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Health and Wellbeing Scrutiny Committee

Agenda

Date:	**Thursday, 12th September, 2013**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

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

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 6)

   To approve the minutes of the meeting held on 13 June 2013

3. **Declarations of Interest**

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

4. **Declaration of Party Whip**

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

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: James Morley
Tel: 01270 686468
E-Mail: james.morley@cheshireeast.gov.uk

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

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

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

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

6. **Cheshire and Wirral Partnership's Learning Disability Service Redesign** (Pages 7 - 14)

To consider a report and presentation from CWP representatives on its Learning Disability Service Redesign

7. **Cheshire and Wirral Partnership's Community Mental Health Service Redesign** (Pages 15 - 20)

To consider a report and presentation from representatives of CWP on the implementation of its Mental Health Service redesign

8. **Health and Cared for Children Task and Finish Group Final Report** (Pages 21 - 60)

To consider the report and recommendation of the Health and Cared for Children Task and Finish Group's review for approval and submission to Cabinet

9. **Overview and Scrutiny Protocol between Cheshire East Council, Clinical Commissioning Groups and NHS England** (Pages 61 - 70)

To approve the Protocol between the Council, South Cheshire CCG, Eastern Cheshire CCG & NHS England for Health Overview and Scrutiny

10. **Work Programme** (Pages 71 - 74)

To review the current Work Programme (attached).

Agenda Item 2

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 13th June, 2013 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor L Jeuda (Vice-Chairman)

Councillors I Faseyi, W Livesley, A Moran, J Saunders and M J Weatherill

Apologies

Councillors R Domleo

ALSO PRESENT

Councillor Don Beckett – Cheshire West and Chester Council
Councillor J Clowes – Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner – Cabinet Support Member
Tim Butcher – North West Ambulance Service NHS Trust
Bernadette Bailey – NHS Eastern Cheshire Clinical Commissioning Group

OFFICERS PRESENT

Guy Kilminster – Corporate Manager Health Improvement
James Morley – Scrutiny Officer

130 **MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting on 9 May 2013 be approved as a correct record and signed by the Chairman.

131 **DECLARATIONS OF INTEREST**

There were no declarations of interest

132 **DECLARATION OF PARTY WHIP**

There were no declarations of party whip

133 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public wishing to speak

134 **NORTH WEST AMBULANCE SERVICE QUALITY ACCOUNTS 2012/13**

Tim Butcher, Assistant Director of Performance and Improvement at North West Ambulance Service NHS Trust (NWAS), attended the meeting to present an overview of the NWAS Quality Account for 2012/13. In his summary of the quality account Tim Butcher highlighted the following points:

- NWAS's focus was on quality of service. This was a change from focusing on how quickly ambulances responded to emergencies towards providing assurance of high quality care.
- The Trust was in the final stages of its application to become a Foundation Trust and was confident of being successful due to its commitment to identifying and improving the quality of service.
- One of the aims was to provide the right care at the right time in the right place. There was an increased expectation on staff to ensure patients with specific issues (e.g. diabetes) received the precise care they needed.
- The Trust had met all national operational response time targets for the year.
- The Trust had an extremely positive inspection report from the Care Quality Commission (CQC).
- An extensive and effective programme of engagement with patients had shown very high levels of satisfaction with both Emergency and Patient Transport services.

The Committee asked questions and the following points arose:

- In 2011 the CQC had criticised NWAS for the poor quality of cleanliness in the Trust's Vehicles (i.e. Ambulances) however as a result of this analysis the Trust had made improvements within 3 months. Since then an effective structure of monthly cleaning for each vehicle and independent infection audits meant that cleanliness was under control.
- Members were concerned whether high demand and long waiting times at A&E departments had a knock on effect on patient turnover from ambulances. Turnover of patients had been decreasing and response time targets were being achieved however it was not always possible to guarantee that ambulances would not be held up by slow turnover during particularly busy periods for A&E departments.
- The Committee wanted reference to the relationship between NWAS, Air Ambulance and St John's Ambulance to be referred to in the report.
- The Trust had a list of initiatives for improving care for patients with mental health issues. Some of these were already in place and others were set to be implemented in the coming year. The results of this initiative would be reported in next year's quality accounts.

RESOLVED:

(a) That Tim Butcher be thanked for attending the meeting.
(b) That the draft Quality Account be noted.

(c) That the Committee's comments be formally submitted to North West Ambulance Service NHS Trust and requested to include in its final Quality Account for 2012/13.

135 **AGEING WELL PROGRAMME ANNUAL REPORT**

Bernadette Bailey attended the meeting to present the Ageing Well Programme Annual Report for 2012/13. This was the first annual report after the Ageing Well Programme had been established in 2012. The programme was seeking to make the Borough a good place to grow old. It was based on seven work streams which reflected the issues that older people had highlighted were most important to them. Bernadette mentioned some of the Programme's highlights over 2012/13 including:

- Be Steady, Be Safe exercise classes to help reduce risk of falls.
- Improving access to information on specialist housing options.
- Awareness raising campaign about home safety issues and preventing falls.
- Developing lists of reliable trades people to whom people could be signposted.
- Establishing the Income and Employment work stream from many diverse areas involved in promoting income, employment and preparing for later life.

The Cheshire Living Well, Dying Well Partnership had been established and aimed to improve health and wellbeing by normalising death and dying in society and supporting a change in attitudes and behaviours to encourage people to discuss and plan for the end of their lives. Plans for the second year of the Ageing Well Programme included:

- Future development of schemes such as Street Safe and Falls Awareness E-Learning.
- Reducing social isolation.
- Tackling fuel poverty.
- Developing community transport grants.
- Improving links with other programme to encourage closer working and ensure there are no gaps in services.

The Committee asked questions and the following points were made:

- The Committee wished to see more intergenerational networking between over 50s and schools, particularly involving computer training for old people delivered by school pupils.
- Social Isolation initiatives needed to consider how people with mobility issues would be targeted as these people would struggle to leave home to attend events.
- People were being encouraged to be proactive about planning for retirement and their end of life. The Good Retirement Show would educate people about what to expect in retirement and support people in making decisions for their later life.

- Parish Councils could use local information to identify the needs of people in their area and plan actions to address those needs. The Programme would engage with Cheshire Association of Local Councils (ChALC) to see how parishes could contribute to coordinating services and community efforts more locally.
- Some health and wellbeing issues related to stress caused by financial problems. The Programme could engage other sectors, besides health and social care, such as banking and commerce whose services had an indirect contribution to health and good living to publicise what help and support they are able to offer people to improve their wellbeing (e.g. mortgage advice).

RESOLVED:

(a) That Bernadette Bailey be thanked for attending.
(b) That the Ageing Well Programme Annual report 2012/13 be noted.
(c) That the Committee's comments be shared with the Ageing Well Programme Board.

136 **WORK PROGRAMME**

The Committee considered the work programme. No suggestions for changes or additions to the work programme were made.

RESOLVED – That the work programme be noted.

137 **HEALTH AND WELLBEING BOARD UPDATE**

Councillor Janet Clowes, the Chairman of the Health and Wellbeing Board gave an oral update of the Board's recent activity. Councillor Clowes informed the Committee that the Board held monthly meetings alternating between formal public and informal private meetings each month. At its most recent meeting the Board had considered the health elements of the Local Plan and the introduction of Health Impact Assessments (HIAs) into the planning process. Councillor Clowes informed the Committee that the Health and Adult Social Care Policy Development Group was developing a policy and toolkits for HIAs. She suggested that in the future the Committee would be able to assess effectiveness of the policy and toolkits in ensuring housing and other developments had a positive impact on health.

Councillor Clowes also presented the Committee with a diagram illustrating the major projects in the Health & Adult Social Care, Sports & Leisure Portfolio. Projects included: creating a leisure charitable trust; supported housing strategy; adult social care funding reform; Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JSNA & JHWS); and the Director of Public Health Annual Report.

RESOLVED – That the update be noted.

138 **CHAIRMAN'S ANNOUNCEMENT**

Before closing the meeting the Councillor Baxendale announced that he was stepping down as Chairman and retiring from the Committee with immediate effect. He thanked the Committee for their cooperation during his time as Chairman and stated that he was looking for a challenge in a new area after many years involvement in health.

RESOLVED – That the thanks of the Committee be extended to Councillor Baxendale for his commitment and hard work during his time as Chairman and wish him well for the future.

The meeting commenced at 10.00 am and concluded at 11.45 am

Councillor G Baxendale (Chairman)

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Agenda Item 6

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 12th September 2013
Report of: Cheshire and Wirral Partnership NHS Foundation Trust
Subject/Title: Learning Disability Service Redesign

1.0 Report Summary

1.1 This report is to provide an update on the outcome and implementation of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Learning Disability Service re-design to the Cheshire East Health and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 To note the contents of this report.

3.0 Reasons for Recommendations

3.1 To progress the programme proposals as outlined in the report

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable

6.0 Policy Implications

6.1 Not applicable at this stage

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 None for the local authority

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None for the local authority

9.0 Risk Management

There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. We have used these assessments to inform

the evaluation process we plan to put in place to monitor the proposed service change to:

- demonstrate the benefits outlined in the consultation are achieved and
- potential adverse impacts are minimised.

10.0 Background

10.1 In January 2013, the Cheshire East Health & Well-Being Board was advised on an intention to conduct public consultation on proposals to change learning disability services provided by Cheshire & Wirral Partnership FT NHS Trust. The key areas for consultation were:

- Care Pathways: establish an improved clinical model with better service user outcomes
- Community learning disability teams: Redesign LD community services
- Inpatient Services: Reduce the reliance on inpatient facilities

10.2 Proposals regarding changes to learning disability services were subject to a three month public consultation (14th January – 7th April).

10.3 Between January and April we held five public meetings and three additional drop-in sessions across Cheshire and Wirral. 5,000 hard copies of the accessible consultation document were distributed, including a personal letter and factsheet to 1300 household addresses of all service users open to learning disability services at that time. 15,000 Foundation Trust members also received consultation information via the membership newsletter Engage.

10.4 Presentations were made to the Cheshire East Partnership Board, North and South Forums, including discussion at Clinical Commissioning Group meetings. Support for service users on an individual basis was also provided.

10.5 Public events were held in Macclesfield and Crewe, both in the day and evening.

10.6 As well as giving people the chance to express their opinions on the proposals via this variety of events and meetings, 343 responses to the consultation questionnaire were received and independently analysed by Liverpool University.

11.0 Feedback from Public Consultation

11.1 The results have been shared and approved by Trust Board on 26th June. The feedback was informative and extremely supportive of:

- adopting a care pathway based model;
- enhancing community services
- reducing reliance on inpatient assessment and treatment beds (closure of Kent House);

11.2 In addition, changes to the staff resource levels and skill mix has been made following internal learning to ensure safe and high quality inpatient assessment and treatment services.

11.3 Of those who commented, a number of concerns were raised against which we have provided the following assurances:-

Themes identified following independent analysis – contained within the consultation outcome report available on our website www.cwp.nhs.uk	**CWP considerations**
Resource levels: respondents expressed their concerns about resource levels, and possible funding cuts to the service.	In the proposal we are seeking to maintain or increase investment in community services, this is being achieved in the context of the need to make cost efficiencies across the whole of the NHS.
Locality of services: comments regarding the locality of services, particularly in relation to Wirral, where the closure of some local services seem to have generated anxiety around issues of travel and practical access to services and respites for service users and carers.	We acknowledge these proposals have caused anxiety in regard to the perception that Wirral is losing services. We have sought to increase community services and will support service users and carers should Wirral residents access inpatient services in Chester.
Autistic and autism-related conditions: concerns regarding care and service provision for service users with autistic and autism-related conditions.	We understand the significance of autism as a condition associated with a learning disability. We have proposed clinical nurse specialist at Band 8a to lead in each locality re challenging behaviour and autism, and introducing a Consultant Nurse Role for the first time in Challenging Behaviour and Autism.
Introducing a care pathway approach: concerns that the term "care pathway is difficult to understand" and queries around service users who have needs within different pathways. Assurance sought that expertise within "care pathway teams" would be shared.	Work has continued, led by the professional leads in learning disability services on raising awareness and promoting the understanding of the care pathway approach - which means developing a variety of means to explain what a specialist learning disability has to offer and what support is available for service users and carers. This process will also focus on raising awareness that the principle pathway of care will be determined by the main presenting health need at the time of delivery of a service. Additional health needs will be addressed at the

	same time in as part of an individualised care plan. We have also provided assurance that expertise within community learning disability teams will be available based on the needs of service users and carers and clarified that our approach along the lines of 4 main areas of care did not intend to indicate “teams within teams”.
Reducing reliance on inpatient assessment and treatment services: agreement that inpatient services should only be used when really needed but concerns about capacity to meet need. Queries/concerns that supporting people in the community will work.	We welcome agreement with the direction of travel to reduce reliance on inpatient assessment and treatment services. Whilst acknowledging that for a number of people with complex health needs, being supported in the community is extremely challenging, we are advocating the use of the least restrictive options in the community as an alternative to inpatient care.
Concern and seeking assurances re impact of proposed closure of Kent House on family carers, maintaining contact with their relative and maintaining community presence if accommodated in an assessment and treatment unit outside of Wirral. Concerns around implications for family and friends who have to travel further distances to inpatient services.	We will continue to work on measures to support family and friends maintain contact with service users within inpatient services. These issues will be addressed on an individual basis and reflected in transition and implementation plans. Whilst reducing the overall level and proportion of financial resource within inpatient assessment and treatment services, the proposal to close one inpatient unit (Kent House) allows us to provide a more robust staffing structure within the two remaining assessment and treatment units. We have however acknowledged that the proposal to close Kent House may impact on family carers and maintaining community presence. Both these impacts will be monitored as part of a transition and implementation plan. The service director will also continue to meet with colleagues from Wirral CCG to address and concerns raised.
Questions about the shift in resource from inpatient to community services.	We will also continue to work with colleagues in mental health services to ensure provision of assessment and treatment beds for people with mental health needs as appropriate in local

	services. This will be in line with the Greenlight document. Assurance has also been provided that any changes will improve the safety and effectiveness of care and treatment of service users and carers.
Enhancing support in the community: Queries as to whether there will be enough staff to support service users to remain in the community.	The proposal is based on our intention to redirect resources from inpatient to community services, making the best use of our resources at the present time.
Questions about whether staff will be available out of hours.	Staff will be expected to work flexibly to meet service user needs and it is not intended that we have 'teams within teams'. Clinicians will work across the pathways and we will ensure that we have the right staff, with the right skills to meet service user needs.
Questions about staff roles in relationship to pathway working and how this links to the individual service user. Lack of understanding about CWP services and the role of the community team.	As part of an implementation plan we are working on clearly defining the care pathway approach which includes staff working flexibly to respond to crisis and raising awareness and promoting the understanding of the specialist learning disability services.
The importance of joint working between health and social services.	CWP is also actively engaged in discussions with social service colleagues in relation to options of integration.
Improved population profiling is required to anticipate future needs of people with a learning disability.	Population profiling will be addressed as part of an implementation plan and written
Health co-ordination posts: assurance sought that changes to these posts be discussed with commissioners.	Acknowledgement has been given, and assurance provided, that health co-ordination posts will continue within this proposal.
Health facilitation posts: assurance sought that the role of Health Facilitator will continue or increase.	Acknowledgement has been given, and assurance provided, that health facilitation posts will continue within this proposal.
Evaluation	CWP will evaluate and monitor the impact of the changes and on patient safety during the implementation phase. The evaluation of the

	success of the project will be based on the key quality indicators as identified in the quality impact assessment and a review of the changes will be led by the Service Director for 12 months post implementation (Sept 2014). The evaluation will be presented to Board meetings.

