] Programme Level Public Sector Equality Duty (PSED) Assessment	
Consideration	Response
Summary of the main findings of project-level assessments undertaken:	<p>Early engagement with a range of stakeholders is crucial for a project of the nature of Crewe Youth Zone, especially when there is such a range of important projects to regenerate Crewe town centre. Over the last six months meetings have taken place to engage with the following stakeholders:</p> <ul style="list-style-type: none"> - Children and young people - Crewe Town Council - Crewe Town Board - Crewe ward members and other lead members - Various partners and leads for related Crewe regeneration projects - Council planners, transport and highways colleagues. <p>The views of young people are included in the specification.</p> <p>Although the following consultation results are not specific to Cheshire East they are very reflective of the service that will be mobilised in Cheshire East. This provides strong evidence of comprehensive consultation:</p> <p>The latest OnSide Network – Ambition and Impact report published in February 2021 provides a vast array of outstanding evidence, case studies and quotes from young people. The impacts for young people cover personal development, health and wellbeing improvements, improved school attendance and reductions in crime and anti-social behaviour by Youth Zone members. The following provides an extract from the Ambition and Impact report:</p> <ul style="list-style-type: none"> - 100% of stakeholders said that the Youth Zones provided a safe place for young people to have fun and grow - 66% of young people thought they were better at bouncing back from setbacks and disappointments - 73% feel happier about their lives (89% for those on free school meals) - 70% of members believe that they are more healthy physically - 78% of parents consider that the Youth Zone has had a positive impact on their child's life, a figure which rises to 95% amongst those whose children have been attending more than 2 years - 74% of young people aged 14 and over said they understand more about the dangers of smoking, drugs and alcohol - 78% say staff and volunteers at the Youth Zone encourage them to prepare for the future - 97% of stakeholders thought that their area was better since their Youth Zone opened.

[Town name] Programme Level Public Sector Equality Duty (PSED) Assessment	
Consideration	Response
Is there an additional cumulative impact at the programme level? <i>(e.g. whether the combined impact of more than one project on protected characteristic(s) has a different or more significant effect than when considered on a project-by-project basis)</i>	This Equality Impact Assessment is specific to this Crewe Youth Zone project and so there is no cumulative issue envisaged.
Are there any other impacts of the Towns Fund programme which are not included elsewhere in the PSED assessment?	This Equality Impact Assessment is specific to this Crewe Youth Zone project.

[Town name] Programme Level Public Sector Equality Duty (PSED) Assessment	
Consideration	Response
What actions (if any) have arisen from the assessment?	<p>The major impact of the Crewe Youth Zone is overwhelmingly positive for the target group of young people.</p> <p>There are some minor recommendations set out in the earlier sections and summarised below:</p> <p>Age: Early consultation with older people in the vicinity</p> <p>Disability: All aspect of access for disabled people to be built into planning and the use of service used access audit groups to test out effectiveness when the provision has opened</p> <p>Race: Multilingual promotion, cultural awareness and sensitivity</p> <p>Religion: Awareness and sensitivity built into planning</p> <p>Sex: Attention will be paid to gender when designing and rolling out marketing and promotion. This is because the take up of females into these kind of services tend to be lower.</p> <p>As well as the above protected characteristics there may be a need to assess impacts on two other user groups namely carers and socio-economic groups. For example:</p> <ul style="list-style-type: none"> • Some young people may not be able to attend for early evening or early morning sessions if they have caring roles back at home, In these cases the young person would be encouraged to be referred to the Carers Hub. There could be potential for respite care to be arranged allowing inclusion for the young carer. • Some young people from a home setting where there is poverty/ border line poverty, may not have the resources to fund bus fares when needed to get to the new service. Consideration could be given to a young persons' "Ride to the Youth Zone" mini bus with a scheduled route pick up and drop off for young people with the relevant Youth Zone membership card.

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Working for a brighter future together

Children and Families Committee

Date of Meeting: 8 November 2021

Report Title: SEND Strategy

Report of: Jacky Forster, Director of Education and Skills

Report Reference No: CF/09/21-22

Ward(s) Affected: All

1. Executive Summary

- 1.1.** This report sets out the Special Educational Needs and Disabilities (SEND) Strategy 1 September 2021 – 31 August 2024 and the consultation and engagement that has occurred to compile the SEND Strategy and associated action plan.
- 1.2.** The SEND Strategy has been drafted with clear sight on the Council's aim to be open and fair. We have worked transparently with our residents and partners to deliver our SEND vision and ambitions across Cheshire East. The SEND Strategy aims to reduce inequalities, promote fairness and opportunity for all our children and young people with SEND and their families.
- 1.3.** The SEND Strategy is a key driver in the Council's priority to empower and care about people, with a focus on:
 - Working together with residents and partners to support people and communities to be strong and resilient
 - Reducing health inequalities across the borough
 - Supporting all children to have the best start in life
 - Increasing opportunities for all children and young adults with additional needs
 - Ensuring all children have a high quality, enjoyable education that enables them to achieve their full potential.

2. Recommendations

- 2.1.** That the Children and Families Committee approve the SEND Strategy and associated action plan for 2021 – 2024.
- 2.2.** That the Children and Families Committee receive an annual report on the progress being made against the vision, values and actions contained in the SEND Strategy.

3. Reasons for Recommendations

- 3.1.** The two recommendations detailed within this report will ensure that the Children and Families Committee agree the SEND Strategy for the next three years and have oversight of its delivery.

4. Other Options Considered

- 4.1.** This section is not applicable.

5. Background

- 5.1.** Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people - that they achieve well in all aspects of their lives and are happy, fulfilled and play an active role in their communities. For children and young people and their parents and carers, this means that their experiences will be of a system which is supportive of everyone and we ensure our resources and energy are applied efficiently. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents and carers will know what services they can reasonably expect to be provided. Children and young people and their parents and carers will be fully involved in decisions about their support and what they want to achieve.
- 5.2.** We have drafted a SEND Strategy (see attached Appendix 1) as we come out of unprecedented times due to the COVID-19 pandemic. Children with disabilities and their families/ parent carers in particular have experienced significant pressures from the impact of COVID on them and their support services. There are significant pressures on resources across the SEND system (including a high needs funding block under extreme pressure) and children and young people and their parents/ carers expectations quite rightly remain high. This strategy will support us to ensure that we are well placed to meet this changing landscape.
- 5.3.** Due to the energy, commitment and dedication of all parties involved in this work, we have already moved a long way towards achieving our aims, but we still have more to do to ensure that children and young people achieve their best possible outcomes. Our SEND revisit in May 2021 by Ofsted and the Care Quality Commission scrutinised whether we had made sufficient progress in addressing two areas of significant weaknesses identified at a previous inspection in 2018, which were:

- the timeliness, process and quality of education, health and care (EHC) plans; and
 - establishing an effective autism spectrum disorder (ASD) pathway and in reducing waiting times.
- 5.4.** Inspectors found that, since their last visit, the timeliness, process and quality of EHC plans have been transformed, saying that by early 2020, almost every needs assessment was completed within the 20-week deadline, compared to less than one in six in 2018.
- 5.5.** Regarding support for children and young people with autism, inspectors found that more children are starting nursery and school with their needs understood and met. Families have also been offered support and training, so they can better understand and support their child. In terms of waiting times, in 2018 more than 200 children and young people were waiting more than 12 weeks for their first assessment, but by March 2020, this had reduced to two weeks.
- 5.6.** The improvements identified in our revisit and the feedback from inspectors to improve our communication with parents and carers surrounding our improvement journey is captured within this strategy. This will be monitored and scrutinised on a bi-monthly basis by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this strategy. Our Communications and Engagement strategy is also being updated to reflect the need to be a listening and proactive partnership.
- 5.7.** It is important that the delivery of the priority actions from the previous SEND Strategy, and the momentum that has been achieved, is not lost as we move to a new SEND Strategy. A significant amount of improvement has been achieved over the last three years and as you would expect across SEND, many of the improvements require further ongoing attention to ensure they are fully embedded and monitored to ensure their positive impact is a reality for children, young people and their families. The SEND Partnership Board structures will continue to focus on the following areas:
- Improving the quality of EHC Plans. Ensure a clear focus on SEND outcomes, and on what impact support is having for children and young people and how this is supporting them to achieve their aspirations.
 - Sufficiency of local, good quality SEN school places.
 - Improvements in the timeliness and transparency of the autism assessment pathways from referral, first appointment, assessment to receiving an outcome. Ensuring a continued focus on the support provided pre and post diagnosis.
 - Ensuring co-production is at the heart of all we do.
- 5.8.** Taking account of the continued work described above, and the detailed actions contained in our all-age strategies for Autism, Mental Health and Learning Disability, the priorities for 2021 – 2024 have been split into

three years to ensure that the workload is spread and everyone driving the improvements is clear on achieving positive impact for children and young people.

The following five areas will be our main focus for action over the next three years:

1. Improving Communication and coproduction with families
2. Access to Provision and Support
3. Improve timeliness and quality of Annual Reviews of Education Health and Care Plans
4. Effective and Supported Workforce
5. COVID-19 Recovery.

5.9. This report ensures that the Children and Families Committee agree the SEND Strategy for the next three years and have oversight of its delivery. An annual report on the progress being made against the vision, values and actions contained in the SEND Strategy will be presented to Children and Families Committee.

5.10. It is important to recognise everyone who has made, and is continuing to make, this Strategy a reality, including:

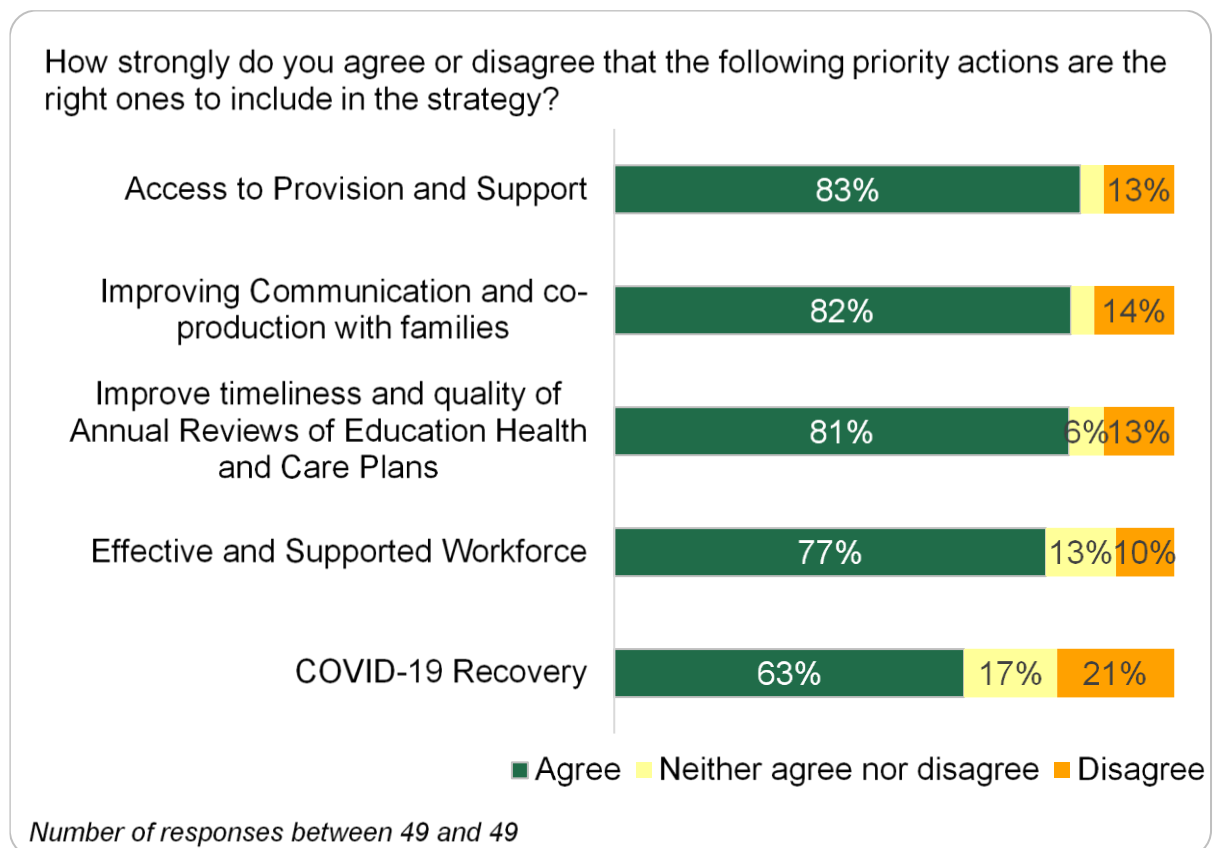
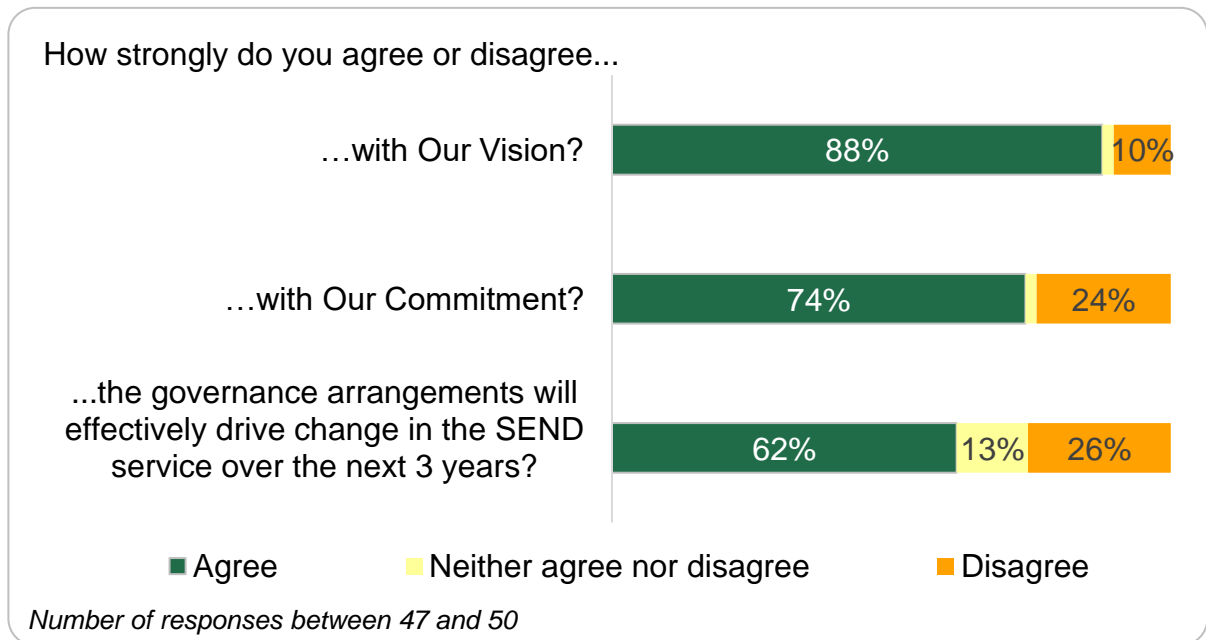
- All the children, young people, parents and carers who gave their time and energy, and honestly told us how it is
- Our Education professionals, including SEND and specialist support teams, and staff within educational settings
- Early Help and Social Care professionals in Children's and Adults' Services
- Health professionals within the Clinical Commissioning Group and provider services
- All members of the 0-25 SEND Partnership Board and workstreams.
- A special thanks to the Cheshire East Parent Carer Forum for their engagement and detailed feedback on the drafting of the strategy.

6. Consultation and Engagement

6.1. This SEND Strategy has been written after engagement sessions with the SEND Partnership Board, parent / carers, multi-agency partners, Special Educational Needs Co-ordinators (SENCOs) during the period March through to July 2021 and also by listening to children and young people through completion of their individual SEND Passports. The engagement sessions have been supplemented with email correspondence from across partners and in particular a detailed response from the Cheshire East Parent Carer Forum.

6.2. To support the extensive informal consultation undertaken to develop this SEND Strategy, during September and October 2021 a formal

consultation with SEND partners was undertaken. A total of 51 respondents, ranging from parent carers to professionals took the further opportunity to contribute to the Strategy. It is extremely positive to see that very large proportions of consultation respondents gave support for the Strategy:



- 6.3.** While the survey has provided us with confirmation that the Strategy is a good base from which to make improvements, there are a number of people who took the opportunity to highlight their lived experiences, and the day-to-day frustrations they are having to deal with when supporting children with SEND. This strengthens the need to make positive change, as defined within the SEND Strategy.

7. Implications

7.1. Legal

- 7.1.1.** There are no legal implications to this report.

7.2. Finance

- 7.2.1.** Due to extreme pressure on the High Needs funding block as set out in the High Needs recovery plan, this strategy will help to strengthen CEC's response to mitigate these financial pressures, specifically linked to EHCPs.
- 7.2.2.** Improving the quality of EHCPs by ensuring a clear focus and regular ongoing reviews will allow CEC to achieve value for money (VfM) whilst also achieving the best outcomes for the child.

7.3. Policy

- 7.3.1.** There are no policy implications to this report.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment has been completed to support the SEND Strategy and is attached as Appendix 2 to the report.

7.5. Human Resources

- 7.5.1.** Adequate resource needs to be in place to ensure that the SEND Strategy's objectives are met.

7.6. Risk Management

- 7.6.1.** The main risk to the SEND Strategy is the non-achievement of the priority actions detailed within the strategy. The SEND Partnership Board will provide oversight and challenge to the delivery of the SEND Strategy and an annual report detailing the progress being made against the vision, values and actions contained in the SEND Strategy will be presented to Children and Families Committee.

7.7. Rural Communities

- 7.7.1.** The SEND Strategy covers the sufficiency of provision for children and young people with SEND as we want to ensure that children and young people can attend education and receive support close to their homes.

7.8. Children and Young People/Cared for Children

- 7.8.1.** The SEND Strategy provides the platform for the SEND Partnership and all relevant organisations in Cheshire East to come together to commit to provide the best quality education and support for children and young people.

We want all our children and young people with special educational needs and/or disabilities to be HAPI:

- **H**appy and healthy
- **A**chieving their potential
- **P**art of their communities
- **I**ndependent as possible, making choices about their future.

7.9. Public Health

- 7.9.1.** One element of the vision contained in the SEND Strategy is to ensure our children and young people with special educational needs and/or disabilities are happy and healthy. There are a range of priorities within the strategy that focus on mental health and wellbeing and effective access to health services.

7.10. Climate Change

- 7.10.1.** There are no direct climate change implications to this report, however the planned improvement to the sufficiency of good quality, local SEN school places will ensure that the long travel times to alternative school placements outside of Cheshire East are reduced.

Access to Information	
Contact Officer:	Dave Leadbetter – Head of Children’s Commissioning dave.leadbetter@cheshireeast.gov.uk 07794 059581
Appendices:	Appendix 1 – Draft SEND Strategy 2021 – 2024 Appendix 2 – Equality Impact assessment
Background Papers:	None

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Cheshire East Special Educational Needs and Disability (SEND) Strategy 2021 – 2024

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Cheshire East
SEND Partnership



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We would like to thank everyone who has made, and is continuing to make, this Strategy a reality, including:

- All the children, young people, parents and carers who gave their time and energy, and honestly told us how it is
- Our Education professionals, including SEND and specialist support teams, and staff within educational settings
- Early Help and Social Care professionals in Children's and Adults' Services
- Health professionals within the Clinical Commissioning Group and provider services
- All members of the 0-25 SEND Partnership Board and workstreams.

1. Glossary

Term	Meaning
ADHD	Attention Deficit Hyperactivity Disorder is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.
ASC	Autistic Spectrum Condition is a condition related to brain development that impacts how a person perceives and socializes with others, which can cause problems in social interaction and communication.
ASD Pathway	Autistic Spectrum Disorder Pathway describes the expected practice in relation to people whose needs may fall within the Autism Spectrum Disorders.
CAMHS	The name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.
Child's Electronic Case Record	This refers to the electronic social care case management system used by the Local Authority. It is often referred to as Liquid Logic.
Coproduction	This is an approach whereby professionals, children and young people and their families work together as equal partners to plan services that affect them. In Cheshire East this is committed to our 'TOGETHER' values which support open and clear communication and accountability to all involved in providing support to children and young people with SEND.
EHC	Education, Health and Care
EHCP	An Education, Health and Care Plan is a legal document that sets out a child or young person's special educational, health and social care needs. It describes the extra help that will be given to meet those needs and how that help will support them to achieve what they want to in their life.
Engagement Session	Sessions where children and young people, parents and carers and members of the SEND partnership come together to share their views and ideas about the strategy.
First Concerns	Children and young people who have been identified as having emerging difficulties.
High Needs Funding Block	The funding allocated and received from central government by Local Authorities for pupils with SEND and high needs
JSNA	Joint Strategic Needs Assessment. This is an assessment of how well the health and wellbeing needs of children and young people living in Cheshire East are being met.
Local Offer	The Local Offer lets parents and young people know what special educational needs and disabilities services are available in the borough, and who can access them.
Ofsted	Office for Standards in Education, Children's Services and Skills is responsible for inspecting the effectiveness of local area services for children with SEND.

OT	An Occupational Therapist's role is to help people overcome the effects (physical, psychological, social and environmental) of disability so that they can carry out everyday tasks or occupations.
Parent Carer Forum	The Cheshire East Parent Carer Forum is a voluntary group who work in partnership with professionals within the Cheshire East Local Authority area to ensure the voice of parents and carers with children that have additional needs is heard throughout the decision-making process of service initiatives.
Quality Assurance	The maintenance of a desired level of quality in service delivery by routinely evaluating stages in the process.
Quality First Teaching	A style of teaching that emphasises high quality, inclusive teaching for all pupils in a class.
Resource provision	A mainstream school receives additional funding to provide extra specialist support or facilities for children with SEND.
SALT	Speech and Language Therapy helps people who have speech and communication difficulties. They also help people with eating, drinking and swallowing problems.
SEN	Special Educational Needs (SEN) covers a wide range of needs. These include behavioural, emotional and social difficulties, speech, language and communication, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autism
SEN Support	The process by which schools assess the needs of children, and then provide appropriate support.
SENCO	Special Educational Needs Co-ordinator. The SENCO is responsible for the operation of a school's SEN policy and coordination of specific provision made to support individual pupils with SEN, including those who have EHC plan.
SEND	A child or young person who has a learning difficulty and/or a disability that means they need special health and education support, which is shortened to SEND.
SEND Partnership	A multi-agency partnership arrangement which leads and drives developments around support, processes and provision for children and young people with Special Educational Needs and Disability (SEND) aged 0-25 years in Cheshire East.
SEND Partnership Board	A group made up of senior representatives that drive and monitor the work of the Partnership in line with our joint SEND strategy.
SEND Passport	A tool used by the Council to aid and capture the voice of children with SEND through 1:1 and group participation.
SEND Toolkit	Explains the responsibilities, outlines the provision and support that the Local Authority expect to be in place in all educational settings which support Cheshire East children and young people with Special educational needs.
Written Statement of Action	A document which sets out the actions that are needed to address the significant areas of weakness in a local area identified by Ofsted and/or the Care Quality Commission following inspections.

2. Introduction

This **Special Educational Needs and Disabilities (SEND) Strategy** has been written after taking the views of all partners at the SEND Partnership Board, three engagement sessions with partners, and one session with Special Educational Needs Co-ordinators (SENCOs) throughout March to May 2021, and also by listening to children and young people through completion of their individual SEND Passports. The engagement sessions have been supplemented with email correspondence from across partners. The Strategy also takes account of our previous SEND Written Statement of Action, along with data and intelligence gathered through a range of feedback routes.

All our engagement to develop the Strategy and our delivery of support for SEND is premised on our TOGETHER principles of co-production. 'TOGETHER' in Cheshire East is outlined in the poster on the right, and was created by our children and young people, in conjunction with a range of professionals and parent carers, as they didn't understand the word 'co-production'.

Every attempt has been made to write the strategy so that the many people who are interested in how SEND works in Cheshire East can easily understand it. Throughout the strategy the word 'we' has been used many times on purpose because, without us all working TOGETHER, we won't achieve the excellent outcomes that we want for our children and young people with SEND.

In this strategy, 'we' includes: parents and carers, children and young people, the Local Authority, Health, education settings, providers etc.



3. Our Vision

“Together we will make Cheshire East a great place to be young”.

We believe that...

- Children and young people are best supported within their families and their communities.
- All children and young people should enjoy the best education which prepares them to thrive in adulthood.
- Cheshire East families and communities are strong and resilient, with the right help, from the right people, at the earliest opportunity.

Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people - that they achieve well in all aspects of their lives and are happy, fulfilled and play an active role in their communities. For children and young people and their parents and carers, this means that their experiences will be of a system which is supportive of everyone and we ensure our resources and energy are applied efficiently. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents and carers will know what services they can reasonably expect to be provided. Children and young people and their parents and carers will be fully involved in decisions about their support and what they want to achieve.

4. Our commitment

As a SEND Partnership, all relevant organisations in Cheshire East are committed to providing the best quality education and support for children and young people.

We want all our children and young people with special educational needs and/or disabilities to be **HAPI**:

Happy and healthy

Achieving their potential

Part of their communities

Independent as possible, making choices about their future.

5. What we face

We are publishing this strategy as we come out of unprecedented times due to the COVID-19 pandemic. Children with disabilities and their families / parent carers in particular have experienced significant pressures from the impact of COVID on them and their support services. There is significant pressures on resources across the SEND system (including a high needs funding block under extreme pressure) and children and young people and their parents/carers expectations quite rightly remain high. This strategy will support us to ensure that we are well placed to meet this changing landscape.

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

people achieve their best possible outcomes. Our SEND revisit in May 2021 by Ofsted and the Care Quality Commission scrutinised whether we had made sufficient progress in addressing two areas of significant weaknesses identified at a previous inspection in 2018, which were:

- the timeliness, process and quality of education, health and care (EHC) plans; and
- establishing an effective autism spectrum disorder (ASD) pathway and in reducing waiting times.

Inspectors found that, since their last visit, the timeliness, process and quality of EHC plans have been transformed, saying that by early 2020, almost every needs assessment was completed within the 20-week deadline, compared to less than one in six in 2018.

Regarding support for children and young people with autism, inspectors found that more children are starting nursery and school with their needs understood and met. Families have also been offered support and training, so they can better understand and support their child. In terms of waiting times, in 2018 more than 200 children and young people were waiting more than 12 weeks for their first assessment, but by March 2020, this had reduced to two weeks.

The improvements identified in our revisit and the feedback from inspectors to improve our communication with parents and carers surrounding our improvement journey is captured within this strategy. This will be monitored and scrutinised on a bi-monthly basis by the 0-25 SEND Partnership Board to ensure we achieve what we have set out in this Strategy. We will revisit and refresh our priorities in three years

to ensure we continue to develop our services in response to what is most important and what makes the most difference to our children and young people with SEND and their families.

We will only achieve a stable, creative and personalised offer for children and young people with SEND by maximising our capacity and resources available to support children and their families. Early identification of support needs and strategies to prevent those needs escalating should be a key focus.



6. Local and National drivers

National drivers

- The Children and Families Act (2014)
- The SEND Code of Practice (2015)
- The Care Act (2014)
- The Mental Capacity Act (2005)
- NHS Long Term Plan (2019)
- NHS Mental Health Investment Standard (2020)
- NICE Transition from Children's to Adults' Services for young people using health and social care services (2016)
- Equality Act 2020
- Autism Strategy
- Outcome of the current national SEND Review

Local drivers

- Children and Young People's Plan (2019-2021)
- Cheshire East Corporate Plan (2021-2025) and Medium-Term Financial Strategy
- Cheshire East Partnership 5-Year Plan
- Access to SEND services Framework
- Multi-agency Preparing for Adulthood (PfA) Strategy
- Children's Joint Commissioning Strategy (2021-2023)
- SEND Partnership Sufficiency Statement (2020) and SEN Provision Plan (2020-2023)
- NHS Cheshire CCG Plan (2019/20)
- Cheshire East All-Age Autism Strategy (2020-2023)
- 'My Life, My Choice' Cheshire East Learning Disability Strategy (2019-2022)
- Cheshire East All-Age Mental Health Strategy (2019-2022)

7. What our children and young people tell us

Local children and young people with SEND shared their views on what is important for this strategy through the completion of individual SEND Passports with sections on different topics. All of their individual contributions were captured and have been summarised below.

Area	What is working well?	What's not working well?	What would make it better?
Education, Health and Care Plan	<ul style="list-style-type: none"> My Plan helps people to understand me, to think about all of my needs, and to know what I need help with. I feel listened to and that my views are heard, and I am involved in meetings. The support I get in class/college/my support internship is helpful, and I am enjoying college/my supported internship. I feel there are people I can talk to. 	<ul style="list-style-type: none"> The Coronavirus pandemic has made some things more difficult, e.g. finding work experience, starting new support from organisations etc. Anxiety needs can be a barrier to attending meetings or can be triggered by certain class/course subjects. 	<ul style="list-style-type: none"> More subject options and work opportunities. More support around anxiety needs. More opportunities to do things on my own at an earlier age to make me a little bit more independent. Recapping what my EHC Plan says and what the next step will be.
My Education and Work	<ul style="list-style-type: none"> Having support from different places to prepare for the world of work, including job coaches and organisations being proactive in looking for work experience. I have a good plan in place for what I want to do when I'm older/after school or college, and how to get there. I am enjoying my classes/course and am happy to be working towards milestones and targets. 	<ul style="list-style-type: none"> Some difficulties in finding suitable options and work experience placements, especially due to the Coronavirus pandemic. 	<ul style="list-style-type: none"> More support for employers to encourage more of them to offer job opportunities, and more options for older young people. Being able to visit colleges and providers, and access my placement, when Covid-19 restrictions ease. Improved communication, such as people repeating instructions about tasks or giving me specific dates about when things are going to happen.
Health	<ul style="list-style-type: none"> I am able to get the health appointments and treatments that I need and can book appointments fairly quickly and know how to do this. I have been referred to, or have received, a diagnosis, and appreciate the support I have from different professionals to manage my health needs. 	<ul style="list-style-type: none"> I may need more support or specialists to meet my health needs fully. 	<ul style="list-style-type: none"> Easier access to some services, and shorter assessment times.
Care	<ul style="list-style-type: none"> I get the support and help I need to meet my care needs. Support is given by different people, including school/college staff, social workers, job coaches, carers, personal assistants and family. I also do self-care. 	<ul style="list-style-type: none"> I sometimes need more support with practical issues, e.g. to resolve issues with manoeuvring a frame around pot holes, or being able to hear in noisy places. 	<ul style="list-style-type: none"> For people to give me more independence. More deaf awareness in the general population.

Area	What is working well?	What's not working well?	What would make it better?
People who help me	<ul style="list-style-type: none"> There are lots of different people who are aware of my needs that I can speak to and ask for help if I need it. 	<ul style="list-style-type: none"> Some struggles with friendships and being in lockdown during the Covid pandemic. 	<ul style="list-style-type: none"> People to continue to treat me as a young adult. Being able to attend social groups and clubs again in person.
Opportunities and Experiences	<ul style="list-style-type: none"> I spend time with my friends and family. I access different activities, such as virtual youth groups, attending a Duke of Edinburgh group, sports clubs, dance lessons etc. 	<ul style="list-style-type: none"> There are no youth club activities, or activities for people with learning disabilities, where I live. Covid-19 has stopped me doing things. 	<ul style="list-style-type: none"> I hope some of the activities that I did before Covid-19 will restart soon, and that we can meet in person when it is safe. Local groups or opportunities to socialise with people in our area.

8. What parents and carers tell us

"Honest and open communication using clear language with children and young people and their parents"

"A single point of contact who provides support during and after the initial assessment and timely / effective communication"

"Kindness, understanding and empathy demonstrated in all communications"

"Parents, children and young people are central to all discussions and contribute as equal partners"

"Information and support are provided to enable children, young people and parents to engage meaningfully"

"Clear information on the role of the local authority and partners in monitoring provision"

"To truly understand the needs of children and work collaboratively to develop a person centred plan"

"Understanding of current legislation with regular training to ensure everyone is up to date"

"Children, young people and their parents will proactively be asked to provide feedback"

"Children and young people have the support they need"

"Settings deliver what is in the plan and parents are happy with provision"

"A greater range of provision is available"

9. Need in Cheshire East

There are approximately **84,200** children and young people under 19 in Cheshire East, which is 22% of our population.

There is a comprehensive [Joint Strategic Needs Assessment \(JSNA\)](#) for children and young people with special educational needs and/ or disabilities. Our JSNA, which reviews the health and social care needs of our population, estimates that we should expect around **8,252** children and young people aged between 5 and 18 in Cheshire East to have a special educational need. That equates to 10% of all children and young people – or **one in ten**. This number is based on the prevalence of different needs within the national population and within research literature.

9.1. Needs are increasing and changing

As at January 2021, **5072** children and young people receive SEN Support in Cheshire East, and **3145** children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan. A number of children and young people with SEN will have their needs met through universal support within Quality First Teaching and Learning, or First Concerns.

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

Children and young people with SEND are changing in the range and complexity of need they require support with. Proportionally more children and young people with SEND are eligible for free school meals: this equates to just over 25% of pupils with SEND compared to 9.5% children and young people with no SEND in Cheshire East (25.5% of pupils receiving SEN Support and 25.8% pupils with an EHCP are eligible as in the School Census, January 2020).



10. Three stages of system confidence

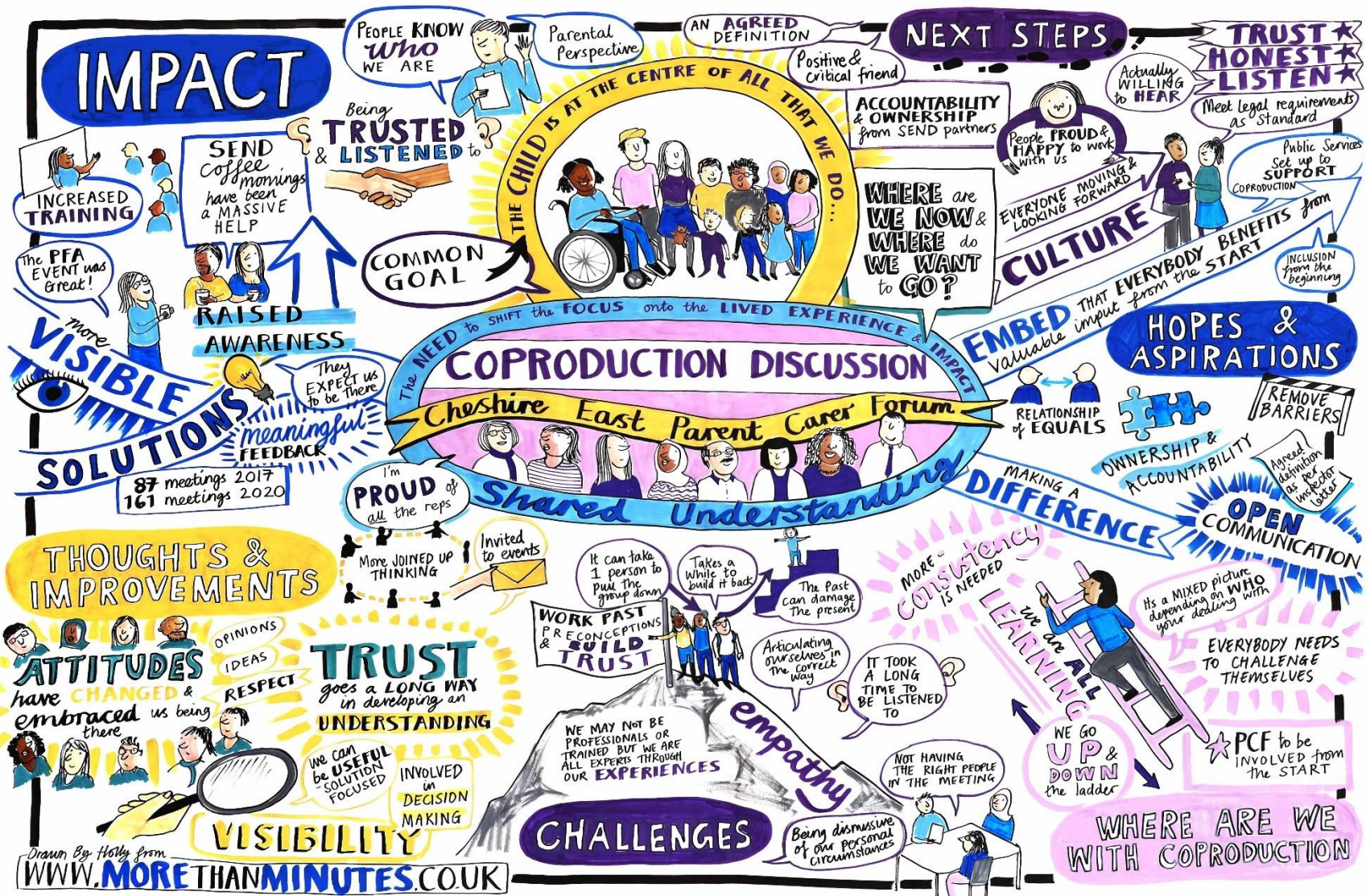
This Strategy sets out the important building blocks to achieve our vision and commitment to children and young people with SEND and their families. We will utilise the analogy of riding a bike to explain the Strategy in a straightforward manner. The principles of riding a bike from a young age are:

Riding a bike	SEND
Good stabilisers and confidence	Our partnership is clear on its priorities, has sufficient resources that are used effectively, and everyone is confident in our work together.
Right frame and servicing	As children show signs of needing support, they are supported early and effectively. As needs grow, a person-centred approach is taken, and this is checked with parents on a regular basis.
Personal touches	Children are at the centre of all we do; regular co-production and personalised communication ensures children and young people's hopes, and aspirations are met.



A group of our parents and partners got together and listed all the important things we should remember when working together (co-producing) on SEND. The results are shown as 'visual minutes' on the following page. Although a strategic discussion with our Parent Carer Forum these minutes can be used as the basis for improving co-production across the wider body of parents and carers.

We will hang this in every office, clinic, school and setting across our partnership, along with our TOGETHER principles, as a constant reminder of putting children and families at the centre of all that we do.



In order to build on this piece of work, a charter for how the SEND Partnership and parents and carers work together will be developed to build on the mantra of 'co-production, co-production, co-production'.

GOOD STABILISERS AND CONFIDENCE

CULTURE – *“Culture eats strategy for breakfast”* - the culture across our SEND partnership will determine the success of our drive to improve the outcomes and life-chances for children with SEND. By putting children and young people at the heart of all we do and supporting their **individual** needs and what is important to them, both now and in the future, we will achieve success. A positive / transparent culture across the SEND partnership and improved communication with parents and carers will build confidence and trust in all we do.

INCLUSION - children and young people are supported to access the same services, activities, and opportunities as their peers wherever possible.

FLEXIBLE AND WELL-TRAINED WORKFORCE - training the whole workforce and parent and carers **Together** will create a skilled and cohesive force for achieving good outcomes. Given the increase in demand and complexity of needs, it is even more important that our workforce can respond proactively and flexibly to patterns of demand.

Co-production, Co-production, Co-production is embedded and **Together principles applied** to ensure children and young people are always involved in the decisions that affect their lives. Parents and carers are experts on their children’s needs and are essential partners in decision making.

SUFFICIENT LOCAL, GOOD QUALITY SEN SCHOOL PLACES - children and young people can access their school place, support and activities within their local area wherever possible, and they are part of their local community.

DEMAND MANAGEMENT AND BEST USE OF RESOURCES - support is planned to meet the needs of children and young people in our area so we have the right types of support, with the right amount of availability, that are delivered effectively through multi-disciplinary teams. We are creative and innovative in meeting children and young people’s needs. Needs are met early to prevent escalation.

GOOD INTELLIGENCE - targeting support effectively and efficiently based on comprehensive, good quality, timely data and feedback from as many sources as possible.

SUPPORT - the best quality support is underpinned by good quality, timely, child and young person-centred processes, assessments and plans.

ASSESSMENT - a strong SEN needs assessment enables us to determine what support is needed, and a good quality EHCP ensures all the key parties are involved in developing a solution together. Child-centred support means providing integrated support that meets children and young people’s individual needs, across education, health and care, in line with what is important to them, both now and in the future.

OVERARCHING REQUIREMENTS

How we ensure good stabilisers and confidence is achieved:

- Regular checking in with children and young people, parents/carers & settings and clear routes for constructive feedback that maintains relationships.
- Timely, effective Annual Reviews of EHC Plans.
- Quality Assurance.
- Reflection on feedback and making the necessary changes.

RIGHT FRAME AND SERVICING

SEN SUPPORT - support is tailored to the needs of the individual child. A graduated approach means that we expect reasonable adjustments to be made to ensure that the majority of children and young people with special educational needs are able to access and have their needs met within mainstream provision, so they enjoy the same opportunities as their peers wherever possible and are fully included within their communities.

A GRADUATED APPROACH - we expect reasonable adjustments to be made to ensure that the majority of children and young people with special educational needs are able to access and have their needs met within mainstream provision, so they enjoy the same opportunities as their peers wherever possible and are fully included within their communities. Quality First Teaching and Learning, as well as effective health and social care services is the key.

MAINTAINING STABILITY OF SCHOOL PLACE - our support teams are well trained, proactive and flexible to meet the changing profile of needs. Our teams work in a multi-disciplinary way and make best use of our Cheshire East Toolkit for SEND.

DIAGNOSIS AND PATHWAYS (e.g. AUTISM, ADHD) - assessment processes and diagnosis are timely, and communication along the way is effective. It is important that pre and post diagnosis support is person-centred, and evidence based, not based on what support/skills we have available. We should avoid silo pathways as needs commonly co-exist.

