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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 24th November, 2015**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

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

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

1. **Appointment of Chairman**

2. **Appointment of Vice-chairman**

3. **Apologies for Absence**

4. **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.

For requests for further information
Contact: Julie North
Tel: 01270 686460
E-Mail: julie.north@cheshireeast.gov.uk with any apologies

5. **Minutes of the Meeting Held on 20 October 2015** (Pages 1 - 4)

To approve the minutes as a correct record.

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

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

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

7. **Complex Dependency Programme**

To receive a presentation relating to the Complex Dependency Programme.

8. **Children and Young People's Improvement Plan (To meet the OFSTED recommendations)** (Pages 5 - 114)

To consider the recommendations in respect of the Children and Young People's Improvement Plan (to meet the OFSTED recommendations).

9. **Caring Together/Connecting Care Transformation Programmes Progress Updates and Future Timelines** (Pages 115 - 124)

To consider the Caring Together/Connecting Care Transformation Programmes progress updates and future timelines.

10. **Joint Strategic Needs Assessment Policies** (Pages 125 - 146)

To consider a report requesting the Board to sign-off the JSNA policies for testing.

11. **Health and Wellbeing Strategy Update**

Verbal Update.

12. **Joint Commissioning Leadership Team Review** (Pages 147 - 160)

To consider the recommendations in respect of the Joint Commissioning Leadership Team Review.

13. **Local Transformation Plans for Children and Young People's Mental Health and Wellbeing** (Pages 161 - 232)

To consider the recommendations in respect of the Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.

(Copies of the documents embedded in the Plans are available on request, by contacting the officer listed on the front of the agenda).

14. **Better Care Fund - Update Paper** (Pages 233 - 252)

To consider and sign off the NHS England 2015/16 BCF Quarter 2 performance report, so that the NHS England reporting deadline of midday on 27th November 2015 can be met.

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Agenda Item 5

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 20th October, 2015 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor Janet Clowes – Cheshire East Council (Chairman)
Councillor Rachel Bailey – Cheshire East Council
Councillor Sam Corcoran – Cheshire East Council

Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Tina Long - NHS England
Kath O'Dwyer - Director of Children's Services, Cheshire East Council
Kate Sibthorp - Healthwatch
Brenda Smith – Director of Adult Social Care and Independent Living, Cheshire East Council
Dr Andrew Wilson – South Cheshire Clinical Commissioning Group

Councillors in attendance:

Councillors Rhoda Bailey and S Gardiner

Cheshire East Council officers/others in attendance:

Gill Betton - Children's Improvement and Development Manager
Anita Bradley – Head of Legal Services and Monitoring Officer
Guy Kilminster – Head of Health Improvement
Kate Rose - Head of Children's Safeguarding Unit
Ian Rush, Independent Chair of the Cheshire East Safeguarding Board
Inspector Stuart York, Cheshire Police
Julie Zientek – Democratic Services

22 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Michael Jones (Cheshire East Council), Dr Paul Bowen (Eastern Cheshire Clinical Commissioning Group), Simon Whitehouse (South Cheshire Clinical Commissioning Group), Dr Heather Grimbaldeston (Director of Public Health, Cheshire East Council), Mike Suarez (Chief Executive, Cheshire East Council) and Chief Superintendant Guy Hindle (Cheshire Police).

23 **DECLARATIONS OF INTEREST**

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP and a Director of South Cheshire GPs Alliance Ltd.

24 **MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 15 September 2015 be approved as a correct record subject to the following amendments:

- In the list of those present at the meeting, the duplication of Jerry Hawker (Eastern Cheshire Clinical Commissioning Group) be deleted and Anita Bradley's title be amended to read: 'Head of Legal Services and Monitoring Officer'.

- Minute 20 - The resolution be amended to reflect the fact that further discussion would take place within the Council to determine if a bid to the Healthy Towns initiative was appropriate. It was reported that it had subsequently been decided not to submit a bid, due to the ongoing Local Plan process and the fact that sites had not yet been confirmed by the Inspector.

25 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present wishing to use public speaking time.

26 **ANNUAL REPORT OF THE CHESHIRE EAST SAFEGUARDING CHILDREN BOARD**

Consideration was given to the 2014 – 2015 Annual Report of the Cheshire East Safeguarding Children Board, which provided an account of its activities and achievements during 2014-15. The report also identified the key challenges faced in the coming year and beyond. Key priorities for 2015-16 included improving frontline multi-agency practice, strengthening relationships with other key partnerships to improve the reporting, accountability and sharing of good practice, continuing to improve the participation of young people in LSCB business, engaging the community through links with the voluntary and faith sector, and improving the Board's role and traction in relation to developing early help.

The report also took into account the findings of Ofsted's inspection of the Local Safeguarding Children Board which took place in July 2015.

RESOLVED

1. That the 2014 – 2015 Annual Report of the Cheshire East Safeguarding Children Board be received and noted.

2. That the Director of Children's Services, a representative of the Cheshire East Safeguarding Children Board and a health representative be requested to give consideration to further developing the relationship between the Cheshire East Safeguarding Children Board and the Health and Wellbeing Board.

27 **OFSTED INSPECTION OF CHILDREN'S SERVICES**

Consideration was given to a report on the outcome of the Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in Cheshire East and the review of the effectiveness of the Local Safeguarding Children Board undertaken between 6 and 30 July 2015.

Inspectors had identified a number of strengths and areas for improvement for the Council and Local Safeguarding Children Board. The Council was required to submit a detailed improvement plan to Ofsted and the Department for Education by 22 December 2015, setting out how it intended to address the recommendations in the Inspection report.

RESOLVED - That the Health and Wellbeing Board:

1. notes the contents of the report and Ofsted's report at Appendix 1, in particular the recommendation and comments in relation to the Health and Wellbeing Board set out at para 5.8.

2. receives the Ofsted Improvement Plan at its next meeting.

3. endorses the proposal that it transitions to become the 'accountable body' for the Children's Improvement Plan when the existing Improvement Board is disbanded as set out in para 5.16.

28 **CANCER PATHWAY REVIEW PROJECT**

Consideration was given to a report which provided an update on the review of the gynaecological cancer pathway, the aim of which was to achieve the best outcomes and experience for cancer patients in South Cheshire and Vale Royal. This review was a joint programme of work between NHS England (which commissioned specialised services) and NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group (which commissioned services for their local populations).

The report also provided an update on the re-focus of the work plan for the Cancer Commissioning Board in order to prioritise early detection. Across South Cheshire, cancer was a significant growing long-term condition and was a major cause of death, with variation in health outcomes from cancers across towns. NHS South Cheshire CCG and NHS Vale Royal CCG had the fourth and third lowest 1 year survival for lung, breast and colorectal cancer across England in 2012. The greatest need was therefore earlier detection of cancer in order to reduce the health inequalities.

RESOLVED - That the report be noted.

The meeting commenced at 2.00 pm and concluded at 3.50 pm

Councillor J Clowes (Chairman)

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Kath O'Dwyer, Director of Children's Services and Deputy Chief Executive
Subject/Title: Children and Young People's Improvement Plan.

1 Report Summary

1.1. This report updates the Health and Wellbeing Board on the proposed action plan to address the recommendations and areas for improvement identified by Ofsted in its inspection report of Children's Services, published in September 2015.

2 Recommendations

2.1 The Health and Wellbeing Board is recommended to:

a) Note the contents of this report, the draft improvement plan at Appendix 1 and action plan at Appendix 2;
b) Propose any suggested amendments to the documents; and
c) Endorse the arrangements for submitting the plan to the Department for Education and Ofsted in December 2015.

3 Reasons for Recommendations

3.1 The Health and Wellbeing Board has a statutory responsibility to improve the health and wellbeing of the children, young people and their families in Cheshire East, reduce health inequalities and promote the integration of services. It is important that the Health and Wellbeing Board is appraised of the strengths and areas for improvement within Children's Services and is assured that arrangements are in place to develop, implement and scrutinise plans that meet the areas for improvement as set out in the improvement plan.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Outcome one of *The Joint Health and Wellbeing Strategy for the Population of Cheshire East 2014 - 2016*, 'Starting and Developing Well' sets out the Health and Wellbeing Board's priority to ensure that children and young people have the best start in life; they and their families or carers are supported to feel healthy and safe, reach their full potential and are able to feel part of where they live and involved in the services they receive. The children and young people's improvement plan has been developed to address the areas of improvement and will need to align closely with the Health and Wellbeing Strategy.

5 Background and Options

5.1 The effectiveness of Cheshire East's arrangements for children in need of help and protection, children looked after and care leavers was inspected by Ofsted in July 2015. Inspectors also carried out a review of the Local Safeguarding Children Board (LSCB). The Inspection report of their findings, published in September 2015 identified 17 recommended actions for the local authority and partners and a further 8 recommendations for the LSCB to get to a consistently 'good' standard.

5.2 Significant engagement has taken place with stakeholders since the publication of the report, including workshops with senior managers, other staff and partners and reports and presentations to Cabinet, the Children and Families Scrutiny and Overview Committee, Health and Wellbeing Board, Children's Improvement Board, Local Safeguarding Children Board, Corporate Parenting Board and Children's Trust, involving the views of children and young people.

5.3 Discussions are currently underway with Ofsted around holding an improvement planning seminar with them to better understand their findings and the best possible responses to these; the plan will be amended, as appropriate.

5.4 The local authority is required to submit an action plan to address Ofsted's recommendations to the Department for Education and Ofsted by 22 December 2015. The current draft Children and Young People's Improvement Plan is attached at Appendix 1. The action plan to address the recommendations is set out at Appendix 2, including the impact measures that will be used to scrutinise and challenge progress in these areas.

5.5 There are a number of supporting documents to the action plan, set out below, and these are available on request:

- Governance Framework
- Quality Assurance Framework
- Stakeholder Engagement
- Risk Register

- Core Training Offer for Social Workers and Managers
- Ofsted recommendations from the Inspection in July 2015
- Ofsted recommendations from the Inspection in March 2013 and Improvement Notice Actions

5.6 The Improvement Plan has a risk register that includes three key risks;

- The recruitment and retention of Social Workers and Practice Managers
- Partnership engagement and pace of improvement; and
- Managing the increased demand for services

6 Access to Information

6.1 Cheshire East's Ofsted Inspection Report is available on the website http://reports.ofsted.gov.uk/local-authorities/cheshire-east

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

Name: Kath O'Dwyer
Designation: Director of Children's Services/Deputy Chief Executive
Tel No: 01270 3 71105
Email: Kath.O'Dwyer@cheshireeast.gov.uk

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DRAFT Cheshire East

Children and Young People's

Improvement Plan

to meet the Ofsted Recommendations

November 2015-2016

Creating a great place to be young

Cheshire East Children & Young People's Trust

Cheshire East Local Safeguarding Children Board

Cheshire East Council

Contents

Foreword

Foreword from Kath

Executive Summary

We want to make Cheshire East a great place to be young, where children and young people are happy, heathy, safe, and have lots of opportunities to enjoy life, learn and develop. As a partnership, achieving this is our focus, and this is the basis of everything we do.

In order to achieve this, we need to continue finding ways to put children and young people at the heart of all our activity, which is why a large element of our plan will focus on listening to children and young people.

This plan sets out how children's services in Cheshire East, as a partnership, will continue to improve outcomes for children and young people.

The plan has four priorities:

1. **Embedding listening to and acting on the voice of children and young people throughout services**
2. **Ensuring frontline practice is consistently good, effective and outcome focused**
3. **Improving senior management oversight of the impact of services on children and young people**
4. **Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East**

The plan details what actions we will take to continue to improve the quality of services and embed a culture of continual learning, support and challenge, where everyone supports each other to get the best outcomes for children and young people. Our staff are passionate and committed, and they are the key to making the changes a success. We will continue to invest in supporting our staff, recruiting the right people, and empowering staff to shape and make changes, as well as celebrating and sharing good practice.

The plan also shows how we will drive, monitor, and continually assess our progress to ensure that we deliver the best service we can. Listening to children, young people, parents and staff will be a key component of evaluating how well we are doing.

The plan addresses our areas for improvement, and the recommendations from the Ofsted inspection in July 2015. The wider plans for Children's Services are contained within the Children and Young People's Plan 2015-18, the LSCB Business Plan, the Health and Wellbeing Strategy, and the Corporate Parenting Strategy.

Cheshire East has been on a continuous upward journey of improvement since April 2013. Understanding where we have come from, what we have achieved, and our strengths, is important to give context on what we know works and how we will continue to operate going forward, so this is also included in our plan.

This plan is focused on activity to improve services over the next year as part of a larger improvement programme over three years. We recognise that our plan will evolve over that time in response to feedback from young people and staff, and audit findings and external review. Our progress and the plan will be regularly reviewed to ensure that we are achieving the impact we need for children and young people, and will be revised to include any new activity as needed.

Children and Young People in Cheshire East

Cheshire East is a generally affluent area, and for the vast majority of children and young people it is a good place to grow up; Cheshire East has recently been announced as the 'best place to live in the North West' in the annual Halifax Quality of Life Survey. However, there are pockets of deprivation in Cheshire East where we know that children and young people do not enjoy the same outcomes, and the gap in attainment between more vulnerable groups and their peers, although reducing, remains too large.

There are approximately 74,930 children and young people under the age of 18 in Cheshire East, which is approximately 20% of the total population. Only 5% of children and young people are from minority ethnic groups, compared with 22% in the country as a whole.

A significantly lower proportion of children and young people are eligible for free school meals in Cheshire East, 10% in primary schools compared to 17% nationally, and 7% in secondary compared to 15%. But there is deprivation in Cheshire East, approximately 12% of children and young people live in poverty, specifically in Crewe, which has 40% of all children and young people in poverty in Cheshire East.

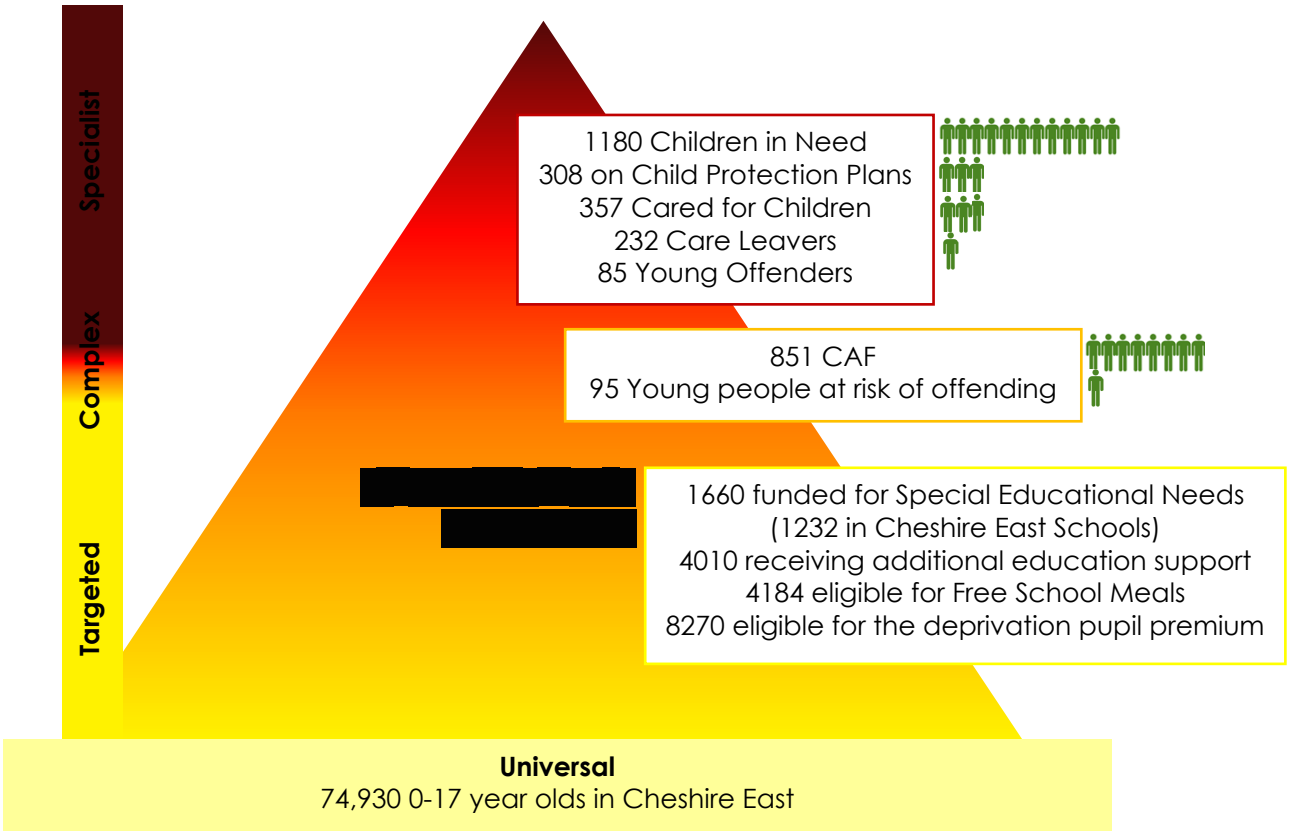
Demand for children's services continues to rise nationally, and this is also true within Cheshire East. At the end of March 2015, 2,217 children and young people in Cheshire East were identified as in need of a specialist children's service, which is an increase from the previous year of 2,116, a 5% increase overall. However, the number of children and young people subject to a Child Protection Plan has increased dramatically since the end of March 2014, from 203 to 308 in 2015, a 52% increase. This is due to better identification of and response to risk, and a greater focus on children and

young people who are at risk of being sexually exploited, reflected in the increase in children and young people subject to a child protection plan under the category of sexual abuse.

357 children and young people were cared for by Cheshire East Council at the end of March 2015. 38% of these live outside Cheshire East. The majority of cared for children and young people, 266 (75%), live with foster families, 29 live in residential children's homes, and 26 live with their parents. 21 children and young people were adopted in 2014-15.

The vulnerability profile below demonstrates the current level of need in Cheshire East from targeted to specialist services as at March 2015.

Cheshire East Vulnerability Profile



The Ofsted Inspection

In July 2015, Ofsted inspected Cheshire East Council's services for children in need of help and protection, cared for children and care leavers. This month long, unannounced inspection was carried out by a team of 10 inspectors and covered the range of local authority services for vulnerable children, young people and families, to understand the impact these are having on outcomes for children and young people, and particularly how professional practice impacts on the journey of the child. The inspection also evaluated the effectiveness of Cheshire East's Local Safeguarding Children Board (LSCB), which is a partnership of key people within services across Cheshire East that work closely with children, young people and their families, working together to effectively safeguard children and young people.

This was the first inspection that Cheshire East Council has undergone that reviewed all the elements of the safeguarding system at the same time.

The inspection focused on the experiences of the child or young person and the effectiveness of the help and protection that they are offered. Inspectors scrutinised case files, observed practice and discussed the help and protection given to these children and young people with social workers, managers and other professionals. Where possible, they talked to children, young people and their families. This was a robust, in-depth and thorough inspection that left no stone unturned.

Ofsted published its Inspection Report[1] on 15 September 2015. The report recognises the significant improvements we have made as a partnership; however, we still have more work to do to make Cheshire East a great place to be young.

[1] Inspection of local authority arrangements for the protection of children, Cheshire East – available at www.Ofsted.gov.uk

The judgements for the following areas of children's services received in the inspection are given below. Services were judged to be requiring improvement to be good overall.

Ofsted's definition of 'requires improvement' is that "there are no widespread or serious failures that create or leave children being harmed or at risk of harm" and "the welfare of looked after children is safeguarded and promoted." However, it also means that the local authority is not yet delivering 'good' services to protect, help and care for children, young people and their families.

1. Children who need Help and Protection	Requires improvement to be good
2. Cared for children and achieving permanence	Requires improvement to be good
2.1 Adoption Performance	Good
2.2 Experiences and progress of care leavers	Requires improvement to be good
3. Leadership, management and governance	Requires improvement to be good
4. Review of the LSCB	Requires improvement to be good

Ofsted made 17 recommendations for improvement to Cheshire East Council, and 8 for the Local Safeguarding Children Board. The full list of these is given in the supporting documents, along with an action plan to address each of these recommendations.

Our Improvement Journey

Background

Cheshire East has been on a continuous upward journey of improvement since April 2013.

In March 2013, Ofsted inspected Cheshire East's services for children and young people in need of help and protection and found the effectiveness of these to be inadequate overall. Ofsted made 16 recommendations for improvement, and Cheshire East was issued with a statutory Notice to Improve from the Minister on behalf of the Department for Education.

The key areas identified for improvement were:

- Timeliness of planning and assessment
- The rigour of the front door to Children's Social Care
- Management oversight
- Capturing the voice of children and young people
- Engagement with partners
- Quality and consistency of Social Work Practice

Cheshire East established an independently chaired Improvement Board in June 2013 to monitor and challenge progress against our improvement plan and to ensure the plan and quality assurance measures were robust and were effectively driving improvement to services. Our progress was also monitored by Ofsted during this period; Cheshire East took part in a pilot of Ofsted's Improvement Support programme which included 7 monitoring visits and culminated in a Progress Inspection in November 2014, which found Cheshire East to be making satisfactory progress with our improvements.

Since March 2013, extensive activity has taken place to drive improvement across Children's Services. Cheshire East has made significant progress in improving services for children, young people and families. The Ofsted Inspection Report published in July 2015 states that:

"Since the last Ofsted inspection of 2013, senior and political leaders have worked closely and effectively with the Cheshire East Improvement Board (CEIB) to improve the quality and effectiveness of services for children and their families."

"Senior and political leaders understand their strengths and weaknesses well. They have taken decisive steps to identify, tackle and systematically address the barriers to providing good services."

Improvements we've achieved so far

Considerable improvement has been made to the quality of social work practice and partnership working. Plans are increasingly outcome focused, SMART, and responsive to family circumstances. There is strong commitment to improvement across the partnership, and children and young people are increasingly influencing how we are continuing to develop and improve services at all levels. These improvements have been recognised in the Ofsted Inspection report from July 2015.

"Since the last inspection there have been significant improvements in the quality of services provided to children in need of help and support, particularly in the identification and assessment of risk within families."

In order to improve services, since April 2013 we have completed a wealth of activity, which has included but is not limited to the following key achievements:

Improving frontline practice, to ensure it is consistently good, effective and outcome focused

- Launched a new, more robust, front door to Children's Social Care – the Cheshire East Consultation Service (ChECS).
- Created the Cheshire East Practice Standards for Social Workers, to ensure expectations on the quality of Social Work practice are clear.
- Realigned the Social Care Teams to reduce the number of system enforced transfer points so children and young people experience less changes in Social Workers
- Redeployed staff to ensure there is a permanent Group Manager leading each Social Work Team to provide consistent leadership
- Developed and successfully rolled out a Recruitment and Retention Strategy for Children's Social Care.
- Introduced fortnightly Performance Challenge Sessions, where senior managers analyse the performance of Social Work teams and hold frontline managers to account, in order to improve timeliness
- Introduced the annual Social Care Staff Survey, which is used to gain staff's views on how the service operates, what is working well and what isn't, and what factors would influence them to remain working in Cheshire East to inform our recruitment and retention strategy.
- Introduced a modern case management system which is much more effective at supporting good Social Work Practice.
- Implemented Practice Alerts from Independent Reviewing Officers (IROs) to ensure areas of concern are responded to and improved, and making challenge from IROs visible.

- Provided bespoke coaching and mentoring training for frontline Social Work managers
- Delivered Practice Excellence Training to Social Work Staff
- Implemented a robust audit process, including the views of children, young people and parents within Cheshire East Council, and on a multi-agency basis from the LSCB

Improving listening to and acting on the voice of children and young people

- Invested in a service for participation with children and young people, advocacy and independent visiting, which is four-fold increase on the previous service.
- Developed a Children and Young People's Participation and Rights Strategy and standards for Participation in partnership with young people
- Launched the Young Advisors Service, which has a diverse makeup and includes young people from a range of backgrounds, including those who have disabilities, are or were cared for, and have used mental health services
- Introduced November Children's Rights Month to raise awareness of the importance of listening to children and young people, and including them meaningfully in decision making, using a variety of activities and awareness raising across the partnership throughout the month of November
- Provided training on participation with children and young people across the partnership
- Included young people on the panel for the LSCB Sector Specific Challenge Sessions, which challenge organisations and services on the quality of their provision for children and young people
- Implemented a feedback survey for children, young people and parents on their experience of support through Child in Need Plans.
- Improved the involvement of the young people on the LSCB Board and the Children and Young People's Trust

Improving the partnership, so it effectively protects and ensures good outcomes for all children and young people in Cheshire East

- Developed a clear vision and ambition for Children's Services across the partnership – to create a great place to be young
- Appointed a new Chair of the LSCB to improve effectiveness, support and challenge
- Realigned the support to the LSCB with support to the other children and young people's Boards, including the Improvement Board and Children and Young People's Trust, to ensure plans to develop Children's Services are aligned.
- Reviewed and reformed the structure and business of the LSCB Board and its subgroups, including establishing an Executive Group to the LSCB to drive change.
- Revised the thresholds for the levels of need and communicated these across the partnership
- Introduced LSCB Sector Specific Challenge Sessions to scrutinise and challenge service areas on the quality of their provision to children and young people
- Introduced frontline visits by members of the LSCB to each other's services to develop understanding of services across the partnership and bring the views of frontline staff to the LSCB.
- Launched an awareness campaign across the partnership on child sexual exploitation (CSE).
- Developed and launched a strategy for addressing neglect, including tools for workers
- Trained elected members on their safeguarding and child protection responsibilities
- Introduced a partnership performance scorecard for the LSCB to monitor and challenge partnership services
- Improved the coverage of the Joint Strategic Needs Assessment (JSNA) on children and young people's safeguarding and child protection needs.
- Revised the multi-agency information sharing protocol

The recent Ofsted Inspection confirms what we have found in audits, that these improvements are resulting in improved outcomes for children and young people.

In relation to the key areas identified for improvement from the previous inspection, the Ofsted Inspection confirmed that we have improved:

✓ **Timeliness of planning and assessment**

"Timeliness of assessments is good with timescales appropriate to the needs of the child."

✓ **The rigour of the front door to Children's Social Care**

"Children in need of a social work assessment are identified and swiftly provided with appropriate levels of help through new arrangements by Cheshire East Consultancy Service."

✓ **Management oversight**

"Formal and case supervision are regular and social workers report that managers at all levels are available, visible and take a direct interest in individual children and families."

"Elected members and senior managers fully understand that establishing a stable and skilled group of first-line managers is fundamental to providing consistently good support to children and families. They are taking appropriate steps to strengthen management skills through a comprehensive management development strategy."

✓ **Capturing the voice of children and young people**

"The participation of children and young people is a real strength in Cheshire East. Political and senior leaders create meaningful opportunities for young people to join them in strategic thinking and planning. Young people from the youth council, which includes children looked after and care leavers, are consistently represented and exert influence at most key forums such as Corporate Parenting Board, Children's Trust Board and the Local Safeguarding Children Board."

✓ **Engagement with partners**

"The local authority has worked hard to ensure that all partners now take responsibility for the improvement of services for children and families."

"Partnership working has considerably improved with schools, health and the police working well with the local authority to help protect and support children and young people."

✓ **Quality and consistency of Social Work Practice**

"Children's views and ideas are included in assessments and recorded on case files. Social workers see children regularly and speak warmly about them."

"Senior managers have consciously lowered their tolerance of poor practice, resulting in some social workers and managers changing roles or leaving the local authority. While this purposeful strategy has contributed to high staff turnover, it has also led to improvement in the experiences of children and families."

The Ofsted recommendations from the inspection in March 2013 and the directions from the notice to improve are outlined in full in the supporting documents.

Our Strengths in Cheshire East

This Improvement Plan will utilise the strengths we have in Cheshire East to continue to improve outcomes for children and young people.

Our strengths in Cheshire East:

- **Strong commitment and ambition** for children and young people to receive the best help and support

"Leaders, managers and partners share a strong commitment and ambition for children and families to receive the best help and support."

- The **plans, resources and political commitment** are in place to enable us to achieve this
- **Young people are actively involved** in strategic decisions and plans

"Engagement is a real strength, with young people exerting influence at a strategic level in all the key decision-making forums."

- **We know our own strengths and areas for improvement,** and have strong ways to assess and drive progress through internal and external scrutiny and challenge

"The local authority embraces external scrutiny and challenge through peer reviews and multi-agency auditing, and is fully aware of areas of practice that still require improvement to be good."

- **Our plans** to address the areas for improvement **have been robust and effective**
- **Staff** are on board with us, **are committed to children and young people and willing to make and shape changes**

"Social workers feel well supported. They are engaged in the improvement journey and can articulate achievements."

- **Our strategic response to children who go missing or are at risk of child sexual exploitation is strong**
- **Strong Front Door to Children's Social Care - Identification and referral** to children's services for assessment, intervention and support is **swift**

- **Improving stability in Social Work Teams, reduced caseloads** for most social workers, and greater continuity for children.

"The local authority is actively addressing workforce instability and this is a key challenge in providing consistently good services for children and families. The local authority has introduced an ambitious and thoughtful range of recruitment and retention initiatives."

- Child protection chairs and independent reviewing officers have **good oversight of individual cases**
- **Planning for permanence** is improving with a **good focus on adoption.**
- **Good Adoption Service with good support for adopters**

"Children with adoption plans are now matched with adopters in a timely manner. The local authority has effective collaborative arrangements for recruiting and training adopters and has more than sufficient numbers of adopters for children, leading to appropriate matching."

Strengths of the Local Safeguarding Children Board (LSCB):

- **Clear commitment from everyone to improve effectiveness of the Board**
- **The right support mechanisms for monitoring and challenge are now in place**, resulting in significant progress to the Board's effectiveness and operations, especially over the last year

The Chair "has led significant development work and is a strong and credible chair who has assisted partner agencies to take joint ownership and accountability for safeguarding across Cheshire East."

- **The Board holds partner agencies to account, causing effective change**

"There is significant evidence of the Board holding partner agencies to account. An independent panel of Board members and young people undertake sector-specific challenge sessions with partners to help identify where they need to improve their safeguarding arrangements and oversight."
"All board members spoken to were able to provide examples of effective challenge and how this had changed their practice."

- **The voice of the child is central to the LSCB's work, and is "innovative and influential"**

"The voice of the child is an area of real strength within the work of the board. Engagement with young people is innovative and influential, and there are clear examples of where this has had an impact on policy development and service delivery."

- Arrangements to protect children and young people at risk of **child sexual exploitation (CSE) are well coordinated,** with good intelligence sharing, and are effectively delivering the multi-agency strategy

- We have a **clear learning culture,** and we use external scrutiny and challenge well to help the LSCB's development

"The Board has a clear learning culture using external scrutiny and challenge well to help its development. This has included a recent peer challenge, the use of reflective reviews and the introduction of 'True for Us' reviews."

- **Our training offer is comprehensive** with a good take up of places at 87%

- **The work and priorities of the LSCB is well aligned with the other Children's Boards**

- **Our procedures are comprehensive, up to date and interactive**

"The CESCB website is accessible, easy to navigate and well used, especially for details about training. It has a comprehensive, up-to-date set of procedures which are interactive."

- **Good information and resources on the LSCB website,** which is well used by practitioners

Over our improvement journey, we have developed effective ways of planning, driving, delivering, monitoring and challenging, to make change happen. We know ourselves well, and we have the drive and ambition to continue to improve to the next level. We want to create a great place to be young, and we will build on what we have already achieved, using the methods we know are effective, to improve our service so we deliver the very best service for our children and young people.

Our Improvement Plan

Focus for Improvement in 2015-16

We have made considerable improvements as a partnership; however, we still have more work to do to make Cheshire East a great place to be young for all children and young people.

Our new Improvement Plan concentrates on the areas we know we still need to focus on and develop to continue to improve, and will specifically address the areas for improvement highlighted in the Ofsted Inspection Report.

Because listening to children and young people is so important in ensuring we have the right services for them, embedding this throughout all services will remain a priority of our new plan.

The plan has four priorities which set out what we want to achieve to improve outcomes for children and young people:

1. **Embedding listening to and acting on the voice of children and young people throughout services**
2. **Ensuring frontline practice is consistently good, effective and outcome focused**
3. **Improving senior management oversight of the impact of services on children and young people**
4. **Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East**

1. Embedding listening to and acting on the voice of children and young people throughout services

We have made real progress embedding the voice of children and young people in our services, and this was sighted by Ofsted as a strength for both Cheshire East Council and the Local Safeguarding Board. Children and young people's views are key to helping us to continue to develop our services, so how we will ensure we build on what we have achieved so far, and continue to create opportunities to find out what children and young people think, feel, and want is included within our action plans. The views of children and young people receiving services will also be a main part of assessing how well we are doing in improving the quality of the services we provide.

The key area that Ofsted identified for improvement under this priority was:

- **Strengthening the use of feedback from complaints** to drive improvements to services

2. Ensuring frontline practice is consistently good, effective and outcome focused

Although social work practice has considerably improved, overall practice needs to be more consistent to provide a good service to children and young people. We need to support managers to be leaders for good practice, and we need to continue with our successful recruitment programme attracting the right people to work with our families in Cheshire East. Good, effective and outcome focused social work will result in children and young people being safer, having confidence and trust in their Social Worker, and the right support at the right time based on what's important for the child and young person, which will result in better outcomes.

The key areas that Ofsted identified for improvement under this priority were:

- **Management oversight and challenge** – ensuring managers effectively challenge practice to improve outcomes for children and young people, and that evidence of their guidance and challenge is clearly recorded.
- **Consistency in the quality of practice** – we need to ensure that all children and young people get a consistently high quality service – that assessments and plans are clear and action is taken in a timely way.
- **Use of all information to inform planning** – making sure that all relevant information is used to inform our planning for children and young people, so that this is the best possible quality.

- **More timely access to early help** when families do not meet the threshold for social work intervention – reducing delays families sometimes experience
- **Achieving permanence quicker** – we need to ensure permanence for children and young people is a top priority and is achieved as quickly as possible
- **The child's record and the reasons for decisions –** need to be clearer for children and young people so they can understand their stories.

3. Improving senior management oversight of the impact of services on children and young people

We need to improve how we measure the impact of services on children and young people so that we have a clear picture of this and a joined up approach for all our services. This will help us to effectively target our efforts on the areas that need it most, and help us to learn from the services we know are working really effectively. We need to ensure that all managers have the information they need to know how effectively their service is operating in order to drive improvements day to day within their teams. Senior managers will have oversight of the most complex cases to ensure that where children and young people have a range of needs, the right support is being given to them to support them.

The key areas that Ofsted identified for improvement under this priority were:

- **Scrutiny of performance of services for cared for children and young people** – developing and improving these services, and ensuring that progress is reported to the partnership Boards.
- **Commissioning arrangements** – ensuring children and young people have the right services in place that they need to support them effectively
- **Timely identification, assessment and monitoring of private fostering and connected persons' arrangements** – we need to ensure we have good oversight of children and young people who are in the care of other families

4. Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East

We need to unite our services and continue to develop partnership working by developing one way of working. This will make it clear what is expected from each person's role, and will ensure that everyone is focused on achieving the best outcome for children and young people. We will improve links between the strategic decision making partnership boards, and we will involve practitioners across the partnership in driving changes to services. This will help us to continually improve our services and will make sure that services are joined up.

The key areas for improvement identified by Ofsted for the Local Safeguarding Children Board were:

- **Performance Management** – we need to continue to develop how we capture partnership performance
- **Scrutiny of services for cared for children and young people** – the Board needs to have greater oversight and focus on this
- **Impact of our Neglect Strategy** – we need to assess and evaluate what impact this Strategy has had on outcomes for children and young people
- **Links with the Family Justice Board** and the Board need to be strengthened
- **Quality of Private Fostering casework** – the Board needs to drive improvements to this through the Private Fostering Sub Group
- **Influence at the Health and Wellbeing Board** – the Board needs to ensure that the agenda for children and young people is championed and is a greater focus at the Health and Wellbeing Board
- **Female Genital Mutilation (FGM) strategy** – needs a coordinated plan
- **Protocol around notifications, Serious Case Reviews (SCRs), and the national panel** – needs formalising and agreeing by the Board.

Our Action plan outlining the activity we complete to meet our areas for development and the Ofsted recommendations is sectioned under these priorities.

Our approach

We have used the recent Ofsted Inspection as an opportunity to review and refocus our improvement across the whole continuum of need.

Our previous improvement activity was rightly focused on ensuring that we had the right people, systems and support to keep children and young people in need of help and protection safe. Now that we have achieved this, and services are robust and effective, we can broaden our focus to developing a consistently good approach to all services.

Our Improvement Plan runs from November 2015, but we have not been resting in between then and the Ofsted visit in July. In that time we have implemented a number of improvements in response to the Ofsted recommendations, these have included but are not limited to the following activities:

- Introduced a monthly permanence case tracking meeting, chaired by the Principal Manager for Cared for Children and Care Leavers, with Group Managers and IROs, the Children and Families' Commissioning Manager and Head of the Virtual School, to ensure clear senior management oversight and drive for permanence
- Introduced a standing item on sharing and celebrating good practice in Practice and Performance workshops – Social Workers and Practice Managers present examples of their own good practice
- Extended the practice coaching audit programme to reflect the practice standards for cared for children's services
- Held focused sessions on Child Sexual Exploitation, Reg 24 and Connected Persons arrangements, and Female Genital Mutilation, in the Social Work Practice and Performance Workshops
- Launched the new Pan Cheshire Missing from Home and Care Protocol
- Held the first LSCB Children and Young People's Challenge and Evidence Panel which challenged key members of the LSCB on changes children and young people want to safeguarding services based on the LSCB Children and Young People's Survey
- Researched good practice in other LSCBs around performance frameworks
- Realigned the support to the Corporate Parenting Board and Corporate Parenting Operational Group with the support to the other Children and Young People's Partnership Boards to ensure strategic links and oversight between these Boards is strengthened
- Ensured that Private Fostering is included in the Level 1 Multi-agency Safeguarding Training

Following the publication of the report, we have had conversations and discussions with all the key people who will be involved in delivering and scrutinising the plan, and have gained their views on what action we need to take to develop our services to the next level.

This has included all social work staff, the Improvement Board, the Corporate Parenting Board, the Health and Wellbeing Board, The Children and Young People's Trust, the LSCB, LSCB Executive and Sub Groups to the LSCB – including the Safeguarding Children Operational Group of frontline partnership managers, Cheshire East Council's Children and Families Scrutiny Committee and the Children and Families' Senior Leadership Team. Young people are members of the Corporate Parenting Board, Children and Young People's Trust, and LSCB, and have contributed their ideas as well, and will be carrying out some of the improvements to services outlined in this plan.

We are always looking for opportunities to learn and develop, so in the production of this plan we have sought an external and independent view of our plan from a consultant with considerable experience quality assuring plans to improve.

As part of our continuing development and improvement, key managers within Cheshire East Council will be attending all the Ofsted 'Getting to Good' Seminars in autumn 2015 and spring 2016. These seminars focus on different areas of practice and look at what common areas for improvement across local authorities contribute to a judgement of 'requires improvement'. They consider contemporary research, inspection and survey findings. The learning from these seminars will be used to develop our services over 2016.

Cheshire East is also part of the North West Working to Improve Group, which brings together other local authorities and shares ways of working to improve services. We will continue to contribute to this group and use ideas from this forum to develop our services throughout 2015-16.

Who we involved in our plan:

Scrutiny and Challenge from independent bodies – Ofsted and the DfE, the Improvement Board and Children and Families Overview and Scrutiny Committee

Strategic Decision Makers through the LSCB and LSCB Executive, Children and Young People's Trust, and Corporate Parenting Board

Senior Leaders for Children's Services in Cheshire East Council through the Children and Families Senior Leadership Team

Key partners delivering improvements to safeguarding through the LSCB Sub Groups

Frontline Managers across the Partnership through the Safeguarding Children Operational Group

All Social Care frontline Staff at the Practice and Performance Workshops, and the Safeguarding Unit through Team meetings

Children and Young People in Cheshire East – who's views were a key part of the inspection, and are represented on the Partnership Boards

Outcomes

We want all children, young people and families in Cheshire East to receive the best support from our services to improve outcomes for them.