Cheshire and Wirral Partnership NHS Trust has written to all partners, organisations, Clinical Commissioning Groups to notify them of the outcome of consultation in which we will acknowledge all feedback & provide assurances. In addition, presentations on consultation outcomes will be made to Clinical Commissioning Groups and Partnership Boards.

12. Implementation Plans

12.1 An implementation plan has been developed to take forward the proposals with an implementation date of 1st September 2013.

12.2 Learning Disability Services, led by Interim General Manager, Kate Fleming and Dr Mahesh Odiyoor, Clinical Director is progressing to implementation and will in due course commence a formal evaluation of the new service model and will communicate with and ensure the continued involvement of service users, carers, staff and partners over the coming months.

12.3 Ongoing progress continues to take place in Cheshire East: we do not anticipate any disruption to service users, carers or partners as in the majority of cases there will be no change to the individual staff members providing services.

12. 4 We are completing materials which will help communicate what learning disability specialist services have to offer, and over the course of the next 3 months intend to raise awareness amongst service users, carers and partners of our services and how we can help address complex health needs.

12.5 Finally, the locality is still in the process of developing plans for this year in terms of identification of future efficiencies, and how as an integral partner in the provision of the learning disability services in Cheshire East, how closer integration with local authority social services and GP Practices as agreed with respective Clinical Commissioning Groups could be achieved.

12.6 Further information on the consultation and implementation can be found on the CWP website at www.cwp.nhs.uk

13.0 Access to information

Further information relating to this report can be provided by contacting the presenting officer:

Name: Dr. Mahesh Odiyoor
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Agenda Item 7

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting:	Thursday 12th September 2013
Report of:	Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
Subject/Title:	Community Mental Health Service Redesign – update on implementation.

1.0 Report Summary

1.1 The purpose of this report is to provide an update on the implementation of the Health and Social Care integrated community service redesign for mental health project to Cheshire East Health and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 To note the contents of this report
2.2 To note the progress achieved in implementation via good practise.
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3.0 Reasons for Recommendations

3.1 To progress the programme as outlined in the report.

4.0 Wards Affected

4.1 All.

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications

6.1 Not applicable at this stage.

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 None for the local authority.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None for the local authority.

9.0 Risk Management

There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. These assessments have been used to inform the evaluation process which continues to monitor the service change by:

- ensuring the benefits outlined in the re-design are achieved, and
- minimising potential adverse impacts

10.0 Background

10.1 In September 2012, CWP began a 3 month public consultation on proposed changes to community mental health teams. This concluded in December 2012. These proposed changes were presented to the health and well-being scrutiny committee in August 2012.

10.2 Between September and December, CWP held six public meetings and three additional drop-in sessions across Cheshire and Wirral with over 200 people in attendance. These meetings were also supported by senior managers from Cheshire East Council (CEC). 3,000 hard copies of the consultation document were distributed with information on the consultation sent to local GP Patient Participation Groups, voluntary and community sector organisations, over 15,000 Foundation Trust members and a personal letter and factsheet sent or given to all service users potentially affected by the change.

10.3 As well as giving people the chance to express their opinions on the proposals via a wide variety of events and meetings, a questionnaire was also produced with the 239 responses independently analysed by Liverpool University. The results are available within a consultation outcome report available on the CWP website www.cwp.nhs.uk. This was shared with Cheshire East Council and CWP Trust Board in December; the feedback was informative, in parts challenging, but broadly supportive of:

- the proposed model;
- recovery focused services;
- improved access to services;
- the development of the assessment part of the service (in some areas of the Trust).

10.4 Further assurances, including the detailed information below, were provided to the CWP Board at their January 23rd meeting. Following due consideration the Board agreed progression to implementation of the StAR (Stepped Approach to Recovery) model of care and redesign of community mental health services

10.5 A number of concerns were raised during the public consultation. These are summarised as key themes below. The project team was asked by the Board, at their December meeting, to provide further assurance that robust implementation plans were in place to address these.

Themes identified following independent analysis – contained within a consultation outcome report available on our website www.cwp.nhs.uk	**CWP considerations (presented to Board in January)**
Quality of care. Comments were received that illustrated a level of concern regarding a move to nurse led care, (rather than consultant led care) and the *perceived* potential impact that this would have on a person's ability to stay well.	The new StAR model ensures that service users are seen by the most appropriate professional in the most appropriate setting for their assessed needs. This is being monitored locally in staff supervision settings and is also be assured within the overall evaluation process. NICE guidance will be used to ensure compliance and NICE champions will be producing Trust approved guidelines. Part of the transitional plans will also include the identification of additional training needs of staff where applicable.
Continuity of care and potential impact of change. Concern regarding any changes to the staff that care for service users, or the loss of a care coordinator.	CWP and Cheshire East Council have worked hard to minimise the impact on service users by carefully analysing case loads and trying to maintain service users with their current co-ordinator where possible, thereby minimising disruption to care. In cases where this is not possible, service users have been supported during the transfer to a different care co-ordinator. This is being monitored locally in staff supervision settings and will also be assured within the overall evaluation process.
Understanding the recovery concept. What was evident throughout the analysis of the feedback was that whilst there was broad support for the **idea** of recovery there was not a universal understanding of the **concept** of recovery, as promoted as part of this consultation. Some respondents felt this meant "get better" (which was particularly evident with regards to those service users or carers who were engaged with older people's services or living with dementia or those with relapsing chronic illness).	Work has continued with the recovery leads on raising awareness and promoting the understanding of the recovery concept - which means working with service users to support them to reach their goals and aspirations "helping people to be the best they can and want to be".
Finances/commissioning. Comments were received regarding the prospect of	In order to improve outcomes and promote recovery whilst making the

delivering a 'better service with fewer people and less money'. Respondents also asked whether commissioners felt that mental health was enough of a priority and whether sufficient resources were made available.	savings required it was imperative to develop a new service model rather than continue the current model of care with fewer staff. Cheshire East Council and CWP in partnership strive to deliver safe and effective services for service users by utilising the resources in the most efficient way. Part of this requires close working with Clinical Commissioning Groups (CCGs) to continue to ensure that mental health is a priority.
Discharge/GPs. Comments were received regarding the discharge process from the care of CWP.	One of the improvements to the model is that in keeping with the recovery focus, once service users are discharged back to primary care, there is the opportunity to be referred back to the integrated Cheshire East Council and CWP for further assessment and treatment if necessary. Ongoing discussions are being held with GPs to revise care pathways and link with the management of other long term conditions through integrated neighbourhood teams.
Benefits claims. Comments were received highlighting concern that a change in the model of care available would also impact on a person's ability to claim associated benefits.	Support to service users requiring benefits is still being provided as appropriate within the new model.
Consultation process. Comments were received expressing some dissatisfaction with the consultation process itself – with some respondents stating that they felt it did not reach as many service users as possible or was limited in the options that were presented for consideration.	Whilst the consultation met the requirements of Section 242 of the NHS Act (2006) (which means the Trust has a duty to engage and consult when undertaking service change) CWP is keen to learn from feedback and will ensure we draw on this learning for any future consultations. CWP is currently engaged in the redesign of local, specialist health services for people with a learning disability and drew upon the lessons learned as part of the implementation of the AMH consultation, for example providing additional opportunities in each locality for people to inform the service redesign and also provided materials in more appropriate formats e.g. easy-read consultation documentation.
Evaluation	CWP is evaluating and monitoring the

	impact of the changes on patient safety during the initial implementation phase. The evaluation of the success of the project will be based on the key quality indicators as identified in the quality impact assessment and a review of the changes will be led by the Deputy Director for Operations 12 months post implementation (April 2014). The evaluation will be presented at CWP Board meetings.

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10.6 The decision to progress to implementation of the service redesign was supported by detailed transition, implementation and evaluation plans and assurance that feedback from the public, staff consultation and public partner exercises were incorporated into these plans. The CWP project team (including representation from Cheshire East Council) has since progressed to implementation and commenced a formal evaluation of the new model of care and will communicate with and ensure the continued involvement of service users, carers, staff and partners over the coming months.

10.7 Ongoing progress continues to take place in Cheshire East. All staff and the vast majority of patients were transferred to the new team structure for Adult Services before 30th April 2013. The total caseload for adult mental health remained unaltered at 2194. .For those patients who were allocated a different care coordinator in the new model, all handover visits were planned and completed by the end of May. For the Older People's teams, all staff in Macclesfield and Crewe were in roles in the new structure by 7th May, 2013. At the same time, the Memory Response Team (a dedicated assessment and diagnostic service) was launched. In order effectively to manage capacity and demand it was agreed that the Psychiatrists in the Older People's teams will continue to work in geographical patches. A pilot programme for the provision of Cognitive Behavioural Therapy (CBT) in the Memory Response team has commenced, and will be reviewed in six months time. All staff and caseload transfers (to new care coordinators) for Older Adults were completed by 31st May, and at this time, the total caseload remained unchanged at 2417.

The Single Point of Access (SPA) has been in place since 11th March 2013, and a Child and Adolescent Mental Health Service (CAMHS) transition pathway has been agreed, with CAMHS workers invited to attend the multi-disciplinary team meeting for SPA. The Recovery element of the model has been in place since the end of March, pre-discharge clinics have commenced in Crewe and Macclesfield, and Health and Wellbeing clinics are offering physical health checks from the Physical Health facilitator. It is envisaged that this approach will also be rolled out across the Review function in the coming months.

Users and carers have continued to be involved via input and engagement with the local Project Team.

One formal written compliment and no complaints have been received.

The full and detailed printed prospectus for the Recovery College is now available, with the service available in both Crewe and Macclesfield. It was the intention for this service to commence in February. However, there were some delays with printing of publications, and in renovating the accommodation, both sites were completed by 31st May, and courses have already commenced.

Finally, the locality is still in the process of developing plans for this year in terms of identification of future efficiencies, as an integral partner in the provision of the Integrated Community Mental Health Services CEC continues to be consulted and involved in decision making.

10.8 Further information on the consultation and implementation can be found on the CWP website at www.cwp.nhs.uk

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the presenting officer:

Name: Julia Cottier
Designation: Service Director
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Email: Julia.cottier@cwp.nhs.uk

Overview and Scrutiny Review
Children and Families Scrutiny Committee
and Health and Wellbeing Scrutiny Committee

November 2011 – December 2012

Health and Cared for Children Scrutiny Review

For further information, please contact
Denise French, Overview and Scrutiny
(01270) 686464
denise.french@cheshireeast.gov.uk

1.0 Foreword

Councillor B Livesley – Chairman of the Task and Finish Group

1.1 I was honoured to chair the Task and Finish Group which carried on the next stage of the young person life in care review the health needs. We interviewed various officers from both within the Council and also our external partners. I hope I speak on behalf of the Group that we are pleased with the review having collected a varied cross section of information to make our recommendations to Cabinet.

1.2 It is clear some of our advice can be carried out without great cost to the Council and I hope there will be some in place within a short period of time. Others are ambitions and will need investment. The report from the Task and Finish Group is part of the journey for the young people and we hope the other task and finish reports will jigsaw in from birth to the time they leave the support of the authority.

1.3 I would like to put on record my thanks to Denise French and Sheila Williams for their professional approach and support to me during the process and not forgetting my Councillor colleagues on the group

1.4 We commend the report to the Cabinet and request that it be given full and fair consideration.

2.0 Acknowledgements

2.1 The Members would like to acknowledge the contribution of Sheila Williams, Designated Nurse Cared for Children East Cheshire NHS Trust, who has been a valuable member of the group providing her knowledge and expertise throughout the review process

2.2 The Group would like to thank all the witnesses who gave evidence to the review. A full list of witnesses is given in the body of the report.

2.3 In particular, Members would like to thank the Children in Care Council for their invaluable contribution.

2.3 The scrutiny support was provided by Denise French from Overview and Scrutiny. Many thanks to Denise for her help in putting together the evidence and formatting the report.

3.0 Outline of Review

3.1 Background

3.2 Following a previous Task and Finish Review which looked at Fostering in Cheshire East, a recommendation was made that –

"A Task and Finish Review be established to examine the processes, systems and staffing issues around health and Cared for Children."

As a result, the Children and Families Scrutiny Committee at a meeting on the 20 September 2011 agreed that a review on Health and Cared for Children be established in partnership with the Health and Wellbeing Scrutiny Committee.