JOINT COMMISSIONING - we need to make the most of our resources as a partnership to meet the needs of individuals and groups of children and young people. We utilise all the rich intelligence and feedback to plan the purchase/redesign of support needed, and constantly review that outcomes for children are being achieved.

EARLY EFFECTIVE PLANNING FOR KEY TRANSITION POINTS - from Early Years through to Post-16 preparation for adulthood, each transition point should be carefully thought through for each young person, taking account of the different environment they are moving on to, clear and timely data sharing between settings, and sharing of good practice.

EARLY PLANNING FOR PREPARING FOR ADULTHOOD - to ensure young people have time to adjust and feel comfortable with their preparation for adulthood, allowing time to build the right Post-16 offer that recognises the wide range of young people's goals and unique solutions to achieving them.

OVERARCHING REQUIREMENTS

How we ensure the right framework and servicing is achieved:

- Regular checking in with children and young people, parents/carers & settings and clear routes for constructive feedback that maintains relationships.
- Timely, effective Annual Reviews of EHC Plans.
- Quality Assurance.
- Reflection on feedback and making the necessary changes.

OFFICIAL

PERSONAL TOUCHES

BESPOKE OUTCOMES THAT ARE ASPIRATIONAL - we aim high for children and young people with SEND, and every plan, review and action to support has the lived experience and outcome for the child at the heart.

PERSONAL BUDGETS - an amount of money to deliver the provision set out in an Education, Health and Care Plan where the parent or young person is involved in securing that provision, increasing personalisation of support and involvement of families in decision making.

EVERYONE FEELING A GENUINE PART OF THE SEND FAMILY - if we let it, SEND can feel complicated and lonely for children/young people and their families. We will look for every opportunity to act as one SEND family working TOGETHER, embracing feedback, views and input from parents. We will welcome it as the useful gift it is and use it effectively to improve support and outcomes.

KNOWING THE INDIVIDUAL CHILD AND PERSONALISED COMMUNICATION - ensure support teams contacting families have familiarised themselves with the young person before engaging. Ensure learning from complaints changes practice and changes are visible to parents.

OVERARCHING REQUIREMENTS

How we ensure that personal touches are achieved:

- Regular checking in with children and young people, parents/carers & settings and clear routes for constructive feedback that maintains relationships.
- Timely, effective Annual Reviews.
- Quality Assurance.
- Reflection on feedback and making the necessary changes.

11. Potential Risks

The Local Authority and NHS Cheshire Clinical Commissioning Group have invested significant financial resources into the SEND teams and support for autism, emotional and mental health over the past two years. This has provided a basis for good improvement across SEND; however, the demands at SEN Support, levels of EHC needs assessments, and Education, Health and Care Plans, continues to put pressure on the whole SEND system.

As with many local authorities across the country, Cheshire East Council's high needs funding is projecting a £10m - £12m deficit over the coming three years and we are currently working with the Department for Education on a Recovery Plan.

In 2021-22 the government is set to announce the findings of a national SEND Review and our SEND Strategy will have to flex and respond to the recommendations.

12. Governance

This is an ambitious programme which cannot be achieved without the full commitment from all the key partners at every level, from strategic directors to frontline practitioners within Social Care, Education, and Health across children's and adult services.

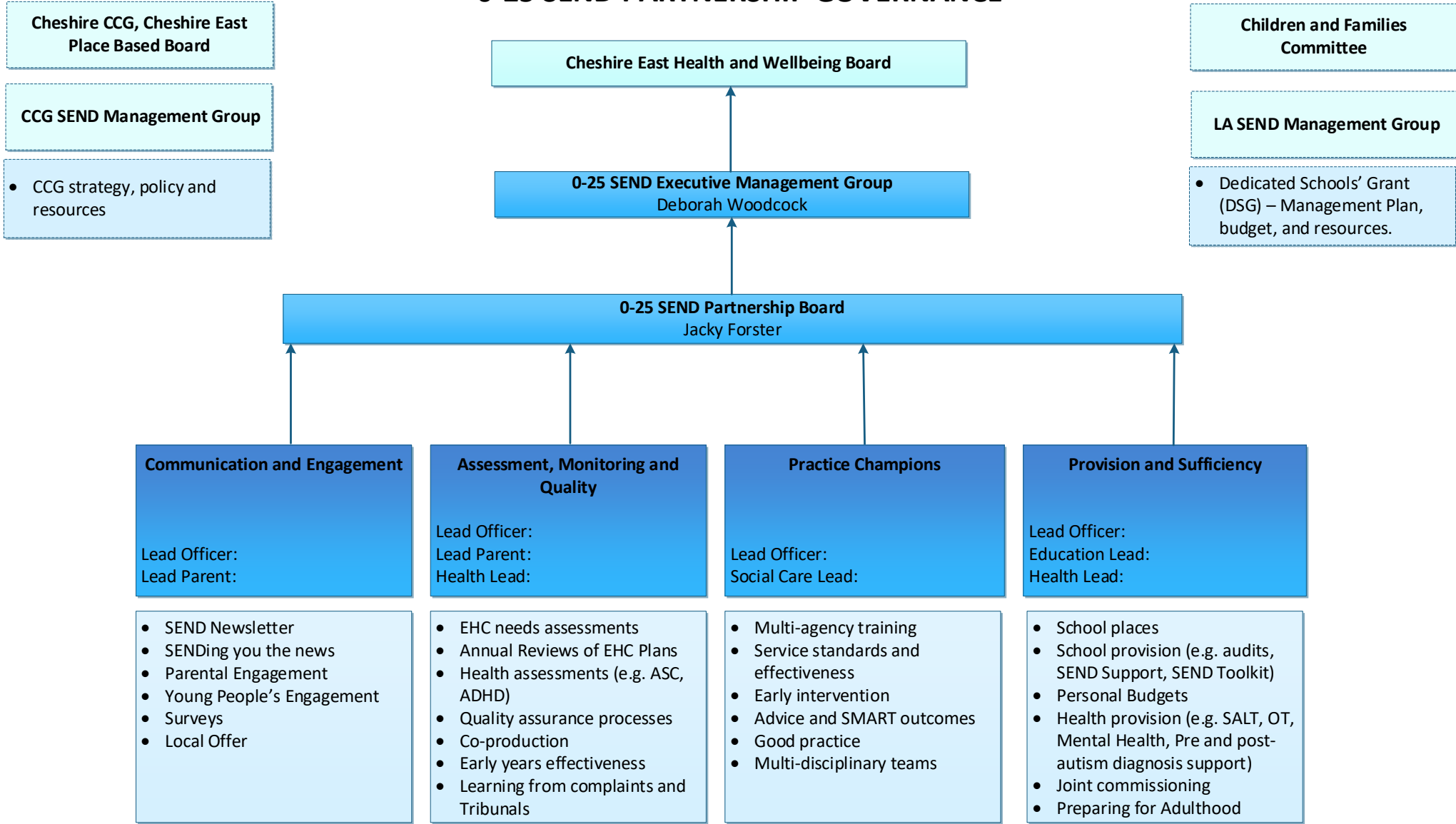
The whole SEND system needs to work together effectively in order to improve the support for children and young people with special

educational needs and disabilities (SEND) across Cheshire East. This work is being driven by the 0-25 SEND Partnership Board.

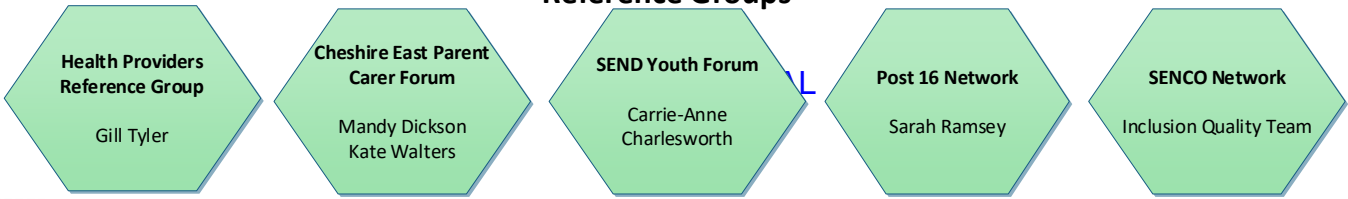
The Board is responsible for developing and delivering our SEND Strategy, in order to maximise life opportunities and positive outcomes for children and young people with SEND and their families. It includes representatives from the local authority, primary and secondary schools, further education providers, CCG and health provider services, early years, and the Cheshire East Parent Carer Forum. A governance structure for the SEND Partnership is shown on the following page.



0-25 SEND PARTNERSHIP GOVERNANCE



Reference Groups



13. Impact

13.1. How will we know we have succeeded?

We are committed to working in partnership with our key stakeholders in developing and shaping our services. Children, young people, parents, carers, early years' providers, schools and colleges, health and social care professionals are the people that are best placed to know what is needed and what works well. This strategy has been co-produced with these key stakeholders, and they will continue to be involved in helping us deliver our priorities and in evaluating what difference we are making.

Ultimately, we will evaluate our success against the difference we make to the lives of our children and young people. We will use our Quality Assurance Framework alongside the following sources to inform us on how well we are performing, what's working well, and where we need to take action to achieve change:

13.2. Qualitative Measures

Multi-agency audits will be used to evaluate the quality of our work to support families across the partnership. Findings from these audits will be reported to the 0-25 SEND Partnership Board.

13.3. Performance Measures

A SEND scorecard is in place which is reported to the 0-25 SEND Partnership Board for scrutiny. This scorecard considers a variety of information, such as the number of children and young people with Education, Health and Care (EHC) Plans by primary need, age group and locality, the number of requests for EHC needs assessments, and the timeliness of completion, and the performance of various health services.

13.4. Feedback from Families and Practitioners

We will embed a culture and structure of listening to families and practitioners to ensure effective recording and monitoring of all feedback and queries. Clear and transparent structures will be in place to evidence learning from feedback and where this has prompted change and further service developments. Mechanisms for gaining feedback on EHC needs assessments and Plans, and our Local Offer (both our provision and the quality of support) will be further enhanced and embedded.

14. Action Plan

It is important that the delivery of the priority actions from the previous SEND Strategy, and the momentum that has been achieved, is not lost as we move to a new SEND Strategy. A significant amount of improvement has been achieved over the last three years and as you would expect across SEND, many of the improvements require further ongoing attention to ensure they are fully embedded and monitored to ensure their positive impact is a reality for children, young people and their families. The SEND Partnership Board structures will **continue to focus** on the following areas:

- Improving the quality of EHC Plans. Ensure a clear focus on SEND outcomes, and on what impact support is having for children and young people and how this is supporting them to achieve their aspirations.
- Sufficiency of local, good quality SEN school places.
- Improvements in the timeliness and transparency of the autism assessment pathways from referral, first appointment, assessment to receiving an outcome. Ensuring a continued focus on the support provided pre and post diagnosis.
- Ensuring co-production is at the heart of all we do.

Taking account of the continued work described above, and the detailed actions contained in our all-age strategies for Autism, Mental Health and Learning Disability, the priorities for 2021 – 2024 have been split into three years to ensure that the workload is spread and everyone

driving the improvements has a clear focus on achieving positive impact for children and young people.



1. Improving Communication and coproduction with families

We want to achieve:

- An embedded culture of co-production when planning support and services
- An embedded culture and structure of listening to families and effective communication and relationships between families and professionals
- Families have a clear understanding of the progress and achievements of the SEND Partnership
- Clear information for families on all aspects of the SEND system and in particular the range of support and services available

How we will know if we have achieved this:

- Multi-agency audits will show that plans are effective, person-centred, focused on the lived experience and tangible outcomes and that families have been fully involved in developing solutions to meet the child/young person's individual needs.
- Service developments, plans and strategies will clearly evidence the views of parents / carers, children and young people from a wide age range and ability and how they have been involved in shaping services.
- Families will provide positive feedback on the quality of service they receive and will report that there is good communication between themselves and professionals and that they were involved and informed throughout the process.
- Families will be able to see how their views have shaped services and will feel listened to and valued by the partnership.
- Professionals will report that they have good relationship with families, and there is good communication and strong links between their service and other professionals, and a good understanding and appreciation of each other's roles.
- Usage and feedback on the Local Offer will show that families find the information on our services clear, informative, and accessible.

1.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
1.1.1.	Refresh the communication strategy to promote the work of the 0-25 SEND Partnership and engage and update key stakeholders on progress.	Our stakeholders feedback that they receive appropriate, timely and clear communication	Communication and Engagement working group	October 2021
1.1.2.	Refresh the SEND communication promise between professionals, parents/carers and young people with SEND.	Families tell us that support staff take a personalised and proactive approach when communicating.	Communication and Engagement working group	December 2021

1.1.3.	Develop a co-production charter with families to support working TOGETHER across the partnership.	Regular audits of the application of co-production confirm the charter is embedded in practice	Communication and Engagement working group	December 2021
1.1.4.	Develop a mechanism to capture and share best practice and person-centred work.	Practice workshops evidence that learning has been applied and changes are visible to parents.	Practice Champions	January 2022 (termly)
1.1.5.	Develop a termly e-newsletter for distribution to all parents and carers of children/young people with SEND through education and health settings.	Our parents and carers feedback that they receive appropriate, timely and clear communication	Communication and Engagement working group	November 2021
1.1.6.	Simplify key communications into 'at a glance' one-page summaries.	Parents and carers feedback that communication is user friendly	Communication and Engagement working group	Ongoing
1.1.7.	Develop a forward plan of joint training opportunities for parents and carers to up-skill together with support teams.	All stakeholders report that they have the right skills to succeed and there are fewer complaints, fewer queries and greater confidence	Practice Champions	February 2022
1.1.8.	Agree process for preparing and publishing annual Local Offer feedback and partnerships' response.	Effective plan in place that listens and acts upon feedback	Communication and Engagement working group	TBC
1.1.9.	Replicate Local Offer 'quick links' webpage on the Parent Carer Forum website.	To help facilitate parent carer use of the Local Offer for SEND and ensure that parent carers can easily access relevant information.	Communication and Engagement working group	September 2021

1.2. Year 2 (September 2022 – August 2023)				
Ref	Action	How do we measure success	Who's Responsible	Complete by
1.2.1.	Implement Parent / Carer access to Child's electronic case record (Liquid Logic).	Parents and carers feedback they are confident with the approach to share information from all SEND areas	Assessment, Monitoring and Quality	September 2022
1.2.2.	Embed joint training opportunities for parents and carers to up-skill together with support teams.	All stakeholders report that they have the right skills to succeed	Practice Champions	Ongoing
1.3. Year 3 (September 2023 – August 2024)				
Ref	Action	How do we measure success	Who's Responsible	Complete by
1.3.1.	No new actions			

2. Access to Provision and Support

We want to achieve:

- Early and effective support at each level of a graduated response to children's needs
- Children and young people access good quality local schools
- Best use of resources across partner agencies which deliver good outcomes for children and young people
- Effective monitoring and quality assurance of settings and support services that ensures continuous improvement of services and proactive use of feedback from all stakeholders

How we will know if we have achieved this:

- Feedback from children and young people, parents / carers, settings, professionals and providers on the lived experience of children and young people and their families
- Fewer parental needs assessment requests
- Fewer crises and better outcomes for children and young people.
- Children and young people are in the most appropriate setting. The rationale for children and young people that attend independent non-maintained special schools is complexity of need, location of most appropriate school and links to SEN code of practice

2.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
2.1.1.	Ensure effective joint commissioning arrangements in place	Every opportunity is taken to join commissioned delivery of services and make best use of resources	Sufficiency and Provision Workstream	Ongoing
2.1.2.	Review of Resource Provision to ensure sufficiency of provision is aligned to need (initial focus on HI and SALT)	HI and SALT Resource Provisions impact on children and evidence best use of resources	Sufficiency and Provision Workstream	December 2021
2.1.3.	Ensure sufficient and sustainable pre and post Autism Support	Children and young people and their parents, Providers and settings feedback that support is effective / timely and has a positive impact on ongoing lived experience	Sufficiency and Provision Workstream	October 2021

2.1.4.	Review health provisions to ensure sufficient assessment capacity and provision to meet needs of children and young people. (OT, SALT, ASD, ADHD and CAMHS)	Performance management structures and parents and carers report that assessments across the range of needs are timely	Sufficiency and Provision Workstream	January 2022
2.1.5.	Ensure the SEND Toolkit is embedded to support SEN Support to make interventions more robust, trustworthy and enforceable, with clear escalation routes if Toolkit not being applied. The Toolkit should model the support required to enable children/young people to stay in mainstream as appropriate (SEMH should be a focus).	Fewer parental needs assessment requests. Needs assessment requests evidence that a graduated response and appropriate elements of the Toolkit have been applied. Children and young people are stable and progressing in their school place. Settings, professionals and Parent and carers feedback that early identification of needs and support strategies are effective.	Sufficiency and Provision Workstream	Ongoing
2.1.6.	Ensure sufficient SEN school capacity and wrap around services are in place to meet the increased demand through rising EHCPs.	Children and young people can access good quality local schools Travel time to school is minimised through increased sufficiency of local SEN places	Sufficiency and Provision Workstream	Phases over 3 years
2.1.7.	Implement the Multi-Agency Preparing for Adulthood Strategy	Young people tell us that that they feel prepared for adult life and continued analysis of destinations shows positive outcomes	Sufficiency and Provision Workstream	Actions over 3 years
2.1.8.	Review and make improvements to the early signposting of families with children with disabilities to the full range of support across community settings and provision. Extend the reach and content of coffee morning to ensure families are referred	Designated Social Care Officer, children and young people and parents and carers tell us that they are advised and supported early and when they most need it.	Short breaks team and Children's Commissioning	December 2021

	to services early and consistent / effective information is offered to parents about the full breadth of the short break local offer.			
2.1.9.	Recommission care at home to broaden the offer to families of children with disabilities.	A good range of support in the home is available to families	Head of Children's Commissioning	June 2022

2.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
2.2.1.	Provide clear guidance on Education other than at School (EOTAS) and Personal Budgets.	Professionals across the SEND partnership and parents and carers tell us that arrangements surrounding EOTAS and access to Personal Budgets are clear	Sufficiency and Provision Workstream	October 2022
2.2.2.	Ensure Personal Budgets are offered to parents where this may be a preference.	Uptake of Personal Budgets increases	Sufficiency and Provision Workstream	Ongoing
2.2.3.	Develop a system of quality audits - ensuring settings deliver the provision in the SEN Plan and EHCP and checking out the lived experienced of children and families.	Partners understand the quality of provision and agree timely improvement plans with the setting as appropriate. We should see less escalation of need and better outcomes for children and young people and confidence in the system from the perspective of parents and carers.	Sufficiency and Provision Workstream	Ongoing
2.2.4	Review the process for school staff and parents to flag up concerns about meeting the needs of children in schools and delivery of provision in the plan.	The process is seen to be effective and has a clear understanding of context. Staff and parents feel supported and positive relationships are maintained	Sufficiency and Provision Workstream	November 2022

2.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
2.3.1.	Enhance the online platform for education staff and SENCOs in different schools to collaborate, ask questions and share best practice.	SENCOs report that they feel connected	Sufficiency and Provision Workstream	September 2023

3. Improve timeliness and quality of Annual Reviews of EHC Plans

We want to achieve:

- All EHC Plans are reviewed in a timely manner and issued within statutory timescales (requirement!).
- Existing EHC Plans are updated to the same quality standards as new EHC Plans.
- EHC Plans better reflect the whole range of needs of children and young people with SEND.
- Preparing for Adulthood is a thread throughout all EHC Plans.

How we will know if we have achieved this:

- Parents and carers and children and young people tell us they understand the review process and expected impact.
- All stakeholders report fewer queries and complaints arising from different expectations.
- The best outcomes for individual children and young people are achieved

3.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
3.1.1.	Increase capacity to process annual reviews following review meetings, through increasing capacity in EHC Plan Writers.	Children and young people receive an accurately updated EHCP following review in a timely manner	Assessment, Monitoring and Quality Workstream	December 2021
3.1.2.	Further develop our annual review tracker to ensure improved monitoring through the stages and ensure timeliness.	Children and young people receive an accurately updated EHCP following review in a timely manner	Assessment, Monitoring and Quality Workstream	September 2021
3.1.3.	Introduce non-negotiables for settings to support the annual review process.	Children and young people receive an updated plan that has full input from all those who know them	Assessment, Monitoring and Quality Workstream	October 2021

3.1.4.	Develop and share guidance for parents on what to expect and how to maximise effectiveness of an annual review.	Parents and carers and children and young people tell us they understand the review process and expected impact. Cheshire East Information and Advice Service, SEND Team and Cheshire East Parent Carer Forum will report fewer queries and complaints arising from different expectations. Ultimately the measure of success is the outcomes for individual children and young people.	Assessment, Monitoring and Quality Workstream	December 2021
3.1.5.	Ensure that proactive forward planning is in place for all transition stages.	Children and young people and their parents and carers tell us that Annual Reviews have had a positive impact on transitions	Assessment, Monitoring and Quality Workstream	Ongoing
3.1.6.	Ensure annual reviews are holistic and that health, social care and other specialist services or providers contribute to reviews where appropriate.	Children and young people and their parents and carers receive an updated plan that has full input from all those who know the child	Assessment, Monitoring and Quality Workstream	Ongoing
3.1.7.	Develop and share clear guidance on when and how EHC Plans are ceased.	Everyone involved with a child understands the rationale and timing of a plan ending and what next and continuing safety nets / supports available	Assessment, Monitoring and Quality Workstream	February 2022

3.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
3.2.1.	No new actions			

3.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
3.3.1.	No new actions			

4. Effective and Supported Workforce

We want to achieve:

- A knowledgeable, flexible, and integrated workforce that is passionate and dedicated in all its work.
- Support and information for children and young people and their families, that is accessible, timely and of the highest quality.

How we will know if we have achieved this:

- Multi-agency audits will show that plans are effective (tracking the lived experience), integrated and person-centred, and that families have been fully involved in developing solutions to meet the child/ young person's individual needs
- Families will provide positive feedback on the quality of service they receive and the outcomes achieved. Families will experience integrated support and will report that they are confident that professionals are knowledgeable in supporting SEND.
- Professionals will report that they feel confident in supporting children and young people with SEND and fully explaining the sometimes difficult decision that need to be made.
- Children and young people and parents and carers appreciate the consistent, well informed responses that breeds greater confidence and fewer queries and complaints.

4.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
4.1.1.	Introduce the Dedicated Social Care Officer role to further improve the assessment of wider social needs of children and young people and appropriate provision.	Better identification of wider social needs with provision specified in EHC Plans.	Practice Champions	October 2021
4.1.2.	Deliver our multi-agency Workforce Development and Training Programme, responding to the needs of the workforce and learning from feedback from children, young people, parents, and carers.	All partners have the same expectations and understanding of the SEND offer. Greater satisfaction, improved outcomes for children and young people and better staff and user confidence. All stakeholders report fewer queries and complaints. The	Practice Champions	Ongoing

		training programme is constantly adapted evidencing a learning culture that continually improves practice and is responsive to complaints, feedback and effectiveness		
4.1.3.	Tailored intervention and intensive support for individual settings based on data/intelligence collation.	All settings understand and deliver interventions in line with our Toolkit for SEND.	Practice Champions	Ongoing
4.1.4.	Create an Autism aware workforce and provider infrastructure through the implementation of the Autism Education Trust (AET) Training hub.	Autistic children and young people tell us they experience an Autism Friendly SEND partnership.	Practice Champions	Phased over 3 years
4.1.5.	Establish more early intervention strategies for behaviour support through Education Psychologists and SEND partners.	Settings understand and have the skills to manage appropriate inventions at SEN support and manage behaviour.	Practice Champions	February 2022

4.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
4.2.1.	Co-produce and deliver joint sessions for parents and professionals to explore and develop understanding of a 'day in the life of' each other and improve early identification of SEND and support parents with new issues seen at home.	All Partners value the role and contributions of others and work within a positive solution focused culture.	Practice Champions	Sept 2022 and Phased over 2 years

4.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
4.3.1.	No new actions			

5. COVID-19 Recovery

We want to achieve:

- A flexible, agile and effective SEND partnership that manages crisis situations well and takes the learning and positives and makes them the norm.

How we will know if we have achieved this:

- Children and young people and parents and carers regularly respond to say that our SEND Partnership is flexible, openly listens to service users and responds quickly.
- Our business continuity plans are independently assessed and deemed fit for purpose to manage any future crisis effectively.
- There is improved communications and open routes for services users to escalate concerns and queries.

5.1. Year 1 (September 2021 – August 2022)

Ref	Action	How do we measure success	Who's Responsible	Complete by
5.1.1.	Refresh business continuity plans in light of the COVID-19 pandemic and develop services utilising the learning, positive feedback and flexibility evidenced during the pandemic	A SEND partnership on the front foot. Children and young people and parents and carers regularly respond to say that our SEND Partnership is flexible, openly listens to service users and responds quickly. There is improved communications and open routes for services users to escalate concerns and queries where their experience didn't match the published expectations.	SEND Partnership	September 2021

5.1.2.	Embed the Emotional Health and Wellbeing Return to School resources and support team.	Children and young people feel healthy in mind when returning to school	SEND Partnership	September 2021
5.1.3.	Plan a workshop with NHS Cheshire CCG, mental health providers and other partners to assess best practice and gaps in support (with a focus on early identification and prevention, and anxiety training).	The SEND partnership recognises mental health needs are increasing as co-existing conditions alongside SEND and take action to improve support	SEND Partnership	November 2021

5.2. Year 2 (September 2022 – August 2023)

Ref	Action	How do we measure success	Who's Responsible	Complete by
5.2.1.	No new actions			

5.3. Year 3 (September 2023 – August 2024)

Ref	Action	How do we measure success	Who's Responsible	Complete by
5.3.1.	No new actions			



Your thoughts matter

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

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EQUALITY IMPACT ASSESSMENT

Cheshire East Cheshire East Special Educational Needs and Disability (SEND)
Strategy 2021 – 2024

VERSION CONTROL

Date	Version	Author	Description of Changes
13/09/2021	1.1	Gerard Buckley	Initial EIA
15/09/2021	1.2	Gerard Buckley	Data updates

EQUALITY IMPACT ASSESSMENT

CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Special Educational Needs and Disability (SEND) Team		Lead officer responsible for assessment		Dave Leadbetter Head of Children's Commissioning	
Service	Children's Services		Other members of team undertaking assessment		Laura Rogerson Dave Leadbetter Laura Hindhough Juan Turner	
Date	15 September 2021		Version		1.2	
Type of document (mark as appropriate)	Strategy ✓	Plan	Function	Policy	Procedure	Service
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New ✓		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p>Cheshire East Cheshire East Special Educational Needs and Disability (SEND) Strategy 2021 – 2024 represent a significant step forward since the service was inspected by Ofsted and the Care Quality Commission (CQC) in 2018, and we are very proud to bring this strategy together. All our engagement to develop the Strategy and our delivery of support for SEND is premised on our TOGETHER principles of co-production.</p> <p>Our Vision</p> <p>"Together we will make Cheshire East a great place to be young". We believe that</p> <ul style="list-style-type: none"> Children and young people are best supported within their families and their communities. All children and young people should enjoy the best education which prepares them to thrive in adulthood. Cheshire East families and communities are strong and resilient, with the right help, from the right people, at the earliest opportunity. 					
Who are the main stakeholders and have they been engaged with? (e.g. general public, employees,	<ul style="list-style-type: none"> Parents/Carers Service users 		<ul style="list-style-type: none"> Commissioners Operational Staff 			

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Councillors, partners, specific audiences, residents)	<ul style="list-style-type: none"> ▪ Councillors ▪ Independent Sector Providers 	<ul style="list-style-type: none"> ▪ Health colleagues
What consultation method(s) did you use?	<p>The development of our SEND Strategy has been linked to the collaborative work to support the response to the SEND Inspection 2018. Further, we have been working extensively to develop this strategy through consultation events over recent years within the SEND Partnership, service users, and parent carers. An informal consultation was conducted during February and March 2019 in which we worked directly with parent carers and service users, individuals and groups of people who have life experiences daily, seeking their views for the aims and objectives for the strategy through face-to-face conversations; telephone calls; emails; meetings; workshops and questionnaires, in which the following was clearly emphasised, and which have informed and shaped the key priorities of this Strategy.</p> <p>Working in partnership with health, care and education settings and other services and organisations will ensure that children and young people with SEND achieve good outcomes and access provision and services that are of a high quality. Within this area of transformation, there is a focus on improving school effectiveness and sharing of best practice. This area of transformation will have the potential impact of:</p> <ul style="list-style-type: none"> ▪ an improvement in the attainment and progress for children and young people on SEN Support and with a statutory plan ▪ a decrease in the number of children and young people with SEND who are excluded from education settings ▪ a decrease in the number of children who need to request an EHCP. 	

Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)	<p>All young people, their parents/carers and professionals involved are affected by the new draft.</p> <p>There are approximately 84,200 children and young people under 19 in Cheshire East, which is 22% of our population.</p> <p>There is a comprehensive Joint Strategic Needs Assessment (JSNA) for children and young people with special educational needs and/ or disabilities. Our JSNA, which reviews the health and social care needs of our population, estimates that we should expect around 8,252 children and young people aged between 5 and 18 in Cheshire East to have a special educational need. That equates to 10% of all children and young people – or one in ten. This number is based on the prevalence of different needs within the national population and within research literature.</p>
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As at January 2021, **5,072** children and young people receive SEN Support in Cheshire East, and **3,145** children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan. A number of children and young people with SEN will have their needs met through universal support within Quality First Teaching and Learning, or First Concerns. The SEN Team are working with schools and other settings to improve data on the number of pupils receiving SEN Support to ensure there is consistency and accuracy capturing the number of children and young people supported. As a result of this joint work, there is an expectation to see the number of pupils recorded as receiving SEN Support increase over the next year.

Children and young people with SEND are changing in the range and complexity of need they require support with. Proportionally more children and young people with SEND are eligible for free school meals: this equates to just over 25% of pupils with SEND compared to 9.5% children and young people with no SEND in Cheshire East (25.5% of pupils receiving SEN Support and 25.8% pupils with an EHCP are eligible as in the School Census, January 2020).

The following table shows the increase in EHCPs:

Local Authority	No. of EHCP/ Statements	
	2010	2019
Cheshire East	1,520	2,087 (37% +)
Cheshire West	1,411	1,857 (31% +)
Warrington	1,015	1,566 (54% +)
North West	31,095	47,353 (52% +)

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	England	228,221	353,995 (55% +)
	<p>The Local Authority and NHS Cheshire Clinical Commissioning Group have invested significant financial resources into the SEND teams and support for autism, emotional and mental health over the past two years. This has provided a basis for good improvement across SEND; however, the demands at SEN Support, levels of EHC needs assessments, and Education, Health and Care Plans, continues to put pressure on the whole SEND system.</p> <p>As with many local authorities across the country, Cheshire East Council's high needs funding is projecting a £10m - £12m deficit over the coming three years and are currently working with the Department for Education on a Recovery Plan.</p> <p>Three potential areas where unforeseen potential disproportionate effects on people from protected characteristics could be found:</p> <ul style="list-style-type: none"> • The potential is that some groups of people with more mild or moderate conditions may be a risk of receiving less support as the need to prioritise becomes more prevalent due to budget pressures, the impact of the pandemic and increasing expectations. • One of the Ofsted recommendations was the need to focus more on assessing the needs of people with ASD (Autistic Spectrum Disorder). With finite resources, implications for other user groups need to be considered as resources are re-aligned for instance, children and young people with sensory conditions. • The impact of the pandemic has adversely affected the health of the market resulting in less choices when commissioning out services for people with SEND. In some cases there is an increased risk that out-of-borough places become unavoidable. <p>Also families from disadvantaged socio-economic groups may not have the resources to fund the relevant IT kit and broadband costs. This could be a disadvantage re receiving support, advice and guidance during lockdown periods where IT communication has been the norm. There is some evidence that even post-pandemic, there will be a much greater emphasis on virtual communication and so these people maybe be negatively affected.</p>		

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<p>Who is intended to benefit and how?</p>	<p>The specific cohorts of children and young people who will be impacted by this strategy are as follows; collectively referred to as vulnerable learners:</p> <ul style="list-style-type: none"> ▪ Children and young people who have been identified as having a Special Educational Need and/or a Disability ▪ Children in Need ▪ Children and young people who are on a Child Protection Plan ▪ Children and young people who are cared for by the local authority ▪ Children and young people who are Black, Asian or from an ethnic minority in our borough who may be disadvantaged by the curriculum and unconscious bias in education putting them at additional risk of exclusion, serious youth violence and future opportunity for education, training and employment ▪ Children with hidden disabilities who may not fit easily into SEND or diagnostic categories, but who are disadvantaged by not having their needs understood, e.g., Neurodiversity needs ▪ Children and young people who have emerged as vulnerable learners following the Coronavirus pandemic. <p>This strategy will help us to continue the journey of ensuring inclusion for all, build on the good work already put in place, help us to remain vigilant for new needs and ensure we are investing resources into the right places. To enable us to do this, we have established design principles that we will use to guide our strategic approach and operation of the vision for our children and young people in Cheshire East.</p> <p>The strategy has been written with reference to required legislation such as The Children and Families Act 2014, SEND Code of Practice 2014 and the Care Act 2014. Children and young people with SEN will be impacted by the changes prompted by the new strategy in the following ways:</p> <ul style="list-style-type: none"> ▪ Their parents and carers will have more awareness of the SEN provision and support that is available. This will ensure that appropriate levels of provision are delivered to meet required needs ▪ Services across Education, Health and Social care will improve their methods and system to improve early identification to improve the pace of when appropriate provision is triggered and delivered ▪ An improved experience as they access services across Education, Health and Social Care. This will be the result of the workforce receiving SEND related training and applying anti-racist/ oppressive methods to combat bias/ prejudice. This will help to reduce any barriers to accessing key services and support ▪ There will be clearer guidance about what next steps and services can help them transition into preparing for adulthood including being independent, self-care and enhancing their social skills.
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Could there be a different impact or outcome for some groups?			No. Any individual, their families and carers as the provision is aimed to improve lives, providing support and direct service to children and young people as vulnerable learners, ensuring become a valued member of their community.					
Does it include making decisions based on individual characteristics, needs or circumstances?			Only to the extent of direct provision of support and services to Cheshire East children and young people who have life experiences of SEND as vulnerable learners.					
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)			No - all decision and solutions will be based on a fully personalised approach in accordance with policy and procedures.					
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?			Only to the extent of address current inequalities experienced by children and young people with life experiences of SEND as vulnerable learners, their friends, families, parents / carers.					
Is there an actual or potential negative impact on these specific characteristics? (Please highlight)								
Age	Y	N	Marriage & civil partnership	Y	N	Religion & belief	Y	N
Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N
Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts							Consultation/ involvement carried out	
							Yes	No
Age			Early identification and support implemented across all ages giving early access to support and intervention. Identification of special educational needs and disabilities across				✓	

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	<p>the 0 to 25 age range will differ according to age and type of need. Improved transition for young people and support for them in preparing for adulthood. The proposals to provide more educational psychology and therapy support in the pre-statutory phase before a request for an EHCP has been made should benefit all age groups to reduce the level of need escalating by delivering more timely support.</p> <p>Increase in post – 16 and post – 19 pathways by creating around 100 additional places and programmes of support over the next two years. We will also work with post-16 providers and special schools to create additional post -16 capacity. Special educational needs may begin to be identified when a child moves into an Early Years setting, such as a nursery or childminder. Many needs are identified once a child has moved to primary school or secondary school.</p> <p>Create more specialist post-16 employment focussed pathways through increasing our adult learning and employment provision and expanding our Supported Internship programme. The Special Educational Needs and Disability Code of Practice: 0-25 years specifically requires the application of a graduated approach to support children and young people with SEND prior to any statutory assessment and planning.</p>		
Disability	<p>Central to the strategy is ensuring that pupils can access and be fully included in school and settings of their choice. Our role is to maintain a strategic overview of admissions, inclusion, special education needs and the educational progress of all children and young people especially the most vulnerable learners, in whatever state-funded school or setting they attend. As part of the council's SEND Strategy and the wider development in creating an inclusive environment better able to meet the needs of vulnerable children is the improvement of the infrastructure when expanding or creating new additional resource provision for SEN pupils.</p>	✓	
Gender reassignment	<p>Gender identity and sexual orientation issues may be masked by behavioural and Emotional Wellbeing and Mental Health (EWMH) difficulties making early intervention and support more difficult to deliver effectively. Gender identity issues may be masked by behavioural and EWMH difficulties making early intervention and support more difficult to deliver effectively.</p>		✓

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Marriage & civil partnership	No adverse impact has been identified.			✓
Pregnancy & maternity	No adverse impact has been identified.			✓
Race	While there remains a risk that the response to the consultation may be low from our BME community, it is acknowledged that we need to do further work to understand the potential impacts that these proposals will have. It is essential to find more robust ways of measuring and validating data.			✓
Religion & belief	The intention of the strategy is to ensure social inclusion of all children, young people, families and parent carers within life experiences and efforts will be made to make links with community leaders to publicise knowledge of support available. A positive impact of the strategy will be to encourage religious groups and church leaders to make their services easier to understand our vulnerable learners.		✓	
Sex	The gender gap requires a strategic plan to ensure continued equality for our vulnerable learners. In 2020/21 in Cheshire East, the total percentage of pupils, as per the school population data shows that of the 4,834 children and young people who have SEN support are 63.4% male [3,066], and 36.6% female [1,768]. For the 2,061 who have a EHC plan the gender split is 72.4% male [1,492] and 27.6% female [569]. With this gender split of children with SEND any service developments or changes that impact across the service will impact more males than females.		✓	
Sexual orientation	The strategy should make a positive impact as it aims to raise awareness of our vulnerable learners, and to promote social inclusion. Information on the sexual orientation of adults living in Cheshire East is not currently available.			✓
Proceed to full impact assessment? (Please tick)	Yes	No	✓	Date: 14 September 2021

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Lead officer sign off	Dave Leadbetter	Date: 14 September 2021	<i>D. Leadbetter</i>
Head of Service sign off	Laura Rogerson	Date: 14 September 2021	<i>L. Rogerson</i>

If yes, please proceed to Stage 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

Please publish this completed EIA form on the relevant section of the Cheshire East website

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Working for a brighter future together

Children and Families Committee

Date of Meeting: 8 November 2021

Report Title: School Transport Update

Report of: Jacky Forster, Director of Education and Skills

Report Reference No: CF/17/21-22

Ward(s) Affected: All

1. Executive Summary

- 1.1. This report provides an update to Committee on school transport, including the arrangements in relation to the additional transport provided as a result of COVID-19, implementation of the new COVID guidance from September 2021 and progress in relation to the transfer of Transport Service Solutions (TSS) functions to Cheshire East Council.
- 1.2. The provision of school transport meets the strategic aims and objectives in the Council's Corporate Plan 2021-25 as it contributes to 'A council which empowers and cares about people' and the priority to 'Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential'.

2. Recommendations

- 2.1. The Children and Families Committee is recommended to consider and note the contents of the paper, including the progress made in relation to the transfer of TSS functions to Cheshire East Council.

3. Reasons for Recommendations

- 3.1. Cheshire East Council has a statutory duty to make arrangements to provide free home to school transport for some children of compulsory school age. It is important that the Children and Families Committee has an overview of the arrangements in place and provides effective scrutiny of these.

4. Other Options Considered

- 4.1. The Children and Families Committee may wish to receive less frequent updates around school transport. However, as there are major changes underway around the delivery of these services, it is important that the Committee is aware of these and any implications for the Council.

5. Background

Additional Transport provided from September 2020

- 5.1. The Covid-19 pandemic had a significant impact on school transport arrangements over 2020-21. The DfE guidance for full school opening from September 2020, published on 2nd July, set out a new framework for supporting transport to and from schools from the autumn term last year.
- 5.2. On 3rd July 2020, the Minister for Roads, Buses and Places wrote to all local authority Chief Executives setting out the government's expectations around school transport from September 2020 and the support in place for local authorities. This set out a number of measures to mitigate against the transmission of COVID-19 in home to school travel, including:
- Promoting active travel strongly, in particular, for journeys to school of two miles or less (and which were undertaken by public bus).
 - Contracting additional coaches (where they are available at a local level and necessary) to provide dedicated school transport services.
 - Engaging with local businesses and employers to reduce other demand for public transport during peak school travel hours.
 - Staggering school start and finish times.
 - Accepting the increased use of cars for longer journeys that could not be accommodated on public transport or realistically switch to active travel.
- 5.3. On 9th August 2020 the Education Secretary announced that local transport authorities would receive more than £40 million funding for the autumn term. This funding was intended to help create extra capacity and allow more students to use alternatives to public transport, while social distancing measures remained in place.
- 5.4. On 11th August, the government published more detailed guidance on Transport to school and other places of education: autumn term 2020. This guidance set out a number of requirements for local authorities and schools to ensure that arrangements for children's travel to school in September are safe as possible.
- 5.5. To deliver additional capacity in Cheshire East we carried out a review of existing provision, assessing the capacity and take up of all existing school transport arrangements. We also engaged with key stakeholders, including surveys for parents/carers and education settings. As a result, the following priorities (in priority order) were agreed:

- **Priority 1** – Pupils who are **eligible** for home to school travel assistance who currently travel to school on public transport operating at more than 50% seating capacity.
- **Priority 2** – Pupils who are **eligible** for home to school travel assistance who currently travel to school on public transport operating at less than 50% seating capacity.
- **Priority 3** – Other pupils (**ineligibles**) who travel to school on public transport operating at more than 50% seating capacity
- **Priority 4** - Other pupils (**ineligibles**) who travel to school on public transport operating at less than 50% seating capacity.