We want all children and young people in Cheshire East to:

- **Be safe, and protected from harm**
- Have a **loving, caring and stable environment** where they can grow and develop
- Have a **permanent home as soon as possible** when they need to become cared for by the local authority
- **Achieve to their full potential**
- Have a range of opportunities for and the **right support to go into employment, further education or training** when they reach adulthood

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

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

We know that children, young people and parents experience better outcomes when they understand what professionals are doing, how and why.

We want to develop and embed **consistently good practice**, **and a culture of continual learning, support and challenge**, where everyone supports each other to get the best outcomes for children and young people, and is confident to speak up for young people and challenge any practice that is not putting them at the centre.

We want children, young people, parents and carers to be involved in decision making from the outset, as they are the people best placed to know what works for them.

We want to invest in and recognise the skills of our staff. We have very passionate, committed and creative professionals in Cheshire East, we want to cultivate these people and make the most of their skills, and we want to continue to attract new highly qualified people excited to work with us.

Action!

Our staff are passionate and committed, and they are the key to making the changes a success.

We already involve staff in decision making and planning, and staff understand and are committed to our improvement journey, but we think we can do more to make sure **everyone is a champion for young people and for change.**

So how will we make this happen?

We will focus on **empowering staff** to **make their views heard and to make changes** through:

- Widespread culture change on including staff in decision making across all of children's' services, led by the Children and Families Senior Leadership Team
- Celebrating good practice – this will be a feature in all supervisions and Practice and Performance workshops, and will help staff to identify and call attention to good practice in themselves and others, receive recognition, and create a positive culture of learning and sharing

- Giving more responsibility for making and instigating changes to the Practice Champions Group
- Developing the operation of the LSCB Safeguarding Children Operational Group, consisting of frontline partnership managers, to make this group more interactive and a driver for change
- Improving how we communicate learning and tools directly with frontline workers
- Continuing to use existing effective engagement forums, such as the Practice and Performance Workshop and the annual Social Work Staff Survey

We will empower **managers to be leaders for change** through:

- Modelling constructive support and challenge through the Group Manager role
- Group Managers taking more responsibility for leading and challenging, for example leading Performance Challenge Sessions, and developing Policies and Procedures for their service areas
- Giving Practice Managers the skills and confidence to be good leaders through the management training programme
- Developing the operation of the LSCB Safeguarding Children Operational Group, consisting of frontline partnership managers, using this to develop and raise awareness of tools to support practitioners and managers, and agree one consistent way of working across the partnership

We will continue to **invest in our staff** by:

- Seeking and listening to their views
- Continuing with our successful recruitment strategy, recruiting the right people to work with us in Cheshire East
- Continuing to offer the Aspirant Managers course to develop the next generation of our leaders
- Developing continual professional development opportunities and raising the profile of these
- Continuing to monitor and reduce caseloads
- Continuing to offer ICT support and equipment for remote and mobile working

We also need to focus on improving consistency in practice for children and young people across all our services, so that they receive the right support for

their needs at the right time, and all professionals work together to achieve the best outcome.

We will continue to **improve our quality of practice** through:

- Developing one way of working
- Developing multi-agency practice standards
- Reviewing and revising the Cheshire East Practice Standards so Social Workers are clear on what is expected from their roles in Cheshire East

The core training offer to support good practice for Social Workers and Managers is included within the supporting documents.
This plan is the first stage of a three-year improvement programme to develop consistently good and outstanding services for children and young people.

The plan is focused on activity to improve services over the next year, creating a blueprint for the future. We recognise that the plan and the improvement programme will evolve in response to feedback from young people and staff, audit findings and external review. Our progress and the plan will be regularly reviewed on a quarterly basis to ensure that we are achieving the impact we need for children and young people, and will be revised to include any new activity as needed.

Three-Year Improvement Programme Overview

Nov 2015 — Sept 2016 — Sept 2017 — Sept 2018

1. Developing the Cheshire East Way
(Year one)

- Researching good practice in other local authorities
- Developing one way of working
- Young people's views driving service development
- Sharing and celebrating good practice
- Increase engagement opportunities with staff
- Empowering staff and frontline managers to lead and make changes
- Responding to the recommendations and areas for improvement from the Ofsted Inspection
- Developing an overarching quality assurance framework for Children and Families Services
- Strengthening governance arrangements and links between partnership boards across children's and adult services

2. Embedding the Cheshire East Way
(Year two)

- Embedding the Cheshire East way
- Implement communications strategy to support to embedding the Cheshire East way
- Senior Leaders to monitor performance and impact, completing deep dives of service areas
- Revisit themes from the Ofsted inspection through audit to assess progress
- Refresh Improvement Plan to address areas for improvement from audit, children and young people's feedback and staff feedback (Sept 2016).
- Peer Review of progress (March 2017)

3. Aiming higher
(Year three)

- Increase ambition for children's services
- Look wider for best and cutting edge practice
- Consider innovative ways to develop services further
- Increase focus on early help and building resilience
- Refresh Improvement Plan to address areas for improvement from audit, children and young people's feedback and staff feedback (Sept 2017).

Driving, Monitoring and Reviewing our Progress

Measuring our Progress

Assessing and monitoring where we need to improve is one of our strengths in Cheshire East, so our Quality Assurance Framework builds on our existing system, extending it to cover services for cared for children.

"The quality assurance framework is comprehensive and includes a strong emphasis on case auditing."

An overarching quality assurance framework for Cheshire East Council's Children's Services will be developed in 2015-16 to ensure there is a consistent, joined up and comprehensive assurance process for all Children's Services.

Progress against our plan will be measured on a quarterly basis. We will measure and demonstrate progress through:

- The progress of the activity undertaken to meet the recommendation or area for improvement within the timescale
- Performance on the key measures specified in the plan for each area
- Audit findings and other quality assurance activity
- Feedback from children, young people and parents on our services
- Feedback from staff and partners on improvements.

An overarching Children and Families Performance Scorecard will be developed in 2015-16, which will report on all the key areas of Cheshire East Council's Children's Services. This will be scrutinised by the Children and Families' Senior Leadership Team. This scorecard will include thresholds to judge the standard of performance, and will be based on the Improvement Board Performance Book, which was positively received by Ofsted and the Improvement Board.

"Detailed and comprehensive performance information ensures managers at all levels have a clear and realistic understanding of the strengths and weaknesses in services for children. Where commentary and analysis are included this is particularly useful, such as the performance book' used by the Improvement Board."

The LSCB Performance Scorecard will also be further developed, and will incorporate key performance measures around the Improvement Plan in order to effectively monitor and challenge progress across the partnership.

Impact

We are improving our services so that children and young people experience better outcomes. To assess the impact of our improvements on children and young people, we will use information from four different sources.

Performance

An up to date, month by month picture, showing a clear trajectory of progress. Allowing us to set targets and evaluate our performance against our statistical neighbours.

Feedback from Children and Young People, Parents and Carers

What children and young people, parents and carers want and is important to them, what their experience is of our services.

Qualitative Information

Detailed information on what is working well and areas for improvement for specific services, including what the causes of issues are.

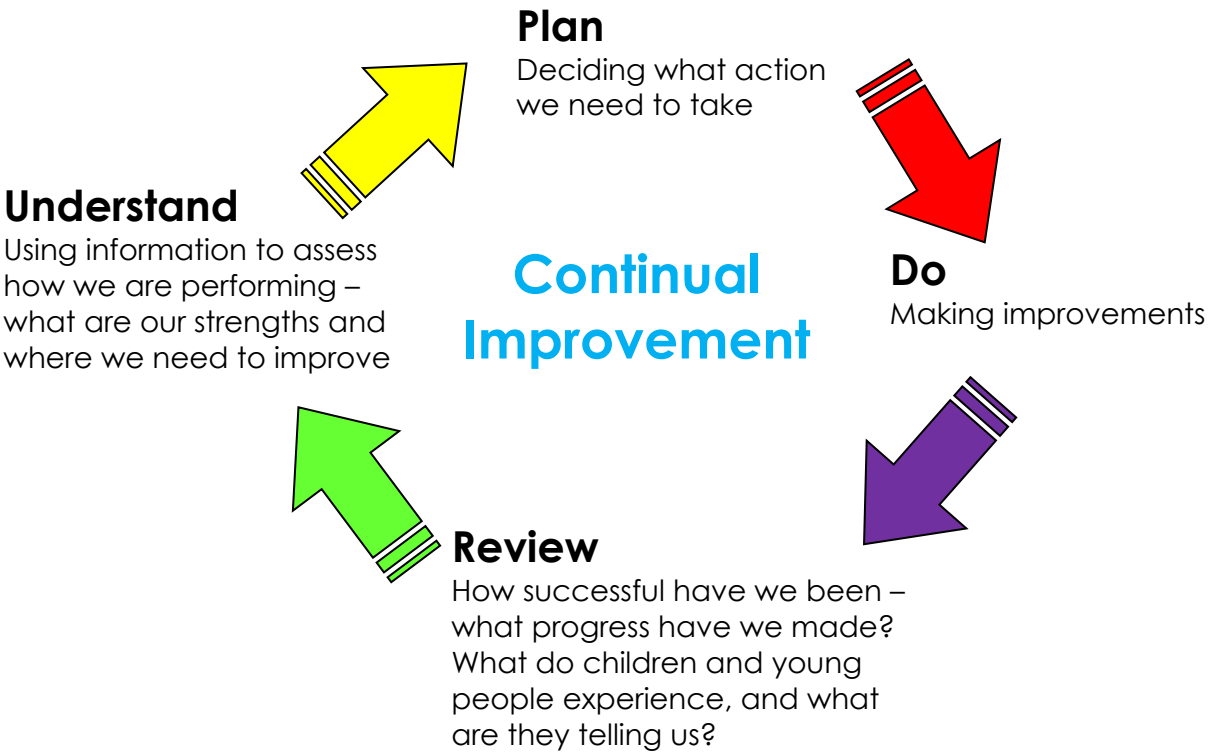
Feedback from Staff

What staff know would help them to work with families, what is working well, and what could work better.

This will allow us to triangulate the evidence so that we know what impact improvements are making. They will also help us to drive and shape further improvements, as they will tell us more about our service, what we are doing well, and where we can improve further.

In assessing our progress against our action plan we will review information from each of these four sources where possible.

We think it is important to have a continual learning and self-improvement culture, and we will use information from these sources to continually evaluate and improve our services throughout the year.



We will continue to communicate the findings of this activity to staff, children and young people, partners, and other key stakeholders through our e-newsletters, staff forums, and partnership Boards. An overview of the ways we engage with stakeholders is included in the supporting documents.

An overarching children and families Quality and Assurance Framework will be developed in 2016 which will ensure that we have a coordinated and consistent approach to evaluating the impact of all services for children and young people to effectively drive improvements to all services.

More detail on the sources we will use to evaluate impact is given in the Quality Assurance Framework, and our Improvement Action Plan.

Scrutinising, Challenging and Monitoring Progress

The delivery of the Improvement Plan will sit with a number of key partnerships. The Improvement Board has taken the lead role in scrutinising, challenging and monitoring progress, and this will continue until the Minister is satisfied that Cheshire East has made sufficient improvements, and has robust arrangements in place to ensure we continue to improve.

The governance arrangements described below will be put in place once the existing Improvement Board is disbanded, to take up this lead role to ensure that progress is closely monitored and scrutinised, and that the pace of progress is challenged and driven.

The Health and Wellbeing Board will be responsible, as the overarching partnership board, for monitoring, scrutinising and challenging the progress and effectiveness of the plan to address the recommendations and areas for improvement identified by Ofsted, and will take over the role currently occupied by the Improvement Board.

As the accountable body, the Health and Wellbeing Board will receive quarterly updates on progress against actions, performance and quality assurance information.

There will be two levels for sign off of activity against the plan:

1. **Phase 1 sign off** - the Board is satisfied that the activity to address the recommendation has been completed;

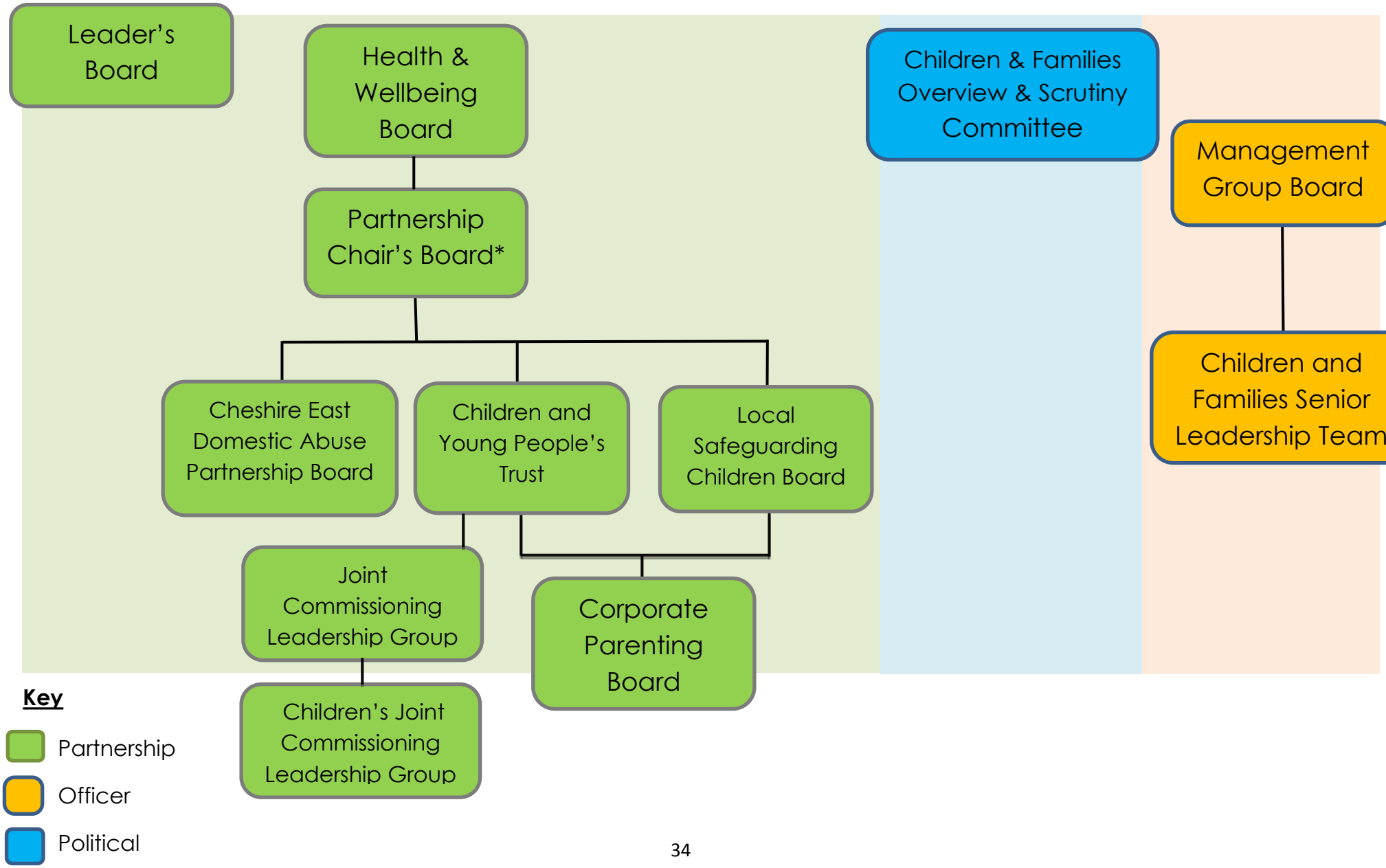
2. **Phase 2 sign off** - the Board is satisfied that the activity has resulted in improvements for children and young people, evidenced by the the quantitative and qualitative information, and feedback from children, young people and staff.

The Health and Wellbeing Board will also receive the updated risk register for the plan, and will request further more detailed reports where performance suggests there are risks or issues in delivering on the improvements.

The strategic partnership boards responsible for improving outcomes for children and young people in Cheshire East are the Local Safeguarding Children Board, the Children and Young People's Trust and the Health and Wellbeing Board under the priorities of 'Starting Well' and 'Developing Well'. The Corporate Parenting Board is also key for driving improvements for cared for children and young people.

A framework showing the reporting structures and accountabilities between the Boards and sub-groups is included on the next page, and the remits of each Board are explained.

Governance for the Improvement Plan



* New proposed group, subject to approval

Partnership Governance

Leader's Board

The **Leader's Board** is responsible for joint commissioning and integrated delivery. The members of this Board are high level representatives from the Council, Police and Crime Commissioner, the Chair of the Health and Wellbeing Board, and Fire Authority. Any issues or risks to the implementation of the improvement plan that cannot be resolved by the other partnership boards, will be escalated to the Leader's Board.

Health and Wellbeing Board

The **Health and Wellbeing Board** provides the vision and coordinated drive to address the health and wellbeing needs of the local population of Cheshire East to reduce unacceptable and avoidable variations in health and healthcare. Services for children, young people and their families come under the 'Starting Well' and 'Living Well' priorities of the Health and Wellbeing Board. This Board will hold the other children and young people's partnerships to account for their delivery of the improvement plan.

Partnership Chair's Board

The **Partnership Chair's Board** is a proposed new Board to be made up from the Chairs of the other children and young people's partnership boards, and relevant officers. This Board will ensure that cross-partnership issues are effectively delivered. This Board will also report progress against the improvement plan to the Health and Wellbeing Board.

Local Safeguarding Children Board

The **Local Children's Safeguarding Board (LSCB)** is an independently chaired statutory partnership board that works together to ensure that where children are harmed, or at risk of harm, all agencies actively cooperate to safeguard them and promote their welfare. The LSCB is supported by an LSCB Executive Group and a number of sub-groups that progress separate work streams of the LSCB Business Plan. The LSCB will monitor and challenge partnership progress against the improvement plan.

Children and Young People's Trust

The **Children and Young People's Trust** is a partnership Board that aims to improve outcomes for all children and young people in Cheshire East through strategic leadership and decision making, determining joint priorities, joint planning, and ensuring integrated working. The Trust is responsible for ensuring that the Children and Young People's Plan and the wider partnership supports the improvement plan.

Cheshire East Domestic Abuse Partnership Board

The **Cheshire East Domestic Abuse Partnership Board** co-ordinates the shared work of all key statutory and voluntary sector communities to keep people safe from domestic abuse and make best use of resources.

Corporate Parenting Board

The **Corporate Parenting Board** is mainly made up from officers from across the Council's services and partners that can impact on outcomes for cared for children and young people. The Board will be responsible for ensuring delivery of the improvement plan areas for cared for children and young people.

Joint Commissioning Leadership Group

The **Joint Commissioning Leadership Group** co-ordinates joint commissioning across the partnership for children's and adults' services to ensure this is joined up and the partnership works effectively together to meet the needs of people within Cheshire East.

Children's Joint Commissioning Leadership Group

The **Children's Joint Commissioning Leadership Group** is focused on joint commissioning arrangements for children's services to ensure these are prioritised. It co-ordinates joint commissioning across the partnership for to ensure this is joined up and the partnership works effectively together to meet the needs of children and young people within Cheshire East.

Council Member Governance

Children and Families Overview and Scrutiny Committee

The **Children and Families Overview and Scrutiny Committee** is part of the Committee structure of the Council and will carry out the overview and scrutiny functions of the improvement plan on behalf of the Council.

Council Officer Governance

Management Group Board

The Council's **Management Group Board** brings together Chief Officers from across Council departments and oversees delivery of the improvement plan across Council services. The Board will also deal with risks and issues that need to be resolved at a wider council level.

Children and Families Senior Leadership Team

The **Children and Families Senior Leadership Team** are senior managers from across the Council's Children's Services and is responsible for ensuring delivery of the improvement plan at a service level. The team will monitor,

challenge and ensure appropriate reports are presented to other bodies in respect of the improvement plan.

Reviewing our Progress

The Boards that are leads for delivery for the action plans will scrutinise and drive progress against their plans on a bimonthly basis. They will recommend when plans are ready for consideration for sign off by the Health and Wellbeing Board.

The Partnership Chair's Board will review progress against all the action plans, and will coordinate the strategic drive for improvement.

Progress against the plan will be reviewed by the Health and Wellbeing Board on a quarterly basis.

A new Improvement Plan will be developed in September 2016 for the next stage in our improvement journey.

Supporting Documents

There are a number of documents that support this plan and should be read alongside it. These are all available on our website.

- Improvement Action Plan
- Quality Assurance Framework
- Stakeholder Engagement
- Core Training Offer for Social Workers and Managers
- Risk Register
- Ofsted recommendations from the Inspection in July 2015
- Ofsted recommendations from the Inspection in March 2013 and Improvement Notice Actions

Feedback

If you have any thoughts or views on this plan, or how well we are progressing, please do contact us at **C&FSpeakUp@cheshireeast.gov.uk**

Cheshire East Children & Young People's Trust

Cheshire East Local Safeguarding Children Board

Cheshire East Council

Cheshire East

DRAFT Children and Young People's Improvement Plan

to meet the Ofsted Recommendations

Improvement Action Plan

November 2015-2016

Creating a great place to be young

We want to make Cheshire East a great place to be young, where children and young people are happy, heathy, safe, and have lots of opportunities to enjoy life, learn and develop. In order to achieve this, we need to continue finding ways to put children and young people at the heart of all our activity, which is why a large element of our plan will focus on listening to children and young people. This plan sets out how children's services in Cheshire East, as a partnership, will continue to improve outcomes for children and young people. The plan has four priorities:

1. **Embedding listening to and acting on the voice of children and young people throughout services**
2. **Ensuring frontline practice is consistently good, effective and outcome focused**
3. **Improving senior management oversight of the impact of services on children and young people**
4. **Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East**

The plan details what actions we will take to continue to improve the quality of services and embed a culture of continual learning, support and challenge, where everyone supports each other to get the best outcomes for children and young people. Our staff are passionate and committed, and they are the key to making the changes a success. We will continue to invest in supporting our staff, recruiting the right people, and empowering them to shape and make changes, as well as celebrating and sharing good practice. The plan also shows how we will drive, monitor, and continually assess our progress to ensure that we deliver the best service we can. Listening to children, young people, parents and staff will be a key component of evaluating how well we are doing.

Cheshire East has been on a continuous upward journey of improvement since April 2013. Understanding where we have come from, what we have achieved, and our strengths, is important to give context on what we know works and how we will continue to operate going forward, so this is also included in our plan. This plan is focused on activity to improve services over the next year as part of a larger improvement programme over three years. We recognise that our plan will evolve over that time in response to feedback from young people and staff, and audit findings and external review. Our progress and the plan will be regularly reviewed to ensure that we are achieving the impact we need for children and young people, and will be revised to include any new activity as needed.

Priority:	Listening to and acting on the voice of children and young people
Recommendation:	15. Ensure that **learning from complaints leads to clear action plans** and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142).
Areas for Improvement:	• Analysis of complaints did not consistently result in effective action to improve practice. • Recommendations from complaints did not sufficiently explore the underlying issues, and did not result in a reduction to the number of complaints received.
What 'good' looks like:	• We seek feedback from children, young people and families. • The majority of this feedback is positive, but where there are complaints we analyse these to find out where we can improve. • Prompt action is taken to address areas for improvement. • Frontline staff know what the common themes are from feedback from children, young people and families, what they want services to look like, and can explain how this is influencing their work. • The impact of actions taken as a result of feedback on the experiences of children, young people and parents can be clearly demonstrated.
Lead for Delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
15.1	Develop, track and review progress against an action plan from quarterly complaints reports for children's services.	Dec 2015	Alan Ward, Complaints Officer
15.2	Report complaints and compliments, and progress against the action plan for children's services regularly to the Senior Leadership Team Meetings, and embed reporting in the forward plan for SLT.	Dec 2015	Alan Ward, Complaints Officer
15.3	Communicate findings from complaints and compliments to Children's Social Care through Practice and Performance Sessions and Practice Champions Sessions and engage staff in improvement planning	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
15.4	Changes to Policies and Procedures to be made as necessary in response to complaints and feedback from children, young people, parents and carers	Mar 2016	Group Managers
15.5	Changes to training for practitioners and frontline managers to be made as necessary in response to complaints and feedback from children, young	Mar 2016	Lisa Burrows, Workforce Development Manager

Ref	Action	Review date	Lead
	people, parents and carers		
15.6	Themes from complaints and feedback to inform the audit programme	Mar 2016	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of complaints resolved at stage 1	If complaints are resolved at stage 1 this means that the complainant was satisfied with our response.	75-84	85-94	95-100
Number of compliments received to Children's Social Care	The number of compliments should increase as we improve services	High is good		
Number of complaints around key themes: • Communication • Organisation • Factual accuracy	The number of complaints on key themes should reduce as these themes are addressed.	10% reduction	20% reduction	30% reduction
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Complaints Report – shows themes are not recurring, we have good performance on the number of complaints being resolved at the first stage, compliments are received from children, young people and families.	**Audits and CIN&CP Feedback Survey**– shows children, young people and parents feel they have received a good service that has helped them **Complaints Report** – shows themes are not recurring, we have good performance on the number of complaints being resolved at the first stage, compliments are received from children, young people and families	**Practice and Performance Workshop -** Staff feel equipped to provide a good service and supported to deal with disputes, staff are aware of what children, young people and parents think about the service, and can explain how their work is influenced by this.		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	2. Ensure the challenge provided by **child protection chairs and independent reviewing officers addresses drift and improves planning** for children (paragraphs 37, 84)
Story behind the recommendation:	• Around 10% of children and young people on child protection plans were on a plan for over 15 months. A sample of these cases during the inspection showed that there was drift and delay in making progress on plans for some children and young people. • Child protection review conferences were not always held within timescale, with 11% taking place later than planned. • Independent Reviewing Officers' (IROs') Practice Alerts were not having sufficient impact on the overall quality of assessment and planning for cared for children.
What 'good' looks like:	• Independent Reviewing Officers are champions for children and young people, and they ensure that what is best for the child or young person is at the heart of their plan. • They monitor and challenge progress against the plan, especially for those children and young people who have been subject to a plan for over 12 months, to ensure the right action is taken in a timely way so that progress is made swiftly for children and young people. • Conferences are held within timescale and are effective multi-agency forums for monitoring and progressing plans. • Challenge from IROs results in improved outcomes for children and young people, which can clearly be demonstrated.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
2.1	Introduce the Safer Children Model for Child Protection Conferences	**COMPLETED** Nov 2015	Kate Rose, Head of Children's Safeguarding
2.2	Review all child protection plans open over 15 months, and identify those where there has been drift and delay and ensure these cases have robust plans in place	Nov 2015	Safeguarding Managers and Group Managers

2.3	Establish regular meetings between Group Managers and Safeguarding Unit Managers to review the quality of child protection plans and cared for children's plans, and enable improved joint working and challenge	Nov 2015	Safeguarding Managers and Group Managers
2.4	Develop performance information on the IRO service including practice alert tracking, and report this regularly to the LSCB Executive	Jan 2016	Anna Roble and Susanne Leece, Safeguarding Managers
2.5	Introduce a monthly permanence case tracking meeting, chaired by the Principal Manager, with Group Managers and IROs, Commissioning Manager and Head of the Virtual School, to ensure clear senior management oversight and drive for permanence	**COMPLETED** Sept 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
2.6	Strengthen the Legal Tracker to ensure it robustly tracks and monitors cases, is well supported and regularly updated.	**COMPLETED** Nov 2015	Louise Hurst, Group Manager Macclesfield CIN/CP and Legal Services
2.7	Monitor the use of the Legal Tracker in Performance Challenge Sessions and Legal Liaison Meetings.	Nov 2015	Group Managers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of Practice Alerts made	Practice Alerts being raised demonstrates that IROs are challenging practice			
Number of good Practice Alerts made	Good Practice Alerts show that there is good practice and this is being recognised by IROs. This should increase as practice improves and celebrating and sharing good practice becomes embedded as a culture			

Percentage of Practice Alerts responded to within timescale	Response to Practice Alerts within timescale shows that challenge is being acted on to improve practice. Should improve as Practice Alerts become more embedded and Practice Managers and IROs increase their challenge to practice	80-84	85-89	90-100
Percentage of Child Protection Conferences held within timescale	Child Protection Conferences should be held within timescale to ensure progress is made against the plan, and that there aren't delays for children and young people. Should improve as the new model for Child Protection conferences is introduced.	85-89	90-94	95-100
Percentage of Child Protection Plans open for more than 15 months	Child Protection Plans should not remain open for more than 15 months in the majority of cases. Should remain low.	16-20	10-15	Below 10
Percentage of children and young people's views that are heard at Child Protection Conferences	Children and young people's views are represented at child protection conferences to ensure these are considered by all professionals.	70-80	81-90	91-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Practice Alert Tracker – demonstrates that Practice Alerts result in timely action to improve outcomes for children and young people **Audit report** – shows evidence of challenge from IROs driving improvements to practice	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice Coaching Audits** – Social Workers reflect on practice and what could be done differently, where they have challenged on practice and how they can use this to improve their practice		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	3. Ensure that **supervision is reflective, challenging and consistently focuses on continual professional development** (paragraphs 33, 130)
Story behind the recommendation:	• Social Workers felt supported by their Practice Managers and supervision was frequent, but they could not describe how their practice was monitored or challenged through supervision. • Practice Managers' oversight of casework was not clear in most of the cases seen by inspectors, and there was little evidence of direction, challenge or support where plans for children had not progressed or work had not been completed in a timely way. Strong challenge of frontline workers was not yet embedded. • Managers were not consistently using personal development plans to drive practice improvement through supervision. • It was difficult for inspectors to see what impact training was making on improvements to practice as explicit links were not made to continual professional development needs.
What 'good' looks like:	• Supervision is regular, reflective, challenging and supportive. • Social Workers value the support and challenge they receive through supervision, and know how this has improved their practice. • Practice Managers clearly evidence direction, challenge and support in supervision notes as a clear evidence record for all parties to demonstrate learning. • Personal Development Plans (PDPs) are tailored to the individual learning and development needs of Social Workers, which is related to improvements to services as a whole. Progress against PDPs is evaluated in supervision to ensure these outcomes are attained and there is a continual focus on learning and development opportunities. • There is no drift or delay for children and young people, action is timely, plans are effective, and this leads to improved outcomes for children, young people and families. • Supervision is used for staff to explain how feedback from children, young people and families is influencing their work.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
3.1	Establish regular monthly audits of children's social care supervision files by Group Managers. Quarterly report on audit findings to go to Early Help and Protection Leadership Team meetings to identify and address themes.	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers
3.2	Ensure that all children's social care managers undertake effective supervision training.	April 2016	Vicky Buchanan and Pete Lambert, Principal Managers
3.3	Minimum standards on supervision to be included within the Practice Standards for Managers.	Jan 2016	Vicky Buchanan, Principal Manager for CIN&CP
3.4	Review PDP process to ensure that it is meaningful and embedded in the supervision process	Mar 2016	Lisa Burrows, Workforce Development
3.5	Introduce annual 'next steps' development talks as part of the PDP process for all social care staff	June 2016	Lisa Burrows, Workforce Development
3.6	Promote Aspirant Manager course through supervision and identify potential candidates for this	Jan 2016	Practice Managers
3.7	Review the current social care training programme and offer, and develop a core mandatory training offer for all Social Workers and practice managers.	**COMPLETED** Nov 2015	Vicky Buchanan and Pete Lambert, Principal Managers
3.8	Develop a menu of opportunities for CPD to use within supervision	Mar 2016	Lisa Burrows, Workforce Development Manager
3.9	Revise the Practice Coaching audits to include modelling of good reflective supervision for Practice Managers	Dec 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of supervisions that met the practice standard for frequency and were of a good quality (audit measure)	The amount of supervisions which are of a good quality and are taking place as regularly as they need to.	70-79	80-89	90-100

Percentage of supervisions were there was evidence of reflection(audit measure)	The amount of supervisions that encourage reflection on practice to help Social Workers to learn and develop their practice.	70-79	80-89	90-100
Percentage of supervisions were there was appropriate challenge if required (audit measure)	The amount of supervisions were practice that is not timely, not meeting children or young people's needs, or not progressing, is challenged by the practice manager to improve this.	70-79	80-89	90-100
Percentage of supervisions that addressed professional development (audit measure)	The amount of supervisions which consider what a social worker needs to develop their skills and knowledge.	70-79	80-89	90-100
Percentage of PDPs in place	All staff in post over 6 months should have a personal development plan (PDP) in place.	70-79	80-89	90-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Supervision audits – show evidence of challenge and reflection in supervision. Progress against PDPs are reviewed quarterly. Discussion around personal development is evidenced in every supervision. **PDPs** – address developmental needs in order to improve practice	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Social Work Staff Survey and Supervision Audits** – Social Workers report that supervision is reflective and challenging, and that this support has helped them to improve their practice. Social Workers report that they are aware of CPD opportunities and that progress against their PDPs is reviewed in supervision, an that personal development is a key feature of supervision.		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	4. Ensure that **where children do not meet the threshold for social work intervention** their circumstances are considered promptly and they receive appropriate and **timely early help** (paragraph 25)
Story behind the recommendation:	• Some contacts that needed further consideration before decisions were made were delayed for up to 10 days due to information gathering and decision making, and there was not evidence of sufficient oversight of these cases by Practice Managers.
What 'good' looks like:	• Children and young people receive the service they need as soon as possible. • All relevant information is considered to decide what service they need to best meet their needs, and this decision is overseen by a Practice Manager. • The professional making the contact is clear on what they need to do to support the family and what will happen next.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
4.1	Establish the Early Help Brokerage Service, which will ensure timely referrals to early help, and will identify the best service for the child or young person and the family's needs.	**COMPLETED** Nov 2015	Vicky Buchanan and Jonathan Potter, Principal Managers
4.2	Revisit the levels of need and promote these across the partnership	Mar 2016	LSCB
4.3	The timeliness of referral to early help to be monitored through Performance Challenge Sessions	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
4.4	The timeliness of referral to early help to be monitored through the Children and Families Performance Scorecard, which is monitored and challenged by the Senior Leadership Team for Children's Services, and the LSCB Performance Book	April 2016	Bev Harding, Business Intelligence Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Maximum time taken from contact to referral to Early Help Services	The greatest time taken for a decision on what service is right for the child/ young person.	5 working days	3 working days	1 working day
Maximum time taken from referral to receiving Early Help Services	The greatest delay experienced by a family from when the decision is made to when they receive the service. Should decrease with the introduction of the brokerage service.	7 working days	5 working days	2 working days
Percentage of cases where the threshold for contact is applied appropriately by ChECS (audit measure)	Children and young people are referred for the right service that meets their needs.	80-84	85-94	95-100
Percentage of contacts progressed in a timely manner (audit measure)	The amount of contacts that receive a timely outcome – children and young people receive a service without delays	80-84	85-94	95-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audit of contacts shows that referrals are made promptly, and that were there is additional time taken for more complex decisions, Practice Managers have clear oversight and monitor this to keep delays to a minimum.	**CAF Audits** – shows children, young people and parents feel they have received a good service that has helped them, and the right service was provided at the right time.	**Social Work Staff Survey –** Staff feel supported in decision making, and report they receive clear direction and their work is overseen by Practice Managers. **Safeguarding Children Operational Group –** feedback from partners is that families who need early help receive a good quality and timely service, and that they are notified of the outcome from their contacts quickly		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	5. Ensure that **strategy meetings and decisions are informed by relevant partner agencies** (paragraph 27).
Story behind the recommendation:	• In the majority of cases seen, strategy discussions were telephone conversations between a practice manager and the Police, without the involvement of other agencies, such as health, so decisions did not consistently take account of all relevant information. • Agencies were not always asked to contribute so not all the relevant information informed decisions.
What 'good' looks like:	• Strategy decisions are informed by all the relevant information from the other agencies that are involved with the family, which leads to the right decision being taken for children and young people. • All agencies that are involved with the family are invited to contribute.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
5.1	The expectation that all agencies and professionals that have a contribution to make to strategy discussions should be invited to be clearly stated within the Multi-Agency Practice Standards	Nov 2016	Safeguarding Children Operational Group
5.2	Re-issue the S47 protocol and ensure that the importance of multi-agency attendance at strategy meetings/ discussions is emphasised and that this is also emphasised in the S47 training	Jan 2016	Vicky Buchanan, Principal Manager for CIN&CP
5.3	Develop a model of multi-agency triage at the front door to ensure information is shared in real time.	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
5.4	Develop performance reports/ dip sample partner attendance at strategy meetings and discussions to investigate themes. Report this to the Children and Families Senior Leadership Team and LSCB Quality and Outcomes Sub Group.	Dec 2015	Bev Harding, Business Intelligence Manager
5.5	Evaluate and report on partner attendance and contributions at strategy discussions and meetings through practice coaching audits	Jan 2016	Independent Auditors
5.6	Review and strengthen information sharing at the 'front door'	Jan 2016	Eifion Burke

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of Strategy Discussions informed by information from Health	Shows that Strategy Discussions are informed by other key partners.	75-84	84-90	90-100
Percentage of Strategy Discussions informed by education (where appropriate)	Shows that Strategy Discussions are informed by other key partners.	75-84	84-90	90-100
Percentage of Strategy Discussions where all relevant partner agencies were invited to contribute (audit measure)	Shows that all the key people are asked to take part in Strategy Discussions.	60-74	75-84	85-100
Percentage of Strategy Discussions where decision making was informed by all the relevant partner agencies (audit measure)	Shows that all the key information informs Strategy Discussions.	60-74	75-84	85-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Practice Coaching Audits – demonstrate information from all relevant partner agencies is sought and informs decision making for strategy discussions. Records of strategy meetings/ discussions clearly evidence who attended and/ or contributed to the meeting. **IRO Thematic Audit** on the quality of Strategy Discussions demonstrates the positive impact involving all partners in discussions has had on outcomes for children and young people	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Safeguarding Children Operational Group** – Partners report that they are regularly invited to contribute to meetings and discussions and will challenge practice where they have not been asked to contribute		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	6. **Improve the quality of recording** so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107)
Story behind the recommendation:	• Not all CAF assessments recorded children and young people's views. • The rationale for closing CAF plans was not always clearly recorded, making it difficult to evaluate the effectiveness of the help received. • Historical information considered in decision making on contacts was not always recorded in as much detail as it needed to be, which led to delays as Practice Managers needed to request further information to make a decision. • There was not always a clear rationale recorded on contacts for why the decision had been made to proceed without consent for information-sharing. • Practice Managers' oversight of casework was not clear in most of the cases seen, and there was little evidence of direction, challenge or support where plans for children had not progressed or work had not been completed in a timely way. • Key discussions and decisions were not always fully recorded on the child or young person's record. This made it difficult to follow the child's story, to evaluate if further work could have prevented the child or young person becoming cared for, and could mean important information could be missed by new workers to the case. • The work presented to courts was of variable quality. • Recording was not always detailed enough to show the benefits of contact with families for cared for children and young people. • Information recorded on return home interviews was not always comprehensive. • Life-story books and later-in-life letters were of variable quality.
What 'good' looks like:	• The child's record gives a clear account of the story and experience of the child or young person, their individual needs, their place and relationships within the family, and what matters to them. • It is clear about why decisions have been taken, and why this is in the best interest of the child or young person, including to children and young people if they want to review their records when they are older. • Management oversight, challenge and direction is clear and evident, ensuring that the quality of practice is high, risk is managed, and action is timely for children and young people.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
6.1	Develop and roll out a Management Training Programme for all Managers	April 2016	Vicky Buchanan and Pete Lambert, Principal Managers
6.2	Develop a core operating model central to practice across all social work teams and embedded in all work processes as the Cheshire East model of practice based on good practice models. Deliver training for all frontline workers on this covering analysis, planning, recording and risk assessment.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers
6.3	Introduce a standing item on sharing and celebrating good practice in Practice and Performance workshops – Social Workers and Practice Managers to present examples of their own good practice	**COMPLETED** Sept 2015	Vicky Buchanan and Pete Lambert, Principal Managers
6.4	Review the current audit process, including increasing providing development and coaching opportunities for frontline managers and workers to improve the quality of management oversight and recording of management decisions	Dec 2015	Kate Rose, Head of Children's Safeguarding
6.5	Continue to embed the process whereby all Social Workers allocate two hours of office based time per week for recording.	**COMPLETED** Sept 2015	Group Managers
6.6	Performance Challenge Sessions to continue which focus on caseloads, timeliness of assessment and plans, supervision and management oversight down to individual worker level. Social Workers to attend these sessions with Practice Managers.	**COMPLETED** Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP
6.7	Continue to audit based on the Practice Standards for CIN&CP and Cared for services	**COMPLETED** Aug 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of cases meeting the Practice Standard for recording (audit measure)	The amount of cases which have good quality recording.	60-74	75-84	85-100
Percentage of cases which meet the Practice Standard for incorporating and recording the views and wishes of children and young people (audit measure)	The amount of cases which have captured the views and wishes of children and young people well.	65-79	80-89	90-100
Percentage of cases meeting the Practice Standard for management decision making and oversight (audit measure)	The amount of cases which have evidence of good quality management oversight.	65-79	80-89	90-100
Percentage of children and young people seen within the expected standard (audit measure)	The amount of cases which have regular visits to children and young people.	65-79	80-89	90-100
Percentage of children and young people with an up to date plan (audit measure)	The amount of cases which have an up to date plan.	65-79	80-89	90-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audits – show that recording has improved and the rationale for decisions is clear and management oversight is evident on the child's record	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice Coaching Audits –** Staff know what the salient issues are to capture and feel confident that the record tells the child's story		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	7. **Strengthen frontline practice** to ensure effective action is taken to support children at risk of **child sexual exploitation and those who go missing** (paragraphs 41, 42, 58, 175).
Story behind the recommendation:	• The findings from return home interviews were not always being used to inform on-going work with children and young people, or to explore wider issues such as links with other missing young people. • The response to children going missing from care was variable, the recording of return home interviews was not always comprehensive, and there were delays in these being sent to Social Workers. • Tools to assess the risk of child sexual exploitation were being used, however there was not enough skilled, sensitive work completed with children and young people to understand their individual vulnerability and risk. • Some Social Workers had not had training in recognising and responding to the signs of child sexual exploitation due to the high turnover of staff.
What 'good' looks like:	• Sensitive work is completed with children and young people who go missing from home or care, or are at risk from child sexual exploitation, to understand their individual needs, vulnerabilities and risks. • Return home interviews are detailed, and inform planning for children and young people to address the issues that cause them to go missing. • Young people are effectively protected from child sexual exploitation – potential risks through peer relationships are identified and addressed at the earliest possible stage. • Young people who are at risk of exploitation are effectively supported to protect themselves. • Links between children and young people who go missing from home or care, and those who are at risk of sexual exploitation, are considered and responded to, to protect all young people who are potentially at risk.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
7.1	Develop a core operating model central to practice across all social work teams and embedded in all work processes as the Cheshire East model of practice based on good practice models. Deliver training for all frontline workers on this covering analysis, planning, recording and risk assessment.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers

