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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 26th July, 2016**
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. **Apologies for Absence**

2. **Declarations of Interest**

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

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

   To approve the minutes of the meeting held on 31 May 2016.

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

4. **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.

5. **Local Safeguarding Childrens Board Annual Report 2015-2016 and Business Plan 2016 - 2017** (Pages 7 - 56)

To consider the Local Safeguarding Childrens Board Annual Report 2015-2016 and Business Plan 2016–2017.

6. **Better Care Fund 2015/16 - End of Year Report** (Pages 57 - 78)

To provide the Board with a summary of the key points arising from the return.

7. **Children's Joint Commissioning Strategy** (Pages 79 - 98)

To consider a report providing the Board with the opportunity to comment upon and amend the draft Children's Joint Commissioning Strategy.

8. **Special Educational Needs and Disability Joint Inspection Framework** (Pages 99 - 102)

To consider a report informing the Board on the joint local area inspection framework for services for children and young people aged 0-25 who have special educational needs and/or disabilities.

9. **Special Educational Needs and Disability (SEND) Update** (Pages 103 - 114)

To consider a report updating the Board in respect of Special Educational Needs and Disability.

10. **Policy and Guidance Document - Special Educational Needs** (Pages 115 - 154)

To consider a report providing an opportunity for the Board to comment on the Policy and Guidance Document for Special Educational Needs Personal Budgets relating to EHC Plans and to agree the implementation and publication of the policy.

11. **Sustainability and Transformation Plan Update**

To receive a verbal update.

12. **CCG Financial Recovery Updates / Operational Delivery Plans 2016 - 17**

To receive a verbal update.

13. **Health and Wellbeing Board Terms of Reference Review** (Pages 155 - 164)

To review the Health and Wellbeing Board's Terms of Reference.

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Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 31st May, 2016 in Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members
Cllr Rachel Bailey (Chairman)
Cllr J Clowes – Cheshire East Council
Cllr G Hayes – Cheshire East Council
Kath O'Dwyer – Executive Director People Cheshire East Council
Tracy Bullock – Mid Cheshire Hospital Foundation/Independent NHS representative
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Caroline O'Brien – Healthwatch
Simon Whitehouse – Southern Cheshire Clinical Commissioning Group

Non voting Members
Mike Suarez – Chief Executive Cheshire East Council
Heather Grimbaldeston – Director of Public Health Cheshire East Council

Observers
Cllr P Bates – Cheshire East Council
Cllr S Gardiner - Cheshire East Council

Cheshire East Officers/others in attendance
Caroline Baines – Commissioning Manager Health and Social Care/BCF Cheshire East Council
Gill Betton – Head of Service Children's Development and Partnerships Cheshire East Council
Sheena Cumiskey - Chief Executive Cheshire and Wirral Partnership NHS Foundation Trust
Guy Kilminster – Head of Health Improvement, Cheshire East Council
Nigel Moorhouse – Director of Children's Social Care Cheshire East Council
Deborah Nickson – Legal Team Manager (People) Cheshire East Council
Cherry Foreman – Democratic Services Officer Cheshire East Council

Councillors in attendance:
Rhoda Bailey – Cheshire East Council
Cllr M Grant – Cheshire East Council

1 APPOINTMENT OF CHAIRMAN

RESOLVED

That Councillor Rachel Bailey be appointed Chairman for the 2016/17 municipal year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Dr Andrew Wilson be appointed Vice-Chairman for the 2016/17 municipal year.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Corcoran and L Durham, and from Doctors P Bowen and A Wilson.

4 DECLARATIONS OF INTEREST

Caroline O'Brien declared a personal interest in items involving the voluntary sector by virtue of recent changes in her work role.

5 PUBLIC SPEAKING TIME/OPEN SESSION

No members of the public wished to speak.

6 THE MENTAL HEALTH GATEWAY

The representative of the South Cheshire Clinical Commissioning Group (CCG) asked for consideration to be given to the removal of this item from the agenda and for it to be referred to the Health and Adult Social Care Overview and Scrutiny Committee for review.

The position of the NHS was noted and it was agreed that consideration be deferred pending there being a scrutiny review. It was agreed that in the meantime work on the project be deferred pending the outcome of that review.

RESOLVED

That consideration of this item be deferred, and that a report on the outcome of a review by the Health and Adult Social Care Overview and Scrutiny Committee be considered at future meeting of the Committee. It was noted that the South Cheshire CCG objected to the decision to defer and not to remove the item from the agenda.

7 THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

The Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust, introduced the recently published Mental Health Taskforce Five Year Forward View report and recommendations. The Taskforce had examined variation in the access to, and quality of, mental health care and support, outcomes for people in receipt of services and those without, and ways to tackle the prevention of mental health problems.

A ten year plan for the transformation of mental health services had been produced and it contained 57 recommendations for NHS bodies, government and wider stakeholders to help achieve the government's commitment to tackle the

inequalities at local and national level. The report set out a three pronged approach to improving care through prevention, the expansion of mental health care to include, for example, seven day access in a crisis, and integrated physical and mental health care. A key role for Health and Wellbeing Boards was to ensure they had plans in place to promote good mental health, prevent problems arising and improve mental health services in their local area.

The recommendations of the report were welcomed by the Committee. The important role of the commissioning bodies and the need for extra funding particularly in the area of prevention was recognised, as was the inclusion of support for peoples' mental health alongside their other needs such as physical health, employment, housing and social care.

RESOLVED

That the report and its recommendations be noted and welcomed.

8 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 5 March 2016 be approved as a correct record.

9 BETTER CARE FUND UPDATE

The Committee considered a briefing note on the plan for the Better Care Fund (BCF) in 2016/17 following the submission in April this year of the third of three BCF planning submissions. Since that time work had continued with finance colleagues across all partners to develop the final expenditure plan which was awaiting executive level agreement although some further changes might be needed in the light of the potential withdrawal of funding for carers breaks by the Clinical Commissioning Groups.

Formal feedback from NHS England was awaited although it was expected the submission would be 'approved with support' which meant additional work on the plans would be required by the end of June to ensure they could be fully approved. It was not expected that any formal conditions would be attached although this also remained to be confirmed.

The total pooled budget submitted was £25,825,383 and incorporated the additional areas of Cheshire Care Record, Mental Health Reablement, Carers and Community Equipment Scheme, as well as those in the 2015/16 BCF. The position regarding underspends was discussed and the Committee agreed they should be used in those areas in which they had arisen.

RESOLVED

That the update be noted and agreement be given for overspends to be used in the areas in which they had arisen.

10 CHILDREN AND YOUNG PEOPLE'S IMPROVEMENT PLAN UPDATE

Consideration was given to this report on progress to date against the Children and Young Peoples Improvement Plan. Following an Ofsted inspection of Children's Services in 2015 twenty-five recommendations had been made and this Committee had the responsibility of ensuring sufficient progress in their implementation. This was the first time a report had been made to the Committee and progress against the plan was set out under the following four key objectives:

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

It was reported that the Adoption Service had now achieved a 'good' level and all concerned were working consistently hard to achieve this same level of progress across the board. Quality, the importance of a partnership approach and the sharing of best practice was emphasised, and the need for there to be a targeted improvement plan.

RESOLVED

1. That the update on progress and performance against the improvement plan, set out in Appendices 1 and 2 of the report, be noted.

2. That the next steps to sustain and embed progress as set out in the report be endorsed.

11 CHESHIRE AND MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN

The Chief Officer of the Eastern Cheshire Clinical Commissioning Group provided an oral update on the progress of this plan. He informed the Committee that all plans had been assessed and had made significant progress. The intention had been for a forward plan to be available by the end of June but the NHS was now asking for three or four high level assessments. A large amount of work was being carried out and PWC had been commissioned to consolidate some of the smaller pieces of work from across the 42 different partners.

It was noted that whilst Cheshire/Merseyside was not a natural geographical partnership everybody was doing all they could to achieve the best allocation.

RESOLVED

That the update be noted.

12 COUNCIL STRUCTURE UPDATE

The Chief Executive of Cheshire East reported that there had been many changes in the recent past including there being 30% less staff than there were

three years ago, and the introduction of a number alternative service delivery vehicles (ASDVs). The focus for the Council was to deliver first class services to its residents, and improve accountability; recent changes to the Management structure reflected this with the key posts reflecting these aims.

RESOLVED

That the update be noted.

13 THE CHESHIRE INTEGRATED HEALTH AND CARE PIONEER PROGRAMME

The Interim Director of the Integrated Health and Care Pioneer Programme reported on the need to revisit the aspirations and running of this Programme. This was its third year during which requirements had been introduced to draft Sustainability and Transformation Plans, and there had been developments in Caring Together, Connecting Care and the West Cheshire Way. The report included a resume of key achievements to date, the budget position and the current position regarding the role of Director which had been covered on a three day basis since October 2015.

Partners through the Cheshire East and the Cheshire West and Chester (CWAC) Health and Wellbeing Boards needed to reaffirm their support to continue as a pioneer area, and also to continue to commit the resources to support its implementation for the remainder of the programme. It was reported that CWAC was not able to do this at present and consideration therefore needed to be given to future planning.

It was suggested the budget be considered as part of a wider view including alternative ways of funding as a great deal of solid work had been carried out or was ongoing on a number of projects for which funding had been provided and outcomes expected.

It was agreed that the role of Interim Director continue as at present and that a facilitated session for members and partners be organised to enable these matters to be discussed and considered further.

RESOLVED

1. That the background to, and the achievements and costs of the Programme for 2015 – 2016 be noted.

2. That the post of Director continue on an interim basis for the time being.

3. That a facilitated session be arranged for the Committee Pioneer Panel and wider partners to discuss the future of the Programme.

14 DRAFT ALCOHOL HARM REDUCTION POSITION STATEMENT AND FORWARD PLAN

Consideration was given to support for the many organisations working to reduce levels of consumption and promote safe, sensible and social drinking. Alcohol related harm resulted in a significant cost to the public purse and a draft Position Statement and Forward Plan had been prepared by a multi agency working group

to bring together a summary of current activity and provide clarity on initiatives that were underway or planned to reduce levels of harm.

Five priorities had been identified:

- To reduce alcohol related health harms
- To reduce alcohol related hospital admissions
- To reduce alcohol related crime, anti-social behaviour and domestic abuse
- To support a diverse, vibrant and safe night time economy
- To improve our co-ordination / partnership work to ensure all the above are met in an efficient and affordable way.

It was intended that there would be engagement and consultation through the networks of the partner agencies and the responses would form an implementation plan based around the themes of prevention, protection, treatment, recovery, enforcement and control.

RESOLVED

That the draft Position Statement and Forward Plan be received and noted and that all parties consider in what way they could assist to ensure there was as wide a participation as possible in the forthcoming consultation.

The meeting commenced at 2.00 pm and concluded at 4.55 pm

Cheshire East
Local Safeguarding Children Board

Cheshire East Local Safeguarding Children Board

Annual Report 2015-16
& Business Plan Priorities 2016-2018

Foreword from the Independent Chair

This is Cheshire East Safeguarding Children Board (CESCB) annual report. You will find comprehensive information about our work for the year 2015-16. We have broken this down into each of our key strategic objectives, set at the beginning of the year, and have commented on the progress we think we have made against each. This report isn't just looking back though; it identifies the key challenges we face in the coming year and beyond.

Cheshire East local authority was inspected by Ofsted last July; at the same time, Inspectors reviewed CESCB. The inspection lasted one month and was the most intensive ever experienced by either the local authority or the board. The outcome of both was that the grading of inadequate awarded by Ofsted in the previous inspection (2013) were changed to 'requires improvement'. As a consequence of this, the children's minister at the Department for Education removed the Statutory Notice of Improvement on Cheshire East Council and its partners in January 2016. These developments recognised the significant progress made in improving safeguarding in Cheshire East since 2013.

Ofsted commented on the progress made by the board in relation to child sexual exploitation (CSE), our work in consulting and taking account of the views of children and young people in our area, and a renewed commitment to tackle neglect. Inspectors also made recommendations in areas where they felt the board needed to continue their progress made to date. These included a better focus on early help (something we had identified ourselves, in our previous annual report) and providing regular scrutiny of services for looked after children and young people, particularly regarding their safety. We encourage you to read the Inspection report on Ofsted's website.

Whilst we were pleased to receive such formal acknowledgement about our efforts to make progress and improve, we are still not yet "good", and all members of the board felt that overall Ofsted's judgement was accurate and in line with our own self-assessment. So we cannot in any way be complacent and need to continue to prioritise safeguarding in all partner agencies if we are to become, and remain, a good LSCB.

As we look to the forthcoming year, we will continue to focus on CSE (and sexual assault of all kinds to children and young people) and neglect remain the overarching twin priorities of the board. But there are several others which we feel we have made progress on the last 12 months; these include the risks posed to children and young people living in the digital age, our "Prevent" strategy to identify young people who may be at risk of radicalisation in Cheshire East, young people at risk of forced marriage or honour based violence, and children at risk of female genital mutilation. You can read details about our work in all of the above areas, and a number of others, in the main body of the report.

This is a lengthy report, necessarily so because we strongly believe that transparency in the board's work and activities is paramount. There is a summary, or 'youth proofed', version of this report specifically for young people.

Acknowledgements to a very talented pupil from Scholar Green Primary School, whose award winning poster from the primary safeguarding conference is featured on our front page.

I hope you find this report informative; I also hope it makes you think about the role we all have to play in protecting and ensuring good futures for all children and young people, so that together we can make sure that Cheshire East is a great place to be young.

If you have any questions about the report or the information contained in it, please contact me at
LSCBEast@cheshireeast.gov.uk

Ian Rush,
Independent Chair, Cheshire East Safeguarding Board

A. Cheshire East Local Safeguarding Children Board

Background

Working Together, 2015 (WT15), the statutory guidance for Local Safeguarding Children Boards (LSCBs), requires each area to produce and publish an Annual Report on the effectiveness of the arrangements to safeguard and promote the welfare of children and young people in their local area. This report sets out what we have done over the past year and also what we plan to do next year to make Cheshire East a safer place for children and young people.

This report is aimed at everyone involved in safeguarding children, including members of the local community as well as professionals and volunteers who work with children, young people and families.

A copy of this Annual Report will be sent to senior leaders and stakeholders in our area, including the Chief Executive of the Council, the Leader of the Council and the Executive Director of Children's Services. The report will also be sent to the Health and Well-being Board, Children and Young People's Trust Board, Community Safety Partnership, Corporate Parenting Board and the Council's Children and Families Scrutiny and Overview Committee. Individual agencies will also be encouraged to present this report through their internal Boards and scrutiny arrangements.

The Board

Cheshire East Safeguarding Children Board (CESCB) is made up of senior representatives from agencies who work with children and young people from the local authority, schools, health, the police and others. The Board members work together to keep children and young people safe from harm.

CESCB is responsible for scrutinising the work of its partners to ensure that services provided to children and young people actually make a difference.

In order to provide effective scrutiny, CESCB is independent from other local structures and has an independent chair that can hold all agencies to account. The main roles for the CESCB are set out in its constitution and are:

To co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Cheshire East.

Governance

CESCB has three tiers of activity (see Appendix 1):

Main Board – this is made up of representatives of the partner agencies as set out in WT15. Board members must be sufficiently senior to ensure they are able to speak confidently and have the authority to sign up to agreements on behalf of their agency.

Executive – is made up of representatives from key statutory member agencies and has strategic oversight of all Board activity. The Executive takes the lead on developing and driving the implementation of the CESCB's Business Plan. It is also responsible for holding to account the work of the sub groups and their chairs.

Sub groups (Cheshire East) – the sub groups work on the various areas of concern to the CESCB on a more targeted and thematic basis. They report to the Executive and are ultimately accountable to the Main Board. The main subgroups operating at March 2016 were:

- Quality and Outcomes
- Audit and Case Review
- Learning and Improvement
- Neglect
- Safeguarding Children Operational Group
- Policy & Procedures
- Private Fostering
- Child Sexual Exploitation, Missing from Home & Care and Trafficking
- Early Help

The Communication and Engagement group was dissolved in Autumn 2015 to ensure that communications became a priority for each sub group; as a result, this is now a standing agenda item for each of the sub groups.

Sub groups (Pan-Cheshire) – Cheshire East works closely with the other Cheshire LSCBs on certain areas to maximise impact.

The following pan-Cheshire sub-groups are currently in operation:

- Pan-Cheshire Child Death Overview Panel
- Pan-Cheshire Policies and Procedures
- Pan-Cheshire CSE, Missing from Home and Care and Trafficking

Key Roles

Independent Chair – The Independent Chair for Cheshire East is Ian Rush.

The Independent Chair is accountable to the Chief Executive of the local authority and in Cheshire East this is **Mike Suarez.** The Chair meets regularly with the **Chief Executive** through the Safeguarding Review Meeting to raise safeguarding concerns and be challenged on the performance of the Board.

Deputy Chief Executive and Executive Director of Children's Services – Kath O'Dwyer joined Cheshire East in 2015. The Executive Director of Children's Services is a Member of the main Board and has responsibility to ensure that the CESCB functions effectively and liaises closely with the Independent Chair who keeps her updated on progress.

Lead Member – the Lead member for Children's Services has responsibility for making sure that the local authority fulfils its legal duties to safeguard children and young people. For most of 2015-16 this was **Councillor Rachel Bailey**. Her successor, **Councillor Liz Durham** currently holds this role. The Lead Member contributes to the CESCB as a 'participating observer', i.e. she takes part in the discussion, but is not part of the decision making process.

Lay Members – **Sam Haworth** and **Alana Eden** are lay members and support the LSCB voluntary and community members to promote and raise awareness of safeguarding.

Children and Young People's Challenge Champions – the Board has a commitment to ensure that the voice of children and young people is a key focus of the Board. **Jodie Morris** and **Liam Hill** from **Voice for Children** are care leavers who are members of the Board and work with young people in Cheshire to represent their voices on the Board.

Key Relationships

CESCB has a number of key relationships with other Boards. A Memorandum of Understanding is in place that sets out safeguarding arrangements between these key strategic partnerships in Cheshire East.

Children and Young People's Trust Board (CYPT) – this is a partnership Board that aims to improve outcomes for all children and young people in Cheshire East. The Children and Young People's Plan is a key mechanism to provide strategic leadership, determining joint priorities, joint planning, and ensuring integrated working. Priority 2 of the plan, 'Children and young people feel and are safe', is largely delivered by CESCB. The Chair of CESCB is also a member of the Trust.

Corporate Parenting Board (CPB) – When children and young people are brought into the care of the Local Authority, Cheshire East Council becomes their 'Corporate Parent'. To ensure that the Council and its partners effectively discharges its role as Corporate Parent for all their Children in Care, key officers from the Council and partner agencies are bought together in the Corporate Parenting Board. In Cheshire East this is co-led by children in care.

Health & Wellbeing Board (HWBB) – The CESCB links with the Health & Wellbeing Board and is held to account for key safeguarding issues for children in Cheshire East. Priorities within the Health and Wellbeing strategy are delivered by CESCB and this annual report and business plan will be presented to the Health and Wellbeing Board.

Cheshire East Safeguarding Adults Board (CESAB) - The CESAB carries out the safeguarding functions in relation to adults 18 years and over. A number of members of the LSCB also sit on CESAB.

Safer Cheshire East Partnership (SCEP) – SCEP is responsible for the commissioning of Domestic Homicide Reviews (DHR's), which are undertaken on its behalf by the CESAB. It receives reports on domestic abuse and sexual violence. SCEP is the lead partnership for 'Prevent' (the approach to tackling extremism and radicalisation) in Cheshire East and works with the other partnership boards to ensure that the Prevent strategy is being implemented across all agencies and in the community.

Member Agency Management Boards – CESCB members are senior officers within their own agencies providing a direct link between the CESCB and their own single agency management boards to ensure that high quality multi-agency practice is embedded.

Police and Crime Commissioner – The Police and Crime Commissioner (PCC) provides support to vulnerable young people at risk.

The Participation Network is a multi-agency group that brings together engagement and participation workers across the partnership to share and develop good practice and to join up services in engaging with children and young people. The CESCB is represented on this Network.

Partnership Key Lead areas

Key partnerships agreed the following leads for shared priority areas.

Shared priority area	Strategic governance lead
Domestic Abuse	**Safer Cheshire East Partnership (SCEP)**
Prevent	**SCEP**
Reducing Offending	**SCEP**
Anti-social Behaviour	**SCEP**
Organised crime	**SCEP**
Hate Crime	**SCEP**
Child Sexual exploitation (CSE)	**CESCB**
Trafficking and Modern Slavery	**Local Safeguarding Adults Board (CESAB)**
'Mate crime'	**CESAB**
Substance misuse	**Health & Wellbeing board (HWBB)**
Mental Health	**HWBB**
Improving outcomes for children and young people	**Children and Young People's Trust (CYPT)**

Board Membership and Attendance

A summary of Board membership and attendance for 2015-16 is in Appendix 2.

Financial Arrangements 2015-16

The finances of the Board for 2015-16, including member contributions are at Appendix 3.

B. Children and Young People in Cheshire East

Our Child Population

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. 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 great.

- There are approximately 75,100 children and young people under the age of 18 in Cheshire East, 51% are male and 49% are female. Children and young people make up approximately 20% of the total population. This is the same as last year. This is slightly lower than the England average of 21% and a reflection of the aging demographic profile across the local authority.
- 9% of primary pupils are entitled to free school meals (an indicator of deprivation), compared to 16% nationally and 7% of secondary pupils compared to 14% nationally.
- Overall 92% of individuals are of British ethnicity. The biggest minority groups in Cheshire East are 'white other' (2.5%), Asian/ Asian British (2%), and mixed/ multiple ethnicities (2.6%).
- The vast majority of pupils' ethnic background are reported to be White British (88% of primary pupils and 91% of secondary pupils).
- There are just under 100 different first languages recorded for primary and secondary pupils, although only 6% of primary pupils and 4% of secondary pupils have a first language other than English, compared to national figs of 19% and 15%, respectively.
- At the end of March 2016, 2220 children and young people were identified as being in need of a specialist children's service which is line with 2015.
- The number on a child protection plan has reduced from 308 to 273; an 11% reduction.
- 387 children and young people were cared for by Cheshire East; 39.5% of these live outside Cheshire East. The majority of cared for children and young people, 288 or 74%, live with foster families. 28 live in residential children's homes and 22 live with their parent. 18 children and young people were adopted in 2015.