5.6. The following measures were put in place from September 2020:

- Extra bus services were put in place on a number of routes to follow the regular public bus services. These 'shadow' buses were clearly marked 'School Bus'.
- Rail replacement buses were put in place from Styal and Handforth railway stations for children eligible for statutory home to school transport.
- Pupils were told that they must only travel with fellow students in their year group or 'transport bubble' on the dedicated school bus.
- Signs were in place at bus stops along the route to school to alert students to the new arrangements.
- Additional signs were put in place advising of COVID safe behaviour at all bus stops.
- Pupils aged 11 and over were advised that they must wear a face covering on public buses unless [exempt](#).
- Pupils aged 11 and over on dedicated school buses were advised to wear a face covering unless [exempt](#).
- Students travelling by train were advised to wear face coverings, observe social distancing and remain aware of others at all times.
- Students were asked to pay their usual bus fare.
- Protocols and risk assessments were put in place for operators to ensure enhanced cleaning, hygiene and ventilation measures were in place on all vehicles.

5.7. In addition to the above, parents, carers, staff, children and young people were encouraged to walk, cycle or scoot to school or college where they could. The Council also delivered a number of bikeability training courses to support young people who wanted to cycle to school or college.

- 5.8. Cheshire East received the full allocation of requested funding to deliver the additional transport requirements. The grant allocation and actual spend for additional transport from September 2020 to July 2021 is set out below. This shows a small underspend of £4,442 against the grant allocation:

Time period	Tranche	Grant allocation	Cumulative Grant	Actual spend
Autumn 2020 1st half term	1	£294,536	£294,536	£175,884
Autumn 2020 2nd half term	2	£0	£294,536	£175,629
Spring 2021 1st half term	3	£330,970	£625,506	£150,208
Spring 2021 2nd half term	4	£257,881	£883,387	£172,341
Summer 2021 1st half term	5	£26,153	£909,540	£188,016
Summer 2021 2nd half term	6	£28,963	£938,503	£71,982
Total		£938,502		£ 934,060

- 5.9. Each term we continued to review shadow contracts and the number of passengers using each service. Pupils were moved back onto rail services where there were no issues with capacity. Some services were also terminated early where pupils could use the existing bus service if there were no capacity issues.

COVID Guidance from September 2021

- 5.10. On 17th August 2021, the government published the revised guidance, [*Dedicated transport to schools and colleges COVID-19 operational guidance*](#). This guidance explains the actions those responsible for the provision of dedicated transport should now take to reduce the risk of COVID-19 transmission.
- 5.11. As a result of the lifting of COVID-19 restrictions, the requirements for social distancing have been removed, along with the additional funding to enable us to reduce the number of pupils on school transport vehicles from September 2021. However, the government guidance recommends that children and young people aged 11 and over continue to wear a face covering when travelling to secondary school or college. Other measures such as ventilation, cleaning and hygiene are also encouraged on school vehicles.
- 5.12. Schools and colleges no longer need to:
- keep children and young people in consistent groups or bubbles
 - be responsible for tracing close contacts of those who test positive for COVID-19 - close contacts will be identified via NHS Test and Trace.

- 5.13. Wearing face coverings is no longer a legal requirement on public transport but the government expects and recommends that they are worn in enclosed and crowded spaces where individuals may come into contact with people they don't normally meet.
- 5.14. In the event of an outbreak at a school or college, additional measures may be introduced to identify positive cases, reduce the risk transmission within the group and between other groups and to protect vulnerable staff and pupils.
- 5.15. Guidance documents for parents/carers, young people and transport operators were updated prior to the start of the autumn term, along with the Council's [webpage relating to school transport and home to school travel](#).
- 5.16. The table below compares provides a breakdown of eligible children from September 2020 and September 2021.

Measure	September 2020	September 2021
Children 'eligible' for travel assistance from the Council (those that the local authority has a statutory duty to provide for)	3,370	3378
Number of mainstream children	2613	2509
Number of SEND children	727	842
Number of cared for children	30	27

Transfer of Transport Service Solutions (TSS) functions to Cheshire East Council

- 5.17. In May 2021, Cheshire East Cabinet approved the proposed commissioning model for the delivery of transport services from April 2022. This model results in the strategic, planning, commissioning and procurement of services being delivered directly by the Council and transfers the existing functions from TSS between the Council's People Directorate, Place Directorate and ANSA (the ASDV transport operating company).
- 5.18. Alongside a number of other transport functions, TSS currently procures home to school transport contracts, including Special Educational Needs transport to fulfil statutory Home to School transport obligations and the transport for cared for children as a corporate parent.
- 5.19. Whilst it is recognised that TSS has delivered customer improvements around school transport over the past few years, e.g. around safeguarding, the new model is expected to improve the customer's experience and move closer towards an integrated service for parents and carers, reducing the interfaces necessary to commission home-to-school and SEND transport. These changes are expected to create a process that is more child-focussed, more timely and less costly per pupil for the Council.

- 5.20. To ensure the effective transition to the new model, a Project Team of Officers drawn from the Place and People Directorates alongside enablers from Legal, Finance, HR, Estates, Communications and Project and Change Management has been established. The team work to deliver the project plan, to ensure the effective implementation of the new model to the approved timescales. Progress is monitored via a Project Board, with Director representation. Overall implementation is overseen by the ASDV Review Programme Board which receives monthly updates on progress and manages escalations.
- 5.21. Progress to date includes:
- Development of an initial project implementation plan.
 - Set up of governance arrangements to provide delivery and oversight of the project plan
 - Engagement with the Parent Carer Forum on key messages.
 - Communication with all key stakeholders, including parent/carers, on the proposed new model
 - Consultation with staff, including one to one sessions, on proposed Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) arrangements
 - Assessment of contracting options during change implementation stage
 - Identification of key processes that can be improved ahead of implementation.
- 5.22. Progress against the project plan is currently on track. A full day's workshop is planned for 1st October 2021 with key officers from the People and Place Directorates, along with TSS staff, to further plan and map longer term improvements that can be made to existing processes.

6. Consultation and Engagement

- 6.1. The Education Recovery Group, made up of representatives from all education sectors, have been key in shaping the COVID response in relation to schools, including school transport. Other key stakeholders, including parent/carers and transport operators were also consulted on the delivery of additional transport.
- 6.2. The Council has complied with the TUPE regulations concerning consultation on changes to terms and conditions (measures) to be conducted in good time before the transfer of TSS staff.

7. Implications

7.1. Legal

- 7.1.1. The local authority is required by both the Education Act 1996 and the Education and Inspections Act 2006 to make suitable travel arrangements for certain children to attend school. This includes the duty to promote

sustainable modes of travel for children and young people of compulsory school age. When a child is eligible for travel support, the local authority will provide that support using the most cost-effective option available.

- 7.1.2. The government has also issued statutory guidance called Home-to-school travel and transport 2014. The local authority must have regard to this when carrying out their duties on home to school travel and transport and sustainable travel.
- 7.1.3. Following the COVID-19 pandemic, the government has issued a number of guidance documents. The latest of these in relation to school transport is the 'Dedicated transport to schools and colleges COVID-19 operational guidance'.
- 7.1.4. In relation to the transfer of TSS functions to the Council, a due diligence exercise will be undertaken in respect of each implementation step required, and the outcome of the same factors into the implementation process as appropriate. This includes taking legal advice in relation to staffing issues and the impact of TUPE.
- 7.1.5. Ongoing legal advice in relation to matters including contracts, shareholder agreements, articles of association, company matters, and decision-making is being provided.
- 7.2. **Finance**
 - 7.2.1. The 2020-21 transport outturn position for the People's directorate, reported an overspend position of £0.5m, against an original budget of £8.6m. This was mainly attributable to demand pressures due to an increase in children with special educational needs and operators inflating contract prices to include costs of cleaning/ COVID measures.
 - 7.2.2. The 2021-22 People transport budget is set at £9.6m. A number of factors are indicating that costs will increase for 2021-22. Whilst the number of children eligible for school transport as of September 2021 is broadly the same as last year, there has been a significant increase of 115 SEND children requiring transport to school. This is almost 16% more than at the same time last year. Forecasts suggest that this figure could increase to 156 additional SEND pupils requiring transport over this school year – and in each subsequent year of the MTFS. This impacts on the school transport budget as the transport costs for SEND are usually higher due to the nature of where the children are travelling to, i.e. children travelling out of borough or longer distances to specialist provision. Some of these children will also need a passenger assistant or specific vehicle type which can also increase costs.
 - 7.2.3. In addition, TSS are experiencing an unusually high level of contract surrenders and contract changes and have had some recent cases where operators have asked for a much higher price to deliver the same contract

or they have had very few bidders particularly for children with complex needs.

- 7.2.4. As the capacity of driver and vehicle availability within the local service has currently been reached, TSS are increasingly having to seek quotes from providers outside of the area at short notice, which increases costs further. These contracts are currently being commissioned on a short term basis to enable a more competitive re-tender towards the end of the year. The current shortage of fuel may also impact on contract prices over the remainder of the year.
 - 7.2.5. The approved Children and Families budget for 2021-22 included growth of £1m which, when combined with growth in 2020-21 of £0.3m, was intended to resolve the historic pressures.
 - 7.2.6. Estimates for the Council's mid-year review reflect a budget pressure of £297,000 on the TSS contract being forecast for 2021-22. This is over and above the £1m growth referred to above.
 - 7.2.7. The Council has held the £0.3m growth separately from the management fee and has applied it (along with the extended rights to free transport grant) to offset the TSS pressure and reflect an underspend of £0.2m on transport as a whole.
 - 7.2.8. The approved Medium Term Financial Strategy (MTFS) includes savings of £0.7m from 2022-23 to 2024-25.
 - 7.2.9. These are unlikely to be delivered in the first year as there is a focus on the transfer of the ASDV back in house. When that is achieved the Council can better plan for savings. The key aim is to reduce average costs; however, increased demand may mean the overall budget needs to increase. The budget will be reviewed as part of the forthcoming MTFS process.
 - 7.2.10. The commissioning budget for transport has seen overspending in each of the last four years, with payments for service provision having to increase to reflect actual costs incurred. The new approach this year has been to provide a commissioning specification to improve budgetary control and accountability.
 - 7.2.11. The proposed changes will provide a closer alignment between 'commissioner' and 'provider' roles and clarify and strengthen budget accountability and responsibility for savings plans, along with providing a clearer set of controls over service delivery.
- 7.3. **Policy**
- 7.3.1. Educational outcomes are dependent on children and young people being able to access learning opportunities in schools and colleges. The new operating model for school transport will improve the level of service

provided to parents and carers when planning and procuring home-to-school transport as this will be integrated within one team.

- 7.3.2. Government policy, guidance and best practice regarding home to school travel will be closely monitored and implemented, in particular in relation to changes due to COVID-19. Cheshire East will continue to support only those pupils who are eligible for statutory school transport in line with the agreed policy.

7.4. **Equality**

- 7.4.1. An Equality Impact Assessment has been conducted in relation to the new operating model and identified no negative equality implications. The proposed model expects to see positive implications for children, young people and families and particularly for children and young people with special education needs and their families as outlined within this report.

7.5. **Human Resources**

- 7.5.1. The new commissioning model for school transport will result in a transfer of staff from TSS into the Council and ANSA. The TUPE transfer arrangements of those staff who are employed by TSS to the Council has commenced. Formal consultations with representative organisations commenced at the same time. HR are active participants of the Project and are providing ongoing advice, in line with the Council's policies.

7.6. **Risk Management**

- 7.6.1. There are risks to the current delivery of home to school provision due to the capacity for driver and vehicle availability locally being reached. There is a risk that the increased demand from children with SEND and families in financial hardship could continue to put pressure on existing budgets and lead to an end of year overspend. The Council's DSG Management Plan on the same agenda is forecasting sustained growth in the number of SEND pupils. Further forecasting and mitigation measures are planned.
- 7.6.2. There is a risk that if the progress towards implementation of the new model for transport commissioning is not prioritised and communicated well to key stakeholders, then benefits will fail to be realised. There are also potential risks in ensuring that the staff with the right skills transfer and that Cheshire East's systems and processes enable this smooth transition. An action plan and communication and engagement plan is in place and being monitored on a weekly basis.

7.7. **Rural Communities**

- 7.7.1. Home to school transport provision has a significant impact in reducing the effects of rural isolation and access to learning. Therefore, any proposals to improve the delivery and customer experience for these

services supports our rural communities. The existing policy on eligibility for home to school transport will continue to apply.

- 7.7.2. It is to be noted that the statutory provision of free home-to-school transport is based on minimum thresholds of distance-to-school at 2 miles for primary and 3 miles for secondary pupils. These criteria mean that the pupils eligible for free home-to-school transport are disproportionately resident in rural areas of the borough.

7.8. Children and Young People/Cared for Children

- 7.8.1. The current measures in place to reduce the transmission of COVID-19 on school transport are intended to safeguard children and young people on their journey to school.
- 7.8.2. It is expected that the new operating model will offer a more streamlined and joined up service for children and young people as transport staff within Cheshire East Council would have access to full information about the child. This is the preferred option of parents who have raised concerns about a lack of clarity whether to contact the Council or TSS about transport. It also supports a child centred approach rather than separate teams making decisions about the child's education and transport.

7.9. Public Health

- 7.9.1. Cheshire East's Public Health Team have been fully involved in the development of new guidance for schools and colleges for the management of COVID-19 in relation to school transport. They are also involved in the ongoing advice and guidance to schools who have positive cases or outbreaks. Generally, this means that children and young people do not using school transport when they are a close contact of a positive case.

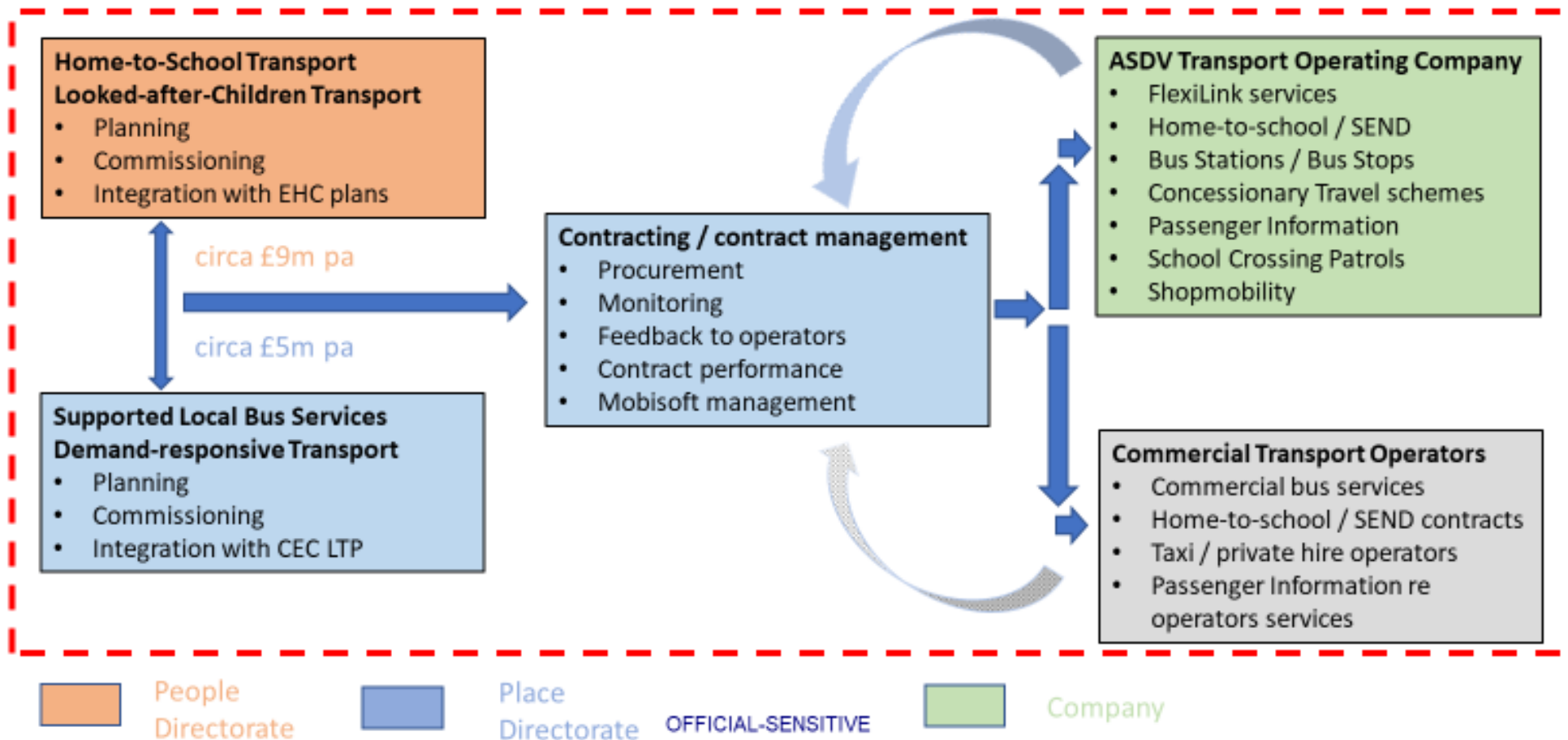
7.10. Climate Change

- 7.10.1. The changes as a result of COVID-19 has provided more scope to link home to school transport with Active Travel schemes and sustainable modes of travel to school strategy. A campaign ahead of September 2020 encouraged all parent carers and their children to walk, cycle or scoot to school, wherever possible. This included a number of bikeability courses to build the confidence of young people in cycling to school.
- 7.10.2. The current operating model means that TSS hold the data and the details of individual journeys to school. Within Cheshire East policies there is provision for parents to access direct payments to support eligible pupils to cycle to school however uptake within the cohort is limited at present. These two processes can be better aligned in the future model.

Access to Information	
Contact Officer:	Jacky Forster Director of Education and Skills Jacky.Forster@cheshireeast.gov.uk
Appendices:	None
Background Papers:	Cheshire East's webpages including local advice on school transport The current government guidance on school transport and COVID The Cabinet decision on TSS

Appendix 1: Transport Provision – Proposed Operating Model

Common management system = Mobisoft





Working for a brighter future together

Childrens and Families Committee

Date of Meeting:	8 November 2021
Report Title:	All Age Sensory Impairment Strategy
Report of:	Nichola Thompson, Director of Commissioning
Report Reference No:	CF/13/21-22
Ward(s) Affected:	All

1. Executive Summary

- 1.1.** Over the last 12 months, the Council has worked in partnership with Cheshire Clinical Commissioning Group to develop an All-Age Sensory Impairment Strategy. Sensory impairment is an umbrella term that encompasses anyone living with a hearing and/or visual impairment including those with a dual sensory loss (also referred to as deafblind). Note – the needs of children and young people with multi-sensory impairment (MSI) are addressed separately through the Special Educational Needs and Disabilities Strategy and Local Offer.
- 1.2.** The development of the Sensory Impairment Strategy involved a strategic review of the pathways of support for children, young people and adults with a hearing or visual impairment. This involved collaborative working and engagement with health, education and social care professionals and other local stakeholders. Extensive engagement has also taken place with children, young people and adults, and their families and carers, to identify local needs that helped shape and inform the priority areas.
- 1.3.** Formal public consultation on the draft strategy took place between 20th July and 19th September. The feedback received has been reflected in this version of the strategy presented here for approval (Appendix 1).
- 1.4.** The strategy places a strong emphasis on prevention and early intervention. It supports Cheshire East Council's Corporate Plan (2021 – 2025) and aligns with the priority, "A Council which empowers and cares about people".

- 1.5. An action plan sits alongside the strategy which will be implemented as part of the adoption of the strategy. The strategy will also inform future commissioning intentions.
- 1.6. The provision of sensory impairment services allows the Council to meet its duties under the Care Act 2014 and the Children and Families Act 2014.

2. Recommendations

- 2.1. That the Adults and Health Committee and Children and Families Committee approve the All Age Sensory Impairment Strategy.

3. Reasons for Recommendations

- 3.1. The All Age Sensory Impairment Strategy 2021 – 2024 (Appendix 1) sets out a strong and shared commitment to improve the lives of children, young people and adults living with a visual and/ or hearing impairment, and their families and carers. This approach aligns with the priority within the Corporate Plan of “A Council which empowers and cares about people”. It also places a strong emphasis on prevention and early intervention to enable people to receive the help they need in a timely way thereby increasing their independence, health and wellbeing. The strategy will enable us to work in partnership to support children and young people in the most effective way.
- 3.2. The Children and Families Act 2014 sets out the implications of sensory impairment on the child’s learning and development. ‘The Special Educational Needs and Disability Code of Practice’ require Education, Health and Care Plans for children and young people to fully take account of the implications of sensory impairment for teaching and learning on the child’s development.

4. Other Options Considered

- 4.1. Not having approval for the strategy will limit the ability to integrate and make best use of the resources available to support people of all ages with a sensory impairment. This will lead to worse outcomes for children and young people.

5. Background

- 5.1. The Council has worked in partnership with Cheshire Clinical Commissioning Group to develop a Cheshire East All Age Sensory Impairment Strategy for children, young people and adults, living with a hearing and/or visual impairment. This followed extensive engagement and consultation with children, young people and adults with sensory impairments and local stakeholders to understand local issues and areas for improvement.
- 5.2. The shared vision presented in the strategy “is for children, young people and adults in Cheshire East living with a sensory impairment to achieve their individual aspirations and ambitions and contribute positively to their

community”. Six key priority areas have been identified for development over the next 3 years (2021 – 2024):

- The provision of accessible information and advice
- Integrated service provision and improved co-ordination of care
- Support for children and young people when preparing for adulthood (transition)
- Keeping your independence (including use of equipment and assistive technologies)
- Emotional and peer support
- Awareness and understanding of sensory impairments.

- 5.3.** There are significant numbers of people with sensory impairments living in Cheshire East with numbers forecast to grow substantially over the coming decades due to the ageing population. As we get older, we are increasingly likely to experience hearing loss or sight loss or both, known as dual sensory loss.
- 5.4.** Current estimates show that in 2020, there were 15,200 adults living with a visual impairment in Cheshire East. This included 2,070 with severe sight loss (blindness) and 13,170 with partial sight¹. 88,244 adults were estimated to be living with a hearing loss in Cheshire East. This included 8,613 with severe hearing loss and 79,631 with some hearing loss³. Nearly 3,000 people have a dual sensory loss (combined hearing and sight loss) in Cheshire East. Of these, an estimated that 1,150 are living with severe dual sensory loss².
- 5.5.** The numbers of children and young people living with a sensory impairment, are substantially lower than the adult population, but still significant. Latest estimates indicate around 200 blind and partially sighted children and young people², 262 with a permanent hearing loss and less than 20 with a dual sensory loss⁴.
- 5.6.** Sensory loss can create significant challenges for individuals. Communication is one of the biggest barriers and causes of social isolation for D/deaf people ('D' in deaf indicates people who are deaf from birth or early childhood and often use British Sign Language). This is a vital component of health and social care and is a key factor in creating and delivering high quality services. Good communication makes D/deaf people feel valued and supported.
- 5.7.** Having a visual impairment can limit a person's ability to perform everyday tasks, to interact with others and to get about unaided.
- 5.8.** Dual sensory loss presents a new level of challenge, having a significant impact on a person's daily function and quality of life. Getting the proper help for a person with dual sensory loss begins with awareness. There is a need to ensure services are provided by appropriately trained staff, who know how to correctly and comprehensively understand the impact the condition is having on their wellbeing.

- 5.9.** Consequently, sensory impairment can have an enormous personal, social and economic impact throughout a person's life but with the right support systems in place; children, young people and adults can excel in all areas including daily living, education, employment and leisure and take an active part in their community. A strengths-based approach to supporting people with strategies to promote independence in a holistic way can greatly improve their quality of life.

6. Consultation and Engagement

- 6.1.** The new Sensory Impairment Strategy was drafted after extensive engagement and consultation with a wide variety of stakeholders. This included:
- A survey of stakeholders including East Cheshire NHS Trust, Mid-Cheshire Hospital NHS Trust, the voluntary sector, and Cheshire East Council (13 responses).
 - Two Sensory Workshops held with health, social care, education and voluntary sector professionals (average of 35 attendees at each).
 - A survey of children and young people with visual impairments (8 responses).
 - A survey of children and young people with hearing impairments (19 responses).
 - A survey of adults with visual impairments (43 responses).
 - A survey of adults with hearing impairments (49 responses).
 - A face-to-face interview with a deafblind current service user (1 response).
 - Telephone interviews with adults with visual impairments (2 responses).
 - Attendance in person at a walking group for visually impaired adults.
 - Attendance via Teams at a visual impairment forum, Children's Hearing Services Working Group and Parent Carer Group.
- 6.2.** A period of formal consultation on the strategy took place between 20th July and 19th September and was widely promoted on the Council's website, through partner organisations and on social media. Measures were taken to support people to take part in the consultation. This included providing materials in large print and using local sensory impairments organisations to engage with users over the strategy. A short video explaining the strategy, was also available on the Council website and YouTube.
- 6.3.** The strategy consultation attracted a fair response given it is a relatively niche area of work. In summary, this included 27 responses to the survey questionnaire, 117 video views and 7 direct contacts via email/phone.

- 6.4.** Overall, the findings were positive with a large proportion of respondents agreeing that the overall strategy is relevant (83%), good (67%) and comprehensive (61%). Large proportions of respondents felt that the vision was relevant (89%), appropriate (85%) and comprehensive (77%). The six priorities were also rated as “good,” with 78% rating the priority “integrated service provision and improved co-ordination of care” to 65% rating the priority “emotional and peer support” as good.
- 6.5.** Among the comments received, some wanted to understand how the strategy will be implemented and resourced. Some raised the importance of making the strategy more accessible to those with sensory impairments, for example, British Sign Language users. A few comments were made about the need to include references to safeguarding and domestic abuse.
- 6.6.** The final draft strategy presented here has been updated in response to the feedback received and includes additional sections on safeguarding and domestic abuse. Further detail is also presented about how the priorities will be achieved. A multi-agency Sensory Impairment Strategy working group has been established with a view to implementing the action plan and monitoring progress on the six key priority areas over the next three years (see Appendix 1). This will seek to maximise the impact of resources through joined up working.

7. Implications

7.1. Legal

- 7.1.1.** Under Section 9 of the Care Act 2014, the local authority has a statutory duty to carry out an assessment of an adult’s needs for care and support. Under Regulation 6 of the Care and Support (Assessment) Regulations an assessment which relates to an individual who is deafblind must be carried out by a person who has specific training and expertise relating to individuals who are deafblind.
- 7.1.2.** Under Section 77(1) of the Care Act 2014 the local authority has a statutory duty to maintain a register of sight-impaired and severely sight-impaired adults who are ordinarily resident in its area.
- 7.1.3.** Under the Children and Families Act 2014 the local authority has a statutory duty to make provision for children with special educational needs. The accompanying Special Educational Needs and Disability Code of Practice (January 2015) requires account to be taken of the implications of sensory impairment for teaching and learning on the child’s development (paragraph 6.34).
- 7.1.4.** Under Section 20 of the Equality Act 2010 the local authority has a statutory duty to make reasonable adjustments to its services to ensure that they are accessible to everyone, including those with a sensory impairment.

- 7.1.5.** All organisations which provide NHS care or adult social care are legally required to follow the Accessible Information Standard (2016). The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and are provided with support so they can communicate effectively with health and social care services.

7.2. Finance

- 7.2.1.** The budget will remain the same for sensory impairment but using Health and Local Authority resources more effectively through partnership work (thus removing duplication) will bring greater value for money.

7.3. Policy

- 7.3.1.** The All-Age Sensory Impairment Strategy provides a strategic approach to addressing the support and services for people with sensory impairments in Cheshire East.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment is available as Appendix 2.

7.5. Human Resources

- 7.5.1.** There are no direct implications arising from the strategy itself.

7.6. Risk Management

- 7.6.1.** The successful implementation of the strategy will be achieved through statutory and voluntary sector organisations working together effectively to deliver the actions identified. Any significant risk will be controlled for and escalated for action where appropriate.

7.7. Rural Communities

- 7.7.1.** The strategy will inform the way services to support people with sensory impairments are commissioned in the future. Access to community-based support is particularly useful for individuals in rural communities who may find it harder to access support networks and public transport and can often experience difficulties getting out and about due their sensory impairment. This will ensure they receive equitable and timely services.

7.8. Children and Young People/Cared for Children

- 7.8.1.** This is an all-age strategy that includes children and young people, and their families and carers.
- 7.8.2.** A key priority of the strategy is support for children and young people when preparing for adulthood.

7.9. Public Health

- 7.9.1.** The strategy makes a commitment to improving the outcomes of people with sensory impairments by increasing their independence, wellbeing, safety and quality of life. It will also raise awareness of the importance of routine health assessments and treatments.

7.10. Climate Change

- 7.10.1.** The strategy sets out a collaborative approach to working which will improve efficiencies. It will also inform the way services to support people with sensory impairments are commissioned in the future. This will include social value questions including one specific to the environment.

Access to Information	
Contact Officer:	Nichola Thompson, Director of Commissioning Nichola.Thompson@cheshireeast.gov.uk
Appendices:	1. Sensory Impairment Strategy Final Draft 2. Equality Impact Assessment 3. Consultation Report
Background Papers:	1. Cheshire East Council Corporate Plan 2. Care Act 2014 3. Children and Families Act 2014

References

¹ RNIB Data Tool, <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

² Royal National Institute for the Blind (RNIB)

³ Projecting Adult Needs and Service Information, <https://www.pansi.org.uk>

⁴ CEC return (2021) for Consortium for Research into Deaf Education (CRID)

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Cheshire East Sensory Impairment Strategy 2021-24



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Foreword

This strategy has been developed in partnership between Cheshire East Council and Cheshire Clinical Commissioning Group (CCCG). It has involved co-production and engagement with our local partners and stakeholders; and importantly children, young people and adults living with a sensory impairment, their families and carers, to understand local needs. Throughout this strategy, where we refer to “people” we include everyone with a sensory impairment across all ages.

The circumstances and experiences of people living with a sensory impairment are unique to each individual. The challenges they experience can range from being able to get out and about safely, accessing education, employment and leisure, and being able to participate in their community. The emotional impacts of living with a sight or hearing loss can be distressing, frustrating and isolating. With the right support, children, young people and adults can excel in all areas of life, including education, work, leisure and sport.

The aim of this strategy is to work to improve the health, wellbeing and quality of life for people with a visual, hearing impairment or dual sensory loss. It will enable us to develop new ways of working, maximise the impact of what we do and think creatively about how we can work together in Cheshire East. The strategy is supported by an Action Plan which will be updated throughout the lifespan of the strategy.

We would like to thank all who have contributed to its development at a particularly challenging time during the Covid-19 pandemic. The strategy provides an opportunity to make a significant difference to the lives of people living with a sensory impairment.

Executive Summary

The Cheshire East All Age Sensory Impairment Strategy makes a shared commitment to improving the lives of children, young people and adults with a visual and/or hearing impairment, and their families and carers. The strategy acts as a roadmap for service re-design and improvement initiatives throughout its lifespan.

Sensory loss can have an enormous personal, social and economic impact throughout a person's life. It will become an even bigger challenge over the next decade due to the ageing population. It is therefore essential that we have an all-age strategy which enables us to work in partnership to support people with sensory impairments in the most effective way.

The strategy places a strong emphasis on prevention and early intervention and supports the provision of flexible, responsive services so people get the help they need in a timely way. A strengths-based approach to supporting people with strategies to promote independence in a holistic way can greatly improve their quality of life.

To steer and inform the strategy, consultation and engagement has taken place with a wide range of professionals from across social care, education, health and the voluntary sector. We have also engaged and collected the experiences, thoughts and suggestions of adults and parents of children and young people with sensory impairments to understand what needs to be improved in line with the TOGETHER co-production approach and principles. Combining this with recent national and local evidence and best practice guidance, we have identified key themes and priorities which are explored throughout this strategy.

Introduction

The Cheshire East All-Age Sensory Impairment Strategy is for children, young people and adults, living with a sensory impairment and their families and carers. Sensory impairment or “sensory loss” refers to everyone who has a visual and/or hearing impairment (also known as d/Deaf and deafblind). The additional needs of children and young people with multi-sensory impairment (MSI) are addressed separately through the SEND (Special Educational Needs and Disabilities) Strategy and Local Offer for SEND. Further details of the terms relating to sensory impairment are given in Appendix 1.

There are currently a range of local services supporting people with sensory impairments across health, education, social care and the voluntary sector. We acknowledge the critical role of these services and the importance of working together to provide a holistic, multidisciplinary approach.

The strategy gives an overview of where we are now; what really matters to people; and what we can do to remove or overcome barriers that exist locally and improve outcomes for people.

It sets out how we will deliver the improvements that will make the most difference while recognising the challenges in public funding and needs of an ageing population.

The strategy supports the work of other key local documents including:

- Cheshire East Council's Corporate Plan (2021 – 2025)
- Cheshire East's Joint Health and Well Being Strategy (2018- 2021)
- NHS Cheshire CCG Strategic Objectives (2020 – 2023)
- Cheshire East SEND Preparing for Adulthood Strategy (2021– 2023), SEND Strategy (2021 – 2024) and Local Offer for SEND.

Our Vision

In Cheshire East, we are committed to improving the lives of individuals with a sensory impairment. The strategy is intended to provide more consistent and effective early intervention support to children, young people and adults, and their families and carers. The purpose of this strategy is to guide us towards achieving our vision over the next three years, by setting the direction to improve outcomes. Our ambitions and the success of the priorities are dependent on partner organisations working in an integrated way to achieve these goals.

Our shared vision is for children, young people and adults in Cheshire East living with a sensory impairment to be able to achieve their individual aspirations and ambitions and contribute positively to their community. This partnership approach will improve awareness and access to information, services and support that are inclusive and appropriate to meet their individual and unique needs.

We will work to enable an individual with a sensory impairment to be as safe and independent as possible and in control of their health and daily life.

The values and principles that underpin the work to achieve this include:

- A joint commitment to work together to improve outcomes for anyone living with a sensory impairment
- Listening to what people tell us
- Taking account of the vision and priorities set out in the SEND and Preparing for Adulthood Strategies and TOGETHER principles working with children and young people
- Having an emphasis on prevention and early help
- Making sure services are co-ordinated so people are offered the right information and support when they need it.
- Building a community where treatments and preventative measures are known about, available and routinely accessed.
- Making best use of finite resources.

Our Priorities

In order to meet the ambitions set out within this strategy, we have agreed a number of key priorities, which have been co-produced through extensive engagement and working with people with sensory impairments and professionals within the sector.

The six key priority areas for next 3 years (2021 – 2024) are:

- ❖ The provision of accessible information and advice
- ❖ Integrated service provision and improved co-ordination of care
- ❖ Support for children and young people when preparing for adulthood (transition)
- ❖ Keeping your independence (including use of equipment and assistive technology)
- ❖ Emotional and peer support
- ❖ Awareness and understanding of sensory impairment.

Background

People with visual impairments

Almost 2 million people in the UK are living with sight loss and 360,000 are registered as visually impaired. Sight loss can affect us at any age but it is common for our vision to get worse as we get older. An estimated 79% of people aged over 64 are living with some degree of sight loss¹.

Locally, 15,200 people were estimated to be living with sight loss in Cheshire East in 2020 (4% of the population) compared to 3.2% nationally. This included 2,070 with severe sight loss (blindness) and 13,170 with partial sight².

In 2020, the RNIB³ estimated that there were 191 blind and partially sighted children and young people under 18 living in Cheshire East.

Certificate and registration

People registered as partially sighted or blind are issued with a Certificate of Visual Impairment (CVI) which is a legal document provided by an Ophthalmic Consultant at the time of registration. In May 2021, there were almost 2,000 people registered as blind or partially sighted in Cheshire East.

Not everyone with a sight loss is registered as sight impaired but our aim is to ensure that all services are available to anyone with a visual impairment, whether or not they are registered.

People with Hearing Impairments

In the UK, there are 12 million adults with a hearing loss, equivalent to one in five adults. Of these, an estimated 900,000 have a severe or profound hearing loss⁴. Hearing loss increases sharply with age, affecting about 71% of people aged over 70.

Locally, 88,244 adults were estimated to be living with a hearing loss in Cheshire East in 2020. This includes 8,613 with severe hearing loss and 79,631 with some hearing loss⁵.

The latest figures show there were 262 children and young people under 20 in 2021 with permanent hearing loss living in Cheshire East⁶.

People with Dual Sensory Loss

It is estimated that there are nearly 400,000 deafblind people in the UK⁷. Dual sensory loss, or deafblindness is a combination of both sight and hearing loss. This may have been from birth or due to deterioration later in life. It affects people of all ages but is more common in older people as sight and hearing naturally worsen as we get older. Dual sensory loss affects a person's ability to communicate, access information and get around.

The RNIB states that an estimated 2,920 people are living with some degree of dual sensory loss in Cheshire East. Of these people, it is estimated that 1,150 are living with severe dual sensory loss. Among children and young people, there are estimated to be less than 20.

The National Context

This strategy has been informed by the statutory and best practice guidance for people with visual and hearing impairments and dual sensory loss. The specific statutory duty for deafblind people is given below with other relevant legislation outlined in Appendix 3. There are national initiatives underpinning the need for improvements in services for people with sensory impairments. The key documents are listed below.

The UK Vision Strategy (2013-18) set out a strategic framework for improving the UK's eye health and outcomes for people with sight impairment. It sought to achieve three outcomes which are still relevant today:

1. Everyone in the UK looks after their eyes and their sight
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate support
3. A society in which people with sight loss can fully participate.

'Seeing it my way' underpinned the UK Vision Strategy and set out ten outcomes that visually impaired people say are important to them:

The "Seeing it my way" outcomes are:

- That I understand my eye condition and the registration process
- That I have someone to talk to
- That I can look after myself, my health, my home and my family
- That I receive statutory benefits and information and support that I need
- That I can make the best use of the sight I have
- That I can access information making the most of the advantages that technology brings
- That I can get out and about
- That I have the tools, skills and confidence to communicate
- That I have equal access to education and life-long learning
- That I can work and volunteer.

The importance of these outcomes was reflected locally, and we have used them in this strategy to link to our key priorities and actions later in the document.

Action Plan on Hearing Loss (2015) set out the case for action to tackle the rising prevalence and personal, social and economic costs of uncorrected hearing loss. It proposed addressing this growing challenge by promoting prevention of hearing loss, improving the integration of services, providing innovative models of care and ensuring that people of all ages with hearing loss are supported and empowered to lead the lives they want for themselves and their families.

The Action Plan set out five key objectives:

- Prevention
- Early diagnosis
- Integrated, patient centred management
- Ensuring those diagnosed do not need unscheduled care or become isolated
- Ability to partake in everyday activities.

The **Children and Families Act 2014** and its supporting document, “The Special Educational Needs and Disability Code of Practice” describe how, where an Education, Health and Care (EHC) Plan is required for a child or young person with SEN relating to sensory impairment needs, the EHC Plan is required to fully take account of the implications of the sensory impairment for teaching and learning on the child/young person’s development. The **National Deaf Children’s Society (NDCS)** provides support and guidance on the provision of children’s services.

Deafblind people: Guidance for Local Authorities

Local authorities are required to act on guidance under Section 7 of the Local Authority Social Services Act 1970 (for children) and section 78 of the Care Act 2014 (for adults).

They have to:

1. make contact and keep a record of all deafblind children and adults
2. ensure assessments of need for care and support are carried out by people with specific training and expertise
3. provide appropriate services for deafblind people
4. provide specially trained one-to-one support workers when necessary
5. provide accessible information for deafblind people
6. ensure that a Director-level member of the local authority senior team has overall responsibility for deafblind services.

National Drivers

The strategy has been informed by a number of drivers:

- The Care Act 2014
- The Children and Families Act 2014
- Equality Act 2010
- Accessible Information Standard 2016
- Public Health Outcomes Framework: Preventable sight loss indicators
- The UK Vision Strategy 2013 – 2018
- Call to Action for Visual Impairment
- Seeing it my Way 2013 – 2018
- ADASS position statement on vision rehabilitation
- RNIB Guiding principles for vision rehabilitation support
- Action Plan on Hearing Loss 2015

How this Strategy was developed

What people told us

The development of the strategy has been informed through consultation with children, young people and adults with sensory impairments, their families and carers, to seek their views. We also engaged with a range of professionals working in this field. Details of all user engagement undertaken is outlined in Appendix 2. This included workshops, surveys and face to face conversations. Public consultation on the strategy was conducted between July and September 2021.

The following common themes and issues emerged which have informed and shaped the key priorities of this strategy for children, young people and adults.

Prevention and early intervention

Prevention and early intervention were identified as key themes running throughout this strategy. This will be achieved through raising awareness; promoting independence and self-care; and early diagnosis and intervention to improve peoples' outcomes.

Information and advice

Local people told us how important it is to have more accessible information about what services and options are available to them. Accessible information should be offered wherever possible to meet an individual's needs. Offers of information and referrals should be made at appropriate points both at the time of a diagnosis and when people feel ready. It is important that people are made aware of the support available locally wherever they first seek help. Ongoing publicity about the support and activities available locally will support this.

Co-ordinated services

Collaborative working, established during the development of this strategy, will improve the co-ordination and communication between services. This will help to achieve greater consistency in provision and

ensure people receive the most appropriate support and services to meet their individual needs. The pathways for referral, assessment and service provision are currently being reviewed and are included in the action plan later in the document.

Support for children and young people when preparing for adulthood (transition)

The links between health, education and social care services in supporting children and young people are well developed in Cheshire East. Local engagement with parents and carers of children and young people with sensory impairments identified the need for additional information when preparing for adulthood. This was particularly in relation to the transition from children's services to adult services to ensure young people are supported and able to fulfil their potential. Children and young people with sensory impairments are all known to the Sensory Inclusion Service (Education) at Cheshire East Council and the links with other services were identified as being very positive.