3.7 Membership

3.8 The Members of the Task and Finish Group were:

Councillor Bill Livesley (Chairman)
Councillor Gill Merry
Councillor Michelle Sherratt
Councillor Jos Saunders
Sheila Williams (Co-optee)

3.9 Terms of Reference

- To review the current provision of health and wellbeing services for all Cared for Children
- To look separately at the health needs of those Cared for young people who are 16+
- To consider the role of the Designated Nurse
- To assess the future role of the Health and Wellbeing Board and Clinical Commissioning Groups (CCGs) in the area of health and Cared for Children

4 Methodology

4.1 Witnesses:

Members met with the following people during the review:

- Berenice Astbury
- Geoff Beadle
- Barbara Baker, CWP
- Alison Mason, CEC
- Mike Burgess, Head of St Johns Wood Community School
- Stephanie Gleave, School Nurse
- Joanne Speed, Visyon
- Julia Ward
- Margaret Bratherton

- Louise Goddard
- Liz Tyler
- Libby Wilcock
- Children in Care Council
- Toby Edwards
- Judy Bell
- Julie Lewis
- Nigel Moorhouse

4.2 Timeline:

Date	Meeting/site visit
31/10/2011	Initial meeting to define terms of reference
17/11/2011	Briefing session, evidence from Berenice
08/12/11	Evidence from Geoff Beadle,
25/01/12	Evidence from Barbara Baker, CWP and Alison Mason, CEC
06/03/12	Visit to St Johns Wood Community School, Knutsford and meeting with the Head, Mike Burgess, School Nurse, Steph Gleave; and with Joanne Speed, Chief Executive of Visyon
03/05/05	Visit to Congleton Children's Centre. Meeting with Julia Ward, Early Years Consultant, Margaret Bratherton, Team Leader and Louise Goddard and Liz Tyler, Health Visitors and Libby Wilcock, Student Nurse
31/05/12	Meeting with Children in Care Council
07/08/12	Meeting with Toby Edwards,
01/10/12	Consideration of draft recommendations
12/11/12	Meeting with Julie Lewis and Judy Bell
14/01/13	Meeting with Julie Lewis and Nigel Moorhouse

5.0 Review Findings

5.1 Findings are categorised into the following issues:

- Defining a Care Leaver
- Policy and Legislative Framework for Care Leavers
- Number of Care Leavers in Cheshire East
- The budget that is available for supporting Care Leavers

5.2 **Defining a Care Leaver**

5.3 When scoping the review a discussion was held within the Group with regards to the remit of the report. It was suggested that some children/young people not only left care because they had reached a certain age but for other reasons too – such as being adopted or returning home. Having considered this point, it was agreed to maintain a focus on care leavers as defined by the Children (Leaving Care) Act 2000, in order to prevent the review from overreaching. With this in mind, 'Care Leavers' in respect of this report can be defined as follows:

A young person between the ages of 16-18 who is leaving the care system having spent at least three months (continuously or in aggregate since the age of 14) being looked after by the local authority. This includes disabled young people but excludes those disabled young people who live permanently with their parents and have regular respite within the care system away from home.

5.4 **Policy and Legislative Framework**

5.5 When embarking on this review, the Group was informed that Local Authorities have clear legal responsibilities towards the support of care leavers.

5.6 The Children Act 1989 provides the general legal framework for meeting the needs of children in care and young people leaving care. Since its implementation two further Acts have been introduced, which build on the duties laid out in the Children Act. These are the Children (Leaving Care) Act 2000 and the Children and Young Person's Act 2008, which have further extended the duties of local authorities to young people in care and care leavers.

5.7 The main purpose of the Children (Leaving Care) Act is to improve the life chances of children and young people leaving local authority care by:

- Delaying their discharge from care until they are prepared and ready to leave;
- Improving the assessment, preparation and planning for leaving care

- Providing better personal support for children and young people after leaving care;
- Improving the financial arrangements for care leavers.

This Act defines those young people entitled to receive care leaving support into three categories:

'Eligible'	16 & 17 year olds who have been looked after for at least 13 weeks since the age of 14 and are still looked after
'Relevant'	16 & 17 year olds who have been looked after for at least 13 weeks since the age of 14 and who have left care after reaching age of 16
'Former Relevant'	18-21 year olds who have been either 'eligible', 'relevant' or both (the upper age limit is extended, where the young person is being supported in education or training, to the end of the programme).

5.8 'Eligible', 'relevant' or 'former relevant' - however put, care leavers are simply those who have been in the care of the local authority for at least 13 weeks since the age of 14 spanning their 16th birthday. The Council is expected to retain a level of responsibility for care leavers until the age of 21, or 25 if they are in full time education.

5.13 The Act gives duties to local authorities in terms of carrying out assessments before leaving care, preparing what is known as a 'pathway plan' by the time that young person is 16, ensuring financial support is in place, allocating a personal advisor and arranging accommodation:

5.14 <u>The Pathway Plan</u>

5.15 Around the age of 15 ¾ an assessment is carried out which leads to the preparation of a Pathway Plan which should be in place 3 months after the 16th birthday. At this time a 'personal advisor' is appointed to provide advice and counselling – acting as an advocate for the young person.

5.16 The plan is expected to focus on how the young person's need for support and assistance will be met until the age of 21 (or longer when the young person is in education or training). It should set out the manner in which the Council proposes to meet the needs of the care leaver and the date by which, and by whom, any action required to implement any aspect of the plan will be carried out.

5.17 The young person should be fully involved in the development of the Pathway Plan. It is their plan and they receive copies of the plan and the subsequent reviews. It is expected practice for the Pathway Plan to be drafted and available for consideration by the statutory review meeting, chaired by the young person's Independent Safeguarding Chair (ICS), which must take place

before making a decision to confirm that a young person is ready to leave care. Pathway Plans usually cover the following areas:

- Accommodation
- Practical Life / Independent Living Skills
- Education and training
- Employment
- Health
- Financial Support / Budgeting
- Specific Support needs
- Contingency planning for support if independent living breaks down

5.18 A Young Person's pathway plan must remain a 'live document', setting out the different services required to meet the full range of the child's needs. Also, in order for each pathway plan to be effective it should be based on an up to date needs assessment, setting out the support that will be offered to achieve their aspirations.

5.19 Personal Advisors

5.20 Local authorities must appoint a personal advisor to each young person covered by the Act. This statutory requirement emphasises the importance of the role and reflects the belief that children and young people leaving care should be able to identify someone committed to their well-being and continuing development on a long-term basis. The Personal Advisor does not have to be social work qualified and should be independent of the responsible social worker. Key Functions:

- To provide advice (including practical advice) and support;
- To participate in the assessment and preparation of the Pathway Plan;
- To participate in the review of the Pathway Plan;
- To liaise with the responsible authority in the implementation of the Pathway Plan;
- To co-ordinate the provision of services and to take reasonable steps to ensure that the child or young person makes use of such services;
- To keep informed about the child or young person's progress and well-being;
- To keep written records of contact with the child or young person;
- To keep in touch.

5.21 Financial Support and Claiming Benefits

5.22 The Act requires authorities to provide financial support. Most 16/17 year old care leavers will not be able to claim benefit so the responsible local authority will be their primary source of income. Financial support will include the cost of:

- Accommodation
- Food and domestic bills

- Pocket money
- Transport costs for education and training
- Clothing
- Childcare costs

5.23 The support is co-ordinated by the Personal Advisor. The Personal Advisor should also ensure that those who leave care at 18 and are entitled to claim benefits received their full entitlement. However local authorities must assist with the expenses associated with education, employment and training.

5.24 Accommodation

5.25 The Act requires that 16/17 year old relevant children are provided with or maintained in suitable accommodation, and given support to sustain their tenancy.

5.26 There is no duty for social services to provide accommodation to a care leaver once they reach 18, unless the young person is in full time higher or residential further education. In which case social services must provide accommodation during vacations or pay the young person enough to secure such accommodation. This duty remains until the care leaver's 25th birthday.

5.27 Numbers of Care Leavers

5.28 In order to make any robust recommendations on care leavers' policy, the Group felt it was important to gain an understanding of the numbers of Care Leavers (16+) in Cheshire East:

April 2010 – March 2011
Total number of children in care – 453 (average across the year)

Reason ceased	16+
Returned Home	3
Supervision order	0
Residence order	0
Special guardianship	0
Adoption	0
Independent	10
Mum and baby unit	1
Care order expired	1
Care order discharged	0
Returned to family / relative / friend	1
Reached 18 years	40
Sentenced	1
Total	**57**

April 2011 – March 2012
Total number of children in care – 444 (average across the year)

Reason ceased	16+
Returned Home	5
Supervision order	0
Residence order	0
Special guardianship	0
Private Fostering	0
Adoption	0
Deceased	0
Independent	2
Mum and baby unit	0
Care order transferred to OLA	0
Care order discharged	1
Returned to family / relative / friend	0
Reached 18 years	26
Sentenced	1
Asylum seeker no longer wishing to be cared for	1
Total	**36**

April 2012 – June 2012
Total number of children in care – 430 (average across Apr-Jun)

Reason ceased	16+
Returned Home	3
Supervision order	0
Residence order	0
Special guardianship	0
Adoption	0
Deceased	0
Care proceedings completed – no order	0
Independent	0
Mum and baby unit	0
Care order discharged	0
Returned to family / relative / friend	0
Reached 18 years	12
Sentenced	0
Total	**15**

5.29 The budget that is available for supporting Care Leavers

Analysis of the 2012/13 Budget

16 Plus Team	FTE	Grade	£
Practice Consultants	2	11	
Social Workers	2.81	9	
Social Workers	2	8	
Care Leaving Personal Advisors	8	7	
Unit Coordinators	2	4	
			555,547
Travel @ 200/FTE/month	15		34,560
Total Budget			**590,107**
16+ Allowances			393,600
16+ Placements			2,112,000
Total 2012/13 Budget			**3,095,707**

5.30 Karen Bowdler, Senior Accountant, attended one of the Group's meeting to provide some background information to the 16+ team budget. Karen noted that at that point in time (21 May 2012) the service had already overspent on the £2,112,000 16+ placements budget by allocating £2,450,775 for 2012/13 (overspend of £338, 775). This overspend, it was explained, is illustrative of the pressure that the 16+ budget is under.

5.31 **Summary**

5.32 Following gathering this background information, the Group designed a wide-ranging and comprehensive research programme which attempted to cover all of the stakeholders relevant to improving outcomes for Care Leavers. After this process, the Group's findings fell naturally into the following main themes:

6. **Journey to successful independence starts before leaving care**
7. **Benefits**
8. **Employment, Education and Training**
9. **Housing**
10. **Reducing offending**

5.33 At this point, it is important to make clear that in conducting the research, the Group found a number of instances of good practice. It is apparent that the

guidance set out in the legislation is largely being adhered to and indeed, in some instances Cheshire East is leading the way in good practice and innovation. As with all services however, there is always room for improvement. One striking finding in this review was that there are a number of services across the Council not currently being utilised for the benefit of care leavers that could really make a difference in helping them to adjust to life outside of care. One of the outcomes that the Group hopes this report will produce is to join up services so that the Council is truly working to its maximum capacity as a corporate parent.

6 Journey to successful independence starts before leaving care

6.1 Whilst the main focus of this review is on those young people who have left care or are getting ready to leave care and the services that support this process, it is clear that work to better prepare young people at an earlier stage would improve the transition to independent living. According to Emily Munro, poor outcomes for care leavers is not just a reflection of leaving care services but the experience of young people and the service whilst in care, whether in foster care or residential care.

6.2 One of the common themes to emerge from this review, and in particular following the evidence gathered from foster carers, is the view that the preparation for life after care needs to begin at an earlier stage. It appears that it is not unusual for the preparation process only to begin properly once the young person reaches 16 as they engage with the pathway plan process. As some of the Council's young people leave care at 16 (and most at 18), the Group feels that this leaves insufficient time to fully prepare a young person for adulthood.

6.3 This was in contrast to the situation in Ealing Council, which the Group heard about on a site visit held on 15 October 2012. They described how they began the conversation about leaving care with the young person at 15. This avoided beginning the process at 16 as this was deemed a difficult time with commitments to exams. It was also made clear to the young person that they would not be expected to fully leave care until they were 21 (or 24 if in education). They asserted that by extending the amount of time that the young person was in 'preparation' for leaving care, this had improved their outcomes for care leavers considerably.

6.4 <u>Placement stability</u>

6.5 Understanding what factors help a young person make a successful transition into adulthood once they have left care is a complex and multifaceted area. It is likely that it is a mix of the attributes and characteristics of the young person themselves; their family relationships; and the characteristics of their wider social environment. It is important to remember why young people come into care in the first place. Many of them will have experienced familial abuse and

most if not all, to varying degrees, will have experienced some form of rejection, disruption and loss in their lives.

6.6 In this context, the most fundamental requirement from care for these young people will be for stability in their lives. Stability is the foundation stone. Young people who experience stable placements providing good quality care are more likely to succeed educationally, be in work, settle in and manage their accommodation after leaving care, feel better about themselves and achieve satisfactory social integration in adulthood than young people who have experienced further movement and disruption during their time in care (Barn et al., 2005; Biehal et al., 1995; Dumaret et al., 1997; Jackson, 2002).

6.7 Whilst the issue of placement stability was not within the remit of this review, the Group would wish to reiterate the importance of this within Cared for Children policy.

6.8 In terms of the leaving care process, there is one thing in particular that the Council could do to help maintain stability for the young person. The Group was made aware that at the age of 16, the young person changes their social worker. It is felt that this is inappropriate as 16 is a particularly difficult age in which a number of changes are happening and the young person is faced with stresses such as exams. It is therefore suggested that the change of social worker is delayed until at least after the young person has taken their exams and that a smooth transition between social workers is aspired to.

6.9 <u>Effective Pathway Planning</u>

6.10 A pathway plan is a vital document for care leavers as it effectively acts as a roadmap for the young person's life after care. It is meant to capture the needs and aspirations of the young person and detail operational objectives so that care leavers can identify the steps that they need to take (and the help available) in order to achieve their goals.