C. The Child's Journey in Cheshire East

Cheshire East Consultation Service (ChECS)

ChECS is the 'front door' to access services, support and advice for children, young people and their families; from early help and support through to safeguarding and child protection. All services are required to have a telephone discussion with a qualified social worker (consultation) and are advised on the level of need for the child and family and the appropriate next steps. Co-location of the police, the missing from home service and voluntary domestic abuse services with the ChECS 'front door' team has been achieved through close collaboration, and is improving multi-agency responses.

	Consultation activity	No. converted to referral
2013-14	6788	2444 (36%)
2014-15	7493	2783 (37%)
2015-16	9843	3687 (37%)

Table 1: Number of consultations over the past three years and the percentage that resulted in a referral to children's social care

There has been a 45% increase in consultation activity in the last 2 years and a 31% increase from last year. However, conversion to referral has remained static; suggesting that overall the volume of need is rising.

There has been an average of 820 consultations and 307 referrals a month over the past year. There were 728 individuals that were the subject of more than 2 consultations in the year. Cheshire East LSCB will be looking in more detail at consultation and referrals at the front door in 2016-17 as Cheshire East's 'demand strategy' develops.

Early Help

Early help is about getting additional, timely and effective support to children, young people and their families to help them as early as possible before issues become more serious. Over the past year there has been an improved understanding and support from agencies in providing children and families with early help. This is also better coordinated, mainly through the use of the common assessment framework (CAF). However, Ofsted found that some contacts that were identified for early help were not progressed as quickly as they could be at ChECS as cases for referral to social care were prioritised. Work is underway to address this through the set up of the Early Help Brokerage service (EHB).

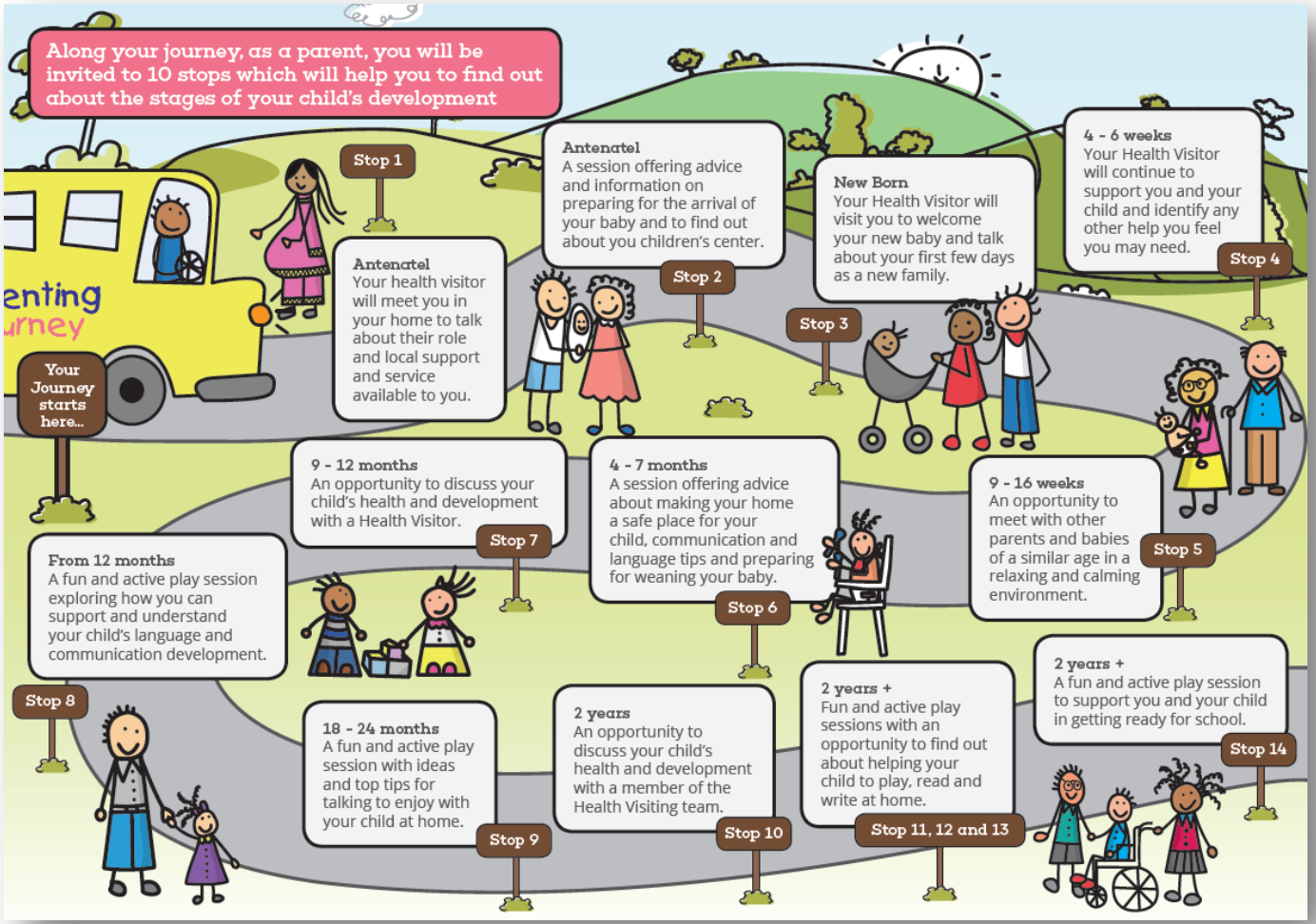
The Early Help Brokerage Service went live in October 2015. This service is a dedicated team, with increased capacity, to ensure the swift allocation of early help cases. This ensures timely referrals to early help, and identifies the best service to meet the needs of the child or young person and their family.

For 2015-16, a total of 2,061 cases were passed from ChECS to the EHB, 1,107 alone in quarter 4. Initially, these accounted for approximately 30% of ChECS outcomes, but some months have shown this to be nearer to between 45% and 49%. A business analysis of the front door process has shown that this requires further investigation when comprehensive figures about outcomes from EHB are available.

CESCB will continue to scrutinise the effectiveness of the front door and responses to early help in 2016-17.

Parenting Journey

Work on the Parenting Journey took place in 2015-16 for a planned launch in April 2016. This is part of a phased roll out which will be completed by April 2017. The Parenting Journey is a universal offer of parenting support from pre-birth to starting school based on best practice and research. It is delivered by Family Support Workers, Health Visitors and Health Visiting Skill Mix, members of the Early Years and Childcare team and other health partners. It embeds the Healthy Child programme and the Cheshire East 8 stages of assessment, culminating in 14 parenting stops supporting every child to have the best possible start in life.



Emotionally Healthy Schools Programme

The Emotionally Healthy Schools Programme has been in development for approximately 18 months. It is a whole school approach to improving children and young people's mental health.

A pilot in six secondary schools started in January 2016. Support has been commissioned from Cheshire and Wirral Partnership (CWP) and Visyon (in partnership with Just Drop In and The Children's Society). They have supported the six schools to develop plans and test out different activities and interventions. A strategy group is learning from this pilot and developing plans to roll the programme out to primary schools, the remaining secondary schools, colleges and private schools.

These developments allowed us to successfully be part of the national Child and Adolescent Mental Health Service (CAMHS) School Link pilot. 20 Cheshire East schools (the six pilot secondary schools and 14 primary schools) engaged in two workshops with CAMHS colleagues, school nurses and educational psychologists to improve understanding of each other's roles and to develop ideas to improve the system.

Children in Need and Child Protection

Assessment timescales

4,224 social care assessments were completed in 2015–16. As at 31st March 2016, 2,220 of these were identified as being formally in need of ongoing specialist support after the assessment period ended.

2015-16 saw improvements in the timeliness of assessments at both 35 days (the Cheshire East standard) and 45 days (the national standard). As at March 2016, 74% of assessments were completed within 35 days and 88% within 45 days, compared to 63% and 72%, respectively, in the previous year. This indicates a reduction in risk and delay for some of our most vulnerable children and young people.

Improvements in timeliness in Cheshire East means that we now compare well nationally and with our statistical neighbours (see Table 2 overleaf).

Local authority	2014 -15 Completed in 45 days	2015-16 Completed in 45 days
England	81%	
North West	82%	
Cheshire East	72%	88%
Cheshire West & Chester	84%	
Warrington	88%	
East Riding of Yorkshire	78%	
North Yorkshire	91%	
Solihull	57%	
Warwickshire	85%	
Central Bedfordshire	97%	
Hampshire	79%	
West Berkshire	71%	
North Somerset	56%	

Table 2: Percentage of assessments completed within 45 days nationally, regionally and for our statistical neighbours

Children in Need

A child in need (CIN) is defined[1] as; a child who is unlikely to reach or maintain a satisfactory level of health or development or whose health or development is likely to be significantly impaired without provision of services from the local authority or he/she has a disability. The number of CIN in Cheshire East was 1133 at the end of 2015-16, compared to 1184 the previous year, however, this figure has fluctuated throughout the year between 1050 and 1215 - likely reasons for this include large families and/or a delay in assessment. The number of children in need in Cheshire East is in line with our statistical neighbours.

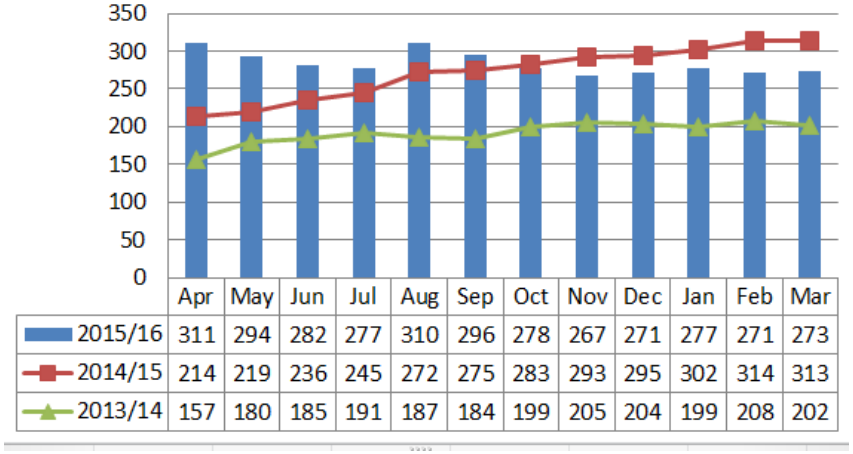
[1] Children Act 1989

Project Crewe

Project Crewe was established in August 2015 as a result of a successful Innovation Bid by Cheshire East to the Department of Education (DfE). This service aims to achieve positive sustainable outcomes for families with children in need aged 0 to 19 years old. Catch 22 delivers this service in partnership with Cheshire East Council. CESCB continues to monitor and challenge the impact of this service on vulnerable children and young people.

Child Protection

The number of children and young people who are on a child protection (CP) plan has reduced by 11% over the last 12 months, following a significant increase the previous year. This remains comparable with statistical neighbours and audit findings suggest this level is appropriate. Table 3 shows CP numbers from 2013-16:

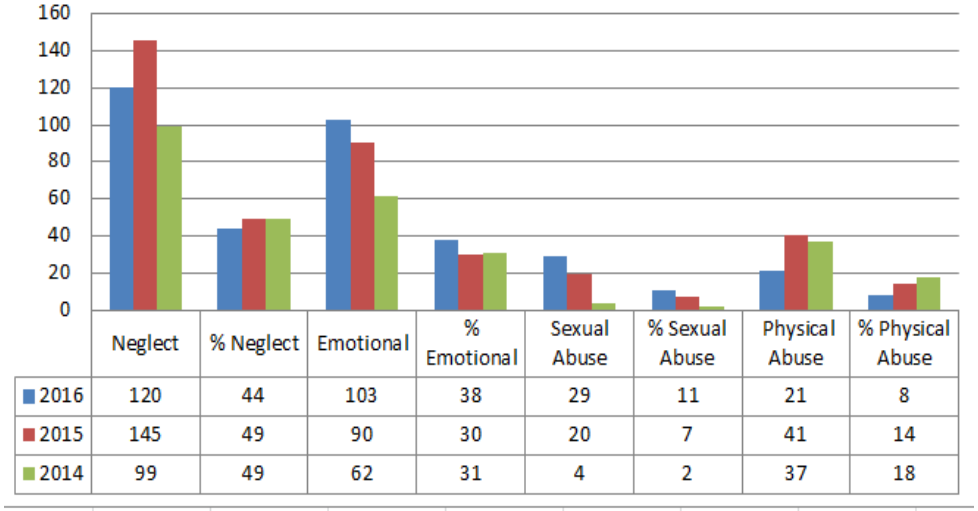


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	311	294	282	277	310	296	278	267	271	277	271	273
2014/15	214	219	236	245	272	275	283	293	295	302	314	313
2013/14	157	180	185	191	187	184	199	205	204	199	208	202

Table 3: Child protection numbers 2013-16

Those who are subject to a plan for over 15 months has also reduced from a position of 11.9% of the CP cohort at the start of 2015-16 to 5.9% as at 31st March 2016. The focus on this is around appropriate and timely intervention and ensuring plans have SMART objectives which are making a difference.

Over the last year, there has been challenge over the most appropriate category of abuse. Neglect continues to be the highest category. Table 4 below shows CP categories since 2014:



	Neglect	% Neglect	Emotional	% Emotional	Sexual Abuse	% Sexual Abuse	Physical Abuse	% Physical Abuse
2016	120	44	103	38	29	11	21	8
2015	145	49	90	30	20	7	41	14
2014	99	49	62	31	4	2	37	18

Table 4: Child protection categories 2014-16

A recent audit on cases where the category was emotional abuse highlighted a number of issues around categorisation and these will be scrutinised by CESCB over the coming year.

Cared for Children

Cared for children are those that are looked after by the local authority either voluntarily or through a statutory order. As at 31st March 2016, 387 children and young people were being cared for by the local authority, an increase of 8.4% from the previous year. Of this number:

- 153 (39.5%) live outside the local authority area
- 28 live in residential children's homes; of whom 53.5% live outside of the local authority area
- 6 live in residential specialist schools; of whom 83% live outside of the local authority area
- 288 children and young people in foster placements; of these 113 (39%) live out of the local authority area.
- Fewer than 5 children are unaccompanied asylum seekers

The figures show a high number of young people live out of the area, in reality they may actually live nearby but across Cheshire East's border.

Extensive work is underway to ensure there are enough local foster carers in Cheshire East to ensure where possible local placements are made and that children stay in the area.

In the last 12 months a total of 141 children have ceased to be cared for by the Local Authority. Of these, there have been 18 adoptions, 26 children became subject of special guardianship orders and 32 returned home. 39 individuals have left care due to turning 18 and a total of 16 individuals are in a range of 'staying put' arrangements (where they are 18 or older but have chosen to stay in the care of the Local Authority).

The table below is a comparison of cared for children based on the 2014-15 statutory returns (which is the latest data available for all comparators).

Cheshire East's proportion of cared for children is lower than the England average, North West average and our statistical neighbour average, and although we have increased slightly to 51.5, our performance is still at the lower end of our comparator group.

	As at 31st March 2015, Rate of Cared for Children per 10,000
England	*60*
North West	*82*
Statistical neighbour Average	*59.8*
Cheshire West & Chester	*75*
Solihull	*74*
Warrington	*67*
Warwickshire	*61*
North Somerset	*55*
Cheshire East	*49.4*
Hampshire	*48*
Central Bedfordshire	*47*
West Berkshire	*47*
East Riding of Yorkshire	*46*
North Yorkshire	*38*

Table 5: Rate of Cared for Children per 10,000 at the end of 2015

The LSCB has increased its scrutiny and challenge around cared for children in 2015-16 and will continue to do so in 2016-17.

"Corporate Parenting Board is passionate and committed – they know the borough and their children well"

Cared for Children and Care Leavers Peer Challenge May 2015

Care Leavers

As at 31st March 2016 there were 225 care leavers in Cheshire East. This has remained static over the last 12 months and is marginally lower than the 232 in March 2015. 16 young people are being supported in 'staying put' arrangements post-18.

There are some positive outcomes for care leavers - they have access to a wide range of helpful advice and support for their health needs. A recent benefit has been introduced where they do not have to pay council tax. CESCB is working with the Corporate Parenting Board to ensure these young people are receiving the support they need.

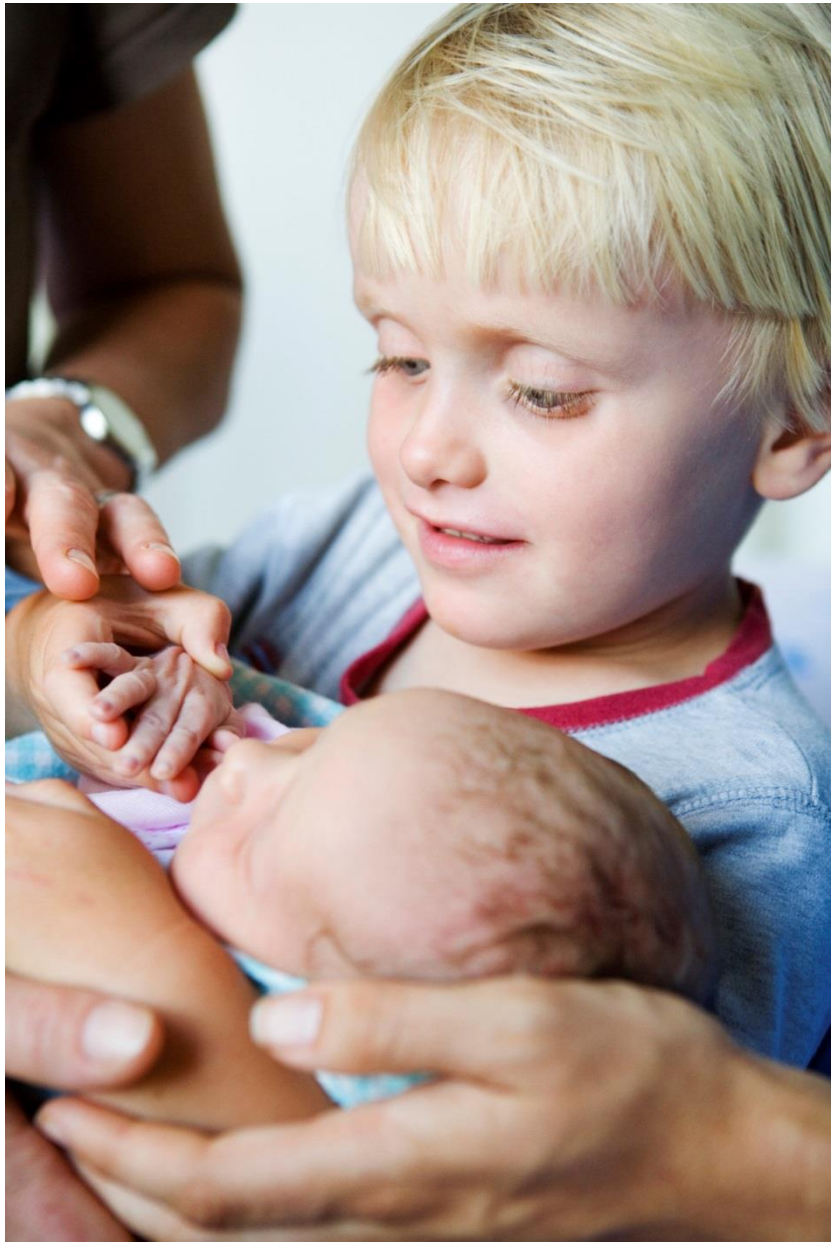
Care leavers produced the Easy Pleasy cookbook to support others and provide tips on what makes a tasty meal.

Child Death Overview Panel

The death of any child is a tragedy. It is vital that all child deaths are carefully reviewed. The death of any child under the age of 18 is reviewed by a Child Death Overview Panel on behalf of the Local Safeguarding Children Board.

The pan-Cheshire Child Death Overview Panel is made up of a group of professionals who meet several times a year to review all the child deaths in their area. There were a total of 63 child deaths across Cheshire during 2015-2016 notified to the panel; of these 20 were from Cheshire East.

The Panel has a role to identify any trend or themes and to make recommendations to the LSCB on learning from the reviews and how to prevent and reduce child deaths. The panel has an independent chair who provides regular updates to the LSCB and produces an annual report that summarises the key themes arising from child deaths, progress against actions and priorities for the coming year.



D. Review of Priorities for 2015-16

The following three partnership objectives underpin the key plans for children and young people; the children and young people's plan, the children and young people's improvement plan and the LSCB business plan:

- **Frontline Practice is consistently good, effective and outcome focused**
- **Listening to and acting on the voice of children and young people**
- **The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.**

CESCB agreed the following priorities to deliver these objectives in 2015-17:

We will improve frontline multi-agency practice through:

- Improving Board engagement direct with frontline staff
- Continuing to drive developments around key safeguarding areas including children at risk of CSE, missing from home, female genital mutilation, radicalisation and extremism, forced marriage/honour based abuse and privately fostered children and young people
- Embedding strengthening families
- Implementing our neglect strategy
- Implementing changes around the integrated front door
- Improving safeguarding arrangements for disabled children
- Improving identification and response around children and young people with mental health issues, including self-harming

We will continue to improve the participation of young people in LSCB business through:

- Ensuring that the voice of children and young people is central to LSCB business
- Establishing a Challenge and Evidence Panel of children and young people
- Engaging children and young people in co-producing information and support relevant to them
- Ensuring that the LSCB celebrates children's rights and participation and the contribution of children and young people to safeguarding
- Ensuring the voice of children and young people is central to the LSCB's training programme

We will strengthen the partnerships through:

- Engaging the community through links with voluntary and faith sector
- Improving the board's role and traction in relation to developing early help

Summary of Improvements against the Priorities

Improve Frontline Practice

Improving CESCB's engagement with frontline staff

The establishment of the Safeguarding Children Operational Group (SCOG), a multi-agency group of first line managers, provides an opportunity to disseminate key messages to frontline staff, discuss implementation of new policies, and agree good practice models. SCOG has carried out a number of pieces of work in 2015-16, including the development of multi-agency practice standards. Regular frontline newsletters provide information direct to the frontline. Frontline visits also provide a forum to hear first-hand any issues around communication. All the LSCB audits have involved workshops with frontline practitioners to triangulate findings.