The Cheshire East SEND Partnership has recently launched a new Preparing for Adulthood Strategy which outlines its vision to ensure young people with SEND (Special Educational Needs and Disabilities) are prepared for adulthood to achieve their individual aspirations. The strategy has been written through the Working TOGETHER principles with young people, parents and carers and professionals representing a wide range of partner organisations. The SEND Partnership has also undertaken work to co-produce a refreshed SEND Strategy. The Cheshire East Local Offer for SEND (available online at www.cheshireeast.gov.uk/localoffer) provides information about the support and provision that families can expect from a wide of agencies for children and young people with SEND.

Staying independent

The importance of having good access (and training) to equipment and assistive technology was a common theme across all age groups. Current barriers included awareness of what is available, affordability and access, and how to use items effectively.

Local people with a visual impairment told us that having access to support, as early as possible, to learn new ways of doing daily tasks and training to remain mobile and get out and about is important for rebuilding confidence and staying connected. The service provided by the council's Rehabilitation Officers for Visual Impairment (ROVIs) was well regarded in this respect. More information and support for those who want to undertake training and gain skills to provide greater employment opportunities was identified, particularly among working age adults.

Emotional support

Access to emotional support, peer support and group social activities was highlighted across all age groups but most noticeably among children and young people. It was identified that additional support for working age adults and those experiencing sudden sight loss would be beneficial.

Families and Carers

The important role of families and carers in the support they provide to their children, siblings and adult family members with sensory impairments is widely recognised. This vital support can range from helping with daily living tasks, getting out and about and providing emotional support. Many talked about the impact that having a sensory impairment has on the rest of the family. It is important that families and carers feel supported in their caring role and have access to advice and support in their own right.

Cheshire East Carers' Hub provides a single point of access for all carers including both young and adult carers offering information and support.

<http://www.cheshireeastcarershub.co.uk>

Raising awareness

There are many people with a sensory impairment who are not known to services. Living with a sensory impairment is complicated and each

person has a different story; some people are born blind or deaf; some are not aware they have lost part of their sight and/or hearing and some people have a visual or hearing impairment secondary to other conditions such as stroke, dementia or a learning disability.

Local feedback told us there is a lack of awareness and understanding of the impact and challenges of living with a sight and/or hearing impairment among professionals and the wider community. By improving awareness and making services more accessible, everyone should be able to get the right support when they need it. For children and young people, this will be provided through the Cheshire East Local Offer for SEND, by ensuring clear, comprehensive, accessible and up-to-date information about the available provision and how to access it.

Safeguarding and Domestic Abuse

Everyone has the right to be safe and to live a life free from abuse. All persons are entitled to this right regardless of their circumstances. People with a physical disability, learning disability, sensory impairment or frail due to age and ill-health may be more vulnerable.

The Cheshire East Domestic Abuse Hub (CEDAH) is a 24 hour point of contact for anyone experiencing domestic abuse or anyone concerned for others. For more information and to report abuse: Telephone: 0300 123 5101 or visit the website:

[Domestic Abuse Getting Help \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk/domestic-abuse-getting-help)

My CWA deliver a 'whole family, whole journey' service to local families affected by domestic abuse.

<https://www.mycwa.org.uk>

The Cheshire East Safeguarding Children's Partnership (CESCP) includes agencies such as Cheshire East Council, Police, Health Services and others that oversee services that safeguard and protect children in Cheshire East.

<http://www.cescp.org.uk>

Delivering Our Priorities for 2021 - 2024

Using the national and local evidence, six key priorities have been identified to help us achieve our vision over the next 3 years.

There is a commitment to work collectively to deliver and implement the changes required. During the lifetime of the strategy, we will aim to ensure the following actions are undertaken under each of the following priority areas. The priorities identified below apply across all age groups.

Priorities for 2021-2024

1. The provision of accessible information and advice	
Our ambition	We will provide accessible information and advice about services and support available in Cheshire East.
We plan to:	<ul style="list-style-type: none"> • Work together to improve awareness and access to information and advice at an early stage to ensure people feel more informed. • Ensure information is provided in a range of media and in accessible formats including the Council's Live Well pages. • Promote information more widely to health, education and social care professionals on the availability of services and through the Local Offer for SEND for children and young people.
Outcome	Children, young people and adults, their family and carers, and professionals report increased awareness of the services and support available.

2. Integrated service provision and improved co-ordination of care	
Our ambition:	We will work together to ensure access to co-ordinated services that provide the right support at the right time.
We plan to:	<ul style="list-style-type: none"> • Work with local partners to improve communication and awareness of roles and functions and improve co-ordination between services. • Ensure people have access to the most effective support in an equitable and timely way, both at the time of their diagnosis and throughout their journey. • Develop simple pathways to show how local services work together in a co-ordinated way to support people with sensory impairments. • Review and understand where any gaps in services exist to inform future commissioning decision-making. • Ensure families and carers are identified and supported in their caring role. • Ensure the safety of children and adults through collaboration with specialist services and integrated provision in respect of safeguarding and domestic abuse.
Outcome:	Children, young people and adults, their family and carers can access the support they need in an appropriate and timely way.

3. Support for Children and Young People when preparing for adulthood (transition)	
Our ambition:	We will ensure children and young people receive the best support when moving to the next stages of their lives and preparing for adulthood, including transition between children's and adult services.
We plan to:	<ul style="list-style-type: none"> • Develop clear transition pathways from children's to adults social care to ensure seamless support. • Ensure that all young people leaving school, along with their families and carers, are supported and given the information they need to make informed choices about the range of options available. • Ensure that young people are supported to access further education, training and employment opportunities as appropriate.
Outcome:	<p>We aim to ensure children and young people, and their families and carers, have access to the right support within any educational or training setting. This will enable them to achieve their full potential and lead to greater employment opportunities.</p> <p>We will continually support through the child and young person's transition and preparation for adulthood.</p>

4. Keeping your independence (including use of equipment and assistive technology)	
Our ambition:	We will increase awareness and use of available equipment and assistive technology to improve independence. We aim to inspire people to achieve their personal goals and will offer support and training by appropriately qualified people.
We plan to:	<ul style="list-style-type: none"> • Review the provision of equipment with local partners to improve the co-ordination and accessibility of equipment and assistive technology. • Review and develop opportunities for training, advice and support on how to use equipment, new technology and apps. • Promote greater awareness of rehabilitation support alongside other interventions for children, young people and adults with visual impairments/dual sensory loss. • Work with local organisations to raise awareness of the importance of consulting local people with sensory impairments about changes in their local community, for example, road/pavement alterations, community building design, public transport routes etc.
Outcome:	Children, young people and adults with a sensory impairment have access to the right equipment and can benefit from the latest technology, online services, applications and daily living strategies to increase their independence and connections to social, educational and employment opportunities.

5. Emotional and peer support	
Our ambition:	We will ensure that people who need counselling, emotional and peer support can access this when they feel the time is right for them.
We plan to:	<ul style="list-style-type: none"> • Identify opportunities for the development of emotional support services and peer support groups, particularly for young people, working-age adults and people experiencing sudden sight/hearing loss. • Provide more support for families and carers of people with a sensory impairment. • Review access to emotional support services including counselling and psychological therapies.
Outcome:	Improve access to emotional support services to enable people to be supported in the most appropriate way.

6. Awareness and understanding of sensory impairment	
Our ambition:	<p>We will increase awareness and understanding of sensory impairment among our staff and the importance of delivering accessible services.</p> <p>We will promote greater awareness in the wider community and improve public health information.</p>
We plan to:	<ul style="list-style-type: none"> • Promote greater access to sensory awareness training to staff within the council, including front-facing services including “first point of contact teams” and libraries. • Develop and deliver an e-learning programme to improve sensory impairment awareness for staff. • Feed into the Council’s Digital Strategy to ensure accessibility and affordability of digital technologies. • Ensure children, young people and adults with a sensory impairment are involved in guiding the development of services and sharing their experiences. • Develop and promote work with minority ethnic groups and communities such as Gypsy Roma Traveller communities. • Raise awareness of the importance of routine sight and hearing tests and associated health screening programmes through public health campaigns.
Outcome:	<p>To ensure children, young people and adults with a sensory impairment have the best access to services and support and are treated with dignity, understanding and respect.</p>

Appendix 1: Terminology

Sensory impairment or “sensory loss” are umbrella terms used to describe loss of sight and hearing senses. As such, it encompasses the following conditions:

Visual impairment includes people who are born blind or who acquire a visual impairment. **Partially sighted** is where the level of sight loss is moderate and **severe sight impairment (blindness)** is where the level is so severe that activities that rely on eyesight become impossible.

Hearing impairment, or hearing loss, occurs when a person loses part or all of their ability to hear. It refers to anyone with a hearing loss who is Deaf, deaf, deafened or hard of hearing.

The term d/Deaf is used to include people who are Deaf from birth or early childhood and may use British Sign Language (BSL). The ‘D’ in Deaf indicates that they have their own sign language, culture and identity. Those who are “deaf” include people who are hard of hearing or deafened, losing hearing later in life.

Deafblindness is a combination of sight and hearing loss that affects a person's ability to communicate, access information and get around. It's often also referred to as "dual sensory loss" or "dual sensory impairment". This includes ‘progressive’ sight and hearing loss where sight and hearing may deteriorate over a period of time.

Multi-Sensory Impaired (MSI) is a term used to describe the loss of sight and hearing. Children with MSI may also have cognitive, medical or physical disabilities, and challenges which affect other senses.

Service users are people with sensory impairments who access council services and support.

Appendix 2: Development of the Strategy

Sensory Project Group

A sensory project group comprising health, social care and education operational managers, commissioners and practitioners set the overall strategic direction and steered the development of the strategy.

Stakeholder Professional Group Engagement

Engagement took place with local specialist providers including East Cheshire Eye Society, Iris Vision, Deafness Support Network, Cheshire East Deaf Children's Society, and other voluntary and community representatives. In addition, staff from Cheshire East Council (including the Rehabilitation Officers for Visual Impairment, Sensory Inclusion Service, Children's Disability Team, Youth Support Service and Participation Team), Cheshire Clinical Commissioning Group, East Cheshire and Mid Cheshire NHS Trusts Ophthalmology and Audiology Departments advised on the formation of the strategy. They were consulted by holding:

- Two sensory workshops
- One-to-one meetings.
- Online stakeholder survey

Service user engagement

The aims of consulting with service users were to:

- Gather their personal views and experiences
- Ask them about the barriers they face and how we can change and improve things
- Explore how they receive information and advice

Qualitative approaches used included semi-structured interviews, online surveys and attendance at a local forum meeting. In total, 100 adults and 27 children and young people with a visual impairment and/or hearing impairment (including some with dual sensory loss) responded via the above methods.

The engagement work was conducted over the Autumn and Winter of 2020/21 during the Covid-19 pandemic and as a result most took place virtually which was challenging for people with visual and hearing impairments. We wish to express our thanks to our partners for assisting with the engagement work.

Public consultation on the draft strategy

A period of formal consultation on the strategy took place between 20th July and 19th September 2021 and was widely promoted on the Council and Cheshire CCG websites, through partner organisations, in libraries and on social media. A short video explaining the strategy, was also available on the websites and YouTube.

The full results can be found here: [Consultation Results \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk/consultation-results)

Appendix 3: National Legislation

The Care Act (2014) (section 9) places some specific duties on Local Authorities to improve services for deafblind people and requires the sight impairment registration process.

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Children and Families Act 2014 includes the implications of sensory impairment on the child's learning and development.

<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

The Equality Act 2010 requires all organisations that provide a service to the public to make reasonable adjustments to ensure they are accessible to everyone.

<https://www.gov.uk/guidance/equality-act-2010-guidance>

Accessible Information Standard (2016) requires people who have a sensory loss to be provided with information that they can easily read or understand including support so they can communicate effectively with health and social care services.

<https://www.england.nhs.uk/2016/08/accessible-information-standard/>

References

¹ RNIB Data Tool, <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

² Projecting Adult Needs and Service Information, <https://www.pansi.org.uk>

³ Royal National Institute for the Blind (RNIB)

⁴ RNID prevalence estimates using ONS population data (2018).

⁵ Projecting Adult Needs and Service Information, Project Older People Population Info, <https://www.poppi.org.uk/> and <https://www.pansi.org.uk>

⁶ CEC return (2021) for Consortium for Research into Deaf Education (CRIDE)

⁷ Deafblind UK, <https://deafblind.org.uk/>

EQUALITY IMPACT ASSESSMENT FORM



Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

Section 1: Description

Department	People's Directorate		Lead officer responsible for assessment		Nik Darwin	
Service	Cheshire East All-Age Sensory Impairment Strategy		Other members of team undertaking assessment		Helen Clark	
Date	March 2021		Version 1			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/plan/function/policy/procedure/service</p>	<p>Cheshire East All-Age Sensory Impairment Strategy 2021 – 2024</p> <p>The Cheshire East All-Age Sensory Impairment Strategy is for children, young people and adults in Cheshire East living with visual and/or hearing impairment (also known as d/Deaf, deafblind or have a visual impairment).</p> <p>Vision</p> <p><i>Our shared vision is for children, young people and adults in Cheshire East living with a sensory impairment to be able to live their best lives and be inspired to achieve their hopes and ambitions and contribute positively to their community. We will work in partnership to improve awareness and access to information, services and support that are inclusive and appropriate to their individual and unique needs.</i></p> <p><i>This collective approach should enable a person with a sensory impairment to be as safe and as independent as possible and in control of their health and daily life.</i></p>					

Draft Priorities (2021/24)

The following six draft priorities will form the basis of an action plan:

1. Providing accessible information and advice

Our ambition: We will fulfil our responsibilities to provide accessible information and advice about services available in Cheshire East.

2. Integrated service provision and improved co-ordination of care

Our ambition: We will work together to ensure access to co-ordinated services that provide the right support and the right time.

3. Support for children and young people/Preparing for Adulthood (Transition)

Our ambition: We will ensure children and young people receive the best support when moving to the next stages of their lives and preparing for adulthood, including transition between children's and adult services.

4. Keeping your independence

Our ambition: We will increase awareness and use of available equipment and assistive technology to improve independence. We aim to inspire people to achieve their personal goals and will offer support and training by appropriately qualified people.

5. Emotional and peer support

Our ambition: We will ensure that people who need counselling, emotional and peer support can access this when they feel the time is right for them.

6. Awareness and understanding of sensory impairment

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	<p>Our ambition: We will educate our workforces on the impact of sensory impairments and their obligations in making services accessible. We will promote greater awareness within the general population and improve public health information.</p>
<p>Who are the main stakeholders? (e.g. general public, employees, Councillors, partners, specific audiences)</p>	<ul style="list-style-type: none"> • Children, young people and adults with sensory impairments, and their families and carers • Service user and patients of sensory treatment and support services • General public and residents of Cheshire East • Cheshire East Council – education and social care services • Cheshire Clinical Commissioning Group • East Cheshire NHS Trust Ophthalmology and Audiology Departments • Mid Cheshire NHS Trust Ophthalmology and Audiology Departments • Local specialist sensory voluntary organisations and wider community groups • Councillors • GP Practices • AQP Providers for sensory services

Section 2: Initial screening

<p>Who is affected? (This may or may not include the stakeholders listed above)</p>	<ul style="list-style-type: none"> • Children, young people and adults with sensory impairments, and their families and carers • Service user and patients of sensory treatment and support services • General public and residents of Cheshire East Council • Councillors • Cheshire East Council – education and social care services • East Cheshire NHS Trust Ophthalmology and Audiology Departments • Mid Cheshire NHS Trust Ophthalmology and Audiology Departments • Local specialist sensory voluntary organisations and wider community groups • GP Practices
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Who is intended to benefit and how?	<ul style="list-style-type: none"> The intended benefit and aim of the strategy is to enable children, young people and adults with a visual and/or hearing impairment, and their families and carers, to be as independent as possible and in control of their health and daily life. The strategy and action plan will implement the improvements identified based on the 6 key priority areas that have arisen from the pre-engagement and co-production work with stakeholders, service users and professionals. 										
Could there be a different impact or outcome for some groups?	<p>Yes – this will include children, young people and adults with a hearing impairment, visual impairment or dual sensory loss. Older people are disproportionately affected as sensory impairments increase sharply with age. Some people have a visual or hearing impairment that is associated with other conditions such as stroke, dementia, learning disabilities and mental health problems. For people with multi-sensory needs, particularly children and young people, their needs will be addressed through the SEND Strategy and Partnership.</p>										
Does it include making decisions based on individual characteristics, needs or circumstances?	<p>Yes – the strategy and action plan set out the vision and priorities for improvements to services and support for people with a sensory impairment by working together across health, education, social care and the voluntary sector. This will reflect the needs of those affected by sight or hearing loss and oversee the implementation of these actions.</p>										
Are relations between different groups or communities likely to be affected? (e.g. will it favour one particular group or deny opportunities for others?)	<p>The strategy is inclusive and committed to improving services and support for people of all ages affected by a visual or hearing impairment or dual sensory loss. Older people make up the highest proportion of people with sensory impairment as the incidence rises with ageing. There is a greater likelihood that they will also be physically frail or have other physical disabilities and health conditions. This will potentially be exacerbated by their sensory impairment limiting their mobility and opportunities for wider social and recreational activities and “staying connected” in their communities.</p>										
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	<p>No specific target action required</p>										
Is there an actual or potential negative impact on these specific characteristics? (Please tick)											
Age	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Marriage & civil partnership	<input type="checkbox"/> Y	<input type="checkbox"/> N	Religion & belief	<input type="checkbox"/> Y	<input type="checkbox"/> N	Carers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

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Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N	Socio-economic status	Y	N
Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N			
<p>What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts</p> <p>The draft Strategy has been developed and co-produced with service users and professionals working across health, education, social care and the voluntary sector.</p> <p>Based on the results of the engagement and national good practice evidence, six draft priority areas have been identified that will form the action plan. These include:</p> <ol style="list-style-type: none"> 1. Accessible information and advice 2. Integrated service provision 3. Support for Children and young people (transition) 4. Keeping your independence 5. Emotional and peer support 6. Awareness and understanding of sensory impairment 									<p>Consultation/involvement carried out</p> <p>Extensive pre-engagement work has involved an online stakeholder survey, two sensory workshops, semi-structured interviews and online surveys with service users including adults, children and young people with HI/VI and their families and carers.</p>		
									Yes	No	
Age			<p>Older people make up a large proportion of those in need of support. In the UK, 79% of people over 64 are living with some degree of sight loss. Nearly 42% of those aged over 50 years have hearing loss, increasing to about 71% of people aged 70+.</p> <p>In Cheshire East, there were an estimated 15,200 people with a visual impairment</p>						Yes –		

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	<p>in 2020 in including 2,070 with severe sight loss. There were 191 blind and partially sighted children and young people under 18 in 2020.</p> <p>There were an estimated 88,244 adults with a hearing impairment in 2020 including 8,613 with a severe hearing loss. There were estimated to be 262 children and young people under 20 in 2021 with a severe hearing impairment in Cheshire East.</p>	<p>telephone survey with adults with a visual impairment. Online surveys with adults with HI, children and young people with VI and HI. Also face to face interviews.</p>	
Disability	Sensory impairments are recognised as a physical disability. They are often a “hidden” disability that may not be immediately obvious. Due to the greater incidence of sight and hearing loss among older people, they may also be physically frail or have other physical disabilities and health conditions.	Yes – children/young people and adults with VI/HI	
Gender reassignment	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		No
Marriage & civil partnership	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		No
Pregnancy & maternity	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		No
Race	This may adversely affect people from BAME communities who may not be aware of sensory support services or where to go for help.	Yes – equality monitoring was included on the survey forms	

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Religion & belief	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.			No
Sex	None directly although as sight and hearing loss increase with ageing, more women may be affected in the oldest age categories.		Yes – equality monitoring was included on the survey questionnaires.	
Sexual orientation	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.			No
Carers	Carers and families of people living with a sensory impairment need access to support in their own right. The council contracts the Cheshire East Carers' Hub to provide services for all carers including adults, parent and young carers.			No
Socio-economic status	This may adversely affect those people in lower income households who may not have access to the equipment and technology to support their independence e.g. internet access, laptops, iPads and other aids.			No
Proceed to full impact assessment? (Please tick)	Yes	No	Date	

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact on people of all ages with a visual and/or hearing impairment.	<p>The surveys conducted with children, young people and adults identified barriers to independence and the changes or improvements needed to improve peoples' outcomes.</p> <ul style="list-style-type: none"> Improved information and advice <p>When surveyed, 75% of children/young people with VI/HI said they had been given enough information and support at diagnosis. This compared to 31% of</p>	<p>High – the service pathways for children and young people are well-established across health, education and social care. However, clear processes are needed around transition to Adult Services where appropriate.</p> <p>For adults, some gaps in the service pathways have been identified. Further work will be undertaken to make the improvements needed through</p>	<p>A new cross-partnership Sensory Impairment Strategy Working Group has been established. This group will oversee and co-ordinate the Strategy action plan. Three task and finish groups have been set up to look at the priority areas of:</p> <ul style="list-style-type: none"> Information and awareness of sensory impairments Equipment and Technology

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		<p>adults with a VI. 55% said they didn't get enough information and support.</p> <p>Top three changes or improvements needed (Children/YP with HI)</p> <ul style="list-style-type: none"> • More information about what services are available • More access to counselling and emotional support • Better access to equipment <p>Top three changes or improvements needed (Children/YP with VI)</p> <ul style="list-style-type: none"> • Better access to equipment • More support for families and carers <p>Top three changes or improvements needed (Adults with VI)</p>	<p>the action plan.</p>	<ul style="list-style-type: none"> • Children and Young People pathways and support (Transition)
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		<ul style="list-style-type: none"> • Knowing where to go for more help • More information about what services are available • Getting help in a timely way <p>Top three changes or improvements needed (Adults with HI)</p> <ul style="list-style-type: none"> • More information about what services are available • Knowing where to go if I need more help • More social and group activities 		
Disability	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact by improving the understanding and awareness of people with a sensory impairment.	Having a visual and/or hearing impairment is often referred to as a “hidden” disability. A key priority is to improve the understanding and awareness of the impact of having a sensory impairment among staff and the wider community.	High – The aim of the Strategy and action plan is to improve the lives of people with a sensory impairment by ensuring they get the right help and support at the right time.	See above- this will be addressed through the action plan and sub-groups.

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Gender reassignment	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	See above
Marriage & civil partnership	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	See above
Pregnancy and maternity	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	All new-born babies are screened at birth for hearing and there are well established processes in place for babies and their parents/carers.	Low	See above
Race	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	Further work will be explored through the Strategy Action Plan to address the communication/language needs of people from minority ethnic groups with visual and/or hearing impairments.	Medium	See above
Religion & belief	No impacts have been raised to date. As such the effects of this	No specific action has been identified around this protected	Low	See above

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	plan are currently deemed as neutral on this protected characteristic.	characteristic.		
Sex	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact by improving the understanding and awareness of people with a sensory impairment	The incidence of sight and hearing impairments increase with ageing, there may be more women disproportionately affected in the oldest age categories.	Low	See above
Sexual orientation	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	See above
Carers	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact by improving the understanding and awareness of people with a sensory impairment.	Through the engagement work to develop the Strategy, it has been identified that families and carers of people with a visual and/or hearing impairment need to be recognised and offered support in their own right.	Medium	This will be addressed through the Strategy action plan.
Socio-economics	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have	Access to and training to use appropriate equipment and assistive technology has been	Medium	A review of equipment and assistive technology will be undertaken by a dedicated sub-

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EQUALITY IMPACT ASSESSMENT FORM

	a positive impact by improving the understanding and awareness of people with a sensory impairment. It will also consider equipment and assistive technology.	recognised as a need across all age groups. People may be disproportionately affected if they are required to purchase their own equipment and may not have the means to access the internet and other technology.		group to understand what equipment is currently available through the council and health and how to improve access to training and other support.
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Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)

It is currently anticipated that some services could be commissioned later in the year once progress has been made on the action plan and the Strategy has been ratified by the Council. Contracted services are subject to comprehensive performance monitoring.

Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

The Strategy Action Plan and task and finish groups will prioritise progress on the following three areas over the next 6 months:

- Accessible information and awareness
- Equipment and assistive technology
- Children's and Young People (pathways and transition)

This will consider the gaps identified and improvements needed from the pre-engagement work.

Specific actions to be taken to reduce, justify or	How will this be monitored?	Officer responsible	Target date
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EQUALITY IMPACT ASSESSMENT FORM

remove any adverse impacts			
<p>Formal public consultation on the draft Strategy is scheduled to take place from June 2021. This will be in a range of media to ensure it is as accessible as possible.</p> <p>We will take account of all the views and comments received following the engagement and the final Strategy will be updated in light of this.</p>	Project plan and scheduled timeline	Helen Clark	August 2021
Approval sought on Final Strategy following public consultation at Health and Social Care Committee and Children and Families Committee	Project plan and scheduled timeline	Nik Darwin/Helen Clark	September 2021
Strategy Action Plan and tasks to make improvements identified.	This will be co-ordinated and monitored by the Sensory Impairment Strategy Working Group.	Nik Darwin/Helen Clark	November 2021
Please provide details and link to full action plan for actions	Draft action plan will sit alongside the Strategy Document – this is currently being drafted		
When will this assessment be reviewed?	October 2021		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer signoff	Nik Darwin	Date	08/06/21

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Head of service signoff		Date	24/06/21
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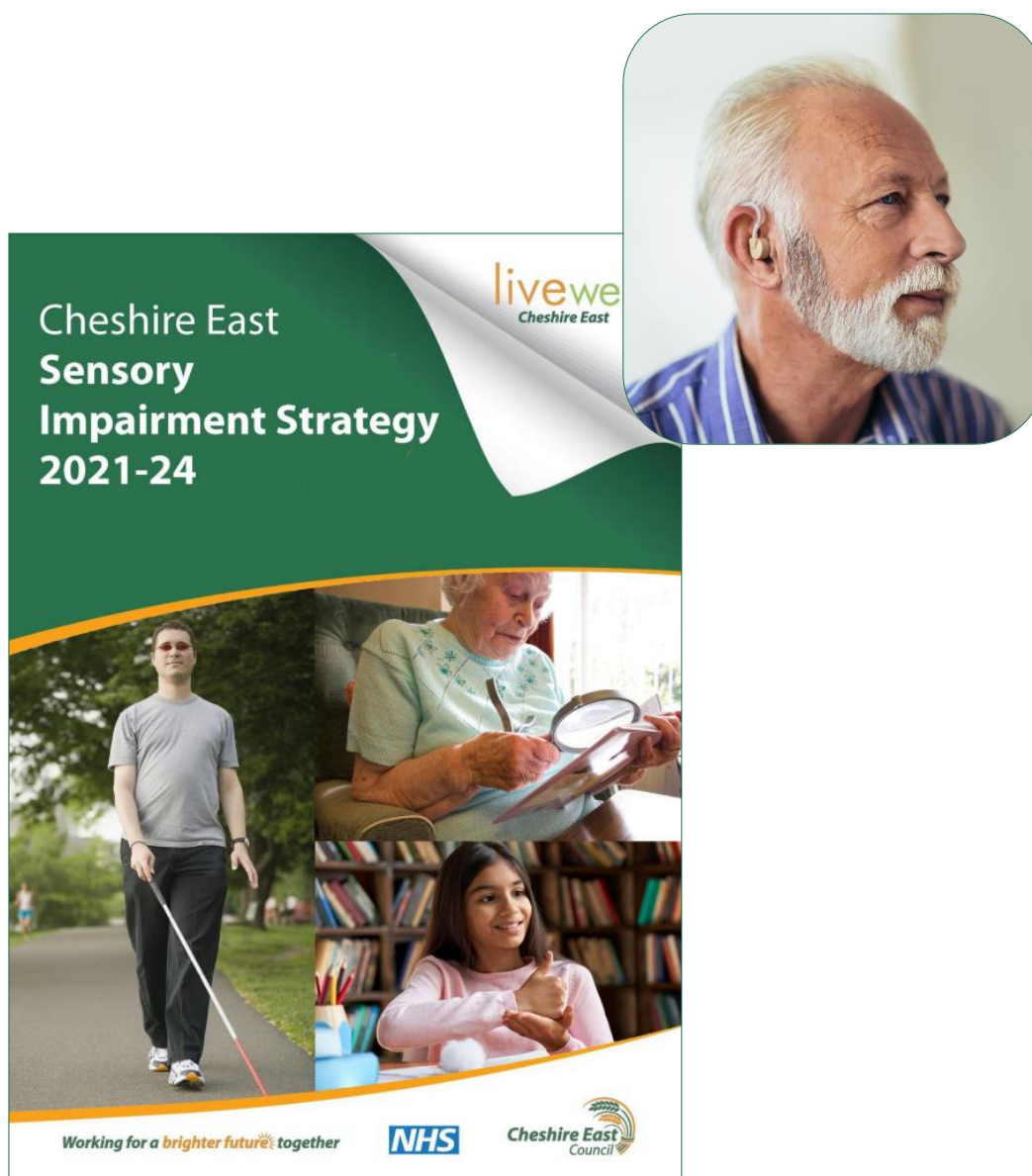
Please publish this completed EIA form on your website

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A summary of responses to Cheshire East Council's

Sensory Impairment Strategy Consultation



Summary of responses

Consultation engagement and response

The consultation on the strategy was widely promoted on the council's website, through partner organisations and on social media, with consultation feedback received in the following ways:

- 27 survey responses
- 6 email responses
- 1 telephone response
- 117 consultation video views
- Social media comments

The strategy being consulted on is a fairly niche document and large numbers of responses would not necessarily be expected – however care must be taken when interpreting results due to the low numbers of responses as they may not be wholly representative of all stakeholders who may have an interest in this issue.

It should also be noted the strategy was drafted after much engagement with a wide range of stakeholders.

The overall strategy

Whilst a very large proportion of respondents agreed the overall strategy is relevant (83%), slightly smaller proportions agreed the overall strategy is good (67%) and comprehensive (61%).

Some felt the strategy was lacking clarity and detail about how the strategy will be funded and resourced, while others felt it needed more focus on safeguarding and domestic abuse.

The vision

Large proportions of survey respondents felt the vision is:

- Relevant (89%).
- Appropriate (85%).
- Comprehensive (77%).

The priorities

Significant proportions of survey respondents rated each of the 6 priorities as good – from 78% rating the priority “Integrated service provision and improved co-ordination of care” as good, down to 65% rating the priority “emotional and peer support” as good.

Comments about each of the priorities were received, and are printed throughout this report.

Email responses

6 email consultation responses were also received, and these are printed verbatim towards the end of the report.

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Report produced 4 October 2021 by the Research and Consultation Team, Cheshire East Council. Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the consultation

Between 20 July and 19 August 2021 Cheshire East Council consulted on a newly drafted Sensory Impairment Strategy for 2021 – 2024, which had been drafted in partnership with Cheshire Clinical Commissioning Group (CCCG).

This strategy set out how both organisations will work in partnership to provide the right services at the right time for children, young people and adults living with sensory impairments.

The council consulted on the draft strategy to see what stakeholders thought of it, and to see how they felt it might be improved, before it is adopted by the council.

Pre-consultation research

The new Sensory Impairment Strategy for 2021 – 2024 had been drafted after much engagement with a wide variety of stakeholders, including:

- A survey for organisations including East Cheshire NHS Trust, Mid- Cheshire Hospital NHS Trust, voluntary sector, CEC (13 responses)
- Two Sensory Workshops held with health, social care, education and voluntary sector professionals (average of 35 attendees at each)
- A survey of adults with visual impairments (43 responses)
- A survey of children and young people with visual impairments (8 responses)
- A survey of adults with hearing impairments (49 responses)
- A survey of children and young people with hearing impairments (19 responses)
- A face-to-face interview with a deafblind current service users (1 response)
- Telephone interviews with adults with visual impairments (2 responses)
- Attendance in person at a walking group for visually impaired adults
- Attendance via Teams at visual impairment forum
- Attendance at the Children's Hearing Services Working Group
- Attendance at the Parent Carer Group

Consultation promotion and responses

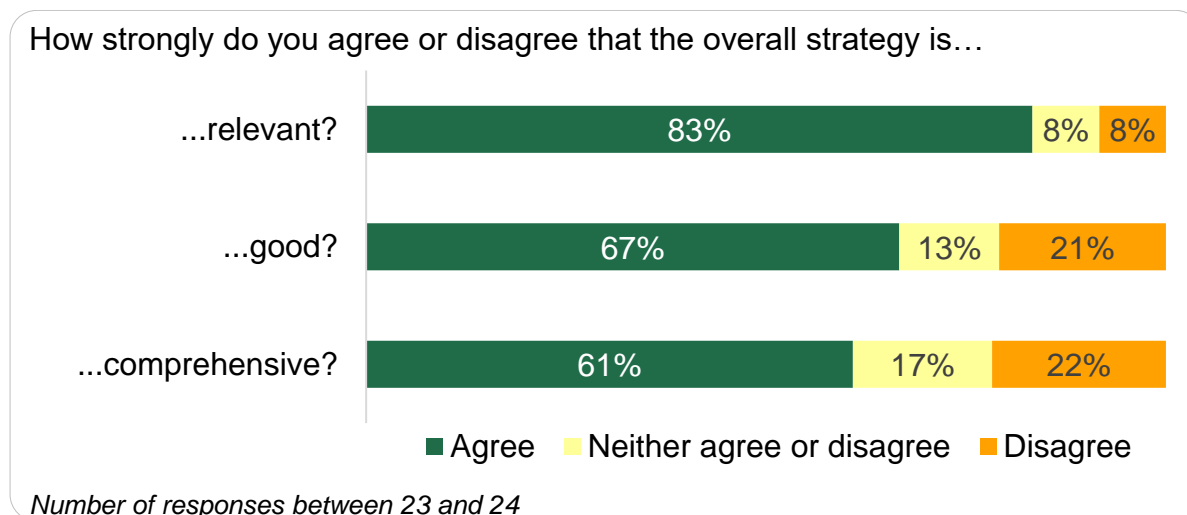
The consultation on the strategy was widely promoted on the council's website, through partner organisations and on social media, with consultation feedback received in the following ways:

- 27 survey responses
- 6 email responses

- 1 telephone response
- 117 consultation video views
- Social media comments

Survey feedback – The overall strategy

Whilst a very large proportion of respondents agreed the overall strategy is relevant (83%), slightly smaller proportions agreed the overall strategy is good (67%) and comprehensive (61%).



Comments on things that were felt to be missing from the strategy included:

- Clarity, priority and commitment are sadly absent. Cliche is well recognised but meaningless. Far too much public money has been wasted on initiatives designed for personal gain!
- General updates to systems, including ICT. How are you sending this out to the impaired community- nobody can access it which is a bit of a failure. Thank you to all that support in the community!
- How does anyone know if it is actually attainable in terms of cost and manpower?
- I have seen lots of these strategies and been asked to comment on them throughout my caring journey. I can't say any of them has made any difference to the daily lived experience of a person with sensory impairment. The funds expended on extensive "Consultants" and wordy documents could be spent subsidising public transport to enable people with sensory impairments to get out. It would also be better spent setting up peer support groups in localities where people live instead of signposting people to groups (voluntary groups) held at opposite ends of the county.
- I suspect very strongly that this initiative has more to do with saving money than improving the quality of provision for those with a sensory impairment.
- Impact on individuals Carers/family support stream. Very little mentioned, the role they play and impact of sight loss on them
- Independent work

- It would be helpful to reference Safeguarding and Domestic Abuse issues. Also please consider communities such as Gypsy Roma Traveller Communities.
- Many individuals rely on GPs for their care. Also phone calls to service users from Deafness Hub i.e. hear appointments, to ask if the appointment is still necessary or can it be cancelled is poor, so even though the strategy might be robust, there needs to be a better delivery mechanism. Especially if a person lives on their own, and is not mobile, as there is currently no outreach/home appointments, so service users will do without. As with most offers, there is a waiting list, and those with sensory impairments, will have reduced independence until equipment or re assessments can be carried out.
- Maximising opportunities for support with funding. Not thinking about whole person. Seeing disability and not ability. Focus on pointing out requirements rather than positives and working on strengths. Not signs of safety.
- People with sensory impairments are far more likely to experience domestic abuse (reference SafeLives spotlight report <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>) and the abuse suffered by people with impairments lasts longer and is more severe. Despite these statistics we see a very low number of referrals into specialist domestic abuse services and Marac (high risk forum) for people with sensory impairments and disability. It would be great to see some reference in this strategy to work in collaboration with domestic abuse specialists to address this and ensure people get the right support at the right time.
- Relevant, comprehensive? This isn't suitable for deaf people as they don't understand meaning of words. Make sure you use basic English or possibly smiley and sad faces or something that is more visual.
- That all organisations you contract with also make this commitment to accessible information. Accessible information is when it fits the individuals need e.g. not every visually impaired person can read braille. So there has to be a commitment to finding out what an individual needs rather than assumptions. With more and more services online like the livewell website, I believe there needs to be an alternative for those who are digitally excluded. Also correspondence by letter etc needs to be provided in large print etc as individual needs dictate. It is challenging so a true commitment to providing accessible information is very welcome.
- There is no review or understanding of the current situation – I am a Deaf sign language user with zero access to any information or services. I only found out about this strategy at the last moment.
- There is not enough emphasis on safeguarding and the importance of services being able to recognise safeguarding issues quickly and effectively. There is no mention of domestic abuse but disabled people are disproportionately affected by domestic abuse. The safe in the vision needs to track through to the strategy

and identify the critical issues such as domestic and sexual abuse and disability hate crimes that have such a huge impact on our lives

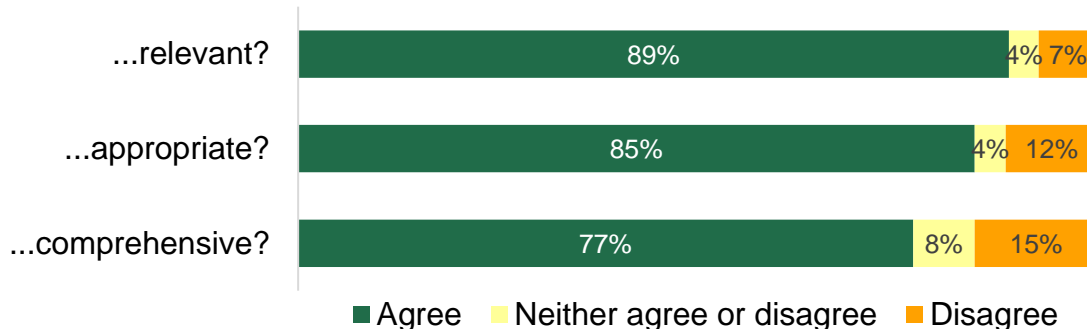
- Thinking about the whole person e.g. sensory impairment part of their life but so are other factors e.g. domestic abuse. How are these connected / joined up?
- Very doubtful that it will be implemented, in reality

Survey feedback – The vision

Large proportions of survey respondents felt the vision is:

- Relevant (89%).
- Appropriate (85%).
- Comprehensive (77%).

How strongly do you agree or disagree that this vision is...



Number of responses between 26 and 27

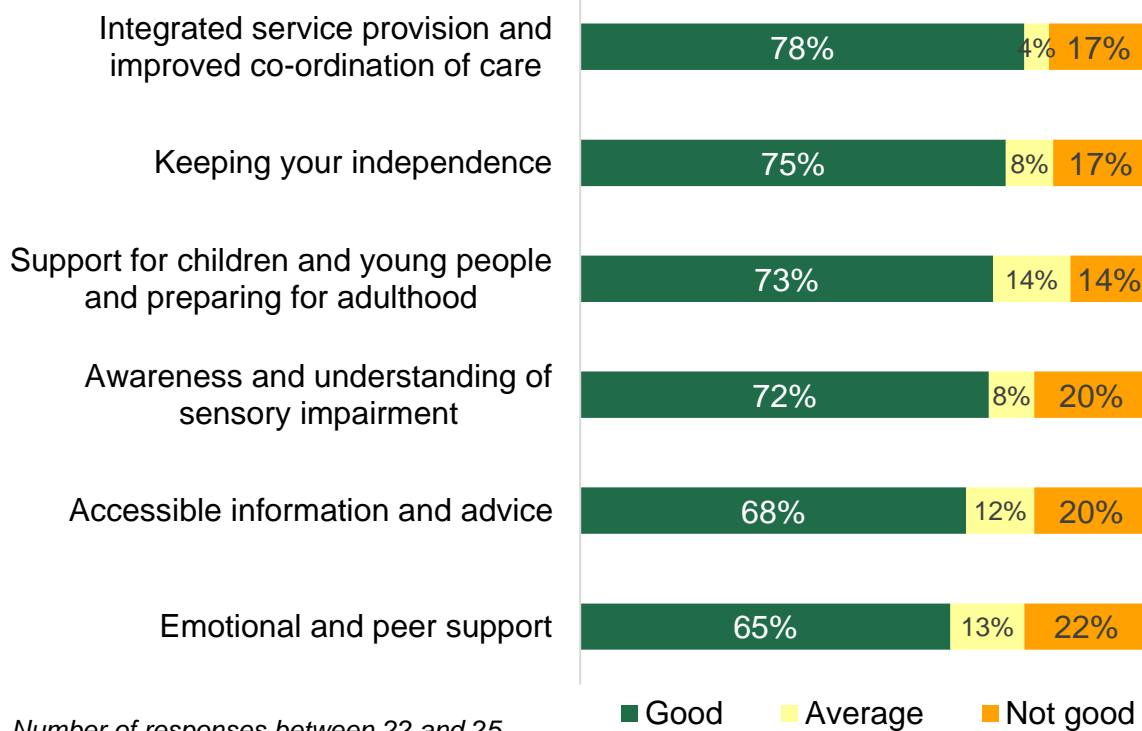
Survey comments received on the vision included:

- Comprehensive but unfocused, a muddled mixture of health and welfare without clarity or commitment.
- How this ambition is to be achieved will make the most impact and improvement in the lives of those with sensory impairment
- I am concerned that you do not have the resources to achieve this vision.
- I want my child to be as independent as possible and make normal life
- Maybe parents/children could be sent a newsletter or email regularly to inform them of new things and existing things available. Parents shouldn't have to spent hours on the phone or computer search for help. For instance, I only saw the consultation because my sister saw it on your Facebook page. It should have been shared to parent carer groups etc.
- The "Vision" is rather woolly and vague including "best lives" and "should" instead of actual targets.
- The overarching vision is good. However, having read the Strategy there are no references to Safeguarding or Domestic Abuse. People with sensory impairment could require care and support services and experience abuse or neglect. This needs to be embedded into the strategy
- There is no information in sign language about the consultation or its aims. There is nothing for Deaf people who are working and need to engage / meet with others.
- This is fine on paper, the reality for peoples to receive this is another issue
- What is meant by comprehensive?