Ref	Action	Review date	Lead
7.2	Establish a multi-agency Missing from Home and CSE Team	Dec 2015	Kate Rose, Head of Children's Safeguarding
7.3	Launch new Missing from Home and Care Protocol	**COMPLETED** Nov 2015	LSCB Communication and Engagement Sub Group
7.4	Child Sexual Exploitation to be a focus in the Social Work Practice and Performance Workshops	**COMPLETED** Sept 2015	Vicky Buchanan, Principal Manager for CIN&CP
7.5	Missing from Home and Care to be a focus in the Social Work Practice and Performance Workshops	Dec 2015	Vicky Buchanan, Principal Manager for CIN&CP
7.6	Roll out training on child sexual exploitation to address any training gaps	Mar 2016	Lisa Burrows, Workforce Development Manager
7.7	Develop a checklist for supervision to ensure risks around CSE and missing from home and care are considered	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers
7.8	Practice Managers to receive the tracker for cases considered by the CSE Operational Group, flagged as at risk of CSE, and incidents of missing from home or care each month to enable them to have oversight of these cases	Dec 2015	Kate Rose, Head of Children's Safeguarding
7.9	Establish regular reports on the quality of risk management and trigger plans for cared for children who go missing	Dec 2015	Anna Roble, Safeguarding Manager
7.10	Develop a performance framework for missing from home and care including quality assurance and sample auditing of plans	Jan 2016	LSCB CSE, MFH&C, and Child Trafficking Sub Group
7.11	Develop best practice standards for CSE conferences, including screening tools, reports, meetings and interventions	June 2016	Susanne Leece, Safeguarding Manager
7.12	Agree standards for missing from home return interviews to evaluate the quality of these, and audit these to assess quality.	July 2016	Kate Rose, Head of Children's Safeguarding
7.13	Review and refresh the template for missing from home interviews, and ensure this includes a section on links to other young people who have been missing, wider issues identified by the young person, and potential areas of risk	Jan 2016	Kate Rose, Head of Children's Safeguarding
7.14	To ensure there is a pathway into the integrated CSE/MFH team from Education to ensure effective identification and action taken for children who are missing within education	Jan 2016	Mark Bayley, Corporate Manager, Standards & Learning

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of Social Workers who have been trained in using the CSE tools for assessment and intervention	The amount of Social Workers who have had the training to support them to work effectively with children and young people at risk of child sexual exploitation.	70-79	80-89	90-100
Percentage of CSE screening tools completed when appropriate	CSE screening tools should be completed to assess the risk of CSE if risk factors are present	70-79	80-89	90-100
Percentage of plans stepped down where CSE was a factor with an updated CSE screening tool (audit measure)	The CSE screening tool should be completed to assess that the risk of CSE has sufficiently reduced before cases are closed. These should be sent to the CSE Operational Group for information.	70-79	80-89	90-100
Percentage of plans that clearly evidence return home interviews have informed the plan (audit measure)	Return home interviews should inform planning to ensure risks to children and young people are considered.	70-79	80-89	90-100
Percentage of cases were return interviews have been completed following missing from home or care	Return home interviews are important to ensure the risks and reasons for the young person going missing are understood, however these are voluntary. A high percentage shows good engagement with young people.	70-79	80-89	90-100
Percentage of casefiles were a child/ young person has gone missing with an up to date risk assessment (audit measure)	Risk assessments are updated following missing from home or care incidents to ensure they take account of the issues arising due to this.	70-79	80-89	90-100

Percentage of missing from home return interview meeting the standard (audit measure)	The amount of missing from home return interviews which are of a good quality – detailed and considering potential risks.	61-70	71-85	86-100
Number of cases were Social Workers were supported by the integrated CSE & MFH Team in working with a young people who was at risk of CSE	Cases were a Social Worker was supported by the specialist team to complete work with a young person – this work will make use of these specialist skills so would be good quality.			
Percentage of children and young people reporting that they feel safer at the end of the intervention for CSE	Children and young people feel safer as a result of the work that was completed to address the CSE risks	70-79	80-89	90-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audits – show that findings from return home interviews are being used to update plans, and that sensitive work is being carried out to enhance understanding of the issues.	**Feedback from children and young people in receipt of a CSE service -** Children and young people report that they feel safer as a result of the work that was completed to address the CSE risks **Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them **LSCB Children and Young People's Safeguarding Survey** – Children and young people report that they feel safe, know what CSE is, and know how to access support	**Practice and Performance Workshops and Practice Coaching Audits –** Staff feel equipped to manage the risks around child sexual exploitation and missing from home and are making use of the expertise in the integrated team. They understand the importance of return home interviews and use them to inform plans.		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	8. Ensure **assessments** for children in need of help and protection and children looked after are **timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances** (paragraphs 29, 30, 51, 54, 59, 82, 98).
Story behind the recommendation:	• Not all assessments were of a sufficient quality • Not all assessments demonstrated that the risks to children and young people from domestic abuse, parental mental health problems or substance misuse were fully considered and understood. • Adult Social Care was not routinely involved in assessments where factors for adults were present. • The specific needs of each child or young person within the family were not always differentiated. • Issues of diversity and cultural needs were not consistently well explored or responded to. Assessments did not fully explore issues of race and gender and how they impact on children and young people's experiences within their own family. • Assessments were not consistently updated in response to a change in circumstances. • When children and young people returned home from care an updated assessment was not always undertaken to inform this decision and identify the appropriate level of support needed. • In some cases, contact with families for cared for children and young people was not always rigorously risk assessed. • Where cared for children were living with friends or relatives, assessment of those connected persons was not always sufficiently robust. • Timescales for completion of assessments were not always adhered to.
What 'good' looks like:	• Assessments are a robust analysis of the risks and protective factors for children and young people. • Assessments are thorough, and consider the full range of children and young people's individual needs and what it is like to be them, including any needs relating to diversity, culture, race or gender. • Assessments are timely • Information from specialist workers, such as substance misuse workers and mental health professionals, is used to inform assessments where relevant factors are present • Assessments are updated when circumstances change so risks are considered and responded to • Adult services (mental health, alcohol and drugs, domestic abuse) identify children at risk and there is coordination on these between adult and children's services.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
8.1	Develop a core operating model central to practice across all social work teams and embedded in all work processes as the Cheshire East model of practice based on good practice models. Deliver training for all frontline workers on this covering analysis, planning, recording and risk assessment.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers
8.2	Re-issue the Assessment Framework	Nov 2015	Vicky Buchanan, Principal Manager for CIN&CP
8.3	Review and refresh the Practice Standards for Children's Social Care	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
8.4	Produce exemplars for social workers to demonstrate what a good assessment/ plan looks like and how children's views and lived experience should be captured.	Jan 2016	Group Managers
8.5	Review the current social care training programme and offer, and develop a core mandatory training offer for Social Workers and practice managers	**COMPLETED** Nov 2015	Vicky Buchanan and Pete Lambert, Principal Managers
8.6	Develop and roll out a Management Training Programme for all Practice Managers	April 2016	Vicky Buchanan and Pete Lambert, Principal Managers
8.7	Quality of assessments to be monitored thorough supervision	Dec 2015	Practice Managers
8.8	Review the current audit process including development and coaching opportunities for frontline managers and workers	Dec 2015	Kate Rose, Head of Children's Safeguarding
8.9	The Practice Standard for completion of Assessment to remain at 15 days, monitor performance through Performance Challenge Sessions	**COMPLETED** Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP
8.10	All assessments to continue to be reviewed by day 5 by CSC Practice Managers to ensure child has been seen and confirm timescale for completion, continue to monitor performance through Performance Challenge Sessions	**COMPLETED** Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP
8.11	Performance Challenge Sessions to continue which focus on caseloads, timeliness of assessment and plans, supervision and management oversight down to individual worker level. Social Workers to attend these sessions with Practice Managers.	**COMPLETED** Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP

Ref	Action	Review date	Lead
8.12	Continue to audit based on the Practice Standards for CIN&CP and Cared for services	**COMPLETED** Aug 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people seen within 10 days of the combined assessment start date	Children and young people's views and experiences are considered from the start of the assessment.	75-84	85-94	95-100
Percentage of assessments completed within 15 days	The amount of assessments that are completed in a timely way, within Cheshire East's standard for good practice to drive improvement to timeliness for assessments.	30-39	40-49	50-100
Percentage of assessments completed within 35 days	The amount of assessments that are completed in a timely way.	65-70	71-75	76-100
Percentage of assessments completed within 45 days	The amount of assessments that are completed within the national standard for timeliness.	75-80	81-90	91-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audits – show that the quality of assessments has improved, relevant information informs and prompts assessment, and specialist workers are involved where appropriate	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Performance Challenge Sessions and Practice Coaching Audits –** Staff reflect on what support they need to strengthen assessments, and that their assessments have improved		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	9. Ensure that **plans** to help children in need of help and protections, looked after children, and care leavers, are **specific, clear, outcome-focused and include timescales and contingencies** so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115).
Story behind the recommendation:	• Child Protection Plans and Child in Need Plans were not always specific to individual children, and not always of a good enough quality. • Plans lacked timescales and contingencies. • Plans were not consistently underpinned by a full understanding of whether changes were sustainable. • Direct work with children and young people was not always informed by the assessment or the plan so lacked focus. • Some Social Workers were too slow to respond to the lack of progress against plans for children and young people; some Child Protection Plans showed delays and drift and some children experienced delays with their permanence plans. Some cases took too long to step up to Child Protection. • Not all partners were as involved in planning as they could be. Adult service Social Workers and Housing Providers were less involved, and this meant that there was not always a coordinated multi-agency response. • The quality of Personal Education Plans (PEPs) has improved, but some were not detailed enough and did not contain precise enough targets. • The majority of pathway plans did not have clear and specific targets and actions to help or encourage young people to secure employment, education or training.
What 'good' looks like:	• All plans are SMART – specific, measurable, attainable, realistic and time limited, and outcome focused. • Everyone who needs to be is involved in the plan, and everyone knows what is expected of them and why this is important. • Plans are based on individual needs of children and young people and their family. • Contingency plans are in place to mitigate risk and protect children and young people. • Progress against the plan is robustly monitored and the action taken is timely and results in improved outcomes for children and young people.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Please see recommendation 8 for activity, additional activity is outlined below.

Ref	Action	Review date	Lead
9.1	Introduce the Safer Children Model for Child Protection Conferences	**COMPLETED** Nov 2015	Kate Rose, Head of Children's Safeguarding
9.2	Develop a multi-agency framework to support professionals when working with substance misusing parents	April 2016	Safeguarding Children Operational Group (SCOG)
9.3	Training on Direct work, informed by the core operating model (9.2) leading to direct work which is better informed by assessment, analysis and planning.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers
9.4	Develop a quality assurance process for letters before proceedings to be signed off by Group Managers	Dec 2015	Group Managers
9.5	Review the quality assurance of court work, and roles and responsibilities between Children's Social Care and Legal services.	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers
9.6	Establish an Attendance Strategy for cared for children which includes information for carers and social workers, and timely up when attendance falls below the 90% threshold	Dec 2015	Nicola Axford, Head of the Virtual School
9.7	Produce examples of best practice PEPS to share with schools through the Cheshire East virtual school website and inclusion in training for schools this academic year.	Dec 2015	Nicola Axford, Head of the Virtual School
9.8	Embed a new quality assurance process, including local headteachers in the process in order to provide external scrutiny to the quality of PEPS and will provide challenge to schools.	March 2016	Nicola Axford, Head of the Virtual School
9.9	Ensure that Social Worker attendance at PEPS is reviewed and provide scrutiny alongside the Principal Manager Cared for children	Dec 2015	Nicola Axford, Head of the Virtual School
9.10	Increase management capacity and appoint a newly designated lead Group Manager and Practice Manager for Care leavers to improve quality assurance and audit processes for Pathway Plans. This will inform ongoing training and support to staff working with care leavers	January 2016	Anji Reynolds, Group Manager for Cared for Children and Care Leavers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of plans which are SMART (audit measure)	The amount of cases which have SMART plans – so these are clear and measurable, and this indicates they are a good quality, and it should be easy for professionals and families to know what is required, and to measure progress.	65-79	80-89	90-100
Percentage of children and young people with an up to date plan (audit measure)	The amount of cases which have an up to date plan. Should increase as practice improves.	65-79	80-89	90-100
Percentage of cases which meet the Practice Standard for incorporating and recording the views and wishes of children and young people (audit measure)	The amount of cases which have captured the views and wishes of children and young people well.	65-79	80-89	90-100
Percentage of children and young people seen within the expected standard (audit measure)	The amount of cases which have regular visits to children and young people. Should increase as practice improves.	65-79	80-89	90-100
Percentage of cases where the plan was shared with the family	The plan should be shared with the family so they are clear on what is expected of them, and what the support is aiming to achieve.	65-79	80-89	90-100
Percentage of children and young people subject to a child protection plan for a second or subsequent time	The amount of children which have had support from children's social care were there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	15-20	10-14	5-9

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Audits – show that the quality of plans has improved, progress against plans is timely and expectations are clear for parents, children, young people and professionals involved.	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice Coaching Audits –** Staff reflect on what support they need to strengthen plans, and that their planning has improved

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	10. Ensure that **decisions to step down or close cases are appropriate** and **that management rationale to do so is clearly recorded** (paragraph 39).
Story behind the recommendation:	• Inspectors saw a number of cases that had been closed to children's social care and stepped down too soon, where not enough progress had been made, and change had not been sustained to secure improved outcomes.
What 'good' looks like:	• Cases are stepped down once there is evidence that changes have been sustained for a period of time and outcomes have improved for children and young people. • Families feel confident that they can maintain the changes they have achieved with a lower level of support. • Managers monitor cases that are stepping down to ensure this is the right course, and decisions to step down are clearly recorded with a clear rationale.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

See also actions relating to improving management recording (recommendation 6).

Ref	Action	Review date	Lead
10.1	Review and update the policy on Step Up and Step Down	Jan 2016	Vicky Buchanan, Principal Manager for CIN&CP
10.2	Refresh the multi-agency CAF audit process, ensuring appropriate step up and step down is explored as a theme	Feb 2016	Dan Rowlands, Practice Manager ChECS
10.3	Step Up and Step Down guidance to be included within the multi–agency practice standards	Jan 2016	Safeguarding Children Operational Group (SCOG)
10.4	Step up and down to be included within the core training offer for social workers	Nov 2015	Vicky Buchanan and Pete Lambert, Principal Managers
10.5	Ensure Managers Chair Step Down meetings	Nov 2015	Vicky Buchanan, Principal Manager for CIN&CP

Ref	Action	Review date	Lead
10.6	Family Group conferencing to be mandatory for cases stepping up from CIN to CP and for cared for children returning home as a minimum	Dec 2015	Vicky Buchanan, Principal Manager for CIN&CP
10.7	Establish regular reports on the impact of improving practice through audit	Dec 2015	Kate Rose, Head of Children's Safeguarding
10.8	Revisit step up and step down as a theme in the LSCB multi-agency audit	Sept 2016	LSCB Business Unit
10.9	Monitor progress against actions from the LSCB Audit on Step Down and produce progress reports to the LSCB Executive	**COMPLETED** Aug 2016	Audit and Case Review Sub Group

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of appropriate step down decisions (audit measure)	Whether the right decisions are made and children and young people receive the right level of support.	80-84	85-94	95-100
Percentage of step down decisions with a clearly recorded rationale (audit measure)	Whether a clear reason is given for reduction in the level of support and why this is in the child or young person's best interests.	65-79	80-90	90-100
Percentage of step down meetings chaired by Practice Managers (audit measure)	Practice Managers should chair step down meetings to ensure that stepping down is the right decision for the child and young person	80-84	85-94	95-100
Percentage of Family Group Conferences held at the point of step up to Child Protection	Family Group Conferences should be held where cases are stepping up to support family relationships through this time	60-69	70-79	80-100

Percentage of cases meeting the Practice Standard for management decision making and oversight (audit measure)	The amount of cases were there is robust management oversight and decision making – evidence of good practice.	65-79	80-90	90-100
Percentage of repeat referrals	The amount of children which have had support from children's social care, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	25-30	20-24	Below 20
Percentage of children and young people subject to a child protection plan for a second or subsequent time	The amount of children which have had support from children's social care were there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	15-20	10-14	5-9
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audits – show that step down is appropriate, and that the rationale for this is clearly recorded.	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice Coaching Audits –** Staff feel supported in stepping cases up and down		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	11. **Improve the implementation of delegated authority** so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78).
Story behind the recommendation:	• All foster carers spoken to in the inspection were aware of the delegated decision making process, but they felt that Social Workers still have to complete too many forms for decisions foster carers could make.
What 'good' looks like:	• Foster carers have appropriate decision making authority so children and young people can enjoy the same opportunities as their peers, and do not experience delays in decisions. • Foster carers are clear on what decisions they can make and which need to be made by the Social Worker.
Lead for delivery:	Corporate Parenting Board

ACTIVITY

Ref	Action	Review date	Lead
11.1	Review and amend the Fostering Handbook and the policy on delegated authority to ensure these are consistent and complementary	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
11.2	Produce a simple checklist for Social Workers on delegated authority, setting out what areas carers can make decisions on, which Social Workers make decisions on, and which need to be agreed and specified in the plan.	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
11.3	Send the checklist on delegated authority to all current foster carers, and include within the fostering handbook.	Jan 2016	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
11.4	Discuss and raise awareness of the delegated authority policy and checklist at the Foster Carer Forum	Jan 2016	Tracy Mese, Group Manager for Fostering
11.5	Promote and raise awareness of the delegated authority policy and checklist through the Foster Carer newsletter	Jan 2016	Tracy Mese, Group Manager for Fostering
11.6	Raise Social Worker awareness of the delegated authority policy and checklist at the Practice and Performance Workshops	Mar 2016	Tracy Mese, Group Manager for Fostering
11.7	Implement process so placement planning meetings are held in a timely way with appropriate representation by the Social Worker, Carer & Fostering Service to ensure issues of delegated authority are clearly addressed.	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of Foster Carers that are clear on what decisions are delegated to them (Foster carer annual survey)	Foster carers are clear on the decisions they can make so this does not cause delays for children and young people	70-79	80-89	90-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Foster Carer Annual Survey and Annual Reviews for Foster Carers – Foster carers report that they are clear about the decisions that are delegated to them	**Foster Carer Forum –** Foster carers feedback that the delegated decision making process is clearer and that they have the right level of autonomy to meet children and young people's needs **Foster Carer Annual Survey and Annual Reviews for Foster Carers –** Foster carers report that they are clear about the decisions that are delegated to them and children and young people report that they do not experience delays in decisions	**Practice and Performance Workshops –** Staff feedback that the delegated decision making process is clearer and easier to communicate to foster carers		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	12. **Improve the timeliness of initial health assessments** so that children who become looked after have their own health needs assessed within the expected timescales (paragraph 67).
Story behind the recommendation:	• Only 30% of initial health assessments for cared for children and young people in were completed within timescale in 2014-15.
What 'good' looks like:	• Cared for children and young people's health needs are assessed within timescale so that their health needs can be known and met as soon as possible. • Health outcomes for cared for children and young people improve.
Lead for delivery:	Corporate Parenting Board

ACTIVITY

Ref	Action	Review date	Lead
12.1	Work with Social Care managers to streamline the process for requesting Initial Health Assessments. This will include improvements to the Liquid Logic workflow and communication between key stakeholders to ensure health assessments are completed in a timely way.	**COMPLETED** Dec 2015	Shelia Williams, Designated Nurse cared for children
12.2	Produce and launch a Health app for cared for children	June 2016	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
12.3	Performance measure on the timeliness of Initial Health assessments to be included on the LSCB Performance scorecard for regular scrutiny	Dec 2015	Curtis Vickers, Quality and Performance Officer
12.4	Regular reports on the health of cared for children and care leavers to be produced to the Corporate Parenting Board and Operational Group and performance measures to be included on the Corporate Parenting Board Performance scorecard for regular scrutiny	Dec 2015	Shelia Williams, Designated Nurse for Cared for Children
12.5	Regular reports on the health of cared for children and care leavers to be produced to the Health and Wellbeing Board	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of initial health assessments completed within timescale	The amount completed within timescale – assessments should be timely to ensure any health needs are identified and addressed as soon as possible	65-74	75-84	85-100
Percentage of cases were health needs of the child/ young person were clearly identified (audit measure)	Plans and assessments feature and address health needs as this is important to the wellbeing of children and young people	65-74	75-84	85-100
Percentage of cases were health needs of the child/ young person were clearly reflected in the plan (audit measure)	Plans and assessments feature and address health needs as this is important to the wellbeing of children and young people	65-74	75-84	85-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audits – show that health needs are considered and addressed swiftly	**Audits and Children in Care Council** – children and young people feel their health needs are met and they have the information they need about their health to stay healthy	**Practice Coaching Audits –** Staff understand the importance of timely health assessments, and how to reflect and capture health needs in planning		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	17. Ensure **later-in-life letters provide details of all known information**, are written **in plain English**, **and are accessible** to children so that they understand their stories (paragraph 107).
Story behind the recommendation:	• Later in life letters were variable in quality.
What 'good' looks like:	• Later in life letters provide details of all known information, so children and young people have all the information about their stories so they can understand their story. • Later in life letters are written in plain English, and are accessible.
Lead for delivery:	Corporate Parenting Board

ACTIVITY

Ref	Action	Review date	Lead
17.1	Introduce a tracker for later in life letters to improve timeliness	**COMPLETED** Nov 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
17.2	The Adoption Team to produce later in life letters, overseen by the Group Manager, to develop a consistent approach	**COMPLETED** Nov 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
17.3	Practice Managers, supported by the Adoption Group Manager, to quality assure all later in life letters until the process is embedded, then to dip sample once embedded	Dec 2015	Lisa Jamieson, Adoption Group Manager
17.4	Exemplars of a good later in life letter in plain English to be produced and communicated	Dec 2015	Lisa Jamieson, Adoption Group Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people with an adoption plan who have a later in life letter on placement (audit measure)	All children and young people with an adoption plan should have a later in life letter available for them on their placement	80-84	85-94	95-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audit and dip samples – show that later in life letters are of a good quality, are clear and accessible	**Audits and CIN&CP Feedback Survey** – children, young people and families feedback that they were clear what was expected of them	**Practice and Performance Workshop –** Staff feel confident communicating in a clear and accessible way		

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	1. **Strengthen senior managers' oversight and monitoring** of: • **complex cases** where there are historic drift and delay in taking decisive action (paragraph 36) • **private fostering and connected persons' arrangements** to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83) • **care leavers who are homeless** (paragraph 112).
Story behind the recommendation:	**High Risk cases:** • In the inspection, inspectors suggested improving Senior Management oversight of complex cases through implementing a 'high risk' panel of senior managers to consider those young people at the highest risk, which is a good practice model they have observed in another Local Authority. **Private Fostering and Connected Persons Arrangements:** • Group Manager's oversight of private fostering and connected person arrangements needed to be strengthened. Private Fostering cases sampled during the inspection showed delays in responding to notifications, DBS checks, visits and decision-making. There was no evidence of management oversight identifying or challenging these delays. • Where cared for children or young people live with relatives or friends, assessments of connected persons were not always sufficiently robust, timescales for completion were not always adhered to, and it was not clear in all cases if assessments had been signed off by Group Managers. **Care Leavers who are Homeless:** • Group Manager's oversight of care leavers who are homeless needs to be strengthened. At the time of the inspection 6 care leavers were refusing appropriate accommodation, all of them had multiple problems, including drug and alcohol misuse, risk of or actual offending behaviour, and emotional health problems. Personal Advisors were making concerted efforts to engage them with services and reduce the risks, however outcomes for these care leavers were uncertain due to the complexity of the needs. Senior managers did not have sufficient oversight of these care leavers who are homeless, and did not routinely monitor the individual circumstances for these highly vulnerable young people.
What 'good' looks like:	• Senior managers have oversight of the most vulnerable children and young people to ensure the right support is in place to support and protect them. • All children and young people receive a good service, appropriate to their needs and within timescales.

Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
	High Risk Cases:		
1.1	Establish criteria to identify high risk cases to be escalated to the Director of Children's Social Care and the Director of Children's Services	Mar 2016	Kate Rose, Head of Children's Safeguarding
1.2	All children subject to a plan for 15 months to be reviewed by the safeguarding manager to address any delay in the plan and are raised with the manager where there are concerns.	Dec 2015	Kate Rose, Head of Children's Safeguarding
	Private Fostering and Connected Persons:		
1.3	Improve performance reporting on Reg. 24 arrangements to increase accuracy of reporting and improve monitoring and scrutiny, and include within the Performance Challenge Sessions and within the Children and Families Performance Scorecard, scrutinised by the Children and Families Senior Leadership Team	Jan 2016	Bev Harding, Business Intelligence Manager
1.4	Lead for Private Fostering to deliver further awareness raising on private fostering in Practice and Performance Workshops to all frontline Social Work staff	**COMPLETED** Sept 2015	Michelle McPherson, Lead for Private Fostering
1.5	Update the one minute guide on Private Fostering and circulate to Social Work Teams and through Private Fostering Sub Group Members	**COMPLETED** Sept 2015	Michelle McPherson, Lead for Private Fostering
1.6	Roll out compulsory workshops on Reg. 24 and connected persons to all social work frontline and IRO staff	April 2016	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
1.7	Update the Policy and Procedure, and guidance on roles and responsibilities, for Private Fostering, formalising the process on DBS checks.	Dec 2015	Michelle McPherson, Lead for Private Fostering
1.8	Ensure that Private Fostering is included in the Level 1 Multi-agency Safeguarding Training	**COMPLETED** Oct 2015	Vicky Moran, LSCB Training Officer

Ref	Action	Review date	Lead
1.9	Audits completed of Private Fostering cases and findings are reported to the Private Fostering Sub Group	Dec 2015	Michelle McPherson, Lead for Private Fostering
1.10	Implement a process whereby panel dates are set when Reg. 24 placements are approved	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
1.11	Establish a tracking system and report for all private fostering cases notified to the Safeguarding Unit Manager and inform the LSCB Performance Book	Dec 2015	Michelle McPherson, Lead for Private Fostering
1.12	Establish an Independent Reviewing Officer (IRO) pathway for when notification of Reg. 24 arrangements are received from operational services to ensure independent oversight and avoid delay	Jan 2016	Anna Roble, Safeguarding Manager
	Care leavers who are homeless:		
1.13	Introduce a monthly permanence case tracking meeting, chaired by the Principal Manager, with Group Managers and IROs, Commissioning Manager and Head of the Virtual School, to ensure clear senior management oversight and drive for permanence	**COMPLETED** Oct 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
1.14	Strengthen the tracker for care leavers who are homeless	**COMPLETED** Oct 2015	Anji Reynolds, Group Manager for Cared for Children and Care Leavers
1.15	Include care leavers who are homeless as a measure on the LSCB scorecard to ensure partnership scrutiny and challenge and on the cared for scorecard which is scrutinised by the Corporate Parenting Board, and on the Children and Families Performance Scorecard, scrutinised by the Children and Families Senior Leadership Team	Nov 2015	Curtis Vickers, Quality and Performance Officer

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
High Risk Cases:				
Number of high risk cases escalated	High risk cases are identified and being reviewed			
Private Fostering and Connected Persons:				
Percentage of Reg 24 assessments presented to the fostering panel in statutory timescales (audit measure)	The correct process is being followed within timescale for connected persons	80-89	90-94	95-100
Number of assessments where Private Fostering is identified as a factor	Private Fostering is identified			
Number of open Private Fostering cases	Private Fostering is identified			
Percentage of Private Fostering cases visited in timescales	Visits for Private Fostering cases are timely	80-89	90-94	95-100
Percentage of Private Fostering cases were delay is identified	Delays for children and young people are identified and challenged in order to reduce this	21-25	11-20	0-10
Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	Private Fostering cases are appropriately overseen within timescale.	80-89	90-94	95-100
Care leavers who are homeless:				
Number of care leavers recorded as homeless	Number of care leavers who are homeless or in unsuitable accommodation			
Percentage of care leavers in homeless accommodation that have an appropriate risk assessment which references the risk presented by older residents	Risk assessments are being completed which consider the risks from other residents in order to protect young people	80-89	90-94	95-100

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Audit– shows that regulations are complied with, risks are managed and children and young people are effectively supported and don't experience delays	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice and Performance Workshop –** Staff are clear on regulations for connected persons and feel supported by oversight and support on complex cases

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	13. Ensure **audit arrangements** have a **sharper focus on looked after children** (paragraph 140).
Story behind the recommendation:	• The audit programme was focused around the performance and quality of services for child in need and child protection, as these services had been inadequate.
What 'good' looks like:	• All services are rigorously quality assured and findings are used to drive improvement.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
13.1	Extend the practice coaching audit programme to reflect the practice standards for cared for children's services	**COMPLETED** Aug 2015	Kate Rose, Head of Children's Safeguarding
13.2	Practice Coaching Audits, including cared for children's services, to be reported to the LSCB Board	Dec 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Audit– demonstrates improvements to services for cared for children and young people. Audits to include a minimum of 2 audits per Practice Manager each month, 2 Children's Social Care audits per cycle and 20 practice coaching audits per quarter	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice Coaching Audits –** Staff feel supported to improve their practice for cared for children and young people

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	14. Ensure that **comprehensive and clear data and performance information are provided to managers and strategic leaders** to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of the information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138).
Story behind the recommendation:	• There was no annual performance report for children's services to outline and explain our progress compared with previous years against national performance and statistical neighbours, which would assist political leaders, partners and staff to understand and follow the improvement journey and demonstrate what performance means for children and young people. • The electronic recording system for Children's Social Care was replaced with a modern case management system to support effective social work practice. • The migration of data from the old system to the new one resulted in some anomalies and unreliable data. As a result, managers were not always confident about what the data was telling them, and managers were unable to readily identify the right data without a time consuming check of individual records or audits of casefiles. This made it difficult for managers to understand and manage performance in their services and teams.
What 'good' looks like:	• Children and young people's needs are met through joined up and good quality services • Managers and strategic leaders have access to comprehensive and clear data and performance information, allowing them to evaluate how well services are performing. • All frontline managers can access up to date performance information for their teams at any time to effectively monitor and drive improvements to services and timely responses.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
14.1	Develop an overarching performance monitoring framework for children's services, with an overarching scorecard to be reported to Children and Families Scrutiny to identify areas of focus. Scorecards to be available to all tiers of management, and performance information to be available to drill down to individual worker level.	Mar 2016	Kath O'Dwyer, Director of Children's Services
14.2	Business Intelligence Team to communicate what management information reports are currently available to team and Group Managers.	Nov 2015	Bev Harding, Business Intelligence Manager
14.3	Business Intelligence Team to develop and communicate an action plan on improving performance reporting.	Dec 2015	Bev Harding, Business Intelligence Manager
14.4	Develop a comprehensive live suite of performance reports on children in need and child protection, cared for children and care leavers	Mar 2016	Bev Harding, Business Intelligence Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of cases were domestic abuse is a factor	The frequency and prevalence of domestic abuse as a factor impacting on children and young people			
Percentage of cases were domestic abuse is a factor which are receiving support from commissioned services	The amount of children and young people benefitting from specialist support around domestic abuse			
Number of children referred through the domestic abuse hub	The Domestic Abuse Hub is effectively supporting children and young people			

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
CSC Audit and LSCB Multi-agency Audit– shows that the quality of casework is improving and that children and young people are effectively protected	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Performance Challenge Sessions –** Managers have the information they need to challenge timeliness and performance, resulting in improved performance

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	16. **Strengthen commissioning arrangements** to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150) • Reviewing the **use of foyer accommodation for 16-17 year olds** • Ensuring that rigorous **risk assessments are undertaken before the placement of young people in foyer or hostel accommodation**, and review the practice of using this provision (paragraph 114) • Ensuring sufficient **health provision for older looked after children and care leavers** (paragraphs 121, 124) • Improving the **use of family group conferences** so that all possible options for children are consistently explored (paragraph 55) • Increasing the **capacity of advocacy services** to support children and young people identified as in need (paragraphs 45, 85, 150).
Story behind the recommendation:	• There was no joint commissioning strategy in place. • Foyer accommodation was used as a last resort for young people who are not yet adults. Providers of this accommodation completed risk assessments on all young people under the age of 18 at the start of the placement, but did not routinely complete them on older care leavers who could be equally vulnerable. • Assessments for these young people were not detailed enough, and did not specifically address the potential impact of the setting on the young person. • The 16+ Cared for Young People's Nurse post had been vacant since April 2015, and although this post was covered, it was not always provided by the same person which reduced consistency. • There was no specialist health resource for care leavers over the age of 18. • Family Group Conferencing was not used well and its impact was not known. • Not all children in need were offered advocacy. • Some cared for children experienced delays in being matched with an independent visitor.
What 'good' looks like:	• There is a joint commissioning strategy in place which sets out the joint commitment of the partnership to improve services for children, young people and families. • High quality services are provided which meet the needs of children, young people and families.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
16.1	The Children's Joint Commissioning Leadership Group develop a joint commissioning strategy for children's services	Mar 2016	Children's Joint Commissioning Leadership Group
	Use of Foyer Accommodation for 16-17 year olds and risk assessments:		
16.2	Review the use of foyer accommodation for 16-17 year olds and produce report for the Corporate Parenting Board with recommendations	Feb 2016	Dave Leadbetter, Commissioning Manager for Children's Services
16.5	Strengthen risk assessments carried out by Social Workers before the placement of young people in hostel or foyer accommodation, and ensure all young people placed have a risk assessment completed before placement	Nov 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
	Health provision for older looked after children and care leavers:		
16.8	Write to the CCGs regarding the school nurse for 16+ cared for young people and care leavers to ensure this is progressed	**COMPLETED** Sept 2015	Kath O'Dwyer, Director of Children's Services
16.9	Update on health of cared for children to be presented to the Health and Wellbeing Board	Dec 2015	Kath O'Dwyer, Director of Children's Services
	Use of Family Group Conferencing:		
16.10	Family Group conferencing to be mandatory for cases stepping up from CIN to CP and for cared for children returning home as a minimum requirement	Dec 2015	Vicky Buchanan, Principal Manager for CIN&CP
	Advocacy Services:		
16.12	Review and revise the current contract monitoring and reporting arrangements around advocacy and independent visiting to make this more outcome-focussed. Review the take up of advocacy and independent visiting services and set target priorities through negotiation with the Children's Society	Dec 2015	Kate Rose, Head of Children's Safeguarding and Gill Betton, Children's Improvement Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Use of Foyer Accommodation for 16-17 year olds and risk assessments:				
Number of young people placed in foyer accommodation	Young people in foyer accommodation are identified and monitored			
Use of Family Group Conferencing:				
Number of Family Group Conferences delivered	Family Group Conferences are being used			
Percentage of Family Group Conferences held at the point of step up to Child Protection (audit measure)	Family Group Conferences should be held where cases are stepping up to support family relationships through this time	60-69	70-79	80-100
Percentage of Family Group Conferences carried out prior to cared for children and young people returning home (audit measure)	Family Group Conferencing should be carried out to support relationships and communication in the family prior to stepping up a level of need	60-69	70-79	80-100
Advocacy Services:				
Number of children and young people using advocacy	Advocacy is being offered and used			
Number of children and young people using advocacy that are at risk of CSE	Advocacy is being offered and used by young people at risk of child sexual exploitation			
Percentage of children and young people that were pleased with the advocacy or independent visiting service they received	Children and young people felt that the service met their needs and their views were represented	75-79	80-89	90-100
Percentage of children and young people offered advocacy or independent visiting where appropriate (audit measure)	Children and young people are being offered advocacy services	75-79	80-89	90-100
Average time young people wait to be matched with an independent visitor	The delay children and young people experience in being matched with			

	independent visitors			
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Audit– shows that the quality of casework is improving and that children and young people are offered advocacy and independent visiting and their views are represented. Family Group Conferencing is being utilised to support families and young people in foyer accommodation have appropriate risk assessments.	**Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Practice and Performance Workshops –** Staff are aware of the services that are available for children and young people and these are well used		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	151: Complete work to **develop the performance management framework** so that service effectiveness can be evaluated rigorously across all agencies
Areas for Improvement:	• Use of performance data to analyse and scrutinise partnership performance was not fully developed. • More work was needed to reach an agreement on which data should be included within the framework in order to ensure robust oversight and scrutiny of safeguarding practice.
What 'good' looks like:	• Multi-agency practice is strong and results in good outcomes for children and young people • There is a rigorous performance management framework in place that contains the key measures across the partnership that impact on the experiences of children and young people. • Information is displayed in a way which is clear to all agencies on what this means for children and young people, and whether performance is good or needs to be improved.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
151.1	Research good practice in other LSCBs around performance frameworks	**COMPLETED** Sept 2015	Curtis Vickers, Quality and Performance Officer
151.2	Review the LSCB performance scorecard to ensure that measures to address the recommendations from Ofsted are included	Nov 2015	Quality and Outcomes Sub Group
151.3	Draft proposals for a revised performance scorecard, with additional measures, to be agreed by the Quality and Outcomes Sub Group	Nov 2015	Quality and Outcomes Sub Group
151.4	Revise the Quality Assurance framework, using the quadrant model.	Dec 2015	Curtis Vickers, Quality and Performance Officer
151.5	Establish a performance task and finish group with partner agencies to develop further indicators to measure effectiveness.	Nov 2015	Quality and Outcomes Sub Group
151.6	Revise timescales and focus for proposed sector specific challenges against Ofsted recommendations	Nov 2015	Ian Rush, Chair of the LSCB