Continuing to drive developments around CSE

During the year there were 10 individuals made subject of a CSE child protection plan; 70% of whom were female. There were a further 6 individuals made subject to a child protection plan under a separate category, but where a CSE specific plan was also considered. The youngest was 12 and the eldest was 16.

The LSCB's CSE Operational group is multi-agency and considers all children for whom there are concerns in respect of CSE who fall below the threshold for a CSE child protection plan. The group also considers persons of interest and potential locations that present a CSE risk. The CSE screening tool informs referral into the group and the completing professional is invited to attend the multi-agency forum to share information and agree a plan of intervention that will safeguard, manage and minimise the risk, promote welfare and prevent future harm.

During 2015-2016 the CSE operational group held 12 meetings, and considered 93 referrals (up from 22 in 2014-15); 73 of which were concerning young people at risk, and 20 concerning potential perpetrators or persons of interest. Referrals were received from the Police, Cheshire East Council (ChECS, Social Workers, Family Support Workers, Youth Engagement Service), schools, commissioned services, and Sexual Health Workers. The increased number of referrals in 2015-2016 indicates that practitioners generally have a good understanding of CSE and are recognising and responding to the indicators, supported by the CSE risk screening tool. Four locations where children and young people are thought to be particularly at risk were identified. Two of these are in Crewe.

Positively, 73% of those flagged in 2015-2016 have been closed to the group as they are satisfied and reassured that the young person is being protected by the plans in place. 10% of cases were escalated as requiring consideration for a child protection plan, which demonstrates that the group is effectively safeguarding young people and ensuring the risks are responded to appropriately, and 4% were considered for a CSE child protection plan.

Work in these key areas is regularly reported into the LSCB to ensure focus. Significant work has been completed over the last 12 months with regards to the individuals who go missing from home and care who are also presenting with risk associated with CSE.

Continuing to drive developments around children missing from home

Most children who go missing in Cheshire East go missing once and go missing from their home. Some children go missing many times and this includes children who have moved between care and home/semi-independent living and those who are cared for.

In 2015-16 Cheshire East received 270 missing notifications, which equated to 123 Individuals. This compares to 253 notifications and 96 individuals this time last year, or a 12% reduction.

Continuing to drive developments around children in home with domestic abuse

Domestic abuse continues to be a significant safeguarding issue for children and young people in Cheshire East who are harmed through exposure to parent/carer abuse, directly hurt by the same perpetrator and/or develop teenage relationships which are abusive. The impacts on their safety, health, wellbeing and achievement are multiple and can be long lasting. Domestic abuse is often linked to substance misuse and mental ill health resulting in a degree of complexity and interrelated harm which makes safeguarding and co-ordination both challenging and vital across a range of agencies and Boards. Strategy and delivery of responses to domestic abuse and sexual violence are the responsibility of Cheshire East Domestic Abuse Partnership.

Multi-agency Risk Assessment Conferences (MARAC) continue to provide an effective process for information sharing and action planning in high risk cases. The number of cases has risen again in the last year to 574 adults with 782 children which means we have almost reached our estimated in need population of 600+. This continued upward trend reflects the success of efforts to ease access to services and is largely a result of the secondary risk assessment at 'the Hub' of victims identified by police who have seen domestic abuse incidents almost double. The Hub itself had

around 1,300 referrals and increased their contact rate steadily throughout the year. This is evidence that the co-location of police, children's services and the Domestic Abuse Hub has improved our response to domestic abuse.

The Hub is jointly staffed by a lead member of the IDVA service and commissioned service providers. Not only does this support continuity for service users on their journey to recovery but enables the capture of all domestic abuse specialist data in one place. The service has used this data at end of year to send to agencies along with client feedback posing some key questions regarding referral levels and user experience. This provides an increased means of holding one another to account for the effectiveness of individual and multi-agency intervention

There have been four key further developments in the year:

- The set up of www.actonitnow.co.uk which is a young person's 'Teen Relationship Abuse' website providing information, stories and resources to support young people and those who care about and work with them. This website was developed in partnership with young people and responds in part to concerns raised by the LSCB's Challenge and Evidence Panel about simplifying access to support for relationship issues. The challenge was made following a young person's survey which, together with work done by the Youth Council, highlighted domestic abuse as a serious and substantial concern.

- Operation Encompass, whereby schools are informed of incidents in the previous 24 hours in the homes of pupils, has gone live across the whole borough. This has been pioneered by Police and our Safeguarding Children in Education Settings (SCIES) team who have been able to prepare schools for calls and follow up.

- In partnership with the Youth Engagement Service the service have trialled a new programme 'Tandem' addressing child to parent violence. This is intensive work involving parallel and joint child and parent work. While the number of completers is small at four families the early results are significant, especially as these families had attempted change work previously which had resolved their difficulties

- Responding to the LSCB's Domestic Abuse Audit and to the Improvement Plan, the service have also developed a Domestic Abuse Risk and Needs Identification Tool for children which is part of Guidance on the co-presentation of Domestic Abuse, Mental Ill Health and Substance Misuse (Toxic Trio)

CEDAP continues to support LSCB workforce development through the provision or contribution to three of its core programmes which account for almost one third of the LSCB training offer. Evaluations continue to be very positive. In addition the service has delivered Teen Relationship Abuse programmes as well as MARAC/Risk Assessment workshops and Adult Safeguarding workshops where the safety and wellbeing of children is also addressed as part of a 'family response'.

Finally, the service have re-commissioned non IDVA services – refuge, outreach, recovery and change programmes, peer support groups and easy access 'clinics' in Crewe and Macclesfield. Procurement delays have meant the service will be fully operational in July 16. This delay has led to a regrettable gap in programme delivery for some children and young people which is expected will be regularised by September.


Act on it - Act Now
ACT ON IT
RAISE AWARENESS
we aim to be INNOVATIVE
LOUDER
RADICAL
PROBLEMS
SYMPTOMS
Be your own best friend
SELF HARM
FIND POSITIVE
What YOU put on the internet REMAINS
positive role models
Think
YOU SAY AND DO
VICTIM
ISOLATE YOURSELF
HOW TO PICK BACK UP
Inspire Believe Succeed
BLESSING
Legal Highs
BRINE LEAS
Stay Safe
ST JOHN'S WOOD
TRUST
JUST IMAGINE WHAT YOU CAN achieve
WWW.MORETHANMINUTES.CO.UK

Continuing to drive developments around Female genital mutilation (FGM)

It is illegal in the UK to subject a child to FGM or to take a child abroad to undergo FGM. WT15 states that each LSCB should agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered. This should include services for children who have been or may be sexually exploited, children who have undergone or may undergo FGM and children who have been or may be radicalised. Policies and procedures are in place and work has taken place to raise awareness of FGM with practitioners through the LSCB website and workshops.

In April 2016 new statutory guidance was produced, it sets out clearly the expectations for practitioners and named professionals. This guidance has been sent to all partners and work is nearly complete on the pan-Cheshire practitioner guidance which makes clear the pathways for referrals.

Partners in health, police and the local authority are working together to ensure that data is now collected and reported so the LSCB is clear on action taken in relation to FGM and prevalence of this across Cheshire East. As part of our awareness-raising, over 100 people attended a multi-agency event on FGM organised by NHS England to learn more about FGM and to be reminded of the reporting process.

A pan-Cheshire Strategy for tackling FGM is being developed in line with statutory guidance that sets out requirements for organisations around reporting, recognition and training.

Continuing to drive developments around Radicalisation and extremism

The Prevent agenda is a national initiative. Recent high profile cases nationally have highlighted the risks to children and young people from radicalisation and extremism. The 'grooming' process used by extremist groups is similar to that used in other forms of child abuse and exploits the same vulnerabilities. The LSCB has a key role to play in ensuring that children and young people are effectively safeguarded against this form of exploitation. During the last year, significant work has taken place to raise awareness amongst professionals of the risk associated with radicalisation and extremism.

Prevent' has been a focus on the LSCB board meeting agenda, the police channel panel coordinator and prevent officer have attended a board meeting to raise awareness amongst all partners. Following this all organisations who are part of the LSCB were asked to confirm the Prevent Lead within their organisation.

The Prevent Lead for the LSCB is Lisa Cooper of NHS England. Her role as strategic lead is to ensure all agencies are kept up to date with latest developments and to monitor that the Cheshire East Prevent action plan is completed. Partner agencies been asked to ensure they follow the Prevent training strategy by ensuring their staff and volunteers receive appropriate training. The Home Office has a variety of resources and e-learning materials that LSCB members have been asked to disseminate. Several LSCB members who are Chanel Panel members will be undertaking workshops to raise awareness of prevent (WRAP) training to increase their knowledge of this subject.

The LSCB website has been updated with a Prevent page where information on resources and training is available.

A Channel Panel was established in 2015-16 to safeguard individuals at risk from being radicalised or being groomed into becoming involved in acts of violent extremism. Channel is a cross-Cheshire initiative, led by Cheshire Police through community safety. The multi-agency Channel Panel manages risks on a 'case by case' basis through meetings. The panel is chaired by a senior manager from the Safer Communities Partnership. They have developed clear terms of reference and will be regularly reporting into the LSCB.

Continuing to drive developments around forced marriage/ honour based abuse

The Police are leading a multi-agency group to develop an action plan around harmful practices; these include honour based violence and forced marriage. To support this, a two day event is planned to look at the demographics and prevalence across Cheshire; key strategic leaders will be invited to identify gaps and agree the action plan and how to raise awareness across all agencies.

Continuing to drive developments around privately fostered children and young people

CESCB has continued to raise awareness of private fostering over 2015-16 through its active private fostering subgroup. Awareness raising is now routinely carried out and recorded. Materials and posters have been used to support a publicity campaign and are included in a pack which is provided to all social work teams.

In 2015-16, the number of privately fostered children and young people we are aware of in Cheshire East has almost doubled; from 6 to 11 new arrangements and 3 carried forward from 2014-2015. We can attribute this to the awareness raising efforts of the LSCB Private Fostering Sub Group who have ensured that private fostering recognition is on the agenda in Cheshire East. In particular, we have seen an increase in education referrals regarding private fostering.

Data on compliance with DBS Checks has been compiled to inform the LSCB, which revealed that there are still significant delays in obtaining DBS checks. The lead for Private Fostering is developing a process for obtaining timely Disclosure and Barring Service (DBS) checks and management sign off, which will be formalised in the Private Fostering policy and procedure.

The LSCB Private Fostering Sub Group has sought previously privately fostered young people's views on service to inform service evaluation and development. The three young people interviewed were very positive about the support they had received from their social workers, "They wanted to know what was going on for me, I felt listened to", and reported that they felt cared about and safe. They were all visited very quickly following the initial referral; however the first visit was not used to full effect in that a lot of information sharing and gathering at that point was missed out. All three young people felt this was important they wanted to know they could stay as quickly as possible. Two of the young people expressed concerns about the financial implications their care had on their carers, and said that they didn't like to ask for things like toiletries and make-up and this caused them stress. The young people felt that process for receiving additional monetary support needed to be dealt with far quicker and advice in this area should be improved. An action plan to improve services based on this feedback has been developed to address these areas.

Performance on Private Fostering is monitored through the LSCB scorecard and a progress report from the Chair of the Sub Group is received by the LSCB Executive. A private fostering stocktake is planned for June 2016.

Embedding strengthening families

One of the priorities in the 2015-16 business plan was to embed the strengthening families model of child protection conferences. Following further work this year, a decision was made instead to adapt the 'three houses model' for use in Cheshire East. The new model called 'Making Children Safer' provides a way to include the family in planning, and focuses on the strengths of the family as well as the areas that need to improve, which helps to engage children, young people and families in the planning process. It also helps families to understand why the plan is in place and what needs to happen to achieve it. Improved understanding and engagement with the plan and agencies delivering it should lead to improved outcomes for children, young people and families. A mid-point review of the model is currently underway but, anecdotally, it appears that the model has been well received as an improvement in addressing the issue of drift and improving planning.

Implementing changes around the integrated front door

The multi-agency integrated team at the front door has continued to develop in 2015-16. The establishment of the Early Help Brokerage service has strengthened the team's response to early help. A robust front door is an essential part of a good safeguarding service; changes to improve in this area will continue to be a focus for 2016-18.

Improving safeguarding arrangements for disabled children

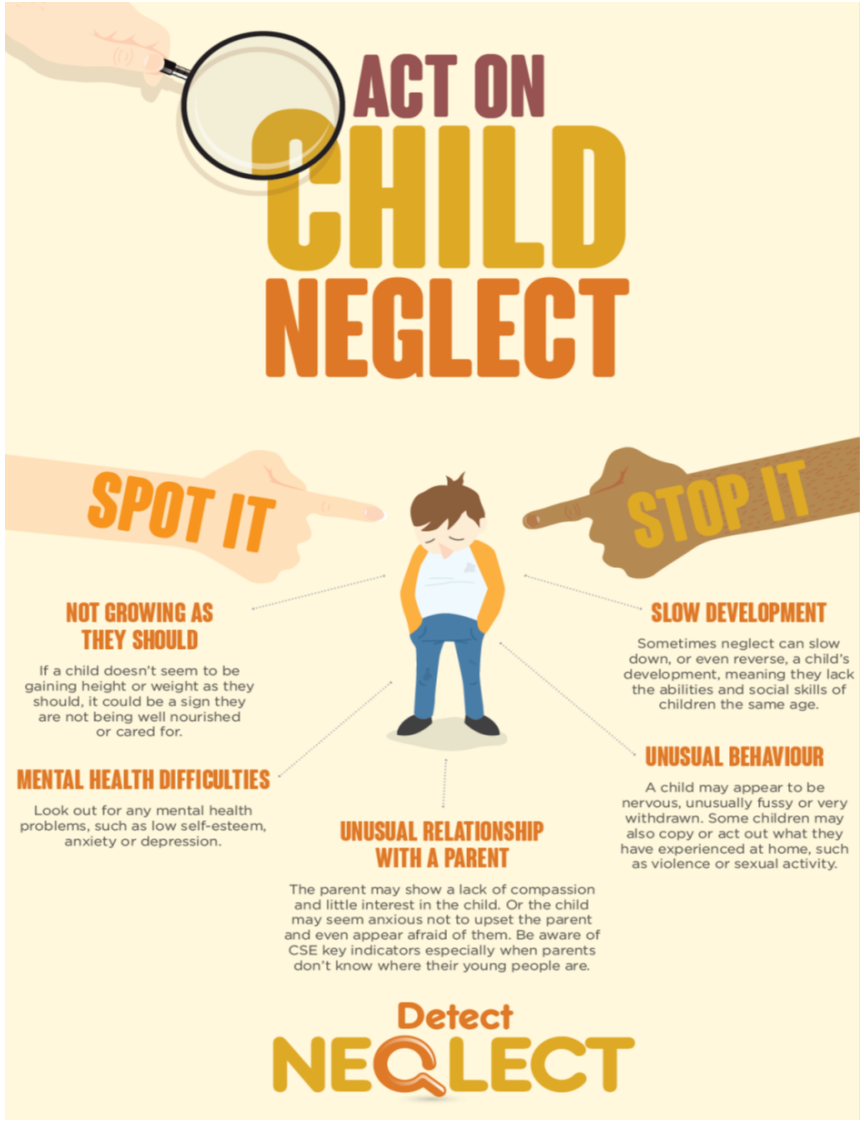
Significant progress has been made in this area. There is now information available on the LSCB website. A children with disabilities social work team has been established to provide greater focus and expertise. A 0-25 special educational needs and disabilities (SEND) partnership board is planned for 2016-17 to develop an integrated 0-25 SEND service. The number of disabled children on a plan has risen steadily in 2015-16.

Implementing our neglect strategy

CESCB's neglect strategy was launched in January 2015, however, during the Ofsted inspection in July 2015, Inspectors felt that more could be done by the Board to evidence impact of the strategy. During 2015-16, a neglect task and finish group has been re-established to drive implementation of the strategy and to measure its impact.

A neglect scorecard has been developed that contains the key measures set out in the strategy and is being used to inform the LSCB on impact of the strategy. Graded care profile training is now a mandatory training course for all ASYEs (Social Workers in their assisted and supported year of employment).

A new LSCB multi-agency training programme on neglect was launched in January 2015, and 235 practitioners have received the training so far. This is not yet having sufficient impact on practice, as graded care profiles are still not being used routinely to assess and evaluate the extent of neglect. Neglect will continue to be a focus for the Board in 2016-18.



Improving identification and response around children and young people with mental health issues, including self harming

The priority around mental health arose following a thematic review of a number of teenage suicides in Cheshire East in 2014-15. A suicide and self harm prevention group is now well established and has worked on developing a prevention strategy, identifying resources and training. The group received input from the CAMHS Young Advisers to ensure the voice of the child is considered when developing the strategy.

Listening to Children and Young People

The LSCB sponsored a conference with young people from primary schools in November 2015.

The day involved a number of activities based around safeguarding and children's rights. As part of the day, Children also wrote post cards to the Prime Minister, David Cameron asking how he intends to protect children's rights. Primary schools produced a poster designed around staying safe.

The voice of the child has continued to influence the work of the board in 2015-16; each board meeting starts with a representative from Voice for Children to keep the meeting child centred. Representatives from the Children's Society and the NSPCC are members of the board and influence our work through feedback from children and young people. The annual Act Now conference is a good example where young people organise, plan and lead the conference to ensure the work of our partners is young people led.

In 2015-16, CESCB made presentations regionally and nationally on its work around involving children and young people in its work. CESCB has also submitted an application to be awarded 'Investors in Children'; the outcome from this is imminent.

Annual Survey of Safeguarding

In 2015-16 the LSCB piloted an annual survey with a small group of young people based on the findings from audits and engagement sessions with young people. This identified some of the areas where young people had concerns and wanted more to be done by the LSCB. This led to the challenge and evidence panel (see below).

Establish a "Scrutiny" Panel of young people

Young people decided that they wanted to call the scrutiny panel a 'challenge and evidence' panel and the first meeting took place on 12th October 2015.

The young people put a number of questions to board members, based on the issues that came up in the annual survey. CESCB has worked closely with the Safeguarding Children in Education and Settings (SCIES) Team to feed back to these young people.

A ‘you said, we did’ approach has been adopted and the LSCB is tracking an action plan to address the areas for development agreed with the young people. The key areas challenged were:

- Wider participation with cared for children, e.g. foster carer recruitment
- Confusion between CSE and sexual abuse
- Domestic abuse – more info for young people
- Legal highs – lack of understanding
- Young people’s access to safeguarding advice
- Availability of school based policing in Cheshire East

Annual celebration of children & young people’s contribution to safeguarding

CESCB agreed to fund and help coordinate an annual safeguarding conference for professionals, co-produced by young people with the SCIES Team. In July 2015 this was called ‘Act Now’ and show-cased and celebrated the peer led work in schools around safeguarding.

The young people presented on key safeguarding issues relevant to them to an audience of social workers, health, police, voluntary sector, and councillors. The outcomes from the young people have been used to raise awareness and promote issues across partner agencies via email, the website and key documents. More information on the conference is available on the LSCB website, including the presentations and a video of the day.

CESCB arranged a follow up event with the young people to thank them for their involvement and to present them with a poster of the day.

Strengthen Partnerships

We will engage the community through links with voluntary and faith sector;

A regular meeting between lay members, the voluntary sector, including faith has been facilitated to ensure we are aware of the safeguarding work carried out by this sector. Through improving communication, a regular update on the LSCB meetings is reported on in the CVS newsletter. These meetings share good practice and identify where there are knowledge gaps.

We will strengthen relationships with other key partnerships to improve the reporting, accountability and sharing of good practice

Considerable work has been undertaken looking at reporting lines to partnerships boards to ensure improved communication. One of Ofsted's recommendations was for CESCB to improve its influence in the work of the Health and Wellbeing Board to ensure that safeguarding is embedded within its priorities. The Health and Wellbeing Board (HWBB) is the accountable body for the Children and Young People's Improvement Plan and have received a number of reports on the outcome of the Ofsted inspection and the improvement plan. They also received a presentation on the LSCB Annual report 2014-15 and business plan for 2015-16.

Key updates from Children's services have been scheduled on the forward plan for the Health and Wellbeing Board to ensure they have strategic oversight and scrutiny of the quality of children's services and the key issues for children and young people in Cheshire East.

The Health and Wellbeing Strategy is currently being refreshed, and this will align with the areas of the Cheshire East Children and Young People's Plan, which is already aligned with the LSCB Business Plan.

The memorandum of understanding between the partnerships is currently under review and will be considered by a new Partnership Chairs Group that will be established from June 2016.

Performance, Scrutiny and Challenge

CESCB has a comprehensive quality assurance framework, which can be found on our website. In 2015-16 this has provided CESCB with a range of quantitative and qualitative information in relation to the effectiveness of safeguarding in Cheshire East.

Performance Monitoring

Following a recommendation from Ofsted, the LSCB scorecard has been further developed and strengthened; it covers a range of measures from all partners and has been aligned with the areas of focus for the LSCB and the partnership from the Ofsted Inspection Report. It now gives a robust oversight of safeguarding practice across the partnership. The LSCB Quality and Outcomes Sub Group is effectively scrutinising and challenging partnership performance, and is driving improvements to partnership working. This includes identifying risks to improving outcomes across the partnership that are subsequently added to the LSCB's risk register where they are monitored and challenged until progress is made.