Survey feedback – The priorities

Large proportions of survey respondents rated each of the priorities as good – from 78% rating the priority “Integrated service provision and improved co-ordination of care” as good, down to 65% rating the priority “emotional and peer support” as good.

How do you rate each of these priorities?



Survey comments received on each of the priorities are printed below verbatim.

Integrated service provision and improved co-ordination of care:

- Parents not being included is coordination of care and support. Limited contact from support agencies e.g. emails only. No phone calls, face to face visits / virtual meetings etc
- Ensuring each service is aware of and refers to others which is reliant on them understanding each other's provision
- Help for the elderly to access these if live alone and are not mobile
- make sure its accessible for Deaf people (nothing mention about making access to information easily?)
- Need to include sign posting information re support with safeguarding or domestic abuse

- People with a sensory impairment experience disproportionately higher rates of domestic abuse, would it be possible to include specific reference to integrated provision with specialist services for people experiencing abuse
- Should be a priority.
- Those with sensory impairment do not need to be passed from 'pillar to post' but their enquiries and needs dealt with by one qualified, knowledgeable and person.
- We need Remark! Communities in Cheshire

Keeping your independence:

- Again reliant on timely intervention at time of needed
- Important to all.
- No information available about services
- Should be a priority
- Vital
- Where possible ,but care needs need to be in place
- With next to no public transport in Cheshire East particularly Macclesfield there is little opportunity for independence.

Support for children and young people and preparing for adulthood:

- Are these including deaf children?
- How does this link in with commissioned services and KPI's
- I have no understanding of what is currently available for young people. Things have changed a lot for the better I'm sure.
- limited opportunities for young people to be together
- Needs to be put in practice
- Remark! provide services for young people - we need this in Cheshire
- Remember that EHCP goes up to age 25. Good quality preparation for adulthood is very important
- The leap from being in school to adulthood is a huge one and there is a gaping chasm in the provision between children's services and adult services.

Awareness and understanding of sensory impairment:

- Again this should be for all organisations you contract with, they should be able to evidence they have the skills knowledge and time to do this.
- Are they Deaf aware and aware of written English as not every Deaf person are able to under written English fully.
- Awareness of issues needs further work particularly in schools -having been told that my child who has hearing impairment doesn't have issues
- Cannot always adhere to on-line systems?? which individuals are always referred too

- Need to highlight how to report abuse
- Needs in practice
- This area needs improvement
- This is written from a negative - should be a more positive focus about the benefits that people can bring as well.
- Training and good quality training which involves practical experience is needed for all sectors.
- Very poor awareness especially in hospital reception staff or volunteers. Deaf Awareness training is available from Deafness Support
- Vitally important to aid communication and intervention when accessing any council, NHS service

Accessible information and advice:

- British Sign Language (BSL)
- Fine on paper, needs to be in practice
- Interestingly, this form didn't load with my accessible browser so a friend helping me to complete. Irony!
- It doesn't think about the whole person -what about other needs eg safeguarding and domestic abuse. How are these services linked in?
- Need to consider information re adult abuse or domestic violence
- not thinking about whole person, and involving parents eg Teacher of Deaf not providing reports directly to parents, only to schools. The schools then don't routinely pass this information on to parents. Delay
- Provision in a timely manner
- Seeing in action ,not just on paper
- There is no information about services available
- This is very time consuming and specialist. Will all organisations you contract with be able to offer truly accessible information too. All services should be accessible with accessible information, not just services about sensory impairments specifically.
- This needs to be widespread

Emotional and peer support:

- Accessibility key
- Awareness of issues re social inclusion for young people particularly in school, support with developing friendships with non hearing aid children. wider understanding and appreciation of hearing issues
- Is it fully accessible? and will an interpreter be provided?
- Needs in practice
- The only peer support for young adults with hearing impairment is in Chester DeafActive. this is provided by a volunteer run charity and there is no statutory

provision . The social opportunities are run by Deafness support and Cheshire East Council directories do not include organisations such as Cochlear Implanted Children's Societies. There are no support groups in this area. Schools with Hearing Impaired Units could do a lot more to bring deaf children together with other pupils in mainstream settings or ex-pupils as they are geographically dispersed.

- There is a need to include parents in this when working with children
- This area needs improvement

Email feedback

Anonymous response #1

In general I think [the Strategy] is good, however, I have commented on some aspects which may have been omitted – particularly around Safeguarding and Domestic Abuse. I couldn't see any references in the consultation – and also impacts on groups such as Gypsy Roma and Traveller Communities.

Anonymous response #2

[The group] welcomes the Draft Sensory Impairment Strategy document and supports the identified priorities. [We] are also grateful for the opportunity to be represented on the Group which worked on the development of the Strategy.

[The group] would like to make four observations regarding the Draft Strategy.

Firstly, [the group] has concerns at the effectiveness of this and earlier consultations and whether service users were given an adequate opportunity to engage given the difficulties, particularly for the visually impaired community, where material is presented in a visual format. What was the level of feedback at each stage?

Secondly, does the authority have sufficient appropriately qualified staff to meet the aims of the Strategy and its responsibilities under the Care Act?

Thirdly, although the document sets out a strategy there will be a need (which we understand will be addressed through an Action Plan or similar) to define how the identified priorities are to be met. What services are to be made available, who will be the providers, and how they will be funded.

Finally, the Strategy makes several references to the role of the voluntary/ charitable sector in meeting the needs of the sensory impaired community. The sector can often meet those needs in ways that are localised, accessible and economical. However, the sector cannot survive on goodwill and recognition alone. Both the local authority and the clinical commissioning group will need to identify what role they see played by the sector and enter into appropriate arrangements for financial and other support to allow service providers to operate sustainably to the benefit of service users.

Anonymous response #3

It [the Strategy] disappointingly does not reference safeguarding or domestic abuse.

Anonymous response #4

I am really passionate about raising awareness of hearing loss and getting people tested in the community due to the long term benefits it has in particular to those individuals who have care needs and develop later onset of dementia.

Anonymous response #5

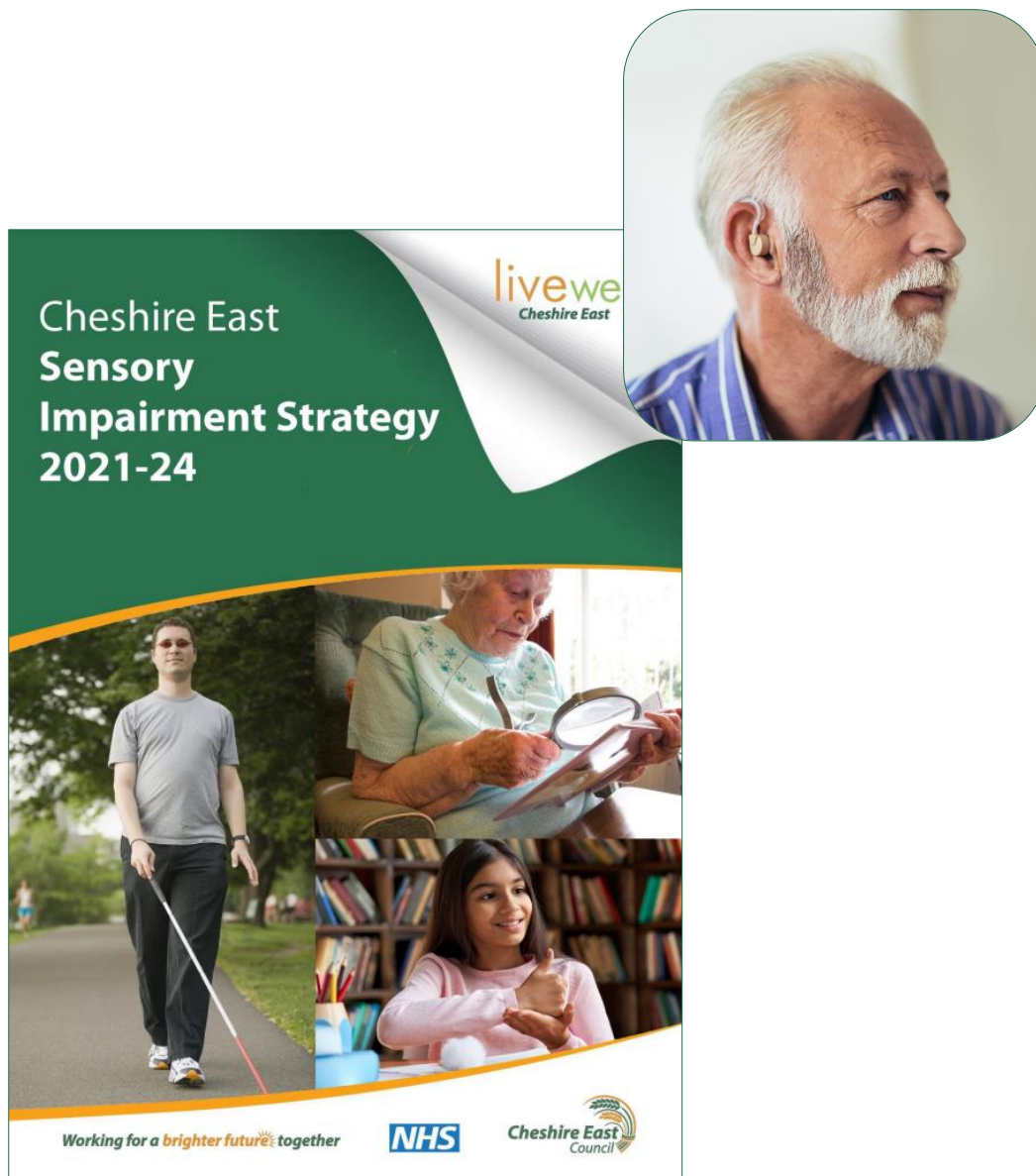
Obviously working in the eye clinic we support and welcome the aims of this. There are several areas in our department where the service we provide is lacking for patients with visual impairment specifically:

- no access to low visual aid service - the only support we have to direct our patients to is the IRIS centre
- no access to ECLO (eye clinic liaison officer) - most eye departments have an individual they can refer patients to for advice and support related to visual loss. We do not have this facility.

Obviously one would hope this strategy document will lead to some changes on the ground to meet its aims. I would suggest investment in these 2 areas would significantly improve the service we provide to visually impaired patients.

Anonymous response #6 (notes from a telephone call)

General comments about difficulties of having a visual impairment. Finds it difficult to get out and about. Using the buses and being able to read the timetables is a real barrier. They also talked about how we are going to action and progress with the priorities outlined in the strategy.



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Working for a brighter future together

Children and Families Committee

Date of Meeting: 8 November 2021

Report Title: Cheshire East Joint Market Position Statement

Report of: Nichola Thompson, Director of Commissioning

Report Reference No: CF/38/21-22

Ward(s) Affected: All Wards

1. Executive Summary

- 1.1. The Care Act (2014) places a duty upon local authorities to help to make sure that there are lots of different types of services and support available (market shaping) through the development of a Market Position Statement (MPS).
- 1.2. A Market Position Statement is a document published by a commissioning authority which summarises the supply, demand, and commissioning intentions in a local authority area. The Market Position Statement brings together local information and analysis with regards to commercial opportunities within the public health, health and social care market in that area.
- 1.3. The Cheshire East Market Position Statement takes an all-age approach and has been developed jointly across the Council and NHS Cheshire CCG.
- 1.4. This report outlines the results of the consultation process and presents the final version of the Joint Market Position Statement 2021-25 for approval.

2. Recommendations

- 2.1. That the Children and Families Committee:
 - 2.1.1. Approve the final version of the Market Position Statement 2021-25 as outlined in appendix 1.

3. Reasons for Recommendations

- 3.1.** The Care Act (2014) places a duty upon local authorities to help to make sure that there are lots of different types of services and support available (market shaping) through the development of a Market Position Statement (MPS).
- 3.2.** As a statutory requirement, it is therefore important that the Council publishes a final version of the Market Position Statement.

4. Other Options Considered

- 4.1.** There are no alternatives to the recommendation as it is a statutory requirement for the Council to undertake market shaping activities through the development of a Market Position Statement.

5. Background

- 5.1.** As a requirement within the Care Act 2014, a Market Position Statement should outline the following:
 - What support and care services people need and how they need them to be provided.
 - The support and services available at the moment, and what is not available but needs to be.
 - What support and care services the council thinks people will need in the future.
 - What the future of care and support will be like locally, how it will be funded and purchased.
 - How commissioners want to shape the opportunities that will be available.
- 5.2.** The Market Position Statement provides key messages for provider markets taking an 'All Age' approach, and also includes wider market shaping for Public Health, Community Wellbeing and Community Development. The Market Position Statement therefore takes a more integrated and broader market shaping approach and does not focus on adult social care in isolation.
- 5.3.** The Market Position Statement for 2021-25 aims to achieve a shift in social care and health transformation, providing key messages for specific markets, while setting out our 'Strategic Commissioning' approach and wider 'Market Opportunities' and expectations such as:
 - Coproduction and Engagement (Our TOGETHER Guide for coproduction with individuals and communities)
 - Market Engagement and Coproduction
 - Outcomes Focused and Person Centred
 - Performance Monitoring
 - Quality Assurance
 - Safeguarding

- Workforce Development, Recruitment and Retention
- Social Value
- Community Approach: Connected Communities
- Procurement timeline

5.4. The Market Position Statement has been developed jointly by the local authority with NHS Cheshire CCG to ensure that it developed in line with the recently published White Paper 'Integration and Innovation: Working Together to Improve Health and Social Care for All'; the Health and Care Bill; and Build Back Better Plan for Health and Social Care; and is therefore in line with Health and Social Care integration developments.

5.5. A Market Position Statement should be the starting point of a council's market shaping activities (as part of its commissioning function) and not the end point of a process of market facilitation. The Market Position Statement is a tool to encourage continuous dialogue with stakeholders, and therefore for commissioners and providers to use for continued engagement and coproduction.

6. Consultation and Engagement

6.1. The Market Position statement has been jointly developed by Cheshire East Council and NHS Cheshire CCG, including stakeholders from adult social care, children's social care and public health.

6.2. The draft Market Position Statement went out for an 8-week consultation process between 20th July and 15th September 2021. This included:

- The draft Market Position Statement was published on the Council's website along with an online survey/questionnaire to receive and quantify comments.
- Communications via social media campaign and press release will be launched to make residents aware of the Council's consultation and engagement process.
- Communications to all contracted providers and via the Chest Procurement Portal for wider markets/suppliers not contracted.
- Promotion with contracted Providers via contract management processes.
- A workshop with the Voluntary Community Faith Social Enterprise (VCFSE) sector via the Cheshire East Social Action Partnership (CESAP) VCFSE Leaders Group.
- A workshop with Care Providers via the Cheshire East Council Mutual Aid Group.

6.3. In total 26 survey responses were received from individuals and various organisations. A total of 13 organisations also attended two workshops for the VCFSE sector and Care sector.

6.4. The full consultation results are available in the consultation report (appendix 2.0). Key headlines from the report include:

- 88% of survey respondents agree with the key messages for providers.
- 81% of survey respondents agree with the messages to the whole market.
- 76% of survey respondents agree with our commissioning strategy and market opportunities.
- 57% of survey respondents agree with the messages to providers of children and young people services.
- 81% of survey respondents agree with the messages for providers of public health, early intervention and community services.
- 81% of survey respondents agree with messages for providers of care and support to adults.

6.5. The Market Position Statement is the starting point of market shaping. Therefore following on from the initial consultation of the Market Position Statement, ongoing market engagement and coproduction will be undertaken for each individual area of commissioning e.g. through supporting the care market with regards to workforce, recruitment and retention issues; or the service development and re-commissioning of Substance Misuse Services building on our recovery community model.

7. Implications

7.1. Legal

7.1.1. The Care Act 2014 places a duty on local authorities in terms of market shaping and commissioning of adult care and support; and managing market failure. The Care and Support Statutory Guidance states that *“It is suggested that a local authority can best commence its duties under Sections 5 (market shaping and commissioning) and 48 to 52 (provider failure) of the Care Act by developing with providers and stakeholders a published market position statement.”*

7.1.2. The Market Position Statement is one way that local authorities can meet its duties to make available information about the local market and demonstrates activity to meet other parts of Section 5 of the Care Act.

7.2. Finance

7.2.1. There are no financial implications or changes to the MTFS as a result of the recommendation in this report. Budgets and services are aligned to commissioning activities described within the Market Position Statement, in line with the Council’s Medium-Term Financial Strategy (MTFS) processes.

7.3. Policy

7.3.1. The Market Position Statement will contribute towards the vision of the Corporate Plan 2021-2025 to be an open, fair, and green Council and help to deliver the priority to be a Council which empowers and cares about people. The Market Position Statement enables the Council to be open and transparent about our commissioning intentions based on capacity, demand, engagement, and coproduction in partnership with key stakeholders, and importantly with local residents and people who use commissioned services and those who may use them in the future.

7.4. Equality

7.4.1. An Equality Impact Assessment (EIA) has been developed for the Market Position Statement. Feedback from the consultation and engagement of the Market Position Statement has been incorporated within the EIA.

7.5. Human Resources

7.5.1. It is not anticipated that additional staff resources will be needed for the development and delivery of the Market Position Statement.

7.6. Risk Management

7.6.1. The Market Position Statement has been developed in partnership with stakeholders via the Cheshire East Older People Joint Commissioning Project Group. The Project Group is underpinned by project management principles and processes, included a robust project plan and risk management process. Risks are recorded, monitored, and escalated as appropriate. There are no high-level risks associated with the development of the Market Position Statement

7.7. Rural Communities

7.7.1. Commissioning and market shaping should include local population needs analysis to understand the demand and needs of specific groups and communities, as well as identifying gaps in provision and capacity to meet the gap. This therefore includes the development of services within rural communities, and accessibility of services for residents living in rural communities. The Market Position Statement provides specific local consideration and focus on rural communities.

7.8. Children and Young People/Cared for Children

7.8.1. The Market Position Statement takes an 'All Age' approach with key market messages for children and young people service providers, and also Public Health service providers that are targeted at children and young people.

7.9. Public Health

7.9.1. The Market Position Statement provides key market messages for Public Health service providers, and also for broader provider markets which focus on prevention and the wider determinants of health.

7.10. Climate Change

7.10.1. The Market Position Statement sets out the council's strategic commissioning approach, including expectations in terms of Social Value, which includes Social, Economic and Environmental impacts. Providers are therefore required to demonstrate their impact on the environment through their contract with the Council, for example the recently commissioned Community Equipment Service has set recycling and reuse targets for equipment and also carbon reduction activities for the transportation of equipment through the use of electric vehicles.

Access to Information	
Contact Officer:	Shelley Brough, Head of Integrated Commissioning Shelley.brough@cheshireeast.gov.uk
Appendices:	1.0 Joint Market Position Statement 2021-2025 2.0 Consultation Report
Background Papers:	1.0 Cheshire East Council Corporate Plan 2.0 Care Act 2014 3.0 DHSC (2021) Care and Support Statutory Guidance

Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement

2021/25



Cheshire
Clinical Commissioning Group



Cheshire East
Council

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1. Introduction and vision

Welcome to the first joint Cheshire East Council and NHS Cheshire Clinical Commissioning Group (CCG) Market Position Statement. The Statement helps us to meet our legal duty to sustain and shape the market.

Following on from the previous Cheshire East Council Market Position Statement, we want to transform **social care and health services** to achieve a focus on **early intervention and prevention** and **improved person-centred outcomes**. This new statement also takes a wider, **all age approach**, across Children's Social Care, Public Health, Communities and Adult Social Care.

During the period covered by this statement, we face the challenges presented by Covid-19, a population ageing above the average rate of the North West or England as a whole, and a slowly shrinking working age population. The Council's Corporate Plan highlights our priorities and underpins this Market Position Statement. The statement is also aligned to our wider joint strategy developments including our Connected Communities Strategy, Children and Young People's Joint Commissioning Strategy, Live Well for Longer Strategy, and Cared for Children Sufficiency Statement.

The integration of Health and Social Care is key to driving transformation. We are therefore working with our partners to develop a 'Place Based' vision and plan for the commissioning and delivery of health and care services. Our ambition is to improve outcomes and meet the needs of local communities by focusing on **prevention** and **population health** to **reduce health inequalities**.

We aim to achieve this ambition through the development of collaborative strategic commissioning for Cheshire East communities. Our vision for integrated commissioning is therefore aligned to the **Cheshire East Partnership 5-year Plan** which aims to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives.

In common with other local authorities, we continue to face financial pressures. However, we continue to strive to ensure the provision of **safe, good quality, accessible services** that meet **individual needs**, while ensuring **best value** and **real choice**. **Coproduction** is embedded within everything that we do, putting local people at the heart of commissioning and the delivery of services.



Nichola Thompson
Director of Commissioning
and Transformation
Cheshire East Council

Introduction from Richard Burgess (Deputy Director of Strategy and Partnerships), NHS Cheshire Clinical Commissioning Group

We are committed to delivering our strategic objectives which have been set out to improve wellness in our communities; deliver high quality services for everyone who needs care; reduce inequalities in health outcomes; and ensure our health and care system is financially sustainable.

Health and care integration at 'Place' is essential for us to meet these objectives and therefore we will work closely with our partners over the next 12 months to accelerate our integrated priority areas, further developing our care community delivery models; shifting to outcome-based population health management approaches to commissioning and supporting new and emerging Integrated Care Systems (ICSs).



Richard Burgess
Deputy Director of Strategy
and Partnerships
NHS Cheshire Clinical
Commissioning Group

Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live.

The Cheshire East 5 year Partnership Plan 2019-2024 across health and social care aims to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives.

The high level outcomes within the Plan include:

1. Create a place that supports health and wellbeing for everyone living in Cheshire East
2. Improve the mental health and wellbeing of people living and working in Cheshire East
3. Enable more people to Live Well for Longer in Cheshire East
4. Ensure that children and young people are happy and experience good physical and mental health and wellbeing

The Covid-19 pandemic has allowed us to re-think what is important for Cheshire East. We have seen great community spirit, people helping people, businesses helping businesses, and service providers and our staff and partners going the extra mile in unprecedented circumstances. We want to build on the changes we have seen in the last year, with the council's key vision of being open, fair and green leading to the following Corporate Plan strategic priorities.

Our Corporate Plan Priorities

An open and enabling organisation

Ensure that there is transparency in all aspects of council decision making

Listen, learn and respond to our residents, promoting opportunities for a two-way conversation

Support a sustainable financial future for the council, through service-development, improvement and transformation

Look at opportunities to bring more income into the borough

Support and develop our workforce to be confident, motivated, innovative, resilient and empowered

Promote and develop the services of the council through regular communication and engagement with all residents

A council which empowers and cares about people

Work together with residents and partners to support people and communities to be strong and resilient

Reduce health inequalities across the borough

Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation

Be the best Corporate Parents to our children in care

Support all children to have the best start in life

Increase opportunities for all children and young adults with additional needs

Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential

Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia devices

A thriving and sustainable place

A great place for people to live, work and visit

Welcoming, safe and clean neighbourhoods

Reduce impact on the environment

A transport network that is safe and promotes active travel

Thriving urban and rural economies with opportunities for all

Be a carbon neutral council by 2025

2: What is a market position statement?

A market position statement (MPS) is a document published by commissioning authorities which summarises the supply and demand in a local authority area. The MPS brings together local information and analysis relating to commercial opportunities within the public health, health, and social care market in that area.

The MPS should:

- help existing and prospective providers to understand the local context, explaining what health and care services and support is available, any gaps, and how services should be delivered
- support providers to shape and develop their services to meet local need and demand
- describe potential future needs and opportunities for providers

3: Key messages for providers

- Services should be **person centred** and **outcomes focused**
- We focus on **early intervention and prevention** to reduce avoidable **health inequalities**
- We work in **partnership with local people** and the **voluntary community and faith sector**, building on local **strengths and community assets** to support our early intervention and prevention approach, including reducing hospital admissions and to support more people who need low level support following hospital discharge.
- Prevailing models of service delivery, pathways and integration will focus on **prevention**, hospital avoidance, the development of **home first and discharge to assess** pathways, which operate 7-day working as appropriate.
- We are moving towards more **flexible commissioning models** which enable services to respond quickly and meet short term demand identified.
- We aim to reduce inequalities, promote fairness and opportunity for all, and support our most vulnerable residents. As part of this work, we are committed to providing **more extra care facilities**, including **dementia services**.
- **Social Care and Health Integration** will enable a more **collaborative** approach to commissioning. An example is the joint commissioning of beds across health and social care. We also want to see greater collaboration in the marketplace around **recruitment**.
- **Social value** (Community Wealth Building and Sustainability) is a key focus for all commissioning and procurement activities across health and social care.

4. Local and national context

The Cheshire East Borough Profile provides a high-level overview of the borough of Cheshire East. It contains information on demographics, learning, health and wellbeing, caring for children & adults, employment, households and crime.

Population

At a national level, by 2026 older people will account for almost half (48%) of the number of new households, resulting in 2.4 million more 'older' households than there are today. By 2041, the composition of the older age group will have changed dramatically. There will be a higher proportion of the older age groups, including the over 85s; more older people from black and minority ethnic groups, and double the number of older disabled people. One in 5 children born today can expect to live to 100 years old. The rise in the older people population and particularly those in the 'older old' age groups presents a challenge for those who provide adult social care services and the wider community.

Current Cheshire East population

Figure 1 shows a population pyramid for Cheshire East. The population is estimated to be fairly even in terms of gender split with slightly more females than males. As females have a higher life expectancy (life expectancy of birth at 83.7 years for females compared to 80.3 for males, 2015 to 2017 data) it is unsurprising to see more females than males in the 90 and over age group at the top end of the pyramid. The lower end of pyramid shows a dip in the proportion of individuals aged from late teens to early twenties in Cheshire East. This is possibly a result of young people leaving to go to college or university.

Figure 1. Population pyramid of mid-year 2019 population estimates for Cheshire East by gender and year of age by percentage of population in age band.

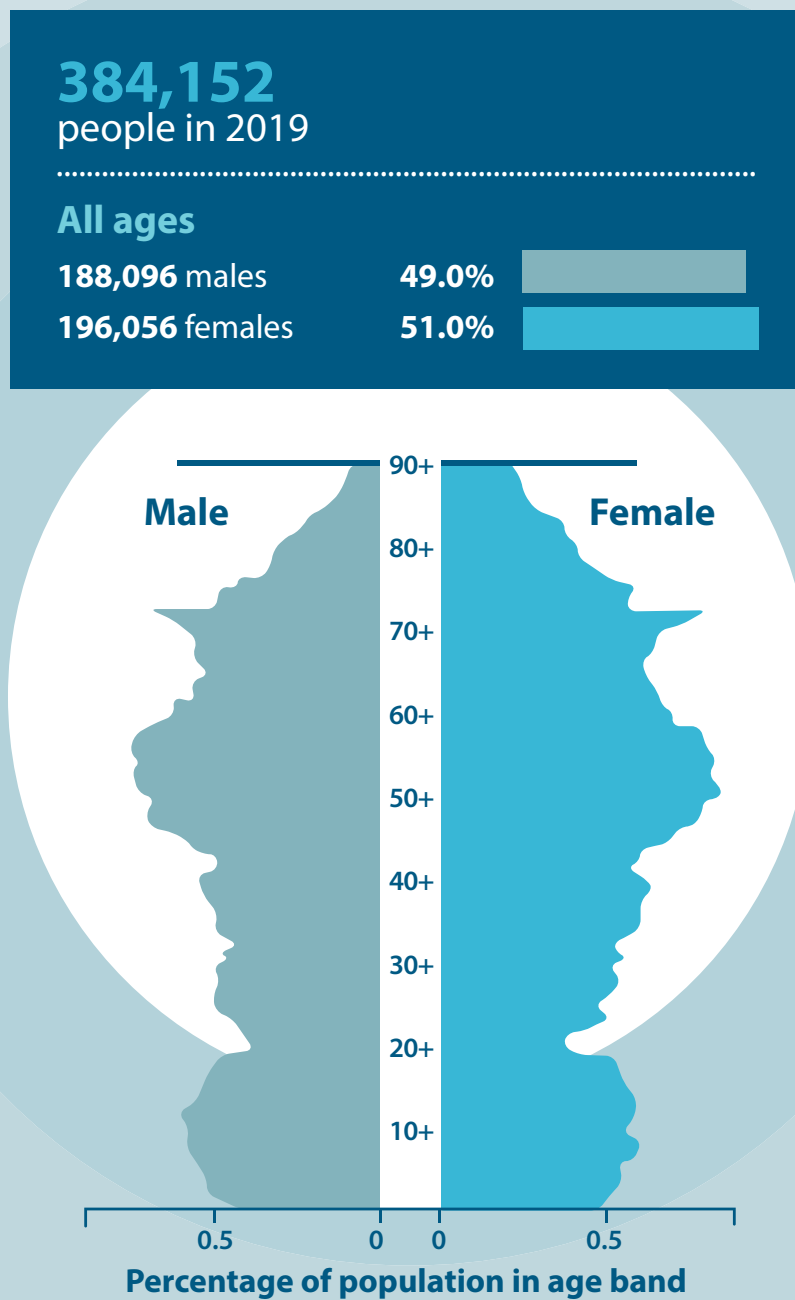


Figure 2 shows net internal migration - inflow minus outflow. There is a positive net inflow for all age groups except for 15 to 19 year-olds. This group shows a large decrease of 1,274, reflecting the data in figure 1.

Most internal migration is to neighbouring authorities, with Stockport, Cheshire West, Manchester and Newcastle-under-Lyme accounting for roughly 28% of all Cheshire East's outflow population.

Figure 2. Net internal migration for Cheshire East by 5-year age groups for year ending June 2019 (inflow minus outflow)



Population projection

Population projections are carried out every 2 years by the Office for National Statistics (ONS) and are an indication of potential trends over the next 25 years. Assumptions for future levels of births, deaths and migration are based on observed levels, mainly over the previous 5 years.

Table 1 shows the latest population projections, based on 2018 mid-year estimates and predicting population levels from mid-2018 to mid-2043.

Table 1. 2018-based subnational principal population projections for Cheshire East, the North- West and England, with total and proportion of total population (%) for 2018, 2028 & 2038

	Total	0-14	15-64	65 plus	70 plus	85 plus
2018-based subnational principal population projections – 2018						
Cheshire East	380,790	64,316 (17%)	229,786 (60%)	86,688 (23%)	63,371 (17%)	11,769 (3%)
North West	7,292,093	1,316,373 (18%)	4,621,095 (63%)	1,354,625 (19%)	972,267 (13%)	170,193 (2%)
England	55,977,178	10,144,712 (18%)	35,653,213 (64%)	10,179,253 (18%)	7,356,660 (13%)	1,364,978 (2%)
2018-based subnational principal population projections – 2028						
Cheshire East	399,336	63,088 (16%)	231,189 (58%)	105,059 (26%)	77,185 (19%)	15,306 (4%)
North West	7,581,231	1,288,501 (17%)	4,705,246 (62%)	1,587,484 (21%)	1,138,119 (15%)	206,611 (3%)
England	58,751,651	9,839,524 (17%)	36,736,399 (63%)	12,175,728 (21%)	8,805,137 (15%)	1,675,779 (3%)
2018-based subnational principal population projections – 2038						
Cheshire East	413,025	62,487 (15%)	226,440 (55%)	124,098 (30%)	94,918 (23%)	22,016 (5%)
North West	7,801,681	1,278,483 (16%)	4,694,188 (60%)	1,829,010 (23%)	1,370,285 (18%)	283,279 (4%)
England	60,766,253	9,709,113 (16%)	36,727,207 (60%)	14,329,933 (24%)	10,774,423 (18%)	2,348,558 (4%)

Both regionally and nationally, there is projected to be a proportional population growth in those aged 65 and over, with a decrease in the populations aged 0 to 14 and of working age.

Table 2 shows the levels of change between 10-year and 20-year intervals for the 2018-based subnational principal population projections, to consider how the population of Cheshire East specifically is anticipated to change.

Table 2. 2018-based subnational principal population projections for Cheshire East across age bands with 10- and 20-year difference with percentage change (%)

2018-based subnational principal population projections – Cheshire East	Total	0-14	15-64	65 plus	70 plus	85 plus
2018	380,790	64,316	229,786	86,688	63,371	11,769
2028	399,336	63,088	231,189	105,058	77,185	15,306
10 year change (% change)	18,546 (5%)	-1,228 (-2%)	1,403 (1%)	18,370 (21%)	13,814 (22%)	3,537 (30%)
2038	413,025	62,487	226,440	124,098	94,918	22,016
20 year change (% change)	32,235 (8%)	-1,829 (-3%)	-3,345 (-1%)	37,410 (43%)	31,547 (50%)	10,247 (87%)

In the next 20 years the population of Cheshire East is predicted to grow by 32,235, increasing total population by 8% to 413,025. This represents a crude growth rate of 1,611 people per year.

As found with the Census to Mid-Year estimates there is again an expected decrease in the number of individuals aged 15 to 64 (-3,345) as well as those aged 0 to 14 (-1,829). As previously discussed, the decrease in working age population is likely due to an ageing population and the decrease in those aged 0 to 14 is likely to be due to individuals having smaller families than in previous years. This is supported by the household projections also showing a decrease in the number of households that have two or more dependent children in the coming years.

Household trends identify a potential need to support the housing needs of this older population as well as a predicted increase in the number of single households within Cheshire East by 2043.

In summary, we are facing the challenges presented by a population ageing at a faster rate than across either the North West or England as a whole, as well as dealing with a slow reduction in the working age population.

While an ageing population is presenting challenges globally, there are a number of local factors that are likely to have a disproportional impact in Cheshire East as compared to the North West or England. The following data points are taken from the 2018 ONS report “Living longer: how our population is changing and why it matters”, to provide additional insight alongside the projections and estimates previously discussed.

Local considerations

The older population is not equally spread across the UK. Higher concentrations of older populations are found in rural and coastal areas than urban areas. The borough of Cheshire East is defined by the Rural Services Network SPARSE classification as 'predominately rural', while the Defra Rural Classification is 'urban with significant rural'. Rural areas are expected to see larger than average increases in population aged 65 and over with virtually no increase in the younger populations.

Access to services

Older people are more likely to live in rural areas than younger people, which means accessing services (such as shops, health visits and socialising) often involves longer journeys. Public and private transport is less available in rural areas, so these people are more reliant on cars. However, driving rates decrease with age. This can leave older people in rural areas isolated and struggling to access services, particularly those who cannot afford to pay for taxis or have no family members close by.

We may therefore need to consider providing greater support for transport in the future, given that 'barriers to housing and services' is already highlighted in the Indices of Deprivation (IMD) for a number of rural Lower Super Output Areas (LSOAs) likely to see an increase in this vulnerable population. Such areas include Congleton and Holmes Chapel Rural L1, Sandbach and Alsager Rural L1 and L3, and Acton, Minshull and Wybunbury L1 and L2. (17 of 234 LSOAs in Cheshire East are in the top decile i.e., the most deprived in this domain, IMD-2109).

Health services

At age 65 years, both men and women can expect to spend around half of their remaining life in good health. However, the likelihood of becoming disabled and/or experiencing multiple chronic and complex health conditions increases with age. As life expectancy increases, so does the amount of time lived in poor health. The Health Survey for England shows that in 2016, 29% of those aged 60 to 64 years had two or more chronic conditions. For those aged 75 years and over this rises to almost half. As the population of Cheshire East continues to age, there may be a requirement to support more individuals with chronic conditions.

Social care

Social care requirements increase with age, with people aged 65 and over on low incomes the most likely to need help with daily activities. Although those on low incomes are more likely to receive help than those on higher incomes, the gap between the need for help and receipt of help is widest for those on low incomes. We have both areas of deprivation (particularly in Crewe) and of affluence. Social care offerings may need to be adjusted to ensure that those in low income areas are getting the support they need.

Wellbeing

Personal wellbeing (life satisfaction; how worthwhile life is; happiness), levels vary across different ages. Ratings are lowest around mid-life but then start to rise around ages 60 to 64 years, peaking between the mid-60s and mid-70s before starting to decrease with age.

Similarly, anxiety levels are highest in mid-life and start to decline in people's early- to mid-60s, dropping to their lowest levels in the mid- to late-60s after which they stay relatively stable. The decreasing in wellbeing at the oldest ages reflect declines in health and the increased risk of widowhood. This is an issue likely to require future support in the borough.

Equality and diversity

Providers have a responsibility to ensure that services are accessible to all and are designed to meet the needs of the local population. Information about equality and diversity is essential in the planning, commissioning, and delivery of local services.

Under the Equalities Act, we are required to ensure that services do not discriminate against people in any of the 9 protected characteristics groups:

Age, Disability, Gender reassignment, Marriage or civil partnership (in employment only), Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation

Ethnicity

We must consider ethnicity through the protected characteristic of race. Levels of ethnicity are hard to measure. This is for two reasons. First, ethnicity is not a single measure but a composite measure of many different factors that make up an individual or community. Second, the proportions of different ethnic groups in an area can change quickly. The most reliable estimates for ethnicity within Cheshire East are the 2011 census figures, shown in Table 3. Other experimental estimates are available.

Table 3

1991

Total residents	380,790	
White	335,759	98.6%
White: Other*	Not measured	
Mixed	Not measured	
Asian / Asian British*	1,332	0.39%
Black / Black British	900	0.27%
Other / Chinese	1,288	0.38%

2001

			Difference
Total residents	351,817		12,538
White	345,637	98.24%	9,878
White: Other*	4,564	1.30%	
Mixed	2,076	0.59%	
Asian / Asian British*	1,918	0.55%	586
Black / Black British	714	0.20%	-186
Other / Chinese	1,472	0.42%	184

2011

			Difference
Total residents	370,127		18,310
White	357,940	96.71%	9,878
White: Other*	9,435	2.55%	4,871
Mixed	3,873	1.05%	1,797
Asian / Asian British*	4,935	1.33%	3,017
Black / Black British	1,402	0.38%	688
Other / Chinese	1,977	0.53%	505

* denotes changes in classification to allow comparison and will not match census figures exactly. % do not sum to 100 due to the inclusion of 'White: Other'

Nationality (2011 Census)

Nationality	Total	Percentage
English only identity	243,425	65.77%
British only identity	60,134	16.25%
English and British only identity	42,460	11.47%
Polish	4,073	1.10%
Scottish only identity	3,411	0.92%
Welsh only identity	3,212	0.87%

Country of birth (2011 Census)

Nationality	Total	Percentage
England	336,198	90.83%
Scotland	6,204	1.68%
Wales	5,836	1.58%
Poland	3,868	1.05%
Ireland	1,826	0.49%
Northern Ireland	1,576	0.43%
India	1,416	0.38%

Cheshire East has a high proportion of 'White' residents at 96% of the population. This is higher than both the national (86%) and regional average (90%). The figure for 'White: other' population is included above as this represents the largest minority group population in Cheshire East (2.6%) but is hidden due to the way 'White' is considered a single homogenous group when reported. This population group almost doubled in size between the 2001 and 2011 census.

Cheshire East Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Boards have a duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA identifies health and social care needs that can be met or affected by the council and clinical commissioning group and identifies opportunities for improvement. Our JSNA includes a breakdown of health inequalities across the borough in the form of a 'Tartan Rug' which maps health indicators geographically.

Local and national policy context

The Care Act 2014 sets out the law around market development in adult social care. The act describes the duties and responsibilities for market-related issues for the Department of Health, CQC and for local authorities.

- section 5 sets out duties on local authorities to facilitate a diverse, sustainable, high-quality market for their whole local population (including those who pay for their own care) and to promote efficient and effective operation of the adult care and support market as a whole.
- sections 48 to 56 ensure that no one goes without care if their provider's business fails and their services cease. It covers CQC market oversight and local authority duties for ensuring continuity of care in the event of provider failure and service cessation.

Our Market Position Statement is aligned to a number of strategies and plans, including:

Cheshire East Council Corporate Plan

Cheshire East Partnership 5-Year Plan

Cheshire East Children and Young People's Plan

Equality, Diversity and Inclusion Strategy 2021-2025

All Age Mental Health Strategy 2019-22

My Life My Choice – A Strategy for Learning Disabilities in Cheshire East (2019-2022)

All Age Autism Strategy - 2020-2023

Vulnerable and Older People's Housing Strategy

Domestic Abuse Strategy

Neglect Strategy

5. Messages to the whole market

Financial impact of Covid-19

The COVID-19 pandemic is a global crisis on an unprecedented scale. Coronavirus has affected countries and communities worldwide and without doubt has significantly changed our way of life as we all know it. Against this backdrop, we have incurred significant additional costs and seen income in many areas reduced, including parking, weddings, planning applications, council tax and business rates.