6.11 This is an important process. Most young people in and leaving care do not have the benefit of parental support to guide them. For these young people, the local authority should be fulfilling the parental role, and providing for the young person as if it were the natural parent. Many young people leave care without the support to which they are entitled, unable to find suitable housing, education and employment. If pathway plans are as detailed as they should be, then the young person will, at the very least, be able to identify the steps that they need to take in order to achieve their goals. They will have named people to turn to, people who are able to help them to complete application forms, and are aware of the different support providers available and can arrange access to them. The difference to a young person between having no pathway plan or a bad pathway plan, to having a lawful, detailed plan, is enormous and, as was recently made apparent from the reported story of the

death of care leaver, Andrea Adams, the lack of support and planning can lead to tragic consequences[1].

6.12 The Group was pleased to discover that the Council has some robust processes in place for ensuring that lawful and detailed plans are implemented for the Borough's care leavers. After speaking to both the Pathway Plan Coordinator and the Independent Safeguarding Chair, the Group was informed that a new process had been implemented for the drafting of the Plan. Indeed, responsibility for writing the plan had moved to the Personal Advisor with the Pathway Plan Co-ordinator having a reviewing role.

6.13 It is also clear that Pathway Plan Co-ordinator and Independent Safeguarding Chair have an important role in ensuring that the Pathway Plans are of sufficient quality and that all young people who are entitled to a Plan have one. The Group was informed that there was currently 200 care leavers aged 16-25. Of these only 6 did not have a pathway plan and this was due to the fact that they had just entered the service past their 16th birthday.

6.14 Regular conversations are also held between the Pathway Plan Co-ordinator/Independent Safeguarding Chair with both Senior Management Team and the Personal Advisors. This enables a good flow of information throughout the service on how to make improvements to the Pathway Plan process.

6.15 Whilst it is clear that a lot of good work is going on around the Pathway Plan process, The Group has concluded that a number of improvements could be made. Firstly, it is the general consensus of the Group that the new format for the Pathway Plan did not go far enough to present the content in a 'user friendly' and logical way, making use of plain English. The Group understands that the service is somewhat limited in how it formats the plan due to legislative requirements but more work could be done to think about how the young person would like to use the document and to ensure that they were meaningful to them. (Insert evidence from CiCC here). Comparisons made with other authorities?

6.16 After speaking to foster carers it is also clear that they feel detached from the Pathway Plan process. As foster carers often understand the characteristics, strengths and limitations of the young person better than any other professional it is felt that they should have an increased role in the writing of the plan.

7 Benefits

7.1 Whilst it would be ideal if care leavers never had to access the benefits system, the reality is that most young people leaving care will have to engage

[1] The Guardian, Thursday 8 July 2010 http://www.guardian.co.uk/society/2010/jul/08/andrea-adams-care-leaver-death-inquest

with it at some point. Indeed, it is vital that care leavers have a good understanding of the system and their various entitlements so that they do not unnecessarily incur further disadvantages. It is also essential for the Council to ensure that care leavers fully maximise their income from benefits in order to reduce pressure on an already stretched 16+ team budget.

7.2 It is important to state however, that whilst the Council must make young people aware of what they are entitled to and what is available to them, a dependency on benefits should not be created nor encouraged. What needs to be made clear is the idea that benefits are there to support the individual as they move through a transitional stage but this is a stage that they always should strive to move on from.

7.3 The Group interviewed the Council's Benefits Manager, with regards to welfare reform and the potential impact that this might have on care leavers.

7.4 *Care Leavers and Housing Benefit*

7.5 The Group was informed that formerly, under the Housing Benefit rules, single claimants under 25 were expected to live in shared accommodation (own bedroom, communal kitchen/bathroom e.g. bedsit) when renting in the private sector. Care Leavers were exempt from this until the age of 22 and could claim Housing Benefit up to the level of self-contained accommodation. There is no such restriction if renting in the social sector, although Housing Benefit could be restricted still if the person is over-accommodated or in expensive accommodation.

Definition of Single Room

The SRR reflects the cost of very basic accommodation. In making a determination the rent officer will consider if the tenant

- has exclusive use of one bedroom
- does not have the use of any other bedroom, and
- has shared use of
  - a living room
  - a bathroom and toilet
  - a kitchen, without the exclusive use of cooking facilities

Exempt from the shared accommodation

Young people under 22 years old and previously

- subject to a care order under Section 31(1)(a) of the Children Act 1989 made either after they were 16 years old, or before they were 16 years old and which remains in force once they reach age 16. Note: This exclusion does not apply to a young person who was subject to a supervision order under Section 31(1)(b)

- accommodated by an authority under Section 20 of the Children Act 1989. The young person does not have to have been housed in LA owned or run property – they only need to have been provided with their accommodation by the LA under this section of the Children Act

- subject to a supervision requirement ended by a children's hearing under Section 70 of the Children (Scotland) Act 1995 which was made in respect of them and which continues after reaching 16 years old. Note: This exemption does not apply where the sole condition for the need for compulsory measures of supervision was that the child had committed an offence
- or the supervision requirement meant that they had to reside with a parent or guardian, or with a friend or relative of their parent or guardian
- accommodated by an LA under Section 25 of the 1995 Act when they were 16 or 17 years old

Or under 22 years old and in respect of whom a parental responsibilities order was made under Section 86 of the 1995 Act which continued after they had reached 16 years old.

7.6 From January 2012, the shared accommodation rate was extended to single claimants aged **under 35**. As care leavers are often placed in self-contained accommodation they now face a large reduction in their Housing Benefit from the ages of 22-35 rather than between the ages of 22-25.

7.7 The Group was also informed of the recent changes to housing benefit and in particular the levels of Local Housing Allowance (LHA) payable to the private Rented Sector. From April 2011 the level of LHA was reduced from the median levels in the area to the 30th percentile. Whilst some protection was provided to existing claimants, it had reduced the number of affordable properties from 5 in 10 to 3 in 10 thereby placing extra pressure on care leavers.

7.8 Due to fluctuations in the private rented market the impact varies on the area as illustrated below:

Example rates from April 2010

Weekly figures

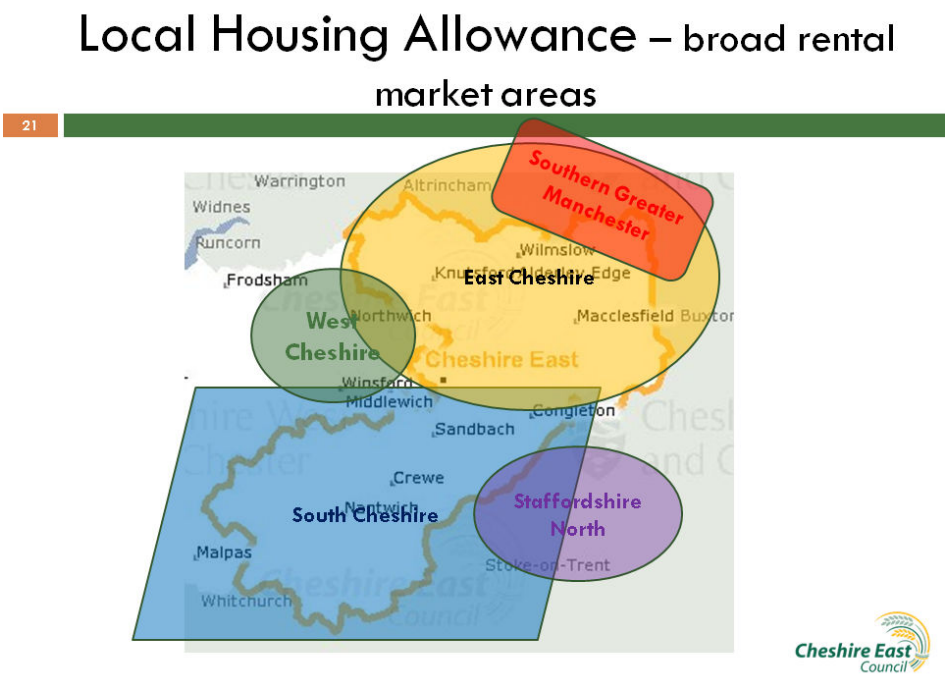
BRMA	1 bed shared	1 bed self-contained
East Cheshire	78.94	97.81
West Cheshire	65.00	104.71
South Cheshire	55.69	90.00
South Manchester	63.50	103.56
Staffordshire North	54.60	80.55

Example rates from April 2012

Weekly figures

BRMA	1 bed shared	1 bed self-contained
East Cheshire	80.77	102.69
West Cheshire	62.31	101.54
South Cheshire	52.00	80.77
South Manchester	59.08	98.08
Staffordshire North	47.06	78.46

Rough guide as to where each area is:



7.9 *Universal Benefit changes*

7.10 The Group was informed that a number of benefit streams (Income support, Job Seekers Allowance IB, Employment and Support Allowance IR, Tax credits and housing benefit) were being brought under one umbrella payment. This would be known as the Universal Credit.

7.11 The Universal Credit is due to be implemented in October 2013 for new out of work claims, with it being applied to new in work claimants from April 2014. It is expected that all people will be under the new benefit system by 2017. It was confirmed by the Benefits Manager that whilst no one would lose out in terms of the total amount of money received by getting a Universal Credit, it would provide less clarity on how much money should be spent on certain goods. For instance, by receiving benefits in one lump sum, there will be no direction on what proportion should be spent on housing rent or other goods. The Group feel that this could potentially create budgeting and debt management issues, particularly for care leavers who may have little to no experience of managing a budget.

7.12 The Group queried therefore whether there would be any exceptions to those receiving the universal credit. The Benefits Manager reported that whilst there is no current legislation for exemptions, Councils might be able to pay landlords directly for vulnerable people. Indeed, it was noted that this currently occurred under a Council safeguarding policy for those people who had been referred by a professional as being unable to manage their own budget. It was also added that the Department for Work and Pensions (DWP) were looking at setting up 'jam jar' accounts which would split up individual's budgets under a single account.

7.13 *Summary*

7.14 Benefits and welfare are tricky issues to navigate not only for Council staff but for the young people whose quality of life could depend on them. The forthcoming welfare reforms create further challenges but is vital that the Council gets it right in order to help young people leaving care to make a positive start to their adult life.

7.15 The following are some suggestions that the Group believes would help care leavers to maximise their income from benefits and manage their budgets most effectively:

- **Guidance on entitlements for young people and workers**

  Easy to read and accessible guidance explaining the benefits entitlements of care leavers and current employability schemes offered under New Deal and Flexible New Deal should be developed with the support of the DWP and distributed to care leavers, leaving care teams, benefit and Jobcentre plus offices. This would provide a reference point for care leavers, leaving care services and jobcentre plus workers and would address the confusion that currently exists within the system.

- **Specialist training for personal advisors on care leavers entitlements and need**

  As part of their extended role, personal advisers taking on the responsibility for dealing with care leavers should be trained on care leavers specific benefits entitlements and needs.

- **Employing a funding co-ordinator**

  The individual appointed would have a strategic and practical lead in maximising income for children and adults coming through social care and health systems, including GPs and hospitals.

- **Budget Management training for cared for children**

- **That the Council explore paying landlords directly for those care leavers who are deemed unable to manage their budget.**

  During the visit to Haringey Council, the Group was informed that their Welfare Benefits Officer completed the application form for Housing and Council tax benefit with the individual rather than by doing it over the phone. This meant that the money went directly to the provider than to the young person.

- **That the Council encourage the Department for Work and Pensions to enable 'jam jar' accounts for Universal Credit payments in order to help facilitate budget management.**

8 Employment, Education and Training

8.1 Securing employment is an important step for any young person as they try to make the transition into adulthood. It not only helps to achieve financial independence but also provides self confidence and an all important sense of self worth. For young people who are not in education, employment or training (NEET), life chances are poorer than those of their peers. For example, young men who are NEET are three times more likely to suffer from depression than their peers. Therefore, a successful transition to employment is an important element of overall well-being.

8.2 For young people leaving care, gaining employment could be seen as more crucial than it is for many of their peers. Care leavers are expected to make a leap into adulthood at much earlier stage than most other young people. The age that most people leave care is 16-18 whereas the average age that a young person leaves home is 24. For many young people outside of the care system, even when they have left home, they are still able to draw on support from their family throughout life. The family home usually remains open to them should they need to return. Most care leavers do not have this type of family support to fall back on.

8.3 Finding and maintaining a job can be difficult for many young people in care. Young people from care are much more likely than their peers to experience unemployment, both when first leaving school and throughout life. Government statistics for the year ending 31st March 2009 reveal that 37% of young people aged 19, who were formerly in care, are not in education, employment or training.

8.4 *Factors influencing the ability of Care Leavers to access and maintain employment*

8.5 **Educational Attainment**

8.6 Young people from care, as a group, have a much lower educational attainment than their peers. In 2009, 68% of looked after children achieved at least one GCSE, or equivalent qualification, compared with 99% of all children. Children in care have often experienced trauma and a lack of stability, both prior to care and whilst in care, this can lead to disruption in their education and has a visible affect on academic achievement. The resulting lack of qualifications then impacts on their chances of employment.

8.7 **Lack of stability**

8.8 A lack of stability also impacts on care leavers' chances of securing or maintaining employment in other ways. Young people may not have a stable address or their living environment may be disruptive to their work life. On leaving care, many young people are placed in inappropriate accommodation, for example in hostels or in lodgings with vulnerable adults. Having to cope with so many facets of becoming independent at once and not always with a

great deal of support can make it difficult for young people to gain and maintain work.

8.9 **Lack of preparedness for work**

8.10 The Group interviewed the Senior Organisational Development Officer, who manages the Council's Apprenticeship scheme (A-Team). The Group was informed that the Council had implemented a policy decision in December 2010 to ring fence 5 corporate apprenticeship placements for care leavers. A further placement was agreed for another young person as a result of conversations with a Head of Service who was mentoring a young person within the Council's care.