A range of quality assurance activity supports performance monitoring. Arrangements for this are robust, and support and supplement partnership performance monitoring. This includes the LSCB multi-agency audit programme, LSCB frontline visits, and the annual LSCB Children and Young People's Challenge and Evidence Panel. The Challenge and Evidence Panel is run by

young people, who challenge LSCB members on the key safeguarding issues that are important to children and young people in Cheshire East. This is informed by the themes highlighted in the Children and Young People's Safeguarding Survey.

LSCB audits have shown that further work is needed to improve SMART planning, and ensuring that the progress against plans is evaluated and tracked in meetings. In the last LSCB thematic audit on parental mental health, 60% plans were considered to be clear, but all other indicators of a SMART plan were considerably lower with 54% considered to be outcome focussed, 58% focussed on risk and need, 56% clear about professional roles, and with contingency arrangements outlined in just 37%. In response to this, all LSCB multi-agency training now includes references to SMART planning, and the Safeguarding Children Operational Group (SCOG) are reviewing and updating the one minute guide on SMART planning so this can be communicated widely across the partnership to support good practice. Improvements to SMART planning and the quality of plans are also being driven through Children's Social Care which is discussed in detail in section 9.

Findings from LSCB audits are driving improvements to practice. The need to improve communication between GPs and the safeguarding unit so that GPs are aware of the concerns and inform child protection planning was a recurring theme from the last two LSCB audits. The named GP has visited the visited the majority of GP practices in Cheshire East completing direct work with the practice managers to improve their processes and arrangements. Work has been completed between the safeguarding unit and the named GP which has resulted in strengthened data reporting. Quarterly reporting has now been established to monitor the impact of the work to improve communications. As a result of this work, the percentage of initial case conferences informed by GP reports has improved from 35% in quarter 2 to 62% in quarter 3. This still needs to improve and further work is being carried out to ensure progress in this area continues to be made. Quarterly updates are received and scrutinised by the LSCB Quality and Outcomes Group to drive and monitor the progress in this area. Work is underway within Children's Social Care to ensure GPs are notified of children in need (CIN).

LSCB frontline visits have shown that there is commitment to engage children and young people in service planning across the partnership, and some good examples of this were found such as children and young people's participation in developing the new child protection conference model. Frontline staff welcomed the feedback from LSCB audits through the staff newsletter and said they used this to improve their practice. Most organisations provided examples of how they have learned from SCRs and this was cascaded well throughout the teams via team meetings and bulletins. Most staff felt confident in raising a challenge and some have experienced their service challenging another agency or

partner agency challenging them. However, staff were unclear on the policy and procedure for resolving professional disagreements. This policy and procedure has now been reviewed and strengthened, and the resolution process has been incorporated within the child's record system. Awareness raising of the new policy and procedure has been completed with frontline managers through the Safeguarding Children Operational Group (SCOG) and through the Multi-agency Practice Standards.

Areas of continued challenge in 2015-16 include:

- **GP input to CP conferences** – this has improved significantly through the work of the Designated GP, but will remain a focus in 2016-17
- **Initial health assessments** for cared for children – again, whilst this has improved over the year, it remains an areas for further improvement and scrutiny by CESCB
- **45% increase in consultations** (over 2 years) but **conversions to referral** remain static at approx 1 in 3
- **Increase in no. of cared for children** (16% increase 2yr)
- No. of **disabled children on a plan** – (5 in Q4)
- **Repeat CP plans**
- **Neglect** – high percentage of plans (clarity of appropriate category re audit of emotional abuse)

Multi-agency Audits

In the last year we have conducted 3 multi-agency thematic audits, covering the following themes:

- Step Down – May 2015
- Domestic abuse – July 2015
- Mental health – December 2015

The analysis of the audits was carried out by an independent auditor and triangulated through engagement with children, young people and their families, multi-agency practitioner workshops and telephone calls to strategic leads. Each audit resulted in recommendations and a subsequent action plan that is tracked and signed off by the Audit and Case Review Subgroup.

Overall the audits showed the following areas of improvement:

- We see our children
- We collect information from across agencies (excluding GP's)
- Parenting is assessed
- The views of children and young people are being sought

Areas for improvement include:

- The quality of practice re core groups/reports/case conferences/step up and step down decisions/early multi-agency planning:
- The analysis and assessment of risk - move from seeing child to understanding their experience
- More SMART plans that are child focused
- Contingencies for when the plan is not effective
- Challenge/escalate where the practice is not good enough (from s.47 to step down)
- Recognise disguised compliance
- Understand the cycle of change
- Demonstrate better collective responsibility, collective action and independent challenge

From the audits, children young people and their families told us that the positives were:

- It is good that we are involved and seek views
- Relationships are key
- Need to explain and make sure they have understood what is needed and what is expected to change

However, they said that:

- They were confused by the number of people involved – plans not cohesive
- We need to be honest and transparent
- We need to share information clearly in a way that they can understand and contribute to

Serious Case Reviews (SCR):

This year we have not conducted any serious case reviews arising from the death or serious injury to a Cheshire East child.

During 2015-16 the Board agreed a finance policy to fund any future SCRs.

Reflective Reviews:

This year we have had 3 children referred to the LSCB case review panel, and from that carried out 1 reflective review including one multi-agency learning forum where we considered that we still had lessons to learn about the way we could work better together to safeguard the children and young people of Cheshire East.

True for Us

CESCB has carried out one 'True for us exercise' where we looked at the recommendations from a serious case review from another LSCB area and considered if we could learn and improve our own practice from.

Early Help Challenge

Services providing early help were asked to take part in an early help challenge, where the LSCB chair and other members of the board asked questions and challenged the current work delivered. This identified some gaps in service. The gaps form the focus of an action plan that is being developed by the Early Help sub group.

Single Agency Audits

The Audit and Case Review sub group has a rolling programme of considering single agency audits and reviews. The audits are presented by the relevant agency and provide additional opportunities to share learning and to scrutinise the work of partners. In the last year audits have been received from Cheshire and Wirral Partnership, the Safeguarding Children in Education and Settings Team and the Safeguarding Unit of the Council. A practice learning review was shared by the East & South CCGs.

Frontline visits

Member visits to frontline services have been agreed as a key part of the LSCB quality assurance framework to ensure a better connection between the Board and frontline practice. Between November and December 2015, nine agencies were asked to host frontline visits by Board members. Each visit was underpinned by a questionnaire on the following key areas:

- Evidencing the voice of the child
- Understanding the agency role in safeguarding
- Audit activity in the agency
- Supervision
- Challenge and escalation
- Learning from SCR's
- Understanding the role of The Board
- Information for The Board
- Forward planning
- Support in each agency

The key themes were:

- A positive commitment to engage and listen to children and young people. Many services also evidenced a proactive approach to engaging and listening to children.
- Clear understating of each agency's role in safeguarding
- Staff confident in challenging/escalating when required

Issues identified include:

- The availability of professionals in other agencies
- Understanding/access to escalation/resolution policy
- Frontline understanding of what the LSCB does
- Understanding of thresholds in some agencies – staff felt they needed more support

Section 11 Audits

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to ensure they have arrangements in place to safeguard and promote the welfare of children. The Board carried out an effective Section 11 Audit in 2014, this year a follow up pan Cheshire S11 was undertaken involving;

- Cheshire Constabulary
- National Probation Service
- Cheshire and Greater Manchester Community Rehabilitation Company
- NHS England

Members of these agencies attended a Pan Cheshire review panel and were asked to present their section 11 for scrutiny. Cheshire East collaborates with pan-Cheshire for a section 11 scrutiny panel every 12 months. Unlike Cheshire East who has their own self audit toolkit, the other 3 local authorities use the virtual college tool that agencies complete online. The purpose of the Pan Cheshire panel is to scrutinise the virtual college self-audit of each of the agencies. A report on the outcome of these was presented to the LSCB board.

Section 175/157 Audits

Schools complete an annual S175/157 audit, this covers all the key areas of S11; findings from this audit are reported during the Autumn to the LSCB.

Challenge Log

The LSCB has made a number of challenges to single agencies during 2015-2016. These are collated in a challenge log that track and monitor the responses ensuring that issues are addressed.

Local Authority Designated Officer (LADO)

The Local Authority Designated Officer (LADO) oversees investigations into allegations against staff and volunteers who work with children and young people. Cheshire East's LADO sits within the Council's Safeguarding Unit. The Board oversees the work of the LADO through scrutiny of its annual report and activity reports to the Quality and Outcomes sub group.

There have been 322 contacts with LADO from 1st April 2015 to 31st March 2016 which is an increase of 83 contacts in comparison to the previous year. Of these: 47% were **Consultations** (Contacts and Referrals where LADO threshold is not met as per WTSC 2015 guidance); 31% were categorised as **No Further Action After Initial Consideration (**More information is needed to determine whether further action is needed under LADO procedures); 22% of contacts met the threshold for **Further action under LADO procedures** which is a slight increase on the previous year's 19%. Most referrals were received from Social Care (24%), Education (21%) and Fostering (17%).

26% of referrals related to foster carers; 18% of whom were Cheshire East Foster Carers. 25% of referrals relate to education professionals, with early years professionals accounting for 13% and residential child care workers accounting for 10% of referrals. These four agencies have had the highest amount of referrals in the previous four years.

Allegations relating to physical harm continue to account for the majority of referrals: 56% in 2015-16 and 48% in the previous year.

The LADO has continued to ensure that allegations are managed in a timely way and between 2015-16 88% of referrals meeting the threshold for further action were concluded within 3 months; a slight improvement on the previous year's 82%.

Learning and Improvement

LSCB Training and Development

CESCB training continues to develop, deliver and evaluate a robust needs led multi-agency training package.

Key achievements this year have been:

- Increase in delivery from 49 courses in 2014-15 to 62 courses in 2015-16 at no extra cost.
- Increase in overall attendance from 89% in 2014-15 to 94% in 2015-16.
- LSCB training in Cheshire East noted by Ofsted to be good.
- Delivery of "world through our eyes" training by Voice for Children highly acclaimed - outstanding evaluations for each workshop.
- Successful implementation of new evaluation and impact on practice data collection systems.
- Development of e-learning suite of courses, including bespoke CSE e-learning module.
- CSE workshops delivered to children's social care in collaboration with catch 22.
- Quality assurance and validation of 5 single agency training packages.
- Bespoke needs led workshops delivered to meet identified needs in Cheshire East: Graded Care Profile, Advanced CSE, Complex Neglect, safer sleep, RASASCS and SARC.

- Improved communication through LSCB learning and Improvement bulletin.

Suicide and Self-harm in Young People

Following a thematic review in 2014-15, a suicide and self harm prevention group has been set up led by Public Health. This group has identified training for practitioners as an area for development. There is an action plan which the group is working through, the CAMHS young people advisors have met with the group to ensure the voice of the child in evident in the action plan and the service delivery meets the needs of young people.

E. 2015-16 Annual Reports

Each partner agency is expected to meet their safeguarding responsibilities as described in the member compact and under Section 11. All agencies are expected to ensure their staff and volunteers undertake appropriate single and multi-agency training.

Partner agencies are expected to provide an annual update for scrutiny to the board, setting out any key achievements in the previous year. Extracts are included below from some of the reports on activities that have taken place over the last year by our partners.

Child Sexual Exploitation

Cafcass (the Children and Family Court Advisory and Support Service) have extended the **Child Exploitation Strategy** introduced in 2014/15 to include trafficking and radicalisation, research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).

Demand on Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications.

Cheshire Police has committed a CSE and missing from home (MFH) coordinator to support a multi-agency team at Sandbach house. A police officer chairs the LSCB CSE and Missing from Home and Care Sub Group.

The **National Probation Service NPS** produced its own safeguarding policy with practice guidance in mid-2015, and CSE were areas for Probation to develop confidence.

NHS Eastern Cheshire Clinical Commissioning Group (CCG) and NHS South Cheshire Clinical Commissioning Groups have developed a set of safeguarding standards included in all provider contracts. These standards relate to Child Sexual Exploitation, Female Genital Mutilation, Prevent, Domestic Abuse and development of multi-agency integrated working in respect of front line staff.

The **Youth Engagement Service** held two workshops for their staff in March for National CSE day, looking at gender and CSE in working with young people.

Wirral Community NHS Trust, providers of the 0-19 service have contributed to the CSE Operational Group, and a CSE nurse specialist supports other health practitioners.

Neglect

Cheshire Police have developed a Safeguarding Action Plan which is driving forward a range of activity including awareness and response to neglect.

The **National Probation Service** has completed work with their staff around neglect and will provide staff with more guidance on home visits. These visits provide an opportunity to identify neglect at an early stage.

Participation

The Children's Society were pleased to have positive feedback on their LSCB Frontline Visit, a member of probation staff visited The Children's Society and felt it was *"Very interesting session that provided a good insight into the work of the Children's Society and the valuable work that they undertake. I fully agree and this brought home to me the need for the voice of the child/young person to be central to developing future practice."*

The participation of children and young people is central to the work of the LSCB and The Children's Society works to ensure the voice of the child is heard.

Prevent

Reaseheath College representing the Further Education Sector have been engaging with the primary and secondary sector to map delivery of the Prevent agenda and to ensure progression of the subject matter.

Training

The Faith Sector continues to provide training to promote safeguarding and share messages from the LSCB.

Cheshire and Wirral Partnership (CWP) NHS Foundation Trust is a provider of mental health services (for both adults and children and young people), the learning disability services and substance misuse service in East Cheshire.

A nurse specialist from CWP is an active participant of the LSCB training pool, having delivered a number of training sessions on the "toxic trio" course.

Cheshire Fire & Rescue Service delivered Youth Mental Health First Aid training to the Prince's Trust and RESPECT staff.

CVS Voluntary Sector provide Information & Training events designed to support volunteers in understanding the legal requirements if they involve children in any meeting or activity. It is also a way of sharing best practice to improve the overall effectiveness of the voluntary sector in Cheshire East.

Schools and settings

The **Safeguarding Children in Education Settings Team (SCiES) Team** provide safeguarding information, support and guidance in order to enhance safeguarding policy and practice in all Cheshire East schools, colleges and settings.

The SCiES team provides training in schools on key safeguarding subjects. Delegates from schools and settings at events have included all members of school and setting staff, Managers and Governors. These have been from maintained and Independent schools, early years' settings, colleges and alternative providers. A breakdown of this training is set out below:

Quarter	Numbers trained
1	589
2	868
3	1062
4	701
Total summer 2014 – spring 2015	3220

Feedback from training:

"Very good, clear & concise, reinforced previous knowledge"

"Excellent training! Up to date issues being spoken about so feel confident in this area"

Operation Encompass was officially launched in January 2016. Schools and the police work closely together to support the needs of children and young people affected by domestic abuse.

How are schools embedding the voice of the child?

Schools / colleges have strong policy and practice on including the voice of the child from school councils (often with primary/ secondary links) and management groups to involving young people in interviews and/or writing policies (for example, anti-bullying), from weekly comments in a 'thought box' to attendance at case conferences, CAF meetings etc.

- A number of schools/ colleges have 'safeguarding students groups' who have a say in how the school delivers safeguarding education.
- Behavioural issues are resolved, as far as possible, at the earliest opportunity to avoid unnecessary escalation. At all stages the voice of the child is included and if exclusion takes place, the young person(s) involved make a statement wherever possible. A 'restorative' approach is taken in aiming to resolve and reintegrate young people into school/college life.
- Schools, in particular, have worked hard to provide young people with opportunities to speak about their views, wishes and needs in small group and/ or one-to-one contexts. This may be through Personal, Health, Social and Citizenship Education sessions (internal and external provision), counselling (provided in-house or by external agencies for bereavement, health, mental health etc.)
- Schools are working with other agencies, for example, the police and ChECS to provide opportunities in schools for young people, frequently on a one-to-one basis, to access the support they need in a 'one-stop-shop' context.

F. Key Priorities for 2016-18

The three overarching objectives remain for 2016-18;

- **Frontline practice is consistently good, effective and outcome focused**
- **Listening to and acting on the voice of children and young people**
- **The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East**

At a Leadership Summit of the Board, members worked together to agree the following key priorities that will sit under the objectives;

- **Focus on child protection conferences** and how agencies work together to embed and be part of the decision making in the Making Children Safer conference model.

- **Focus on implementing the neglect strategy**, considerable work has been done in this area but there is still a need to ensure all agencies can identify and intervene where neglect is found.

- **Improve the board's role in relation to early help**, by making sure all agencies are engaged in the process.

In addition, the Board will continue to **implement the actions to address the recommendations from Ofsted's Inspection in July 2015.** Individual actions for these priorities can be found in the Business Plan 2016-18.

Challenges for Partners 2016-18

LSCB Members asked that the five key challenges for partners that came out of the Ofsted monitoring sessions should be included in this annual report as a reminder to all:

1. **Own a referral –** responsibility for a child starts, not ends, with a referral to Children's Social Care.

2. **Be child centred** - we need to focus on what is best for children and young people - what children and young people experience every day. What they tell us about their experiences is most important.

3. **Share risk** - we must take a collective responsibility to challenge drift or poor quality practice in all agencies – don't sit back. Speak up, escalate or take up the baton! Good partnership is not just working on the same case, it needs good communication and healthy, constructive mutual challenge.

4. **Inform plans and assessments** - don't wait to be asked - make sure you share what you know about the child or young person and take responsibility for making plans work. Even where your primary activity is with the parent/carer, the interests of the child should be paramount.

5. **Be more outcome-focussed** - core groups need to focus on what has changed for the child or young person and how risks have been reduced, rather than activity or improvements made by parents. Agree at the outset what needs to change and what will happen if these changes aren't made.

Pledges from LSCB Members on what they will change in 2016-17:

I will support the LSCB and other agencies to help embed voice of the child further

Liam Hill, Director of Voice for Children

I will develop work on the integrated front door.

Moira McGrath, East and South CCG

I will commit to improve communication between the LSCB board and front line practitioners

Andy Hodgkinson, Chair of East Cheshire Association of Primary Heads

I will influence the culture of the LSCB to improve challenge between partners and I will simplify and prioritise the business of the LSCB.

Ros Haynes, Project Manager

I will embed practitioners understanding and use of the escalation process, and their confidence to challenge practice

Ruth Tucker, Wirral CT, 0-19 Service, East Cheshire

I will ensure strategy discussions/ meetings are multi-agency and supported by technology (video conferencing)

Nigel Moorhouse, Director of Children's Social Care, Cheshire East Council

I will, through training and supervision embed a culture of shared responsibility for safeguarding children

Mel Barker, East Cheshire Trust

I will ensure that front line practitioners are empowered and use the escalation process (and that we will monitor its use)

Andrea Hughes, Cheshire and Wirral Partnership

I will support, encourage and challenge all agencies to own and proactively participate in effective safeguarding practice both strategically and at the frontline

Kath O'Dwyer, Executive Director of People and Deputy Chief Executive, Cheshire East Council

I will make sure the LSCB focuses on driving improvements against the Children's Improvement Plan

Gill Betton, Head of Service for Children's Service Development and Partnerships, Cheshire East Council

I will work with the LSCB to ensure the LSCB and LASBs are joined up and working together

Robert Templeton, LSAB Chair

I will work to develop a demand reduction strategy

Jonathan Potter, Head of Service for Prevention, Cheshire East Council


I will ensure we use technology to improve strategy discussions and agency engagements
Nigel Wenham, Cheshire Police
I will do my best to remind partners of the shared responsibility of safeguarding and that it's everyone's role to do this not just blaming social care!
Jodie Hill, Director, Voice for Children
I will support the 0-19 service to re-negotiate their offer to the safeguarding process – focussing less on meetings and more on outcomes (particularly children's Mental Health)
Lucy Heath, Public Health Consultant
I will simplify the performance information that comes to CSE/ MFH subgroup so mentors are clearer what it is telling them and what they need to do to improve practice
Kate Rose, Head of Service for Children's Safeguarding, Cheshire East Council
I will encourage my own organisation as well as the voluntary sector to challenge other practitioners if they feel a decision has been made about a child or young person that they don't feel is safe. Also shout if not invited to meetings in regards to a child you are working with.
Sue Preston, The Children's Society
I will forge better links with Children's Social Care
Ian Smith, Cheshire and Greater Manchester Community Rehabilitation Centre
I will improve communications and links with strategic housing and housing providers
Karen Carsberg, Strategic Housing
I will support the voice of the young person through co-ordinating the Further Education colleges to identify the young people of Cheshire East on register and liaise with Jodie
Dave Kynaston, representing Further Education and Colleges
I will maintain effective communication between the LSCB and frontline practitioners in secondary schools via CEASH
Gill Bremner, Head of Cheshire East Association of Secondary Heads (CEASH)
I will work to better try to coordinate the response of the voluntary sector with the LSCB
Graham Phillips, CVS/ Cheshire Scouts
I will continue to work in partnership and take on personal responsibilities and explore appropriate and consistent health ownership
Judi Thorley, Eastern Cheshire Clinical Commissioning Group

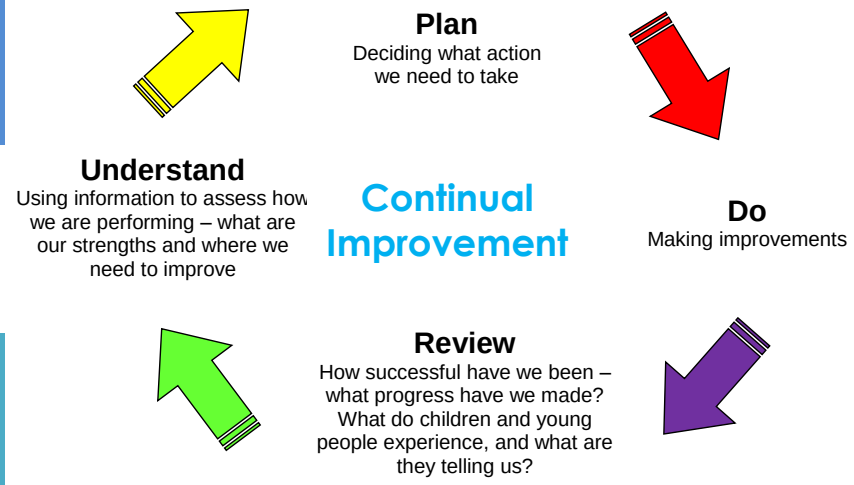
Quality Assurance Framework

CESCB's Quality Assurance Framework outlines how as a partnership we will monitor and evaluate the effectiveness of what is done by Board Member agencies, individually and collectively, to safeguard and promote the welfare of our children and young people in Cheshire East. To assess the impact of our improvements on children and young people, we will use information from four different sources.