Ref	Action	Review date	Lead
151.7	Review governance arrangements to strengthen reporting and accountability across partnerships and revise memorandum of understanding.	Dec 2015	LSCB Business Unit

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
LSCB Quality and Outcomes minutes– show that the LSCB Performance Scorecard is rigorously scrutinised and facilitates challenge across the partnership, which is resulting in improvements to services and outcomes for children and young people **LSCB Multi-Agency Audits –** show multi-agency practice is improving and resulting in better outcomes for children and young people	**LSCB Multi-Agency Audits**– shows children, young people and parents feel they have received a good service that has helped them	**Safeguarding Children Operational Group and LSCB Frontline Visits –** Partners feedback that multi-agency working has improved

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	152: **Provide regular scrutiny of services for looked after children**. Monitor and review the application by partner agencies of the **threshold framework** and take appropriate action where necessary.
Areas for Improvement:	• The focus of the LSCB's work and scrutiny had been on child in need and child protection services, as these had been inadequate. • Cared for children's services had not received the same level of scrutiny and challenge on their quality. • Consideration and scrutiny of early help services was not sufficiently embedded in the strategic oversight and work of the LSCB. • There were inconsistencies in stepping down to lower levels of intervention. • Escalation processes were underused.
What 'good' looks like:	• All services for vulnerable children and young people are regularly scrutinised, and are robust and effective. • Children and young people receive the right service for them at the right time. • All practitioners understand the thresholds for services and these are consistently applied.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
152.1	Include additional performance measures for cared for children on the LSCB scorecard.	**COMPLETED** Nov 2015	Quality and Outcomes Sub Group
152.2	Review governance arrangements to strengthen reporting and accountability across partnerships and revise memorandum of understanding.	Dec 2015	LSCB Business Unit
152.3	Align business support functions for LSCB and Corporate Parenting Board	**COMPLETED** Nov 2015	Gill Betton, Children's Improvement Manager
152.4	Schedule key reports to the Board, Exec and subgroups around cared for children.	Dec 2015	LSCB Business Unit
152.5	Launch the multi-agency practice standards, including application of the threshold framework	Dec 2015	LSCB Business Unit

Ref	Action	Review date	Lead
152.6	Quarterly reports to be provided to the Quality and Outcomes Sub Group on front door activity and relevant agencies	Nov 2016	Quality and Outcomes Sub Group
152.7	Early Help sector challenge to look in detail at application of thresholds for different partner agencies	Nov 2015	LSCB Business Unit
152.8	Ensure all actions from multi-agency audit around step down are completed	Dec 2015	Audit and Case Review Sub Group
152.9	Build evaluation on the application of thresholds into future LSCB multi-agency audits	Jan 2016	LSCB Business Unit

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of cases were thresholds were applied appropriately (audit measure)	Understanding and correct use of thresholds – that children and young people are receiving the right service	75-79	80-89	90-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people	**LSCB Multi-Agency Audits**– shows children, young people and parents feel they have received a good service that has helped them	**Safeguarding Children Operational Group and LSCB Frontline Visits –** Partners feedback that multi-agency working has improved, and that thresholds are understood and step up and down processes are robust		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	153. **Evaluate the impact of the neglect strategy** and disseminate the findings to help agencies improve their practice.
Areas for Improvement:	• In response to high numbers of children and young people subject to child protection plans due to neglect, the LSCB launched a neglect strategy in January 2015. • The graded care profile was not being used consistently to assess neglect cases. • Plans were in place to undertake further work to embed use of the tools, and then to audit to assess the impact of the strategy early in 2016, but this had not taken place at the time of the inspection.
What 'good' looks like:	• The neglect strategy is having a positive impact on outcomes for children and young people who are neglected. • Practitioners are supported to work with families through effective tools, and the use of these is demonstrating sustainable changes for children and young people.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
153.1	Revisit and refresh the roll out of the neglect strategy	Nov 2015	Communication and Engagement Sub Group
153.2	Launch campaign around neglect – awareness raising for practitioners	Dec 2015	Communication and Engagement Sub Group
153.3	Provide quarterly updates to the Quality and Outcomes Sub Group on progress against the neglect performance targets, including number of cases where the graded care profile has been used	Jan 2016	LSCB Business Unit
153.4	Target attendance of key groups and monitor uptake of graded care profile training	Dec 2015	Learning & Improvement Sub Group
153.5	Ensure Cheshire East attendance at Ofsted Getting to Good seminars around neglect	Mar 2016	LSCB Business Unit
153.6	Ensure neglect is included in multi-agency audits forward plan	Dec 2015	LSCB Business Unit

Ref	Action	Review date	Lead
153.7	Include in annual reports expectation for partners to report how they have delivered against LSCB priorities, including neglect.	Jan 2016	LSCB Business Unit
154.8	Agree key strategic multi-agency lead on the Board for Neglect	Dec 2016	LSCB Executive Group

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people on child protection plans due to neglect	The prevalence of neglect in Cheshire East	2% reduction	5% reduction	10% reduction
Percentage of neglect cases using the graded care profile (audit measure)	Use of the graded care profile, which supports practitioners to assess and evaluate progress when working with families were neglect is a factor	75-79	80-89	90-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
LSCB Multi-Agency Audits, CAF Audits and CSC Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people, children and young people who are at risk of neglect are protected and families are supported to make sustainable changes	**LSCB Multi-Agency Audits and CIN&CP Feedback Survey** – shows children, young people and parents feel they have received a good service that has helped them	**Safeguarding Children Operational Group and LSCB Frontline Visits –** Partners feel confident working with families were there is neglect and that the use of tools is embedded		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	154. **Develop links with the Local Family Justice Board** so that CESCB can monitor how well the needs of children in public and private law proceedings are met.
Areas for Improvement:	• The LSCB had no oversight of or connection to the Local Family Justice Board, so it could not assure itself that young people's needs were being met in relation to public and private proceedings.
What 'good' looks like:	• There are strong connection between the Local Family Justice Board and the LSCB. • The LSCB receives regular reports from the Local Family Justice Board • Young people's needs are met in relation to public and private proceedings.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
154.1	CAFCASS to provide an annual report to the Board, identifying any areas of concern, themes and trends, that are added to the business plan	Feb 2015	CAFCASS
154.2	Identify Board Members as key links to the Local Family Justice Board	Nov 2015	Ian Rush, Chair of the LSCB
154.3	Add link to Family Justice Board as standing item on Executive agenda	Dec 2015	LSCB Business Unit
154.4	Include measures on the LSCB performance scorecard that monitor how well the needs of children in public and private law proceedings are met	Dec 2015	Curtis Vickers, Quality and Performance Officer
154.5	Update report to Quality and Outcomes Sub Group on impact of Local Family Justice board	Jan 2016	Nigel Moorhouse, Director of Children's Social Care

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Quality and Outcomes Minutes – show that the impact of the Local Family Justice Board is considered, scrutinised & challenged in detail to drive improvements to services		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	155: Review the arrangements for **monitoring the quality of private fostering work**.
Areas for Improvement:	• The arrangements for case management of private fostering were not sufficiently robust. • Private Fostering cases sampled showed delays in responding to notifications, DBS checks, visits and decision making.
What 'good' looks like:	• The quality of Private Fostering casework is effectively monitored by the LSCB, resulting in good services for children and young people.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
155.1	Private Fostering Sub Group to carry out analysis of services through evaluation and feedback of previous privately fostered young people.	Jan 2016	Private Fostering Sub Group
155.2	Report on analysis of previously privately fostered young people to be presented to the Quality and Outcomes subgroup	Mar 2016	Michelle McPherson, Lead for Private Fostering
155.3	Include measures on the performance scorecard that monitor the quality of private fostering work	Dec 2015	LSCB Business Unit
155.4	Private Fostering subgroup chair to provide chair's report to the LSCB Executive following each meeting	Nov 2015	Michelle McPherson, Lead for Private Fostering
155.5	Audits completed of Private Fostering cases and findings are reported to the Private Fostering Sub Group	Dec 2015	Michelle McPherson, Lead for Private Fostering
155.6	Private fostering annual report to include detail on the monitoring of private fostering work	Mar 2016	Private Fostering Sub Group

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of assessments where Private Fostering is identified as a factor	Private Fostering is identified			
Number of open Private Fostering cases	Private Fostering is identified			
Percentage of Private Fostering cases visited in timescales	Visits for Private Fostering cases are timely	80-89	90-94	95-100
Percentage of Private Fostering cases were delay is identified	Delays for children and young people are identified and challenged in order to reduce this	21-25	11-20	0-10
Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	Private Fostering cases are appropriately overseen within timescale.	80-89	90-94	95-100
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
Private Fostering Annual Report – shows multi-agency practice is improving and that privately fostered children and young people receive a good service	**Feedback from Privately Fostered young people –** young people are supported in their placements	**Safeguarding Children Operational Group and LSCB Frontline Visits –** Partners feel confident identifying private fostering cases		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	156. **Improve the influence of CESCB in the work of the Health and Wellbeing Board** to ensure that safeguarding is embedded within its priorities.
Areas for Improvement:	• Strategic links between the LSCB and the Health and Wellbeing Board were not explicit. • As a joint adults and children's Board, the children's agenda within the Health and Wellbeing Board was not given sufficient priority.
What 'good' looks like:	• The Health and Wellbeing Board and the LSCB are clearly linked, and the children's agenda for the Health and Wellbeing Board is championed and brought to the fore by the LSCB. • Evidence of joint commissioning arrangements around children's safeguarding.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
156.1	Paper proposing that the Health and Wellbeing Board become accountable body for the Children's Improvement Plan be presented to the Health and Wellbeing Board	Oct 2015	Gill Betton, Children's Improvement Manager
156.2	Establish a new Partnership Chairs Board of chairs and key officers from relevant partnerships that feeds directly into the Health & Wellbeing board	Dec 2015	Ian Rush, Chair of the LSCB
156.3	Ensure Cheshire East attendance at Ofsted Getting to Good seminars around leadership	Mar 2016	LSCB Business Unit
156.4	Review governance arrangements to strengthen reporting and accountability across partnerships and revise memorandum of understanding.	Dec 2015	LSCB Business Unit

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people	**LSCB Multi-Agency Audits**– shows children, young people and parents feel they have received a good service that has helped them	**Safeguarding Children Operational Group and LSCB Frontline Visits –** Partners feel multi-agency working has improved.

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	157. Develop and **implement a coordinated strategy in relation to female genital mutilation** so that the impact of multi-agency work within Cheshire East can be evaluated and understood.
Areas for Improvement:	• The work in relation to female genital mutilation was not yet coordinated. • Health agencies record the prevalence of incidents but this was not formally reported to the Board.
What 'good' looks like:	• There is a coordinated strategy and approach in addressing female genital mutilation. • The LSCB receives information on the prevalence of incidents and the impact of the strategy.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
157.1	Establish an LSCB task and finish group led by the Named GP working in partnership with local hospital trusts to agree and monitor pathway as part of a Pan Cheshire co ordinated strategy.	Dec 2015	Naomi Leece, Named GP
157.2	Establish campaign to launch the strategy and related information	Jan 2016	Communication and Engagement Sub Group
157.3	Launch local procedure for FGM	Feb 2016	Communication and Engagement Sub Group
157.4	Launch pan-Cheshire FGM strategy	Mar 2016	Communication and Engagement Sub Group
157.5	Carry out data collection to identify hot spots, combined with deep dive learning, to monitor whether strategy been effective	Mar 2016	LSCB Business Unit
157.6	Develop a plan of learning/training around FGM	Mar 2016	Learning and Improvement Sub Group
157.7	Include key FGM measures on LSCB performance book	Nov 2015	LSCB Business Unit

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of FGM cases referred	The prevalence of the risk of female genital mutilation in Cheshire East – evidence that this is being identified			
Number of children and young people were FGM was identified	The prevalence of female genital mutilation in Cheshire East			
Number of professionals who have received FGM training	The number of professionals skilled in identifying signs of risks from FGM and in working with families were this is a potential risk			
Number of Police investigations following referrals for FGM	Female Genital Mutilation is responded to and investigated			
Qualitative Information	**Feedback from Children and Young People, Parents and Carers**	**Feedback from Staff**		
LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people	**LSCB Multi-agency Audit –** children and young people feel protected and know how to access support	**Safeguarding Children Operational Group and LSCB Frontline Visits –** Partners feel confident identifying potential risks from FGM		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	158. Implement a **protocol that outlines when the National Panel should be notified about SCRs** and incidents in order to strengthen scrutiny of decision-making.
Areas for Improvement:	• There had been no serious case reviews (SCR) commissioned in the last four years and those cases considered for SCR had not been referred to the National Panel. • This meant that there had not been any external monitoring of the thresholds to undertake a SCR.
What 'good' looks like:	• A clear protocol is in place and adhered to which outline when the National Panel should be notified about SCRs. • Decisions on whether to undertake SCRs are externally validated to ensure the right decisions are being made, and the right level of scrutiny is given for reviews
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
158.1	Review online procedures around SCRs	Dec 2016	LSCB Business Unit
158.2	Develop a protocol that that outlines when the National Panel should be notified about SCRs and incidents in order to strengthen scrutiny of decision-making.	Jan 2016	Policies and Procedures Sub Group
158.3	Launch new protocol	Feb 2016	LSCB Business Unit
158.4	Review research and learning from both local and national SCRs and ensure this is disseminated to all practitioners through LSCB members.	Dec 2016	LSCB Business Unit
158.5	Include measures on the performance scorecard that monitor notifications	Dec 2015	LSCB Business Unit
158.6	Commission external review of notification process to critically assess effectiveness	Mar 2015	Audit and Case Review subgroup

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of cases referred to Ofsted	Cases are referred to Ofsted			
Number of cases referred for consideration for a case review	Cases are considered for case reviews			
Number of single agency case reviews held	Number of cases meeting this level of review			
Number of reflective reviews held	Number of cases meeting this level of review			
Number of serious case reviews held	Number of cases meeting this level of review			
Number of 'True for Us' reviews held	Number of opportunities for learning we have used to develop services in Cheshire East			
Number of cases referred to the National Panel	Compliance with the protocol and that cases are referred to the National Panel			

Feedback

If you have any thoughts or views on this plan, or how well we are progressing, please contact us at **C&FSpeakUp@cheshireeast.gov.uk**

Cheshire East
Children & Young
People's Trust

Cheshire East Local
Safeguarding Children Board

Cheshire East
Council

Caring together

Cheshire East Health and Wellbeing Board

Caring Together Update: November 2015

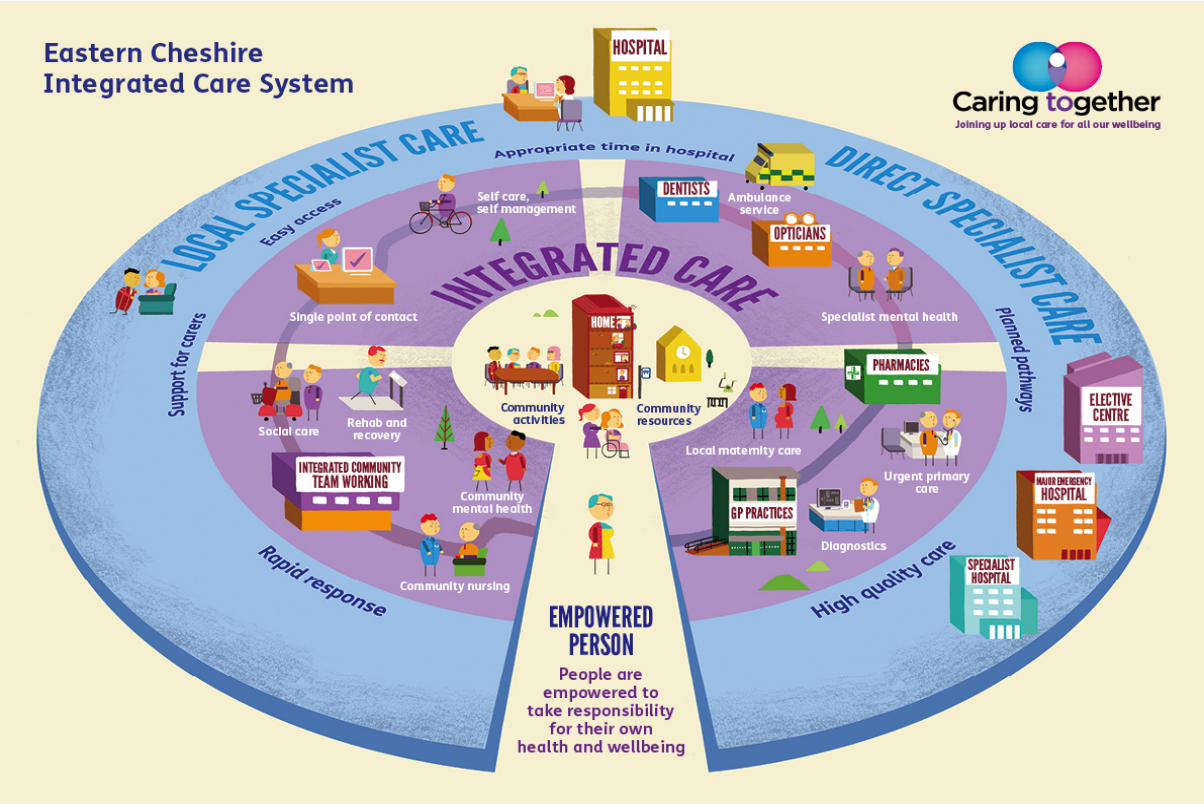
1. Introduction

Eastern Cheshire is taking a system wide approach to address the challenges of caring for the fastest ageing population in the North West of England within the available resources. The Caring Together vision of "joining up local care for all our wellbeing" was the first step of bringing together local people and professionals to co-design a new approach to care which has empowering people at its heart.

At the centre of the programme is the co-development of eight ambitions supported by a Caring Together Outcomes Framework, uniquely focussed on a new type of integrated care model. The development of the framework is the first step on the journey towards commissioning for outcomes.

Core to the Caring Together Programme is the introduction of an integrated care system as depicted in **Diagram 1**.

Diagram 1: Eastern Cheshire Integrated Care System



This paper provides an update on recent progress within the programme focussing specifically on 2 workstreams: Community Based Co-ordinated Care and Primary Care. It also provides an update on the recent changes to the governance structure for the programme.

2. Community Based Co-ordinated Care (CBCC)

CBCC is in the first phase of implementation of the integrated care system in Eastern Cheshire. There has been extensive work co-designing the care model and implementation plan. Work is now underway to commence implementation in 2015/16.

Over the next 3 years it is envisaged that more services and resources will transfer to complete the implementation of the new care system delivering care closer to home, person centred care and more proactive care. There will increasing focus on empowering people to take responsibility for their own health and wellbeing.

The new care model will provide co-ordinated care for people with short or long term care needs delivered as close to their home, as is practical, 7 days a week. The care model has been designed to meet the needs of the 20% of the population (or up to 40,000 people) who use 70% of all current health and social care resources. Care will be available to people over 18 years of age who are living and registered with a GP within the Eastern Cheshire CCG area.

Commissioners are working collaboratively to agree the financial baseline and additional investment required to deliver the new care model and the commissioning arrangements. Providers are collaborating to agree the resources needed and to agree the clinical governance arrangements.

The business case was originally scheduled to be presented to ECCCG Governing Body in October 2015 however this was postponed due to the delay in establishing and agreeing the financial baselines required for CBCC. Work on the business case is ongoing with a view to presenting the full business case to the CCG Governing Body by 31 March 2016 at the latest.

The STAIRRS element of CBCC is currently being tested by one early implementer general practice. Based on the experience of this practice there are now plans to test this service on a wider footprint during the winter period to provide a much needed alternative to hospital admission. Full implementation of STAIRRS is planned for April 2016.

A paper was presented to the Overview and Scrutiny Committee on 9 July 2015. The committee considered the level of engagement required by this project and advised

that this is a service improvement rather than a significant service change and therefore no formal consultation is required.

3. Primary Care

The CCG working in collaboration with NHS England and the 22 practices in Eastern Cheshire, has completed a review of services provided within general practice in Eastern Cheshire. The findings of the review have been used to inform the development of a new Caring Together service specification for general practice. The aim is to ensure that there is equity of access to the same range of high quality services regardless of which practice in Eastern Cheshire patients are registered with.

An additional £2m investment has been made available to support the implementation of the new service specification.

The service specification supports the delivery of the Caring Together vision, values and ambitions and also supports the delivery of the CCGs Five Year Strategic Plan

The final draft of the service specification was circulated to practices within Eastern Cheshire on 12 November 2015. Practices have until the 30 November to indicate their intention to sign up to the new contract and subsequent service specification. The CCG will need to make alternative commissioning arrangements for any practice not wishing to adopt the new service specification.

Individual implementation plans will be developed with practices as all practices are at a different stage of development. It is envisaged that the service specification will be implemented in full by 31 December 2016 at the very latest.

Once the service specification has been implemented in full more people will be cared for in the community, fewer people will be admitted to hospital as an emergency admission and anyone admitted will be discharged from hospital in a timely way. GPs will be able to spend more time with those patients suffering from long term and or complex conditions and they will be able to provide much support to enable people to take responsibility for their own health and wellbeing. People will be able to access much more care locally and avoid unnecessary visits to hospital and unnecessary tests and investigations.

4. Caring Together Governance

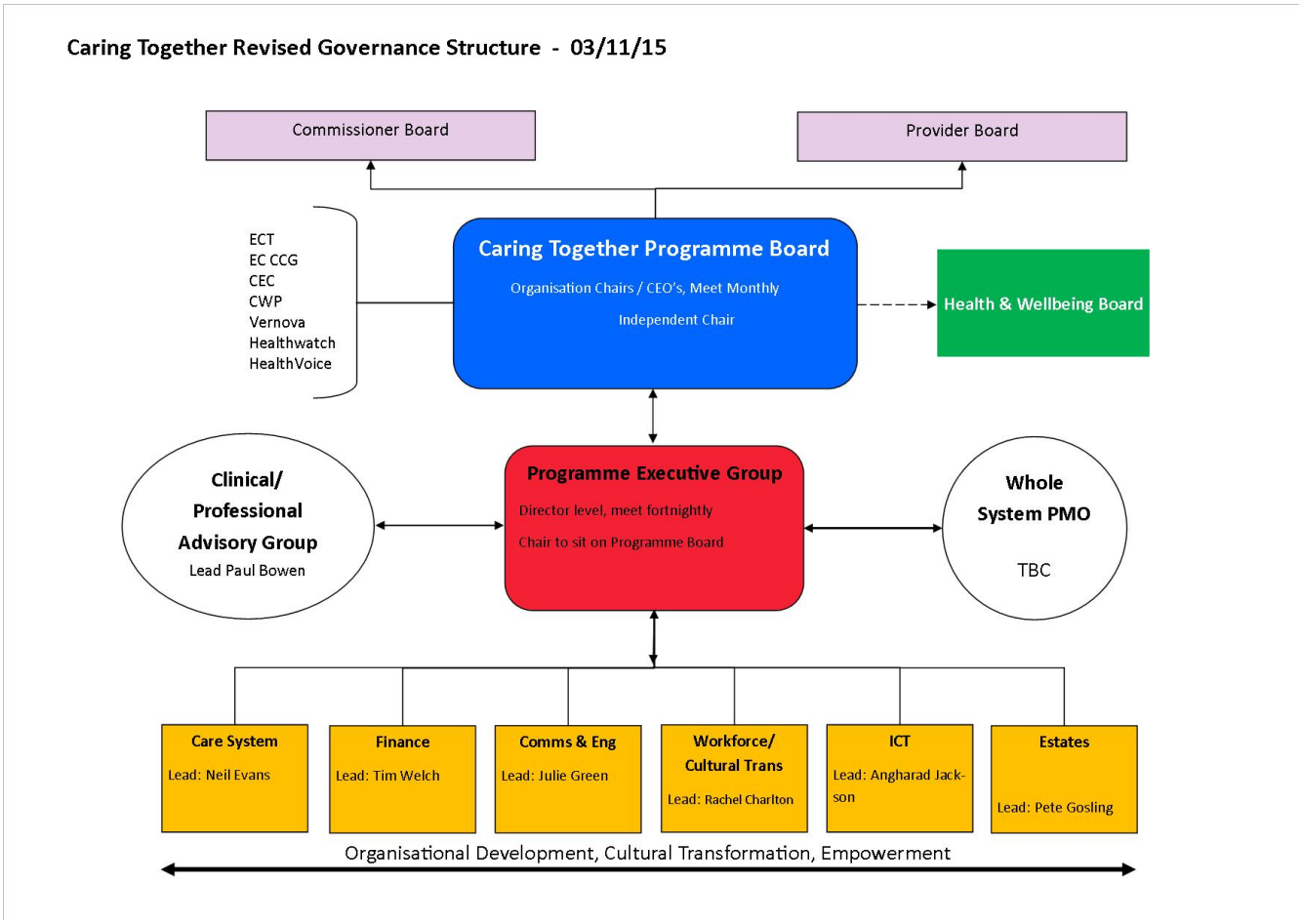
The Caring Together Programme is now moving into the implementation phase and it was agreed at the October 2015 Leadership Forum that the Caring Together Programme Governance arrangements would be revised to reflect this.

The current Programme Management Group is to be superceded by a Caring Together Programme Executive Group, comprising of executive director level representation from all partner organisations. To ensure there is pace of change, this group will meet initially on a fortnightly basis. The first meeting of the Programme Executive is scheduled to take place on 17 November 2015.

The Caring Together Leadership Forum will be superceded by a Programme Board comprising of the Chairs and Chief Executives of partner organisations. The Programme Board will be supported by the Programme Executive Group. The first meeting of the Programme Board is scheduled to take place on the 15 December 2015.

Diagram 2 outlines the new governance structure for the Caring Together Programme

Diagram 2: Revised Governance Structure Caring Together Programme



5. Next Steps

The current implementation plan for the Caring Together Programme is in the process of being refreshed.

In the meantime work will continue with regards to implementing CBCC, the new service specification for general practice and the modelling work to determine the future configuration of a local care system and the most appropriate organisational form to deliver this.

Fleur Blakeman

Strategy and Transformation Director

Eastern Cheshire CCG

13/11/2015

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Connecting Care Programme
October 2015
Update to Health and Wellbeing Board

1 Introduction

The Connecting Care Programme exists to realise a different future for public and staff delivering health and social care. That future is one in which people are supported to maintain and improve their health and well being, and one where services are integrated and seamlessly designed around people

The Connecting Care Board (CCB) has responsibility for the Connecting Care Strategy, and it is the responsibility of the Senior Responsible Officer (SRO) group to implement this and report progress to the CCB

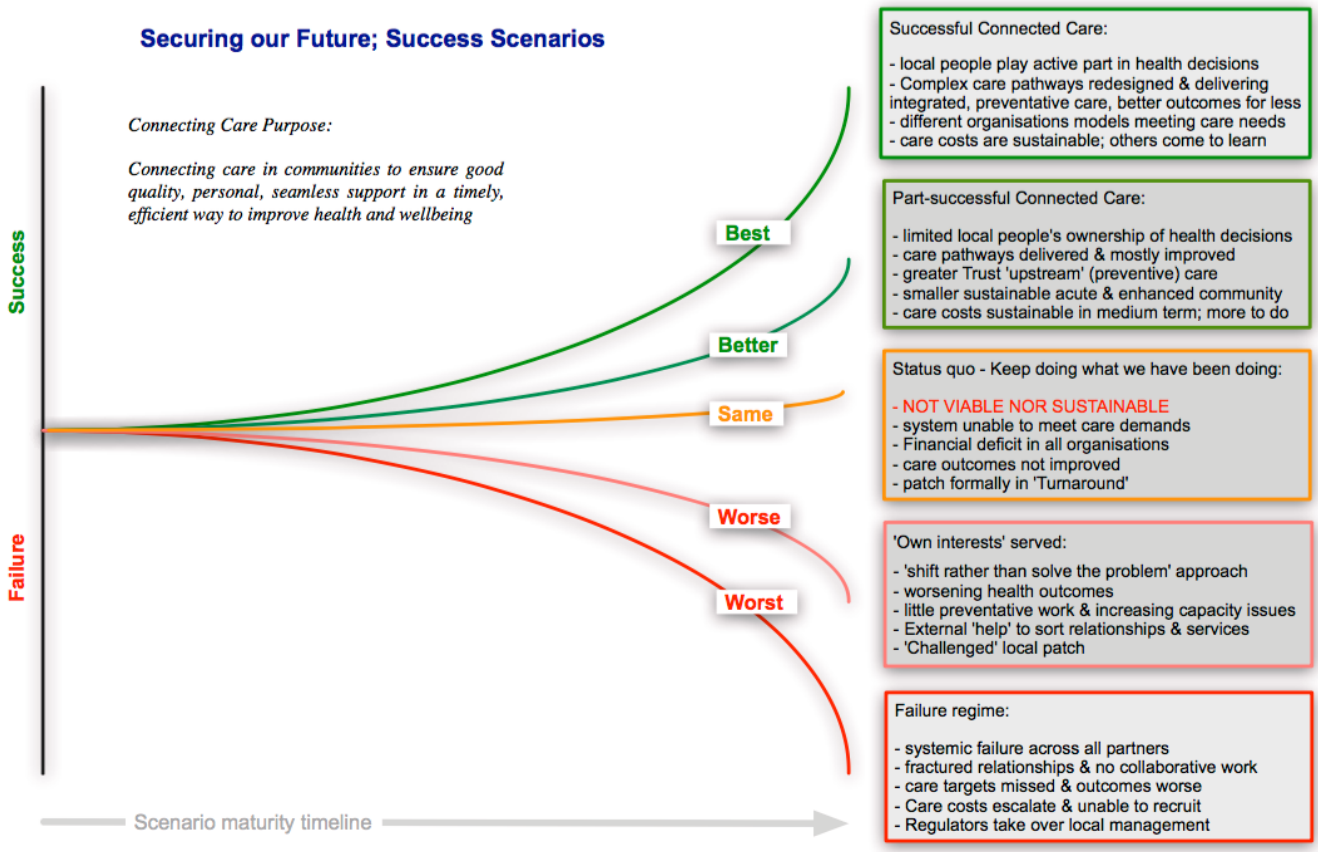
This paper serves to update on progress since March 2015

The report focuses on six main developments:

- Connecting care 'reason for being'
- Transformation delivery
- Connecting Care programme workstreams
- Connecting Care configuration
- Other update issues

2 Reason for Being

This is represented graphically below:



3 Transformation Delivery

- Better Care Fund (BCF) initiatives agreed & in implementation. These are routinely separately reported, with the objective of improved self-care, admission prevention, improved discharge
- Integrated Care Team implementation – through the Connecting Care Provider Board, the three phase implementation plan is well underway, with the first team in place. The second is due for November with the last for December/January implementation
- Urgent Care redesign – the outcomes specification for this has been completed by Commissioners and is now with Provider Board for completion of a whole-system, redesign business case. This is expected early in 2016

4 Connecting Care Workstreams

Whilst the Connecting Care strategy was completed previously, the workstreams necessary to deliver this were not fully in place. These have now been developed and agreed and the workstreams are:

- Person Centred care
- Communities resilience
- System Metrics
- Health & Wellbeing
- System Leadership & care model
- System stability

Each of the Workstreams has a Senior Responsible Officer (SRO) to lead its implementation. The SROs as detailed above and are the chief officers of respective Connecting Care partner-organisations

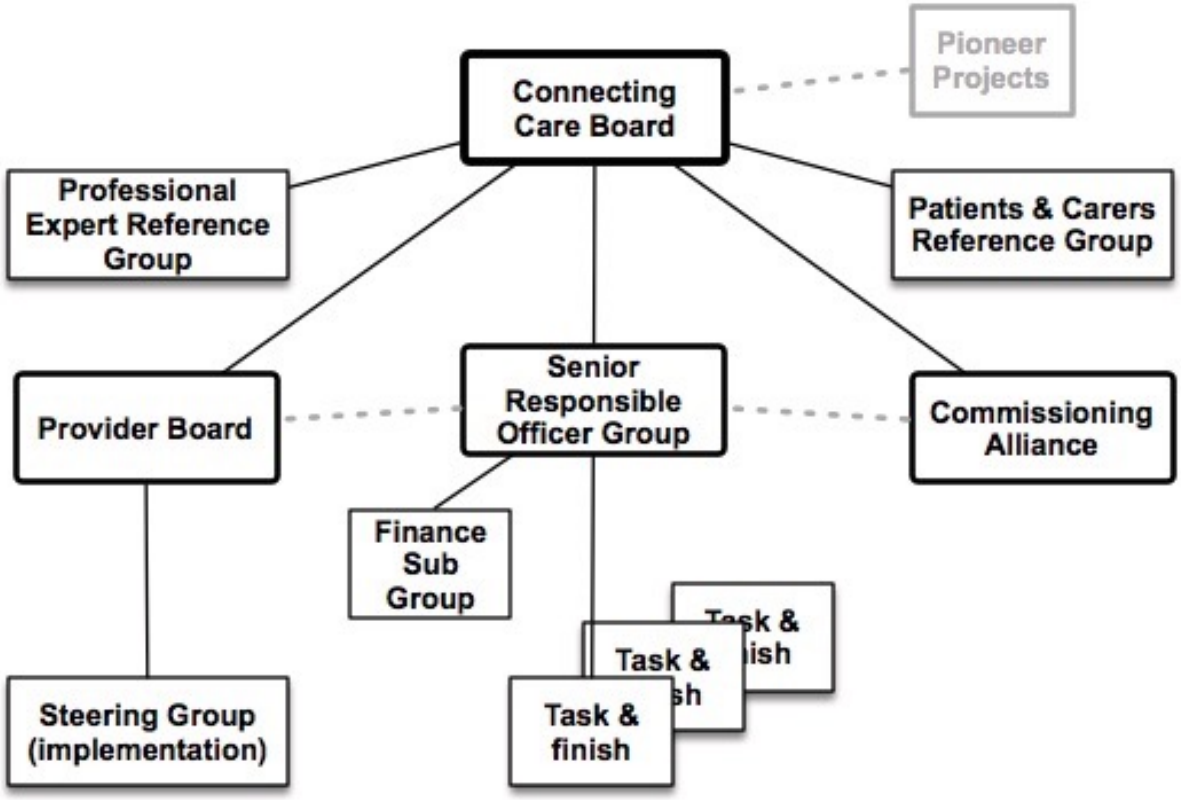
To account for workstreams and SRO responsibilities to lead them, the configuration of Connecting Care has been refined. This is set out below

5 Connecting Care Configuration

Since March 2015, the following changes have been made:

- SROs agreed to lead each workstream, and established a forum in which delivery can be managed, in turn reporting to Connecting Care Board
- Commissioner Alliance established to lead and manage co-development of commissioning cycle phase work; led by Simon Whitehouse and Fiona Field
- Establishment of professionals by qualification, and by experience, reference groups to support improved engagement by clinicians and public; led by Judi Thorley
- Agreement of Finance Sub-group to ‘hold the ring’ of collaborative finance, the financial trajectories (funding and forecast spending), and oversee Economic Model development work (to support prioritisation of work to close the trajectories gap), led by Lynda Risk

The current configuration is shown below:



6 Other Issues

Other updates include:

- Vanguard applications were completed for a range of changes and though secured useful feedback, were not successful:
  - New Care Models programme, February 2015
  - Urgent Care integration proposal, July 2015
  - MCHFT Care partnership programme July 2015
- Connecting Care partner-wide 'delivery review', completed by independent consultants in May 2015, and reported to Connecting Care Board
- Economic Model Funding has been secured to undertake this work
- Pioneer Programme delivery projects critical to Connecting Care include:
  - Cheshire Integrated Digital Care Record
  - Cheshire Learning & Improvement Academy (CLIA)
  - Cheshire-wide public engagement project
  - Cheshire-wide common narrative for staff
- Appointment of Programme Director to replace Diane Eden; David Pitt was appointed and started in July 2015
- Significant work is also being completed on a short timescale to clarify the care model requirements. Completion of this will give added impetus and focus to securing the Connected Care strategy

Lastly, though not yet complete, a public launch of the Programme is intended following, at the end of October 2015, a formal Memorandum of Understanding signing by partners, and Professional Expert and Patients & Carers Groups workshops on 13th November 2015

Paper completed by:
David Pitt, Connecting Care Programme Director
Andy Wilson, Connecting Care Chairman
October 2015

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Anna Whitehead, JSNA Manager
Subject/Title: JSNA policies

1 Report Summary

1.1 This is a covering report for the enclosed JSNA policies

2 Recommendations

2.1 Health and Wellbeing Board sign-off the JSNA policies for testing

3 Reasons for Recommendations

3.1 To agree policies which support the Health and Wellbeing Board in discharging their duty to produce a Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA).

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The JSNA informs the identification of Health and Wellbeing Strategy priorities. The proposed approach for creating and updating the JSNA will support the development of associated plans and their monitoring and evaluation.

5 Background and Options

5.1 At the Health and Wellbeing Board meeting on 28th April 2015, it was agreed as part of the JSNA presentation that 3 JSNA policies would be brought back to the Health and Wellbeing Board. The Board are asked to endorse testing the implementation of these policies.

5.2 The policies to be endorsed and tested are:

- JSNA work programme development
- JSNA content production
  - partnership working and community involvement
- JSNA governance

6 Access to Information

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

Name: Anna Whitehead
Designation: JSNA Manager
Tel No: 07870 896911

Email: anna.whitehead@cheshireeast.gov.uk

JSNA work programme development

Title	JSNA work programme development
Author	JSNA Manager
Version	1.0
Approved by	Health and Wellbeing Board
Date approved	

Contents

Introduction

This policy supports the "Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies" published by the Department of Health in March 2013. This guidance set the scope of the Joint Strategic Needs Assessment (JSNA); to identify health and social care needs that can be met or affected by the local authority (Cheshire East Council) in collaboration with clinical commissioning groups (Eastern Cheshire CCG, South Cheshire CCG) or the NHS Commissioning Board (NHS England). The policy also supports the "Pharmaceutical needs assessments information pack for Health and Wellbeing Boards published by the Department of Health in May 2013.

The development of a JSNA work programme supports the Health and Wellbeing Board in discharging their duty to produce a JSNA and Pharmaceutical Needs Assessment (PNA). It will increase the Board's visibility of the JSNA sections to be developed during the time period of each work programme and it will enable relevant commissioners and providers to plan to release the capacity required to develop JSNA content and scheduled PNA refreshes.

Policy scope

This policy covers:

- Development of a JSNA work programme, which includes identifying priorities for the VCFS JSNA project and considering whether a revised Pharmaceutical Needs Assessment (PNA) is due
- Amending the JSNA work programme due to changing circumstances, which includes identifying changes to needs for pharmaceutical services which require a supplementary statement or full revision of the Pharmaceutical Needs Assessment

Principles

The JSNA work programme will:

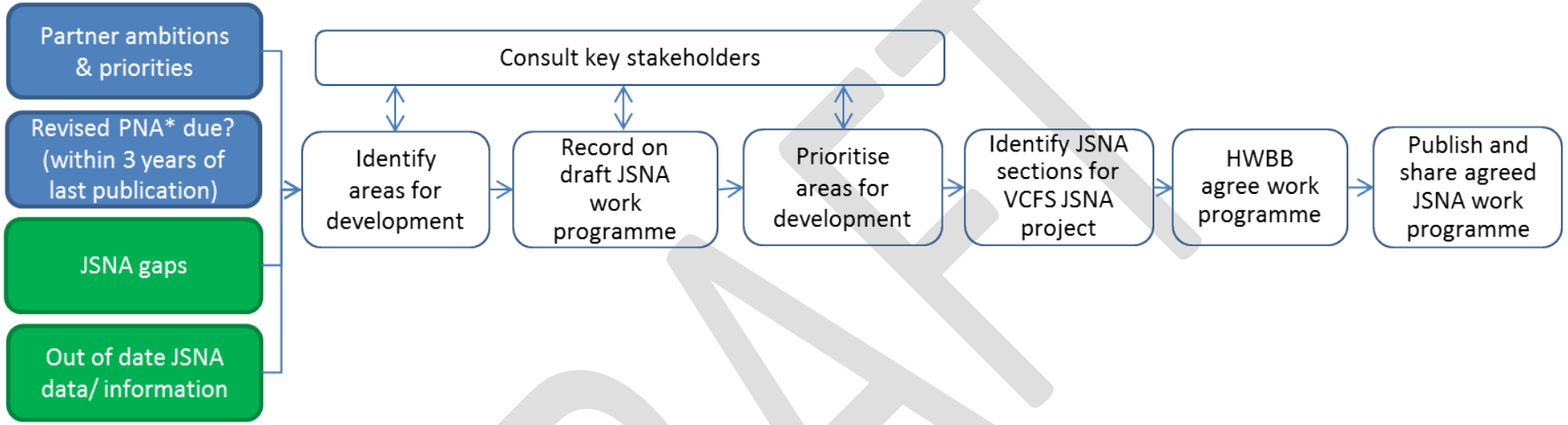
- Align JSNA developments to commissioner priorities, planning and implementation timescales
- Support the Health and Wellbeing Board in refreshing the Joint Health and Wellbeing Strategy
- Assist in aligning discussions at Health and Wellbeing Board meetings to JSNA content

Policy in practice: processes and principles

See overleaf for two separate processes; the first for agreeing the JSNA work programme and the second for reviewing the programme following changes in circumstances such as data releases and the availability of new information or insight.