In common with every other clinical commissioning group, and council, Cheshire East is also dealing with unprecedented financial pressures due to increasing demand on our statutory duties to protect the most vulnerable, particularly in adult and children's social care.

The impact of COVID-19 only adds to the uncertainty around the funding of vital local services that we must both manage and seek to secure. We must also plan for and support the recovery of our economy, our communities and our local public services.

Independent studies have identified that the forecast shortfall in funding for council services in England as a whole as a result of the COVID-19 pandemic is £3.1 billion. This is in addition to an underlying shortfall of as much as £4 billion that reflects the short-term nature of funding settlements from central government and the failure to recognise the growth in demand for services.

We have reported a potential £13 million funding deficit for Cheshire East Council related to the impact of COVID-19 in 2020/21 in addition to an already identified shortfall of £12 million in 2021/22. There is uncertainty around the impact of COVID-19 on the remainder of this financial year and around the longer-term impacts of the pandemic into 2021/22 and beyond.

During 2021/21 the CCG received £38.4m of funding to support the COVID-19 pandemic of which the majority of additional expenditure was to support the Hospital Discharge Programme (HDP) of circa £33.4m and primary care £3.9m. The HDP was implemented nationally to maximise hospital bed capacity by funding post-discharge recovery and support services, rehabilitation and reablement for the patients discharged from hospital.

The HDP Scheme 1 funding was in place until the patient recovered whilst the HDP Scheme 2 was implemented in September 2020 and provided 6 weeks post discharge funding. The HDP costs and estimates are based on agreed packages of care for each individual along with a number of other specific contracts used to support the HDP. The CCG has also supported the creation of 18 GP-led COVID Vaccination sites across Cheshire with which are being led by the GP Primary Care Networks. The CCG expenditure in relation to property leases, clinical waste and set up costs was £559k (less allocation of £503k - £56k).

Expenditure overview

Cheshire East Council provides more than 500 services for approximately 382,400 residents. From gritting roads to looking after vulnerable people, hundreds of different services are delivered every single day. We are responsible for managing total expenditure in excess of £700 million. After accounting for conditional income and grants received, this creates an annual net revenue budget of approximately £300million to cover the day-to-day running costs of providing vital services. The figure equates to approximately £15 per week per resident.

During the 2020/21 financial year, NHS Cheshire CCG has been supporting NHS England and Improvement and other partners in its national response to the COVID-19 pandemic. As a consequence, an interim finance regime was implemented nationally which set the value of contracts (level of funding) to be paid to NHS and Independent Providers along with the implementation of the Hospital Discharge Programme.

This resulted in the CCG expenditure being fully met for the first six months of the financial year, resulting in a balanced position with a further allocation being granted for the remaining six months of the financial year with a final outturn for the year of a small surplus of £35,000. Further details of the CCG's financial overview is available via the CCG's annual report.

Cheshire East Council Medium Term Financial Strategy 2021-25

Cheshire East Council's Medium Term Financial Strategy (MTFS) outlines the key financial issues (including those that relate to the ongoing pandemic), the proposed response to these financial challenges, and our plans for spending. As part of the strategy, service commissioners will continue to work with stakeholders to achieve significant savings through service transformation and re-design; contract re-negotiation with existing providers; and decommissioning or reinvestment in more effective and efficient services for improved outcomes for local people.

Council spend in 2019/20 (pre Covid-19) across the independent and voluntary and community sector was:

- over £166 million gross (£113 million net) on adult social care
- over £44 million gross (£40.7 million net) on children's social care
- over £16 million gross (net is £0 due to funding from the PH grant) on public health
- over £4.5 million gross (£3 million net) on housing-related services

Procurement legislation (Public Contracts Regulations 2015)

Cheshire East Council is a contracting authority as defined within Regulation 2 of the Public Contracts Regulations 2015. This means that contracts above the relevant threshold must be tendered in accordance with the Regulations and all contracts are subject to the treaty principles of transparency, equal treatments and non-discrimination, proportionality and mutual recognition. These Regulations remain in place following the UK's exit from the European Union.

However, a new "Find a Tender" service for publishing contract notices replaced the Official Journal of the European Union (OJEU) on 1 January 2021. Cheshire East Council will still be using the Chest procurement portal to publish its procurement opportunities.

Central government are considering further reforms to the Regulations and have published a Green Paper, 'Transforming Public Procurement', which is currently out for consultation. The goal is to speed up and simplify the procurement process, place value for money at the heart of procurement, and unleash opportunities for small businesses, charities and social enterprises to innovate in public service delivery. The new Regulations are expected to be in place by September 2023.

NHS Provider Selection Regime

NHS England and NHS Improvement have set out proposals to replace the current rules for procuring NHS healthcare services through the NHS Provider Selection Regime. The aim of the new regime is to create more flexible arrangements that better support the NHS ambition for greater integration and collaboration between NHS organisations and their partners, while reducing administrative bureaucracy. These proposals include Public Health Services.

LiveWell Cheshire East

LiveWell Cheshire East is an online resource providing a directory of local services, activities, and groups, together with information and advice related to care and health. Residents can access LiveWell from the homepage of the council's website or directly via the LiveWell website.

As such, the council encourages relevant local organisations to list their services (including commissioned services). To do this you can go to the following page on the LiveWell website.

Digital Solutions

It is important for providers to identify and incorporate digital solutions and innovation alongside all services areas where possible and appropriate. This includes assistive technology (telehealth / telecare) services, but also wider digital solutions and innovation within care provision. It also includes digital and innovative solutions for children and young peoples services, public health, early intervention and prevention, and community wellbeing services.

Service user contributions to costs of social care services

Cheshire East Council's charging policy for services follows the Care Act 2014. Any individual found through a social care assessment to have eligible needs for care and support services may be expected to pay all or part of the costs depending on their individual circumstances.

Some services are not chargeable, such as Intermediate Care and some reablement services. Some services are charged at a flat rate, such as deferred payments, telecare services, Money Management fee and full cost administration.

The council will communicate with residents in relation to any charges and fees when services are accessed and in the event of any changes.

The charging policy and further information can be found at Paying for care (cheshireeast.gov.uk)

Self-funders

At present, anyone with Capital over £23,250 will be required to full fund their own care services. Irrespective of a resident's financial means, they are entitled to a Social Care Assessment.

The Building Back Better Plan for Health and Social Care explains proposals from Central Government to financially support residents who are paying the full cost of their care, specifically the capping of adult social care costs.

Cheshire East Council will work to understand the changes of this plan and upon implementation will support residents who are eligible for funding support from the Local Authority.

Under the Care Act 2014, councils have a duty to provide information and support to residents who fund some or all of their care and support needs. We continue to develop support to such residents. We have implemented a Care Finder tool as part of the LiveWell directory which will support residents with the search for services and support that are appropriate for their needs, giving them greater choice and control.

We will sometimes make care arrangements for people who are liable to meet the full cost of their care and support needs.

It is hard to get a true picture of the number of self-funding residents in the borough, as many people paying for their own care may never become known to us. However, we expect the number of self-funders requiring care and support to increase.

6. Our commissioning strategy and the market opportunities

This section sets out our ambition for how we want to work with providers, through the key principles of good commissioning. It also provides information about how providers can improve the quality of the services they deliver in line with our values, strategy and priorities.

Our Commissioning Cycle



Stage of Commissioning

Commissioning Activity

Purchasing/Contracting

Coproduction and engagement with service users and communities

Coproduction and engagement with service users and communities as commissioners or service providers is key to service improvement and development and ensuring quality service provision. Cheshire East Council's TOGETHER coproduction guide was coproduced by young people, adults and older people living in Cheshire East.

TOGETHER is our shared definition of coproduction in Cheshire East because it's inclusive to all:

T eamwork
O pen-minded ideas and discussions
G enuine communication for all partners
E qual partners help to shape and improve support for all
T rust each other to make the right decisions
H onest
E ngage and empower children, young people, adults and families
R espect for everyone's views and opinions

Our promise is that we will work **TOGETHER** as equal partners towards a common goal for people living in Cheshire East.

We will:

- ✓ listen to your views
- ✓ communicate honestly
- ✓ trust each other
- ✓ be person centred
- ✓ adapt to people's needs
- ✓ respect and value all opinions
- ✓ do what we say we will

We won't:

- ✗ use jargon or acronyms
- ✗ give too much information
- ✗ rush meetings
- ✗ take too long to complete our actions
- ✗ be judgmental

Outcomes-focused

Taking an outcomes-based approach is about listening to people and acting on what they say they want to achieve. Outcomes-based working is important to ensure that the person is treated as an individual and that they are at the centre of decisions that affect them, rather than being shoehorned into a service. The approach gives people choice and control and helps them feel empowered.

We commission in order to achieve outcomes for our citizens, communities and society as a whole; based on knowing their needs, wants, aspirations and experience.

We are currently developing a Joint Outcomes Framework across health and the local authority which will inform our priorities for commissioning for population health outcomes.

Market engagement and coproduction

It is important that providers work collaboratively with commissioners to co-design and coproduce local services. This includes the transformation and re-design of services prior to going to the market for competitive procurement, or market engagement opportunities such as 'Bidder Days' 'Market Engagement Events' or 'Supplier Surveys'. These are published on the CHEST procurement portal. Providers need to register their interest via the portal.

Performance monitoring

We are under continuous pressure to deliver commissioned services with limited budgets and resources. Combined with Covid-19, this means we must find new ways to make efficiencies to meet increasing demand, whilst delivering public services effectively at the same time.

Cheshire East Council spend approximately £350 million annually on commissioned services. We have an obligation to provide value for money from each of these, whilst ensuring that the provision is sustainable/stable and achieves positive outcomes for residents.

Robust contract management is therefore essential. For each service, we monitor performance to check the following:

- are we getting value for money?
- are we meeting ongoing and increasing demand?
- have the intended outcomes been realised?
- have social value intentions been achieved?
- is the service sustainable and stable?
- has the provider been delivering in terms of performance compliance and quality assurance?
- what are the key risks?
- are we delivering against statutory obligations?

Providers submit performance information quarterly, and we conduct various validation spot checks and audits. These include reviewing information within the case management system, annual audits and reporting (for example reviews of policies, procedures, processes, and workforce structures), and site visits and feedback from service users, workforce and partner agencies to determine the accuracy of the data submitted and the quality of the service received.

Quality assurance

We are fully committed to working with all care providers to achieve high quality, person-centred care services. Our Council Contracts and Quality Assurance (QA) team works with all care providers to monitor and support the delivery of good quality care in line with contractual obligations and against the following key domains as detailed in our standard Performance Monitoring Framework:

- person-centred care
- choices and preferences
- respecting and involving service users
- care and welfare of service users
- safeguards from abuse or risk of abuse
- appropriate workforce to meet needs
- access to a quality service
- right to complain
- record keeping

The QA team works with Cheshire Clinical Commissioning Group, social work teams, safeguarding teams, the Care Quality Commission and Healthwatch to gather information. A risk-based approach to QA inspections of care homes and providers is in operation based on local intelligence, but all homes/providers receive at least one visit per year (with more frequent visits where the risk is higher). All providers receive a comprehensive visit report and action plan (where needed) with ongoing monitoring as required.

A monthly governance meeting takes place with key partners where providers of concern are discussed, and appropriate actions are agreed. This could result in a provider who has defaulted on the terms within their contract being placed in suspension of any new care placements until their action plan has been completed and any associated concerns addressed to the satisfaction of the wider governance group.

During the Covid pandemic the QA team have worked closely with providers to ensure that they are supported in relation to new guidance, Personal Protective Equipment (PPE) supplies and emotional support.

A new Quality Mark system is due to be implemented in 2021/22. This will expand on current QA systems to:

- give greater transparency and information about care service through the publication of quality ratings.
- assist people and commissioners to make informed choices when looking to purchase care.
- drive up quality across the care market.

We commission Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides Infection **Prevention and Control (IPC) services** to care providers within Cheshire East to enable them to maintain high levels of IPC standards across Health and Social Care.

In order to support health and social care providers in their compliance with Care Quality Commission (CQC) standards, a programme of audits and bespoke visits have been introduced across care homes, and support with the self-assessment process is available to providers.

As part of covid recovery planning the IPC team have designed focused recovery planning visits that will support providers in the following areas:

- advice and support on maintaining social distancing in all areas of the home
- admissions and discharges operating procedures
- review of personal protective equipment (PPE) use to ensure compliance with recommended guidelines
- review of cleaning provision to ensure this is considerate of COVID-19 environmental burden/contamination and appropriate cleaning products
- review of visitors and visiting provision in line with government recommendations
- Q&A session with management and/or staff
- review of Infection Prevention Control quality assurance and improvement processes
- isolation and cohort areas/plans.
- discuss any IPC/COVID-19 issues or concerns homes may have or have had.
- outbreak management plan/preparedness.
- general IPC provision and training

The CQC, QA team, Adults Safeguarding Provider team, commissioners, and Infection Prevention and Control (IPC) nurses all work closely together with providers. Regular information sharing meetings take place to discuss the quality of locally registered services and agree ways to improve this where required and plan how to respond to developing problems.

The council has a joint working protocol with the CQC which is grounded in improving and maintaining high quality and person-centred services for people. It sets out the areas of responsibility for CQC and councils and describes how they work together and coordinate their roles, activities and information sharing. It aims to foster an environment which facilitates open and honest conversations about quality.

Safeguarding

Safeguarding is central to everything we do. This includes our commissioning, contracting and procurement processes. We believe that every adult has the right to be treated with dignity, have their choices respected, and live a life free from fear.

All providers must demonstrate commitment and adhere to both Cheshire CCG and Cheshire East Council multi-agency safeguarding policies, procedures and good practice guidance.

Governance is provided by the Safeguarding Adults Board and the Cheshire East Safeguarding Children's Partnership. These boards are made up of representatives from the council, the NHS, the police, independent care providers and the voluntary sector. We take cases of suspected abuse very seriously and all partners work closely together, using an overarching policy to make sure that safeguarding enquiries are completed when allegations of abuse, neglect or exploitation are presented and that people at risk are protected from harm.

Adult safeguarding

The Care Act 2014 places adults at risk at the centre of decision making about them, ensuring that their wishes and feelings are considered and that their desired goals and outcomes are recognised.

The Care Act defines an adult at risk as someone who:

- has care and support needs
- is experiencing or is at risk of experiencing abuse or neglect
- is unable to protect themselves from abuse

Councils have a duty to undertake Section 42 enquiries for adults at risk meeting these criteria. They also have discretion to undertake an enquiry based on information presented to them.

Members of the Service User Subgroup of the Adult Safeguarding Board have designed information to assist both potential victims and practitioners to understand the process and what they can expect to happen. This ensures that safeguarding is person-centred and outcomes-focused.

Children's safeguarding

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children.

In order to fulfil this responsibility effectively, all practitioners in this setting must make sure their approach is child-centred. This means considering the best interests of the child at all times.

No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Through our day-to-day contact with children and direct work with families, staff take notice of indicators of possible abuse or neglect and consult with Children's Services in Cheshire East Council (or in neighbouring councils, dependent upon the child's area of residence).

Workforce development/recruitment and retention

Recruitment and retention for providers is an ongoing challenge. We will continue to work collaboratively with providers to support them to recruit, develop and retain high quality care staff.

Key areas for consideration include:

- staff vacancies and turnover rates – why do employees leave the profession and what can be done to retain staff?
- exit interviews – are they carried out to understand why employees leave and are lessons learnt?
- understanding of local care needs – Cheshire East Council will keep providers informed of how the population demographic looks going into the future so they can tailor their services to meet that demand
- recruitment – supporting providers to have the right values and behaviours within their organisations. Looking at how to recruit employees who demonstrate a willingness to learn and involving current service user and relatives in the recruitment process
- retention – supporting providers to look how they can help staff to feel valued and at the wider benefits they could consider to help retain staff such as flexibility in working times, paying above the National Living Wage, and staff development and career opportunities.

As part of the procurement process whereby care providers apply to be on a Cheshire East Council contract, questions are asked around recruitment and retention so that we can be assured that providers have robust processes in place. Recruitment and retention issues are also reviewed as part of the our Quality Assurance process and are included in our contracts.

Collaborative working also takes place with external agencies such as Skills for Care who support providers to support with recruitment and retention via Provider Forums and online resources.

Person-centred approach

We are fully committed to working with all care providers to A person-centred approach means seeing people as individuals who have strengths and preferences and putting them at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need. Personalised approaches such as involving people in planning their support and offering the option of personal budgets enable people to identify their own needs and make choices about how and when they are supported to live their lives.

Personalisation should also involve the use of an integrated, community-based approach for everyone. This involves building community capacity and local strategic commissioning so that people have a good choice of support regardless of age or disability, including support from user-led, community and voluntary organisations. It means ensuring that people can access universal services such as transport, leisure, education, housing, and health, as well as employment opportunities. All systems, processes, staff and services need to put people at the centre of shaping their support package.

Personalisation also means ensuring that people have access to information, advocacy and advice to make informed decisions about their care and support, along with finding new collaborative ways of working (sometimes known as “coproduction”) that supports people to actively engage in the design, delivery and evaluation of local services.

Personalisation in children’s social care

Accessing support from children’s social care starts with an assessment of need, either via an Early Help assessment or Children and Families (combined) assessment. Based on the outcome of the assessment, ‘**Direct payments**’ may be offered as an alternative to a council service.

Where direct payments are considered appropriate, they can be used for:

- supporting a child to access an activity that promotes the development of social relationships and friendships – for example, hiring a PA for support to access an activity.
- parental respite
- the purchase of equipment (in exceptional circumstances only).

Early Help Individual Payments (EHIPs) are primarily aimed at providing short breaks to eligible young people aged up to 18 years old to meet an identified need. To be eligible for an EHIP, a child or young person must be in receipt of higher rate Disability Living Allowance (mobility and/or care component) and must not be receiving a funded service from social care (such as direct payments or traditional respite) or have an open case with social care. The payment can include the costs of activities, transport and accommodation along with some limited categories of equipment that promote a short break.

Personalisation in adult social care

Adult social care support is available to individuals aged 18 and over (with no upper age limit for eligibility). A **needs assessment** is carried out under the Care Act, which may result in a care and support plan being drawn up. The plan outlines the needs of the individual and the support required. Each person plays a central role in deciding their level of support and care. Personal budget allocations are discussed as part of the process to develop an individual’s care and support plan where there is an unmet social care need. **Personal budget allocations** (including the option to manage the money as a **direct payment**) are also available from adult’s social care for adult carers of adults, as part of a carer’s assessment.

Examples of how this budget can be used are:

- employing a Personal Assistant (PA) to help with daily living requirements
- support to meet assessed eligible community care needs, such as support to access an activity.
- respite care

For information on referrals and further information, please see the links:

- **Cheshire East Council** – Personal Budgets and Direct Payments

- **Direct Payments Support Service** – People Plus

The Cheshire East Council Direct Payment Policy is currently under review as an all age policy, with engagement and consultation to be undertaken during 2021.

Home first

The evidence is clear that 'home' is the most appropriate place for resolving crises and recovery for adults and older people being discharged from hospital. This **care and support must be personalised to enable people to live in dignity and stay in control.**

Wherever possible, people leaving hospital will be supported to recover at home through the provision of short-term reablement or rehabilitation, be assessed for any ongoing care needs from home, and be supported to avoid a hospital admission from home. Social care has a long history of delivering effective reablement and has much experience to share, working in partnership with healthcare colleagues to design and deliver a "home first" approach locally. To achieve this, we will look to extend best practice and re-orientate services and funding to help more people get home when that is the most appropriate place for them – and to stay at home.

Social value

Cheshire East Council and NHS Cheshire CCG are members of the Cheshire and Merseyside Social Value Network, and have signed up to the Cheshire and Merseyside Social Value Charter.

The Charter provides the following definition of social value:

- the good that we can achieve within our communities through the purchasing (commissioning and procurement) of goods and service related to environmental, economic and social factors
- our approach for enabling communities to live a 'good life' through improved outcomes as a result of the added value that we achieve through our commissioning and procurement activities
- an enabler for the growth of 'Social Innovation' (SI) and in the reduction of 'avoidable' inequalities within our communities – linked to the Marmot Principles
- a requirement of the public sector as 'Anchor Institutions' to use our purchasing power to enable local people to live a good life, and to ensure that Cheshire East is a great place to live and work

As part of the Network, we are also supportive of the Cheshire and Merseyside Social Value Award (Quality Mark). Cheshire East Council has been awarded the Social Value Award. If your organisation is passionate about showing how you impact and benefit local communities, the environment and the economy, then you can apply for the quality mark free via Social Value Business.

Cheshire East Council and NHS Cheshire CCG have reviewed and launched a new Social Value Policy and Social Value Framework which underpins the Policy:

The Framework is a useful tool for commissioners and providers to use to coproduce Social Value outcomes and Key Value Indicators during the procurement process and for the delivery of services. Other additional tools available to support commissioners and providers to direct social value through our contracts include our Crowd Funding Portal and Volunteer Website. The Cheshire East Social Action Partnership (CESAP) can also support providers to identify local voluntary, community, faith and social enterprise partnerships to build connections and partnerships with.

Community model

Working in partnership with local people and communities is a core principle in everything we do.

Vision	<p>By working together, we can connect with our communities to build a more open, fairer and greener Cheshire East.</p>
Mission	<p>Together, we will build safe and healthy communities with services in the right place at the right time. We will listen, understand, and engage with our residents to build a spirited and resilient Cheshire East.</p>
How can we do this?	<p>Through the council's Communities team and the commissioned Cheshire East Social Action Partnership service we will build on our Connected Communities approach across Cheshire East. This approach puts people, services and community organisations at the centre of everything we do and embeds services within local networks, enabling mutual help and support. By combining additional efforts and resources that strengthen existing community assets and supporting innovative approaches whilst encouraging and enabling people to be more involved in building their communities, we will make the borough a better place to live, work and socialise.</p>

Create a community-powered approach where we adapt existing practices to become more flexible and less bureaucratic

By encouraging and enabling volunteering

Through the People Helping People service, which was set up in response to the COVID-19 pandemic, volunteers have responded to the needs of the community by supporting much needed community-based activities and vulnerable residents. We will build on this and develop our volunteer offer, which will include pathways for people to access training and employment. Our dedicated website Cheshire East Volunteers showcases volunteering support and enable volunteers to seek opportunities and organisations to request support. We want to make the volunteering experience accessible, seamless, and rewarding.

By supporting our vulnerable neighbours

Our community is diverse, and we have a range of groups of vulnerable people who with the right support can feel more connected and part of their community. During the COVID pandemic we have identified a new cohort of vulnerable people known as the Clinically Extremely Vulnerable, who have a range of conditions and if not supported early, could be part of a future Adult Social Care cohort requiring more complex support. Vulnerable people are not limited to those with underlying health conditions.

Residents in minority groups, such as Black, Asian and Minority Ethnic (BAME) or people with disabilities and other equality groups, people who are socially isolated (often elderly or those living alone), or whose employment or family situations have resulted in them becoming vulnerable (veterans, carers, unemployed) often experience health inequalities. Embedding a mutual aid local offer will mean that the most vulnerable in our community have an essential service to link in with to access early help. They will be provided with information, support to access to a range of community-based services, and the opportunity to be matched with willing volunteers to ensure their essential needs are met.

By improving life opportunities and by reducing health inequalities

We want people to have good lives and live well for longer. We believe that health should be determined by individual choice, rather than just by where you live. Each individual has the potential to flourish, so we are committed to providing opportunities for everyone to achieve their goals and ambitions. We know our borough is multi-faceted, consisting of diverse and thriving communities, so we must provide services which address both local and borough-wide priorities. One size does not fit all, so we will ensure fairness and equality by:

- developing networks with partners to gather and share local intelligence so we know what is important
- supporting our Inequalities Commission that focuses on health improvement
- commissioning areas of the Joint Strategic Needs Assessment (JSNA) to identify health and social care needs
- harnessing the potential of the Voluntary Community Faith and Social Enterprise (VCFSE) sector by empowering existing assets (people and groups) in our community to deliver innovative solutions to meet local need and achieve individuals' personal goals

- using resources to conduct pioneering research into emerging issues and use findings to commission future services
- sharing our knowledge and expertise to allow local services to develop and become sustainable in meeting the needs of their community
- planning and preparing seasonal public health campaigns with partners

By reducing social isolation

More and more people are talking about loneliness. In fact, research estimates that over 9 million in the UK are lonely at any given time. It's something which affects us all during our lifetimes. For some people, it can be short-lived. For others, it is more enduring and becomes a permanent feature of their life. We are passionately working with voluntary, community, faith sector organisations and businesses alike, building a network of kindness and generosity amongst communities. We are proud to be empowering and together developing a wide range of activities to bring people together to keep alleviating loneliness. Projects include listening services, befriending, walking buddies, luncheon clubs and dementia social groups.

By developing community-led peer support

We recognise the importance of community-led mental health peer support to give people the opportunity to provide support and guidance to each other, thus giving individuals more choice, independence and feeling empowered. We want to make sure that peer support across Cheshire East is safe and effective and a place where professionals and residents feel confident to refer to and visit and that these peer support opportunities are part of the pathway of support given to residents when they need it.

We want to develop a robust peer support network to enable the growth of new community-led peer support opportunities and to tap into the wealth of experienced groups already functioning. We will enable opportunities by supporting those with lived experience to develop groups so that their skills, experiences and knowledge can support others to help manage their conditions.

Create a culture of community collaboration WITH each other, changing from silo thinking to a holistic whole system approach

We will work WITH local people to fund ideas together

We want to grant-fund projects that make the biggest difference, we want to be transparent in our approach, and, where we can, we want to jointly fund activities WITH our communities. We will give grants to local people who have the ideas, skills and willingness to make local improvements through the My Bright Idea Fund. Alongside that, by providing a crowdfunding platform we will allow proposals to be put forward transparently to attract funding and resources from across all services whilst gaining community engagement pre-project go-live.

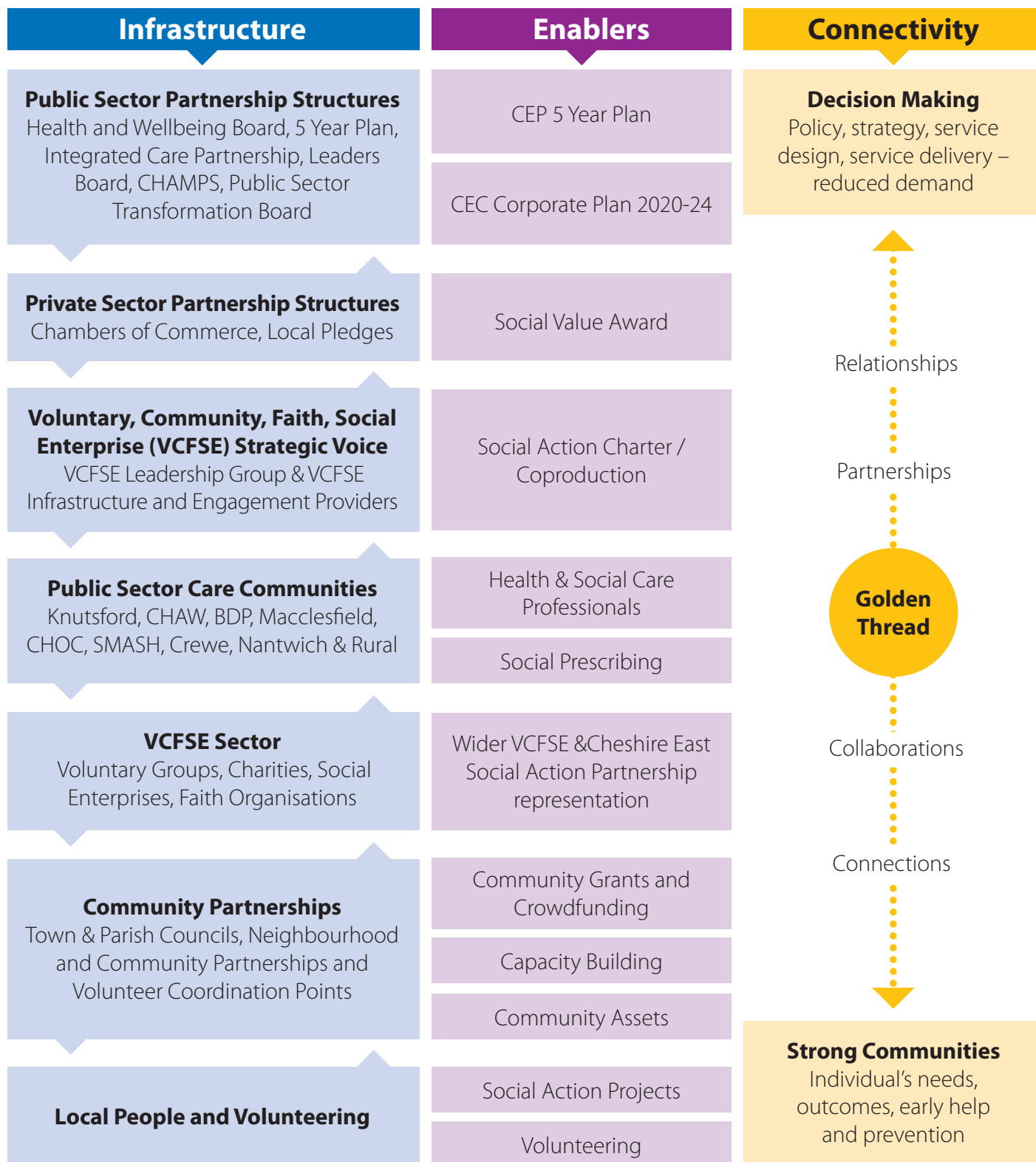
We will work WITH local people to turn their efforts into local services: We are seeing a rise in health inequalities across our communities. We will work with local communities to understand local need, as they are often better placed than public sector services to look at local solutions. We will inspire and facilitate conversations with local people to create innovative solutions and develop new bespoke services which will be delivered by local people. A leader in Asset-Based Community Development, Cormac Russell, states “The more parent and resident fingerprints that can be found on a project, the more likely it is that project will be meaningful and sustainable”. It is then that we will start to see greater changes and more resilient communities for the future.

TOGETHER we can experiment and resource new and innovative ideas and ways of working

TOGETHER we can develop our Connected Communities place infrastructure

We are committed to building partnerships across Cheshire East to ensure our communities are connected and thrive. By ensuring our communities have a place-based approach and voice we can influence policy and service delivery to be tailored to meet our bespoke community needs. The partnerships are key to multi-agency strategic and local working arrangements; the enablers give those partnerships a steer of focus and resource to take concepts into reality, and the connectivity is our golden thread throughout all our associated work.

The developing Connected Communities place infrastructure



TOGETHER we can increase our Voluntary, Community, Faith, Social Enterprise (VCFSE) sector strategic voice

By facilitating conversations across the VCFSE sector we will create a better understanding of community needs and enable ways of working more collectively to create, enhance and deliver services collectively across our places. The key role of the Cheshire East Social Action Partnership (CESAP) will ensure that the VCFSE sector are represented at decision-making forums and are consulted on changes that will affect residents. The VCFSE sector working in collaboration rather than in competition will improve the strategic voice to local funding allocation and policy making.

We will aim to ensure that the broad range of VCFSE sector organisations are represented and have a strategic voice ranging from Veterans, and Faith organisations to Social Enterprises.

Ways we can achieve this are as follows:

- VCFSE representation strategically engaging the VCFSE sector in Cheshire East partnership structures and at public sector strategic boards
- Facilitating collaboration, partnership working and joint bidding
- Supporting coproduction
- Improving communication and collaborative approaches

TOGETHER we can invest in our community partnerships

Community work happens at a very local place-based level in different neighbourhoods, parishes and towns. We are strengthening our local networks and partnerships, ensuring community activity and locally-identified needs have clear links into strategic partnerships. Fully utilising local communication channels and gathering additional local intelligence to ensure we are reaching those communities who are most disadvantaged and where health inequalities are most prevalent will be key to improving the place we live. The networks and partnerships below are key to our place-based commissioning and provide vital information on local needs, identified through community-led action plans.

Key existing community partners that we want to strengthen links with include:

- Town and parish councils – by working with the Cheshire Association of Local Councils (ChALC), we can work more closely with our town and parish councils.
- Neighbourhood and community partnerships – by investing further in the 15 existing Neighbourhood Partnerships and creating additional themed partnerships to bring key people

together to address needs will allow us to be more collaborative and coordinated in our approach to improve a shared offer and access and pool resources.

- Volunteer Coordination Points – by supporting a local 'go to' place for people who need community support and so support local networks, build connections, and provide volunteer coordination and help in matching volunteers to vulnerable and isolated people needing help. We can develop a set of standards to help recruit, support and share volunteers.

TOGETHER we can develop our community assets

We will build on our place-based social franchising model, which is first and foremost about partnership, offering a range of benefits to its members and putting local communities first. Our Connected Communities Centres have been the beating hearts of our communities, enabling them to access a range of early intervention and prevention services. We will renew our Connected Communities Centre franchise offer to ensure the community assets remain inclusive and also encourage opportunities for people to learn, develop ideas, and volunteer.

By connecting with the My Bright Idea Fund through our franchise model, we will ensure residents have a supported and safe place to deliver local activities and the opportunity to apply for funds. Keeping place at the heart of delivery, we will be more inclusive to rural areas by developing an additional franchise offer. Our Connected Communities venues will ensure all our residents have a key community asset focal point to connect, access services and tackle key community issues. We will work with our communities to shape how our Cheshire East Council owned community facilities can operate. This may include transferring responsibilities to the community or coming together to ensure the community asset is having the biggest impact on providing a place for people to connect.

TOGETHER we can grow our digital community

By investing time and resource in to ensuring our communities become better connected through digital solutions, we will ensure our reach is greater, participation is higher, people are less isolated, and our services are more accessible. We want our communities to connect but we also understand that face-to-face is not always suitable or available so together we want to use technology to support people within their homes. Using technology, we want to reduce isolation and we want to develop technology to support home learning and working where appropriate. We will continue to invest into digital solutions and online access to services through our Cheshire East website and LiveWell Cheshire East and to improve access to self-help information through accessible self-help and interactive online solutions.

7. Messages to providers of children and young people's services

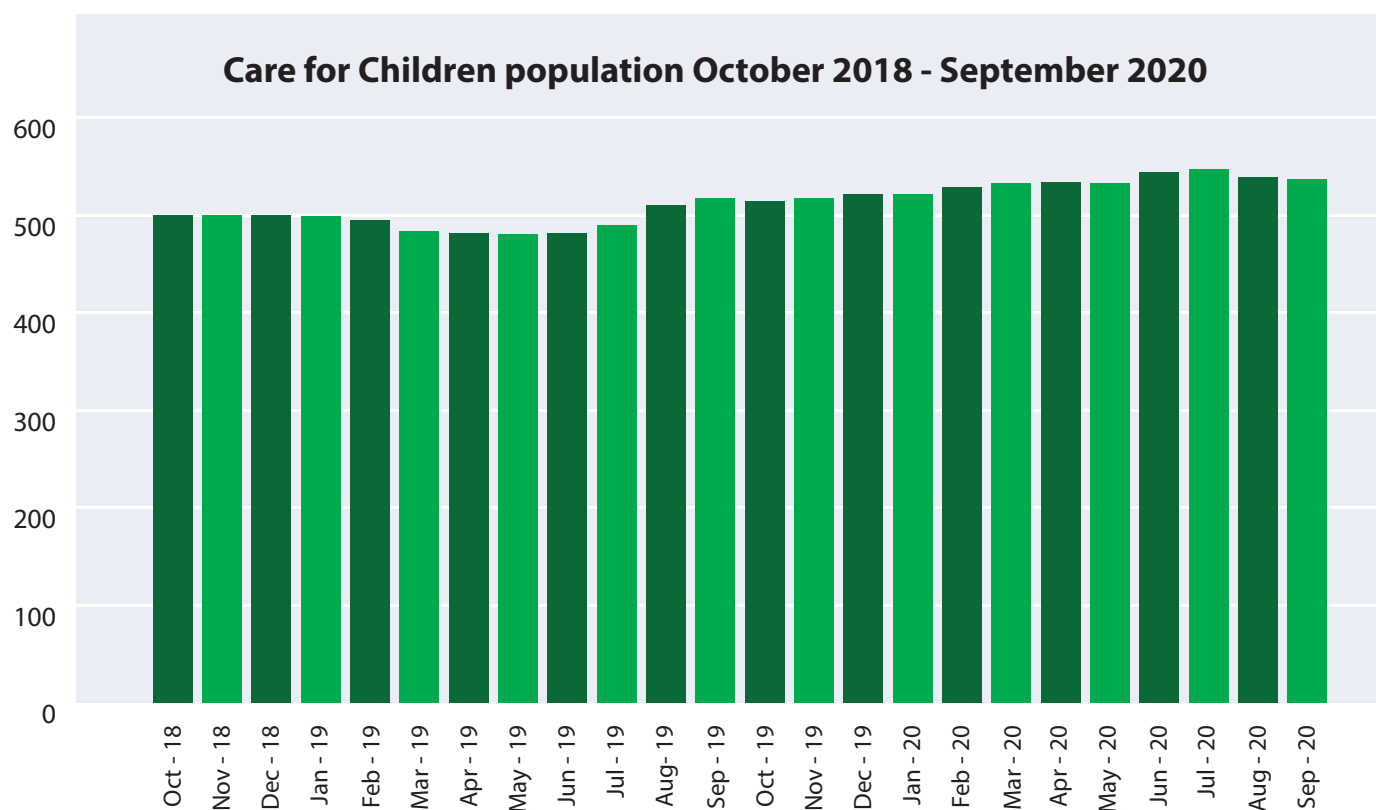
We work hard to make sure that the experience for all our children and young people is truly collaborative and that everything we do is focused on our belief that children are best placed remaining within their families and communities. The Cheshire East Council TOGETHER for Children and Young People ambition shows how we aim to work together to make Cheshire East a great place to be young. We have a strong Early Help and Prevention offer in place to support families to stay together. We believe that:

- children and young people are best supported within their families and their communities
- all children and young people should enjoy the best education which prepares them to thrive in adulthood
- families and communities can be strong and resilient, given the right help, by the right people, at the earliest opportunity

Our continued commitment is to delivery high quality, effective universal services and help families early when they need extra support. Our families continue to require support in areas such as neglect and domestic abuse. Alongside the existing commissioned services detailed below, the Council is to launch a new Early Help and Prevention volunteer service in June 2021. This will add further capacity to support our vulnerable families.

Cared for children

Our numbers of cared-for children and young people have risen in line with the national increases and alongside an increase in the total numbers of children and young people in the borough and a change in operational culture and practice. The highest reason for removing children from their family home continues to be abuse and long-term neglect. We must be confident that cared-for children and young people are in the environment that will best meet their needs.



Child protection

As at 31 March 2020, the total number of children subject to a child protection plan was 253, which is below the North West average of 343. The main category of abuse continues to be neglect.

Year	Total number of children	Neglect	Physical abuse	Sexual abuse	Emotional abuse
31 Mar 20	253	195	13	23	22
31 Mar 19	268	166	35	25	42
31 Mar 18	286	133	61	18	74
31 Mar 17	275	135	46	26	68

Children in need

As at 31 March 2020, the total number of children in need was 2106. This is in line with the same point in the previous year and is below the North West average of 2,525. With total numbers across North West councils ranging from 1007 – 8502, the rate per 10,000 helps to provide useful context. Cheshire East's rate of 272.5 compares to the North West average of 371.5. The rate across the North West ranges from 251.3 in Trafford to 717.8 in Blackpool. 9% of children in need in 2020 were recorded as having a disability.

Year	Total number of children
31 Mar 20	2,106
31 Mar 19	2,108
31 Mar 18	2,182
31 Mar 17	1,974

The extracts of demand above are set out in more detail within our cared for children sufficiency statement. The children's social care market is encouraged to review the sufficiency statement and contact commissioners to explore the market opportunities in more detail. The council wishes to ensure the most effective local good quality provision (residential, fostering and supported accommodation and independent living) for our cared for children and care leavers.

Our care at home commissioned services have in the past concentrated on supporting families with children with a disability. However, our plan moving forward in 2021-22 is to engage with the market to explore a wider scope of service that extends to families with children on the edge of becoming cared for.

Special Educational Needs and/or Disabilities (SEND)

The 0-25 SEND Partnership and Cheshire East Council are committed to providing the best quality education and support for all our children and young people to ensure they achieve the best possible outcomes. Having the right educational placement, in the right location is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood.

The number of Cheshire East children with an Education Health and Care Plan (EHCP) has risen significantly each year (i.e. as at Jan 2016 we had 2470 EHCPs at January 2020 Census Date. The rise in the last year (18.4%) was:

- Higher than the national average (10.2%)
- Higher than the North West average (11.7%)
- Higher than all our SNs (who averages a rise of 10%)
- The 16th highest in the country and 5th highest in the North West

Cheshire East is above both the national average and our statistical neighbours for the number of existing EHCPs for all age groups, other than post 16. Need is also changing with an increase in Speech, Language and Communication Needs and Social, Emotional and Mental Health Needs across all Localities. Needs linked to Autism and Specific Learning Difficulties are also high.

Our latest SEN Sufficiency Statement continues to analyse the demand and capacity required to provide good quality, local SEN place for our children with SEND. Our improvements in local sufficiency of SEN specialist school places over the last three years and the plans for the coming two years will see us deliver a 48% increase in local SEN Provisions, with 232 additional places for Cheshire East pupils with SEND. It is however recognised that there will be a continued role for independent non-maintained special schools and that were this is required we would prefer this resource to be closer to where demand is most prevalent, allowing reduced travel requirements for our pupils with SEND. Our 2017 SEN Sufficiency statement was used to good effect to deliver improved capacity internally but also allowed the independent sector to make investment decisions to the benefit of local SEND pupils. A new independent special school was opened in Crewe during 2020 and this Market Position Statement hopes to build on the relationship / intelligence across the sector.