Performance A quarterly 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, young people and their families 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 the impact that multi-agency services are making, what we are doing well, and where we can improve further. The Board will take an outcome focussed approach in its scrutiny arrangements and will ask the following key questions from the above areas:

- **How much did we do (Performance or Quantity)**
- **How well did we do it (Qualitative or Quality)**
- **Is anyone better off? (Outcomes for children, young people, parents and carers)**



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.

Communication and Engagement

A stakeholder analysis is attached at Appendix 4.

Budget for 2016-17

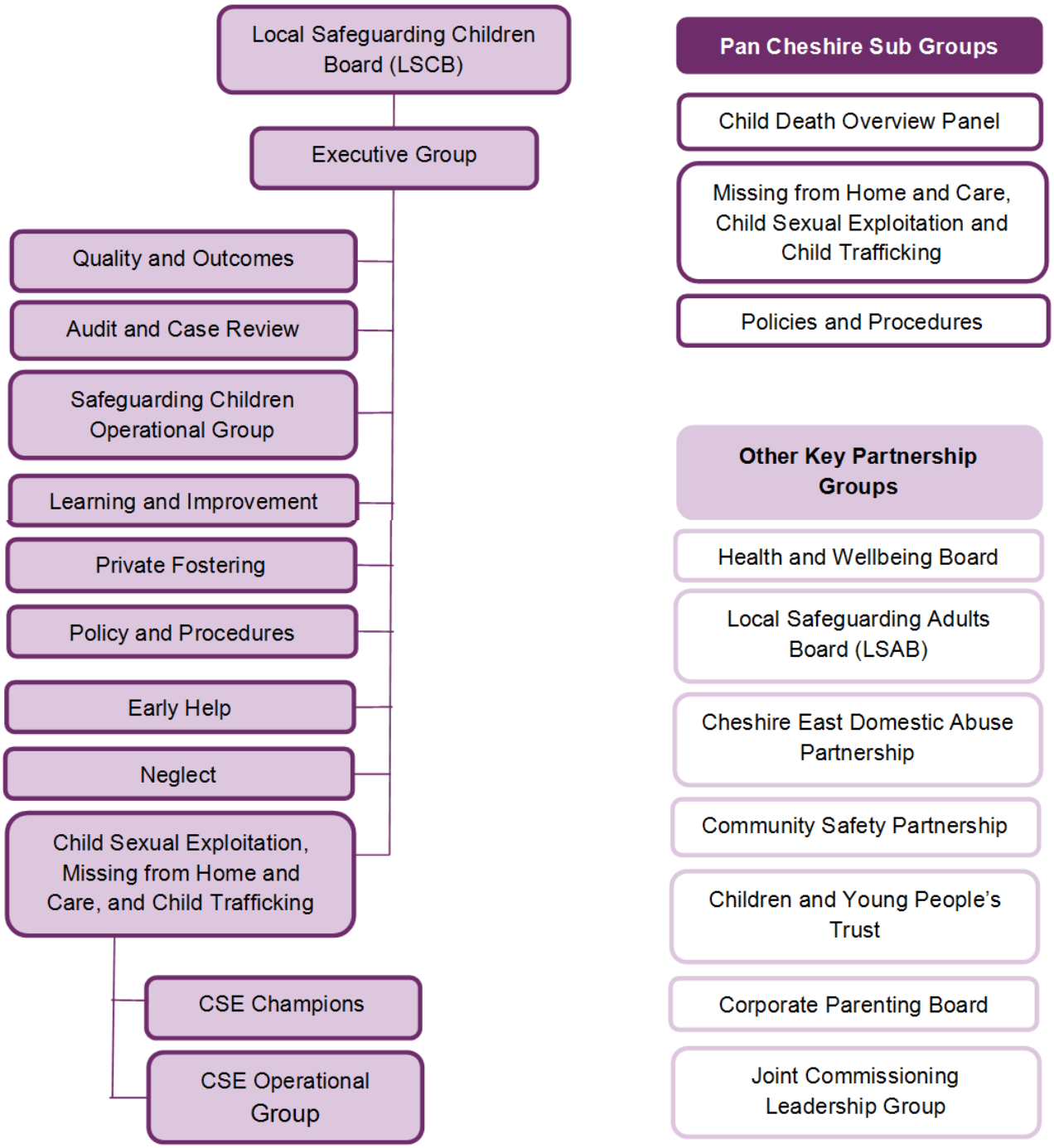
An outline budget for CESCB's work in 2016-17 is set out at Appendix 5.

Risks and Issues

It is essential to identify, analyse and prioritise risks to ensure that these are managed effectively and do not impact adversely on the Board's plans. The Board maintains a risk register will is reviewed and updated bi-monthly at the Executive Group.

Appendix 1

Cheshire East Safeguarding Board Structure



Appendix 2

Board Membership and Attendance

	12.05.15	16.07.15	17.09.15	12.11.15	14.01.16	24.03.16
Independent Chair						
Representing the voice of children and young people						
Voice for Children						
The Children's Society						
Health						
South Cheshire CCG						
East Cheshire CCG						
South and Eastern Cheshire CCG Designated Nurse						
CWP NHS Foundation Trust						A
East Cheshire NHS Trust						
Mid Cheshire Hospital NHS Foundation Trust						
Wirral Community NHS Trust					A	
NHS England						A
Public Health						A
Local Authority						
Director of Children's Services					A	A
Lead Member for Children's Services		A				
Head of Children's Safeguarding						
Head of Early Help & Protection						
Head of Youth Engagement Service				A	A	A
Principle Social Worker for Children's Services						
Principle Manager for Early Help					A	
Representative for Adult Social Care				A	A	
Cheshire East Domestic Abuse Partnership (CEDAP)						
Legal Services Cheshire East Council				A	A	A
Police						
Cheshire Police				A		
Education						
Primary School Heads Representative					A	
Secondary Schools Head Representative					A	
Representative for Colleges and Further Education	A				A	
Independent Schools Representative						
Styal Prison						
HMP Styal Head of Residence and Services				A	A	A
Probation						
Probation - CRC				A		A
Probation - NPS					A	A

Lay Members						
Lay Member						
Lay Member	A		A	A	A	A
National Organisations and Voluntary, Community and Faith Sector						
NSPCC	A			A	A	
Voluntary Sector Representative		A				
Voluntary Sector Representative						
Cheshire CAFCASS						A

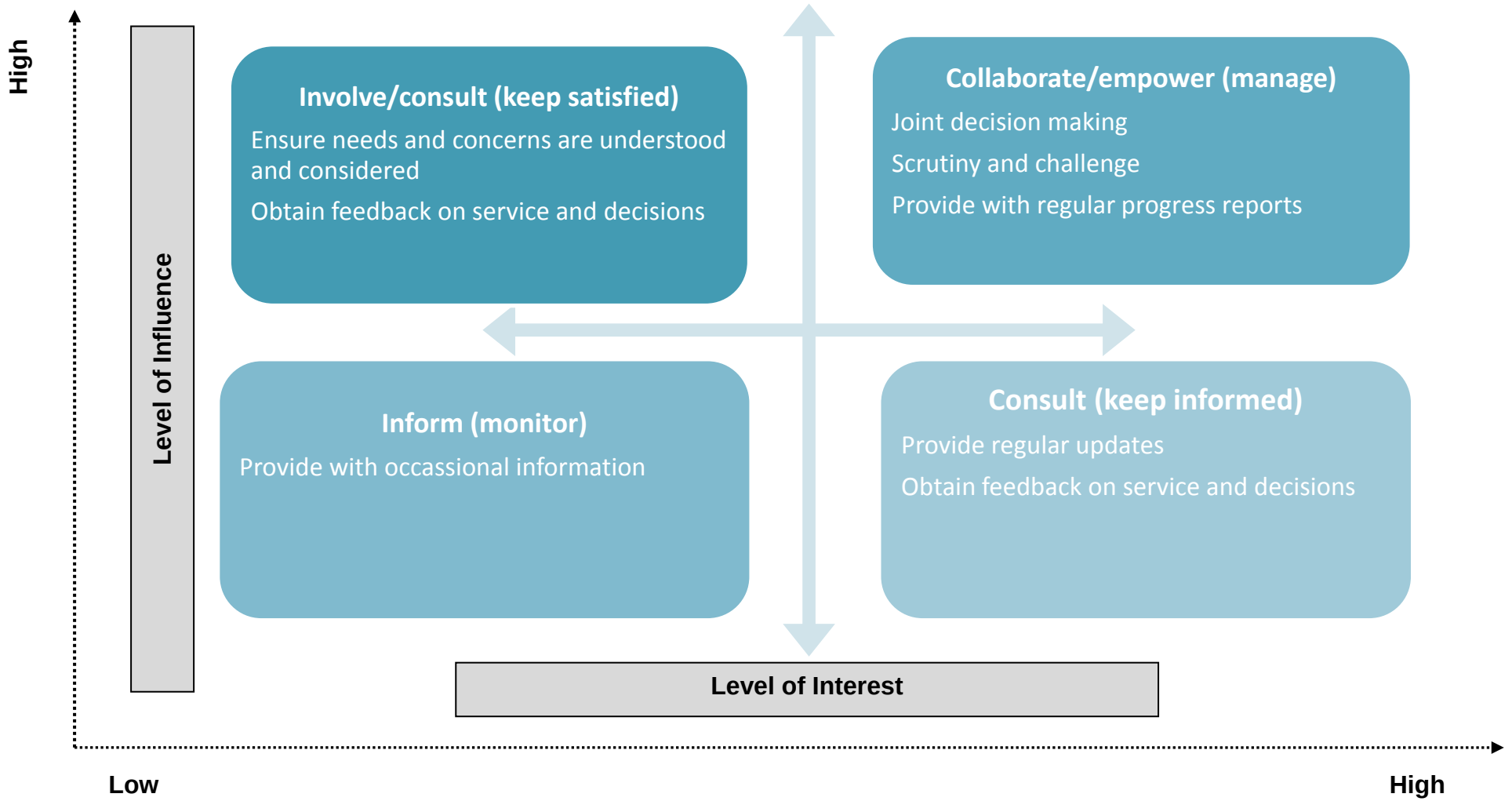
Appendix 3

Financial Arrangements – 2015-16

The tables below sets out the LSCB's outline budget and outturn expenditure for 2015-16, along with the financial contributions from partners.

Area of Expenditure	2015-16 Actuals (£)
Direct Employee Exps	**£149,454**
Safeguarding Project Manager (0.50 fte)	
Performance Officer (0.75 fte)	
Training Manager (0.81 fte)	
Training Officer (0.91 fte)	
LSCB Admin (2 fte)	
Indirect Employee Exps	**£2,140**
Employee training	
Conferences and seminars	
Transport	**£3,350**
Mileage and car parking	
Premises	**£6,607**
Hire of rooms for training, LSCB meetings	
Supplies and Services	**£87,981**
Independent Chair	
Agency staffing to cover Safeguarding Project Manager post prior to appointment	
Training costs - printing, tutor and course costs	
CDOP Pan-Cheshire Chair (CE contribution)	
Peer challenge costs	
Auditor costs	
LADO funding (0.5 fte)	
Phone and mobile phone charges	
Lay member expenses	
Refreshments for meetings	
Competition prizes	
TOTAL EXPENDITURE	**£249,532**
Carry forward reserves from 2014-15	£127,999
Income in 2015-16	£209,840
Total available spend 2015-16	**£337,839**
Expenditure 2015-16	£249,532
Planned spend 2015-16	£298,720
Underspend 2015-16	£49,188
Carry forward to 2016-17	£39,691
Reserve carry forward to 2016-17	**£88,307**

Stakeholder Communication Analysis



Stakeholder Engagement

	Inform	Consult/Involve	Collaborate/Empower
Stakeholders	• Cheshire East staff from other departments • General public in Cheshire East	• Children and young people • Parents/carers • Children's Services staff • Health • Police • Private, voluntary & independent sector • Governors • School staff • Elected Members • Department for Education	• LSCB • Children and Young People's Trust • Children and Families Scrutiny Committee • Senior Managers
Purpose of engagement	To provide stakeholders with a general understanding of what is to be achieved through the improvement plan	To obtain feedback from stakeholders on services and impact to improve practice and to ensure that any concerns /suggestions are acted upon	To drive sustainable improvement across the Children's Services Partnership through scrutiny, challenge and key decision making
Methods of engagement	• Cheshire East website • Press releases • E-bulletins • Facebook • Twitter	• Advocacy • Newsletters • E- bulletins • Intranet • Cheshire East and partner websites • Press releases • Factsheets, one minute and seven guides • Progress updates • Surveys • Focus groups and forums	• E-governance • Joint planning • Action plans • Local governance • Reports • Progress updates • Performance Book • Impact reports • Presentations • Meetings • Sub-groups • Surveys

Appendix 5

Proposed Financial Arrangements – 2016-17

Area of Expenditure	2015-16 Actuals (£)
Direct Employee Exps	£171,710
Safeguarding Project Manager (0.75 fte)	
Performance Officer (0.50 fte)	
Training Manager (0.81 fte)	
Training Officer (0.91 fte)	
LSCB Admin (2 fte)	
Indirect Employee Exps	£1,000
Employee training	
Conferences and seminars	
Transport	£3,000
Mileage and car parking	
Premises	£4,000
Hire of rooms for training, LSCB meetings	
Supplies and Services	£107,212
Independent Chair	
Training costs - printing, tutor and course costs, paper data (training evaluation)	
CDOP Pan-Cheshire Chair (CE contribution)	
CDOP Pan-Cheshire Admin (CE contribution)	
Auditor costs	
LADO funding (0.5 fte)	
Phone and mobile phone charges	
Lay member expenses	
Young Persons conference	
Refreshments for meetings	
Voice for Children	
Animation for child protection conferences	
New policies and procedures website (Signis)	
TOTAL EXPENDITURE	**£286,922**
Planned Income in 2016-17	£226,000
Reserve carry forward to 2016-17	£88,307
Total available	£314,307
Planned Expenditure 2016-17	£274,492
Planned carry forward to 2017-18	**£39,815**

Cheshire East Council

Health & Wellbeing Board

Date of Meeting: **26/07/16**

Report of: **Sue Redmond (Interim Director of Adult Social Care)**

Subject/Title: **Better Care Fund 2015/16 – End of Year Report**

Portfolio Holder: **Cllr Janet Clowes (Adults and Integration)**
Cllr Paul Bates (Communities and Health)

1 Introduction

1.1 On 31st May 2016, Cheshire East submitted the 2015/16 quarter 4 BCF return which incorporated a look-back over 2015/16. The complete submission is attached to this paper. This return was signed-off by Cllr Rachel Bailey as Chair of the Health & Wellbeing Board.

1.2 The purpose of this paper is to provide Health & Wellbeing Board with a summary of the key points arising from the return.

1.3 The paper will look at the following in turn, in line with the format of the return:

- National conditions
- Income and expenditure
- Non-elective admissions
- Supporting metrics

2 Recommendations

2.1 The following recommendations are made to HWB:

2.1.1 HWB notes the national conditions which are not being met, as highlighted in section 3.2, and identifies where it is able to assist in the achievement of these across CE.

3 National Conditions

3.1 At the end of 2015/16, the following national conditions were met in Cheshire East:

- Jointly agreed plans singed off by the HWB
- Social care spend being protected
- Pursuing open APIs (systems that talk to each other)

- Appropriate information governance controls in place for information sharing in line with Caldicott2

3.2 The following national conditions were not being met and it is recommended that HWB note these and identify where it is able to assist in the achievement of these across CE:

- Seven-day services in place and delivering to support patients being discharged and prevent unnecessary admissions at weekends
- NHS number being used as the primary identifier for health and care services
- Joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, there is an accountable professional
- Agreement on the consequential impact of changes in the acute sector are in place.

4 Income and Expenditure

4.1 The total BCF budget in 2015/16 was £23.891 million. This was the minimum required pool.

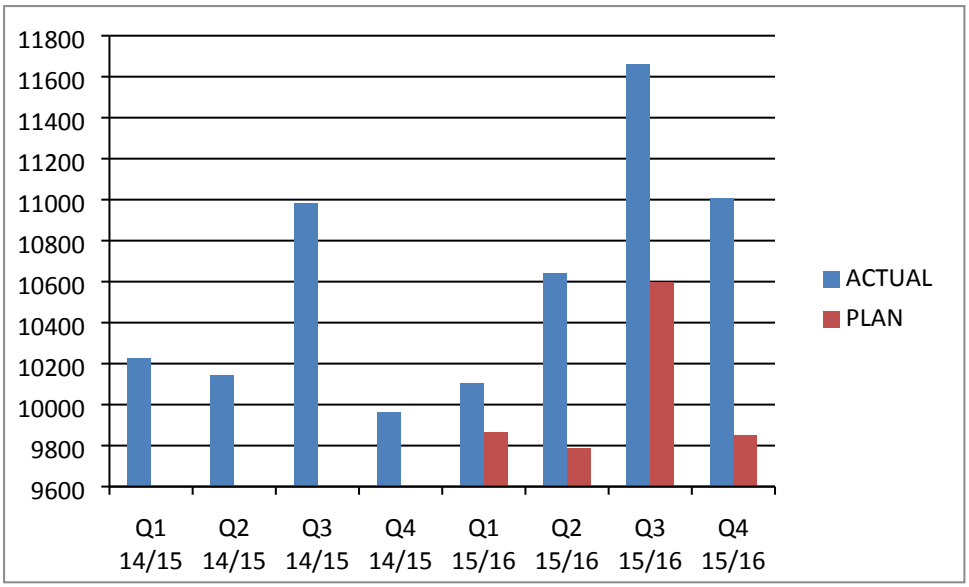
4.2 The overall income was £23.203 million. The reduction in income into BCF relates to South Cheshire CCG underspend on integrated teams. This cash has been used to fund non BCF pressures in South CCCG.

4.3 Final expenditure was £22.597 million. The underspend was due to the phasing of CEC-led schemes. At the time of writing, it has not been formally agreed how this underspend will be managed but it is likely to be returned to the originating CCG.

5 Non-Elective Admissions

5.1 It is clear from Figure 1 below that non-elective admissions have been above plan throughout 15/16 and that in quarters 2-4, activity was higher than in the equivalent period in 14/15.

Figure 1: Non-elective plans and activity 2014/15 and 2015/16



5.2 This increase is due to increased activity in the South Cheshire CCG area compared to a decrease in Eastern Cheshire CCG (9,556 in 14/15 to 9,357 in 15/16).

5.3 NHS South Cheshire CCG is engaged with MCHFT to gain a greater understanding of non-elective admission rates and effect in-year improvements in performance.

6 Supporting Metrics

6.1 The target for reducing permanent admissions to residential care appears to have been achieved. Latest available data suggests the Q4 rate was 534.5 against target of 607.4. Please note this is provisional data and subject to change (likely increase) once it has been fully validated and submitted to HSCIC.

6.2 The target for reablement appears to have been achieved. Latest data suggests performance of 85.4% against target of 84.1%.Please note this is provisional data and subject to validation by HSCIC.

6.3 The target to reduce injuries as a result of falls in those aged 65+ has not been achieved. Year end performance was 3,090 per 100,000 which is a deterioration of performance and fails to hit the target of 2213.2. There has been improving performance in ECCCG and deteriorating in SCCCG against a backdrop of higher levels falls in ECCCG and lower in SCCCG.

6.4 As a result, NHS South Cheshire CCG are currently developing:

- A directory of services with their System Resilience Group partners; as a means of enhancing alternatives to hospital conveyances.
- Exploring opportunities to commission specialised Preventative Falls services

- The CCG are also implementing a Care Home Scheme with Member Practices in South Cheshire as a means of preventing and reducing admissions relating to falls in nursing homes.

6.4 Year end performance was 60.7% in SCCCG and 65% in ECCCG. This reflects a consistent level of performance for ECCCG which exceeds the 64.3% target but deterioration in performance for SCCCG from 62.8% and consequently is below target.

7 Summary

7.1 Some schemes were successfully implemented on time and are showing encouraging early findings. The main areas of spend – integrated teams – did not get implemented on time and this delay poses a significant risk to the performance of the health and social care system.

7.2 BCF has forced some difficult issues to be discussed and addressed but has not been universally well-received and has often been seen as a distraction to work taking place in pre-existing transformation programmes.

7.3 DTOC data has raised issues over the validity of the metric as the figure provided by Analysts for SCCCG (10% decrease year on year) bears little resemblance to the experiences of those working within Mid-Cheshire Hospitals. Consequently, work is taking place to understand the reasons for this discrepancy and to identify what action may be required to ensure valid data is provided and valid metrics are monitored.

7.4 The overall implementation of BCF and a pooled budget has proved beneficial to improving working between health and social care. However, this has been on individual managerial / director basis rather than as a whole system approach.

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

Name: Caroline Baines
Designation: Strategic Commissioning Manager
Tel No: 01270 686248
Email: caroline.baines@cheshireeast.gov.uk

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 May 2016.

The BCF Q4 Data Collection

This Excel data collection template for Q4 2015-16 focuses on budget arrangements, the national conditions, non-elective admissions, 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 overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 9 sheets:

Checklist - 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) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Non-Elective Admissions - this tracks performance against NEL ambitions.

6) Supporting Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Year End Feedback - a series of questions to gather feedback on impact of the BCF in 2015-16
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.

Checklist

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 9 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 previous quarterly submissions 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 have been 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' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) 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 to Q4
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure from the pooled fund in Q1 to Q4

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 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 or amendments to forecasts made since the previous quarter.