8.11 After some good initial progress with regard to adapting to the working environment things quickly changed for the cohort of apprentices and issues begun to surface for apprentices and the Cared For apprenticeship programme as a whole. The experiences are captured in the following case studies:

Apprentice	Notes
Apprentice 1	Good progress on NVQ but left his 1st placement without authorisation and had a period of absence. Received a disciplinary sanction of a written warning. Returned to scheme and had two interviews to secure a new placement. Stated that he was fully committed to the scheme. Resigned on his first day and didn't return to the workplace.
Apprentice 2	After initial problems with attitude and application in his 1st placement he settled in and began to show some good progress. There were issues with his attitude and motivation throughout. He left the scheme of his own accord. Tried to make contact with him to no avail. He has now started a college course.
Apprentice 3	Issues arose from the outset with regard to attitude and behaviour in the workplace. Intermittent absence record was an initial concern but a long period of absence has taken place in relation to anxiety/depression. On return to the workplace, a stress risk assessment was carried out to fully support in areas of work, duties, and support. The following day (12th September 2011) after this positive meeting the apprentice did not attend work nor communicate her whereabouts. Through mutual agreement, she left her apprenticeship.
Apprentice 4	After making a good start to his placement his general behaviour, attitude and motivation came into question. A meeting took place to determine why this was and he stated he wanted to join the army and had plans in place. He also stated that he had constant issues with his support workers. He left the scheme.
Apprentice 5	His absence record and behaviour were causes of concern in his 1st placement. He regularly went missing from the workplace and gave all manner of untruthful excuses (he has since agreed this). He was called in for a formal meeting and a written warning was issued as a consequence of periods of unauthorised absence and general conduct on the scheme. His absence continued to be an issue and there had

	been incidents with regard to erratic and dishonest behaviour in the workplace. This was formally progressed as there was evidence suggest continuing dishonesty about the reasons for his absence from the workplace. After a series of unauthorised absences from college he could no longer meet the obligations of his contract due to non-attendance. After an internal investigation and disciplinary meeting his contract was ended.
Apprentice 6	This candidate was recommended and supported into an apprenticeship after endorsements from managers within Children's and Families and he was heavily championed as good candidate for the scheme. He was subsequently interviewed for a place on the scheme and secured an apprenticeship at Pyms Lane Depot. There were initial absences with no communication with management. A meeting was held to induct and set expectations, and his shift pattern was altered after his manner and attitude with other workers led to allegations of intimidating behaviour. In two weeks after the shift change he attended work on time. W/c 12th September began and he did not attend work nor communicated why he was absent. His workplace supervisor contacted his residential unit to determine where he was and relayed that this conduct was unacceptable. He then sent a highly offensive and unacceptable text to his WPS. He was called to an urgent meeting (13th at 3pm) with his key workers from residential and a worker from the 16+ service and was subsequently suspended from work whilst the formal disciplinary process was initiated to determine if case of gross misconduct is to be answered. He was subsequently issued with a Final Written Warning and it was agreed that he would attend the Princes Trust programme at which point his apprenticeship could be reviewed. He didn't attend, his contract ended and he withdrew his interest in the programme.

8.12 After analysing the experiences with this initial cohort, the Senior Organisational Development Officer identified the general theme that the care leavers who had engaged with the Apprenticeship scheme had issues around attendance, punctuality and motivation. Very simply, the cohort had been unprepared for work and this had resulted in non-completion for all six of the care leavers. This is in contrast to the schemes usual 100% completion rate.

8.13 *Potential Solutions*

8.14 **Improving Educational Outcomes**

8.15 The Group was pleased to discover that the Council is very much at the forefront of good practice for improving educational outcomes for cared for children and care leavers.

8.16 The Group spoke to the Head of the Virtual School, which had been taking a lead on improving educational outcomes for cared for children since it was

established in September 2010. Working across the 0-19 age group, the Virtual School and its nine staff has achieved some considerable improvements since its inception. For instance, the Key Stage 2 results for cared for children are the best of any local authority nationally over the last two years. Additionally, the Borough has the second best attendance figures out of the 152 local authorities.

8.17 In terms of GCSE results, the statistics for the 2011 cohort of cared for children are as follows:

- 95% took at least one GCSE (up from 70% in the previous year)
- 92% achieved at least one A-G grade
- 65% achieved 5 A*- G grades
- 36% achieved 5 A*- C grades
- 11% achieved 5 A* - C grades including English and Maths

8.18 This meant that the Council was ranked 25th out of all local authorities in England.

8.19 As only 7% of cared for children go to university as compared to 40% of the general population, the Virtual School has forged strong links with local universities such as Manchester Metropolitan Cheshire in order to encourage young people in care to think about higher education. Part of this included communicating the availability of bursaries and other support available to cared for children.

8.20 The Virtual School has clearly been a huge success for the Cared for population of Cheshire East. This was reaffirmed when the Group interviewed foster carers who agreed that the Virtual School had been very useful in supporting them in communicating with and challenging schools. Having said this, there is always room for improvement and the Group feels that in particular steps could be taken to increase the number of care leavers going on to further and higher education.

8.21 It is likely that this will happen naturally as the success achieved with the earlier years filters through with each cohort but there are some immediate lessons that can be learned from Ealing Council. The Group visited Ealing Council after being alerted by Edward Timpson MP that they had 17% of Care Leavers at University (34 undergraduates and 7 pursuing Masters Degree programmes). The Group was interested to explore how Ealing had achieved such impressive outcomes – the key success factors were identified as follows:

- Mentoring Scheme – This is a scheme where older young people (some ex care leavers) who are in employment or higher education act as accredited and trained peer mentors for young people in care. These provide excellent role models to younger children and such an initiative was suggested by the Children in Care Council.
- Education Rooms – These were teaching spaces or self study areas from which ‘education study support’ sessions were facilitated with the teaching

staff based in the Virtual School. Printing and Computer facilities are also available in these spaces.

- An allowance of £5,500 was paid to those care leavers in university (substantially higher than the recommended £2,000). The rationale for providing such a considerable sum was that it was the same amount that a supported placement would cost and that it had a demonstrable effect on increasing applications.

8.22 In addition to these initiatives the Group believes the following suggestions would help the Virtual School to continue to go from strength to strength.

- **Extending the remit of the Virtual School from 19 to 25.**
  The Group was informed that the Virtual School had improved the number of care leavers not in education, employment or training (NEETs) from 28% to 10%. Whilst this is an excellent achievement, it was also noted that the figures were less impressive once the young person was in their early 20's. Other Virtual Schools around the country have a remit up to the age of 25 which helps them to track and measure outcomes at 21/22/23 which gives a better indication of life trajectory.

- **That secondary schools be encouraged to retain a link with the young person once they enter further education.**
  The Head of the Virtual School reported that the more informal nature of further education as compared to the structured environment found in secondary schools occasionally did not suit some care leavers. It is therefore suggested that secondary schools could be encouraged to maintain a link with the young person once they leave compulsory education and enter further education in order to continue some form of structured support.

- **That secondary schools and sites of further education be encouraged to apply for the Buttle UK Quality Mark.**
  The Buttle UK Quality Mark is awarded to further and higher education providers who demonstrate their commitment to young people in and leaving care. The award provides a framework for validating the quality of support that the institution offers for this cohort and a basis for the assessment of their retention and progression strategies. Gaining the Buttle UK Quality Mark and displaying the logo is a clear way to demonstrate the institutions credentials to their partners, funders, inspectorates, and the wider community, but most importantly to the young people from care themselves.

8.23 The Group would encourage all of the further education sites in the Borough to apply for the Quality Mark. Additionally, whilst the Mark is currently only available for sites of further and higher education, when speaking to Mr. Edward Timpson MP he suggested that it would be useful for secondary schools to apply for it. If Cheshire East schools could work with the Buttle Trust in order to gain accreditation they would be the first secondary schools to achieve the quality mark – further underlining that Cheshire East is at the

forefront of providing quality educational outcomes for cared for children and care leavers.

8.24 **Better preparing Cared for Children for the demands of work**

8.25 A number of witnesses that the Group interviewed including the Virtual Head, Social Workers, Personal Advisors and Organisational Development officers, made the same point that cared for children and as a corollary care leavers are poorly prepared for the demands of being in full time employment.

8.26 It is clear that better attempts need to be made to help a young person in care to start planning for the world of work prior to them reaching 16 or 18, at which age the preparation often resembles a rushed afterthought. Indeed, as the cohort that first engaged with the A team scheme demonstrated, a full time yearly programme was too much too soon.

8.27 The Group is therefore much in favour of an incremental approach in which the young person is introduced to work and the potential options available to them through 'taster days'. Through this process, the young person will discover what excites or motivates them and this will help the Council to tailor increasingly intensive work experience placements as they move towards adulthood. To make this work, the Council needs to start using its influence in the local community to open doors for young people requiring work experience. Similarly the Council, as such a large and diverse employer, has the capability to cater for a wide range of tastes and abilities. A good start would be for the Council to adopt a policy in which there would be a work experience placement filled by a young person in care for every week of the year (excluding Christmas).

8.28 In addition to incrementally demanding work experience placements, the Group also feels that there would be a real benefit in utilising life skill development courses such as the Prince's Trust 12 week team course. This course involves team building activities, a residential week, a community project and a work placement, and it aims to raise self-esteem, build confidence and develop personal skills.

8.29 The programme is delivered from permanent bases in Crewe, Macclesfield and Congleton and the Fire authority, as the delivery partner, is fully funded by the Learning and Skills Council. The Youth Engagement Manager at Cheshire Fire & Rescue informed the Group that the programme had a 79-80% success rate in terms of getting young people into education, employment and training.

8.30 The Head of the Virtual School, also drew attention to the 'Chances' programme which the Council was part of alongside Stockport and Trafford Councils. This is a 16 week programme with the aim of developing self esteem, life skills and a positive attitude for young people in care. The Council is also a part of a North West bid to work with Lancashire Cricket Club to develop life skills through journalistic experience at sporting events.

8.31 The Group encountered an excellent programme ran in partnership between Haringey Council and Tottenham Hotspur Football Club. The 'E18hteen Project' provides support for 160 care leavers enabling them to access opportunities and a mentor to sustain engagement in education through sports, volunteering courses and activities. A young mentor who presented to the Group explained that the aim of the project was to 'gradually remove the scaffolding' from the individual so that they gained the confidence to move into independence.

8.32 The Group feels that these types of programmes are vital for helping young people to ready themselves for the world of work. The Head of the Virtual School explained that in his experience life in care often taught young people that good things didn't last and for them to expect rejection. He asserted that by building resilience and demonstrating that they can achieve something worthwhile when they put their mind to it, such initiatives will help them to take a positive attitude into the workplace. It is suggested that the Council in addition to existing partnerships attempt to build relationships with community organisations and businesses to provide opportunities for cared for children to develop.

8.33 **Support needs to continue once the young person is in the workplace**

8.34 The ultimate aim of providing work experience and development courses is to ensure that once the young person reaches 16 or 18 years old, they are ready to flourish in full time or part time employment. However, once the young person has gained employment – there is a danger that this could be seen as 'case closed' by the Council. Indeed, if anything can be learned from the initial care leaver A-Team cohort is that continued support inside and outside of the work place is vital for ensuring that employment is sustainable.

8.35 In terms of providing support outside of the work placement, The Group was interested to learn about the Council's 'Shared Lives' service. The Operations Manager from Care4CE, explained to the Group that Shared Lives is an adult placement scheme that provides three different types of support following referrals from other teams within the Council:

- **Intermediate support** – This is where a service user lives with a Shared Lives Carer/s as a member of their family for a sustained period of time. Suzanne made it clear that this is termed 'intermediate' support as it is not meant to be a permanent solution but rather a transition support stage to help guide individuals towards independence.
- **Respite Support** – This is where a service user stays with a Shared Lives Carer/s for a short period
- **Sessional Support** – This is where a service user is supported by a Shared Lives Carer either in their own home, the Approved Carer's home or out in the community. Sessions last for 3, 6 or 9 hours. Suzanne added that there are significant numbers of service users who receive sessional support. The placements are set up to achieve specific outcomes including improved health and emotional wellbeing, improved quality of life and to increase choice and control for service users etc.

8.36 The Group feels that there is a strong case to be made for referring care leavers who are on the Council's A Team scheme to the Shared Lives initiative. A business case for this proposal can be found in appendix 1 to this report.

9 Housing

9.1 Housing is an issue that affects us all. A home is not just bricks and mortar but a place where people relax, rejuvenate, entertain and gain a sense of belonging. Therefore issues relating to housing can be vital to the stability of people's everyday lives. A good home can have a positive impact on health, emotional well being, safety, security, educational attainment, childhood-adult aspirations and income-occupation.

9.2 It is well documented in the media how young people in the UK are struggling to enter the housing market as high rents make it difficult to save and a lack of available credit has reduced the chances of getting a mortgage. For most young people however, there is the opportunity to stay at home until their mid to late twenties and the family network is there to provide support when eventually the time to move out comes.

9.3 A group that does not have access to such support are Care Leavers who are expected to reach independence at a much earlier age and without the help of a family network. It is vital therefore, that the Council as corporate parent supports young people leaving care in order to access settled, secure and suitable accommodation. Indeed, gaining access to suitable accommodation was one of the main concerns expressed by the Children in Care Council when asked about their thoughts regarding moving into independence.

9.4 **Housing Options for Care Leavers**

9.5 The Council has a legal duty to provide 'suitable accommodation' for young people leaving care but the paths that care leavers take out of care can be varied due to differences in circumstances and preferences.

9.6 At the current time the Council provides the following options:

9.7 *For 16-17 Year olds*

9.8 Whilst it is strongly discouraged by the 16+ team, care leavers are able to legally leave care at 16. As they are unable to sign up for tenancy agreements until their 18th birthday, other options for accommodation must be found. The Council has a 16-17 year old housing protocol for when a young person presents as homeless or under the threat of homelessness[2]. The first step is to attempt to maintain the young person in their present accommodation if it is

[2] As defined by part 7 of the Housing Act 1996 (as amended by the Homelessness Act 2002) – 'a person is threatened with homelessness if they are to be without accommodation in 28 days.

suitable. If the accommodation is deemed unsuitable or disagreeable to the young person then other options must be provided. This would include the use of independent social housing, supported lodging or hostels. Bed and Breakfasts are only used as a short term emergency measure.

9.9 *Social Housing*

9.10 After a recent review of the allocations policy, additional priority for social housing has been awarded to care leavers. Cheshire Homechoice, the team that manages the housing register for social housing, works to a 5 level banding system (A – E) which is based on need and the length of time in the system. Those people with a direct threat of homelessness are placed in band A with care leavers automatically placed in band B. Care Leavers are able to express their interest in available social rented properties through Cheshire Homechoice.