Process: Agree JSNA Work Programme

Purpose: To prioritise JSNA section development in order to improve health and social care outcomes



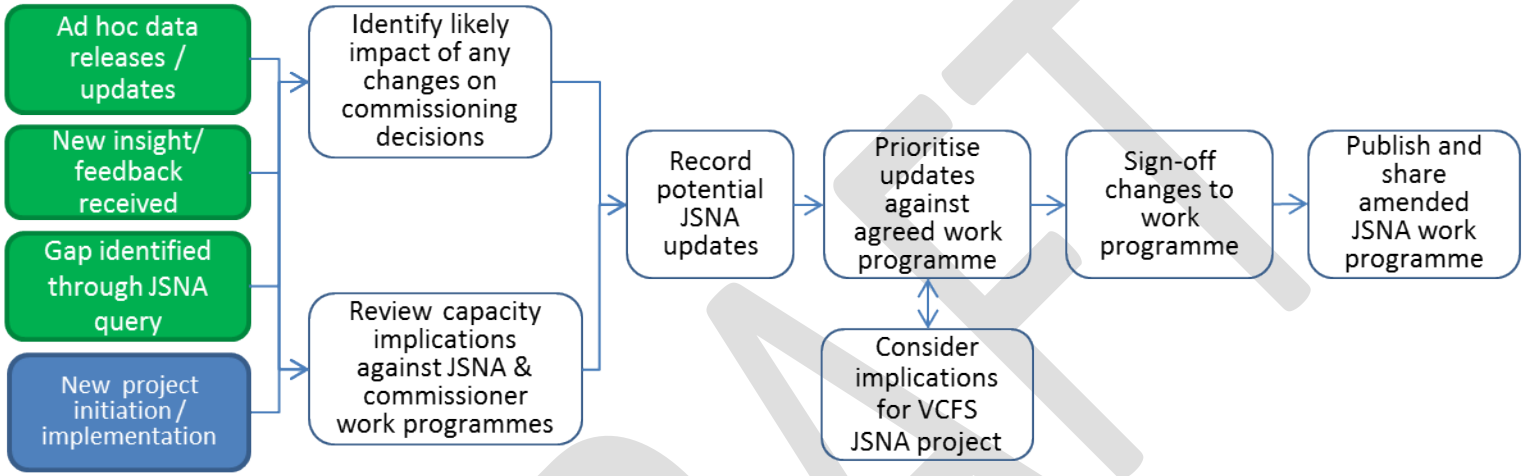
Principles:

- Allocating resource to creating/updating JSNA sections should be proportionate to the benefits of enhanced intelligence in enabling evidence-based decision making; prioritised sections will relate to areas where commissioners are able to focus
- JSNA work programme to include: developing new JSNA content, existing JSNA updates, JSNA process improvements and known PNA developments

*PNA = Pharmaceutical Needs Assessment

Process: Review JSNA Work Programme content following change in circumstances

Purpose: To prioritise JSNA section development in order to improve health and social care outcomes



Principles:

- Allocating resource to creating/updating JSNA sections should be proportionate to the benefits of enhanced intelligence in enabling evidence-based decision making; prioritised sections will relate to areas where commissioners are able to focus
- JSNA work programme to include: developing new JSNA content, existing JSNA updates, JSNA process improvements and known PNA developments

*PNA = Pharmaceutical Needs Assessment

Supplementary statements/revisions to the Pharmaceutical Needs Assessment (PNA)

The PNA is required to be refreshed within 3 years of the date the current version was published. In the interim, NHS England sends updates to Public Health when changes in pharmacy provision have occurred. These updates are reviewed to determine whether the changes affect the local need for pharmacies as outlined in the PNA. No action is required if the change does not affect the need for pharmacies. If the change does affect the market but a full scale revision of the PNA would be disproportionate, then a supplementary statement to the PNA will be produced. Current pharmacy provision in Cheshire East means that changes to opening hours are unlikely to significantly affect the market and so a supplementary statement would not be required, whereas several pharmacy closures may have a more significant impact.

In addition, population changes that affect the need for pharmacies (such as occupation of new housing estates or changes to local traffic such as local employers relocating or significant shopping developments) will also trigger production of a supplementary statement or full scale revision of the PNA. The process for notifying Public Health when developments will impact on population levels (e.g. people moving into new housing estates) and assessing the impact on pharmacy provision needs to be developed.

The impact of other changes on pharmaceutical provision which are identified through the JSNA process will also be considered to identify whether a supplementary statement or full revision to the PNA is required. For example, plans for the development of NHS services (including the appointment of additional providers of primary medical services in the area or firm plans for changes in the number and/or sources of prescriptions), plans for changing the commissioning of public health services by community pharmacists, introduction of special services commissioned by clinical commissioning groups, change of strategy by social care/occupational health regarding provision of aids/equipment through pharmacies or dispensing appliance contractors)

Responsibilities

JSNA Manager

- Provide visibility of the JSNA work programme to key stakeholders within the Council, both CCGs and to the Health and Wellbeing Board
- Liaise with commissioners and the VCFS project to identify where the VCFS are best placed to add value to JSNA priorities
- Review updates from NHS England on changes to pharmacy provision and determine whether supplementary statement to Cheshire East's Pharmaceutical Needs Assessment is required
- Work with commissioners in the council and CCGs to identify any changes that will impact on the need for pharmaceutical services in the local area

- Sign-off changes to the JSNA work programme that do not require reallocation of capacity which would adversely affect achievement of agreed JSNA or commissioner priorities
- Escalate other potential JSNA work programme changes to the HWBB

Commissioners

- Identify where JSNA content needs to be created or updated in order to inform the development of commissioning intentions and/or implementation of projects linked to priorities
- Identify where JSNA content needs to be created or updated in order to support achievement of longer-term ambitions (e.g. empowerment, personal responsibility, prevention)
- Identify planned changes that will impact on the need for pharmaceutical services in the local area and notify the JSNA Manager of these changes and likely impact

Data analysts

- Work with the JSNA Manager to produce a timetable of scheduled data releases and the JSNA sections these relate to
- Inform the JSNA Manager of ad hoc data releases and the JSNA sections these relate to

Voluntary, Community and Faith Sector

- Work with JSNA Manager to identify where insight from the sector can be usefully incorporated into JSNA priorities

Healthwatch

- Work with JSNA Manager to identify synergies between Healthwatch projects and priorities and JSNA development

Health and Wellbeing Board

- Review potential JSNA work programme changes escalated to them and make a decision to authorise them or not (changes escalated are those that would require capacity to be re-allocated from previously agreed JSNA or commissioner work programme priorities)

Evaluation and review

The policy will be reviewed in the light of operating experience and/or changes in legislation. The policy will be updated to include a process for notifying Public Health when developments will impact on population levels (e.g. people moving into new housing estates) and assessing the impact on pharmacy provision. All significant policy changes will be approved by the Health and Wellbeing Board.

JSNA content production
-Partnership working and community involvement

Title	JSNA content production - Partnership working and community involvement
Author	JSNA Manager
Version	1.1
Approved by	Health and Wellbeing Board
Date approved	

Contents

Introduction

This policy supports the "Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies" published by the Department of Health in March 2013. This guidance set the scope of the Joint Strategic Needs Assessment (JSNA); to identify health and social care needs that can be met or affected by the local authority (Cheshire East Council) in collaboration with clinical commissioning groups (Eastern Cheshire CCG, South Cheshire CCG) or the NHS Commissioning Board (NHS England).

In addition, the JSNA is a useful resource base for a wide range of partners and the public. The benefits of the JSNA include:

- Facilitating partnership working by combining data and information from a range of sources including the public and service users
- Combining differing professional and organisational perspectives to support a holistic view of individuals, families and communities and provide new insights
- Identifying and sharing information about local community assets to support commissioners and providers in developing community resilience
- Enabling commissioners to identify priorities for action based on the balance of different needs

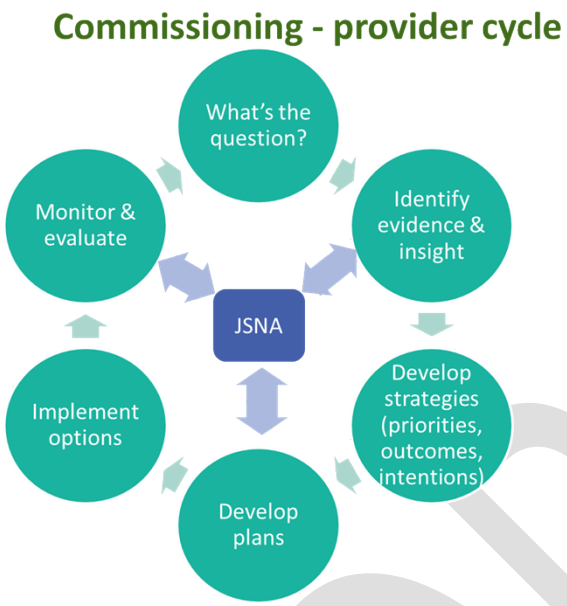
There will not be a time-bound scheduled review and refresh of all JSNA content; the creation and updating of JSNA sections will be prioritised in line with the JSNA work programme. This work programme will be developed according to the "JSNA work programme development" policy.

Policy scope

This JSNA content production policy includes principles, process and responsibilities for creating and updating JSNA sections, which are based on partnership working and community involvement. The policy does not cover strategy and plan development activities such as summarising the JSNA to support identification of commissioner or provider priorities. In addition, it does not cover production of the Pharmaceutical Needs Assessment (PNA) or supplementary statements to this needs assessment.

Policy in practice: process and principles

JSNA production is a core part of the commissioning – provider cycle as shown below:



The detailed process for creating and updating JSNA content shown overleaf has been designed to support this commissioning – provider cycle;

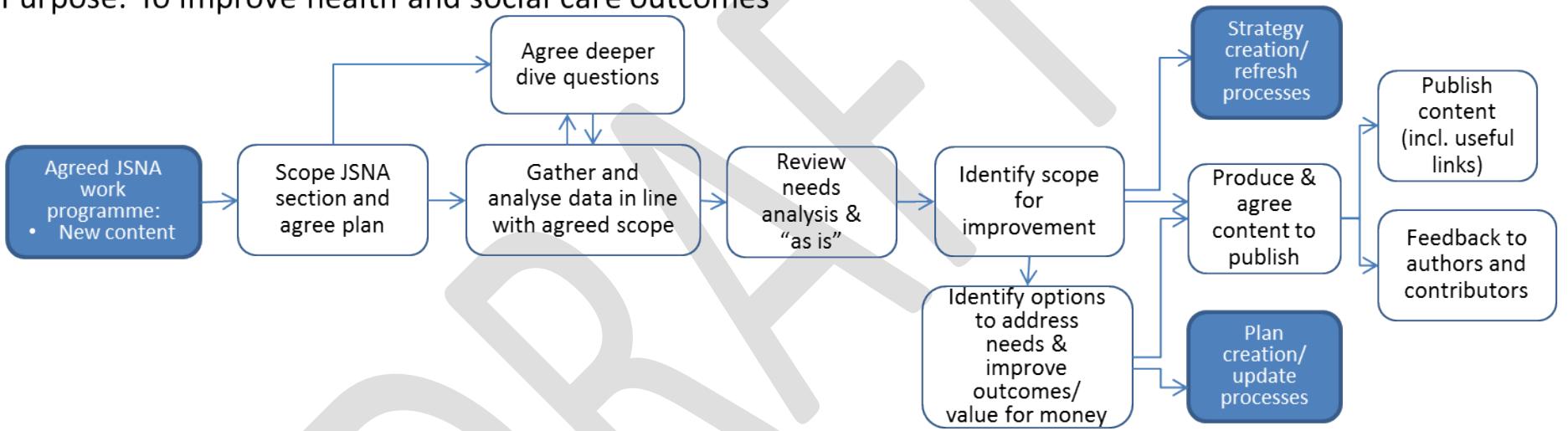
- Clarity on the commissioning question to be answered is required in order to effectively scope each JSNA section
- The JSNA process gathers and analyses evidence and insight of current needs and evaluates evidence of intervention and service effectiveness
- Plan development is linked to the JSNA through the identification and analysis of options as part of the JSNA process, although full strategy implementation planning processes are outside of the scope of JSNA production
- The scope for improvement identified during JSNA production should be considered when developing strategies, although priority, outcome and intention setting is also outside the scope of JSNA production

Blue boxes overleaf are processes outside the scope of this policy.

In addition to creating and updating specific sections, JSNA development work includes strengthening mechanisms for local voluntary and community organisations, groups and individuals to be involved in and provide feedback on the JSNA. For example, through strengthening links between the JSNA and Healthwatch, development of the Community JSNA web pages and promoting the JSNA to VCFS organisations through The Voice of the Sector (the network for the Cheshire East Voluntary & Community Sector) and Cross-Sector Working Group.

Process: Create new or update existing JSNA content

Purpose: To improve health and social care outcomes



Principles:

- Key stakeholders (subject matter experts, including communities/service users) will work collaboratively and actively participate
- Detailed analysis may differ across different organisational boundaries (e.g. deeper dive questions may be locality specific)
- Developing JSNA sections will be proportionate to the benefits of enhanced intelligence in enabling evidence-based decision making

Principles for JSNA Content

Standard JSNA content will:

- Focus on health and social care needs
  - assess needs that can be met or influenced by the Council with CCGs or NHS England
  - include wider determinants
  - enable improvements to population health
  - reduce inequalities in health and service provision
  - Be evidence-based, open and honest about needs and areas for improvement
- Be from the public's perspective; avoid bias by an organisation or professional perspective
- Analyse variations in need:
  - across localities
  - by protected characteristics defined in the 2010 Equality Act (i.e. age, gender, race, disability, marital status, religion, sexual orientation)
  - prevent identification of individuals
- Identify community assets and current service delivery
- Support empowerment and personal responsibility

Enhanced JSNA content may:

- Evaluate service and intervention effectiveness in meeting needs
- Consider what stakeholders could achieve by working together differently and affecting wider determinants
- Identify factors that lead to:
  - local needs arising and/or recurring
  - repeat demand for support
- Understand cause and effect and interdependencies
- Facilitate a holistic view of people and their needs:
  - Encourage integrating mental and physical health
  - Encourage a focus on families not just individuals
- Understand the impact of different needs
- Identify likely impact of different options for meeting needs through:
  - Scenario analysis / predicting what will happen if nothing changes
  - Cost-benefit analysis
  - Forecasting medium & long term trends
  - Identifying impact of changing factors in the wider context such as:
    - legislative, demographic or environmental changes
    - new evidence on intervention effectiveness

Responsibilities

JSNA Manager

The JSNA Manager is responsible for co-ordinating development of JSNA on behalf of the Health and Wellbeing Board. This involves:

- Programme managing the production of JSNA content:
  - Supporting commissioners to embed JSNA production into core commissioning processes
  - Facilitating the work of analysts and finance officers; supporting commissioners to identify data and analysis requirements
  - Liaising with commissioners and Healthwatch to ensure the VCFS project is given a clear mandate, outlining the questions to be answered through their contribution to the relevant JSNA sections
  - Co-ordinating information and data gathering and analysis from different sources (including the voluntary, community and faith sector; liaising directly with these organisations and through the JSNA voluntary, community and faith sector project)
  - Escalating issues or barriers to the JSNA Content Sponsor
- Ensuring a consistent approach to developing and presenting JSNA content
- Providing quality assurance, advice and training on:
  - Public/service user perspective (editing content and/or escalating issues where data/analysis is biased from an organisational or professional perspective; see JSNA Governance policy)
  - Analysis techniques, using and interpreting data and statistics
  - Facilitating a holistic view of people / service users
  - Considering cost-benefits of gathering additional data or acting on the scope for improvement identified
- Challenging assumptions
- Ensuring the JSNA is useable; supporting key stakeholders in identifying options to address needs
- Working with commissioners in the council and CCGs to identify any changes that will impact on the need for pharmaceutical services in the local area which need to be reflected in the Pharmaceutical Needs Assessment (see JSNA work programme development policy)

Where JSNA content to be developed does not align with current commissioner responsibilities, the JSNA Manager may author specific JSNA sections (e.g. loneliness). However, the JSNA Manager will not be responsible for authoring sections where responsible commissioners do not have capacity to undertake this work.

JSNA Content Sponsor

A JSNA content sponsor will be identified for each JSNA section to be created or updated (as agreed in the JSNA work programme). Each content sponsor's responsibilities are to:

- Represent the Health and Wellbeing Board, rather than their individual organisation
- Identify and secure the commitment and capacity of key stakeholders to be involved in identifying and assessing needs and options and producing JSNA content
- Ensure JSNA content sign-off responsibilities are agreed
- Engage senior managers and stakeholders (including elected council portfolio holders and CCG Chairs) as appropriate
- Challenge assumptions
- Resolve any issues or barriers arising in the production of JSNA content
- Escalate any issues or barriers the content sponsor cannot solve (see JSNA Governance policy)

Data analysts and finance officers

Data analysts and finance officers to be involved in producing each JSNA section will be identified by the content sponsor and other key stakeholders as part of scoping for that section. Analysts will be responsible for:

- Identifying data sources
- Providing access to and analysing data (in line with data sharing agreements)
- As they arise, inform the JSNA Manager of any barriers or issues that will impact on creation of JSNA content
- Training other key stakeholders from a range of organisations in the analysis of information in order to increase capacity for updating JSNA content in the future
- Any other specific responsibilities associated with certain JSNA sections as identified during scoping or as data analysis progresses

Commissioners and service providers

These responsibilities relate to stakeholders identified by the content sponsor as key to developing each JSNA section:

- Identify questions to be answered through the JSNA and project constraints
- Actively participate in activities to agree scope of JSNA sections, gather and interpret evidence of needs and identify options to meet needs
- Establish and make use of ways to engage service users and/or communities in identifying / validating needs
- Lead production of JSNA sections as part of core processes and project delivery
- Identify changes which impact on the need for pharmaceutical services in the local area and notify the JSNA Manager
- As they arise, inform the JSNA Manager of any barriers or issues that will impact on creation of JSNA content

Input from commissioning support officers (such as contract managers) may also be required and their responsibilities will be agreed as part of scoping for the relevant JSNA section.

Public health consultants

- Provide quality assurance, advice and training on:
  - Public/service user perspective (challenging where data/analysis is biased from an organisational or professional perspective)
  - Data sources
  - Analysis techniques, using and interpreting data and statistics
  - Facilitating a holistic view of people / service users
  - Considering cost-benefits of gathering additional data or acting on the scope for improvement identified
- Challenging assumptions
- Ensuring the JSNA is useable; supporting key stakeholders in identifying options to address needs
- As they arise, inform the JSNA Manager of any barriers or issues that will impact on creation of JSNA content

Voluntary, Community and Faith Sector

During 2015/16, CVS are responsible for:

- Undertaking projects to gather and feed intelligence into the JSNA, supporting commissioners to take account of this intelligence
- Promoting the value of the JSNA in the voluntary, community and faith sector
- Developing and updating the Community JSNA web pages

This work is determined by the JSNA work programme which feeds the VCFS JSNA project work programme. Future responsibilities associated with involving this sector in the

development of the JSNA will be outlined in the VCFS JSNA project service specification to be produced and implemented from April 2016.

Health and Wellbeing Board

- Promote use and value of Cheshire East JSNA
- Release the capacity of key stakeholders (including data analysts and finance officers) to produce JSNA content in line with the JSNA work programme

Evaluation and review

The policy will be reviewed in the light of operating experience and/or changes in legislation. Any significant changes will be approved by the Health and Wellbeing Board.

JSNA governance

Title	JSNA governance
Author	JSNA Manager
Version	1.0
Approved by	Health and Wellbeing Board
Date approved	

Contents

Introduction

Typical decision-making responsibilities associated with developing and updating the JSNA work programme or creating JSNA content are outlined in these separate policies. However, this JSNA governance policy sets the principles and processes for escalating issues in order for them to be resolved effectively. It therefore supports the Health and Wellbeing Board in fulfilling its statutory duty to produce Joint Strategic Needs Assessments (JSNAs).

Policy scope

This policy covers resolving issues that may arise during JSNA production (implementation of the JSNA work programme). It does not cover resolving issues that arise during the production of the Pharmaceutical Needs Assessment or associated supplementary statements.

Principles

Content disputes are a potential issue that may arise as a result of the JSNA Manager and/or public health consultants quality assuring draft content against the "principles for JSNA content" included in the JSNA content production policy (p.3):

"JSNA content will:

- Focus on health and social care needs (including wider determinants of these needs), enabling commissioners and providers to improve the health of the population, reduce health inequalities and reduce inequalities in service provision
- Assess needs that can be met or affected by the Council and the CCGs or NHS England
- Be evidence-based
- Be from the public's perspective; avoid bias by any one organisation or professional perspective
- Be open and honest about needs, issues and areas for improvement
- Not enable potential identification of individuals
- Analyse variations in need associated with localities and with protected characteristics as defined in 2010 Equality Act (i.e. age, gender, race, disability, marital status, religion, sexual orientation)
- Present existing evidence relating to prevention (reducing needs arising in the first place and reducing recurrence)
- Identify community assets and current service delivery
- Evaluate the effectiveness of services and interventions in relation to defined needs or issues

- Include potential commissioning options, considering what stakeholders could achieve by working together differently
- Support empowerment and personal responsibility"

For example, there could be a reluctance to publish current unmet needs, perceived weaknesses or gaps in line with the principle "be open and honest about needs, issues and areas for improvement". However, the identification of options to address needs, which is an integral part of the processes for creating JSNA content, will enable needs to be published alongside plans to address them, illustrating a proactive approach to improving outcomes. There could also be disputes relating to analysis techniques, using and interpreting data and statistics.

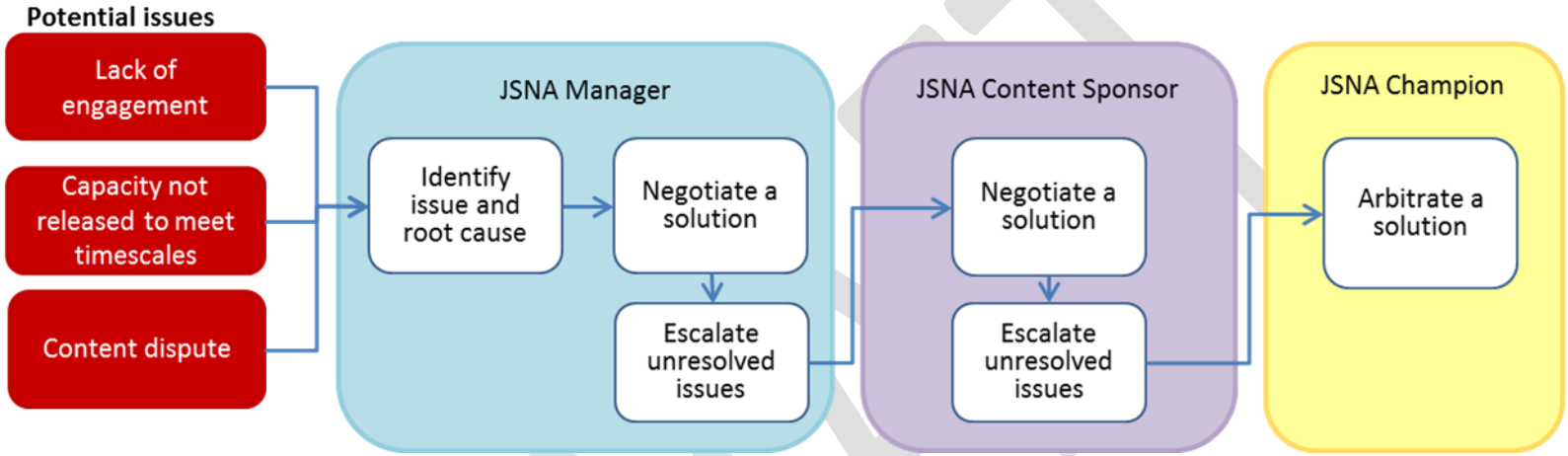
Policy in practice: processes

There are two separate processes overleaf. The first is for resolving issues that arise as part of the JSNA content production process. In addition to content disputes as described above, the main issues likely to arise include a lack of engagement from key stakeholders and/or capacity not being released to meet agreed timescales.

The second process overleaf is for responding to enquiries received from external organisations, relating to JSNA content. For example, the Men's Health Forum contacted all JSNA Managers advocating the identification of variations in needs between men and women.

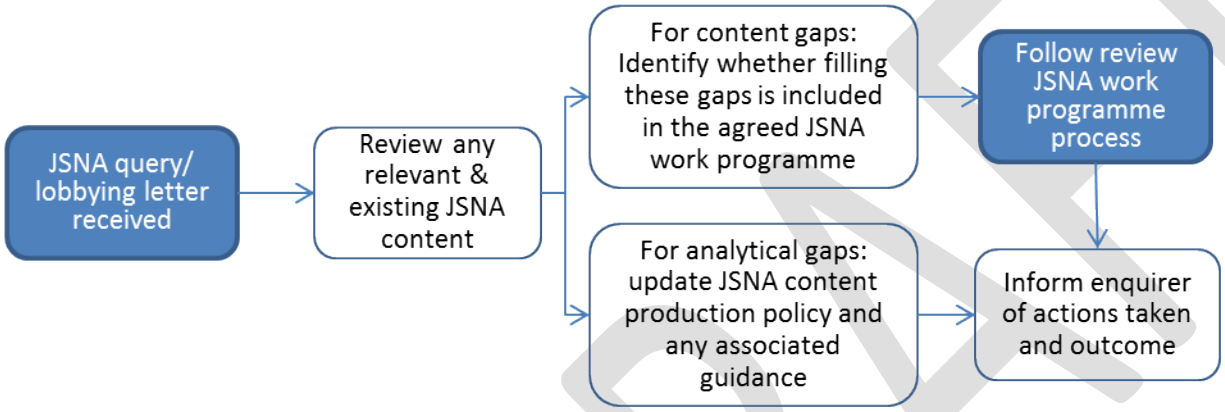
Process: Resolve JSNA issues

Purpose: To ensure JSNA content is published in line with the JSNA work programme and content development policy



Process: Respond to external JSNA queries/lobbying letters

Purpose: To ensure JSNA content and the JSNA work programme are effectively assessing health and social care needs



Content gaps refer to areas where JSNA content does not currently exist or where data is out of date. Analytical gaps could include gaps in identifying any variations in need within Cheshire East linked to different population groups or geographical areas. They could also include any gaps in analysis to identify trends over time or the impact of different scenarios.

Responsibilities

The policy for JSNA content production places a responsibility on all key stakeholders involved in producing content to inform the JSNA manager of any barriers or issues that will impact on creation of JSNA content as they arise.

JSNA Manager

- Investigate reasons and causes underlying issues which have arisen
- Undertake initial negotiations to resolve issues in line with this policy
- Escalate any issues or barriers they cannot solve to the relevant JSNA Content Sponsor
- Trigger the "review JSNA work programme process" for content gaps identified

- Work with public health consultants and data analysts to identify updates to the JSNA content production policy and any associated guidance to fill analytical gaps
- Ensure enquirers are informed of the response taken to their enquiry

JSNA Content Sponsor

- Represent the Health and Wellbeing Board, rather than their individual organisation
- Undertake negotiations to resolve issues in line with this policy
- Escalate any issues or barriers they cannot solve to the JSNA Champion

JSNA Champion

- Act as an independent arbiter on behalf of the Health and Wellbeing Board

Evaluation and review

The policy will be reviewed in the light of operating experience and/or changes in legislation. Any significant changes will be approved by the Health and Wellbeing Board.

REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Joint Commissioning Leadership Team
Subject/Title: Review of Joint Commissioning Leadership Team (JCLT)

1 Report Summary

1.1 The Joint Commissioning Leadership Team (JCLT) was formally created in April 2013, with a shared purpose of collaboratively commissioning and reviewing services across Cheshire East.

1.2 A number of drivers led to the need to review the form and function of JCLT both as a joint commissioning group and a Better Care Fund (BCF) governance group.

1.3 The review involved a series of small group or individual conversations with strategic partners to gather the views and experiences and most importantly to identify what collective commissioners believe needs to be in place to support integrated service delivery and commissioning for the future.

1.4 The review work commenced in July and concluded mid August. This report was shared with the JCLT / BCF group, at its September 2015 meeting; this has informed this final report of the group to the Health and Wellbeing Board.

1.5 A number of key areas of agreement plus one of lack of agreement were identified.

1.6 A number of recommendations arising and the rationale for these are presented below.

2 Recommendations

2.1 The following recommendations are made to HWB:

i) Acknowledge the findings of the review as highlighted above.
ii) Advise on the future expectations of JCLT.
iii) In the interim, consider delegating authority for developing joint commissioning governance to key members of HWB (namely CCG Chief Executives, Directors of Adults' and Children's Social Services and the Director of Public Health).
iv) Approve BCF governance being withdrawn from JCLT and managed via a discrete sub-group comprising finance and commissioning leads from the CCGs and CEC. This group will provide assurance and monitoring prior to

formal reports going to HWB for approval. Reports to JCLT will be by exception.

v) Approve the draft Terms of Reference for both JCLT and BCF Governance Group (see Appendices 1 and 2 respectively).

3 Reasons for Recommendations

3.1 The reasons for the above recommendations are:

i) Ensure there is a consistent understanding across the system regarding the purpose and outcomes of this review.

ii) Ensure there is clarity and consistency across the system regarding the mutual roles and expectations and HWB and JCLT.

iii) To ensure that any delays in reaching the above consistency and clarity do not impact on much-needed work to progress joint commissioning to meet the integration and transformation agenda.

iv) Free capacity in JCLT to focus on the wider priorities across the system whilst giving BCF the due governance and scrutiny required.

v) Ensure consistency and mutual understanding across the system of the roles and responsibilities of each group.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The strategic alignment of local priorities, informed by the Joint Strategic Needs Assessment, national system development and other evidence bases, should shape the governance form locally. The key message here being that 'Form' should follow 'Function', and the effectiveness of the form of governance model for the future requires interval review points that align to key decision making points such as the annual comprehensive spending review for local authorities, and the budget settlement for NHS .

4.2 There have been two key publications that consider integrated commissioning:

- Options for Integrated Commissioning – Beyond Barker: June 2015, by Humphries & Wenzel, a Kings Fund publication.
- Reconsidering Accountability in an Age of Integrated Care: July 2015, by Jupp, a Nuffield Trust Viewpoint publication.

4.2.1 The above documents discuss the following points:

- What do we require at a geographical place based level, an individual level and at a strategic level?
- What have we set out in writing about our formal structures for commissioning at a place, individual and strategic levels? The 'form' would provide clear governance and transparency for Cheshire' East residents?

- What do we know about how individuals, families and communities access or want to access services? This should influence the future form. This could mean that providers offer seamless care and support early with account for employment, housing, continued learning and leisure interventions that would prioritise preventing/ delaying ill health interventions. Multi-specialist providers who are able to offer a range of support when someone's needs escalate will be needed. The service provider form[s] for the future will require system commissioners to unite to provide system leadership.
- Service quality and the role of national inspectors and regulators in system governance must inform local governance and assurance mechanisms.
- These would then shape arrangements such as the 'Pooling' of resources, and designated 'Lead' roles, potential co-location of relevant staff and the forms of service delivery vehicles (solely provider or an integrated mix of commissioner and provider entities).

4.3 System Leadership: The approach to system integration must ensure the connection and integration of responses by system partners, so delivery of services make sense to those who need to use them and are efficient and financially sustainable. Recognition of the key roles of schools / education, employment and housing on wellbeing is essential if preventative and early help service access is to be fully realised. The ambition now for system wide change is for development locally. The Health and Wellbeing Board has a key system leadership role here, as the 'change agent', charged with delivering system-wide:

- Leadership,
- Governance,
- Strategy and route map that depicts how change will be achieved,
- Communications for populations and stakeholders

4.3.1 All of these elements are important. However, the leadership of the Health and Wellbeing Board of local strategy and collective system wide ambition will be paramount for positive change to occur.

4.4 Conclusions: To conclude, this review of the Joint Commissioning Leadership team in Cheshire East is timely as similar discussions are taking place on national, regional, sub-regional and local levels.

4.4.1 There are a number of areas where a consensus of opinion has emerged during this review. These being:

- There have been some good examples to date of effective partnership-working and these should be recognised and built upon.
- Joint commissioning relationships are developing quickly and positively
- The required functions of JCLT and/or its successor should be agreed and the structures required to deliver those functions should be fitted around these, rather than forcing functions into existing or new structures.

- HWB needs to advise on what it requires of JCLT to ensure an efficient joint commissioning system.
- BCF business should be removed from JCLT with reports only coming by exception. A JCLT sub-group should be established to oversee the assurance function.
- Any future emerging work programmes, similar to BCF, should be developed by task and finish so as not to distract from the core business of JCLT.
- Multiple routes of financial approval going back into individual organisations can cause significant delay in progressing joint commissioning work. Therefore, some level of delegated authority to JCLT would be beneficial to improve efficiency.

4.4.2 There are also issues where there is not a consensus of opinion, such as the optimal geography for a joint commissioning group to operate on. Following national guidance and direction of travel might be the best option for resolving these areas.

5 Background and Options

5.1 *Purpose of the Review*

5.1.1 The Joint Commissioning Leadership Team (JCLT) was formally created in April 2013, with a shared purpose of collaboratively commissioning and reviewing services across Cheshire East. A signed Terms of Reference and Memorandum of Understanding were established for this group which is a sub group of the Health and Wellbeing Board.

5.1.2 The emergence of CCG transformation programmes and other national transformation and integration programmes such as the Better Care Fund and Pioneer Programme have resulted in the role and focus of JCLT changing. It is therefore timely to review this group and its governance, to assist the Health and Wellbeing Board in determining its arrangements for collective commissioning in the future.

5.1.3 As part of the development of the two Cheshire East section 75 partnership agreements for the Better Care Fund, it was agreed that the governance arrangements supporting the review, delivery and commissioning of Better Care Fund related schemes required a review (Health and Wellbeing Board, 24th March 2015 and Schedule 2: Governance Arrangements of BCF s75 agreements). This review work fulfils this requirement.

5.2 *Approach Taken*

5.2.1 The review approach involved a series of small group or individual conversations with strategic partners (CEC, ECCCG, NHSE, PCC, SCCCG) to gather the views and experience of JCLT / BCF - what has worked well,

what challenges have been presented and also importantly what collective commissioners believe needs to be in place to support integrated service delivery and commissioning for the future.

5.2.2 A discussion was held with JCLT / BCF at its July 2015 meeting to consider the existing health and social care governance structures within the Cheshire East geography and the Cheshire wide geography.

5.2.3 The review work commenced in July and concluded mid August. This report was shared with the JCLT / BCF group, at its September 2015 meeting; this has informed the final report of the group to the Health and Wellbeing Board.

5.3 *Findings*

5.3.1 Providers' Contribution: Conversations with service providers were not the primary focus of this review. However a naturally occurring opportunity provided some key points for consideration:

- Collective commissioners need to work together to ensure that no unintended consequences of service commissioning occur.
- Collective commissioners must provide clear leadership to shape and develop the supplier market for the future.
- Commissioners should focus on outcomes to be achieved and not necessarily be over prescriptive as to how the service form is delivered to achieve these.

5.3.2 Collective Commissioners: The unanimous view was that JCLT / BCF was the only forum where all commissioners come together and discuss commissioning work within the Cheshire East Local Authority area. The following are the key messages from system commissioners:

- Collective priority alignment is seen as essential to maximise the benefits for the statutory sector as a whole. That this should be designed and led by the Health and Wellbeing Board to ensure alignment with the priorities set out in its Joint Health and Wellbeing strategy.

- Clarity of role for JCLT was seen as important, is it a decision making forum? Or an advisory forum? Could there be a level of agreed delegated authority within set financial limits? This could avoid multiple reporting to individual / organisational governance forums. It was agreed that the HWB needs to provide this clarity as part of its current review of its own form and function. This is to ensure that there are no gaps or duplication in the system that impact inappropriately on the pace of change.
- Need for a clearly defined work programme that can be reported to the Health and Wellbeing Board for approval. This should include timescales, the approach, the outcomes sought, planning and the identification of key decision making points to ensure timely governance reporting.
- That local work is informed by wider work, such as that of the Sub Regional Leaders / Executives groups and the Pioneer Programme

Board. Other regional or national learning from vanguard and or devolution programmes.

- That consideration is given to how joint commissioning arrangements due to be established within each CCG integration programme, and borough wide working groups that exist (e.g. Children & Families Commissioning, Provider Forums), inform these developments.
- That all commissioning focuses on outcomes for individuals, families and the local community and that the how services are organised enables innovation and co-production to thrive.
- That representation at a system commissioner leadership forum be prioritised and attendance be consistent.
- That consideration is given to developing a common and agreed 'Commissioning Cycle with Underpinning Principles' for system commissioners to follow. This would provide transparency, a common understanding of commissioning responsibilities and related funding.
- That 'Commissioning Intentions' are evidence based, considering commissioning and funding options, as well as giving due consideration to the potentially unintended consequences, system risks and scale of any work to be undertaken.
- Generally the scale of the system commissioning forum was felt best to be at a local Cheshire East level. However for the Police and SCCCG who also work with other commissioners within CWaC local authority, consideration should be given to a broader footprint commissioning forum, with identified functions for larger scale working.

5.3.3 Better Care Fund (BCF): System commissioners collectively agreed that the BCF governance would be best aligned to the two integration programmes (Caring Together and Connecting Care). Both programmes are developing joint commissioning structures which will have financial sub groups. Membership of these sub-groups needs to include representatives from all partners. This would mean that discussion in relation to each of the S75 agreements and spending proposals would be connected to operational integration work. However, it was acknowledged that there is a need for a Cheshire East level of oversight and assurance of BCF and that a new JCLT sub-group comprising commissioning and financial leads from CEC, ECCCG and SCCCG could undertake this role. An agreed collective report would then go to the Health and Wellbeing Board for approval for national reporting.

6 Access to Information

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

Name: Caroline Baines
Designation: Commissioning Manager (Integrated Health and Social Care)
Tel No: 01270 686248
Email: caroline.baines@cheshireeast.gov.uk

Appendix 1:
Draft Terms of Reference for JCLT

TERMS OF REFERENCE

Joint Commissioning Leadership Team

1.0 RESPONSIBLE TO

1.1 The Joint Commissioning Leadership Team (JCLT) will be accountable to each of the participating governing bodies; Cheshire East Borough Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups.

1.2 The JCLT will provide reports to the Cheshire East Health and Wellbeing Board and be responsible for ensuring the Commissioning Strategy and priorities are aligned to and cognisant of the Joint Health & Wellbeing Strategy and the general responsibilities of the Health & Wellbeing Board to promote joint (integrated) commissioning.

1.3 NHS England and Police and Crime Commissioner's representatives will engage in the JCLT work where there is clear collective commissioning required.