5) Non-Elective Admissions

This section tracks performance against NEL ambitions. The latest figures for planned activity are provided. One figure is to be input and one narrative box is to be completed:

Input actual Q4 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell P8
Narrative on the full year NEA performance

6) Supporting Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the 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 Q4 2015-16
Commentary on progress against the metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should 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) Year End Feedback

This tab provides an opportunity to provide give additional feedback on your progress in delivering the BCF in 2015-16 through a number of survey questions. The purpose of this survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country. There are a total of 12 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund
There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Disagree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. Our BCF schemes were implemented as planned in 2015-16
2. The delivery of our BCF plan in 2015-16 had a positive impact the integration of health and social care in our locality
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan

Part 2 - Successes and Challenges
There are a total of 2 questions in this section, for which up to three responses are possible. The questions are:
11. What have been your greatest successes in delivering your BCF plan for 2015-16?
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?

These are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 / Q3 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on year-end overall progress, reflecting on a first full year of the BCF, with reference to the information provided within this and previous quarterly returns.

Better Care Fund Template Q4 2015/16

Data collection Question Completion Checklist

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

Funds pooled via a S.75 pooled budget, by Q4? If no, date provided?
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" please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. 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
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
	Commentary	Yes				
	Commentary					

5. Non-Elective Admissions

Actual Q4 15/16	Comments on the full year NEA performance
Yes	Yes

6. Supporting Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care		Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement		Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric		Yes	Yes
	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes

7. Year End Feedback

Statement:	Response:
1. Our BCF schemes were implemented as planned in 2015-16	Yes
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Yes
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Yes
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Yes
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Yes
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Yes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Yes
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Yes
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Yes
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Yes

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response and category
Success 1	Yes
Success 2	Yes
Success 3	Yes

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response and category
Challenge 1	Yes
Challenge 2	Yes
Challenge 3	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes
Total number of PHBs in place at the end of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

9. Narrative

Brief Narrative	Yes

Cover

Q4 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 Rachel Bailey (Chair of the HWB)

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	16
4. I&E	19
5. Non-Elective Admissions	2
6. Supporting Metrics	9
7. Year End Feedback	16
8. New Integration Metrics	67
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:	Cheshire East

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you now confirm that they have now?	
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 a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board: Cheshire East

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 have been met, 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 an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	#N/A	#N/A	#N/A	#N/A	Yes	
2) Are Social Care Services (not spending) being protected?	#N/A	#N/A	#N/A	#N/A	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	#N/A	#N/A	#N/A	#N/A	No	Delays in the implementation of integrated community teams
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	#N/A	#N/A	#N/A	#N/A	No	Majority in place but issues with software licences caused a delay in reaching 100%.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	#N/A	#N/A	#N/A	#N/A	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	#N/A	#N/A	#N/A	#N/A	Yes	
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?	#N/A	#N/A	#N/A	#N/A	No	Future integrated community 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?	#N/A	#N/A	#N/A	#N/A	No	There is a high level of understanding of the potential consequential impact of changes in the acute sec

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 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 quarterly data collections previously returned by the HWB.

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	£5,173,845	£4,993,555			

Q4 2015/16 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	£4,993,555	£6,208,372	£23,202,907	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The reduction in income into BCF relates to South Cheshire CCG underspend on scheme 9. This cash has been used to fund non BCF pressures in South CCCG.

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	£5,205,328	£5,584,207			

Q4 2015/16 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	£5,584,207	£6,809,655	£22,597,433	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The underspend within the BCF relates to the phasing of CEC related schemes. The BCF Governance Group will review the treatment of this funding as to how it will be used; either returned to the CCGs and treated as a BCF underspend or used for BCF linked schemes in 2016/17.

Commentary on progress against financial plan:	Meeting on 24th June to discuss.

Footnotes:

*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 quarterly collection previously filled in by the HWB.

Non-Elective Admissions

Selected Health and Well Being Board: Cheshire East

	Baseline				Plan					Actual				
	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 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	10,327	10,226	10,142	10,985	9,965	9,868	9,787	10,600	9,853	10,303	10,105	10,644	11,660	11,006

Please provide comments around your full year NEA performance	The NEA targets have been missed largely due to high numbers of admissions in the South Cheshire CCG area (up over 9% year on year). In the ECCCG performance has generally been good and NEA are down over 2% year on year. Work is underway to examine the reasons for this deteriorating performance in SCCCG and to agree what needs to be done to address it. The likely cause are perverse incentives within the system including the incredibly high profile of the A&E 4hour target and tariff payment systems versus the strategic drive to reduce non-electives. This comment is not targeted at this acute trust particularly but more at raising awareness of the impact of conflicting strategic drivers from a national level.

Footnotes:

Source: For the Baselines and Plans 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 of 26th February 2016.

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:	Latest available data suggests the Q4 rate was 534.5 against target of 607.4. Please note this is provisional data and subject to change (likely increase) once it has been fully validated and submitted to HSCIC.

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 to meet target
Commentary on progress:	Latest data suggests performance of 85.4% against target of 84.1%.Please note this is provisional data and subject to validation by HSCIC.

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Injuries due to falls, persons 65+
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Year end performance was 3,090 per 100,000 which is a deterioration of performance and fails to hit the target of 2213.2. There has been improving performance in ECCCG and deteriorating in SCCCG against a backdrop of higher levels falls in ECCCG and lower in SCCCG.

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 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?	No improvement in performance
Commentary on progress:	Year end performance was 60.7% in SCCCG and 65% in ECCCG. This reflects a consistent level of performance for ECCCG which exceeds the 64.3% target but a deterioration in performance for SCCCG from 62.8% and consequently is below target.

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.

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board: Cheshire East

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Neither agree nor disagree	Some were implemented successfully and on time and are showing some encouraging early findings. Our main integrated teams did not get implemented on time and this poses a significant risk to the system.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	It has forced some difficult issues to be discussed and addressed but has not been universally well-received and has often been a distraction to work taking place in pre-existing transformation programmes on CCG footprints.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Disagree	In ECCCG there was some excellent progress but unfortunately this was more than offset by deteriorating performance in SCCCG.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Neither agree nor disagree	In SCCCG there has been more than 10% improvement in DTOCs but we have seen a 6.9% increase in ECCCG.
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Provisional data suggests so but we await final and validated data before we can confirm this.
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	Provisional data suggests so but we await final and validated data before we can confirm this.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	On some levels this is true - e.g. individual directors / senior managers involved directly with BCF. However these has been little evidence of this spilling out more widely into the system.
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	On some levels this is true - e.g. individual directors / senior managers involved directly with BCF. However as pressures have intensified on individual partners, the potential improvements have diminished.
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Disagree	
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Neither agree nor disagree	

Part 2: Successes and Challenges
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest **successes** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **successes**	Response category:
Success 1	We have been successful in implementing a number of innovative schemes this year in the area of early intervention and prevention. Initial evaluation findings are proving encouraging. Formal independent evaluation findings will become available during 2016/17.	2.Delivering excellent on the ground care centred around the individual
Success 2	BCF has been successful at forcing some difficult conversations to happen that may not have happened elsewhere. Although the imposition of a pooled budget has not been universally popular, it has been a very useful lever in progressing the thinking and actions of key colleagues.	7.Other - please use the comment box to provide details
Success 3	On a senior manager level, there has been excellent progress in working and development of systems.	4.Aligning systems and sharing benefits and risks

12. What have been your greatest **challenges** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	There have been numerous occasions where excellent progress, joint working and co-operation has happened at a senior manager / director level, only for it to be halted at the last minute by Chief Executives / Governing Bodies / ….. There is a need for strong altruistic leadership to deliver change for the greater good regardless of the impact on indiviudals.	1.Leading and Managing successful better care implementation
Challenge 2	As resources have become more scarce, the willingness of partners to share risks has diminished. The gap in the scale of the CCG deficits compared to the LA financial position is particularly relevant.	4.Aligning systems and sharing benefits and risks
Challenge 3	We have struggled to get integrated community teams off the ground and our "STAIRRs" service has failed to materialise. These schemes represent the bulk of our BCF spend and the lack of transitional funding has been key to this - business as usual has needed funding resulting in a lack of funding with which to simultaneously develop and mobilise new ways of working.	2.Delivering excellent on the ground care centred around the individual

Footnotes:
Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

New Integration Metrics

Selected Health and Well Being Board: Cheshire East

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	No	No	No	No
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	No	Yes	Yes	No

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Mental Health	Shared via Open API	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	In development	In development	Live	In development
Projected 'go-live' date (dd/mm/yy)			30/06/16	31/03/17		31/03/17

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	42
Rate per 100,000 population	11

Number of new PHBs put in place during the quarter	8
Number of existing PHBs stopped during the quarter	9
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	76%

Population (Mid 2016)	377,729

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html
Q4 15/16 population figure has been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board: Cheshire East

Remaining Characters	32,591

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
Cell C42 on sheet 8 would read "76% in ECCCG and 85% in SCCCG" if the box were formatted in a way to allow this. All other narrative is documented elsewhere in the spreadsheet.

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 26th July 2016
Report of: Kath O'Dwyer – Deputy Chief Executive and Executive Director of People Services
Subject/Title: Children's Joint Commissioning Strategy

1 Report Summary

1.1 This report provides Health and Wellbeing Board with the opportunity to comment upon and amend the draft Children's Joint Commissioning Strategy.

2 Recommendations

2.1 Health and Wellbeing Board are asked to:

- Provide any amendments to improve the Joint Commissioning Strategy
- To agree the strategy (subject to any amendments)
- To agree to receive an annual update on the actions to improve joint commissioning across Children's Services.

3 Reasons for Recommendations

3.1 This strategy and plan respond to the national and local requirements for Clinical Commissioning Groups (CCG), NHS England and Local Authorities to align / join commissioning plans and, integrate services for children, young people and families. The strategy sets out the joint commitment of all key partners delivering to improve the lives and life chances of all children and young people (aged 0 – 25 years) in Cheshire East to a joint commissioning approach that delivers integrated services for children, young people and families.

3.2 There are many vital commissioning alliances and partnerships involving the local authority, Clinical Commissioning Groups (CCGs), police, probation, voluntary groups/bodies and health providers that are important in delivering effective services. This strategy concentrates on the added value achieved by close and effective joint working/investment across partners.

3.3 The strategy is driven by the intent to improve the lives of Cheshire East children, young people and families and is informed by the Children and Young People's Plan, Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

3.4 Ensuring all partners take an active ownership and input into joint commissioning via an agreed strategy is a clear recommendation of the Ofsted single inspection of Children's Services and a prominent element of the recently announced Local Area SEND inspection framework.

3.5 Given the tightening of public sector resources it is important that partners align investment to maximise integration where there is joint activity and provision. As we move through the joint commissioning continuum (Appendix 2) it is anticipated that further funding will be pooled to bind commissioning arrangements more tightly together and enable more affordable / sustainable long term solutions for service users and providers.

3.6 The following commissioning principles will underpin the Cheshire East approach to joint commissioning:

- We will be outcomes focused
- We will pay more attention to inequality as Infant mortality, obesity, childhood accidents and teenage pregnancy all affect more children and young people from disadvantaged backgrounds.
- We will make the connections between poor health outcomes for children who have a disability, who are looked after or are in the criminal justice system and their social and economic potential.
- We will make sure children, young people and their families get their voices heard throughout the health, education and social care systems.
- We will embed preventative approaches with early help as central to our joined up working to prevent needs escalating and contribute to demand management.
- We will improve our collection of data to better understand need and develop consistent approaches across our partner organisations – using data and information sharing protocols

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The Children's Joint Commissioning Strategy will align with the Health and Wellbeing Strategy to ensure that children and young people have the best start in life and that we focus on early intervention and prevention.

5 Background and Options

5.1 In 2015 a sub-group of the Joint Commissioning Leadership Team (JCLT) was established to focus on children, young people and families. In order to provide a steer and purpose to the work to improve joint working across Children's Services a strategy has been developed. The strategy includes the principles, priorities, actions and governance surrounding effective joint commissioning for children and young people.

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

Name: Dave Leadbetter
Designation: Head of Children's Commissioning
Tel No: 07794059581
Email: dave.leadbetter@cheshireeast.gov.uk

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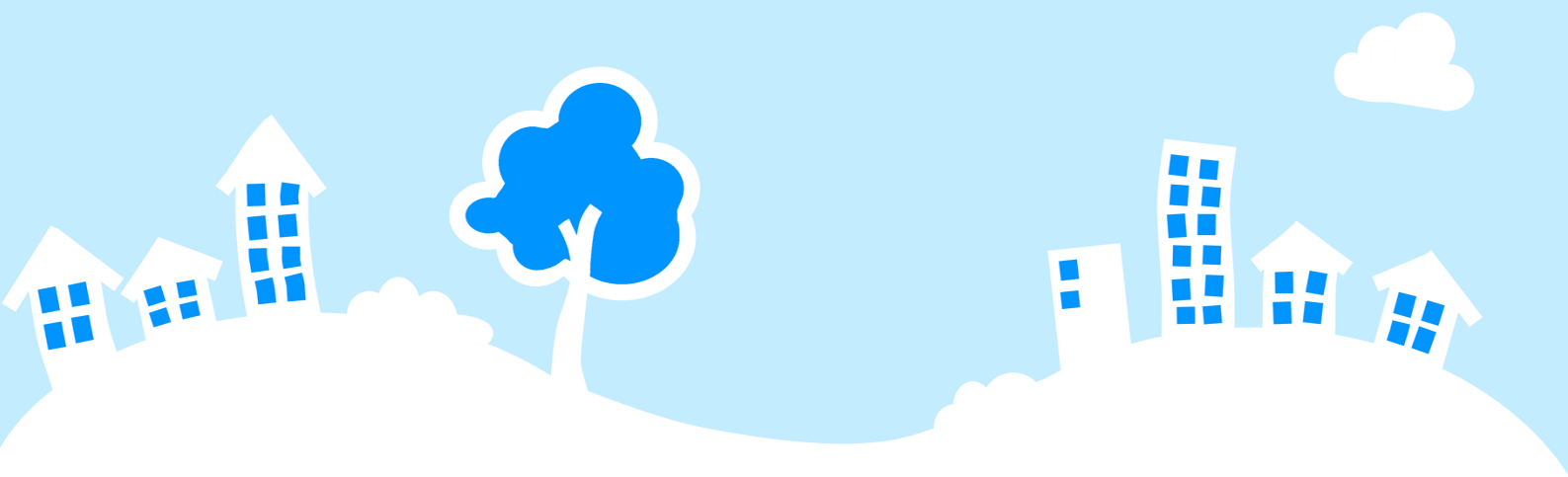
Cheshire East

Children and Young People's Joint Commissioning Strategy



2016-2018

Cheshire East
Children & Young People's Trust

Contents

For more information on the content of this plan please contact:

Dave Leadbetter – Children's Commissioning (CEC)
Lucy Heath – Public Health (CEC)
Tracey Matthews - South and Vale Royal CCG
Emma Leigh – East Cheshire CCG

Introduction and Purpose of a Joint Strategy

This strategy sets out the joint commitment of all key partners delivering to improve the lives and life chances of all children and young people (aged 0 – 25 years) in Cheshire East to a joint commissioning approach that delivers integrated services for children, young people and families.

There are many vital commissioning alliances and partnerships involving the local authority, Clinical Commissioning Groups (CCGs), police, probation, voluntary groups/bodies and health providers that are important in delivering effective services. This strategy concentrates on the added value achieved by close and effective joint working/investment across partners.

The strategy is driven by the intent to improve the lives of Cheshire East children, young people and families and is informed by the Children and Young People's Plan, Health and Wellbeing Strategy and Joint Strategic Needs Assessment. This strategy includes a joint commissioning plan which sets out our key joint priorities, opportunities and overview of the joint work programme (see Appendix 1).

Whist the strategy covers all children and young people it has a focus on 2 main areas;

1. Children, young people and families where there is a need for collaborative and joint action (for example, children at risk, those with additional needs & complex health concerns).

2. Early help - reducing health inequalities and strengthening ill health prevention, giving all children and young people the best start in life - leading population level behaviour change with a focus on emotional health.

The objective is to deliver positive change through commissioning across the life course of a child from before birth through to adulthood.

The strategy is based upon recognition that to maintain or improve outcomes, acknowledging the **experience** of children/ young people and their families is vital. We already know from what children and families have told us that changes are required to the way services are organised and relate to each other.

The strategy:

1. Sets the guiding principles for how services will be jointly commissioned and or aligned

2. Confirms the key elements of design within which integrated services will develop and operate.

3. Clarifies the priority areas for joint commissioning focus and activity. The strategy is informed by and supports the strategic plans of each partner and follows the commissioning cycle outlined in the Council's Corporate Plan 2016 -2020.

Joint Commissioning for Cheshire East

Joint commissioning for children and young people is the connecting of child and family need to service design, standards and investment across the **whole system**.

Our aims are to:

- effectively support children and families when they need our help and protection
- Create opportunities through advice and guidance on self-help to support families to take further control of their own lives.

This strategy acknowledges the interdependency between different services such as the family GP and schools, the health visitor and social care, midwives and children centres, youth services and sexual health. Services need to be considered in the context of a life course model from the ante-natal stage through childhood to adulthood. This strategy aims to build upon some areas of good progress towards more joined up responsive, effective and efficient delivery.

This strategy reiterates the commitment to aligning key activities associated with commissioning. These include; decision making, information analysis, priority setting, investment, planning, service design, service specifications, and service delivery and performance management.

A joint commissioning continuum is attached at Appendix 2. This provides a useful summary of the various stages of commissioning from operating in a silo to forming one commissioning organisation. The Children's Joint Commissioning Group is a relatively new part of the overall governance structure and is moving towards commissioners aligning plans with a clear aspiration to develop into a Virtual Joint Commissioning Unit with pooled budgets. Steps beyond this form are linked to wider structural, political and culture change.

In February 2016 the Children's Commissioning group met to map the commissioned services that each organisation delivers to achieve the six Children & Young People Plan priorities. This will allow partners to align plans and jointly commission when that decision best fits with achieving our priorities and offers cost effectiveness. This will often involve redesign and de-commissioning to re-commission rather than applying new money.

Implementation of this strategy will be supported by the developing commissioning toolkit which will be utilised across partners. This shall include joint specifications for integrated delivery.

A Joint Vision

The Cheshire East Children and Young People's Plan 2015 – 2018 was co-produced by partners and voice of children, and sets out 6 priorities to improve outcomes for children in Cheshire East, making it **a great place to be young**:

1. Children and young people will be **actively involved in decisions** that affect their lives and communities
2. Children and young people **feel and are safe**
3. Children and young people experience **good emotional and mental health and wellbeing**
4. Children and young people are **healthy and make positive choices**
5. Children and young people leave school with **the best skills and qualifications** they can achieve and the life skills they need to thrive into adulthood
6. Children, young people and young adults with **additional needs have better chances in life**

The Children's Trust has allocated leads for each of the Children & Young People plan priorities. Over the last year, these leads have led on developing strategies/ action plans for each of the priorities. The Children and Young People's Joint Commissioning Group reviewed the actions in these strategies and identified priority actions that require a joint commissioning approach to be successful. This joint priority setting and review will be undertaken on an annual basis.

Guiding Principles

The alliance between the LA, CCG and other partners for Children and Young People's Services incorporates a commitment to the principles detailed at Appendix 3 and summarised below:

- Children and Young People are able to participate in all stages of the commissioning process ensuring that children and young people are at the heart of our thinking, planning and actions.
- Commission services that put children and young people first and are focused on quality and outcomes by being both effective and cost efficient
- Measurement of performance by how services impact on outcomes for children and families.
- Have a competent workforce focusing on joint training and development.
- Ensure services continuously improve their models of delivery taking account of effectiveness of care to children and families and stakeholder views.
- Drive change and improvement quality of service delivery by children and families experiences.

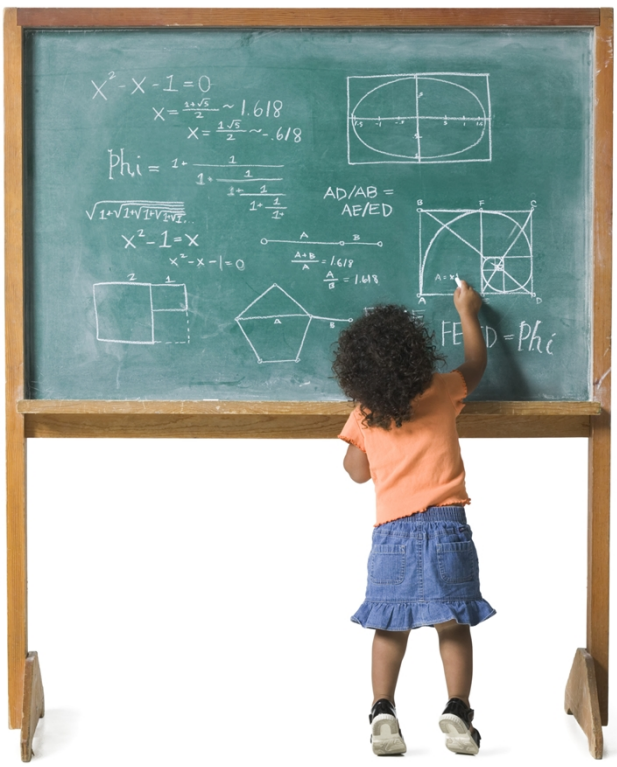
- Ensure providers of services are accessible, flexible and proactive in solution finding.
- Ensure providers focus on the overall experience of children and families as they journey through services with an emphasis on joined up and consistent approaches using evidence- based interventions including actively listening to children and families.
- Prevent harm, ill health and escalation of difficulties by adopting an early help approach across the whole system.