Care at home services (children with a disability)

The Care at Home contract ensures that effective and responsive care and support in individual's homes is delivered by externally commissioned, independent, Care Quality Commission registered care at home providers, who will assist children and young people within their own homes maintaining their independence as much as possible. This is done by providing care staff who care, have compassion, courage, good communication, commitment, and competence that will work pro-actively with children, young people and their families to meet their needs and deliver real outcomes. Our Care at Home model for children with a disability is currently being reviewed to expand the scope of services to include children on the edge of care, support to those children with autism and improve the pathways for children leaving tier 4 mental health beds and returning home. Care at home will be re-commissioned late 2022.

Short breaks services (children with a disability)

The short breaks service aims to provide early intervention and preventative services to children, young people and their families in the form of short break services, which can range from one hour to a full weekend break. Short break services for

disabled children are currently being recommissioned following a 9-month extension due to COVID19. New contracts will be in place during 2021.

Volunteer model

We wish to provide a coordinated and joined up Volunteer Infrastructure Support Service for vulnerable families to provide early intervention and prevention. This is a new service model that will provide a family support volunteering service to offer local support and help to families with children who need practical and emotional support to better manage their families post- lockdown to promote safety, stability, and independence.

Care leaver mentoring

A mentoring service for care leavers from the age of 16 to their 25th birthday, providing continuity of support to care leavers as they cease to be the statutory responsibility of the local authority.

SEN disagreement resolution and mediation service

This service is a statutory requirement for local authorities under the Children and Families Act 2014. Mediation services are specifically linked to decisions about education, health, and care needs assessments and education and health and care plans (EHCP), while disagreement resolution services can be used to try to resolve other issues in relation to a child's special educational needs (SEN).

Children's advocacy and independent visitors (IVs)

The advocacy service ensures that children and young people are aware of, and able to access, appropriate services, advice and information which empowers them to ensure their views and wishes are heard and reflected in decision making about their lives.

Children's day nurseries in Crewe

These services have been commissioned to increase the availability of support to vulnerable families and children and provide the best start in life for children by supporting good quality early years education and care. This should have a lasting impact on education, social and behavioural outcomes.

Care service to children in residential homes

This contract provides care and support to the cared for children and young people within local residential homes, supporting Cheshire East Council with its continuing journey to improving outcomes for cared for children and young people.

Supported lodging accommodation for young people

A supported lodging accommodation service available to 16-17 year old cared-for children and care leavers. The service could also be utilised by former relevant care leavers until the age of 25 with agreement from the council's permanence and throughcare team's service manager. Young people receive the right level of practical, emotional and financial support until they are at least 21, and, where necessary, until they are 25. Care leavers have accommodation that best meets their needs and helps them to develop their independent skills safely.

Supported accommodation and independent living provision

Housing related support provision supports young people aged 16 and over with a range of needs to acquire the skills to move on successfully to more independent living and to develop the responsibilities associated with adulthood. This service provides a safe and suitable accommodation offer that meets individual needs and aspirations.

Missing from home / care service

This service is in partnership with 3 other councils (Cheshire West and Chester, Halton and Warrington). The contracted provider ensures effective delivery of the critical missing from home and care service for children and young people.

Children's prepaid card services

Prepaid cards are currently in place within Children's Services within the following areas:

Early Help Individual Payments (EHIPS)

Parents/carers can receive up to £1,000 per financial year to access a break from their caring responsibilities. This scheme is managed and maintained via the Children with Disabilities Short Breaks team.

COVID Emergency Scheme

(Care leavers, unaccompanied asylum-seeking children, Children in Need/Care Placement teams). This scheme is managed and maintained via the Family Placement team in Children's Services and has been used to disburse funds safely during the COVID pandemic.

Both the above schemes offer the following benefits:

- reduction in the movement of cash throughout council offices and establishments
- improved outcomes for cardholders by offering a person-centred money management system, promoting independence and enabling people to manage their own money or entitled benefit as they choose
- income generation through reclaiming of unspent funds
- increased control, transparency, and analysis in a timely manner

SEND Flexible Purchasing System

This is a Cheshire East led system with 23 Local Authorities across the North West in developing a Flexible Purchasing System (FPS) to enable commissioners to more effectively source SEND school placements. Over time the independent non maintained special school / college sector will be able to see the levels and types of demand across the 23 local authorities and this should help with service developments.

Key features of a flexible purchasing system:

- new providers can join, and existing providers can add new provision
- light-touch evaluation process, to facilitate decision-making by local authorities at the point of placements
- indicative prices facilitating bespoke packages for young people and allowing for innovation of services. (This limits the need for providers to front load price at the start of a tender process in the current turbulent market and wider economic conditions, and allows providers to become more competitive and efficient as those conditions resolve)
- targeted referral to preselected providers will be possible against specific categories
- longer lifespan to reduce the need for regular tenders
- cohort purchases available to buy placements for groups as well as individual young people

There are currently three lots on the FPS. These can be changed over the lifetime of the contract.

- lot 1 – day placements
- lot 2 – 38-week Residential School placements
- lot 3 – 52-week Residential School placements

Phase 2 will include further lots to cover 16+ education placements and is anticipated to go live in early 2022.

A number of 'all age' service areas and public health services specifically for children and young people sit within section 8 of this Market Position Statement.

8. Messages for providers of public health, early intervention, and community services

Commissioning for public health, early intervention and communities in Cheshire East will focus on the following areas:

Substance misuse services

The Cheshire East Substance Misuse service is an all age, whole-family, integrated drugs and alcohol service. Community based recovery, early help, and prevention are at the forefront of empowering local people to achieve and maintain their long-term health outcomes and wellbeing goals.

We are currently working in partnership at a local and regional level to understand, develop and respond to wider population needs with a current focus on the learning from the Drug Related Death Panel (a multi-disciplinary panel led by Cheshire East Council), development of digital alcohol early intervention and prevention, and the Cheshire East Council Alcohol Care pathways.

During the COVID-19 pandemic, the Cheshire East Substance Misuse team saw a significant increase in the number of referrals and the number of people accessing structured treatment to address their alcohol use. We have also seen an increase in people lapsing and relapsing who previously were doing well in recovery. The complexity of people now entering into alcohol treatment has also increased, with many now presenting with serious physical health issues and the added complexity of mental health issues that require an individualised package of care and support from our alcohol team and partner teams. The service has seen a 79.5% increase in numbers of people entering treatment for 'alcohol only' and a 100% increase in those entering structured treatment to address 'alcohol/non-opiates' issues.

Due to this increased demand, we have increased investment to the Cheshire East Substance Misuse Service to provide increased treatment capacity and capacity to support the hidden harm for children and young people resulting from parental substance misuse.

Work has begun to review the current service model and to coproduce the future model with stakeholders, in particular service users and individuals in recovery and their families. Priorities for the service moving forward will remain focused on community recovery, early help, prevention, and education within our communities.

Areas of focus will include alcohol, our partnership approach with mental health, developing pathways with hospitals, housing, and criminal justice, and prevention and education for children and young people.

Sexual health services

A new Sexual Health service has recently been commissioned in Cheshire East. This went live on 1 October 2019 with a 7-year contract. The new integrated service focuses on prevention, early help and the long-term health of residents. There is now an improved offer of an online digital service that is delivered alongside clinics to improve access. Services will continue to be developed and reviewed on a regional Cheshire and Merseyside basis to ensure that the service is responsive to meet the wider population needs. The service will continue to develop integrated partnerships to improve health outcomes for people and target vulnerable groups within our communities.

Lifestyle services

One You Cheshire East is an integrated lifestyle and health promotion service providing four core programmes:

- falls prevention
- weight management
- physical activity
- smoking cessation

The One You service aim is to improve the life expectancy and healthy life expectancy of the local population by delivering support which encourages people to take up positive lifestyle behaviours. The programmes consist of one-to-one or group-based classes with content shaped by National Institute for Clinical Excellence (NICE) guidance, research studies, and evidence of what works locally. The current contract began in November 2019 and runs for an initial period of 3 years.

Healthy Child Programme (0-19+)

Following extensive consultation, engagement and coproduction with children and young people, families, professionals and stakeholders, the Healthy Child Programme was successfully awarded to Wirral Community Foundation Trust in 2020. The contract runs for up to 7 years and was remodelled to suit need and demand across the borough.

The service consists of:

- universal level Health Visitors
- school nurses
- breastfeeding services
- the Family Nurse Partnership (FNP)
- the National Child Measurement Programme
- specialist SEND and mental health nurses for children and young people.

A graduated approach to safeguarding is achieved through escalation to a specialist safeguarding team who have a reduced caseload and can support whole families who require risk support (based on THRIVE model). The THRIVE model is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families.

A central contact hub consisting of a multi-skilled team will increase capacity to respond in a timely way to children, young people & families, and professionals. Advice and support will be available over the phone to address any low-level or universal queries. Information sharing will be improved due to immediate access to systems and information plus the admin team will

reduce pressure on the clinical team, allowing them more time to visit the families and have a greater presence in the community.

Face-to face work continues, with health visitors and the FNP having local bases in children's centres and health centres. School nurses will continue to offer their core service from schools and key community settings to ensure all young people are able to access the service.

Emotionally Healthy Children and Young People

Cheshire and Wirral Partnership Trust (CWP) have been the lead provider for the Emotionally Healthy Children and Young People programme since contract award in 2019 (phase 3 of the programme previously known as Emotionally Healthy Schools). CWP have a sub-contracting arrangement in place with Visyon, Just Drop In, South Cheshire Clasp and Xenzone, creating a borough-wide service which offers early intervention across multiple platforms. The offer includes youth group work face-to-face counselling, telephone support, training for professionals, online counselling and support, drop-in sessions, parental help and support, whole-family support, and pathways into services including Children and Adolescent Mental Health Services (CAMHS). Over the last two years, there has been a focus on maintaining the training offer to schools to ensure staff are prepared and skilled to support children and young people with their mental health and emotional wellbeing. Consultations are available to all schools to discuss specific cases where there are concerns around escalating need. These are led by a mental health clinician and guidance is offered around strategies, approaches and next steps, ensuring the child receives the right support at the right time.

There has also been a drive to deliver a programme of training and support to early years settings. Partnership working with early years services and a key group of settings has been successful in developing a bespoke training offer underpinned by evidence-based practice and clinical expertise. The consultation offer described above has been extended to early years settings to create a fair offer for children of all ages. Work will continue in year 3 (2021-2022) to strengthen and extend this offer to more settings, with the aim of reaching children in private settings, maintained nurseries, and foundation stage in schools.

Commissioners will work with stakeholders to understand future need and demand (including changing needs as a result of the Covid-19 pandemic), with the aim of coproducing the future model for the service, building on existing learning, strengths, and assets.

Infection prevention control (IPC) services

The Infection Prevention Control Service supports local providers such as residential homes, dentists and GP practices to deliver their services in a way which minimises the risk of communicable disease outbreaks such as COVID-19, influenza or norovirus. Additionally, where these do occur, they also provide rapid support and information to ensure that the outbreak is managed effectively thereby minimising risk of further transmission. This work is conducted with links to key stakeholders such as the council's Public Health and Social Care Quality Assurance teams, and hospital-based Infection Control Teams. A TB Nursing function is also part of the service, including outreach and monitoring of medication adherence. The current contract was awarded in April 2020 and runs for an initial period of 3 years.

Community equipment services

A new pan-Cheshire Community Equipment Service was commissioned by Cheshire East Council, Cheshire West and Chester Council and Cheshire Clinical Commissioning Group in 2020 and was launched in April 2021. The service provides a range of aids to support people to live independently and to carry out everyday tasks in the home including mobile hoists, profiling beds and walking frames. The contract is for an initial period of 4 years. The integrated service will provide greater uniformity of offer for prescribers and residents in the Cheshire area, and will be managed with strong links to professionals who work with individuals (such as occupational therapists, social care assessors and physiotherapists).

Assistive technology services

Assistive technology offers a further way in which people's social care needs can be met whilst offering them further choice and control and increased independence. Cheshire East Council commissions an Assistive Technology Service which is in its 3rd contract year, having originally been commissioned in December 2018. There is also an option for a further 1-year extension. The service offers a range of devices dependent on service user need. This includes pendant alarms, falls detectors, GPS devices and activity monitoring.

The service provides an assessment of an individual's needs (following referral), supply/withdrawal of devices via technicians, and monitoring via a call centre. Additionally, a response service providing falls pick-up is also provided through this commission. This gives reassurance for residents and thus reduces the likelihood of them needing to take up longer-term care options. Currently there are 3,435 people receiving assistive technology through the council and there were 2,038 installations within a 12-month period. The service will be reviewed in 2021 with the aim of understanding how the technology offer will need to change in the future.

Domestic abuse services

Tackling domestic abuse continues to be a key priority for Cheshire East Council and traditionally remains a hugely unreported offence. Each year, around 2.4 million people nationally experience some form of domestic abuse and 62% of children living with domestic abuse are directly harmed by the perpetrator, in addition to suffering the harm caused by witnessing the abuse of others.

The council commission a borough-wide Whole Family Domestic Abuse Service for children, young People, adults and their families delivered by My CWA (Cheshire Without Abuse). The service went live on 1 April 2019 with a 3-year contract period and options to extend for 2 additional years.

The service model places significant emphasis on the integration of collaborative partnerships with the Council's Domestic Abuse team, High Risk Independent Domestic Violence Advocacy (IDVA) team and partner agencies. A single, clear point of contact (Hub) enables a coordinated approach, which supports safer and stronger communities allowing residents to live free from abuse and its effects and has a positive impact on the safety, health and wellbeing of adults, children and communities.

Carer services

The national Carers Trust defines a carer as someone who 'cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support'. Despite each carer being completely unique in their circumstances, there are some basic needs that many carers have in common. This includes but is not limited to the need for a break from their caring role; the need for peace of mind; social support; emotional support and financial support. Early intervention is crucial in order to delay and prevent carers' needs from escalating. It is important that the Care Act (2014) 'wellbeing principle' is embedded at the heart of our community through self-care as well as enabling more carers to be identified and supported effectively. Early intervention, prevention and wellbeing are significant components of the Care Act.

On a national level, Carers Trust states that there are around 7 million carers in the UK. This equates to approximately 1 in 10 people, which illustrates that the numbers in Cheshire East are comparable with the national average. The number of unpaid carers is increasing steadily throughout the UK. In Cheshire East alone we currently know of over 3,000 adult carers, but we acknowledge that there are many more who do not receive any support to undertake their caring role. This demonstrates that a lot more work needs to be done to identify and support carers in the community before they reach crisis point.

Estimated total number of carers in Cheshire East

The 2011 census results state that there were around 40,000 people in Cheshire East providing unpaid care. It is, however, likely that census figures are underestimating the number of young carers. The figure for those providing unpaid care in Cheshire East, therefore, is estimated to be around 41,500

Estimated total number of carers in Cheshire East who need support:

It is estimated that there are around 8,300 carers who need support to help them cope in their caring role. This is estimated to be made up of 2,350 young carers (aged 0 to 17) and 5,900 adult carers (caring for adults or young people). There is a further approximate 6,000 who are known to adult social care. An unknown proportion of these may need some form of support. These are all adult carers. This leaves a further estimated 27,200 adult carers who are not known to the health, social care, and voluntary and community sectors. An unknown proportion of these may need some form of support.

Estimated number of carers who need support but are not currently supported in Cheshire East

By comparing the number who are highly likely to need support with the number currently supported, it is possible to come up with the likely minimum number of carers who need support but are not being supported. Using this calculation there are likely to be at least 3,000 carers who need support but are currently not being supported. Of this figure, the majority are young carers – about 1,900; the remaining 1,100 are adult carers.

The Cheshire East Carers JSNA section provides more details of local needs and strengths.

Cheshire East Council would like to work with partners to develop 4 key areas that align with the National Carers' Strategy, through the development of a Carers' Partnership Board made up of a range of agencies including but not limited to health, social care and employment colleagues along with carer representatives. This collaborative approach will help us to coproduce an all age carers strategy. The Cheshire East Health and Wellbeing Board will work in partnership with the Carers Partnership board to improve the health and wellbeing of all carers.

Our vision is that carers will be identified and will have access to the information they need to make decisions and choices about their life and their caring role and will also be able to maintain their own health and wellbeing.

The Cheshire East Carers hub is a commissioned service and works collaboratively with the council. Further information about the Carers Hub is available via the Cheshire East Council website. This service is for all carers regardless of their age and who they care for. As such, it can be for adult carers, parent carers, working carers and young carers.

Our ambition for future areas for the development of carers' services will be directed through the development of a refreshed carers strategy coproduced with carers.

9. Messages for providers of care and support to adults

Prevention

To succeed in our ambition to enable people to live well and for longer, we must invest in effective prevention services and build mutually supportive partnerships with statutory, voluntary, community and faith sectors.

Too often in times of financial constraint, investment in prevention and early intervention services is sacrificed in favour of statutory provision. We believe that this is a false economy and that a shared preventative and outcomes-focused approach coproduced with care providers, service users and partners not only delays or prevents the need for crisis interventions and long-term reliance on traditional models of care but enables adults to thrive and to make a valuable and valued contribution to their communities as they age.

The response to the Covid 19 pandemic clearly demonstrates the willingness of local communities to mobilise informal support and befriending services to those who are vulnerable or socially isolated. We believe that more can be done to increase access to a wider range of support services for vulnerable adults and older people whether or not they have an assessed need for care and support.

Over recent years we have strengthened relationships between commissioners in Adult Social Care and Health, Social Work teams, Community Development Officers, and the voluntary sector to develop strong foundations from which we can work to enhance service users' independence, wellbeing and quality of life while reducing the reliance on traditional care services.

For those in receipt of care we have reinforced the focus on supporting service users to achieve positive outcomes through our commissioned care contracts.

However, we recognise there is much further to go. A key aim of the recommissioning of the Care at Home contracts is to work with local care providers and service users to coproduce a truly outcomes- focused approach to the delivery of homecare services that enables people, wherever possible, to regain their independence and the confidence they need to achieve their desired outcomes and goals.

While we recognise that there will always be a percentage of service users that require residential or nursing care, there is a shared ambition locally to increase the intermediate housing and care options available, for example through the development of Extra Care Housing. Evidence suggests that Extra Care Housing allows older people and people with complex needs to maintain their independence for longer and prevent or delay the need for more traditional care settings. This is explored later in this document.

We strongly encourage housing, care and support providers to communicate with commissioners from health and social care and the council's housing strategy services prior to developing and/or investing in schemes and services. Providers that develop services without discussions with commissioners do so at their own risk. Developing or building services does not guarantee that the council or CCG will use these facilities/services or fund care at levels that do not align with our fee structures.

Learning disabilities

In 2020, 5,253 adults (aged 18 and over) in Cheshire East are estimated to have a learning disability, with around 1,196 having a moderate or severe learning disability. The number of adults with a learning disability is projected to stay around the same at 5,244 by 2030.

Cheshire East Council currently provides support to 768 people with a learning disability equating to an annual spend of £36 million. The Cheshire and Wirral Partnership NHS Trust has a forecast spend in 2020/21 of £9.4m for Learning Disabilities (and Dementia).

‘My Life, My Choice - an all age strategy for people with learning disabilities in Cheshire East 2019-2022’ sets out the vision for people with learning disabilities in the borough. Through our commissioning intentions we aim to ensure that all individuals can live a healthy, happy and independent life with choice and control over the care and support they receive.

The 2015 national plan ‘Building the Right Support’ and the supplementary report ‘Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition’, jointly commissioned by the Association of Directors for Adult Social Services (ADASS), NHS England (NHSE) and the Local Government Association (LGA), provided a high-level recommended service model for learning disabilities care and provision.

The supplementary guidance acknowledged that:

“Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect.”

In line with ‘Building the Right Support’, the Transforming Care Programme aims to:

- reduce admissions and inpatient numbers of those with a learning disability and/or autism of all ages to learning disability and mental health beds
- reduce the health inequalities experienced by people with a learning disability and/or autism.

- improve provision and support available in the community to enable people with a learning disability and/or autism to live safe, happy lives without the need for inpatient services
- implement good quality systems and processes to ensure the right stakeholders are involved to try to prevent admissions and to put support in place for people in the community

Services are commissioned both internally and externally and include:

In-house council-run services

- day opportunities
- Shared Lives
- supported living services
- respite/short breaks services

NHS services

- Cheshire East Community Learning Disability team, including health facilitation and intensive support.
- Learning Disability CAMHS 0-18

Independent sector services (both Cheshire CCG and Cheshire East Council)

- domiciliary care/outreach
- supported living
- residential and nursing care
- respite/short breaks

We want to provide services that offer the very best experience and life chances for individuals with learning disabilities, which are person centred, deliver value for money and allow individuals to flourish and thrive, where they can integrate within their community and lead an active and fulfilled life. For us to commission effectively for people with a learning disability throughout their lives, we will look to change the way we plan, deliver and commission services for people with learning disabilities to offer the very best experience and life chances.

This includes engaging with young people to plan jointly with children’s services for the individual to transition successfully into adulthood.

Key priorities in learning disability services include

Improving the supported living accommodation offer

Working with our housing and service partners, we will focus on a variety of supported housing solutions to meet the needs of those with a learning disability. We will ensure that people can live in a home of their choice, near to their local communities, with their own front door (where applicable) and access to local amenities. This will enable people to take the next step in their journey towards independent living, including those currently living out of area in residential placements, those currently living in hospital settings, individuals coming through transition from children's services to adult services and older people with learning disabilities whose housing needs have changed.

Transition services

A key area of service development is around transitions from children's services to adult services, supporting young people to remain independent within their local communities and prevent them entering costly services. This will include a key focus on areas such as supported living and day opportunities provision.

Assistive technology and digital solutions

We will ensure that our learning disability providers use assistive technology and explore digital solutions where possible and lead the way with innovative applications and devices which help promote independence and keep individuals safe. We are keen to ensure that assistive technology is used within new supported living schemes to encourage greater independence, including the reduction of night support, and so to support cost-effective models of care and accommodation.

Day opportunities

We aim to increase choice and control and transform our current day opportunities offer for people with learning disabilities. By developing a greater range of options within the community around day opportunities, we will be able to offer viable alternatives to traditional day services, which will provide a more person-centred and flexible approach. We will develop an outcomes-based approach to day opportunities where services are provided in a person-centred manner that will achieve a set of results for that individual.

Engagement with providers on the Complex Care Dynamic Purchasing System (DPS)

The Complex Care DPS went live in December 2018 and within the service model there is a focus around specific 'lots' (service sections) for people with a learning disability and other complex needs. The commissioning of the DPS has raised the profile of learning disability and other complex needs services, whilst also enabling commissioners from the council and Cheshire CCG, service users, carers and providers to work closer together to develop services. We aim to explore further the cluster commissioning approach which has been developed under the innovation lot within the DPS, to commission bespoke services for groups of people with learning disabilities.

Respite/short breaks

We have recently re-commissioned our Children with Disabilities Short Breaks Services to ensure a more person-centred and innovative approach. We will review the adults' short breaks "respite" offer in 2022/23. The review will focus on service demand, requirements, and models of care moving forward. The current community respite offer is an area where we would like to enhance our service offer to improve choice and control and provide alternatives to bed-based provision.

The current state of supply in learning disability services

Complex Care Dynamic Purchasing System (DPS)

The current Complex Care DPS comprises of approximately 117 registered providers who supply a range of services. 98 of the providers on the framework deliver services to people with a learning disability. Only 63% per cent of providers registered on the DPS are actively bidding for work. This amplifies the need to continue to engage with the market and make changes to the existing care brokerage process where applicable.

Current market issues

- A shortage of supported living provision providing good quality care and support for people with a learning disability with more complex needs and challenging behaviour (including complex mental health and complex learning disability). An increased supply is needed so that individuals do not have to move out of the area to access appropriate accommodation, care and support.
- A risk of the south of the borough being flooded with housing developments/care and support services that may be too numerous to meet demand and may not meet people's needs nor provide cost effective solutions for the council.
- A requirement for remodelling some of the 24-hour shared housing supported living provision for people with learning disabilities and a need to improve the use of assistive technology.
- A need for more personalised day activities for adults with learning disabilities, including supported employment options
- A need for single dwellings and properties to support those who have been in hospital settings as part of the Transforming Care Programme. This area of the market needs to be stimulated.
- Approximately 37% per cent of our current registered Complex Care DPS providers are not bidding for care packages. We need to engage with these providers to further stimulate the market.

Direction and potential opportunities

We would welcome basic conversations with providers at this stage around what innovative, good quality and cost-effective solutions might look like in relation to the following groups and services:

- supported living accommodation for individuals with learning disabilities in the north of Cheshire East (including areas such as Handforth, Wilmslow, Knutsford etc.) to ensure individuals living locally can remain closer to home, family and local networks
- care and support for people with complex needs (e.g. challenging behaviour, people who may exhibit chaotic presentations)
- services for people in transition from children's services to adult services
- reconfiguration and replacement of existing supported living properties in the borough based on shared housing and communal living, especially for older people with learning disabilities, including those with physical disabilities and dementia
- development of innovative and cost-effective services that can reduce the reliance on traditional building-based day services by improving the offer around community-orientated activities in areas such as volunteering, employment and skill development, including activities at weekends

We will work closely with people with learning disabilities and their families to ensure that we are clear about what's important to them, to identify their priorities to help shape a market of care which is person-centred and supports people's long term aims and goals. We will do this by engaging with the Learning Disabilities Partnership Board and the Self Advocates and Carers Forums.

We will continue to work closely with providers of learning disability services to ensure that they are enabled to deliver high quality, innovative services which reflect best practice. To do this we will hold regular engagement events with providers.

Autism

Data from the Adult Psychiatric Morbidity survey (2009) estimated that in 2020 there would be approximately 2,145 people (age 18+) in Cheshire East with autism - 89% male and 11% female. The prevalence of autism was found to be 1% of the general population in England. The rate among men (1.8%) was higher than that among women (0.2%).

Cheshire East Council support

Cheshire East Council currently supports 224 adults with autism (these clients also have another primary support reason such as learning disability or mental health support need), equating to an annual cost of £14.2 million.

We are committed to commissioning services which improve the lives of people with autism. We will do this in partnership, using a coproduction approach with autistic people, families, carers, local groups and partner organisations. The SEND Written Statement of Action includes a key priority to ensure efficient, consistent and timely pathways of assessment and support for people with autism to access the most appropriate support, employment, education and housing to meet their needs. To complement this work, we aim to develop services which enable people with autism to feel safe, lead an independent life, and participate in and remain living close to their local communities.

NHS commissioned services

Children and young people

Integrated autism assessment and support for children and young people aged 0 to 25 includes early identification and access to support via the local offer through a coordinated Multi-Disciplinary Team (MDT) assessment and diagnosis. The model is based on the child and family-centred 'Thrive Multi-disciplinary Framework' comprising four connected pathways:

1. **Getting Advice** – 'First Concerns / Early Identification'
2. **Getting Help** – 'Local Offer/Specialist Autism Assessment'
3. **Getting More Help** – 'Post Diagnostic Support'
4. **Getting Risk Support** – 'Prevention of Crisis/Specialist Risk Support'

We have commissioned a range of pre- and post- diagnostic support for parents and carers with a child/children referred onto the pathway. This support includes Space for Autism and ChAPS (Cheshire Autism Practical Support), both third sector service providers.

Specialist NHS autism services include:

- Adult Autism Team
- East Cheshire 0-16 CAMHS
- Central and East 16-19 CAMHS

Adult autism services

An assessment and diagnostic service is commissioned along with the following:

- | | |
|---------------|---|
| Tier 1 | The Autism Hub provides pre- and post-diagnostic support and access to training and support for individuals, families and third sector partners from the specialist team, as well as bringing together other partners including Space 4 Autism in Macclesfield. |
| Tier 2 | Assessment and diagnostic service – strengths based, assessment and two follow-ups. |
| Tier 3 | Specialist and advice and consultation for practitioners supporting adults with autism. |
| Tier 4 | Enhanced support/bespoke interventions. |

Key priorities in autism services include:

Implementing the All Age Autism Strategy

The Cheshire East All Age Autism Strategy went live in 2020. We have developed an All Age Autism Strategy group which is passionate and understands the importance of improving services for people with autism. The group has members from health, education, social care, multi-agencies, and carers. The Autism Strategy group is aimed at improving the lives of adults with autism and through this group we will monitor the implementation of the priority areas within the Strategy.

Further Develop the Supported Living Accommodation Offer

We are keen to further develop our supported living accommodation within the borough to ensure that it can meet the needs of those with autism. This will ensure individuals living locally can remain closer to home, family and local networks. This will enable people to take the next step in their journey towards independent living including those currently living out of area in residential placements, those currently living in hospital settings, and those moving from children's services to adult services.



Expanding low-level autism specific services

There are several social care services available within the borough that support people with autism (e.g. supported living, day services). However, there is a shortage of low-level services for people with needs identified on the autistic spectrum, particularly people with low-level care and support needs or needs that do not trigger the Care Act threshold.

The current state of supply in autism services

Complex Needs Dynamic Purchasing System (DPS)

The current Complex Needs DPS comprises of approximately 118 registered providers who supply a range of services. 99 of the providers on the framework have indicated that they can deliver services that support people with autism. We aim to engage with our provider market in 21/22 to gain a better understanding of the abilities and skills of this market in meeting the needs of people with autism.

Direction and potential opportunities

We would welcome basic conversations with providers around innovative, good quality and cost-effective solutions for people with autism, in particular in relation to the following groups and services:

Accommodation and support needs of people with a primary support need of autism and complex needs shaped to deliver cost effectiveness whilst maximising independence, choice, control, and safety (including in areas where we have demand and a lack of good quality provision such as Handforth, Wilmslow, Knutsford etc.).

Services for people with low level needs - examples include outreach services to provide support to people with autism and their families to access local communities, pursue hobbies and recreational opportunities.

Accommodation for people with low level needs including needs that do not trigger the Care Act threshold.

Mental health

Our children and young people consistently tell us that their mental health is a number one priority for them. Evidence shows that half of all lifetime mental health problems develop by the age of 14; over 75% before the age of 24, and that up to 1 in 4 people are affected. Cheshire East Council is currently providing support to 415 children who have an assessed mental health support need.

The Adult Psychiatric Morbidity survey (2016) estimated that there are approximately 41,240 people in Cheshire East who experience any common mental health disorder including depression and anxiety. 62% of those experiencing common mental health disorders are female and 38% male. Between 5,400 to 6,000 adults in Cheshire East are estimated to be living with a severe mental illness such as schizophrenia, bipolar disorder, psychotic depression and other less common psychotic disorders. Cheshire East Council currently supports 476 adults who have a mental health support need, equating to an annual cost of £7.9 million.

The Cheshire and Wirral Partnership NHS Trust has a forecast spend in 2020/21 of £62.5m for all mental health services (children and young people, and adults), and Cheshire CCG spends an additional £0.5m on other third sector mental health services.

Services are commissioned both internally and externally and include:

In-house council run services

- Day opportunities
- Mental health reablement

NHS services

Cheshire and Wirral Partnership

- Secondary Care
- Improving Access to Psychological Services (IAPT)
- Liaison services
- Community mental health teams
- Early intervention in psychosis
- Inpatient mental health services
- Child and Adolescent Mental Health Services (CAMHS)
- All Age Mental Health Crisis Phone Line
- Youth Justice Service
- Crisis Home Treatment team
- Eating disorder services

Other NHS mental health services

- The Wellbeing Hub
- Primary care mental health
- Employment support/IPS Wave 2

Cheshire and Merseyside and collaboratively commissioned services

- Perinatal mental health
- Military veterans

Independent sector services

- Domiciliary care/outreach
- Supported living
- Residential and nursing care
- Mental health floating support
- Mental health crisis beds
- You in Mind (searchable database of community services inclusive of self-help guides)
- Emotionally Healthy Child Programme – delivered by Cheshire Wirral Partnership, Just Drop In, Visyon, South Cheshire CLASP and Kooth

Cheshire CCG also commission a range of services including: Just Drop In, Visyon, RAGE, KOOTH, My Happy Mind (schools software), You in Mind (signposting platform), Northumberland Self Help Guides, Silvercloud (IAPT), and Churches Together.

The NHS Long Term Plan states the ambition to establish a comprehensive offer for children and young people, extending to those up to the age of 25, that aims to identify and treat mental ill health at the earliest possible point. Cheshire CCG commission a number of third sector services that are working with younger people in innovative ways, including the provision of free counselling anchored in the Getting Help and More Help quadrants of THRIVE. Data suggests that the number of 18 to 25 year-olds accessing counselling in East Cheshire is increasing year on year with more younger people accessing these services, more complex referrals, and considerable challenges in triaging cases to ensure that individuals receive the right support. This year, we have commissioned additional Getting Help, including web-based chat for parents, sleep support sessions, and counselling.

We need to ensure our commissioned mental health services are personalised and provide intensive support based around individual need to address complex issues and behaviours. Services must be focused on helping individuals achieve specific personal outcomes in relation to managing affairs such as personal finances, being a good tenant and the ability to access and maintain relationships with support services. Individuals need to be supported to be able to support themselves to return to live within their community and to be able to maintain their independence.

All Age Mental Health Partnership Board

The board commenced in December 2019. This board includes representatives from health and social care along with third sector colleagues, as well as service user and carer representatives.

Some of the key objectives that the board will be working on include:

- monitoring progress and actions against agreed priorities within the NHS Long Term Plan and the Cheshire East All Age Mental Health Strategy
- supporting service users and carers and promoting the development of good quality service provision and equity of access across Cheshire East
- implementing action plans against the strategic priority areas that would benefit from a partnership approach, and identifying lead organisations and related outcomes

Key priorities in mental health services include:

Early intervention services for children and young people

The NHS Long Term Plan states the ambition to establish a comprehensive offer for children and young people, extending to those up to the age of 25 that aims to identify and treat mental ill health at the earliest possible point. Cheshire CCG commission a number of third sector services that are working with younger people in innovative ways, including the provision of free counselling anchored in the Getting Help and More Help quadrants of THRIVE. Data suggests that numbers of 18-25 year olds accessing counselling in Cheshire East is increasing year on year with more numbers of younger people accessing these services, more complex referrals and considerable challenges in triaging cases to ensure that they receive the right support. This year, we have commissioned additional Getting Help, including web based chat for parents, sleep support sessions and counselling.

Supported living

We will continue to work closely with our Strategic Housing Team and engage with the provider market to ensure that we have good quality accommodation in all areas across Cheshire East. This will include a variety of supported living housing solutions to meet people's needs. We require effective solutions to support a reduction in the deterioration of people's mental health, which also promotes recovery and supports people to stay well in the community. We are keen to see innovative approaches to managing people's mental health through the use of assistive technology and other digital solutions.

Crisis care

We are continuing to review and develop new services that support admissions avoidance and ensure safe alternatives to acute admissions. The current pilot of commissioned crisis beds has demonstrated the effectiveness of provision with a less restrictive option of staying in a community short stay bed alongside beneficial interventions from the home treatment team; individuals can be supported to a positive resolution of their current mental ill health.

The current state of supply in mental health services

Complex Care Dynamic Purchasing System (DPS)

The Complex Needs DPS contains 89 providers who support people with mental health support needs aged 16 and over. The aim of the DPS is to support service users with complex mental health needs to maintain a safe place to live, whilst enabling them to recover, sustain recovery, be socially included and to gain, regain or maintain independent living skills.

Approximately 37% per cent of our current registered Complex Care DPS providers are not bidding for care packages.

Current market issues

- A focus on ways of improving early intervention in the prevention of emotional health and wellbeing issues, to minimise escalation of mental health concerns, building on our commissioned Emotionally Healthy Child Programme.
- A lack of provision in the north of the borough (Handforth, Wilmslow etc.) and the risk of a potential over supply in the south. The number of both operational and planned mental health housing developments/care and support living schemes in the south may be too great to meet demand and may not meet people's needs, nor provide cost effective solutions for the council.
- A lack of dedicated day opportunities services for adults aged 18 years and over who are experiencing or have been diagnosed with mental health problems, including those with complex needs and drug and alcohol issues.
- The commissioning of packages of care for service users who reside outside of the borough - this can be due to factors such as the individual being in hospital, or because there are limited services available locally to meet the individual(s) needs. As part of our future commissioning strategy, the needs of this complex client group need to be explored and further developed.

Direction and potential opportunities

We would welcome basic conversations with providers at this stage around what innovative, good quality and

cost-effective solutions might look like in relation to the following groups and services:

- ways to improve the early help offer for children and young people's mental health
- services that support younger adults with mental health and autism who often find it hard to find accommodation that meets their support needs.
- step-up crisis prevention/step down provision to prevent and discharge those from Tier 4 CAMHS
- accommodation and support for adults who have mental health support needs and are involved in substance misuse. This would be linked to supported living accommodation and could include those stepping down from acute in-patient settings into community settings
- care/support and accommodation for older people who have mental health support needs and extremely challenging behaviour and adults with early onset dementia
- we will be recommissioning the mental health crisis beds service in 21/22; part of the offer we will be consulting around is the development of a drop-in crisis café type facility for individuals to access during the daytime/evening
- services that can provide accommodation for those with functional mental health nursing care provision for older people
- support for 16 and 17-year olds with mental health support needs, to include accommodation and reablement and floating support services
- day opportunities services for adults 18 and over experiencing or diagnosed with mental health problems, including those with more complex mental health needs or where there are additional presenting issues such as substance misuse, homelessness etc.
- flexible models of care and support reflective of people's changing needs to ensure that we align with national agenda principles and government directives (including personalisation, increasing the uptake of direct payments/personal health budgets, and the 5-year forward view for mental health)
- innovative technology or digital solutions to support people with mental health conditions to help bolster our "front door" offer, and to help better manage demand in terms of the numbers of people accessing social care assessments (for example)
- low level services that can support demand reduction across primary, secondary, and social care services, whilst keeping people safe and well in the community, including peer support (we have adequate capacity in terms of our commissioned early intervention and prevention contract)

Carer respite (bed-based and community)

Bed-based and community-based respite care services were recommissioned in 2018 and 2019 following extensive engagement and consultation with carers, service users and organisations which support carers. Providers were also consulted to ensure the service being commissioned was viable and could be delivered. Commissioners also looked at the respite offer in other local authority areas.

It was apparent from the feedback received that bed-based respite offers a lifeline to both carers and the cared for person which enables the carer to be able to plan for regular breaks and holidays which subsequently enable them to continue in their caring role. The range of beds commissioned were extended to include nursing and physical disability support. It was also clear from the feedback that for some people, residential support wasn't the answer to supporting them to sustain their role as a carer. Community respite was therefore also commissioned to enable the cared-for person to be supported in their own home for periods of hours as opposed to an overnight stay in a care home environment.

Both the bed-based and the community respite have been impacted by the Covid-19 pandemic, with admissions to care homes for carer respite reduced due to the need for people being required to self-isolate for the duration of their stay (if 14 days or less). Furthermore, the availability of providers to offer community respite has been impacted as their focus has been on staff meeting care needs of the people they support.

However, it is also recognised that prior to the pandemic, the take up of community respite was slow and further work is required to ensure that community respite is considered a feasible support mechanism to meet the needs of carers.

The current contracts for both bed-based and community carer respite services are in place until autumn 2023. However, additional community respite services will be commissioned in 2021 to enhance the existing offer and to ensure the service is available across all parts of the borough.