1.4 The JCLT will provide update reports twice yearly to the Health and Wellbeing Board.

2.0 PURPOSE

2.1 The purpose of the JCLT is to provide systems leadership to identify and implement strategies to ensure the effective joint commissioning of a range of defined services where the respective statutory bodies have agree to establishing a common commissioning model, including strategic direction, governance, health and social care outcomes, patient/carer engagement, community safety and resource allocations (financial and staff).

2.2 Joint commissioning is a process whereby organisations work together to ensure resources are best allocated to meet care requirements, where the needs of individuals, patients, carers cross organisational boundaries. The process involves jointly assessing need, planning the approach, procuring services and defining and evaluating the outcomes for individuals, patients and carers.

2.3 The community to be included in this joint approach covers the whole population of the Cheshire East Local Authority Footprint.

2.4 The areas defined by the statutory bodies as benefiting from a joint approach using a single commissioning model will be determined by the Health and Wellbeing Board strategic priorities.

3.0 OBJECTIVES

3.1 To recommend to the Health and Wellbeing Board the strategic direction for identified services taking account of national, regional and sub-regional policy and guidance and local need, e.g. devolution.

3.2 To be accountable for implementing a common commissioning model for each defined area.

3.3 To provide assurance to the statutory governing bodies and Health and Wellbeing Board on delivery of agreed quality standards and financial control.

3.4 To provide system support to ensure concerns, issues and risks are identified and resolved or appropriately escalated.

3.5 To identify priorities for change, re-commissioning and or managed service improvement and agreed redesign. This includes changes required due to emerging policy and strategy at a national, regional, and sub-regional level.

3.6 To provide assurance to the Health and Wellbeing Board on the effectiveness of change and improvement in outcome delivery.

3.7 To oversee current and future opportunities for joint working and funding.

3.8 To identify and make recommendations on resource requirements (staff and finances) commensurate with effective discharge of the commissioning duties of the JCLT.

3.9 To ensure close partnership working with associate commissioners and provider organisations across appropriate footprints.

4.0 GROUP COMPOSITION / MEMBERSHIP

4.1 The composition of the JCLT will be made up of following:

- Director of Transformation (South Cheshire CCG)
- Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG)
- Chief Finance Officer (Eastern Cheshire CCG)
- Director of Adult Social Services (Cheshire East Council)
- Director of Children's Social Services (Cheshire East Council)
- Consultant in Public Health / Public Health Senior Manager (Cheshire East Council)
- Corporate Manager (Health Improvement) (Cheshire East Council)
- Principal Accountant (Cheshire East Council)
- Head of Communities (Cheshire East Council)
- BCF Programme Manager / BCF Finance Lead
- Police and Crime Commissioner's Office

4.2 Associate members will be invited to attend depending on agenda/priorities.

5.0 CODE OF CONDUCT

5.1 All Group Members will:-

- Represent the interests of their respective organisations
- Strive to secure improvements in quality and efficiency through partnership working
- Be honest and open but listen to advice and comment
- Make their contributions concisely and keep focused on the desired outcomes
- Respect others by allowing them to speak in silence and without interruption
- Accept/respect the consensus of the group both inside and outside the meeting subject to the individual organisations' delegated authority

6.0 MEETING / QUORACY ARRANGEMENTS

6.1 The group will be considered quorate if the following people are present:-

- Director of Transformation (South Cheshire CCG) or Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG) or Chief Finance Officer (Eastern Cheshire CCG)
- Director of Adult Social Services (Cheshire East Council) or Principal Accountant (Cheshire East Council)
- Director of Children's Social Services (Cheshire East Council) or Principal Accountant (Cheshire East Council)

6.2 The meeting frequency will be on a monthly basis on the first Friday of the month.

6.3 A final agenda with papers will be released 5 working days in advance of the meeting.

Appendix 2:
Draft Terms of Reference for BCFGG

TERMS OF REFERENCE

Better Care Fund Governance Group

1.0 RESPONSIBLE TO

1.1 The Better Care Fund Governance Group (BCFGG) is a sub-group of the Joint Commissioning Leadership Team and as such will be accountable to each of the participating governing bodies; Cheshire East Borough Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups.

1.2 The BCFGG will report to the Health & Wellbeing Board on a quarterly basis in line with the required national criteria for BCF.

1.3 The BCFGG will be responsible for the governance of the Cheshire East Better Care Fund programme including performance reporting, financial reporting, decision-making, strategic leadership and adherence to the section 75 agreements.

2.0 PURPOSE

2.1 The purpose of the BCFGG is to provide a system-wide governance function for the Cheshire East Better Care Fund.

2.2 In Cheshire East there are two Section 75 agreements as part of the Better Care Fund in place in line with legal requirements for health and local authority bodies to pool funding arrangements. These two agreements are between:

- Cheshire East Council and Eastern Cheshire Clinical Commissioning Group
- Cheshire East Council and South Cheshire Clinical Commissioning Group

3.0 OBJECTIVES

3.1 To be accountable for implementing the Cheshire East Better Care Fund programme.

3.2 To provide assurance to the Health and Wellbeing Board on delivery of agreed milestones, quality standards and financial control.

3.3 To provide system-wide support to ensure concerns, issues and risks are identified and resolved or appropriately escalated.

3.4 To identify priorities for changes to locally agreed plans and to support the development of plans or changes required due to emerging policy and strategy at a national, regional, and sub-regional level.

3.5 To provide assurance to the Health and Wellbeing Board on the effectiveness of change and improvement in outcomes.

3.6 To identify and make recommendations on resource requirements (staff and finances) commensurate with effective discharge of the duties of the BCFGG.

3.7 To ensure close partnership working with associate commissioners and provider organisations across appropriate footprints.

4.0 GROUP COMPOSITION / MEMBERSHIP

4.1 The composition of the BCFGG will be made up of following:

- Director of Transformation (South Cheshire CCG)
- Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG)
- Chief Finance Officer (Eastern Cheshire CCG)
- Director of Adult Social Services (Cheshire East Council)
- Principal Accountant (Cheshire East Council)
- BCF Programme Manager
- BCF Finance Lead

5.0 CODE OF CONDUCT

5.1 All Group Members will:

- Represent the interests of their respective organisations and the population of Cheshire East
- Strive to ensure the Cheshire East Better Care Fund is implemented efficiently and effectively
- Be honest and open but listen to advice and comment
- Make their contributions concisely and keep focused on the desired outcomes
- Respect others by allowing them to speak in silence and without interruption
- Accept/respect the consensus of the group both inside and outside the meeting subject to the individual organisations' delegated authority

6.0 MEETING / QUORACY ARRANGEMENTS

6.1 The group will be considered quorate if the following people are present:-

- Director of Transformation (South Cheshire CCG) or Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG) or Chief Finance Officer (Eastern Cheshire CCG)

- Director of Adult Social Services (Cheshire East Council) or Principal Accountant (Cheshire East Council)

6.2 The meeting frequency will be on a monthly basis on the first Friday of the month and where possible directly precede JCLT.

6.3 A final agenda with papers will be released 5 working days in advance of the meeting.

REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Jerry Hawker - Chief Officer, NHS Eastern Cheshire CCG
Simon Whitehouse–Chief Executive, NHS South Cheshire CCG
Kath O'Dwyer – Director of Children's Services, Cheshire East Council
Subject/Title: Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

1 Report Summary

- Health and Wellbeing Board received a paper on 15th September regarding the requirement to develop a Local Transformation Plan for Children and Young People's Mental Health and Wellbeing in order to access additional funding that was available to the Clinical Commissioning Groups (CCGs) to support the delivery of this plan.

- This paper presents the plans, proposes ongoing development and raises issues about the implementation of these plans.

2 Recommendations

- The Health and Wellbeing Board notes the two plans that have been submitted.

- The Health and Wellbeing Board comment on the ambition of the plans and provide a steer for future development.

- The Health and Wellbeing Board delegate further development and implementation of the plans to the Children and Young People's Joint Commissioning Group.

- The Health and Wellbeing Board receives a paper to the January meeting reviewing mental health investment across the Cheshire East system for both children and adults and comparing this to national investment.

3 The submitted Children and Young People's Mental Health Transformation Plan

- NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group submitted the local Transformation Plans on 16th October 2015. The two plans can be found in appendix 1 and 2. They are intentionally very similar.

- The plans required sign-off by a representative of the Health and Wellbeing Board. As agreed, in September meeting, Janet Clowes (Chair of Health and Wellbeing Board) provided this sign-off.

- South Cheshire CCG and East Cheshire CCG both received letters from NHS England on 9th November. This asks them to review two specific elements around eating disorder services and engagement and partnership. However, these elements are considered easy to adjust and therefore the CCG will receive their allocated transformation funding in the November allocation.

- It is recommended that the Health and Wellbeing Board notes the two plans that have been successfully assured.

4 **Future development of the Transformation Plans**

- NHS England recognised that the timescales to develop plans were tight and that local areas will be at different development stages. Therefore there is an expectation that Transformation Plans will be living documents and that we will review and continue to develop the plans and we will need to embed these in year and within the mainstream planning process from 2016/17 onwards. Therefore although the plans have already been submitted any challenge from the Health and Wellbeing Board can be addressed in future iterations.

- It is recommended that the Health and Wellbeing Board comment on the ambition of the plans and provide a steer for future development.

- The main authors of the plan are all represented on the Children and Young People's Commissioning Group. The draft plans were presented to and discussed at this groups meeting on 24th September. Therefore it is recommended that responsibility is delegated to this group for the further development of the plans and oversight of the implementation. The Children and Young People's Commissioning Group is a sub-group of the Children's Trust Board and the Joint Commissioning Leadership Team, both which report to the Health and Wellbeing Board.

- It is recommended that the Health and Wellbeing Board delegate further development and implementation of the plans to the Children and Young People's Joint Commissioning Group.

5 System wide investment in mental health

This is an ambitious plan and the full extent of resources needed to deliver it have not been fully assessed. The additional money that has been allocated to the CCGs will facilitate the implementation of specific actions. As a system we need to consider how all actions in the plan will be resourced.

Nationally, a campaign has recently been launched calling for an increase in funding for mental health services.[1] The 2015 Manifesto for Better Mental Health[2], published by the Mental Health Policy Group states that

- nationally funding for mental health services has been cut in real terms for three years in a row.
- mental health problems account for 23% of the total burden of disease.
- only 13% of NHS expenditure is invested in mental health.

Preliminary data suggests that the picture for Cheshire East is similar to the national picture.

The proportion of mental health investment invested in children and young people is also worth exploring. Every CCG is required to publish the Children and Young People's Mental Health Transformation Plans. Each plan is required to include a description of current investment in children and young people's mental health. Therefore once these are published it will be possible to collate this data and understand the national picture of investment in children and young people's mental health and how we benchmark in Cheshire East.

It is recommended that the Health and Wellbeing Board receives a paper to the January meeting reviewing mental health investment across the Cheshire East system for both children and adults and comparing this to national investment.

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

Name: Lucy Heath
Designation: Consultant in Public Health
Tel No: 01270 685696
Email: lucy.heath@cheshireeast.gov.uk

[1] http://www.bbc.co.uk/news/health-34676799

[2] A Manifesto for Better Mental Health (The Mental Health Policy Group, 2015)

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NHS
Eastern Cheshire
Clinical Commissioning Group

Transformation Plans for Children and Young People's Mental Health in Eastern Cheshire

Developed in partnership with:

Cheshire East Council

NHS
South Cheshire
Clinical Commissioning Group

Cheshire East
Children & Young People's Trust

Inspiring Better Health and Wellbeing

Contents

Local Transformation Plans for Children and Young People's Mental Health

NHS Eastern Cheshire Clinical Commissioning Group

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
NHS Eastern Cheshire is the lead accountable commissioning body for children and young people's mental health (in the eastern part of the Cheshire geography). In the Cheshire East Council local authority area, NHS South Cheshire CCG is also a lead commissioning body (covering the south part of the Cheshire geography). The main partners in the development of this Transformation Plan are: Cheshire East Council (Children's Service and Public Health) Wider partners in the development of the development of this Transformation Plan are: • Young Advisors • Cheshire East Youth Council • CVS Cheshire East • Visyon The person best placed to field queries about this application is: Emma Leigh MBE, Clinical Projects Manager emmaleigh@nhs.net
Q2. What are you trying to do? (Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

The main objectives of this Transformation Plan are to build on an existing integrated partnership approach in which partners share the vision, commitment and responsibility for effective commissioning arrangements ensuring the delivery of services to meet the emotional health and wellbeing needs of children and young people 0 – 19 (up to 25 if SEND) within Cheshire East.

The vision for services will deliver:

- A system that proactively identifies children and young people with mental health needs and the root causes or vulnerabilities that contribute to these needs.
- A well trained, confident workforce that supports early intervention. As a result no child/young person or adult with a concern about a child's emotional wellbeing /mental health will be turned away.
- Robust and effective pathways that offer choice and a range of provision across the continuum from easily and readily available information, advice and guidance through to intensive interventions and treatment pathways to those children and young people requiring it.
- Well informed commissioners with comprehensive intelligence about needs and provision who coproduce with children, young people and their families leading to innovative, creative and responsive commissioning.
- Children, young people and parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient
- Parents and carers have the skills to recognise, manage and respond to their children's emotional needs
- Children, young people and families and referrers know about and influence services and have easy access to services with quick response of appropriate interventions and individually focused support with respect for privacy and dignity
- Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way
- Fewer children and young people in Cheshire East experience stigma and discrimination through improved public awareness and understanding of mental health.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

The main steps and achievements already made towards developing the local offer in line with the national ambition set out in Future in Mind, are aligned with the development of the Cheshire East Children and Young People's Plan, which was created by transformation partners in 2014.

Overseeing this plan is the responsibility of the Children's Trust Board reports which links to key strategic partnerships including the Health and Wellbeing Board and the Children's Trust Board, as well as linking back to the CCG's Governing Bodies and Executive Groups.

This multi-agency partnership is well established and is strongly supported by a culture of young people's engagement and co-production in developing its ongoing programme of activity. An example of this development is the Emotionally Healthy Schools CAMHS school links pilot and extension.

The governance procedures which support the partnership are embedded and supported by the Health and Wellbeing Board locally, as well as being robustly championed by Clinical Leads within the CCGs.

Alongside the development of the Transformation Plans, NHS Eastern Cheshire CCG is also committed to a wider programme of service redesign and transformation across its entire mental health programme to create a '**whole of life'** approach, in which the beginnings of good mental health begin before birth, and continue with a person throughout their life and are supported by range of collaboratively commissioned services which support the whole person. These plans deliver the ethos of the NHS Eastern Cheshire CCG Caring Together programme (as described in section 7.2), which aligns with Future in Mind

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016 it is anticipated that the transformation partnership can achieve the following:

- Establish formal steering group for transformation partnership and to extend the membership to third sector and voluntary organisations.

- Establish Young Advisor led group of young people's engagement transformation group

- Commission a young people led organisation to tailor our transformation plans to become child/ Young person friendly, ready to be published in the public domain at the end of November 2015

- Recruit additional commissioning capacity across our CCGs to develop service specification based on "THRIVE" methodology and to develop outcome Indicators and quality markers.

- Increase capacity in CAMHS to bridge gap between supply and demand whilst wider service transformation begins to take shape.

- Review and develop crisis response. Our current Street triage pilot is due to be recommissioned during 2016. As the previous service was only commissioned for adults, the service moving forwards will also be designed to meet the needs of young people facing crisis. It is envisaged that the initial planning meetings will have taken place before April 2016, whereby the requirements for young people will be fully quantified and described.

- Commission additional research into the mental health needs and challenges of adopted children living in Cheshire East. Historically a number of 'out of area' children come to live in Cheshire East, bringing with them some challenging mental health needs which can continue throughout their teenage years (and beyond). Qualitative information is required to support the JSNA to better understand these needs and how to support them for the future and as we redesign services.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

The support that NHS Eastern Cheshire CCG would require includes:

- Education and training for cultural transformation
- Support in data collection
- Routine outcome measures and standards (the development of and standardisation of)
- Opportunities for networking and sharing the learning
- Constructive challenge and scrutiny, with supported development
- Timely communication and realistic deadlines

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

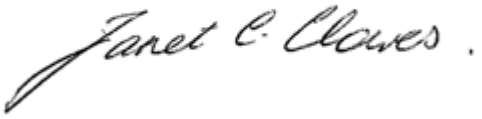
Self-assessment checklist for the assurance process

NHS Eastern Cheshire Clinical Commissioning Group

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
Have been designed with, and are built around the needs of, CYP and their families	**Y**	4.5
provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	**Y**	6.4
include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	**Y**	4.2
promote collaborative commissioning approaches within and between sectors	**Y**	4.2
Are you part of an existing CYP IAPT collaborative?	**Y**	Already member of a collaborative (CWP)
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	**N/A**	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	**Y**	6.5, 6.6, 6.7, 7.5.2, 7.5.3, 7.5.4, 7.5.5, Appendix 4 & 5
2. The level of investment by all local partners commissioning children and young people's mental health services	**Y**	Please see Appendix 1
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	**Y**	Committed to 30/11/15 for publication
Level of ambition		
Please confirm that your plans are:		
based on delivering evidence based practice	**Y**	9.3.1
focused on demonstrating improved outcomes	**Y**	11.2, 11.3
Equality and Health Inequalities		
Please confirm that your plans make explicit	**Y**	Please see JSNA in section 7.5.2

how you are promoting equality and addressing health inequalities		
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	**Y**	4.3, 4.4
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	**Y**	4.3, 4.4
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	**Y**	Please see tracker for detail
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	**Y**	Please see tracker for detail
Finance		
Please confirm that:		
Your plans have been costed	**Y**	Please see tracker for detail
that they are aligned to the funding allocation that you will receive	**Y**	Please see tracker for detail
take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	**Y**	Please see tracker for detail



Councillor Janet Clowes, Cabinet Member for Adult, Health and Leisure,
Email: janet.clowes@cheshireeast.gov.uk
Telephone: 01270 520327

To be signed off at DCO stage

……..

Name and contact details of spec comm colleague to be entered here

Section 1 – Introduction to our Transformation Plans

1.1 The Government's wide-ranging report on children and adolescent mental health, Future in Mind, March 2015, stipulates that each CCG area is required to produce a Transformation Plan. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

1.2 The Children and Young Peoples Mental Health and Wellbeing Transformation plan guidance identifies that there needs to take place, intensive work with local partners, across the NHS, public health, children's social care, youth justice and education sectors, to jointly develop and take forward local plans to transform the local offer to improve children and young people's mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families to understand clearly where they are now, establish baseline information and develop an ambitious vision for the future aligning with the overarching principles and ambition set out in Future in Mind.

1.3 **Future in Mind** describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- improve transparency and accountability across the whole system -being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

1.4 The guidance acknowledges that whilst some of what needs to be done can be done now – requiring a different way of doing business rather than significant further investment - there is also some additional funding to support longer term system wide transformation and within that some specific deliverables in 2015/16. These specific deliverables include the development of evidence based community Eating Disorder services for children and young people.

Section 2 – Our vision in Cheshire East

2.1 NHS Eastern Cheshire CCG, NHS South Cheshire CCG, Cheshire East Council (Children's Service and Public Health) have set out the following vision for the transformation of children's and young people's mental health services in line with Future in Mind – this is our shared vision of the outcomes we are working to achieve in Cheshire East:

- A system that proactively identified children and young people with mental health needs and the root causes or vulnerabilities that contribute to these mental health needs.

- A well trained, confident workforce that supports early intervention. As a result no child/young person or adult with a concern about a child's emotional wellbeing /mental health will be turned away. Appropriate referrals onto pathways leading to a match between demand and need.

- Robust and effective pathways that offer choice and a range of provision across the continuum from easily and readily available information, advice and guidance through to intensive interventions and treatment pathways to those children and young people requiring it. Capacity at all stages of the pathways to meet demand. Pathway incorporate a whole family approach in order to tackle entrenched mental health issues that have become "the norm".

- Well informed commissioners with comprehensive intelligence about needs and provision who coproduce with children, young people and their families leading to innovative, creative and responsive commissioning delivering support and services that children and young people want, when they want them.

- Children, young people and parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient

- Parents and carers have the skills to recognise, manage and respond to their children's emotional needs

- Children, young people and families and referrers know about and influence services and have easy access to services with quick response of appropriate interventions and individually focused support with respect for privacy and dignity

- Children, young people and families have confidence in services and their needs are met through interventions by trained practitioners who feel supported through access to consultancy and advice and do what they say they will do.

- Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way

- Fewer children and young people in Cheshire East experience stigma and discrimination through improved public awareness and understanding of mental health.

Section 3 – Background

3.1 In Cheshire East professionals working across health and social care are committed to making a difference to the lives of children and young people in our communities. We want Cheshire East to be a great place for people to live, learn, work and relax; where all children and young people feel included and listen to. We want Cheshire East to be a place where children and young people thrive, are safe from harm, feel physically and emotionally healthy, have access to outstanding education and feel prepared for and excited about adulthood.

3.2 Children, young people and staff across Cheshire East have challenged us to create a great place to be young. To this end, all our plans focus on a group of priorities developed around the following key themes: children and young people at risk and providing help to families early; healthy and resilient young people; young people equipped and excited to enter adulthood; children, young people and young adults with special education needs and disabilities; and a borough that respects children's rights.

3.3 This Transformation Plan is our single strategic and overarching plan around children and young people's mental health. It sets out how partners across Cheshire East: the Local Authority (Cheshire East Council), Health Services NHS Eastern Cheshire CCG and NHS South Cheshire CCG), Education, Justice and the voluntary and community sector intend to achieve improvements in outcomes for the Cheshire East's children, young people, young adults and their families.

3.4 This Transformation Plan is strategically aligned to the wider Children and Young People's Plan and the work of CCG Strategic Plans and the Cheshire East Council's Health and Wellbeing Board as well and sets out how we aim to support children and young people to experience good emotional and mental health and wellbeing from conception to their 18th birthday (or longer where appropriate). The plan provides a strategic framework for local activity, setting out our shared ambition and starting to outline immediate and priority actions.

Section 4 – Process

4.1 This Transformation Plan has been developed via an integrated partnership approach by which partners share the vision, commitment and responsibility for efficient and effective collaborative commissioning arrangements to ensure the delivery of services to meet the emotional health and wellbeing needs of children and young people aged 0 – 18 (and up to 25 if covered by SEND arrangements) within the locality of Cheshire East.

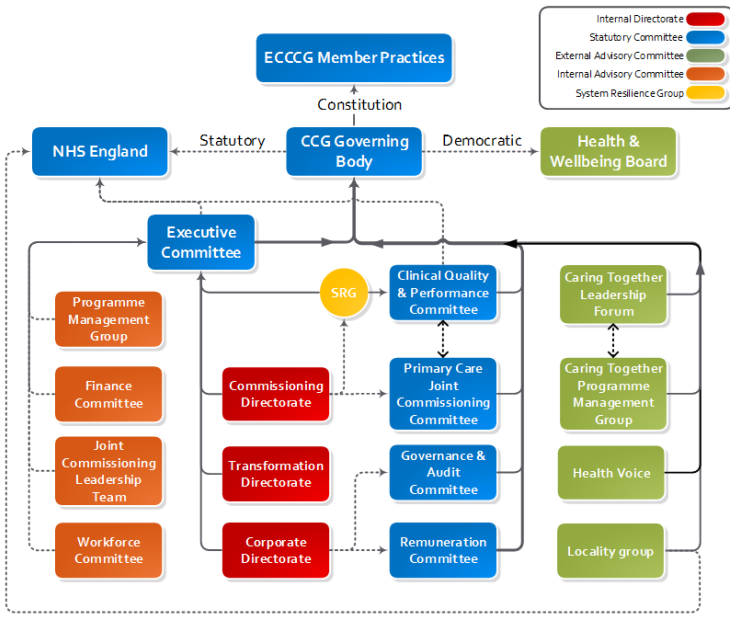
4.2 It was developed by lead commissioners from the Children's Joint Commissioning Group, namely NHS Eastern Cheshire CCG and NHS South Cheshire CCG and Cheshire East Council (Children's Service and Public Health). This partnership ensures a coordinated approach to the commissioning and delivery of CAMHS services across partners and Tiers of provision.

4.3 The Children and Young People's Plan was informed by consultation with children, and young people. Further consultation and coproduction is planned at the next stage of development.

4.4 At the time of writing (October 2015), governance for any work or service relating to children's and young people's mental health and wellbeing remains within the statutory body which commissions it and oversees the delivery of the subsequent contractual arrangements, and follows whichever processes are set out within its constitution.

4.5 NHS Eastern Cheshire CCG, together with NHS South CCG and Cheshire East Council are all members of Children's Joint Commissioning Team; all the delivery of the The Cheshire East Children and Young People's Plan is overseen. This group reports back to the Joint Leadership Commissioning Team, which is accountable to the Health and Wellbeing Board.

4.6 Following assurance by NHS England, the Transformation Plans will continue to follow the governance process as described, supported by NHS Eastern Cheshire CCG's Executive Committee and Governing Body members.



This diagram gives a simple overview of the CCGs governance processes.

Section 5 - National context

Research highlighted in No Health without Mental Health (HM Government 2011) identifies that:

5.1 Good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. Positive mental health is associated with enhanced psychosocial functioning; improved learning; increased participation in community life; reduced risk-taking behaviour; improved physical health; reduced mortality and reduced health inequality. Poor emotional well-being and mental health can lead to negative outcomes for children, including educational failure, family disruption, poverty, disability and offending. These often lead to poor outcomes in adulthood, such as low earnings, lower employment levels and relationship problems which can also affect the next generation.

5.2 Half of lifetime mental illness arises by the age of fourteen and widespread research has shown that early intervention and preventative strategies are effective and crucial to improve the emotional wellbeing and mental health of populations. Resilience to poor psychological health can be developed at individual, family and community levels and interventions are most effective when they take a holistic, family centred approach.

5.3 A child's experience in the first two years sets the foundation for the whole of life making a compelling case for investment in the early years. The most crucial influence upon a child's emotional wellbeing and mental health is parenting influence within the first years of a child's life. Maternal health during pregnancy affects the health and development of the unborn child; stress is associated with increased risk of child behavioural problems whilst alcohol, tobacco and drug use increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems. Early attachment and bonding between parents/carers and their babies is vital for a child's cognitive development. A lack of appropriate stimulation in the early years can result in language delay whilst inappropriate child-rearing practices may lead to emotional or behavioural disorders.

5.4 There is a strong correlation between communication difficulties and low self- esteem and mental health and as approximately 50% of children in socially disadvantaged areas have significant language delay on entry to schools, supporting language and communication in the early years is important. Universal services must be able to identify need at the earliest point and provide early effective evidence based support to parents, children and families.

5.5 Quick assessment and early intervention by the appropriate service can help ensure an issue is treated successfully. For eating disorders, for example, this requires treatment as soon as possible by a range of professionals with specialist skills rather than a generalist approach.

5.6 Local areas have to understand the needs of their children, young people and families at population and individual level and engage effectively with them in developing approaches to meet those needs. For parents/carers, children and young people, this means being listened to, knowing what is available and being able to access help quickly in places they choose.

5.7 The whole of the children's workforce needs to be appropriately trained in identifying and supporting emotional wellbeing and mental health and, with the wider community, needs to be well informed. For practitioners, this means having access to sound evidence and knowledge on improving outcomes and

sufficient knowledge, training and support to promote psychological wellbeing and to identify early indicators of difficulty. For parents, carers, children and young people this means having confidence that the people supporting them understand mental health and psychological wellbeing and know what works best

Section 6 – Baseline

6.1 NHS Eastern Cheshire CCG and NHS South Cheshire CCG CAMHS are commissioned through a range of funding streams held by the CCGs and Cheshire East Council. In-patient Tier 4 provision is commissioned and funded by NHS England. It is clear that our Transformation Plan will need to be further developed and co-produced with statutory and voluntary sector providers and alongside education commissioners and with parents and young people. This is essential, and will be an integral part of the development and implementation of this plan going forward over the next 5 years.

6.2 The staffing mix for CAMHS in Cheshire East is as follows:

Crewe	**Macclesfield**
0-16 Tier 3	**0-16 Tier 3**
Consultant x 1 wte	Consultant x 1.6 wte (will be 1.4 from 1/12/15)
Clinical co-ordinator x 1 wte	Case Manager / Therapist x 4.6 wte
Case Manager / Therapists x 4.2 wte	CBT therapist x 0.8 wte
CBT Therapist x 0.5 wte	Family Therapist x 0.6 wte
Primary Mental Health (PMH)	**Primary Mental Health (PMH)**
PMH Worker x 1 wte	PMH Worker x 1.8 wte
Admin – covers all above for 0-16	**Admin – covers all above for 0-16**
2.2 wte (currently 0.8 wte Receptionist vacancy)	3.0 wte (includes 1 receptionist and 2 admin)
16-19 Crewe	**16-19 Macclesfield**
Consultant x 0.5 wte	Consultant x 0.5 wte
Case manager / therapist x 2.8 wte	Clinical Co-ordinator x 1 wte
Assistant Practitioner x 0.3 wte	Case Manager / therapist x 3.0 wte
Admin – x 0.6 wte – cover 16-19 Crewe	Assistant Practitioner x 0.3 wte
	ADMIN – x 1 wte – covers 16-19 Macc & locality CD
LD CAMHS	**LD CAMHS**
2 x wte – LD Nurses	2 x wte – LD Nurses
1 x 0.75 wte – Portage Lead Nurse	1 x wte – Health Facilitator (works across Crewe & Macc)
1 x wte – Portage Worker	1 x 0.4 wte – Clinical Support Worker
1 x wte - Admin	1 x wte - Admin

6.3 Concern remains about capacity across all Tiers resulting in children and young people with inappropriately high need being supported in lower Tiers and remaining on waiting lists unnecessarily.

6.4 Tier 1 services are provided through universal services (GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies). Whilst there is work being undertaken by universal services, there is not a systematic approach to training or assessment and the pathways from universal services to other Tiers would benefit from being strengthened. The estimated need for these services in Cheshire East is 11,250 individuals.

6.5 Tier 2 services are commissioned by CCGs and the Local Authority (independently of each other) and provided by a range of third sector providers (Visyon, Just Drop In, Zenzone). The estimated need for these services in Cheshire East is 5,250. The capacity in these services is unknown however we are confident it is significantly less than the need.

6.6 Tier 3 services are commissioned by CCGs and provided by Cheshire and Wirral Partnership Trust (who are the main provider of mental health services in the area). The current capacity reported by CWP is 1320 (including capacity to support Tier 2) – there are plans to increase capacity using LEAN methodology. CWP is a pilot site for Children's and Young People's IAPT and the CYPIAPT principles are starting to be embedded in all CAMHS services. The estimated need for these services in Cheshire East is 1,390 individuals.

6.7 Tier 4 services are commissioned by NHS England and provided by CWP. This includes CHEDS (Cheshire and Merseyside Eating Disorder Services). Our Eating Disorders Services are high quality and a recent review suggests they are relatively close to the defined models of care. The estimated need for these services in Cheshire East is 56 individuals (across both NHS Eastern Cheshire CCG and NHS South Cheshire CCG).

6.8 There has been preliminary work on developing a number of pathways:

- Eating Disorders – NHS Eastern Cheshire CCG and NHS South Cheshire CCG are working in partnership with NHS Cheshire West CCG, NHS Vale Royal CCG and Wirral CCG to commission an eating disorder service pathway. Together we commission for a population of approximately 1 million which allows the appropriate skills mix to be achieved.
- Self-Harm – A&E response to self-harm has been reviewed in response to an LSCB thematic review into suicide and self-harm in children and young people. Developing self-harm pathways is a key action in the Cheshire East Suicide Reduction Action Plan
- Neurodevelopmental Disorders – NHS Eastern Cheshire CCG have developed a business case around increasing capacity for assessment of neurodevelopmental disorders. Oxford Business School are working with us as a system on mutuality and we have agreed to focus on the Neurodevelopmental Pathway in this work.
- Emotionally Healthy Schools – The partnership are piloting an Emotionally Healthy Schools programme in six (out of 24) secondary schools. This includes how the wider partnership provides targeted support. The partnership are developing school-based teams to identify and support those with mental health needs and those at risk of mental illness to access the appropriate pathways.

Section 7 - Local context

7.1 Local need

7.1.1 The Eastern Cheshire region has a population of 204,000 people living in the towns of Congleton, Disley, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow as well as the many surrounding villages and rural areas. The region covers 53% of the Cheshire East Borough Council area.

7.2.1 The main commissioners (or buyers) of care services for the people of Eastern Cheshire are the GP led NHS Eastern Cheshire Clinical Commissioning Group, NHS England and Cheshire East Council. In the main, general acute hospital and community health services including some public health services are delivered within Eastern Cheshire by East Cheshire NHS Trust and mental health services by Cheshire and Wirral Partnership NHS Foundation Trust. Children's, families and adult social care services are commissioned by Cheshire East Council.

7.2 Local commissioning and provision

7.2.1 In 2012 NHS Eastern Cheshire and Cheshire East Council came together to look at new ways of providing high quality care services locally – this work is known as Caring Together.

7.2.2 The Caring Together programme began by working with local care organisations and local people to draw up a vision and accompanying values and principles so as to provide a framework for developing proposals for local care service changes.

7.2.3 The eight Caring Together ambitions are:

1. People are empowered to take responsibility for their own health and wellbeing
2. access that is designed to deliver high quality, responsive services
3. appropriate time in hospital, with prompt and planned discharge into well organised community care
4. a prompt response to urgent needs so that fewer people need to access urgent and emergency care
5. the highest quality care delivered by the right person regardless of the time of day or day of the week
6. carers are valued and supported
7. simplified planned care as pathways delivered as locally as possible
8. staff working together with the person at the centre to proactively manage long term physical and mental health conditions.

7.2.4 At present, the majority of the Caring Together work has focused on Eastern Cheshire most pressing concerns, which due to demographics are older people and those with long term health care needs. However with the publication of **Future in Mind** and the emphasis on transforming children's and young people's mental health and wellbeing NHS Eastern Cheshire CCG now has the opportunity to redress the balance and to incorporate and align the Caring Together ambitions with those of Future of Mind to ensure that we meet and exceed the emotional health and wellbeing needs of children and young people 0 – 18 (up to 25 if SEND) within Eastern Cheshire.

7.3 **Clinical commissioning priorities and alignment**

7.3.1 NHS Eastern Cheshire CCGs local priorities have been balanced against national priorities described in the document "The Forward View into action: Planning for 2015-16" produced by NHS England. This document provided mandatory guidance on what we should be focusing on in 2015-16. We have also incorporated in our priorities guidance from NHS England relating to the Quality Premium measures that CCGs should focus on commissioning services to deliver.

7.3.2 A sample of CCG priorities for the 2015 includes:

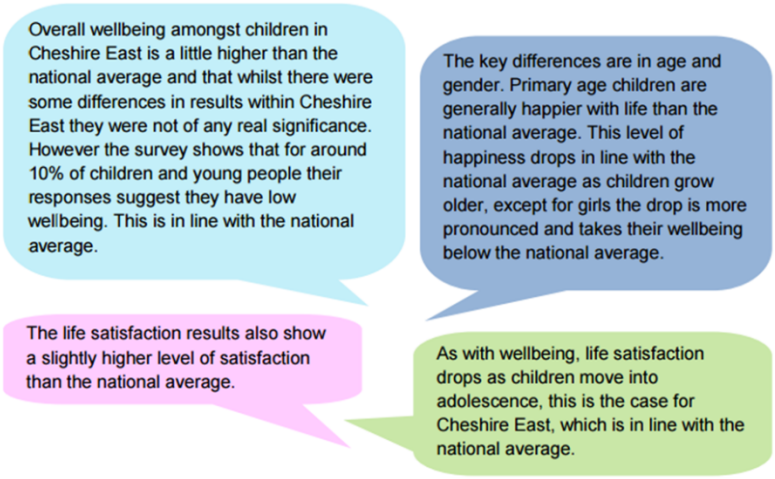
- Developing and investing in community teams
- Investing in enabling technologies to empower people
- Reviewing and supporting the development of General Practice
- Developing services in the community
- Review of Maternity Services
- Review of Children's Services
- Achieving the best standards and outcomes for hospital services
- Improving our response to those in mental health crisis, improving access to primary mental health services and improving physical health
- Short-Term Assessment, Intervention, Response and Recovery Service
- Implementation of a newly procured NHS 111 service

A full copy of the 2015/16 NHS Eastern Cheshire CCG Prospectus can be found at

https://www.easterncheshireccg.nhs.uk/About-Us/prospectus-2013---2014.htm

7.4 ***What do children and young people say about growing up in Cheshire East?***

In Cheshire East the transformation partnership recognise the value in understanding from young people themselves what life is like and children and young people were invited, through schools, to take part in a Good Childhood Conversation. Approximately 2,800 children took part in this survey and 800 were involved in face to face consultations on the key findings of the survey. In line with the national findings, Cheshire East children and young people confirm that it is the nature and strength of their relationships with their family, friends, school staff and other adults known to them that has the greatest impact on wellbeing.



7.5 **Key Documents**

7.5.1 There are a number of key documents which provide contextual information and demographic information about children's and young people's mental health needs in east Cheshire.

7.5.2 Joint Strategic needs Analysis - Children and Young People's

2015-10-15
Overview of MH JSNA

7.5.3 The Cheshire East Health and Wellbeing Strategy

Health_and
Wellbeing Strategy

7.5.4 The Cheshire East Children and Young People's Plan

cheshire-east-childre
n-and-young-peoples

7.5.5 The Cheshire East and Pan Cheshire Crisis Concordat Plan

Cheshire East Mental
Health Crsis Concorda

Section 8 - SWOT Analysis

8.1 The following SWOT analysis provides a short and concise overview of the position that transformation partners find themselves in at present.

Strengths	**Weaknesses**
1. Excellent engagement from children and young people a. Children's and Young People's Plan co-produced with children and young people. b. Young Advisors employed to support and challenge planning, commissioning and provision. c. Strong Youth Council who co-chair the Children's Trust 2. Emotionally Healthy Schools Pilot is an example of good partnership work and putting theory into practice. 3. CWP involvement in CYP IAPT is already established and well respected and supported by all partners 4.	1. Insufficient capacity at Tier 2. 2. Lack of integration between Tiers. 3. Historic lack on investment in early intervention 4. Lack of confidence around mental health in workforce who are currently providing Tier 1 interventions.
Opportunities	**Threats**
1. Partnership working – all partners are looking at their commissioning investments and prioritising children and young people's mental health. 2. Part of national CAMHS school pilot 3. Part of national CAMHS school pilot – vulnerable children extension. 4. Developing preliminary pathway development work.	1. Insufficient capacity in CAMHS to develop pathways both meet demand and to transform services. 2. Increasing demand for mental health interventions at all Tiers 3. Financial pressures on all partners.

8.2 In addition to this SWOT analysis, a baseline has also been carried out assessing preparedness at local level to deliver the recommendations of Future in Mind.
The assessment for Cheshire East can be accessed here:

CEC Baseline and actions v 1.xls

Section 9 – Creating transformation for the future

9.1 **Voice of the Child**

9.1.1 The NHS Eastern Cheshire CCG and partners shall build on the excellent work done to date using the voice of the child to inform all our work. The partnership will shall share our plan with our Young Advisors, Cheshire East Youth Council, developing groups in our six emotionally healthy pilot secondary schools and other relevant groups (e.g. Children in Care Council and Care Leavers Group. We shall continue to develop the plan through coproduction with these representatives.

9.1.2 The NHS Eastern Cheshire CCG and partners shall expand the Young Advisors programme (currently 25 young advisors): recruiting, training and supporting new Young Advisors from our emotionally healthy pilot secondary schools with a particular focus on recruiting from vulnerable groups and Looked After Children.

9.1.3 The NHS Eastern Cheshire CCG and partners shall invite challenge on the plan from our new children and young people's challenge group.

9.2 **Resilience, prevention and early intervention for the mental wellbeing of children and young people**

9.2.1 Improvements in this area shall focus on enhancing the role of our universal services across the life course (Maternity, Healthy Child Programme and schools).