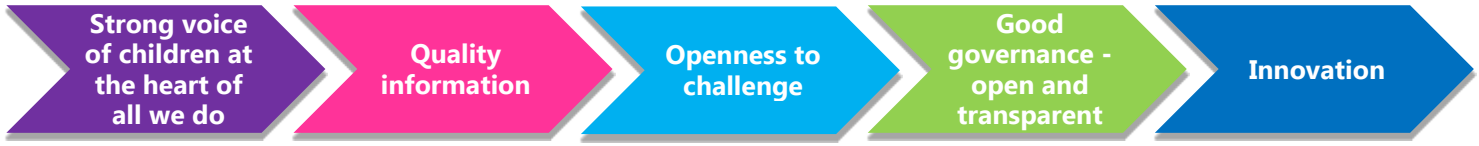
Through the use of the joint strategic needs assessment and aligning to key partnership plans we have identified five priority areas for a joint commissioning focus and two enablers. The intention of the plan is to mark clearly the actions up to 2018 confirming improvement measures, resources, challenges and accountability related to the 5 priority areas.

The Strategy and Plan respond to the national and local requirements for Clinical Commissioning Groups (CCG), NHS England and Local Authorities to align/join commissioning plans and, integrate services for children, young people and families.

Accountabilities are set out within various national guidance and frameworks including for example requirements to reduce hospital admissions for children with asthma, diabetes or epilepsy, improving Public Health outcomes and increasing prevention and for example narrowing the gap in educational attainment.

This Plan is intentionally short and written with a view to being accessible to all those that have an interest in supporting change and improvement. The strategy is available on the Council, CELSCB and CYPT websites.





Commissioning for Children Accountabilities

Governance, accountability and influence for Commissioning integrated children young people and family services are distributed across a number of different bodies – the strategy and this plan focuses primarily on the Local Authority (inc Public Health) and Clinical Commissioning Groups commissioning activities but has reference to those significant elements of accountability that remain with NHS England. The table below summarises the main areas of accountability for the 3 commissioning Authorities. **Significantly, the role of Parents, carers, Children and Young people feature as a point of influence in each as they should inform and shape all elements.**

Cheshire East Council (inc Public Health)	Two Clinical Commissioning Groups	NHS England
Parents, Children and Young People have influence and in the context of personalising budgets control aspects of service development		
Teenage conception, Sexual health, Drug & Alcohol, Breastfeeding, Obesity & Smoking cessation programmes, Healthy Child Programme 0 to 19 years old. Tier 2 Mental Health Services Family Support Speech and Language Special Educational Needs (SEN) and Learning Disability services Short Breaks for Carers Children in Care services SEN and Post 16 services Domestic Abuse Services Safeguarding and protection	Children in Care & Safeguarding Maternity, Disability, Complex & Continuing Care, Unplanned & Planned Care, Palliative Care, End of Life, Therapies, Equipment & Wheelchairs, Continence services Community Nursing Child and Adolescent Mental Health Services tiers 1-3 Acute illness, developmental delay, Long term Care Speech and Language services	National Immunisation Programme National Screening Programme Primary Health Care services including; GPs, Dental, Ophthalmic, Specialist Commissioning: Tier4 CAMHS, Perinatal mental health, Cardiac, Neonatal services

Strong voice of children at the heart of all we do | Quality information | Openness to challenge | Good governance - open and transparent | Innovation

The Focus for Our Joint Plan

The Plan and focus for activity continue to be formed with reference to the 4 main areas summarised below.

Needs

For the population as a whole the determinants of poor outcomes are not changing significantly – albeit the way that need presents and expectations of how services will be delivered are changing. For example families and CYP are expecting more choice, involvement and personalised provision.

Appendix 1 provides a JSNA summary for each of the Children and Young People's Plan priority areas (excluding priority 1) with the main actions for each plan and how joint commissioning supports each priority.

Expectations

A fundamental challenge for all public services is to deal with rising demands in relation to some aspects of physical and mental health eg prevalence of Type 1 and 2 diabetes and anxiety/depression related to CYP and Adults. Growth in number of children with complex needs e.g. ASD

Concerns over safeguarding associated with Child Sexual Exploitation, domestic Abuse and Neglect are also dominant themes.

Performance

There is a need for improvement in the quality and responsiveness of some services and specifically the use of data to jointly monitor service impact on 'outcomes'.

Outcome inequalities continue to be significant across the authority footprint in relation to elements of health, learning, safety and wellbeing despite a focus of services aiming to improve the position.

Whilst performance of services in relation to the timeliness and quality of assessment are relatively good the focus on actual quality interventions needs to improve.

Cost & Demand

Rising need & demand for acute/specialist services such as hospital care is generating rising costs that are creating major joint financial and service pressures.

For example, increasing numbers of children/young people with complex needs, rising reports of mental distress and domestic abuse are significant.

The ambition continues to be meeting such needs jointly in an inclusive and community based way focusing on support for self- care, early help and prevention.

Key Themes for joint action as set out in the Strategy:

Integrated Services & Delivery

Children and families (particularly those whose needs are most complex) are seeking joined up solutions with services being more connected. For example linking school, short breaks, health care and family support. Parents have told us services should be fewer 'agency' boundaries and there are still too many referrals and transfers between agencies and workers.

Confident & Caring Workforce

The opportunities & challenges posed by interagency working in the development of effective care and support to children and families are significant. Research has also shown that the qualities of the practitioner are one of the strongest determinants of the extent to which people engage with interventions. The added value of skills & collaborative working will be a key focus.

Governance & Resources

To ensure best value and to maintain momentum for Joint Commissioning there is a need for an integrated approach to such things as; priority setting, investment, problem solving and decision making.

Such Governance is required across the commissioning cycle will require clear arrangements

Early Help

Early help means 'intervening' early as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. The foundations for virtually every aspect of human development -physical, intellectual and emotional- are established in early childhood.

Our aim is to build a culture of assess, hold and intervene.

Prioritised Actions, Next Steps and Accountability

Priority Actions	Integrated Working	Confident & Caring Workforce	Governance
Parent Journey	• The Parent Journey provides 14 stops between pregnancy and age 4 years, including mandatory Healthy Child Programme assessments. • Implement the Parent Journey for all children born after April 2016. • Further develop universal assessment delivered as part of Parent Journey and targeted support offer for those identified with additional needs.	Continue multiagency Parent Journey training and development IT integration project. System One to support Universal Offer and Liquid Logic to support Targeted offer Joint outcomes and performance monitoring	Children and Young People's Transformation Group
Children and Young People's Improvement Plan	• Delivery of all partner contributions to the children and young people's improvement plan following the 2015 Ofsted inspection • Improve effectiveness of safeguarding across linked commissioned services • Review capacity provided by the Designated Nurse – Cared for Children		LSCB and sub-groups
Mental Health Transformation	• Joint delivery and procurement (where applicable) to implement the CAMHS Transformation Plans • Roll out of Emotionally Healthy Schools pilot • Implement actions from the Pioneer Commissioning Review of Mental Health Services	Joint outcomes and performance monitoring	Emotionally Healthy Schools model to develop future commissioning relationships with schools for integrated services.
Services for those with additional needs	• Develop integrated services • Integrate performance and experience measures • Improve the joint assessment and decision making • Focus on one plan linked to Personal Budgets as appropriate. • Develop in-borough provision to reduce reliance on external placements	Explore co-location and joint management of services for children with additional needs Joint outcomes and performance monitoring	Development of 0-25 SEND Governance through a newly established 0-25 SEND Partnership Board.
Young Carers	• Implement Carer's Strategy		JCLT and HWBB

How will we know there is progress?

For each priority/action area, key activities, milestones, measures and outcomes will be developed through the Governance groups responsible for the action. The broader strategic outcomes are covered within the Children and Young People's Plan and Cheshire East Safeguarding Children Board Business Plan.

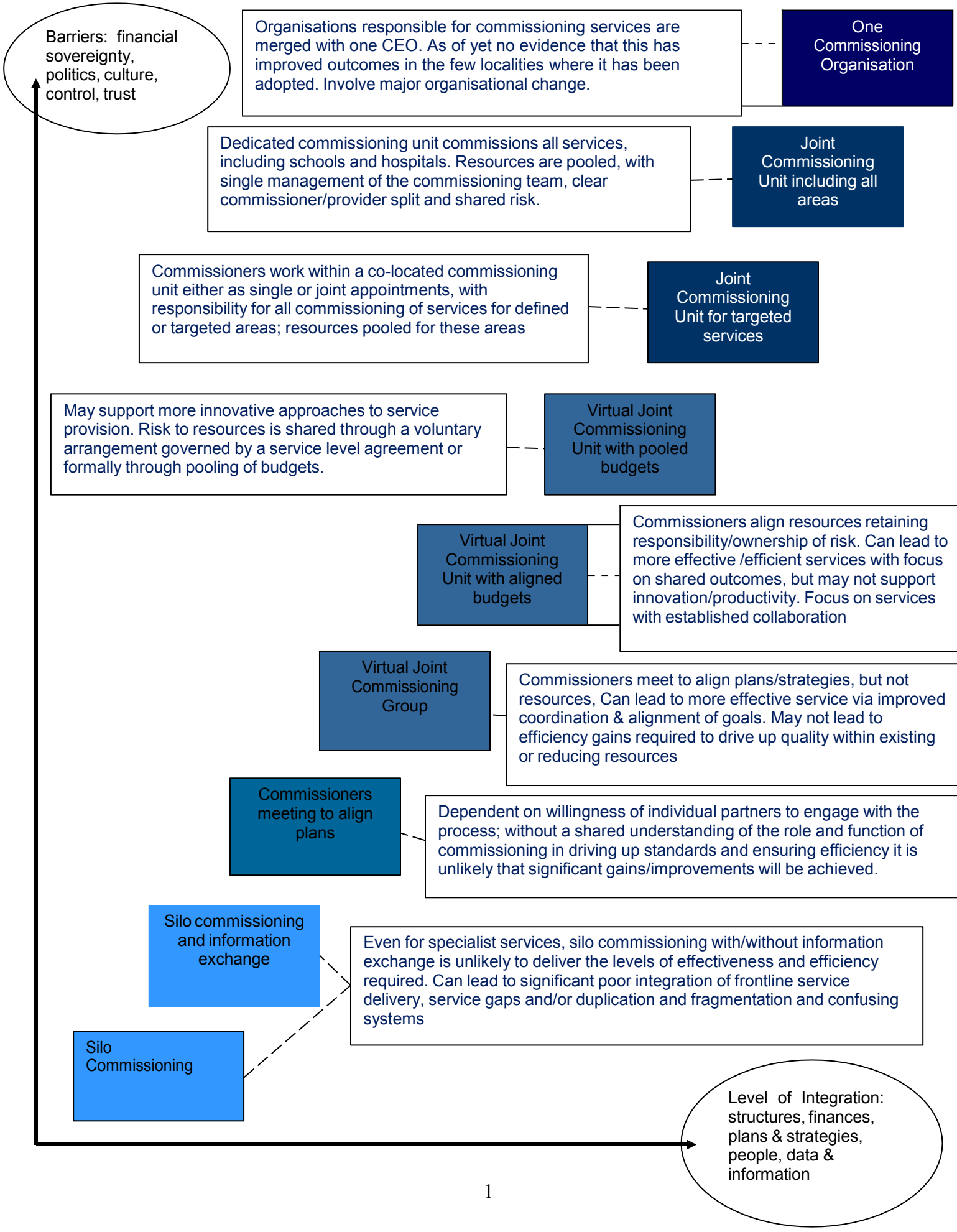
Quality and Resources

2016-2018 will see a further significant fall in funding - for local authorities a further circa 20% reduction is required in some areas. Growth or investment will only be achieved through new additional 'specific grants', efficiency savings or decommissioning existing services to create investment capital. The intention is to align investment to maximise integration where there is joint activity and provision. As we move through the joint commissioning continuum it is anticipated that further funding will be pooled to bind commissioning arrangements more tightly together and enable more sustainable long term solutions for service users and providers.

Governance and Accountability

The oversight of the delivery of the Strategy and Plan will be via the Joint Commissioning Leadership Team (JCLT), Children's Trust and ultimately the Health and Wellbeing Board. These groups with the nominated lead officers and respective groups will appraise the extent to which progress is being made against the commitments outlined. A 6 monthly report will be presented to the JCLT that updates the overall position on each of the priority work-streams.

Appendix 2: Joint Commissioning Continuum



Appendix 3

Principles to underpin the Cheshire East approach to Joint Commissioning

The following commissioning principles are central to addressing the case for change:

- We will be outcomes focused
- We will pay more attention to inequality as 'Infant mortality, obesity, childhood accidents and teenage pregnancy all affect more children and young people from disadvantaged backgrounds.
- We will make the connections between poor health outcomes for children who have a disability, who are looked after or are in the criminal justice system and their social and economic potential.
- We will make sure children, young people and their families get their voices heard throughout the health, education and social care systems.
- We will embed preventative approaches with early help as central to our joined up working to prevent needs escalating and contribute to demand management.
- We will improve our collection of data to better understand need and develop consistent approaches across our partner organisations – using data and information sharing protocols

The above principles will be achieved by a focus on the following;

Putting the needs of the user first

- ✓ Joint arrangements will reflect the needs and aspirations of all service users.
- ✓ Service users will be actively involved at the earliest opportunity and where appropriate, assist with service reviews and commissioning decisions.
- ✓ An inclusive approach demands a transparent commissioning process which will promote and value the contribution of all stakeholders.
- ✓ Engagement of users necessitates an understanding of their needs and preferences and aspirations. This should not be limited to present users but should embrace potential future service users and their carers.

Led from the highest level

- ✓ Joint Commissioning is a priority that will be overseen by elected members and senior officers of both organisations.
- ✓ Joint Commissioning activities in each organisation will be coordinated and scrutinised to ensure the policies and strategies are developed and implemented as planned.

Working in partnership

- ✓ Joint Commissioning between the LA and WCCG will be based upon a commitment to partnership working with allied agencies including Police, Voluntary sector and Schools.
- ✓ The focus of working together will be to produce better outcomes for children and families.

Ensuring Commissioners have the right skills

- ✓ Arrangements will ensure that an appropriate level of skills, expertise and capacity for commissioning is available to support commissioners.
- ✓ There must be a commitment to the development of commissioning competencies across the wider workforce with work taking place both internally and with partners.

Working constructively with providers

- ✓ The arrangements to develop and implement commissioning strategies should be as open and transparent as possible and designed to build and maintain good long-term relationships with providers.
- ✓ There should be a commitment to working in partnership with a broad range of stakeholders including all provider organisations.
- ✓ Adopting an open minded approach to all potential providers that can meet the key criteria.
- ✓ To encourage and support the growth of local providers particularly those from the voluntary, community and faith sector

Developing a long-term view

- ✓ A longer term commissioning plan will be developed, based on population need and knowledge of the market.
- ✓ All commissioned services must develop approaches to ensuring that they meet relevant strategic objectives for each priority taking a longer term view of potential needs and changes.
- ✓ The joint commissioning approach should increase choice for users and ensure greater responsiveness to needs.
- ✓ Any growth in, or changes to, approaches to commissioning will be planned in response to assessment of need, gaps in supply and clear prioritising.
- ✓ Commissioning will be based upon a mapping of existing services against forecasts of future demand in terms of capacity and quality as well as type of service.

Continuous evaluation and development

- ✓ Commissioners will commit to the principle of continuous improvement and monitor the quality and performance of services against nationally and joint locally determined targets.
- ✓ Arrangements will ensure that contracts are managed effectively, monitored regularly and reviewed to inform future joint commissioning.
- ✓ There will an agreed set of performance indicators for different areas to monitor the progress in achieving outcomes and these indicators.
- ✓ There will be an agreement on sharing key information.
- ✓ There will be a regular and structured joint review of opportunities for regional commissioning and achieving economies of scale.

Investing money wisely

- ✓ Best value principles and assessment of affordability will be applied to all joint commissioning including work with providers to achieve outcome improvements and efficiency savings when the contract has been established
- ✓ The Joint Commissioning process will encourage a collaborative culture so that providers will work together effectively to achieve sustainable improvement in outcomes.
- ✓ Services that are not delivering the required outcomes or quality should be decommissioned.
- ✓ An assessment of risk and unintended consequences will be undertaken jointly when decommissioning is planned.

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 26th July 2016
Report of: Kath O'Dwyer, Deputy Chief Executive and Director of People's Services
Subject/Title: SEND Joint Local Area Inspection

1 Report Summary

1.1. This report informs the Health and Wellbeing Board on the joint local area inspection framework for services for children and young people aged 0-25 who have special educational needs and/or disabilities (SEND).

2 Recommendations

2.1 The Health and Wellbeing Board is recommended to:

a) Note the contents of this report, and the implications of the inspection framework for the Health and Wellbeing Board and the agencies represented; and

b) Ensure that activity to develop SEND services is prioritised, and all agencies contribute to the work of the 0-25 SEND Partnership Board and work streams.

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. This includes services for children and young people with SEND.

3.2 The joint SEND inspection will assess our effectiveness as a local area in identifying and meeting the needs of children and young people who have SEND.

3.3 It is important that the Health and Wellbeing Board is informed of the new SEND joint inspection framework, and is assured that arrangements are in

place to develop our services for these children and young people, and their families.

3.4 Clear governance arrangements have been established to drive, implement and scrutinise developments to these services. The 0-25 SEND Partnership Board, led by the Director of Children's Prevention and Support, is driving developments to SEND services. Inspection preparation activity has been aligned with service development activity and is being overseen by this Board.

3.5 An action plan is in place to ensure that we are prepared for inspection, which includes;

- Completing self-assessments of the quality of our services to inform the priority areas for development and to demonstrate that we have a good understanding of our strengths and areas for improvement,
- Communication and engagement with key stakeholders on plans for and progress in developing services, and the inspection framework,
- Collating key sources of evidence and information on our services to inform the inspection,
- Refresh of the JSNA sections on SEND, and
- Quality assurance of casework.

3.6 The 0-25 SEND Partnership Board is ultimately accountable to the Health and Wellbeing Board and will report progress regularly to them on SEND services and evaluation against inspection criteria.

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.

5 Background and Options

5.1 The framework and handbook for the joint inspection of SEND services was published on 27th April 2016.

5.2 All local areas will be inspected at least once in the next five years.

5.3 The inspection is a **local area** inspection reviewing our provision and the quality of services in health, education and social care. For the purpose of the inspection framework, the local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers.

5.4 The inspection will consider the performance of the local area since the implementation of the SEND reforms in September 2014. The focus of the inspection is broad and is wider than our statutory obligations. The inspection will review how well local areas support children and young people with SEND to achieve the best possible outcomes.

5.5 The inspection will review our:

- Effectiveness in **identifying** children and young people with SEND, which includes the timeliness of identification and the quality of identification and assessment information

- Effectiveness in **assessing and meeting need,** which includes co-production of designing and evaluating services with children, young people, parents and carers, the coordination of assessment between agencies, the quality of education, health and care (EHC) plans, needs based joint commissioning and our local offer for families.

- Effectiveness in **improving outcomes,** which includes outcomes in education, health, and social care, and our assessment of our effectiveness, including the quality and sufficiency of services.

5.6 Prior to inspection, our Joint Strategic Needs Analysis (JSNA) and will be reviewed by the inspectors to evaluate our consideration of the needs of children and young people who have SEND. The JSNA sections on SEND are currently being refreshed to ensure that they provide a robust assessment of needs within Cheshire East.

5.7 The inspection will involve a lead HMI, an Ofsted Inspector and at least one CQC inspector (dependant on the size of the area, the number of NHS providers and number of CCGs, so it is likely we will have two CQC inspectors for a Cheshire East inspection).

5.8 We will receive 5 days advance notice of the inspection, the notification of inspection is on Monday morning between 9.00 and 10.00am. The inspection will last for 5 days from Monday-Friday the following week and should only

take place during school term time. Documentation to support inspection will be requested in advance of the inspection.

5.9 The inspection will include a webinar with parents and carers, contact with children and young people, visits to early years settings, schools and colleges, and visits to providers of services for children and young people with SEND, as well as meetings with senior managers and operational groups, and case file reviews.

5.10 A judgement will not be given but there will be a published report on the area's strengths and areas for improvement.

5.11 A number of areas have already been inspected under the framework, including Brighton and Hove. We are using the learning from these areas to inform our own planning.

6 Access to Information

6.1 The framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities is available on the website https://www.gov.uk/government/publications/local-area-send-inspection-framework

6.2 The handbook for the inspection is available on the website https://www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors

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

REPORT TO: Health and Wellbeing Board

Date of Meeting: 26th July 2016

Report of: Kath O'Dwyer
Executive Director (People) and Deputy Chief Executive

Subject/Title: **Special Educational Needs & Disability** (**SEND) Update**

1 Report Summary

1.1 This report is in two sections:

Section 1 - describes the progress being made in meeting our collective SEND responsibilities defined in the Children and Families Act from September 2014 in relation to the implementation of the 0-25 SEND reforms and the governance arrangements established in Cheshire East to fulfil the requirements and lead the implementation of the reforms.

Section 2 - outlines the principles set out in the Disabled Children's Charter and the work the Local Authority is taking prior to bringing back to this board for consideration and collective formal sign up to the Charter**.**

2. Recommendations

2.1 The Health and Wellbeing Board to comment on the progress being made.

2.2 The Health and Wellbeing Board to comment on the 0-25 Governance arrangements and to commit to multi-agency ownership and active participation in these arrangements.

2.3 That the Health and Wellbeing Board endorses the principles set out in the Disabled Children's Charter and undertakes to give future consideration to signing up to the Charter.

SECTION ONE - 0-25 YEARS SEND REFORMS

3. Key Aspects of the SEND Reforms

3.1 The Children and Families Act is the statutory framework for the integration and personalisation of services for children and young people (CYP) that require services across Education, Health and Social Care to work closely to provide the right support for children and young people and their families. This is at both a strategic joint commissioning level and integrated service delivery through Education, Health and Care Plans (EHCPs).

3.2 Implementing the Children and Families Act and developing a shared vision and strategy will be key in developing integrated, person centred services for children and young people.