9.11 *Supported Lodging*

9.12 Supported lodging schemes provide accommodation for a young person within a family home. The young person has their own room and shares the kitchen and bathroom facilities with the family or householder - or 'host'. Hosts can be families, couples or single people and they are paid a fee by the Council for their room (subsdised by 'Supporting People' money).

9.13 Supported lodgings schemes may also be called:

- **Nightstop Schemes -** offer young people a bed in a room of their own for one night at a time.

9.14 In terms of its suitability the provision is usually for younger young people who are not ready to live independently and require support to develop independent living skills. The model is not generally suitable for young people who have few boundaries to their behaviour or who want the freedom and anonymity of other settings.

9.15 **A potential future model of housing for care leavers**

9.16 As previously stated it is important for the Council to provide a range of suitable accommodation options for care leavers. Not one young person is the same and they all have different needs and preferences. One care leaver at 16 might be ready to live independently but another at 18 might still require considerable support and assistance.

9.17 The Group feels that no young person should feel forced to leave care if they do not feel ready and this sentiment is backed by Section 1.11 in the Leaving Care Regulations 2010. It was therefore concerning for the Group to hear accounts from foster carers that some young people had been made to move out of foster placements and into hostels with the explanation that it was a more cost effective solution. Whilst it is understood that this is likely to be an example of the exception rather than the rule, the Group does feel that there are a number of gaps in the current housing provision for care leavers.

9.18 *Increasing the number of Supported Lodging Placement and Semi-Independent Provision*

9.19 The Group was informed by officers, foster carers and the Children in Care Council that the lack of alternative housing options beyond independent accommodation once a young person reaches 18 is a high priority issue. For the young people interviewed, this arbitrary cut off point creates a 'cliff edge'; a point from which all support appears to be removed. Care Leavers are then expected to either sink or swim in social housing with a minimal amount of support available

9.20 This issue was partly resolved when the Council participated in the Government's 'Staying Put' pilot. This aimed to enable young people to build on and nurture their attachments to their foster carers, so that they could move to independence at their own pace and be supported to make the transition to adulthood in a more gradual way. It also aimed to provide the stability and support necessary for young people to achieve in education, training and employment. One of the foster carers who had participated in the Cheshire East pilot noted how it had removed the sense of an impending 'cliff edge' and therefore allowed the young person to move towards independence in their own time and at their own pace. She noted that it was unusual for the young person to stay until they were 21 and very often they moved into independent accommodation soon after their 18th birthday. What was important was the fact that a deadline had been removed

9.21 The Group understands why the Council has been unable to continue with the 'Staying Put' pilot – mainly due to the cost of maintaining placements in a challenging funding environment. The Council is also under pressure to provide more foster care placements and by keeping existing young people in placements, this only adds to the challenge

9.22 With this in mind, the Group suggests that a focus on providing more supported lodging places could provide a useful solution. There would be a cost implication to providing more places but this would be less than it would cost to extend existing foster placements. There would also be an issue, similar to that of the 'Staying Put' pilot, of potentially reducing the pool of foster carers but it is suggested that retired or retiring foster carers be targeted for recruitment. The Group understands that the Council will be looking to re-tender for supported lodging providers when the current contract ends in March 2013.

9.23 It is also worth noting that an increased number of supported lodging placements would reduce the Council's dependency on using hostels for those care leavers aged 16-17. This is important as hostels do not provide the requisite level of security for young vulnerable adults.

9.24 Whilst supported lodging placements are an excellent solution for those young people who want to maintain relatively extensive support, it may not be appropriate for those who are seeking a bit more independence. A good

intermediary option is semi-independent accommodation. This has a number of incarnations articulated in varying ways across the country but the Group would endorse the following model:

- Small 3-4 bed units (staffed) with support available 24 hours a day. These could be provided by the Council or a tendering process could be undertaken to encourage independent providers of semi independent accommodation to locate within Cheshire East.
- That the Council seek agreement with local social housing associations for a small number of single bed tenancies, identified to accommodate 16 -18 year old Cared For young people with floating support being provided by Residential Service care staff.

9.25 This provision would be used as a short term placement option to provide experience of independent living for young people who are considering a move on from foster care or residential settings. It is important to state that if the young person is not ready to move into independent accommodation, then the option should be available for them to move back into their foster or supported lodging placement. This is in recognition that the path to adulthood is rarely linear. Most if not all people stumble and fall as they try and negotiate their way to being independent and young people in care must feel as though they have the same safety net as their peers.

9.26 Some of the placements could be explicitly short term and temporary (weekend, week etc) and used as taster/training weeks for those young people nearing independence.

9.27 *Social Housing*

9.28 Whilst the Group was pleased to find out that care leavers are assigned to high priority band B when registering for social housing, it is felt that this does not go far enough. During the visit to Haringey Council, the Group was informed that they have an agreement with local housing associations to prioritise 60 units per year for care leavers. This is despite the fact that Haringey Council has one of the highest demands for social housing in the country. When asked how this was achieved, the Group was informed that Haringey Council has a close working relationship with housing associations and the quota of housing for care leavers had been established in a joint protocol.

9.29 The Group was informed that the former Cheshire County Council used to have a similar joint protocol to prioritise housing to care leavers but this had been disbanded during Local Government Reorganisation and not re-established. The Group would call for the Council to open discussions with the three housing associations that operate in the Borough with the aim of re-establishing a joint protocol that prioritised a quota of social housing for care leavers.

9.30 The Group was also impressed by Haringey Council in the way that they provide compulsory tenancy workshops for those care leavers due to move

into social housing. These workshops look at developing life skills, budgeting skills and provide information on good neighbour behaviour.

9.31 It was also noted that when young people in Haringey register for social housing this is done at 17 ½ rather than at 18. The Group suggests that this is a practice that the Council adopts as it will reduce pressure on the pathway plan process.

9.32 *Support when leaving care and moving into new accommodation*

9.33 Life skill training has been referenced above with respect to compulsory tenancy workshops for those young people already committed to moving into independent accommodation. Whilst this is important, this training should begin at an earlier stage. When interviewing the Children in Care Council, they made it clear that they felt unprepared to live independently in the sense that they had limited knowledge of how to cook, operate a washing machine and perform minor DIY tasks such as changing a light bulb. Whilst it is hoped that foster carers take a lead in preparing cared for children in these basic skills, it was clear from the conversation with the young people that their experiences varied greatly. It is suggested therefore that the Council take a more proactive role in providing life skill training. Both Ealing and Haringey Councils have training kitchens for their young people from which a number of domestic skills workshops were ran from. Whilst it would be difficult for the Council to replicate such a model, having no central base, a creative solution would be to work with schools around the Borough to provide classes after school.

9.34 Moving out of care and into new accommodation can be a stressful time for a young person. What can help a move is ensuring that the correct luggage is in place to ensure that the move is made efficiently and with dignity. It was therefore a concern to hear from the Children in Care Council that some young people had been asked to move their items in black bin bags. After exploring this claim, the Group was reassured that the Council's policy was to ensure that the appropriate luggage was provided so that young people did not have to move their items in bin bags. In the particular case that was highlighted, bin bags had been used for a couple of items that would not fit anywhere else.

9.35 Young people that leave the care system are provided with a leaving care grant to help them set up a home. The amount of grant is based on the individual's need and this can be up to £2,100[3]. A number of comments were made by the Children in Care Council that there was a lack of flexibility in how the grant could be used. The example provided was that a particular kettle could not be purchased as it had been deemed a 'luxury item' by a Personal Advisor. Whilst the Group recognises that limits need to be placed on how the

[3] This does compare favourably with other authorities although Haringey pay up to £5000 depending on income. However, The Care Leavers Foundation completed a survey and it was suggested that £2500 is the minimum for setting up home re essential furniture and equipment, although this obviously depends on local resources.

grant can be spent so that core items are covered, some flexibility should be retained and the young person's voice listened to.

9.36 *Summary*

9.37 The Group realises that the suggestions in this section are extensive and ambitious. Whilst it might be difficult to implement all of these suggestions in the context of funding challenges facing the Council the Group would reassert the absolute importance of ensuring that safe and suitable accommodation is available for our Care Leavers. If the Council gets this right, the chances of getting good outcomes for care leavers will be dramatically improved.

10 Reducing the Offending Rates of Cared for Children and Care Leavers

10.1 Relatively few studies have addressed the relationship between care and criminalisation, and they are inconclusive about whether cared for children are at greater risk of criminalisation. However, respondents to a recent survey[4] (carried out by The Adolescent and Children's Trust [TACT]), who have direct contact with these children, had a clear view that cared for children are at greater risk. 74% of respondents thought this was the case.

Table 7 Offending by children who had been looked after continuously for at least twelve months by gender, England 31 March 2011

	Boys	Girls	Total
Number of looked after children aged 10-17 years	17,510	12,720	30,230
Number of looked after children convicted or subject to a final warning or reprimand during the year	1,550	660	2,210
Percentage of looked after children convicted or subject to a final warning or reprimand during the year	8.9	5.2	7.3
Percentage of all children aged 10 to 17 convicted or subject to a final warning or reprimand during the year	3.7	1.1	2.4

Source: Department for Education. Outcomes for Children looked After by Local Authorities in England, as at 31 March 2011

10.2 The respondents felt that the key factors putting cared for children at increased risk of criminalisation were:

- Mixing with offending peers
- Poor management of challenging behaviour

[4] http://www.tactcare.org.uk/data/files/resources/4/care_experience_and_criminalisation_an_executive_summary_from_tact_090909.pdf

- Lack of stability of care placements.

10.3 Residential care was highlighted in both the literature and in the practitioner survey as the care setting which posed by far the greatest risk to young people in terms of criminalisation. Over four in five respondents felt that looked after children were more likely to be prosecuted than were children living at home.

10.4 Practitioners indicated that it was not uncommon for carers (and in some cases other residents) to report young people to the police for committing minor offences such as stealing, fighting and criminal damage.

10.5 In terms of the situation in Cheshire East, the Group interviewed the Head of the Youth Offending Service (YOS). It was reported following Local Government Reorganisation (LGR) the Council had inherited some significant issues relating to the offending rates of children in care. These very much reflected the findings in the TACT survey and can be summarised as thus:

- There was a disproportionate amount of children in care who were offenders in comparison to the general population (25 out of 450)
- Children were becoming offenders once they had moved into care.
- Those children who were already offenders, continued to offend at the same rate once they had entered care.
- The young people coming into the Borough were quite sophisticated in their criminality – e.g. making use of knives.
- A high number of offences were due to a breach of order which were being unnecessarily reported by residential home staff due to a lack of training and support – thereby needlessly criminalising those young people in care.

10.6 On this latter point, the Head of the YOS explained that they had implemented a number of initiatives to prevent this from happening. Indeed, they were providing training to staff and foster carers around managing challenging behaviour and also providing mediation support from specially trained members of staff. This had prevented residential home staff and foster carers from inappropriately escalating an issue to the Police. Similarly the YOS had developed a protocol with the Police and separately with the Crown Prosecution Service to prevent the unnecessary escalation of a minor misdemeanour to a criminal offence.

10.7 As a result of these initiatives, since LGR the YOS has greatly reduced the number of children in care who offend to the extent that it was now commensurate with the general population. It asserted however that the YOS aimed was to reduce this figure to below that of the general population and that was the goal that they were working towards.

10.8 In terms of improving the successful and crime free transition of children in care who have offended into adulthood, the Group was informed that this had been improved by developing partnership working. This was not only working with the Council's 16+ team but also with partners in the community. A particular example was given of working with the Youth development team of

Macclesfield Town Football Club in order to build capacity and reduce the chance of continued offending or re-offending.

10.9 *Summary*

10.10 The work of the YOS in reducing the offending rates of Cared for Children has been a real success story for the Council.

11. Conclusions and Recommendations

11.1 **1. Mental health needs**

11.2 Mental health needs covers a wide range of issues and needs from mild to more severe that require specialist services. Young people to whom the Group spoke felt that any mental health needs resulted in a referral to a service and that they felt "serviced out"; their preference was for their needs to initially be addressed by their foster carers and then for their relevant Cared for Support Team (C4ST) worker. This would be consistent for children in a family setting where any worries or problems would initially try to be addressed by parents. It could also prevent any issues from accelerating and requiring greater support that would be more expensive in the future. To make this happen, it is important that foster carers and residential support workers receive training. If a child or young person needs additional support this will be provided by the C4ST who could draw on advice from CAMHS or the Educational Psychologist. In hearing evidence from the C4ST, the Group notes the importance of the support they can provide where mental health needs are more severe than can be dealt with by foster parents and the need for a consistent approach whereby one worker provides support [insert case study].

11.3 In cases where a greater level of professional and expert help is needed, the Group has heard an Educational Psychologist can provide support but this is limited to 2 days a week. The C4ST felt more support was needed as well as the services of a clinical psychologist. As well as providing support to the C4ST in relation to children themselves, a clinical psychologist could provide specialist psychological assessments for court cases rather than commissioning external experts and this would reduce delays. The Group understands that there is not a clear picture of the pressures on the C4ST and CAMHS in relation to mental health needs of adopted children both from within and outside of the Borough; this area needs further investigation and could be a role for a PhD student to research.

11.4 As a result of early abuse and neglect many of the Cared for Children and Young People have developed ways of dealing with relationships/ styles of attachment which can present difficulties which mean they need additional support in addressing emotional and behavioural issues. This is not necessarily considered a mental health issue. It is important to consider this context in planning any service developments.

11.5 It is recommended:

- That all foster carers and residential support staff receive training to enable them to deal with mild mental health needs that don't need referring to the C4ST. This should include awareness raising of other services such as Kooth; Visyon and the School Nurse Service;
- That research is commissioned into adopted children from in and out of the borough who may have potential emotional, behavioural or mental health issues in order to ascertain a clear picture of the support which children and their adopters may need at an early stage in their placement;
- That consideration is given to increasing the amount of support available from the Education Psychologist and also to employing a Clinical Psychologist.