- Assessment of children and families' needs is already part of these pathways. The transformation partnership shall ensure that this is systematically applied and that the outcomes of these assessments are used to understand population need and to commission pathways to ensure that there is sufficient capacity to support those who can benefit from intervention.
- A focus on a whole school approach to emotional health. The transformation partnership shall build on an existing emotional healthy schools pilot working with six secondary schools and role this out to all secondary schools in Cheshire East and explore a compatible approach with primary schools. As part of this pilot we shall review how PHSE delivery in schools compares to the PHSE association guidance on how to teach pupils about mental health and emotional wellbeing. We shall focus on addressing risk factors and building protective factors (see appendix 2).
- The transformation partnership shall work with our Youth Council and NHS Eastern Cheshire CCG HealthVoice group to develop a campaign to promote resilience and mental wellbeing.

9.3 **Improving access to effective support – a system without Tiers**

9.3.1 In the short term we shall increase capacity in our CWP CAMHS provision to bridge the gap between demand and supply whilst the statutory partners commence the scoping work around the service redesign work required to transform our service provision from one that uses tiers to one that uses a pathways based approach. Focus shall be based on commissioning evidence-based interventions based on best practice.

9.3.2 Following on from the JSNA work, nine pathways have been identified, which are listed below:

Eating Disorders
Self-harm
Neurodevelopmental Disorders
Perinatal Mental Health
Depression
Anxiety
Psychosis (early intervention)
Behavioural Disorders
Learning Disability

Work on these areas will be addressed within the wider service redesign work, due to the links and areas of multiple needs.

9.3.3 The NHS Eastern Cheshire CCG and partners shall build on the emotionally healthy schools model as the starting point for all our pathways and service redesign and ensure that specialist expertise supports the whole pathway. How the existing and additional CAMHS capacity is distributed across these pathways will be informed by the JSNA.

9.4 **Care for the most vulnerable**

9.4.1 NHS Eastern Cheshire CCG and partners plan to develop CAMHS provision as far as possible on a place base (around the geographies of our 24 secondary schools).

9.4.2 Through participating in the national CAMHS School Link – Vulnerable Children extension pilot we shall undertake an exercise with our six pilot secondary schools to gather information from all relevant agencies to develop a comprehensive picture of who the vulnerable children who are known to services within that geographical are. We have developed a long list of vulnerable groups who we will include: cared for children; children with learning difficulties; children with palliative care needs; children with long term conditions, children subject to a child protection plan; child in need plan or a CAF; young people in supported lodgings and leaving care; young carers; children who self-harm; children who are not in mainstream school (including children with the Children's Support Service; educated from home; in BESD or special schools); children from asylum seeking, refugee and migrant backgrounds; children in transition (from early years to reception, primary to secondary and children's to adult services); children affected by their own or family drug, alcohol and substance misuse; children affected by family mental illness; children with a parent in prison; children affected by domestic abuse; children with communications difficulties and social needs and children living in poverty.

9.4.3 NHS Eastern Cheshire CCG and partners shall compare the numbers we identify to our JSNA data and highlight potential gaps in our knowledge. We shall develop strategies to identify unmet need in terms of vulnerability (e.g. school based soft intelligence, campaigns). We know already that we have significant gaps in identification of children who self-harm, young carers, children with a parent in prison, the mental health needs of children who are adopted into Cheshire East.

9.4.4 NHS Eastern Cheshire CCG and partners shall develop virtual teams of staff who support vulnerable children and those most at risk of developing mental illness. We will provide these staff with additional training around mental health and working with CAMHS. These virtual teams will focus on assessing and

understanding the needs of their whole population and ensuring children and young people receive the most appropriate support.

9.4.5 NHS Eastern Cheshire CCG and partners shall explore how we can apply the THRIVE model to our assessment and stratification of the population. The "THRIVE" model that has been developed by The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre and would promote stratifying people in need into four groups: coping, getting help, getting more help and getting risk support. The Thrive model closely aligns with the strategic direction favoured by NHS Eastern Cheshire within their evolving 'whole of life' mental health strategy.

9.4.6 NHS Eastern Cheshire CCG and partners will work with commissioners and providers of other services to ensure the pathways available to these virtual teams have the capacity and capability to respond flexibly and creatively and engage with and meet the needs of vulnerable children including those who are reluctant to access or have difficulty in accessing services.

9.4.7 NHS Eastern Cheshire CCG and partners shall focus on aligning mental health, school services and the health child programme. This would include all pathways being available to all children aged 0-19. The transformation partnership shall focus on the transition from school age to adulthood with a focus on the most vulnerable. We shall explore whether support should be extended to a higher age (e.g. 24) for a wider range of vulnerable young people (including children in the social care system, people with learning disabilities and those on the autistic spectrum). We shall work with adult commissioners to explore how resources can be reorganised to facilitate this.

9.4.8 Discharge Planning

Discharge planning will start from day one of an in-patient admission. This discharge planning shall involve a multi-disciplinary team including community mental health specialists and social care. This shall allow a proactive case by case approach assessing whether the young person could be supported/treated in the community/ back with their family with the appropriate support is put around them. This will be supported by the "Thrive" model we shall implement. We would expect young people who need an in-patient admission to fall into the two groupings of "Getting More Help" (i.e. needing Intensive Treatment) and "Getting Risk Support" (I.e. needing close interagency collaboration). In most cases we would expect a combination of these two groupings. Where an element of "Getting Risk Support" is identified, social care shall be engaged as early as possible. The young person shall be assessed or re-assessed as early in the admission as is appropriate. All options for this "Risk Support" shall be considered and residential settings shall only be considered as a last resort. Where an element of "Getting More Help" is identified, intensive support from commissioned CAMHS services shall be provided. In-patient admissions should only be used to treat an acute episode. Where a young person is a significant concern and risk for a longer period of time, a residential setting shall be considered.

9.5 **Developing the workforce**

9.5.1 The transformation partnership aim to improve the training provided to the health and social care and wider workforce to ensure the workforce is able to:

- recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that support and build resilience.

- promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing
- identify mental health problems early in children and young people
- offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with an appropriate trained individual responsible for mental health in education settings.
- refer appropriately to more targeted and specialist support.
- use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions
- work in a digital environment with young people who are using online channels to access help and support.

9.5.2 NHS Eastern Cheshire CCG and partners will ensure that the CAMHS workforce is appropriately trained by building on the CYP IAPT training that the majority of our CAMHS workforce has received. All staff shall be supported to maintain their professional registration and develop the necessary skills and competencies to work collaboratively with partners, assess needs, deliver effective interventions tailored to individual need and engage with and respond effectively to all children, young people and their families especially those who have difficulty accessing services.

9.5.3 NHS Eastern Cheshire CCG shall commission consultancy, advice and support to staff in universal settings from specialist CAMHS providers. This will be used to develop and support pathways across the system.

Section 10 - High level delivery timeline

Action	By when and by who?	2015-16 funding	Outcome
Establish a formal transformation plans steering group, encompassing wider members	Dec 15 ECCCG and SCCCG	No cost	• Co-ordinate the delivery and implementation of the plan • Enable co-ordination across both CCGs and Local Authority
Engagement/ co-production	Jan 16 CCG	£10,000 ECCCG	• Ensure on-going participation within the development and implementation of changes • Increase in the number of Young Advisors (focus on recruiting young advisors with vulnerabilities)
Provision of additional commissioning capacity across CCGs	Dec 15 ECCCG and SCCCG	£26,000 ECCCG	• To provide the required capacity to progress plans and spend at pace
Development of child/ Young person friendly version of plan	March 16 co-ordinated via the CCGs	£2000 ECCCG	• Improve communication with children and young people.
Provide annual declaration of our current investment	First declaration March 2016 CYPJCG	No cost	• Transparent and challengeable commissioning • Current investment can be found in appendix 1.
Provide annual update of our JSNA – children and young people's needs	First review October 2016 PH	No cost	• Understanding of needs
Provide annual declaration of our providers services including staff numbers, skills and roles; activity (referrals received, referrals accepted), waiting times and access to information.	First declaration March 2016 CWP	No cost	• Transparent and challengeable provision
Development of Outcome indicators, Quality Markers	March 2015 Co-ordinated via the CCGs	No cost	• Understanding of progress
Resilience, prevention and early intervention for the mental wellbeing of children and young people			
Contribute to Emotionally Healthy Schools programme. • Significant investment for 3 years while rolled out to all schools. • Less intense model developed for future years to sustain improvement.	September 2015 to July 2018 September 2018 onwards Emotionally Health Schools Steering Group	£85,000 (this is an addition to the £100,000 contributed through the national CAMHS School Links pilot)	• Schools leadership and management that supports and champions effort to promote emotional health and wellbeing • A school ethos and environment that promotes respect and values diversity. • School curriculum, teaching and learning that promotes resilience and support social and emotional learning • An enabled student voice that

			influences decisions • Developed staff who can support their own wellbeing and that of students. • Clear understanding of need and impact of interventions • Improved working with parents/carers • Improved identification of children with mental health needs, better targeted support and more appropriate referrals.
Improving access to effective support – a system without Tiers			
Increase capacity in CAMHS to bridge gap between supply and demand and to work in partnership to develop identified pathways.		£80,000 ECCCG	• Increased number of children receiving CAMHS specialist intervention • Development of nine system wide pathways: Eating Disorders; Self-harm; Neurodevelopmental Disorders; Perinatal Mental Health; Depression; Anxiety; Psychosis; Behavioural Disorders and Learning Disability • Commissioning intentions for 2018 onwards informed by comprehensive understanding of need and model pathways. • Improved outcomes for children with eating disorders; who self-harm; neurodevelopmental disorders; depression, anxiety, psychosis
Increase capacity either in CYPIAPTS or CAMHS to increase capacity for eating disorder pathway.	March 2016	£25,000 for ECCCG	• Increased number of children and young people receiving appropriate eating disorder interventions. • Develop system wide eating disorder pathway. • More children recover from eating disorders. • Free up capacity in CAMHS to invest in crisis interventions.
Care for the most vulnerable			
Develop system to gather information from all agencies to develop a comprehensive picture of who the vulnerable children known to services are for 6 school based geographic footprints.	March 2016 Emotionally Health Schools Steering Group	Funded through CAMHS School Link pilot – extension to vulnerable children.	• Comprehensive shared picture of who are vulnerable children known to services are on six school footprints.
Identify group where unmet	July 2016		• Increase in the proportion of

need is likely. Develop strategies to identify unmet need.	Emotionally Health Schools Steering Group		vulnerable children we are aware of in our six school areas.
Develop virtual teams of staff who support vulnerable children around 6 school based geographies through training and facilitation.	March 2016 Emotionally Health Schools Steering Group		• Improved offer to vulnerable children through an integrated and systematic approach to assessment, intervention and support in our six school areas.
Work with commissioners and providers in other services to improve capacity and capability in pathways for vulnerable children	January 2017		• Improved mental health of vulnerable children in our six school areas.
Roll out model across Cheshire East.	January 2016-July 2018		• Outcomes above achieved across all of Cheshire East.
Workforce Development			
Through the LSCB learning and improvement sub-group develop a training offer around mental health offered to staff in any agency who works with children and young people or their families.			• In the short term appropriate training packages and methods of delivery developed for ongoing use. • At least 300 people attending mental health multiagency training a year. (This is based on current uptake of domestic abuse training). • Improved confidence and capability of target staff around mental health • Reduce stigma around mental health
Ensure all CAMHS staff receives CYPIAPT principles and CYPIAPT principles are embedded in new pathways.			• Improved data collection • Understand impact of different pathways and interventions leading to improvement of commissioning and provision.
School workforce training			• Improved confidence and capability of target staff around mental health • Reduce stigma around mental health • Improve early intervention offer • Improve quality of referrals onto CAMHS pathways.
Vulnerable children's workforce training			
Health Visitor Training			

NB: Other areas to be funded are covered in the tracker and are detailed in the plans inserted here:


Healthy Schools.docx


MH Training.docx


Research.docx


Engagement.docx


LAC Nurse Post.docx

Section 11 – Moving towards an outcomes based approach

11.1 Indicators and performance measures to assess achievement towards these outcomes have been developed in some services and data is collected including through contract monitoring, however we have recognised that there is inconsistency across teams and providers and this is an area that requires much further development and is a priority action.

11.2 Routine data collection of key indicators of child and adolescent mental health service activity, patient experience and patient outcomes need to be properly co-ordinated and incentivised, and the implementation of the National Minimum Dataset for children's mental health will greatly support this. However, to incentivise enhanced data collection, we are considering a local CQUIN. Via the implementation of the uplifted eating disorders service we have the opportunity to become part of the local Quality Network, which will help us to raise standards locally.

11.3 The Local Authority and CCG will work together with CWP, and with children and young people, to develop a shared set of high level outcome measures that will tell us if the strategy and services we put into place are working. We would like to develop a set of local 'I' statements, shaped by those who use our services, so that all those involved in delivering services know what matters locally to our children and young people.

11.4 Initial engagement with young people told us that outcomes should be personalised. CAMHS uses Goal-based outcome measures, but currently these are not collected outside of CWP. We need to use this intelligence for greater effect, to inform commissioners about the current issues affecting those who use our services, and helping to shape future service delivery. We want to ensure that all of our future services are personalised for those using them, and we want to work with our providers to ensure that they are best able to use this information to help shape their services accordingly.

11.5 CWP LD-CAMHS are represented on a Regional Learning Disabilities Routine Outcome Measures Group. This focuses on the use of (i) routine data collection of key indicators of LD-CAMHS activity, and (ii) sensitive and clinically useful outcome measures to examine parents/carers and, where appropriate, children/young peoples' experiences of LD-CAMHS services and patient outcomes. This will inform the development of future local outcome measures.

Section 12 – Appendices

Appendix 1: 2014-15 Declaration of current investment

Service	Budget	Commissioner	Target Population
0-16 CAMHS	£939,551	ECCCG	Eastern Cheshire
16-19 CAMHS	£244,921	ECCCG	Eastern Cheshire
LD CAMHS	£337,134	ECCCG	Eastern Cheshire
Primary Care	£108,080	ECCCG	Eastern Cheshire
Third sector (Visyon/ CE Crossroads and Asperger's)	£204,099	ECCCG	Eastern Cheshire
Youth Offending CAMHS	£63,577	ECCCG	Eastern Cheshire
Low secure (13/14)	£86,100	NHS England	Eastern Cheshire
PICU(13/14)	£97,119	NHS England	Eastern Cheshire
Mother and baby (14/15)	£74,834	NHS England	Eastern Cheshire
Acute admissions (15)	£279,153	NHS England	Eastern Cheshire
Children's (14/15)	£100,580	NHS England	Eastern Cheshire
Eating disorders (13/14)	£106,470	NHS England	Eastern Cheshire
Emotionally Healthy Schools Pilot	£300,000	CEC Public Health	South and Eastern Cheshire
Multisystemic Therapy	£297,000	CEC Children's	South and Eastern Cheshire
Online Support (XenZone - Kooth)	£58,000	CEC Children's	South and Eastern Cheshire
Third sector (Visyon/ Just Drop In)	£154,800	CEC Children's	South and Eastern Cheshire
0-16 CAMHS	£547,692	SC CCG	South Cheshire
16-19 CAMHS	£255,190	SC CCG	South Cheshire
LD CAMHS	£186,484	SC CCG	South Cheshire
Primary Care	£73,507	SC CCG	South Cheshire
Third sector (Visyon)	£8112	SC CCG	South Cheshire
Youth Offending CAMHS	£34,188	SC CCG	South Cheshire
Low secure		NHS England	South Cheshire
PICU		NHS England	South Cheshire
Mother and baby		NHS England	South Cheshire
Acute admissions	£174,708	NHS England	South Cheshire
Children's	£153,010	NHS England	South Cheshire
Eating disorders		NHS England	South Cheshire

Appendix 2: Risk and protective factors for child and adolescent mental health

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including Domestic Violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 3 - Local children and young people's mental health provision

NHS Eastern Cheshire CCG and NHS South Cheshire CCG localities

0-16 Teams

Works with young people 0-16 and provided on a needs basis; although they may see some young people for individual work. They actively include families and carers in this process to ensure full support to the young people is ongoing.

16-19 Team

The team works mainly with the young people. Families will be part of any assessment or intervention if the young person is happy with this and is in agreement with an identified care package. In Eastern Cheshire, additional capacity is provided via Visyon, a local third sector provider.

Learning Disability (L.D. CAMHS)

Is a community based team that provides Positioned support for children and young people aged 0-16 who have a severe learning disability, and whose behaviours cause difficulty for themselves and their parents/carers. Referrals to the team can be made by parents/carers or any professional who is working with the child.

Looked After Children Team

This team offers support and assessment to young people and families who currently have a Social Worker involved with them; or are in care of the Local Authority. The team works closely with CAMHS to ensure positive emotional and mental health well-being.

Primary Mental Health Workers

Provide community based mental health support for children and young people up to the age of 16 who are experiencing mild mental health difficulties and are not in need of more specialist support. Primary Mental Health Workers also work closely with other healthcare professionals within the community, to ensure that children and young people are effectively supported with their mental health needs and specialist services are accessed if needed.

Drug and Alcohol Action Team Partnership

Provides specialist intervention and support for young people who are currently experiencing difficulties with drugs (legal or illegal) and/or alcohol.

Youth Offending Service

A specialist mental health worker provides Positioned intervention and support for young people who are currently within the criminal justice system.

CAMHs Service

Everybody that visits CAMHS is different, and they tailor the services that they offer to each individual. The Tier 3 service operates largely from two physical bases, Macclesfield (ECCCG) and Crewe (SCCCG). Future models may be less compatible with clinic style delivery from these two buildings and will need to consider co-location with community (including voluntary) services, satellite clinics, outreach and sessional working.

Tier 4 Provision Inpatient CAMHS (Young People's Centre) commissioned via NHS England, is based in Chester and provides inpatient care for young people who are experiencing severe and complex mental health difficulties. There are 2 specialist residential units, Maple Ward and Pine Lodge, where each young person receives their own room. The units provide a safe and caring environment in which young people at high risk can receive specialist treatment and support.

Maple Ward supports young people that need to go into hospital at short notice for crisis assessment or treatment. When the level of a young person's needs change, but they still require inpatient treatment, then transfer or a planned admission to Pine Lodge is possible; with the aim that a young person will return home at the earliest opportunity.

Pine Lodge is for planned treatment admissions; this can be arranged as part of a treatment plan following an admission to Maple Ward, or following referral from a CAMHS Team.

CAMHS Schools Provision

CAMHS services are also provided within schools with Cheshire East and linked to the Emotionally Healthy Schools Pilot.

Appendix 4 – Referrals to CAMHS

NHS Eastern Cheshire CCG 2014-15

Referrals accepted by age band														
Data from 1 April 2014 - 31 March 2015														
CCG of GP	NHS EASTERN CHESHIRE CCG													
Practice Code	(All)													
Team	(All)													
Gender	(All)													
Local Authority of Residence	(All)													
Accepted Date	(Multiple Items)													
Count	**Column Labels**													
	2014										**2015**			**Grand Total**
Row Labels	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		
Under 10	35	42	29	34	21	28	32	38	41	43	36	21		400
10 - 12	12	23	21	11	9	17	24	12	17	15	22	24		207
13 - 15	29	44	36	50	21	35	53	35	36	48	34	45		466
16 - 18	17	20	27	25	11	29	18	33	39	47	50	37		353
19 - 20					1							1		2
Grand Total	**93**	**129**	**113**	**120**	**63**	**109**	**127**	**118**	**133**	**153**	**142**	**128**		**1428**

Appendix 5 – Referrals to CAMHS

NHS South Cheshire CCG 2014-15

Referrals accepted by age band														
Data from 1 April 2014 - 31 March 2015														
CCG of GP	NHS SOUTH CHESHIRE CCG													
Practice Code	(All)													
Team	(All)													
Gender	(All)													
Local Authority of Residence	(All)													
Accepted Date	(Multiple Items)													
Count	**Column Labels**													
	2014										**2015**			**Grand Total**
Row Labels	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		
Under 10	9	11	9	12	3	7	12	12	7	10	10	11		113
10 - 12	11	20	19	16	2	15	7	9	11	11	10	16		147
13 - 15	20	23	17	32	8	30	34	27	27	24	27	29		298
16 - 18	13	12	13	15	13	18	23	33	19	22	35	26		242
19 - 20		1												1
Grand Total	**53**	**67**	**58**	**75**	**26**	**70**	**76**	**81**	**64**	**67**	**82**	**82**		**801**

NHS
South Cheshire
Clinical Commissioning Group

Transformation Plans for Children and Young People's Mental Health in South Cheshire

Developed in partnership with:

Cheshire East Council

NHS
Eastern Cheshire
Clinical Commissioning Group

Cheshire East
Children & Young People's Trust

16.10.15

Contents

Local Transformation Plans for Children and Young People's Mental Health

NHS South Cheshire Clinical Commissioning Group

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
NHS South Cheshire is the lead accountable commissioning body for children and young people's mental health (in the central, south part of the Cheshire geography). In the Cheshire East Council local authority area, NHS Eastern Cheshire CCG is also a lead commissioning body (covering the East part of the Cheshire geography). The main partners in the development of this Transformation Plan are: Cheshire East Council (Children's Service and Public Health) Wider partners in the development of the development of Transformation Plans for Children and Young People's Mental Health are: • HealthVoice Cheshire East • Young Advisors • Cheshire East Youth Council • CVS Cheshire East • Visyon • HealthVoice The person best placed to field queries about this application is: Tracey Matthews, Service Delivery Manager Tracey.matthews@nhs.net
Q2. What are you trying to do? (Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

The main objectives of this Transformation Plan are to build on an existing integrated partnership approach in which partners share the vision, commitment and responsibility for effective commissioning arrangements that ensure the delivery of services to meet the emotional health and wellbeing needs of children and young people 0 – 18 (up to 25 if SEND) within Cheshire East.

The vision for services will deliver:

- A system that proactively identifies children and young people with mental health needs and the root causes or vulnerabilities that contribute to these needs.
- A well trained, confident workforce that supports early intervention. As a result no child/young person or adult with a concern about a child's emotional wellbeing /mental health will be turned away.
- Robust and effective pathways that offer choice and a range of provision across the continuum from easily and readily available information, advice and guidance through to intensive interventions and treatment pathways to those children and young people requiring it.
- Well informed commissioners with comprehensive intelligence about needs and provision who coproduce with children, young people and their families leading to innovative, creative and responsive commissioning.
- Children, young people and parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient
- Parents and carers have the skills to recognise, manage and respond to their children's emotional needs
- Children, young people and families and referrers know about and influence services and have easy access to services with quick response of appropriate interventions and individually focused support with respect for privacy and dignity
- Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way
- Fewer children and young people in Cheshire East experience stigma and discrimination through improved public awareness and understanding of mental health.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

The main steps and achievements already made towards developing the local offer in line with the national ambition set out in Future in Mind, are aligned with the

development of the Cheshire East Children and Young People's Plan, which was created by transformation partners in 2014.

Overseeing this plan is the responsibility of the Children's Trust Board reports which links to key strategic partnerships including the Health and Wellbeing Board and the Children's Trust Board, as well as linking back to the CCGs Governing Body's and Executive Groups.

This multi-agency partnership is well established and is strongly supported by a culture of young people's engagement and co-production in developing its ongoing programme of activity.

Within NHS South Cheshire CCG, we have progressed to a more aligned joint commissioning approach with partners in recognition of the recommendations in Future in Mind and the benefits of future co-commissioning and improving outcomes for children and young people. The Joint Commissioning Group has actively shaped the development of the Transformation Plan, including allocation of resources.

With our successful pilot bid for the CAMHS schools link pilot, we have demonstrated good progress in implementing the vision for improving joint working between CAMHS and education to ensure effective support for children and young people.

With the additional project to support identification and support of vulnerable groups of children we are making further good progress towards better identification and treatment of mental health issues for these groups. The success of these partnership bids demonstrates robust local planning across organisations.

Transparency of funding across commissioners has enabled a baseline for planning and understanding of total resource to use for transformation across the system rather than by individual commissioner, as well as a commitment to co-operation in development of plans- an important step for real transformation.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016 it is anticipated that the transformation partnership can achieve the following:

- Establish formal steering group for transformation partnership and to extend the membership to third sector and voluntary organisations.
- Establish Young Advisor led group of young people's engagement transformation group
- Commission a young people led organisation to tailor our transformation plans to become child/ young person friendly, ready to be published in the public domain at the end of November 2015

- Complete schools link pilot and evaluation: 6 schools and 14 partner primary schools will have received the training.
- Complete vulnerable children extension pilot- needs data collated and analysed across all vulnerable groups to inform next actions for commissioning.
- Recruit additional commissioning capacity across our CCGs to develop service specification based on "THRIVE" methodology and to develop outcome Indicators and quality markers.
- Increase capacity in CAMHS to bridge gap between supply and demand whilst wider service transformation begins to take shape.
- Review and develop crisis response. Expand current street triage and scope additional service needs by April 2016
- Initiate new service for children and young people with mild/ moderate learning disability and mental health needs
- Commission additional research into the mental health needs and challenges of adopted children living in Cheshire East. Historically a number of 'out of area' children come to live in Cheshire East, bringing with them some challenging mental health needs which can continue throughout their teenage years (and beyond).

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

Given our approach to collaborating across the partnership we would benefit from support to the 'team' which comprises local Authority commissioners as well as CCG commissioners. This includes:

- Support in data collection
- Support in the development and standardisation of routine outcome measures and standards
- Opportunities for networking and shared learning
- Constructive challenge and scrutiny, with supported development
- Timely communication and realistic deadlines

Plans and trackers should be submitted to your local DCOs with a copy to: England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

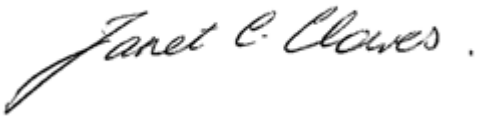
Self-assessment checklist for the assurance process

NHS South Cheshire Clinical Commissioning Group

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
Have been designed with, and are built around the needs of, CYP and their families	**Y**	4.5
provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	**Y**	6.4
include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	**Y**	4.2
promote collaborative commissioning approaches within and between sectors	**Y**	4.2
Are you part of an existing CYP IAPT collaborative?	**Y**	Already member of a collaborative (CWP)
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	**N/A**	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	**Y**	6.5, 6.6, 6.7, 7.5.2, 7.5.3, 7.5.4, 7.5.5
2. The level of investment by all local partners commissioning children and young people's mental health services	**Y**	Please see Appendix 1
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	**Y**	Committed to 30/11/15 for publication
Level of ambition		
Please confirm that your plans are:		
based on delivering evidence based practice	**Y**	
focused on demonstrating improved outcomes	**Y**	
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	**Y**	

Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	**Y**	4.3, 4.4
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	**Y**	4.3, 4.4
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	**Y**	
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	**Y**	
Finance		
Please confirm that:		
Your plans have been costed	**Y**	
that they are aligned to the funding allocation that you will receive	**Y**	
take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	**Y**	



Councillor Janet Clowes, Cabinet Member for Adult, Health and Leisure,
janet.clowes@cheshireeast.gov.uk, 01270 520327

To be signed off at DCO stage

……
Name and contact details of Specialist Commissioning colleague to be entered here

Section 1 – Introduction to our Transformation Plans

1.1 The Government's wide-ranging report on children and adolescent mental health, Future in Mind, March 2015, stipulates that each CCG area is required to produce a Transformation Plan. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

1.2 The Children and Young Peoples Mental Health and Wellbeing Transformation Plan guidance identifies that there needs to take place, intensive work with local partners, across the NHS, public health, children's social care, youth justice and education sectors, to jointly develop and take forward local plans to transform the local offer to improve children and young people's mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families to understand clearly where they are now, establish baseline information and develop an ambitious vision for the future aligning with the overarching principles and ambition set out in Future in Mind.

1.3 **Future in Mind** describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- improve transparency and accountability across the whole system -being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

1.4 The guidance acknowledges that whilst some of what needs to be done can be done now – requiring a different way of doing business rather than significant further investment - there is also some additional funding to support longer term system wide transformation and within that some specific deliverables in 2015/16. These specific deliverables include the development of evidence based community Eating Disorder services for children and young people.

Section 2 – Our vision in South Cheshire

2.1 The transformation partnership – NHS South Cheshire CCG, NHS Eastern Cheshire CCG, Cheshire East Council (Children's Service and Public Health) have set out the following vision for the transformation of children's and young people's mental health services in line with Future in Mind – this is our shared vision of the outcomes we are working to achieve in Cheshire East.

2.2 A system that proactively identified children and young people with mental health needs and the root causes or vulnerabilities that contribute to these mental health needs.

2.3 A well trained, confident workforce that supports early intervention. As a result no child/young person or adult with a concern about a child's emotional wellbeing /mental health will be turned away. Appropriate referrals onto pathways leading to a match between demand and need.

2.4 Robust and effective pathways that offer choice and a range of provision across the continuum from easily and readily available information, advice and guidance through to intensive interventions and treatment pathways to those children and young people requiring it. Capacity at all stages of the pathways to meet demand. Pathway incorporate a whole family approach in order to tackle entrenched mental health issues that have become "the norm".

2.5 Well informed commissioners with comprehensive intelligence about needs and provision who coproduce with children, young people and their families leading to innovative, creative and responsive commissioning delivering support and services that children and young people want, when they want them.

2.6 Children, young people and parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient

2.7 Parents and carers have the skills to recognise, manage and respond to their children's emotional needs

2.8 Children, young people and families and referrers know about and influence services and have easy access to services with quick response of appropriate interventions and individually focused support with respect for privacy and dignity

2.9 Children, young people and families have confidence in services and their needs are met through interventions by trained practitioners who feel supported through access to consultancy and advice and do what they say they will do.

2.10 Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way

2.11 Fewer children and young people in Cheshire East experience stigma and discrimination through improved public awareness and understanding of mental health.

Section 3 – Background

3.1 In Cheshire East the transformation partnership are committed to making a difference to the lives of children and young people in our communities. We want Cheshire East to be a great place for people to live, learn, work and relax; where all children and young people feel included and listen to. We want Cheshire East to be a place where children and young people thrive, are safe from harm, feel physically and emotionally healthy, have access to outstanding education and feel prepared for and excited about adulthood.

3.2 Children, young people and staff across Cheshire East have challenged us to create a great place to be young. To this end, all our plans focus on a group of priorities developed around the following key themes: children and young people at risk and providing help to families early; healthy and resilient young people; young people equipped and excited to enter adulthood; children, young people and young adults with special education needs and disabilities; and a borough that respects children's rights.

3.3 This Transformation Plan is our single strategic and overarching plan around children and young people's mental health. It sets out how partners across Cheshire East: the Local Authority (Cheshire East Council), Health Services NHS South Cheshire CCG and NHS Eastern Cheshire CCG), Education, Justice and the voluntary and community sector intend to achieve improvements in outcomes for the borough's children, young people, young adults and their families.

3.4 This Transformation Plan is strategically aligned to the wider Children and Young People's Plan and the work of CCG Strategic Plans and the Cheshire East Council's Health and Wellbeing Board as well and sets out how we aim to support children and young people to experience good emotional and mental health and wellbeing from conception to their 18th birthday (or longer where appropriate). The plan provides a strategic framework for local activity, setting out our shared ambition and starting to outline immediate and priority actions.

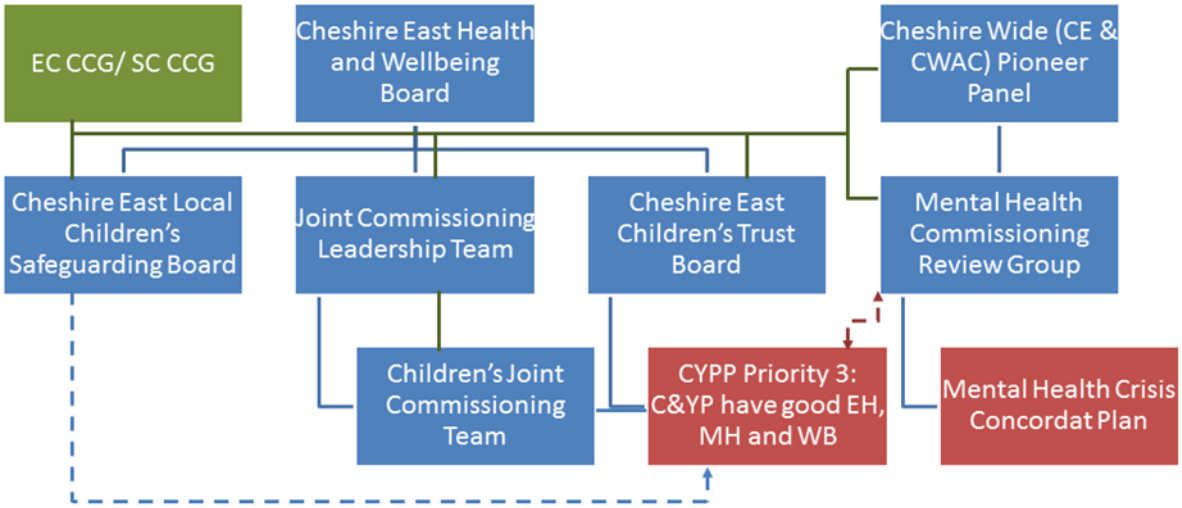
Section 4 – Process

4.1 This Transformation Plan has been developed via an integrated partnership approach by which partners share the vision, commitment and responsibility for efficient and effective collaborative commissioning arrangements to ensure the delivery of services to meet the emotional health and wellbeing needs of children and young people aged 0 – 18 (and up to 25 if covered by SEND arrangements) within the locality of Cheshire East.

4.2 It was developed by lead commissioners from the Children's Joint Commissioning Group, namely NHS South Cheshire CCG and NHS Eastern Cheshire CCG and Cheshire East Council (including Children's Service and Public Health). This partnership ensures a coordinated approach to the commissioning and delivery of CAMHS services across partners and Tiers of provision. The Children's Joint Commissioning Group reports to key strategic partnerships including the Health and Wellbeing Board and the Children's Trust Board, as well as linking back to the CCGs Governing Body's and Executive Groups.

4.3 The diagram below shows a visual representation of the connection and the lines of governance and reporting between our organisations and Boards. These arrangements are well established and supported by all partners.

4.4 Following assurance by NHS England, the Transformation Plans will continue to follow the governance process as described, supported and mirrored by NHS Eastern Cheshire CCG's Executive Committee and Governing Body members.



4.5 The Children and Young People's Plan was informed by consultation with children, and young people. Further consultation and coproduction is planned at the next stage of development.

Section 5 - National context

Research highlighted in No Health without Mental Health (HM Government 2011) identifies that:

5.1 Good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. Positive mental health is associated with enhanced psychosocial functioning; improved learning; increased participation in community life; reduced risk-taking behaviour; improved physical health; reduced mortality and reduced health inequality. Poor emotional well-being and mental health can lead to negative outcomes for children, including educational failure, family disruption, poverty, disability and offending. These often lead to poor outcomes in adulthood, such as low earnings, lower employment levels and relationship problems which can also affect the next generation.

5.2 Half of lifetime mental illness arises by the age of fourteen and widespread research has shown that early intervention and preventative strategies are effective and crucial to improve the emotional wellbeing and mental health of populations. Resilience to poor psychological health can be developed at individual, family and community levels and interventions are most effective when they take a holistic, family centred approach.

5.3 A child's experience in the first two years sets the foundation for the whole of life making a compelling case for investment in the early years. The most crucial influence upon a child's emotional wellbeing and mental health is parenting influence within the first years of a child's life. Maternal health during pregnancy affects the health and development of the unborn child; stress is associated with increased risk of child behavioural problems whilst alcohol, tobacco and drug use increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems. Early attachment and bonding between parents/carers and their babies is vital for a child's cognitive development. A lack of appropriate stimulation in the early years can result in language delay whilst inappropriate child-rearing practices may lead to emotional or behavioural disorders.

5.4 There is a strong correlation between communication difficulties and low self- esteem and mental health and as approximately 50% of children in socially disadvantaged areas have significant language delay on entry to schools, supporting language and communication in the early years is important. Universal services must be able to identify need at the earliest point and provide early effective evidence based support to parents, children and families.

5.5 Quick assessment and early intervention by the appropriate service can help ensure an issue is treated successfully. For eating disorders, for example, this requires treatment as soon as possible by a range of professionals with specialist skills rather than a generalist approach.

5.6 Local areas have to understand the needs of their children, young people and families at population and individual level and engage effectively with them in developing approaches to meet those needs. For parents/carers, children and young people, this means being listened to, knowing what is available and being able to access help quickly in places they choose.

5.7 The whole of the children's workforce needs to be appropriately trained in identifying and supporting emotional wellbeing and mental health and, with the wider community, needs to be well informed. For practitioners, this means having access to sound evidence and knowledge on improving outcomes and sufficient knowledge, training and support to promote psychological wellbeing and to identify early indicators of difficulty. For parents, carers, children and young people this means having confidence that

the people supporting them understand mental health and psychological wellbeing and know what works best

Section 6 – Baseline

6.1 NHS South Cheshire CCG and NHS Eastern Cheshire CCG CAMHS are commissioned through a range of funding streams held by the CCGs and Cheshire East Council. In-patient Tier 4 provision is commissioned and funded by NHS England. It is clear that our Transformation Plan will need to be further developed and co-produced with statutory and voluntary sector providers and alongside education commissioners and with parents and young people. This is essential, and will be an integral part of the development and implementation of this plan going forward over the next 5 years.

6.2 The staffing mix for CAMHS in Cheshire East is as follows:

Crewe	**Macclesfield**
0-16 Tier 3	**0-16 Tier 3**
Consultant x 1 wte	Consultant x 1.6 wte (will be 1.4 from 1/12/15)
Clinical co-ordinator x 1 wte	Case Manager / Therapist x 4.6 wte
Case Manager / Therapists x 4.2 wte	CBT therapist x 0.8 wte
CBT Therapist x 0.5 wte	Family Therapist x 0.6 wte
Primary Mental Health (PMH)	**Primary Mental Health (PMH)**
PMH Worker x 1 wte	PMH Worker x 1.8 wte
Admin – covers all above for 0-16	**Admin – covers all above for 0-16**
2.2 wte (currently 0.8 wte Receptionist vacancy)	3.0 wte (includes 1 receptionist and 2 admin)
16-19 Crewe	**16-19 Macclesfield**
Consultant x 0.5 wte	Consultant x 0.5 wte
Case manager / therapist x 2.8 wte	Clinical Co-ordinator x 1 wte
Assistant Practitioner x 0.3 wte	Case Manager / therapist x 3.0 wte
Admin – x 0.6 wte – cover 16-19 Crewe	Assistant Practitioner x 0.3 wte
	ADMIN – x 1 wte – covers 16-19 Macc & locality CD
LD CAMHS	**LD CAMHS**
2 x wte – LD Nurses	2 x wte – LD Nurses
1 x 0.75 wte – Portage Lead Nurse	1 x wte – Health Facilitator (works across Crewe & Macc)
1 x wte – Portage Worker	1 x 0.4 wte – Clinical Support Worker
1 x wte - Admin	1 x wte - Admin

6.3 Concern remains about capacity at all Tiers resulting in children and young people with inappropriately high need being supported in lower Tiers and remaining on waiting lists unnecessarily.

6.4 Tier 1 services are provided through universal services (GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies). Whilst there is work being undertaken by universal services, there is not a systematic approach to training or assessment and the pathways from

universal services to other Tiers would benefit from being strengthened. The estimated need for these services in Cheshire East is 11,250 individuals.

6.5 Tier 2 services are commissioned by CCGs and the Local Authority (independently of each other) and provided by a range of third sector providers (Visyon, Just Drop In, Zenzone). The estimated need for these services in Cheshire East is 5,250. The capacity in these services is unknown however we are confident it is significantly less than the need.

6.6 Tier 3 services are commissioned by CCGs and provided by Cheshire and Wirral Partnership Trust (who are the main provider of mental health services in the area). The current capacity reported by CWP is 1320 (including capacity to support Tier 2) – there are plans to increase capacity using LEAN methodology. CWP is a pilot site for Children's and Young People's IAPT and the CYPIAPT principles are starting to be embedded in all CAMHS services. The estimated need for these services in Cheshire East is 1,390 individuals.