Extra care housing

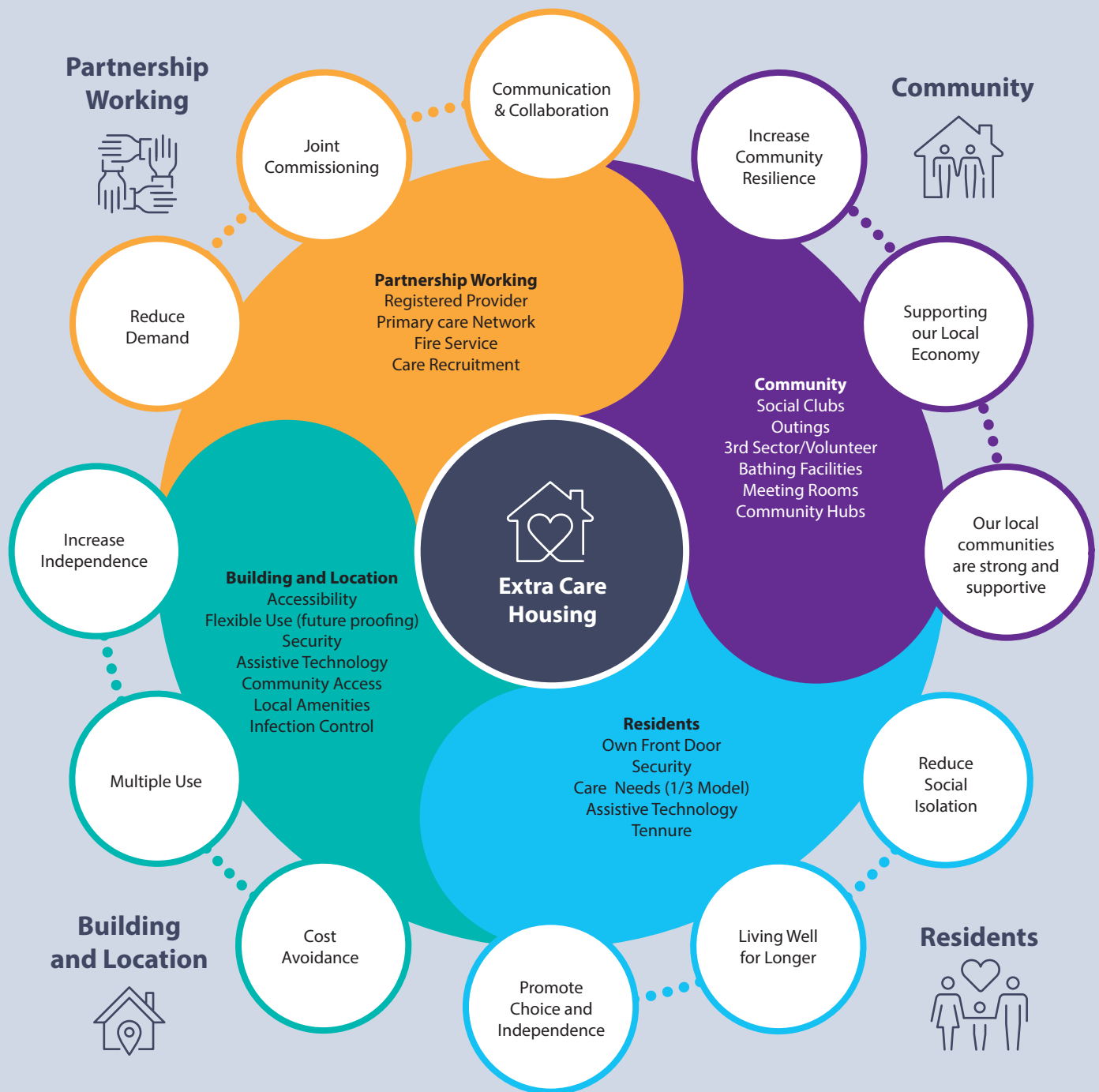
There are currently 4 extra care housing (ECH) schemes in Cheshire East, offering a total of 212 social rented, shared ownership and wholly-owned apartments. Two schemes were built using a Private Finance Initiative (PFI) grant, whilst the other two schemes were built by local registered providers. Three of the 4 schemes have mixed tenure. Each scheme has communal areas, a hair salon and other facilities which are available for residents and members of the local community to use. It should be noted that a third PFI scheme was destroyed by fire in 2019 which resulted in the reduction in Extra Care Housing offer of 132 mixed tenure apartments in the Crewe area. **Details of the existing Extra Care Housing schemes are in the table below.**

Year	Town	Housing provision
Oakmere	Handforth	53 rented, shared ownership and wholly owned apartments
Willowmere	Middlewich	71 rented, shared ownership and wholly owned apartments
Heath View	Congleton	45 rented apartments
Mill House	Nantwich	43 rented and shared ownership apartments

Waiting lists for ECH are low but are not necessarily the best indicator of demand for this service type. Currently, there are just under 50 households waiting for ECH apartments, although around half of these households are assessed as not currently in need of care and support from the onsite provider and are therefore low priority. The longest waiting list is for the Congleton scheme. However, 85% of the people on this list have no current care needs and are therefore considered to be low priority due to the need to achieve an equal balance of those with and without care needs.

The preferred model of care is based on one-third high needs, one-third medium needs and one-third low needs although the definition of high, medium and low is under review.

The council currently commissions a care provider to deliver a 24/7 presence in each of the four schemes. Current contracts are due to expire in July 2023 and will be re-procured at this time. Any opportunities will be advertised on the North West procurement portal, The Chest. It is possible that the council may consider commissioning care for additional schemes, but this would be conditional on agreement on the level and mix of residents' care needs, liability for empty apartments and possibly site-specific circumstances.



Due to the loss of the Beechmere Extra Care scheme, there has been an impact on surrounding provision and Cheshire East Council will be looking to ensure that future demand in this area will be met through ECH locally. It is a stated ambition of the council's Corporate Plan to seek through partnership working to increase the number of ECH units that meet the current and future care needs of the population.

Nationally there has been an increase in the population of older people. Cheshire East, much like the rest of the UK, has an ageing demographic. As of 2019, the population of over-65s in the borough totalled 88,200. This equates to 22.5% of the borough population. Compared to England as a whole, this is above average with that amount being 18.0%. The Ageing Well Plan discusses how we meet the needs of the ageing demographic and refers directly to the option of ECH and ensuring we provide choice and control.

Cheshire East Council aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents. As part of this work, we are committed to providing more extra care facilities, including dementia services. We want to work with partners to develop appropriate accommodation and extra care housing models and will measure the success of our actions and projects by measuring the number of extra care housing places to meet the needs of residents.

Care at home

The Care at Home service is integral to the “Home First” model, enabling people to live safely and independently in their own home for as long as possible.

We currently have two different types of Care at Home contracts, there are 9 ‘Prime’ providers and 35 ‘Framework’ providers delivering care at home throughout the borough.

The service will be recommissioned in 2022 and work is underway to reflect on the existing service and learn from the challenges currently faced.

The vision for the new service is that it will provide a more flexible offer incorporating some of the ‘add on’ care at home services which may be required at certain points in the year, for example, Rapid Response support, which is usually commissioned separately every year to support the additional resource requirements created by winter pressures.

A key aim of the recommissioning of the Care at Home contracts is to work with local care providers and service users to coproduce a truly outcomes-focused approach that enables people, wherever possible, to regain their independence and the confidence they need to achieve their desired outcomes and goals.

Ideally, the service will enable people to retain links with their local community, engaging with hobbies and interests and to continue to have a fulfilling life as an active community member. The focus will not be just about providing traditional care in somebody’s home, but about supporting people to have fulfilled lives, achieving their desired outcomes.

Rapid Response

The Rapid Response service facilitates people to return home from hospital when they are medically fit.

The service is designed to provide a short period of support, usually up to 6 weeks, to enable the person to regain the skills and confidence that may be lost due a stay in hospital. Rapid Response intervention can prevent the person from needing to access residential care, enabling people to continue their journey to wellness in familiar surroundings with the appropriate level of support. The service can also be utilised to prevent hospital admissions in some cases.

Traditionally, the Rapid Response service is stepped up to support winter pressures, ensuring that there is patient flow within the borough’s hospitals and that beds don’t become blocked with patients who are well enough to be discharged but have some ongoing care and support needs.

It is intended that the Rapid Response service will be commissioned as part of the re-commission of the wide Care at Home service to provide a holistic, timely and seamless hospital discharge process.

Accommodation with care – residential and nursing care

There are 97 CQC registered care homes across Cheshire East. This includes 43 care homes with nursing and 52 care homes without nursing. There are a total of 4,221 care home beds across the borough.

The council operates a Dynamic Purchasing System for residential and nursing care contracts with successful care home providers placed on a Framework from which individual care packages are “called off.” The service is due to be recommissioned in 2022.

Care home providers are expected to deliver high quality, safe and personalised services that promote choice, dignity, control and quality of life for all residents and provide modernised care and support services that deliver value for money.

The service types fall into the following key areas:

- residential
- nursing
- dementia
- learning disabilities and mental health
- physical disabilities
- continuing health care

The vision for the service is that people feel confident and assured that they are receiving the right support, in the right place, at the right price, to maximise their independence, aid their recovery, and build their resilience to remain healthy and safe.

This contract is designed based on people's outcomes that will be underpinning the principles of choice, control, and independence, enabling people to seek alternatives to care and support through improved access to wider community settings.

Care home providers must support residents to reduce or delay the need for more intensive care and support by:

- developing an asset-based approach to delivering services; nurturing an inclusive community which adds social value
- enabling everyone to make a contribution
- increasing independence, making the best use of local knowledge and networks
- improving the quality of life and social inclusion for residents
- engaging with local communities, providers and the council in a way that improves service effectiveness and equity across the borough
- increasing and supporting voluntary activity where appropriate
- using innovative approaches through utilising networks already in existence and developing/supporting the development of healthier, more engaged, and supportive communities
- a willingness to work in partnership with others to develop added value, which may include actively seeking funding from external sources to continue to develop and promote services locally

The council's contract management function supports the delivery of all contracted providers by having a formal contractual arrangement based on the service specification and a comprehensive performance management framework. We work collaboratively with local partners to ensure care services demonstrate value for money and are regularly monitored. Care homes are visited periodically to ensure that they are delivering quality care to residents and, where needed, to support the development of improvement plans with the care providers.

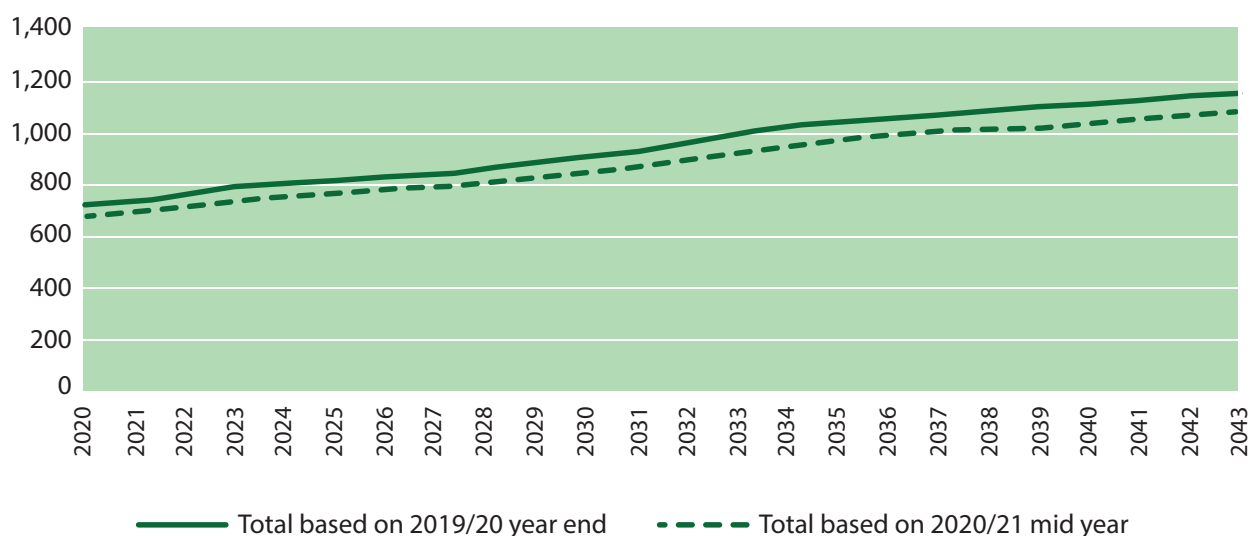
As more people are living longer, it is estimated that by 2025 the number of people with dementia in the UK will be more than 1 million. Therefore, the demand for nursing dementia beds has increased over the last 5 years.

We have also seen an increase in demand for mental health services and we are strengthening our approach to expand the mental health workforce to meet need. We want to work with stakeholders to prevent frequent out of area mental health placements, where people are placed in a care home out of their local area and to prevent people in a mental health crisis staying too long in a general and acute hospital bed where there is often a lack of psychiatric expertise.

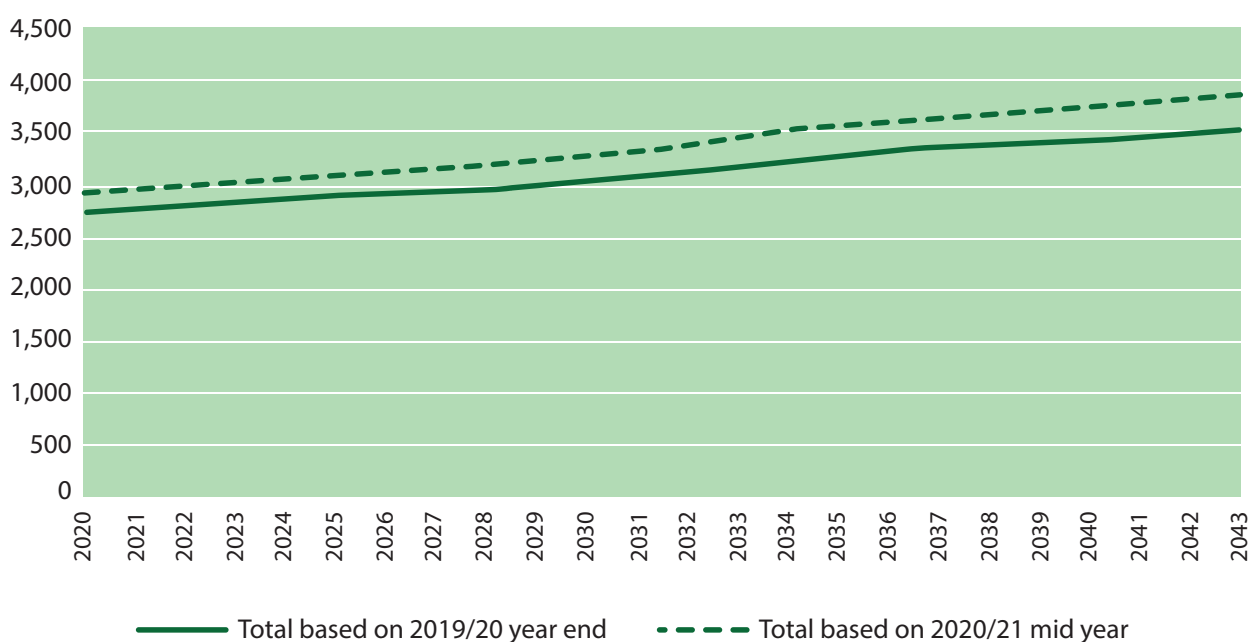
Cheshire East Council has seen an increase in need for male-only units within care homes. This will support both older men living with dementia and younger men with disabilities to receive quality care and the dignity and respect they require. Dedicated male units will help to tackle the loneliness men can feel and activities can be tailored to the hobbies the residents enjoy. For some men living with dementia, managing relationships can become difficult and lead to behaviours that challenge others within a mixed sex setting. By establishing a male-only dementia unit, the environment can support men to live positively and at ease.

Cheshire East Council aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents. As part of this work, we are committed to supporting the development of more extra care facilities, including dementia services. We want to work with partners to develop appropriate accommodation and extra care housing models and will measure the success of our actions and projects by measuring the number of extra care housing places to meet the needs of residents.

Long term support service users forecasts 2020-2043: Cheshire East - all Residential service users



Long term support service users forecasts 2020-2043: Cheshire East - all Community service users



Please note: These projections relate to service users receiving 'Long Term Support (LTS)' funded or arranged by the local authority. This will include 'full cost' service users known to the local authority but will not include those who arrange and fund their own care independently of the local authority ('self-funders') or those solely funded by other organisations such as the NHS.

As you can see from the above table forecast a rise in demand for community services with an increase in the actual spend from approx. £38,000 in 2019 to approx. £45,000 in 2020. There has also been a decline in the number of people requiring permanent care. It will take time to accurately determine the long-term impact of the COVID-19 pandemic on the demand for nursing and residential care. As we move to recovery from the pandemic, there is evidence that the need and demand for more community-based services is increasing.

The council is looking to work with the care home market to support providers, where appropriate, to diversify their service offer and business models to ensure that the care market is responsive to changes in need and demand and enables people to lead more independent and fulfilling lives.

Dementia

Currently in draft form, the Cheshire East Place Dementia Strategy is a joint strategy between Cheshire East Council and NHS Cheshire CCG. Stakeholders/partners have already been pivotal in developing the Strategy and have been engaged with to ensure it has been developed collaboratively. Council and health commissioners have worked together to map out what the pathway for those living with dementia and their carers/families currently looks like across Cheshire and have identified gaps and areas for further improvement.

Common themes resulting from the engagement and consultation are as follows:

- those living with dementia and their carers feel they don't have a voice at a strategic level with the council
 - too much information is online
 - lack of bereavement support and signposting
 - need for earlier care planning discussions with people affected by dementia.
 - need for age-appropriate services/activities for those with early onset dementia
 - LGBT+ issues - care at home and accommodation with care providers are being trained accordingly to gain an understanding of the specific issues people in this group may face
- Our focus will be on:**
- reviewing and improving pathways for residents living with dementia and their carers across Cheshire East, looking at good practice and where it can be replicated to ensure that ALL residents are supported with a positive journey (from the Preventing Well up to and including Dying Well pathways)
 - investigating options to improve person-centred care planning for people affected by dementia
 - looking at what community and voluntary groups/organisations can offer and ensuring that this is effectively promoted
 - raising awareness of what support/information is available, and looking at innovative ways to share information/raise awareness (other than via an online portal)
 - developing guidance for frontline practitioners regarding carers who may experience intentional or non-intentional domestic abuse
 - developing and providing training for accommodation with care (care homes) and care at home (domiciliary care) staff
 - looking at how we can improve support to those living with a learning disability and their carers - individuals with a learning disability face a heightened risk of early onset dementia, and this may therefore place different demands on dementia services/carers
 - working on giving those living with dementia and their carers a voice at a strategic level
 - developing an annual Dementia Action Plan

10. Planned commissioning and procurement for 2021/22

All details about commissioning and procurement opportunities are published on the Chest Procurement Portal. Suppliers are able to register on the Chest for procurement opportunities that are of interest to them. Suppliers will then receive notifications of commissioning and procurement opportunities, including opportunities to engage with commissioners during market engagement events, bidders days or one to ones.

Integrated and joint commissioning and procurement arrangements across Health and the Local Authority will be developed at local Place level (Cheshire East) and through the formation of the Cheshire and Merseyside Integrated Care System (ICS). The Market Position Statement will be therefore be updated as these arrangements evolve, including the publication of future procurement opportunities.

Service area	Contract end date
Children's Early Help Volunteer Service	New Commission
North West SEND FPS - Phase 2 (Post 16 yrs)	Nov 2021
Assistive Technology (Joint Commission via BCF)	31st December 2022
Prepaid Cards	31st March 2022
Healthwatch	31st March 2022
Carers' Hub (Joint Commission via BCF)	31st March 2022
Adult Advocacy	31st May 2022
Early Help Framework	30th June 2022
Care Leavers Mentoring	31st July 2022
Direct Payment Support Service	30th September 2022
One You (Lifestyles)	30th September 2022
Sensory Impairment Service	30th November 2022
Care at Home Framework (Adults)	9th September 2022
Prepaid Cards Care at Home Framework (Children and Young People)	9th September 2022
Accommodation with Care Framework	30th November 2022

11. Glossary

Adult social care assessment	<p>The process of gathering information about an individual's circumstances. The assessment identifies needs that are eligible for care and support. The care and support plan helps individuals to identify what support is needed to achieve identified outcomes. The care and support plan is used to source packages of care from providers of care services</p>
Assessments of children	<p>An assessment is a discussion that involves collecting and reviewing information about people with the aim of understanding their situation and determining recommendations for any further involvement.</p>
Anchor Institution	<p>The term 'anchor institutions' is used to refer to organisations which:</p> <ul style="list-style-type: none"> - Have an important presence in a place, usually through a combination of: being largescale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. - Are tied to a particular place by their mission, histories, physical assets and local relationships. Examples include local authorities, NHS trusts, universities, trade unions, large local businesses, the combined activities of the community and voluntary sector and housing associations.

Brokerage	The council's Brokerage Team will source care packages with service providers on behalf of service users to make sure that they receive the best service available to meet their support needs.
Children in need	Children in need are defined in law as children who are aged under 18 and: need local authority services to achieve or maintain a reasonable standard of health or development. need local authority services to prevent significant or further harm to health or development.
Commissioning	The planning, design, purchasing, and monitoring of services. Commissioners are officers who do the planning and design, Contract Managers and Quality Assurance Officer do the monitoring of services.
Compliance	Making sure that the service provided is that which was set out in the service specification.
Coproduction	Services that are designed, delivered and monitored together in partnership for example with the Council, Health, Suppliers/Providers, service users, carers and communities.
Decommissioning	Ending services that are no longer required as part of a continuous cycle of commissioning.
Direct payment	Any part of a personal budget which the service user has chosen to have paid directly to them so they can make their own arrangements to meet the outcomes, as agreed in their support plan.

Early Help assessment	We offer Early Help support when families need some extra help and support to keep their children safe and well. In Cheshire East, we use 'Signs of Wellbeing' at Early Help to make sure that children, young people and families are at the centre of decision making, as families are the experts on what works for them.
Eligibility for social care	There are guidelines to work out if a person is eligible or not for services. The criteria help us make sure that councils treat everyone fairly and that the people who are most in need of help receive it.
Market	Organisations, providers or suppliers, whose primary business is to deliver patient care, treatment or services.
Outcomes-focused	A service that is based on what outcomes the service user wants to achieve as set out in their personal support plan rather than on the time required to do a task.
Packages of support	All the different types of care and support an individual receives following assessment.
Personal budget	This is the money allocated for your social care, which comes from social care funding only.
Personalisation	A way of describing how support for people will be provided. It affects social care services as well as other public services. The idea behind personalisation is to give people real choice and control over the support they receive as opposed to other people deciding for them. People can choose to be involved in planning and organising their own support or they can choose others to do it for them.

Prevention/ Preventative services	Self-help, support, and services that help people maintain their health, wellbeing and independence.
Procurement	Purchasing of services from organisations external to the council or Health.
Place Based	Place based refers to a general planning approach, which emphasizes the characteristics of places as a starting point for planning and development. Place based insight, demand and outcomes information has a geographical position. For this paper the 'Place' is the borough of Cheshire East
Reablement services	Services that help people to re-learn skills or develop independence for example following a hospital stay.
SEND	Special Educational Needs and/or Disabilities
Social enterprise	A business that helps people or communities.
Step down	Going from a service for higher level needs to a service for lower level needs.
Transition	The period (and services) when young people go to secondary school, or from children's services to adult services. Also the period (and services) going from general adult services to service for older people.
Vulnerable adults	Someone aged 18 or over who is, or may be, in need of community services due to age, illness or a mental or physical disability or who is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation.

A summary of responses to Cheshire East Council's

Market Position Statement Consultation



Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement 2021/25

Summary of results

The consultation response

In total, 26 survey responses were received, including from the following organisations:

- Alternative Futures Group
- Alzheimer's Society
- Enhance Social Care
- Liverpool University Hospitals NHS Foundation Trust
- National Care Group
- Promises of care
- Rowans
- Safe Sanctuary Living Ltd
- The Flamelily Healthcare.

Voluntary, Community, Faith and Social Enterprise (VCFSE) and Care Provider workshop events were also held with 13 organisations about the Market Position Statement – a summary of these workshops can be found in Appendix 1.

Headline results

Survey respondents were largely supportive of the Market Position Statement:

- 88% agreed with the key messages for providers.
- 81% agreed with the messages to the whole market.
- 81% agreed with the messages for providers of public health, early intervention, and community services.
- 81% agreed with messages for providers of care and support to adults.
- 76% agreed with the commissioning strategy and market opportunities.

Furthermore, all 13 organisations that attended the MPS workshops agreed with the key messages and agreed that this is the right approach.

A slightly lower proportion of survey respondents (57%) agreed with the messages to providers of children and young peoples services.

Written comments

Respondents commented on the different sections of the strategy, and these comments can be found presented verbatim throughout this report.

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Report produced 21 September 2021 by the Research and Consultation Team, Cheshire East Council. Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the consultation

Between 20 July and 15 September 2021 Cheshire East Council consulted on a newly drafted joint Market Position Statement (MPS).

A Market Position Statement (MPS) is a document published by commissioning authorities which summarises the supply and demand in a local authority area. The MPS brings together local information and analysis relating to commercial opportunities within the public health, health, and social care market in that area.

The MPS had been developed as a joint document across health and social care to ensure consistent messages are provided for the market. The Cheshire East MPS has been developed to take an all-age approach.

Consultation promotion and responses

The consultation survey was widely promoted on the council's website, through partner organisations and on social media.

In total, 26 survey responses were received, including from the following organisations:

- Alternative Futures Group
- Alzheimer's Society
- Enhance Social Care
- Liverpool University Hospitals NHS Foundation Trust
- National Care Group
- Promises of care
- Rowans
- Safe Sanctuary Living Ltd
- The Flamelily Healthcare.

Voluntary, Community, Faith and Social Enterprise (VCFSE) and Care Provider workshop events were also held with 13 organisations about the MPS – a summary of these workshops can be found in Appendix 1.

Key messages for providers

88% of survey respondents agree with the key messages for providers as set out in section 3 of the Market Position Statement.

How strongly do you agree or disagree with the key messages for providers?



Number of responses = 26

All comments received on the key messages for provers are printed verbatim below.

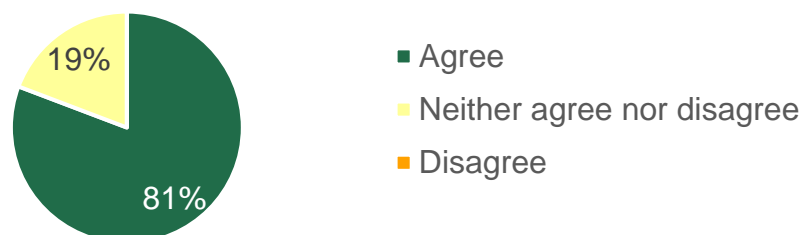
Comments on the key messages for providers:

This is fine on paper, in reality it will be near impossible to provide. how many admin, fat cats will be employed. health care is so fragmented, and non-existent, I do not think this will be improved any time soon.. There appears to be more hype than what the people will receive.

Messages to the whole market

81% of survey respondents agree with the messages to the whole market as set out in section 5 of the Market Position Statement.

How strongly do you agree or disagree with the messages to the whole market?



Number of responses = 26

No comments were received on the messages to the whole market.

Commissioning strategy and market opportunities

76% of survey respondents agree with our commissioning strategy and market opportunities as set out in section 6 of the Market Position Statement.

How strongly do you agree or disagree with our commissioning strategy and market opportunities?



Number of responses = 25

All comments received on our commissioning strategy and market opportunities are printed verbatim below.

Comments about our commissioning strategy and market opportunities:

Idea does not match your realities.

Messages to providers of children and young people services

57% of survey respondents agree with the messages to providers of children and young peoples services as set out in section 7 of the Market Position Statement.

How strongly do you agree or disagree with the messages to providers of children and young peoples services?



Number of responses = 23

All comments received on the messages to providers of children and young peoples services are printed verbatim below.

Comments about the messages to providers of children and young peoples services:

Does not really directly apply to our area of expertise, but transport is a key link across all services.

Messages for providers of public health, early intervention, and community services

81% of survey respondents agree with the messages for providers of public health, early intervention, and community services as set out in section 8 of the Market Position Statement.

How strongly do you agree or disagree with the messages for providers of public health, early intervention, and community services?



Number of responses = 26

All comments received on the messages to providers of children and young people's services are printed verbatim below.

Comments about the messages for providers of public health, early intervention, and community services:

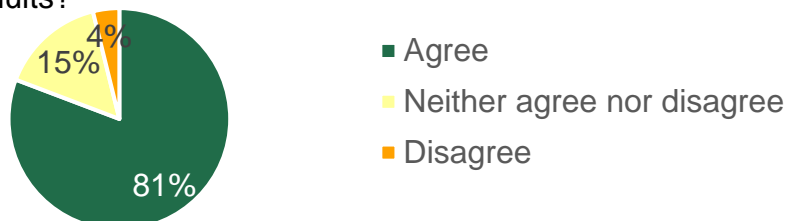
This would be good if was possible, was implemented, but this is very, very unlikely to happen, red tape and jobs for the boys

There is a need for greater collaboration between the health services and those in the community like the Churches which wish to help them with their work in their communities. While there is an emphasis of 'working with', there needs to be care that this does not revert to 'working/doing for' as in the past!

Messages for providers of care and support to adults

81% of survey respondents agree with messages for providers of care and support to adults as set out in section 9 of the Market Position Statement.

How strongly do you agree or disagree with the messages for providers of care and support to adults?



Number of responses = 26

All comments received on the messages for providers of care and support to adults are printed verbatim below.

Comments about the messages to providers of children and young peoples services:

In regards to the mental health section in section 9, I regularly have clients tell me that the services listed in this section either not appropriate or not available to them and a lot of clients state they feel stranded or abandoned by services.

Commissioning for outcomes as opposed to purely an hourly rate has to be far more economically advantageous. If an hour is commissioned it can be an hour of task based support, but outcome commissioning can introduce innovation.

Using assistive technology for multiple services. Use it as an early intervention service to reduce impact on social care front door, include as part of reablement hospital discharge to reduce likelihood of re-admissions to hospital and longer term care. Referral from GPS to AT managed by LA provider to give system wide prevention data longitudinal evidence of AT when deployed earlier in later life to increase the likelihood of living at home.

Final survey comments on the MPS

Final comments received on the MPS are printed verbatim below.

Any other comments on the Market Position Statement:

Am just wondering whether the issue of lack of services in North of East Cheshire is due to pressure from local residents and whether there is a way of directly discussing and addressing this with local communities, given it can mean that people are then forced to live away from their families. Greater engagement definitely feels to be the way forward but it would be good to have some tangible plans as to how that will happen. Lastly, MPS references wanting to open dialogue with providers around areas of support; it would be good to know how and when this will happen or whether it is down to providers to approach on an informal basis. Great to have the opportunity to feed into the process,

It is a very thorough and robust documentation, the use of digital technology needs to feature alongside all care models. There are a good few innovators in the digital world that can or should be able to really influence how we think about and deliver care

These are fine on paper ,the reality of giving care is another thing .we have no joined up care ,people are waiting for years for care .I do not see much changing for people .there needs to be action ,seen to be ,not just words ..If these policies and aims are met I shall be gobsmacked.

This is an impressive analysis which will act as a good source of reference. I look forward to its successful and transparent implementation!

Very pleasing to see themes such as Coproduction, early intervention, holistic whole system approach and so on. It is crucial to ensure the inter-connectedness of issues and how to resolve them. This is very clearly demonstrated in Social Value and Social Impact modelling, and the creation of independence in thought and action allows individuals to do more themselves, rather than becoming reliant on having services provided to them.

Whilst it is admirable to see such a comprehensive strategy, and we welcome the transparency, the key messages are really the same as they have been for years. What is missing is how is the council is going to support the provider sector? Impossible recruitment and poor hourly rates means that all the strategies in the world will just not work until this is addressed.

Appendix 1 – MPS workshop feedback

Alongside the survey conducted to gather feedback on the Market Position Statement, some Voluntary, Community, Faith and Social Enterprise (VCFSE) and Care Provider workshops were also held to discuss the MPS.

In total 13 organisations attended these workshops, and in general:

- All 13 organisations agreed with the key messages.
- All 13 organisations agreed that this is the right approach.

Feedback received as part of the workshops is summarised below.

Workshop feedback on the key messages:

I like the focus on flexible commissioning models and early intervention and prevention.

The 7 day working approach is ambitious and a big ask, especially for wider services such as the VCFSE sector.

The concept of a focus on early intervention and prevention is positive, but 'how' will you achieve the shift?

Need a focus on localism.

Workshop feedback on the MPS as a whole:

Need to reflect and understand the differences between sectors, you can't shape the VCFSE to be replicas of the Council or Health. You need to reflect the unique positive role of the VCFSE sector

Need to reflect the need for longer more sustainable contracts

We like to market engagement and coproduction sections, true engagement and coproduction should ensure that commissioners 'listen' to the market and shape/design services together, rather than being too prescriptive.

Commissioners need to work with the VCFSE sector to understand local need and demand, its not just about the data

We need mechanisms to enable local organisations to communicate local insight to commissioners

How will you communicate MPS developments to local suppliers?

The VCFSE Leaders Group / Cheshire Social Action Partnership will be a good mechanism for ongoing engagement with regards to the MPS with the VCFSE sector

How will you collaborate with Care Providers to develop hourly care rates?

Appendix 2 – Email feedback

Email feedback received on the MPS is printed verbatim below.

Email received 17/09/2021:

Thanks for the meeting and presentation.

I spent many hours reading the MPS and importantly the detailed references (a real and interesting learning curve).

I found the report to be well written with some interesting models for delivery and community engagement. Might suggest a summary of the key recommendations up front would be useful. So from a Veterans perspective I thought you might find the following comments to be of interest:

One theme is how East Cheshire identifies a patchwork of services and aims to bring them together - collaboration rather than consolidation (page 28). The next page describes connected communities place infrastructure. Where do Veterans organisations fit - presumably through the VCFSE, but given the number and range of Veterans organisations could they not be highlighted in their own right? Looking at the Dementia page 53 - column, 3rd bullet – is this a possible invitation for the Veteran voluntary sector to work closely with Cheshire East/ NHS?

An overarching comment - there is mention of the impact of COVID on finances - but did not see comment on how COVID has affected death rates and life expectancy. I saw an article in Guardian online today which highlights PHE figures of decrease in men by 1.3 years to 78.7 years, and 0.9 years decrease to 82.7 years for women.

Finally, what is the potential impact of the Central Government developments upon the MPS. Happy to add some 'flesh' to the comments above and other areas. I am a great believer in 'demand driven' solution architecture (informed by intelligence 'fusion'), agile delivery, effective communication and accountability.



Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement

2021/25

Work Programme – Children and Families Committee – 2021/22

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
CF/34/21-22	10 Jan 2022	Cheshire East Safeguarding Children Partnership Annual Report	To receive the annual report of the Safeguarding Children Partnership.	Director of Children's Social Care	N/A	N/A	No	A council which empowers and cares about people	
CF/22/21-22	10 Jan 2022	Children and Families Scorecard Q2	To consider key performance measures.	Interim Director of Children's Services	N/A	N/A	No	A council which empowers and cares about people	
CF/35/21-22	10 Jan 2022	Finance Third Quarter Review	To receive an update on the financial position for 2021/22. To note or approve virements and supplementary estimates as required.	Director of Finance and Customer Services (s151 Officer)	N/A	N/A	No	An open and enabling organisation	
CF/36/21-22	10 Jan 2022	Medium Term Financial Strategy	Respond to budget consultation for Children and Families Services.	Director of Finance and Customer Services (s151 Officer)	Yes	Yes	Yes	An open and enabling organisation	
CF/21/21-22	10 Jan 2022	School Capital/ Organisation - New School/ Expansions	To consider and approve proposals around school capital/ organisation.	Director of Education and 14-19 Skills	TBC	TBC	Yes	A council which empowers and cares about people	
CF/23/21-22	10 Jan 2022	Self-Evaluation of Children's Services	To receive the self-evaluation of services which shows the quality and impact of services.	Interim Director of Children's Services	N/A	N/A	No	A council which empowers and cares about people	
CF/39/21-22	10 Jan 2022	Transition - Support the Council Gives to Disabled Young Adults	To approve the proposal around transition and the support the Council gives to disabled young adults.	Director of Adult Social Services		Yes	Yes	A council which empowers and cares about people	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
CF/15/21-22	14 Feb 2022	Mental Health Spotlight Review - 12 Month Review of Progress	To receive an update on progress against the Mental Health Spotlight review completed by Children and Families Overview and Scrutiny Committee.	Director of Early Help and Prevention	N/A	N/A	No	A council which empowers and cares about people	
CF/24/21-22	14 Feb 2022	Schools Funding Formula and Early Years Funding Formula	To approve the schools funding formula and early years funding formula.	Director of Education and 14-19 Skills	TBC	TBC	No	A council which empowers and cares about people	
CF/30/21-22	24 Mar 2022	12 Month Report on Member Frontline Visits to Safeguarding Teams	To receive an update on the findings from member frontline visits carried out over the last 12 months.	Director of Children's Social Care	N/A	N/A	N/A	A council which empowers and cares about people	
CF/28/21-22	24 Mar 2022	Annual report on SEND Recovery Plan	To receive an update on the impact of work over the last 6 months in regards to SEND.	Director of Education and 14-19 Skills	N/A	N/A	No	A council which empowers and cares about people	
CF/26/21-22	24 Mar 2022	Children and Families Scorecard Q3	To consider key performance measures.	Interim Director of Children's Services	N/A	N/A	No	A council which empowers and cares about people	
CF/27/21-22	24 Mar 2022	Home to School Transport Policy	To approve the operational home to school transport policy.	Director of Education and 14-19 Skills	TBC	TBC	No	A council which empowers and cares about people	
CF/25/21-22	24 Mar 2022	School Capital/Organisation - New School/Expansions	To consider and approve proposals around school capital/ organisation.	Director of Education and 14-19 Skills	TBC	TBC	Yes	A council which empowers and cares about people	
CF/18/21-22	TBC	DSG Management Plan	To receive an update and monitor delivery of the high needs management plan.	Director of Education and 14-19 Skills	N/A	N/A	No	A council which empowers and cares about people	

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Corporate Parenting Committee**
held on Tuesday, 14th September, 2021 at Council Chamber, Municipal
Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor K Flavell (Chair)

Councillors R Bailey, J Barber, M Beanland, J Buckley, C Bulman, P Butterill,
S Holland, D Jefferay, L Wardlaw

ALSO PRESENT

Kerry Birtles – Director of Children’s Social Care
Annemarie Parker – Head of Service: Cared for Children and Care Leavers
Gill Betton – Head of Service: Children’s Development and Partnerships
Keith Martin – Head of Service: Children with Disabilities and Fostering
Laura Rogerson – Head of Service: Inclusion
Steve Nevitt – Service Manager for Care Leavers
Sarah Probert - Mockingbird Team Manager
Sam Ankers - Team Manager for Care Leavers
Emma Lawton – Youth Justice Service
Sarah Sturmey, Pure Insight CEO and Founder
Sue Pilkington – NHS Cheshire CCG
Josie Lloyd – Democratic Services Officer

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors J Saunders, G
Hayes, D Marren and S Handley. Councillors M Beanland and L Wardlaw
attended as substitutes.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING

RESOLVED –

That the minutes of the meeting held on 30 March 2021 be approved as a
correct record.

4 CORPORATE PARENTING PROGRESS REPORT AND SCORECARD Q1

The committee received a report which outlined how the service is delivering the priorities for cared for children and care leavers, as set out in the Corporate Parenting Strategy.

A question was raised regarding the scorecard figures for the average number of days between entering care and moving in with adoptive family and the average number of days between placement order and match with adoptive family, both of which were higher than the national average. It was noted that this was an area which was significantly impacted by Covid-19 and it was expected that this would recover. It was also noted that the national average was pre-Covid and, while comparative figures had not yet been collated, it was expected that a similar position would be seen nationally.

A further question was raised regarding the participation and engagement survey and what was being done to address the concerns of the children and young people who did not rate their experiences positively. A further report would come back to the next committee meeting and future reports would include further detail. It was noted that the majority of responses were positive; however, for a small number of children, their responses suggest there is more work to do.

RESOLVED –

That the report be noted.

5 CORPORATE PARENTING COMMITTEE ANNUAL REPORT 2020-21

The committee received the Corporate Parenting Committee Annual Report which detailed the progress and achievements over 2020-21 against the five pledges the Council has made to cared for children and care leavers in the Corporate Parenting Strategy, as well as the Terms of Reference for the Committee and the priorities for 2021-22.

It was noted that My Voice (our Children in Care Council) has sessions taking place most weeks. Members of the committee were invited to visit and noted that this could be arranged in advance through Annemarie Parker.

A question was raised as to the number of care leavers who the service are in contact with as the report states this is the case for the 'vast majority'. It was noted that this is a fluid number but that future reports will include percentages.

A further question was raised regarding the completion rate of Personal Education Plans (PEPs) to a good or better standard being at over 85%

and what could be done to reach 100%. Assurances were given that there are robust tracking systems in place and that work will be done to link directly with social workers and schools to ensure PEPs are not missing. It was noted that the 15% without completed PEPs is largely due to missing information, rather than poor quality, and that work is being done to rectify this.

RESOLVED –

1. That the committee endorse the Corporate Parenting Committee Annual Report 2020-21 as set out at Appendix 1 in the report.
2. That future reports detail the percentage of care leavers who are remaining in touch with the service.

6 PREPARATION FOR ADULTHOOD ANNUAL REPORT AND SERVICE PLAN

The committee received a report outlining the impact of the work being done to prepare young people for adulthood.

It was noted that the care leavers service has continued to grow and that the number of care leavers being supported by Cheshire East has risen from 337 to around 400 since the report was written.

The committee noted that the temporary £20 Universal Credit uplift arising from the pandemic was due to end and that this will affect care leavers within the borough. Assurances were given that the impact of this will be looked at on an individual basis.

A question was raised regarding challenges with cared for children and young people accessing dental appointments and whether feeling a lack of control could be a contributing factor. It was agreed that this would be taken away and potential factors impacting access to dental care would be looked into further.

RESOLVED –

1. That the report be noted.
2. That Kerry Birtles take away the question regarding barriers to accessing dental care for health colleagues to look into.

7 PROPOSAL TO DEVELOP A NEW CORPORATE PARENTING STRATEGY

The committee received a report setting out the proposed approach to the development of a new Corporate Parenting Strategy for Cheshire East to improve outcomes for cared for children and care leavers.

RESOLVED –

1. That the committee endorse the proposed approach to the development of a new Corporate Parenting Strategy as set out in the report.
2. That the committee endorse the existing plan for 2021.

8 CHESHIRE EAST MOCKINGBIRD FAMILY MODEL

The committee received a report providing a summary of the Fostering Service's implementation of the Mockingbird Family Model. It was agreed that this was a positive piece of work and it was noted that the next step would be to replicate this model in the north of the borough.

A concern was raised about the reports presented at today's meeting not including any rural implications. It was agreed that Kerry would look into ensuring this is considered for all future reports to the committee.

RESOLVED –

1. That the committee note the report.
2. That Kerry Birtles look into rural implications for future reports.

9 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED –

That the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

10 YOUTH JUSTICE SERVICE PRESENTATION ON SUPPORT TO CARED FOR CHILDREN

The committee agreed to defer this item due to technical issues.

RESOLVED –

That the item be deferred to the next meeting.

11 PURE INSIGHT REPORT

The committee received a report on the delivery of services provided by Pure Insight to Cheshire East care leavers.

RESOLVED –

That the report be noted.

The meeting commenced at 16:00 and concluded at 18:10

Councillor K Flavell

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Schedule of Urgent Decisions

Urgent decisions made following Member consultation

Date	Summary of decision	Decision on behalf of	Members, MO/S151 consulted	Status
23.09.21	To undertake an accelerated procurement to recommission two residential Children's Homes.	Children and Families Committee	Yes	Completed

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