11.6 **2. Health assessments and sexual health**

11.7 The Group has heard that health assessments are carried out on a 6 monthly basis for under 5s and then annually until the young person reaches 18 years of age. The Group has seen an example of a health assessment for 10+ which covers both physical and mental health issues. In view of the likelihood of some level of mental health issues the Group believes that consideration should be given to a more detailed mental health assessment being carried out separately to ensure adequate time and attention is given to this important issue.

11.8 The assessment also covers sexual health and it was noted that it was important that this was discussed in an age appropriate way. The Group heard of one instance where the section on sexual health was not completed as it was felt "not applicable"; the young person being assessed was a 16 year old autistic boy who clearly could have special requirements in this area. Discussion also took place around age appropriate sexual health promotion as part of the health assessment. The Group is pleased to hear that any issues that do arise as part of the assessment can be taken up with the Cared for Children's GP with whom the Designated Nurses have a good relationship, as well as with the Lead Nurse For Contraception and Sexual Health East Cheshire.

11.9 Young people felt that they received little information on sexual health matters from their foster carers. They mostly received information through school. However, if they happened to be absent from school on that particular day then they would miss out on receiving relevant information. The Group saw examples of various resources on sexual health matters that were available which were clear and well thought out and included material for children and young people with a learning difficulty. The Group is pleased to hear that training is provided to foster carers on sexual health matters and that there was a good uptake in 2011.

11.10 It is recommended:

- That consideration be given to:

- Improving the quality of mental health assessment for all children so as to give adequate time to covering this important issue. (There is work in progress in relation to this);
- Whether a Mental Health Nurse with Family Planning experience could be employed to work with the 16+ group of young people and the leaving care workers.

11.11 **3. Health booklet**

11.12 This booklet was commended for the information and format but it was suggested that it could include information that free prescriptions are available if you are in full time education and over 16 years of age.

11.13 It is recommended:

- That any reprint of the booklet includes information about the availability of free prescriptions for 16 – 18 year olds who are in full time education.

11.14 **4. Youth support in relation to alcohol, smoking and substance misuse**

11.15 The Group has heard that support that had previously been provided by Connexions workers had been very effective. The Connexions workers had built up a good rapport with the Cared for young people and were often able to address issues at an early stage, use informal approaches and carry out preventative work before any matters accelerated into more serious issues. This was particularly important where the issue may relate to drugs and therefore be illegal. Now that the contract with Connexions has ended, the Group would like to be advised about the Cheshire East Youth Service which has replaced the Connexions service and especially the arrangements in place for Cared for Children and young people.

11.16 It is recommended:

- That the relevant Scrutiny Committee receive an early briefing on the Cheshire East Youth Service in order to examine and review the new service and in particular the work that will be done to target Cared for Children.

11.17 **5. Leisure passes and sport and fitness**

11.18 The provision of free leisure passes for C4Cs was commended but there were issues around children/young people placed out of area and with promotion and knowledge of the service. The Group has considered how C4Cs placed out of borough can still access free leisure provision and feels an individual budget is the most appropriate method; if the Council was to introduce reciprocal arrangements with other local authorities this could be administratively burdensome and complicated if a C4C was to move round to a number of local authority areas. The Group has also heard about the Bikeability scheme for children in years 5-6 and would like to encourage C4Cs

to participate in this scheme too as a further way of improving health and wellbeing as well as confidence and skills.

11.19 It is therefore recommended:

- That some form of provision be made for Cared for Children who are placed out of borough to still access free leisure facilities in the same way as C4Cs who are placed in borough. The Group suggests this could be done by way of a small personal budget for each C4C to follow them around in their out of area placement(s). The Group feels this would ensure that C4Cs who are out of area are able to continue to participate in sport/activities they enjoy; promotes health and wellbeing and ensures they receive the same provision as an in-borough C4C;
- That the availability of the free leisure pass be widely promoted to C4Cs; foster carers and residential staff as well as social care staff and any other staff who are responsible for working with C4Cs. This should include information about what the pass itself provides as well as how and where it can be accessed; for foster carers it could be provided as part of their "Be Healthy" training;
- That consideration be given to enabling a C4C's friend who is attending to participate in sport with them to receive a reduced price entry where the activity requires more than one person, for example, a badminton game which cannot be played alone;
- The Bikeability scheme be promoted to C4Cs, foster carers and residential staff as well as social care staff and any other staff who are responsible for working with C4Cs, along with the availability of funding towards purchasing a bike;

11.20 **6. Children from out of the Area**

11.21 There were particular issues with children from out of the area who were placed within Cheshire East. Those children from out of the area who were adopted in Cheshire East would remain the responsibility of the placing authority for 3 years. However, it appeared to be the case that often the placing authority did not fund mental health support leading to problems in the future resulting in the need for further support which Cheshire East Council would have to finance or the placement breaking down and the child becoming Cared for and therefore the responsibility of this Council. The early years of an adoption were vital and support was needed to ensure the stability of the placement. There was funding and support available from the Cared for Support Team and Adoption Support Services to Cheshire East's own children and adopters but this could not stretch to children from out of the area who were adopted in the borough. The Group has heard of an example of a child from out of area placed with prospective adoptive parents who were unwilling to submit their application to court for an adoption order until their prospective adoptive child was getting the support they felt he needed. This situation remained for three years, however, due to their persistence, services for both child and prospective adopters were secured by the placing authority, good support services in place and the adoption order made. The Group

feels that adoption support should be viewed as a children's right rather than an adopter's responsibility and this may help to achieve more progress.

11.22 It is recommended that:

- Protocols are developed for use between the council and other local authorities to ensure that children from out of the area who are adopted in Cheshire East receive funded support for any mental health needs for a three year period.

11.23 **7. Cared for Children who are parents**

11.24 The Group has heard from one Cared for young mum who felt she had not received much support with practical issues around finding child care. This type of issue may be addressed in future through the new initiative the "Family Nurse Partnership programme". This programme provides a Specialised Health Visitor who works with families from early pregnancy until their child is around two years of age. The Group has heard from one young mum who has had experience of this service from out of the area which she classed as "brilliant!"

11.25 The Group understands that there is no specific foster provision for mums and babies and anyone who needs this has to go out of the area which incurs additional costs as well as removing the young mum from her local area and potential support from family and friends and established networks etc.

11.26 It is recommended:

- That priority be given to investigating how mum and baby foster care is best provided in Cheshire East;
- That the relevant Scrutiny Committee receive a report on the work of the Family Nurse Partnership in twelve months time in order to examine and review the new service and its outcomes.

11.27 **8. Support on leaving care**

11.28 The Group heard from some young people of the excellent support received from their Floating Support Worker through their Housing Association. This appeared to contrast with a lack of support from the Leaving Care Worker. It was also unclear what support would be available to a care leaver who went into private rented accommodation. The Group feels that a consistent level of support should be provided and it should be clear to young people what support they should expect. This can be covered by the Task/Finish Group looking at Care Leavers.

- It is important that recommendations from both groups are considered together.

11.29 **9. Promoting fostering**

11.30 A Task/Finish Group undertook a Scrutiny Review of Fostering in 2010 – 11 with the final report submitted to Children and Families Scrutiny Committee on 12 April 2011. The Group feels it is now opportune for the recommendations of this Review to be revisited to see what progress has been made. The Group understands that there is still a good level of initial enquiries made regarding fostering but this does not seem to translate into people then following through the process and becoming foster carers for the Council. The Group thinks this needs investigating to see what lessons can be learned.

11.31 There are issues when a Cared for Child has specific health needs (such as a tracheotomy) both at a strategic level and more locally in relation to training carers about the child's needs. There appears to be no clear line of responsibility and no established pathway; rather, cases are dealt with in an ad hoc way. There is a role for someone to coordinate how a Cared for Child with very specific health needs, is looked after. This will help to demonstrate that the Council is competent as well as instilling confident that their needs can be met.

11.32 The Group was advised of a service run by the former authority to welcome foster carers along the lines of a Welcome to Cheshire event. It was felt that this could be reinstated and be an event for both foster carers and Cared for Children, with an opportunity to meet with others in a similar situation. There is also a need to recognise the work and commitment shown by foster carers. Foster carers say that a feeling of belonging is important to them along with feeling that they are supported in their role; this can be almost as important as financial support. An Event for existing foster carers is recommended because as well as giving thanks, it will be a good way to promote the foster care service and help with retention and recruitment. The event could also be used to give awards, such as for long service.

11.33 It is recommended:

- That the relevant Scrutiny Committee receive a report on progress and outcomes of the Fostering Services Review in order to examine how the system has improved since the Review took place;

- That a senior officer be identified to have responsibility for Cared for Children with very specific health needs, to be responsible for the coordination of their care and ensure foster carers have appropriate training and respite provision;

- That consideration is given to introducing an annual Welcome to Cheshire East evening for foster carers and Cared for Children as well as a Thank You event for foster carers to recognise their dedication and hard work.

11.34 **10. Multi Agency Working and Information Sharing**

11.35 The National Institute for Health and Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE) produced guidance “Promoting the quality of life of looked after children and young people” and made a number of recommendations about how working together can improve the quality of life of looked after children and young people. The guidance notes that partnership working is at the heart of high performing local authorities and recommends close collaborative working and information sharing by professionals. It has been recommended following a SCIE review that each child’s named health professional be recorded on the local authority PARIS system. This is in very early stages. There is scope for improved Multi Agency working and the Nursing resource issues to be considered if this is to be successful.

11.36 It is recommended that:

- A healthy care partnership be formed and that a multi agency self assessment be undertaken as a starting point to further service developments

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CHESHIRE EAST COUNCIL AND SOUTH CHESHIRE CLINICAL COMISSIONING GROUP AND EASTERN CHESHIRE CLINICAL COMISSIONING GROUP AND NHS ENGLAND

OVERVIEW AND SCRUTINY COMMITTEE

PROTOCOL

1 Introduction

1.1 The Health and Social Care Act 2001 and associated regulations give local authorities the power to review and scrutinise health services through their overview and scrutiny committees. This complements their existing power to promote the social, economic and environmental well-being of local areas. The role of local authorities is to contribute to health improvement and reducing health inequalities in their local area. Health services are to be viewed in their widest sense and will include Adult Social Care and other services provided by the local authority and in partnership with the NHS. Local authorities will be channels for the views of local people.

1.2 Health scrutiny is the democratic element of the new system for patient and public involvement. This includes Healthwatch, Independent Complaints and Advocacy Services (ICAS) and Patient Advice and Liaison Services (PALS). In addition, the NHS is required to make arrangements to consult with and involve the public in the planning of service provision, the development of changes and in decisions about changes to the operation of services.

1.3 The two main elements of health overview and scrutiny are:

- Formal consultation on substantial developments or variations to services.
- A planned programme of reviews with capacity to respond to issues raised by Cheshire East Healthwatch and other bodies.

1.4 The functional responsibility for the overview and scrutiny of health provision and services in Cheshire East lies with the Health and Wellbeing Scrutiny Committee of the Council ("the Committee"). The main points of contact for NHS scrutiny are the South Cheshire Clinical Commissioning Group, the Eastern Cheshire Clinical Commissioning Group ("the CCGs"), and NHS England as a commissioner of services and in a system leadership role which reflects the NHS responsibilities for commissioning and leading health services in the area.

2 Policy Statement

Members of the Committee, the CCGs, NHS England and organisations for patient and public involvement, will work together to ensure that health scrutiny improves the provision of health services and the health of local people.

3 Aims of Health Scrutiny

- To improve the health of local people by scrutinising the range of health services.
- To secure continuous improvement in the provision of local health services and services that impact on health.
- To contribute to the reduction of health inequalities in the local area.
- To ensure the views of patients and users are taken into account within a strategic approach to health care provision.

4 Principles

4.1 Overview and scrutiny of health services is based on a partnership approach.

4.2 Overview and scrutiny is independent of the NHS.

4.3 The views and priorities of local people are central to overview and scrutiny, and patients and their organisations will be actively involved.

4.4 The overview and scrutiny approach is open, constructive, collaborative and non confrontational. It is based on asking challenging questions and considering evidence. Recommendations are based on evidence.

4.5 Overview and scrutiny will consider wider determinants of health and use wider local authority powers to make recommendations to other local agencies as well as the NHS.

4.6 Overview and scrutiny recognises that there will be tensions between people's priorities and what is affordable or clinically effective, and that local health provision takes place within a national framework of policies and standards.

4.7 The impact of health overview and scrutiny will be evaluated.

5 The Role of the Committee

5.1 In the course of a review or scrutiny the Committee will raise local concerns, consider a range of evidence, challenge the rationale for decisions and propose alternative solutions as appropriate. It will need to balance different perspectives, such as differences between clinical experts and the public. All views should be considered before finalising recommendations.

5.2 The Committee will not duplicate the role of advocates for individual patients, the role of performance management of the NHS or the role of inspecting the NHS.

5.3 The Committee has no power to make decisions or to require that others act on their proposals. The NHS must respond within 28 days to

recommendations of the Committee and give reasons if they decide not to follow these.

6 Organisations to which Health Scrutiny Applies

6.1 NHS bodies subject to overview and scrutiny include commissioners and any organisation that provides, arranges or performance manages the provision of publicly funded services. The Committee's main focus will be on services commissioned by CCGs, NHS England and partner agencies

6.2 The Local Government and Public Involvement in Health Act 2007 introduced "the Councillor Call for Action (CCfA)" which provides elected Ward Members with a formal means to escalate matters of local concern to an Overview and Scrutiny Committee. Although this is seen as a measure of "last resort" it can lead to recommendations being made to the Council concerned and/or other agencies. The CCfA is one of a number of changes designed to provide Overview and Scrutiny Committees with greater powers to work more closely with Partners and across organisational boundaries. It is likely that any CCfA which is concerned with NHS services will be referred to the Committee in the first instance.

6.3 The Council also has a local Petition Scheme which sets out how petitions will be handled. Should either a CCfA or a formal Petition be received which relate to health services, the Secretary of the Committee will liaise in the first instance with the CCG, to assist the Chair and Vice Chairman of the Committee to determine how to proceed.

7 Matters that can be Reviewed and Scrutinised According to Regulations

7.1 Overview and scrutiny powers cover any matter relating to the planning, provision and operation of health services. Health services are as defined in the NHS Act 1977 and cover health promotion, prevention of ill health and treatment.