6.7 Tier 4 services are commissioned by NHS England and provided by CWP. This includes CHEDS (Cheshire and Merseyside Eating Disorder Services). Our Eating Disorders Services are high quality and a recent review suggests they are relatively close to the defined models of care. The estimated need for these services in Cheshire East is 56 individuals (across both NHS Eastern Cheshire CCG and NHS South Cheshire CCG).

6.8 There has been preliminary work on developing a number of pathways:

- Eating Disorders – NHS South Cheshire CCG and NHS Eastern Cheshire CCG are working in partnership with NHS Cheshire West CCG, NHS Vale Royal CCG and Wirral CCG to commission an eating disorder service pathway. Together we commission for a population of approximately 1 million which allows the appropriate skills mix to be achieved.
- Self-Harm – A&E response to self-harm has been reviewed in response to an LSCB thematic review into suicide and self-harm in children and young people. Developing self-harm pathways is a key action in the Cheshire East Suicide Reduction Action Plan.
- Emotionally Healthy Schools – The partnership are piloting an Emotionally Healthy Schools programme in six (out of 24) secondary schools. This includes how the wider partnership provides targeted support. The partnership are developing school-based teams to identify and support those with mental health needs and those at risk of mental illness to access the appropriate pathways.

Section 7 - Local context

7.1 **Local need**

7.1.1 The South Cheshire region has a population of 178,251 people living in the towns of Crewe, Nantwich, Middlewich and Alsager as well as the many surrounding villages and rural areas. The region covers 47% of the Cheshire East Borough Council area.

7.1.2 The main commissioners (or buyers) of care services for the people of South Cheshire are the GP led NHS South Cheshire Clinical Commissioning Group, NHS England and Cheshire East Council. In the main, general acute hospital and community health services including some public health services are delivered within South Cheshire by East Cheshire NHS Trust and mental health services by Cheshire and Wirral Partnership NHS Foundation Trust. Children's, families and adult social care services are commissioned by Cheshire East Council.

7.2 **Local commissioning and provision**

7.2.1 The Connecting Care Programme exists to realise a different future for public and staff delivering health and social care. That future is one in which people are supported to maintain and improve their health and wellbeing, and one where services are integrated and seamlessly designed around people.

The Connecting Care Workstreams are identified below:

1. Communities
2. Person centred care
3. System Quality Improvement
4. Health and Wellbeing
5. System stability to deliver change – sustainability

7.3 **Clinical commissioning priorities and alignment**

7.3.1 NHS South Cheshire CCGs priorities for the 2015 includes:

Urgent Care

- NHS 111
- Health and Social Care Outcomes Development
- Transitional Care and STAIRRS
- Respiratory Pathways Review and development

Mental Health

- Choice of provider
- CAMHS Transformation and Development
- Mental Health Strategy
- Mental Health Gateway
- Mental Health Integrated Provider Hub

Primary Care

- Community Services Review
- Primary Care Strategy
- Co-Commissioning
- Transformation of Primary Care Workforce

Cancer Pathways

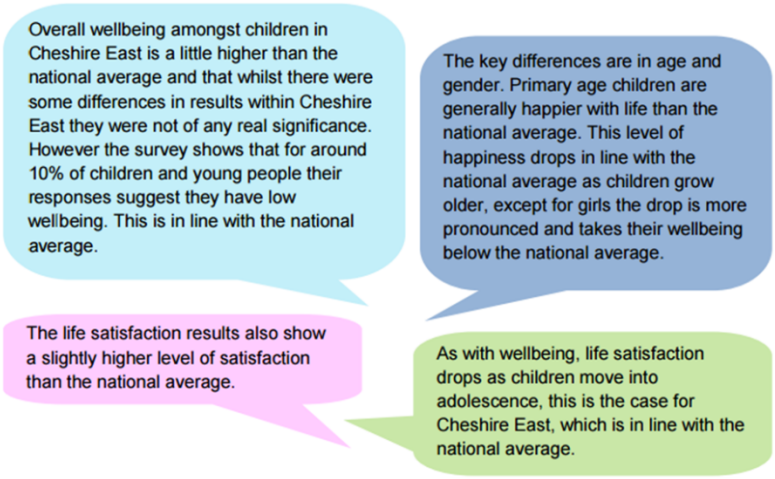
Children and Young People / Maternity

- SEND
- CATCH
- Children's Specialist Nursing Commissioning

A full copy of the NHS South Cheshire CCG Operational Plan Refresh can be found at:
http://www.southcheshireccg.nhs.uk/publication/9005-operational-plan-refresh-nhs-south-cheshire-ccg

7.4 ***What do children and young people say about growing up in Cheshire East?***

In Cheshire East the transformation partnership recognise the value in understanding from young people themselves what life is like and children and young people were invited, through schools, to take part in a Good Childhood Conversation. Approximately 2,800 children took part in this survey and 800 were involved in face to face consultations on the key findings of the survey. In line with the national findings, Cheshire East children and young people confirm that it is the nature and strength of their relationships with their family, friends, school staff and other adults known to them that has the greatest impact on wellbeing.



7.5 **Key Documents**

7.5.1 There are a number of key documents which provide contextual information and demographic information about children's and young people's mental health needs in east Cheshire.

7.5.2 Joint Strategic needs Analysis - Children and Young People's

2015-10-01
Overview of MH JSNA

7.5.3 The Cheshire East Health and Wellbeing Strategy

Health_and
Wellbeing Strategy

7.5.4 The Cheshire East Children and Young People's Plan

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7.5.5 The Cheshire East and Pan Cheshire Crisis Concordat Plan

Cheshire East Mental
Health Crsis Concorda

Section 8 - SWOT Analysis

8.1 The following SWOT analysis provides a short and concise overview of the position that transformation partners find themselves in at present.

Strengths	**Weaknesses**
1. Excellent engagement from children and young people a. Children's and Young People's Plan co-produced with children and young people. b. Young Advisors employed to support and challenge planning, commissioning and provision. c. Strong Youth Council who co-chair the Children's Trust 2. Emotionally Healthy Schools Pilot is an example of good partnership work and putting theory into practice. 3. CWP involvement in CYP IAPT is already established and well respected and supported by all partners	1. Insufficient capacity at Tier 2. 2. Lack of integration between Tiers. 3. Historic lack on investment in early intervention 4. Lack of confidence around mental health in workforce who are currently providing Tier 1 interventions.
Opportunities	**Threats**
1. Partnership working – all partners are looking at their commissioning investments and prioritising children and young people's mental health. 2. Part of national CAMHS school pilot 3. Part of national CAMHS school pilot – vulnerable children extension. 4. Developing preliminary pathway development work.	1. Insufficient capacity in CAMHS to develop pathways both meet demand and to transform services. 2. Increasing demand for mental health interventions at all Tiers 3. Financial pressures on all partners.

8.2 In addition to this SWOT analysis, a baseline has also been prepared, reflecting a self-assessment against Future in Mind recommendations with a supporting initial draft action plan.

Section 9 – Creating transformation for the future

9.1 Voice of the Child

9.1.1 The transformation partnership shall build on the excellent work done to date using the voice of the child to inform all our work. The partnership will shall share our plan with our Young Advisors, Cheshire East Youth Council, developing groups in our six emotionally healthy pilot secondary schools and other relevant groups (e.g. Children in Care Council and Care Leavers Group. We shall continue to develop the plan through coproduction with these representatives.

9.1.2 The transformation partnership shall expand the Young Advisors programme (currently 25 young advisors): recruiting, training and supporting new Young Advisors from our emotionally healthy pilot secondary schools with a particular focus on recruiting from vulnerable groups and Looked After Children.

9.1.3 The transformation partnership shall invite challenge on the plan from our new children and young people's challenge group.

9.2 Resilience, prevention and early intervention for the mental wellbeing of children and young people

9.2.1 Improvements in this area shall focus on enhancing the role of our universal services across the life course (Maternity, Healthy Child Programme and schools).

- Assessment of children and families' needs is already part of these pathways. The transformation partnership shall ensure that this is systematically applied and that the outcomes of these assessments are used to understand population need and to commission pathways to ensure that there is sufficient capacity to support those who can benefit from intervention.
- A focus on a whole school approach to emotional health. The transformation partnership shall build on an existing emotional healthy schools pilot working with six secondary schools and role this out to all secondary schools in Cheshire East and explore a compatible approach with primary schools. As part of this pilot we shall review how PHSE delivery in schools compares to the PHSE association guidance on how to teach pupils about mental health and emotional wellbeing. We shall focus on addressing risk factors and building protective factors (see appendix 2).
- The transformation partnership shall work with our Youth Council and NHS Eastern Cheshire CCG HealthVoice group to develop a campaign to promote resilience and mental wellbeing.

9.3 Improving access to effective support – a system without Tiers

9.3.1 In the short term we shall increase capacity in our CWP CAMHS provision to bridge the gap between demand and supply and to provide resource to work in partnership to develop pathways across the system. Nine pathways have been identified and our listed below in priority order:

1. Eating Disorders

2. Self-harm
3. Neurodevelopmental Disorders
4. Perinatal Mental Health
5. Depression
6. Anxiety
7. Psychosis (early intervention)
8. Behavioural Disorders
9. Learning Disability

9.3.2 In addition to these nine individual pathways, the transformation partnership shall invest in additional commissioning capacity to work on the scoping and redesign of CAMHS provision in Cheshire East, with view to a new service model (based on pathways rather than a tiered approach) being delivered from 2017 onwards. It is intended that the new CAMHS provision is based on an outcomes based framework, and encompasses all of the all identified pathways within its framework.

9.3.3 The transformation partnership shall build on the emotionally healthy schools model as the starting point for all our pathways and ensure that specialist expertise supports the whole pathway. How the existing and additional CAMHS capacity is distributed across these pathways will be informed by the JSNA. In the longer term we shall develop commissioning intentions informed by the JSNA

9.4 Care for the most vulnerable

9.4.1 The transformation partnership plan to develop CAMHS provision as far as possible on a place base (around the geographies of our 24 secondary schools).

9.4.2 Through participating in the national CAMHS School Link – Vulnerable Children extension pilot we shall undertake an exercise with our six pilot secondary schools to gather information from all relevant agencies to develop a comprehensive picture of who the vulnerable children who are known to services within that geographical are. We have developed a long list of vulnerable groups who we will include: cared for children; children with learning difficulties; children with palliative care needs; children with long term conditions, children subject to a child protection plan; child in need plan or a CAF; young people in supported lodgings and leaving care; young carers; children who self-harm; children who are not in mainstream school (including children with the Children's Support Service; educated from home; in BESD or special schools); children from asylum seeking, refugee and migrant backgrounds; children in transition (from early years to reception, primary to secondary and children's to adult services); children affected by their own or family drug, alcohol and substance misuse; children affected by family mental illness; children with a parent in prison; children affected by domestic abuse; children with communications difficulties and social needs and children living in poverty.

9.4.3 The transformation partnership shall compare the numbers we identify to our JSNA data and highlight potential gaps in our knowledge. We shall develop strategies to identify unmet need in terms of vulnerability (e.g. school based soft intelligence, campaigns). We know already that we have significant gaps in identification of children who self-harm, young carers, children with a parent in prison, the mental health needs of children who are adopted into Cheshire East.

9.4.4 The transformation partnership shall develop virtual teams of staff who support vulnerable children and those most at risk of developing mental illness. We will provide these staff with additional training around mental health and working with CAMHS. These virtual teams will focus on assessing and understanding the needs of their whole population and ensuring children and young people receive the most appropriate support.

9.4.5 The transformation partnership shall explore how we can apply the Thrive model to our assessment and stratification of the population. The "THRIVE" model that has been developed by The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre and would promote stratifying people in need into four groups: coping, getting help, getting more help and getting risk support. The Thrive model closely aligns with the strategic direction favoured by NHS Eastern Cheshire within their evolving 'whole of life' mental health strategy.

9.4.6 The transformation partnership work with commissioners and providers of other services to ensure the pathways available to these virtual teams have the capacity and capability to respond flexibly and creatively and engage with and meet the needs of vulnerable children including those who are reluctant to access or have difficulty in accessing services.

9.4.7 The transformation partnership shall focus on aligning mental health, school services and the health child programme. This would include all pathways being available to all children aged 0-19. The transformation partnership shall focus on the transition from school age to adulthood with a focus on the most vulnerable. We shall explore whether support should be extended to a higher age (e.g. 24) for a wider range of vulnerable young people (including children in the social care system, people with learning disabilities and those on the autistic spectrum). We shall work with adult commissioners to explore how resources can be reorganised to facilitate this.

9.5 Discharge Planning

Discharge planning will start from day one of an in-patient admission. This discharge planning shall involve a multi-disciplinary team including community mental health specialists and social care. This shall allow a proactive case by case approach assessing whether the young person could be supported/treated in the community/ back with their family with the appropriate support is put around them. This will be supported by the "Thrive" model we shall implement. We would expect young people who need an in-patient admission to fall into the two groupings of "Getting More Help" (i.e. needing Intensive Treatment) and "Getting Risk Support" (I.e. needing close interagency collaboration). In most cases we would expect a combination of these two groupings. Where an element of "Getting Risk Support" is identified, social care shall be engaged as early as possible. The young person shall be assessed or re-assessed as early in the admission as is appropriate. All options for this "Risk Support" shall be considered and residential settings shall only be considered as a last resort. Where an element of "Getting More Help" is identified, intensive support from commissioned CAMHS services shall be provided. In-patient admissions should only be used to treat an acute episode. Where a young person is a significant concern and risk for a longer period of time, a residential setting shall be considered.

9.6 Developing the workforce

9.6.1 The transformation partnership aim to improve the training provided to the health and social care and wider workforce to ensure the workforce is able to:

- recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that support and build resilience.
- promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing
- identify mental health problems early in children and young people
- offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with an appropriate trained individual responsible for mental health in education settings.
- refer appropriately to more targeted and specialist support.
- use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions
- work in a digital environment with young people who are using online channels to access help and support.

9.6.2 The transformation partnership will ensure that the CAMHS workforce is appropriately trained by building on the CYP IAPT training that the majority of our CAMHS workforce has received. All staff shall be supported to maintain their professional registration and develop the necessary skills and competencies to work collaboratively with partners, assess needs, deliver effective interventions tailored to individual need and engage with and respond effectively to all children, young people and their families especially those who have difficulty accessing services.

9.6.3 The transformation partnership shall commission consultancy, advice and support to staff in universal settings from specialist CAMHS providers. This will be used to develop and support pathways across the system.

Section 10 - High level delivery timeline

Action	By when and by who?	2015-16 funding	Outcome
Establish a formal transformation plans steering group, encompassing wider members	Dec 15 ECCCG and SCCCG	No cost	• Co-ordinate the delivery and implementation of the plan • Enable co-ordination across both CCGs and Local Authority
Engagement/ co-production Including Young Advisor Training/ Recruitement Development of child/ Young person friendly version of plan	Jan 16 March 16 co-ordinated via the CCGs	£8,950 SCCCG £9,850 SCCCG £1,790 SCCCG	• Ensure on-going participation within the development and implementation of changes • Increase in the number of Young Advisors (focus on recruiting young advisors with vulnerabilities) • Improve communication with children and young people.
Provision of additional commissioning capacity across CCGs	Dec 15 ECCCG and SCCCG	£23,300 SCCCG	• To provide the required capacity to progress plans and spend at pace
Provide annual declaration of our current investment	First declaration March 2016 CYPJCG	No cost	• Transparent and challengeable commissioning • Current investment can be found in appendix 1.
Provide annual update of our JSNA – children and young people's needs	First review October 2016 PH	No cost	• Understanding of needs
Provide annual declaration of our providers services including staff numbers, skills and roles; activity (referrals received, referrals accepted), waiting times and access to information.	First declaration March 2016 CWP	No cost	• Transparent and challengeable provision
Development of Outcome indicators, Quality Markers	March 2015 Co-ordinated via the CCGs	No cost	• Understanding of progress
Resilience, prevention and early intervention for the mental wellbeing of children and young people			

Contribute to Emotionally Healthy Schools programme. • Significant investment for 3 years while rolled out to all schools. • Less intense model developed for future years to sustain improvement.	September 2015 to July 2018 September 2018 onwards Emotionally Healthy Schools Steering Group	£76,000 (this is an addition to the £100,000 contributed through the national CAMHS School Links pilot) SCCCG	• Schools leadership and management that supports and champions effort to promote emotional health and wellbeing • A school ethos and environment that promotes respect and values diversity. • School curriculum, teaching and learning that promotes resilience and support social and emotional learning • An enabled student voice that influences decisions • Developed staff who can support their own wellbeing and that of students. • Clear understanding of need and impact of interventions • Improved working with parents/carers • Improved identification of children with mental health needs, better targeted support and more appropriate referrals.
Improving access to effective support – a system without Tiers			
Increase capacity in CAMHS to bridge gap between supply and demand and to work in partnership to develop identified pathways.		£93,641 SCCCG	• Increased number of children receiving CAMHS specialist intervention • Development of nine system wide pathways: Eating Disorders; Self-harm; Neurodevelopmental Disorders; Perinatal Mental Health; Depression; Anxiety; Psychosis; Behavioural Disorders and Learning Disability • Commissioning intentions for 2018 onwards informed by comprehensive understanding of need and model pathways. • Improved outcomes for children with eating disorders; who self-harm; neurodevelopmental disorders; depression, anxiety, psychosis

Development of Cheshire Eating Disorder Service	March 2016	£22,400 for CYPIAPT	• Increased number of children and young people receiving appropriate eating disorder interventions. • Develop system wide eating disorder pathway. • More children recover from eating disorders. • Free up capacity in CAMHS to invest in crisis interventions.
Additional staffing to meet the Access and Waiting Time Standard for Eating Disorders	March 2016	£43,000 SCCCG	• Improved waiting times and access • Improved outcomes for young people with Eating Disorders • Reduced admissions to Tier 4
Provision of additional commissioning capacity across CCGs (Pan Cheshire) to further develop Eating Disorder Plans	March 2016	£3,390 SCCCG	• Transformation plan actions are progressed and delivered to agreed timescales
Street Triage	March 2016	£13,500 SCCCG	• Reduction in the number of people detained under Section 136 of the Mental Health Act • Reduction in the number of police officers visiting A&E with young people requiring mental health assessment
Short term crisis support		£37,941	• Improved response to crisis episodes
Care for the most vulnerable			
Develop system to gather information from all agencies to develop a comprehensive picture of who the vulnerable children known to services are for 6 school based geographic footprints.	March 2016 Emotionally Health Schools Steering Group	Funded through CAMHS School Link pilot – £100k extension to vulnerable children.	• Comprehensive shared picture of who are vulnerable children known to services are on six school footprints.
Identify group where unmet need is likely. Develop strategies to identify unmet need.	July 2016 Emotionally Health Schools Steering Group		• Increase in the proportion of vulnerable children we are aware of in our six school areas.
Develop virtual teams of staff who support vulnerable	March 2016 Emotionally Health		• Improved offer to vulnerable children through an integrated and

children around 6 school based geographies through training and facilitation.	Schools Steering Group		systematic approach to assessment, intervention and support in our six school areas.
Work with commissioners and providers in other services to improve capacity and capability in pathways for vulnerable children	January 2017		• Improved mental health of vulnerable children in our six school areas.
Roll out model across Cheshire East.	January 2016-July 2018		• Outcomes above achieved across all of Cheshire East.
Workforce Development			
Through the LSCB learning and improvement sub-group develop a training offer around mental health offered to staff in any agency who works with children and young people or their families.	March 2016	£8,950 SCCCG	• In the short term appropriate training packages and methods of delivery developed for ongoing use. • At least 300 people attending mental health multiagency training a year. (This is based on current uptake of domestic abuse training). • Improved confidence and capability of target staff around mental health • Reduce stigma around mental health
Ensure all CAMHS staff receives CYPIAPT principles and CYPIAPT principles are embedded in new pathways.			• Improved data collection • Understand impact of different pathways and interventions leading to improvement of commissioning and provision.
School workforce training			• Improved confidence and capability of target staff around mental health • Reduce stigma around mental health • Improve early intervention offer • Improve quality of referrals onto CAMHS pathways.
Vulnerable children's workforce training			
Health Visitor Training			

Section 11 – Moving towards an outcomes based approach

11.1 Indicators and performance measures to assess achievement towards these outcomes have been developed in some services and data is collected including through contract monitoring, however we have recognised that there is inconsistency across teams and providers and this is an area that requires much further development and is a priority action.

11.2 Routine data collection of key indicators of child and adolescent mental health service activity, patient experience and patient outcomes need to be properly co-ordinated and incentivised, and the implementation of the National Minimum Dataset for children's mental health will greatly support this. However, to incentivise enhanced data collection, we are considering a local CQUIN. Via the implementation of the uplifted eating disorders service we have the opportunity to become part of the local Quality Network, which will help us to raise standards locally.

11.3 The Local Authority and CCG will work together with CWP, and with children and young people, to develop a shared set of high level outcome measures that will tell us if the strategy and services we put into place are working. We would like to develop a set of local 'I' statements, shaped by those who use our services, so that all those involved in delivering services know what matters locally to our children and young people.

11.4 Initial engagement with young people told us that outcomes should be personalised. CAMHS uses Goal-based outcome measures, but currently these are not collected outside of CWP. We need to use this intelligence for greater effect, to inform commissioners about the current issues affecting those who use our services, and helping to shape future service delivery. We want to ensure that all of our future services are personalised for those using them, and we want to work with our providers to ensure that they are best able to use this information to help shape their services accordingly.

11.5 CWP LD-CAMHS are represented on a Regional Learning Disabilities Routine Outcome Measures Group. This focuses on the use of (i) routine data collection of key indicators of LD-CAMHS activity, and (ii) sensitive and clinically useful outcome measures to examine parents/carers and, where appropriate, children/young peoples' experiences of LD-CAMHS services and patient outcomes. This will inform the development of future local outcome measures.

Section 12 – Appendices

Appendix 1: 2014-15 Declaration of current investment

Service	Budget	Commissioner	Target Population
0-16 CAMHS	£939,551	ECCCG	Eastern Cheshire
16-19 CAMHS	£244,921	ECCCG	Eastern Cheshire
LD CAMHS	£337,134	ECCCG	Eastern Cheshire
Primary Care	£108,080	ECCCG	Eastern Cheshire
Third sector (Visyon/ CE Crossroads and Asperger's)	£204,099	ECCCG	Eastern Cheshire
Youth Offending CAMHS	£63,577	ECCCG	Eastern Cheshire
Low secure (13/14)	£86,100	NHS England	Eastern Cheshire
PICU(13/14)	£97,119	NHS England	Eastern Cheshire
Mother and baby (14/15)	£74,834	NHS England	Eastern Cheshire
Acute admissions (15)	£279,153	NHS England	Eastern Cheshire
Children's (14/15)	£100,580	NHS England	Eastern Cheshire
Eating disorders (13/14)	£106,470	NHS England	Eastern Cheshire
Emotionally Healthy Schools Pilot	£300,000	CEC Public Health	South and Eastern Cheshire
Multisystemic Therapy	£297,000	CEC Children's	South and Eastern Cheshire
Online Support (XenZone - Kooth)	£58,000	CEC Children's	South and Eastern Cheshire
Third sector (Visyon/ Just Drop In)	£154,800	CEC Children's	South and Eastern Cheshire
0-16 CAMHS	£547,692	SC CCG	South Cheshire
16-19 CAMHS	£255,190	SC CCG	South Cheshire
LD CAMHS	£186,484	SC CCG	South Cheshire
Primary Care	£73,507	SC CCG	South Cheshire
Third sector (Visyon)	£8112	SC CCG	South Cheshire
Youth Offending CAMHS	£34,188	SC CCG	South Cheshire
Low secure	-	NHS England	South Cheshire
PICU	-	NHS England	South Cheshire
Mother and baby	-	NHS England	South Cheshire
Acute admissions	£174,708	NHS England	South Cheshire
Children's	£153,010	NHS England	South Cheshire
Eating disorders	-	NHS England	South Cheshire

Appendix 2: Risk and protective factors for child and adolescent mental health

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including Domestic Violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 3 - Local children and young people's mental health provision

NHS Eastern Cheshire CCG and NHS South Cheshire CCG localities

0-16 Teams

Works with young people 0-16 and provided on a needs basis; although they may see some young people for individual work. They actively include families and carers in this process to ensure full support to the young people is ongoing.

16-19 Team

The team works mainly with the young people. Families will be part of any assessment or intervention if the young person is happy with this and is in agreement with an identified care package. In Eastern Cheshire, additional capacity is provided via Visyon, a local third sector provider.

Learning Disability (L.D. CAMHS)

Is a community based team that provides Positioned support for children and young people aged 0-16 who have a severe learning disability, and whose behaviours cause difficulty for themselves and their parents/carers. Referrals to the team can be made by parents/carers or any professional who is working with the child.

Looked After Children Team

This team offers support and assessment to young people and families who currently have a Social Worker involved with them; or are in care of the Local Authority. The team works closely with CAMHS to ensure positive emotional and mental health well-being.

Primary Mental Health Workers

Provide community based mental health support for children and young people up to the age of 16 who are experiencing mild mental health difficulties and are not in need of more specialist support. Primary Mental Health Workers also work closely with other healthcare professionals within the community, to ensure that children and young people are effectively supported with their mental health needs and specialist services are accessed if needed.

Drug and Alcohol Action Team Partnership

Provides specialist intervention and support for young people who are currently experiencing difficulties with drugs (legal or illegal) and/or alcohol.

Youth Offending Service

A specialist mental health worker provides Positioned intervention and support for young people who are currently within the criminal justice system.

CAMHs Service

Everybody that visits CAMHS is different, and they tailor the services that they offer to each individual. The Tier 3 service operates largely from two physical bases, Macclesfield (ECCCG) and Crewe (SCCCG). Future models may be less compatible with clinic style delivery from these two buildings and will need to consider co-location with community (including voluntary) services, satellite clinics, outreach and sessional working.

Tier 4 Provision Inpatient CAMHS (Young People's Centre) commissioned via NHS England, is based in Chester and provides inpatient care for young people who are experiencing severe and complex mental health difficulties. There are 2 specialist residential units, Maple Ward and Pine Lodge, where each young person receives their own room. The units provide a safe and caring environment in which young people at high risk can receive specialist treatment and support.

Maple Ward supports young people that need to go into hospital at short notice for crisis assessment or treatment. When the level of a young person's needs change, but they still require inpatient treatment, then transfer or a planned admission to Pine Lodge is possible; with the aim that a young person will return home at the earliest opportunity.

Pine Lodge is for planned treatment admissions; this can be arranged as part of a treatment plan following an admission to Maple Ward, or following referral from a CAMHS Team.

REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Caroline Baines, Commissioning Manager
Title: Better Care Fund – Update Paper

1 Report Summary

1.1 The purpose of this report is to provide an overview of 2015/16 BCF Quarter 2 performance.

2 Recommendations

2.1 Consider and sign off the NHS England 2015/16 Quarter 2 performance report so that the NHS England reporting deadline of midday on 27th November 2015 can be met.

3 Reasons for Recommendations

3.1 Cheshire East Health and Wellbeing Board is responsible for the strategic oversight of the Better Care Fund plan and has significant influence in supporting partnership working across health and social care.

3.2 To provide the HwB with an update on the progress and implementation of schemes and the expected outcomes of schemes. To provide assurance to the HwB on the delivery of the Cheshire East BCF plan and the BCF national conditions

3.3 NHS England will issue standard reports that will fulfil both local and national reporting obligations against the key requirements and conditions of the BCF Fund. The standard reports aim to fulfil both the quarterly reporting and annual reporting requirements to monitor the totality of the BCF at Health and Wellbeing Board level.

3.4 NHS England will be expecting quarterly updates on the progress of the Better Care Fund and the HwB is required to review and sign off of these quarterly returns in line with the published timescales.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 At the time of writing, the guidance regarding the content of the Quarter 2 return has just been released. This can be seen in detail in Appendix 1. However, the local data and responses will not be collated in time for the Management Group Board deadline of 29th October 2015. It will be available by 17th November 2015 in time to be circulated with other Health and Wellbeing Board papers for the meeting no the 24th November 2015.

5 Background and Options

5.1 The Better Care Fund was launched on the 1st April 2015 and there is a requirement to submit quarterly returns to NHS England. These quarterly returns should be reviewed and signed off by the Health and Wellbeing Board.

5.2.1 Cheshire East Health and Wellbeing Board (HwB) is responsible for the ongoing oversight of the delivery of the Better Care Fund (BCF) plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it has a role in gaining assurance that partners are collectively working together to deliver the plan, implement the national conditions and improve the associated performance measurements.

5.2.2 The Better Care Fund is a nationally driven initiative, encouraging health and social care systems to work collaboratively towards integration to develop more efficient, effective and pro-active services for the citizens of England. Locally the Better Care Fund plan is aligned to complement the local health and social care transformation programmes, Caring Together (covering the Eastern Cheshire geography) and Connecting Care (covering the South Cheshire geography).

6 Access to Information

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

Name: Caroline Baines
Designation: Commissioning Manager (Integrated Health and Social Care)
Tel No: 01270 686248
Email: caroline.baines@cheshireeast.gov.uk

Appendix 1:
Requirements for Quarter 2 Better Care Fund reporting

Below is an overview of the planned content for the data collection template.

Introduction
The BCF data collection for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics.
To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.
The questions within the Q2 Reporting Return will include the following:

Section 75s
 If you indicated in the last return that a Section 75 agreement was not yet in place in your areas, we will be asking for an update on this:
 "Yes"/"No"
 If 'No' then will request confirmation of the date when it will be signed.

National conditions
 If you indicated in the last return that any of the national conditions had not yet been achieved, we will be asking for an update on this:
o "Yes"/"No"/"In progress"
o Estimated date when condition will be met if not already in place
o Commentary on progress

Non-Elective Admissions performance & Payment for Performance fund
 Actual Q2 non-elective performance against baseline and plan.
 Confirmation of amount released into pooled fund for Q2;
 Confirmation of what any unreleased funds were used for in Q2

Plus in addition we will be asking HWBs to confirm their plan figure for Non-Elective performance in Q4 of 2015-16 as this has not been updated since original BCF plans were submitted.

Income & Expenditure
 Updated forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end
 Commentary on progress against financial plan

Other performance metrics

For Q2 we will also be asking for indicative progress against the following BCF metrics:
 Admissions to residential Care - % Change in RATE of permanent admissions to residential care per 100,000;
 Reablement - Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16;
 Local Metric;
 Local Patient Experience Metric

In each case three response options will be provided:
 On track to meet target
 On track for improved performance but not to meet full target
 No improvement in performance forecast

We will not be requesting detailed information on local metrics as we did at Q1.

Collecting information on new integration metrics
As mentioned in the update note there will be a number of additional fields and data collections in the Q2 template. These new collections relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.
This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.
The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.
We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

1. The development and use of integrated care records.
There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records
To be assessed via the following questions:

 In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
 In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
 Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification
The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification
To be assessed via the following questions:
 Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
 If yes: Please provide details of how risk stratification modelling is being used to allocate resources
 How many local residents have been identified as in need of preventative care?
 What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets
Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets
To be assessed via the following questions:
 Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
 How many local residents have been identified as eligible for PHBs, per 100,000 population?
 How many local residents have been offered a PHB, per 100,000 population?
 How many local residents are currently using a PHB, per 100,000 population?

 What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 27th November 2015.

The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preperations for the BCF in 16/17 and register an interest in planning support.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

Cell Colour Key

Data needs inputting in the cell
Pre populated cells
Question not relevant to you

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements- this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
6) Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Preparations for the BCF 16-17 - this assesses your current level of planning for next year
8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.
If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12
Input actual value of P4P payment agreed locally - Cell E23
If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box
Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:
Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 and Q2
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1 and Q2

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

6) Metrics

This tab tracks performance against the two national, the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the four metrics for Q2 2015-16
Commentary on progress against the metric

Should a local and/or a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

8) New Integration Metrics

This tab requests information as part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

1. The development and use of integrated care records.
There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records. To be assessed via the following questions:
• In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification
The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification. To be assessed via the following questions:
• Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
• If yes: Please provide details of how risk stratification modelling is being used to allocate resources
• Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
• What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets
Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets. To be assessed via the following questions:
• Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
• How many local residents have been identified as eligible for PHBs, per 100,000 population?
• How many local residents have been offered a PHB, per 100,000 population?
• How many local residents are currently using a PHB, per 100,000 population?
• What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

9) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Any unreleased funds were used for: Q2 15/16	Q4 2015-16 confirmed NEA plan figures
Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Commentary	Yes				

6. Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	Admissions to residential Care	Yes	Yes
	Reablement	Yes	Yes
Local performance metric	Yes	Yes	Yes
Patient experience metric	Yes	Yes	Yes

	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes	Yes
Patient experience metric	Yes	Yes	Yes

7. Preparations for BCF 16-17

Have you begun planning for 2016/17?	Yes
Confidence in developing BCF plan?	Yes
Pool more, less, or the same amount of funding?	Yes
Support in developing plan?	Yes

If yes, support area?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Yes	Yes
Building partnership working	Yes	Yes	Yes
Governance development	Yes	Yes	Yes
Data interpretation and analytics	Yes	Yes	Yes
Evidence based planning	Yes	Yes	Yes
Financial planning	Yes	Yes	Yes
Benefits management	Yes	Yes	Yes
Other	Yes	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS number being used as the primary identifier?	Yes	Yes	Yes	Yes	Yes	Yes
Open API in place?	Yes	Yes	Yes	Yes	Yes	Yes

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes

If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Yes
How many local residents have been identified as in need of preventative care during the quarter?	Yes
What proportion of local residents identified as in need of preventative care have been offered a care plan during the quarter?	Yes

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	Yes
How many local residents have been identified as eligible for PHBs during the quarter?	Yes
How many local residents have been offered a PHB during the quarter?	Yes
How many local residents are currently using a PHB during the quarter?	Yes
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter?	Yes

9. Narrative

Brief Narrative
Yes

Cover and Basic Details
Q2 2015/16

Health and Well Being Board	Cheshire East
completed by:	Caroline Baines
E-Mail:	caroline.baines@cheshireeast.gov.uk
Contact Number:	01270 686248
Who has signed off the report on behalf of the Health and Well Being Board:	Cllr Janet Clowes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	4
5. I&E	15
6. Metrics	10
7. Preparations for BCF 16-17	28
8. New Integration Metrics	25
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

Q2 2015/16

Budget arrangements	
Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

Q2 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	No - In Progress	No - In Progress	31/03/2016	Integrated care teams have become operational on a phased basis from October 2015 but this is yet to be rolled out across the whole of Cheshire East. In South Cheshire the GP's have committed to an additional 2,000 7 day appointment in response to the Prime Minister's challenge.
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	No - In Progress	No - In Progress	31/01/2016	Delay in new social care case management and care assessment IT system going live. This system will include an automated link to NHS numbers. "Go live" was expected by 31/10/15 but this has slipped to 31/01/16.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	No - In Progress	No - In Progress	31/12/2015	All partners are in discussion about information governance arrangements. Implementation of the Cheshire Care Record is accelerating the need for a resoultion to information governance issues.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	No - In Progress	No - In Progress	31/12/2015	A review is underway of existing services including the assessment process and integrated care teams has taken place. Future services will incorporate a joint approach to assessment and care planning.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	No - In Progress	No - In Progress	31/12/2015	There is a high level of understanding of the potential consequential impact of changes in the acute sector locally and partners are working together to try to define/model what the impact is.

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Cheshire East

	Baseline				Plan				Actual				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				
D. REVALIDATED: HWB version of plans to be used for future monitoring.	10,327	10,226	10,142	10,985	9,965	9,868	9,787	10,600	10,303	10,105	10,644		3.5%	1,460	£2,175,400	362	720	1,075	1,460	£539,380	£533,420	£528,950	£573,650	24	121	-502		£35,760	£180,290	£0		£2,175,400	£6,385,000	£35,760	£180,290

Which data source are you using in section D? (MAR, SUS, Other)	MAR
Cost per non-elective activity	£1,490

If other please specify

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above*)	£35,760	£180,290	£0	
Actual payment locally agreed	£35,760	£180,290	£0	

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	Cheshire East CCGs and Local Authority agreed not to release the eligible performance fund in Q4 and Q1 due to concerns over rising NELs during July 2015 and concerns regraing the acuity of patients being admitted, and the cost of their care.

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£503,620	£353,130	£528,950	
Actual amount of locally agreed unreleased funds	£503,620	£353,130	£528,950	

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	acute care	acute care	acute care	

Confirming Q4 2015-16 Non-Elective Admissions figures

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	9,853	9,853
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	10,303	

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 19th August 2015. (Except cell C46 taken from original BCF plan database as at February 2015)

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Cheshire East

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	£23,891,000
	Forecast	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	
	Actual*	£6,827,135					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	£23,891,000
	Forecast	£6,791,555	£5,495,685	£5,778,785	£5,824,975	£23,891,000	
	Actual*	£6,827,135	£5,173,845				

Please comment if there is a difference between either annual total and the pooled fund	

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	£23,891,000
	Forecast	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	
	Actual*	£4,998,243					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	£23,891,000
	Forecast	£5,166,055	£6,048,852	£6,257,952	£6,418,142	£23,891,001	
	Actual*	£4,998,243	£5,205,328				

Please comment if there is a difference between either annual total and the pooled fund	Rounding

Commentary on progress against financial plan:	There has been a delay with some of the invoices in relation to newly awarded contracts being processed (the Council do not operate on an accruals basis), these invoices are expected to be processed during quarter 3. It is also not clear how the non release of the performance fund should be reported. The actual income levels are lower than forecasted due to non delivery of the performance fund.

Footnote:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q1 collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:	Cheshire East

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q2 15/16 percentage change in rolling 12-month admissions is -12.6%. However, caution should be utilised when using this data as it is based on a mixture of validated and complete 14/15 figures and non-validated and incomplete 15/16 figures.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Q2 15/16 actual performance is 79.2% against a plan of 84.1%. Q2 performance is being pulled down slightly by incomplete data for the final month of the the quarter (status 91 days later still to be confirmed for some people). The performance for this latest month is currently at 72%. The performance for the previous two months was 83.5%. Therefore final figures are expected to be within this area, which

Local performance metric as described in your approved BCF plan / Q1 return	Injuries due to falls, persons 65+
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Currently on track to meet, or even exceed target in ECCCG. YTD data at end of quarter 2 indicates a 3.95% reduction in falls in ECCCG. However in SCCCG, YTD data indicates a 3.91% increase over the same period. However, SCCCG rate is lower than that in ECCCG (1484.4 v 1605 per 100,000 popn).

Local defined patient experience metric as described in your approved BCF plan / Q1 return	People who feel supported managing long term conditions (GP Survey)
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Latest data show that 42.6% of people in ECCCG and 36.0% of people in SCCCG definitely feel supported. In ECCCG, whilst this represented a small increase from the previous year, the shift was mainly from those who had stated they "to some extent" felt supported. The proportions reporting feeling unsupported, not having a need or "don't know" stayed approximately the same. In SCCCG, ther ewas a

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Preparations for the BCF 16-17

Selected Health and Well Being Board: Cheshire East

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Peers to peer learning / challenge opportunities	[redacted]
Building partnership working	Yes	Peers to peer learning / challenge opportunities	
Governance development	Yes	Central guidance or tools	
Data interpretation and analytics	Yes	Central guidance or tools	
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Central guidance or tools	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Central guidance or tools	

New Integration Metrics

Selected Health and Well Being Board: Cheshire East

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No

Comments:	Open APIs are being pursued.

Narrative

Selected Health and Well Being Board:

Cheshire East

Data Submission Period:

Q2 2015/16

Narrative	Remaining Characters	32,054

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).
Overall progress is going to plan with some minor slippage in some schemes. We are currently undertaking a large logic modelling exercise of the whole programme, and hope to have completed this by the end of the year and to use the findings to inform our evaluation of 15/16 and planning for 16/17, along with the recently produced toolkit. Differing metrics are evident across the two CCGs within the area with one doing well on NELs and not so well on DTOC whilst the other has an opposite picture. This demonstrates the importance of looking at the system as a whole and not on individual metrics, To that end we are looking at introducing some local metrics to monitor as well as those nationally required.