7.2 Issues that can be scrutinised include the following:

- Arrangements made by local NHS bodies to secure hospital and community health services and the services that are provided
- Arrangements made by local NHS bodies for the public health, health promotion and health improvement including addressing health inequalities.
- Planning of health services by local NHS bodies, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population.
- The arrangements made by local NHS bodies for consulting and involving patients and the public.
- Any matter referred to the committee by a Healthwatch.
- Any appropriate matter raised by a Councillor Call for Action or a Petition.

8 Substantial Developments or Variations in Services

8.1 The responsible commissioner will consult the Committee on any proposals it may have under consideration for any substantial development of the health service or any proposal to make any substantial variation in the provision of such services and will give the committee at least 2 months notice to respond to proposals.

8.2 This is additional to discussions between the NHS Trust and the appropriate local authorities on service developments. It is also additional to the NHS duty to consult patients and the public. Guidance indicates that solely focusing on consultation with the Committee would not constitute good practice.

8.3 The Committee has the responsibility to comment on

- Whether as a statutory body the Committee has been properly consulted within the public consultation process
- The adequacy of the consultation undertaken with patients and the public
- Whether the proposal is in the interests of Health Services in the area

Arrangements relating to CCGs

8.4 As the CCGs lead the commissioning process they will usually be responsible for undertaking formal consultations for services which they commission. Where services span more than one CCG, they will agree a process of joint consultation. The board of each CCG will formally delegate the responsibility to a joint CCG Committee. This should act as a single entity and will be responsible for the final decision on behalf of the CCGs for which it is acting.

8.5 Where the proposal impacts across the NHS Commissioning Board, local areas teams, and/or Public Health England the relevant CCGs with lead commissioning responsibilities may wish to invite these bodies to coordinate the consultation. Responsibility for decisions on any service revision remains with the CCGs.

Substantial developments or variations ("SDV's") – explanation

8.6 Substantial developments or variations are not defined. The impact of the change on patients, carers and the public is the key concern. The following factors should be taken into account:

- Changes in accessibility of services such as reductions, increases, relocations or withdrawals of service
- Impact on the wider community and other services such as transport and regeneration and economic impact
- Impact on patients – the extent to which groups of patients are affected by a proposed change

- Methods of service delivery – altering the way a service is delivered. The views of patients and Healthwatch are essential in such cases.

8.7 The first stage is for the Committee (acting initially through its Chairman and Vice Chairman) to decide whether or not the proposal is substantial. This initial assessment is conducted at three levels:

Level One

When the proposed change is minor in nature, eg. a change in clinic times, the skill mix of particular teams, or small changes in operational policies.

At level one, the Committee would not become involved directly, but would be notified that the Healthwatch is being consulted.

Level Two

Where the proposed change has moderate impact**,** or consultation has already taken place on a national basis. Examples could include a draft Local Delivery Plan, proposals to rationalise or reconfigure Community Health Teams, or policies that will have a direct impact on service users and carers, such as the "smoke free" policy. Such proposals will involve consultation with patients, carers, staff and the Healthwatch, but will not involve

- Reduction in service
- Change to local access to service
- Large numbers of patients being affected

The Committee will wish to be notified of these proposals at an early stage, but would be unlikely to require them to be dealt with formally as an SDV. A briefing may be required for the full Committee or through the Chairman and Vice Chairman, and the Local Ward Councillors concerned will be informed of the proposal by the Secretary. The Committee will wish to ensure that the Healthwatch and other appropriate Organisations have been notified by the CCG or NHS Trust concerned.

Level Three

Where the proposal has significant impact and is likely to lead to –

- Reduction or cessation of service
- Relocation of service
- Changes in accessibility criteria
- Local debate and concern

Examples would include a major Review of service delivery, reconfiguration of GP Practices, or the closure of a particular unit.

The Committee will normally regard Level Three proposals as an SDV, and would expect to be notified at as early a stage as possible. In these cases the

Committee will advise on the process of consultation, which in accordance with the Government Guidelines would run for a minimum 12 weeks period. The Trust will make it clear when the consultation period is to end. The Local Ward Councillors concerned will be informed of the proposal by the Secretary. The Committee would consider the proposal formally at one of their meetings, in order to comment and to satisfy the requirement for the Overview and Scrutiny Committee to be consulted in these circumstances.

8.8 Officers of the CCGs or other NHS Trust will work closely with the Committee during the formal consultation period to help all parties reach agreement.

8.9 The Committee will respond within the time-scale specified by the CCGs. If the Committee does not support the proposals or has concerns about the adequacy of consultation it should provide reasons and evidence.

Exemptions

8.10 The Committee will only be consulted on proposals to establish or dissolve a NHS trust or CCG if this represents a substantial development or variation.

8.11 The Committee does not need to be consulted on proposals for pilot schemes within the meaning of section 4 of the NHS (Primary Care) Act 1997 as these are the subject of separate legislation.

8.12 The CCGs/other NHS Trust will not have to consult the Committee if it believes that a decision has to be taken immediately because of a risk to the safety or welfare of patients or staff. These circumstances should be exceptional. The Committee will be notified immediately of the decision taken and the reason why no consultation has taken place. The notification will include information about how patients and carers have been informed about the change and what alternative arrangements have been put in place to meet the needs of patients and carers

Report to Secretary of State for Health

8.13 The Committee may report to the Secretary of State (SoS) for Health or, as appropriate, to Monitor for their consideration when it is not satisfied with the consultation or the proposals.

Referral to the Secretary of State may only be made in circumstances where the NHS body and the Committee have attempted, but failed to resolve any disagreements or where the NHS body has failed to attempt to resolve disagreements within a reasonable period of time. Likewise, referrals should not be made if the Committee has failed to respond to consultations by the date provided by the NHS Body.

8.14 Specific areas of challenge include:

- The content of the consultation or that insufficient time has been allowed
- The reasons given for not carrying out consultation are inadequate

NB 'inadequate consultation' in the context of referral to the SoS means only consultation with the Committee, not consultation with patients and the public.

or

- Where the Committee considers that the proposal is not in the interests of the health service in its area.

8.15 In response to a referral the SoS may:

- Require the local NHS body to carry out further consultation with the Committee.
- Make a final decision on the proposal and require the NHS body to carry out the decision.
- Ask the Independent Review Panel to advise him/her on the matter.

9 Developing a Programme of Reviews

9.1 The Committee will produce an annual overview and scrutiny plan in consultation with the Commissioners and the Healthwatch.

9.2 The plan will consider the range of health services including those provided by the local authority and partnership arrangements with the NHS.

9.3 The plan will be based on the views and priorities of local people.

9.4 The plan will have the capacity to take into account issues that may be raised through the work of the Healthwatch.

9.5 The plan will be realistic, based on the capacity of the Committee and the NHS bodies to undertake meaningful reviews.

9.6 The following factors should be taken into account when planning a programme:

- It is a local priority that can make a difference.
- The topic is timely, relevant and not under review elsewhere.
- If the topic has been subject to a national review it should be clear how further local scrutiny can make a difference.
- There is likely to be a balance between;
  - Health improvement and health services,
  - NHS and joint services,
  - Acute services and primary/ community services.
- It may be thematic, e.g. public health, homelessness or services for older people that might impact on the health of local people, or a service oriented priority.
- It should contribute to policy development on matters affecting the health and well being of communities.

9.7 There are a number of methods for scrutiny, including formal reports to the Joint Committee or Reviews conducted by smaller “Task and Finish” Review Panels appointed by the Committee with specific terms of reference.

Sections 10 to 16 apply to both consultation on substantial developments or variations and reviews or scrutiny.

10 Provision of Information

10.1 The CCGs or appropriate NHS Trust will provide the Committee with such information about the planning, provision and operation of health services as it may reasonably require in order to discharge its health scrutiny functions. Reasonable notice of requests for information or reports will be given.

10.2 Confidential information that relates to and identifies an individual or information that is prohibited by any enactment will not be provided.

10.3 Information relating to an individual can be disclosed, provided the individual or their advocate instigates and agrees to the disclosure.

10.4 The local authority may require the person holding information to anonymise it in order for it to be disclosed. The Committee must be able to explain why this information is necessary.

10.5 The CCGs will provide regular briefings for Committee Members on key issues.

10.6 In the case of a refusal to provide information that is not prohibited by regulation, the Committee may contact the relevant NHS performance management organisation, which should attempt to negotiate a speedy resolution.

11 Attendance at Meetings

11.1 The Committee may require any officer of the CCGs or other NHS Trust to attend meetings to answer questions on the review or scrutiny.

11.2 Requests for attendance will be made through the Chief Executive of the Trust concerned.

11.3 The Committee will give reasonable notice of its request and the date of attendance. The Committee will provide the officer with a briefing on the areas about which they require information no later than one week prior to the attendance.

11.4 If the scrutiny process needs to consider health care provided by the independent sector on behalf of the NHS, it will consider the issue through the lead commissioning body, generally the CCGs. The NHS will build into its contracts with independent sector providers a requirement to attend a review or scrutiny or provide information at no cost to the Committee.

11.5 The Chairman or non-executive Directors of the CCGs or other NHS Trust cannot be required to attend before the Committee. They may, however, wish to do so if requested.

11.6 Local independent practitioners such as GPs, dentists, pharmacists and opticians may be willing to attend the Committee but cannot be required to do so. Local independent practitioners may be willing to attend at the request of the CCGs. An alternative source of information may be the Local Medical Committee or appropriate professional organisations.

12 Reporting

12.1 In their reports the Committee will include:

- An explanation of the issues addressed
- A summary of the information considered
- A list of participants involved in the review or scrutiny
- Any recommendations on the matters considered
- Evidence on which the recommendations are based.
- Where appropriate, recognition of the achievements of the CCGs and/or NHS body concerned.

12.2 The Committee will send draft reports to the CCGs and other bodies that have been the subject of review to check for factual accuracy.

12.3 The report is made on behalf of the Committee and there is no requirement for the Cabinet or the full Council to endorse it. However the report will be sent to the Cabinet, Health and Wellbeing Board and full Council and, if required, a briefing will be arranged to identify the main implications.

12.4 If the Committee request a response from the CCGs and/or another NHS Trust this will be provided within 28 days. If a comprehensive response cannot be provided in this time, the Trust(s) concerned will negotiate with the Committee to provide an interim report, which will include details of when the final report will be produced.

12.5 The response will include:

- The views on the recommendations
- Proposed action in response to the recommendations
- Reasons for decisions not to implement recommendations

12.6 Copies of the final report and the response will be widely circulated and made publicly available.

13 Conflict of Interest

13.1 The Committee must take steps to avoid any potential conflicts of interest arising from Members' involvement in the bodies or decisions they are scrutinising.

13.2 Conflict of interest may arise if councillors or their close relatives are:

- An employee of an NHS body, or
- A non-executive director of an NHS body, or
- An executive member of another local authority
- An employee or board member of an organisation commissioned by an NHS body to provide goods or services.

13.2 These councillors are not excluded from membership of overview and scrutiny committees but must follow the Council's Code of Conduct for Members regarding participation and as necessary seek advice from the Monitoring Officer of the Council where there is a risk of conflict of interest.

13.3 Executive (Cabinet) Members and Cabinet Assistant Members of Cheshire East Council are excluded from serving on the Committee in any capacity.

14 Liaison between the Committee and the Healthwatch

14.1 The Committee will develop an appropriate working relationship with the Cheshire East Healthwatch.

- The Healthwatch may refer issues to the Committee, which must take these into account. If issues are not urgent they may be considered when planning future work programmes.
- The Committee will, where appropriate, advise the Healthwatch of actions taken and the rationale for these actions.
- The outline and process of a scrutiny review will be discussed with members of the Healthwatch.

15 Conclusion

15.1 This Protocol was considered and adopted by the Committee on (date) and is endorsed by the CCGs.

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Scrutiny Committee

Date of Meeting: 12 September 2013
Report of: Head of Governance and Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2013/14 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

2.1 That the work programme be received and noted.

3.0 Reasons for Recommendations

3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications

6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy.

10.2 The schedule attached, has been updated in line with the Committees recommendations on 13 June 2013. Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.

10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

10.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11.0 *Access to Information*

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

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Last Updated – 4 September 2013

Issue	Description/ Comments	Suggested by	Portfolio Holder	Current position	Next Key Date
Health and Wellbeing Board (HWBB)	Development of new arrangements	Standard Item	Health and Adult	Update on Health and Wellbeing Board activity and questions for Portfolio Holder	4 September 2013 agenda deadline 12 September 2013 meeting.
Scrutiny Protocol with CCGs	To approve the proposed protocol	Scrutiny Team	Health and Adults	Redraft of Protocol between Scrutiny, CCGs and NHS England carried out.	5 September 2013 agenda deadline 12 September 2013 meeting.
CWP Update on Mental Health and Learning Disability Services	To consider the implementation on redesigned services	Committee	Health and Adults	Reports to be provided at Committee meeting. Louise Hulme to provide	5 September 2013 agenda deadline 12 September 2013 meeting.
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Adults	Presentation to Committee when ready	October 2013
NWAS Response Times	To consider the response times performance of NWAS.	Committee	Health and Adults	Report on response times would be received at Committee meeting	TBA
Joint Health and Wellbeing Strategy	To monitor, scrutinise or contribute to the	Committee	Health and Adults	Scrutiny Committee's role regarding JHWS to be established	On-going

	JHWS				
Cheshire Living Well Dying Well	To receive a briefing on the work of the organisation.	Portfolio Holder	Health and Adults	TBA	TBA
NHS Health Checks	Centre for Public Scrutiny are offering support to 5 local authorities to conduct a review of NHS Health Checks.	Scrutiny Team	Health and Adults	Cheshire East has expressed interest in the scheme. If selected a Task and Finish Review will be commissioned.	TBC
NWAS Communities Strategy Performance	To examine and offer comments on NWAS performance	Committee	Health and Adults	Receive performance reports every six months. Where at meeting on via email to members	October 2013
Safeguarding Peer Review	Chairman to liaise with Corporate Scrutiny Chairman regarding future monitoring of item.	Corporate Scrutiny Committee	Health and Adults /Children and Families	Update to be provided when available	Unknown