3.3 The requirements under the 0-25 SEND Reforms are set out in the Children and Families Act September 2014. Key aspects of the reforms include:

- ***Replacing Statements of SEN with Education, Health & Care Plans***
  One of the major changes introduced by the Children and Families Act 2014 is the replacement of the current Statement system with new Education and Health Care Plans (EHCP). EHCP will also be extended to young people aged up to 25 to support young people into adulthood
- ***Services Working Together***
  Children and young people with SEN need well coordinated, coherent support across education, health and social care to help them achieve their agreed outcomes. Under the new Act, Local Authorities and other key agencies will be required to link up and jointly plan services for disabled children and young people
- ***Birth to 25 years***
  The Act extends the SEN system from birth to 25 years, which will support young people into further education, employment and independent living
- ***Personal Budgets***
  Parents of children or young people themselves with an EHC Plan have the right to request a personal budget for their support. A personal budget is an amount of money provided to the family to enable them to directly purchase all or some of the provision set out in their EHC plan. By having a say in the way this budget is used, a parent or young person can control elements of their support

- ***Local Offer***
  Every council is required to publish a details of the local support there is available for children and young people with SEND. The Local Offer provides clear and accurate information about local education, health and care services.
- ***Engaging Parents, Children and Young People***

Local authorities **must** ensure that parents, children and young people are involved in discussions and decisions about every aspect of their care and support, planning outcomes and agreeing services & activities to meet those outcomes. They must also take steps to ensure that parents and/or young people are actively involved in contributing to assessments, planning and reviewing EHC plans. In addition, Early Years providers, schools and colleges should fully engage parents and/or young people with SEN when drawing up the plans policies that affect them

- ***Resolving Disputes***
  Local authorities must make clear how disagreements will be resolved and how complaints will be dealt with. It is recommended that local authorities commission an independent disagreement resolution services that will be available to parents and young people

3.4 SEND Code Of Practice January 2015 : More detail can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

3.5 The 2001 code still applies for those who have a SEN statement under part 4 of the Education Act 1996, rather than an education, health and care (EHC) plan under the Children and Families Act 2014

3.6 There is therefore a requirement for all children and young people with a SEN Statement of Education Needs to be transferred into more holistic EHC plans.

4. Current Performance

4.1 Through lots of dialogue with schools, parents, other professionals, it is clear there is some frustration across the SEND partners. In particular there is a concern about the sufficiency of places for children to be appropriately placed in borough; funding; timeliness of partners working to deliver EHC plan on time; levels of integration and joint ownership across partners of the SEND reforms.

4.2 Education Outcomes

92.7% of Schools in Cheshire East are currently judged Good or Outstanding by Ofsted. This places the country third nationally for schools judged at least Good. This gives Cheshire East a very good foundation from which to move forward.

4.3 Outcomes for Children with SEND

The table below summaries the last 2 years of performance across educational outcomes and compares them with national averages.

SEND	2014	2015	Change	National 2015 and RAG
Key Stage 1				
Phonics Year 1	39%	43%	4pp	39%
Reading Level 2+	59%	60%	1pp	59%
Writing Level 2+	47%	46%	-1pp	51%
Mathematics Level 2+	68%	71%	3pp	67%
Key Stage 2				
Read, Write & Maths L4+	41%	37%	-4pp	39%
Key Stage 4				
5+A*-C inc English & Maths	22%	22%	0	20%

Overall this presents a good news story but KS1 writing and KS2 overall need intervention. Cheshire East also has high expectations to be well above the national average.

4.4 Compliance Standard

The Local Authority is scrutinised against how compliant the borough is in meeting national set guidelines for transferring SEN Statements to EHCP, and for completing new plans within a 20 week timescale. Current performance for Oct 15 – May 2016 is :

- EHCP Transfers within 20 weeks 40.5%
- EHCP Transfers not within 20 weeks 59.5%
- New EHCPs within 20 weeks 49.75%
- New EHCP not within 20 weeks 50.25%

Progress is being made and the above is in line with the national picture but Cheshire East has higher targets in place to achieve improved performance.

4.5 Efficiency of Funding

Currently there are 494 Children placed in non- Cheshire East Provision. The funding for these placement is summarise below:

- Non Maintained and Independent 204 Cost: £4,607,800
- OLA Provision 290 Cost: £3,373,300*
  (*this relates to the top-up and does not include the first £10k held by the School)
- Post 16 Cost £3,273,700
- Transport Costs overall for SEN over £5 million

Whilst Children and young people are having their needs met this money is moving out of the borough and many children are having to travel long distances, away from their communities, to access education.

5. Improvement Plans

In order to improve the local picture for SEND the Local Authority is leading an improvement journey and setting clear objectives. These include:

- To improve partnership engagement and ownership of the SEND reforms.
- To improve the timeliness and quality of EHC Plans
- Review an clearly define the decision making processes for services and allocation of funding and apply them consistently and in a transparent manner
- Undertake and full sufficiency assessment of placements and match these to need.
- Engage and improve the relation with Parent / Carers and schools.

6.0 Progress on 0-25 Governance Arrangements

6.1 New Governance arrangements have been put into place to create some multi agency work streams and to improve scrutiny of progress and accountability. Appendix A sets out the organisational arrangements of the 0-25 SEND reform implementation programme**.**

6.2 <u>0-25 SEND Partnership Board</u>

A 0-25 Multi-Agency SEND Partnership Board has recently been established and has met twice to date. The board, which meets every six weeks, is the partnership body responsible for developing and delivering an integrated strategy to maximise life opportunities and positive outcomes for children and young people with special needs and/or disabilities and their families.

The primary objective of the Board is to develop and monitor a strategy that will ensure a more personalised response to the needs of children and young people with special needs and disabilities, giving families more choice and control, and helping them to live fulfilling lives and be as independent as possible.

The Board and strategy will cover any service that impacts on the lives of children and young people with special needs and/or disabilities from birth up to the age of 25 years.

The Board will provide strategic leadership and direction in the development, implementation and monitoring of the Cheshire East SEND Strategy and Action Plan, and take corrective actions, if required, to keep the Action Plan on course.

The Board will also ensure that all approaches in relation to SEND take into account and align where applicable with other Cheshire East strategic priorities contained within:

- The Children & Young People's Plan
- The Health and Wellbeing Strategic Priorities 2014-16
- The Disabled Children's Charter

6.3 A draft **SEND strategy** is been drawn up and will be presented to the board for ratification and implementation later this year.

6.4 A **Children and Young Peoples Joint Commissioning** Strategy has been drafted is being presented to the Health and Wellbeing Board on 26th July 2016. The strategy and plan respond to the 2014 SEND Reforms and local requirement for Clinical Commissioning Groups (CCG), NHS England and Local Authorities to align / join commissioning plans and integrate services for children, young people and families. The strategy sets out the joint commitment of all key partners delivering to improve the lives and life chances of all children and young people (aged 0-25 years) in Cheshire East to a joint commissioning approach that delivers integrated services for children, young people and families.

6.5 Ensuring all partners take active ownership and input into the joint strategy via an agreed approach is a clear requirement in the Ofsted single inspection of Children Services and a prominent element of the recently announced **Local Area SEND inspection framework**.

6.6 The Joint Commissioning Strategy identifies priorities for 2016-2018 that include the work being planned via the SEND Governance work streams described in this report.

6.7 Each work stream outlined in Appendix A has an agreed Terms of Reference, multi-agency membership, and is now formulating an action plan,

incorporating a lot of what we know is not working and building on those areas perceived as strengths.

6.8 **Participation and engagement** are viewed as key areas requiring investment to embed co-production. The Local Authority have facilitated a SEND Conference for Governors and Head teachers, and also started to build on the Cheshire East Parent Carers Forum to ensure that both schools and parents have a clearer voice in the development of SEND services.

6.9 A draft policy on the use of **Personal Budgets** is also being drafted and will be presented to the board later this year.

6.10 In relation to **Independent Specialist Placement Procedures** proposal to extend the options post 16 and 19 including non-formal provision routes are currently being reviewed and considered.

7.0 Key Immediate Tasks

7.1 The key immediate tasks being undertaken by work streams include:

- **Communication & Engagement**
  - Developing Effective relationships with the Parent/Carers Forum
  - Effective CYP Forums
  - Robust and dynamic Local Offer

- **Assessment & Planning**
  - Redesign of LA SEND Team and services
  - Redesign EHCP pathways with a focus on more timely production of EHCPS

- **Preparation for Adulthood and Transition**
  - Development of robust transition plan
  - Development of pathways for formal and non-formal post 16/19 provision

- **Joint Commissioning and Resources Allocation including sufficiency**
  - Adopt and implement the recently agreed Joint Commissioning Strategy
  - Prepare a Sufficiency Statement that highlights gaps in provision and proposes plans to meet the identified gaps

- Use of Personal Budgets
- Resource Allocation Systems

- **Workforce Development & Performance**
  - Review of team structures & roles
  - Workforce Training and Development Plan
  - Partnership Ownership, Engagement & Comms

Progress will be monitored by the 0-25 SEND Partnership Board.

8. Impact on Health and Wellbeing Strategy Priorities

8.1 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.

SECTION 2 - DISABLED CHILDREN'S CHARTER

1. The national Disabled Children's Charter sets out how public sector organisations should *'Strategically plan'* to meet the needs of children with a disability. Many H&WB Boards have committed to the principles contained within the Charter.

2 The LA is undertaking a self assessment of where we are, in order that we can present a clear proposal to the HWBB about the benefits, as we see it, to the Health and Wellbeing Board signing up to the Charter and meeting its commitments which include:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families;
- Understand the true needs of disabled children, young people and their families in our local area and how to meet them;
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families;
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts;
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families;

- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families;

- Demonstrate how our area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes for Children and Young People: Our Pledge' for a key group of children and young people.

3. Next Steps

3.1 A further report will be presented to the HWBB seeking support and agreement to sign the Charter and deliver, together, the commitments outlined above.

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

Name: Ian Donegani
Designation: Head of Service - SEND
Tel No: 01606 271848
Email: ian.donegani@cheshireeast.gov.uk

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0-25 Governance Arrangements – May 2016

0-25 SEND Partnership Board

Chair: Tracy Ryan

- Vision linked to Council priorities
- The implementation of the 0-25 SEND reforms
- The development of an integrated 0-25 Disability Service
- preparation for the local area inspection

0-25 Implementation Board

1. Communication & Engagement

Chair:
To be agreed

- Effective Parent/Carers Forum
- Effective CYP Forums
- Robust and dynamic Local Offer
- Customer satisfaction surveys
- Communications

2. Assessment and Planning

Chair:
Keith Martin & Tracey Beardmore-Evans

- Identification pathways
- Eligibility and Assessment
- EHCP person centred Processes
- Partnership Contributions
- Approval and decision making panels*
- Quality Assurance Systems (new and existing plans)
- Complaints and Escalation processes

3. Preparation for Adulthood & Transitions

Chair:
Gail Ross

- Shared Vision
- Transition Pathways
- Employment Pathways - Readiness
- Supported Internships
- Post 16/19 Options (non formal and formal)
- Post 19 Local Education - Developments

4. Joint Commissioning & Resource Allocation*

Chair:
Dave Leadbetter

- Review of Outcome Based Joint Commissioning Strategy
- Use of Personal Budgets
- Resource Allocation Systems
- Sufficiency of suitable places
- Review of 'In & Out of Borough' placements
- Review of Transport

5. Workforce Development & Performance

Chair: Ian Donegani

- Review of team structures & roles
- Workforce Training and Development Plan
- Partnership Ownership, Engagement & Comms
- Performance Management Framework
- JSNA
- Readiness for Area inspections


Children's Trust
Health and Wellbeing Board
Cabinet
Education Partnership Board
Cheshire East Local Safeguarding Children's Board
0-25 SEND Partnership Board
Parent Carer Forum
CE Joint Commissioning Leadership Team
Work Streams
Joint Consultative Negotiating Panel (Unions)
Young People Group
School Networks:
Special Heads
Primary Heads
Secondary Heads
Schools Forum
PVI Providers
Work-based Learning Providers
Direct reporting
Inform and consult
Inform on progress

REPORT TO: Health and Wellbeing Board

Date of Meeting: 26th July 2016

Report of: Kath O'Dwyer
Executive Director People and Deputy Chief Executive

Subject/Title: Policy and Guidance Document – Special Educational Needs Personal Budgets (relating to EHC Plans)

1 Report Summary

1.1 The purpose of the Policy and Guidance document is to outline the policy of Cheshire East Council, together with NHS Eastern CCG and NHS South Cheshire CCG, in relation to Personal Budgets as described in:

- *The Children and Families Act 2014 (section 49)*
- *The Special Educational Needs (Personal Budgets) Regulations 2014*
- *Special educational needs and disability code of practice: 0 to 25 years - January 2015 (9.95 – 9.124).*

1.2 The policy applies to any child or young person with special educational needs and/or a disability (SEND) who has an Education, Health and Care Plan (EHC plan) or is undergoing an Education, Health and Care needs assessment, and their parent/carer(s), where a Personal Budget has been requested.

2 Recommendations

2.1 The Health and Wellbeing Board is asked to:

a) Comment on the Policy and Guidance Document for Special Educational Needs Personal Budgets (relating to EHC Plans)

b) Agree the implementation and publication of the policy.

3 Reasons for Recommendations

3.1 The policy seeks to enable Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to offer the option of a Personal Budget for individuals with an EHC Plan in a fair and equitable manner, thereby increasing personalisation for residents and meeting statutory obligations.

3.2 From May 2016, Ofsted and the Care Quality Commission (CQC) will be inspecting local areas across the country on their effectiveness in fulfilling the new duties arising from the *Children and Families Act 2014.* When judging the

effectiveness of a local area's approach to improving outcomes for children and young people with SEND, inspectors will review evidence relating to both the Local Offer and Personal Budgets.

4 Background and Options

4.1 Part 3 of *The Children and Families Act 2014*, along with associated legislation and guidance, introduced a number of changes to the support framework for children and young people with SEND. The majority of new requirements came into force on 1st September 2014, subject to specified transitional arrangements. Key changes included:

- A new requirement for education, health and care services to commission services jointly for SEN and disability
- The introduction of a more streamlined assessment process, co-ordinated across education, health and care and involving families throughout
- New 0-25 EHC Plans for those with more complex needs, replacing Statements of SEN and Learning Difficulty Assessments (LDAs)
- The option of a Personal Budget for children and young people with an EHC plan

4.2 According to the *SEND Code of Practice*, a Personal Budget is an amount of money identified by the local authority and/or the CCGs to deliver provision set out in an EHC plan, where the parent or young person is involved in securing that provision. Personal Budgets should reflect the holistic nature of an EHC plan and can include funding for special educational needs, health and social care provision.

4.3 Personal Budgets are optional for a young person with an EHC plan or the parent of a child with an EHC plan; support can still be given (as required) through an EHC plan without the use of a Personal Budget. A parent or young person has a right to request a Personal Budget when a EHC needs assessment has completed and it has been confirmed that a EHC plan will be prepared. They may also request a Personal Budget during a statutory review of an existing EHC plan.

4.4 Personalisation is one of the key elements of the SEND reforms arising from *The Children and Families Act*. The option of a Personal Budget is not the only means of personalisation for individuals with EHC plans. Personalisation is also achieved through the use of person-centred planning approaches and the active inclusion of children, young people and families in decision-making.

4.5 In line with the *Children and Families Act* and *SEND Code of Practice*, local authorities must publish information about the option of having a Personal Budget as part of their Local Offer, including a local policy for Personal Budgets produced with parents and young people. The policy should include a description of the services across education, health and social care that currently lend themselves to the use of Personal Budgets, how that funding

will be made available, and clear and simple statements of eligibility criteria and the decision-making processes.

5 Policy Development

5.1 The Cheshire East policy document has been created via a multi-agency EHC Personal Budget task and finish group. The group includes representatives from both children's and adults' services across education, health partners and social care (due to the 0-25 age range for EHC assessments and plans), along with finance representatives and local parent carers.

5.2 The task and finish group examined existing personalisation and Personal Budget mechanisms across education, health and care within Cheshire East. The Policy document outlines the local authority and CCGs' current position relating to Personal Budgets for EHC Plans. In brief, existing mechanisms will be used to determine funding for the education, care and health elements in the first instance.

5.3 Going forward, the LA, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will seek to make the best use of resources and increase choice and control for service users through joint commissioning. Personalisation and Personal Budgets are highlighted as areas of focus in the Cheshire East Children and Young People's Joint Commissioning Strategy, and our Personal Budget offer will be kept under review.

5.4 Areas for action include the development of joined up methods for determining Personal Budgets across education, health and care and exploring the possibility of a joined up Resource Allocation System. Such steps are required in order to ease current difficulties in assigning funding for individuals from different elements across education, health and care. For example, more robust relationships are required between the LA and CCG's regarding budget management. Furthermore, there is a particular need to strengthen links between children's and adults' services in relation to Personal Budgets and to align processes to prevent unrealistic expectations in transitioning from children's to adults' services.

6. Impact on Health and Wellbeing Strategy Priorities

6.1 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.

7 Access to Information

For further information relating to this report please contact:

Name: Victoria Howarth
Designation: SEN Implementation Officer, Cheshire East Council
Tel No: 01606 288846
Email: Victoria.howarth@cheshireeast.gov.uk

Policy and guidance for Special Educational Needs Personal Budgets (relating to EHC Plans)

CHILDREN & FAMILIES

NHS Eastern Cheshire Clinical Commissioning Group

NHS South Cheshire Clinical Commissioning Group

Cheshire East Council

POLICY INFORMATION SHEET	
Service Area	Children and Families
Date effective from	TBC
Responsible Officer	Ian Donegani, Head of Service: Special Educational Needs and Disabilities (SEND)
Date of Reviews	
Status • **Mandatory (all staff name must adhere to guidance)** • **Optional (Procedures and practice can vary between teams)**	MANDATORY
Target Audience	All staff working with children or young people (and their parent carer(s)) either with a current Education, Health and Care (EHC) Plan, or undergoing an EHC needs assessment.
Date of CSMT/SLT Decision	
Related Document (s)	See list in Annex D
Superseded Documents	n/a
Equality Impact Assessment	

TABLE OF CONTENTS

1. Introduction

1.1 Purpose of this policy

1.1.1 The purpose of this document is to outline the policy of Cheshire East Council, together with NHS Eastern Cheshire Clinical Commissioning Group (CCG) and NHS South Cheshire CCG, in relation to Personal Budgets as described in:

- *The Children and Families Act 2014 (section 49)*
- *The Special Educational Needs (Personal Budgets) Regulations 2014*
- *Special educational needs and disability code of practice: 0 to 25 years - January 2015 (9.95 – 9.124).*

1.1.2 This policy applies to any child or young person with special educational needs and/or a disability (SEND) who has an Education, Health and Care Plan (EHC plan) or is undergoing an Education, Health and Care needs assessment, and their parent/carer(s), where a Personal Budget has been requested.

1.2 Background

1.2.1 Part 3 of *The Children and Families Act 2014*, along with associated legislation and guidance, introduced a number of changes to the support framework for children and young people with Special Educational Needs and/or a disability (SEND). The majority of Part 3 of the *Children and Families Act 2014*, its associated regulations and the new *SEND Code of Practice* came into force on 1st September 2014, subject to specified transitional arrangements.

1.2.2 Key changes introduced by *The Children and Families Act 2014* include:

- A new requirement for education, health and care services to commission services jointly for SEN and disability
- The introduction of a more streamlined assessment process, co-ordinated across education, health and care and involving families throughout
- New 0-25 Education, Health and Care (EHC) Plans for those with more complex needs, replacing Statements of SEN and Learning Difficulty Assessments (also known as an LDA/section 139a)
- The option of a Personal Budget for families and young people with an EHC plan
- The requirement for local authorities to publish a clear, transparent 'local offer' of services
- New guidance for education and training settings on taking a graduated approach to identifying and supporting students with SEN, and the introduction of a single category of SEN Support to replace Early Years/School Action and Early Years/School Action Plus.
- New statutory protections for young people aged 16-25 in Further Education
- New guidance on supporting children and young people with SEN who are in youth custody, which came into force on 1st April 2015.

1.3 Definition of a young person

1.3.1 *The SEND Code of Practice (January 2015)* defines a 'young person' as a person over compulsory school age and under 25. Compulsory school age ends on the last Friday of June in the academic year in which they become 16. The *SEND Code of*

Practice confers new responsibilities on young people, including the ability to manage their own Personal Budget.

2. Personal Budget Definitions and Processes

2.1 Personalisation

2.1.1 Personalisation is one of the key elements of the special educational needs and disability (SEND) reforms that came into force on 1st September 2014. Personalisation means recognising a child or young person with SEND as an individual with their own preferences, needs, strengths and aspirations, and putting them at the centre of their own care and support.

2.1.2 The option of a Personal Budget is not the only means of personalisation for individuals with EHC plans. Personalisation is also achieved through the use of person-centred planning approaches and the active inclusion of children, young people and families in decision-making.

2.1.3 During the EHC process, personalised outcomes, which recognise the child or young person's needs and aspirations, will be agreed. Support can be tailored to reflect the child or young person's personalised outcomes.

2.2 What is a Personal Budget?

2.2.1 A Personal Budget is an amount of money identified by the local authority and/or the CCGs to deliver provision set out in an Education, Health and Care (EHC) plan where the parent or young person is involved in securing that provision (*SEND Code of Practice, January 2015*).

2.2.2 As outlined in the *SEND Code of Practice*, Personal Budgets for EHC Plans will be focused upon, and designed to secure, the specified outcomes and provision agreed in the EHC plan.

2.2.3 A Personal Budget is not the sum total of all the resources that are available to support a young person, and the EHC plan (specifically, section J) does not need to list all of the costs associated with supporting a child or young person. Rather, it should provide a detailed explanation of how a Personal Budget will be used to deliver agreed provision, the needs and outcomes it will meet, and explain how the money will be used, spent and managed, including arrangements in relation to any direct payments.

2.3 Requesting a Personal Budget

2.3.1 Personal Budgets are **optional** for a young person with an EHC plan or the parent of a child with an EHC plan; support can still be given (as required) through an EHC plan without the use of a Personal Budget. A parent or young person has a right to request a Personal Budget when the local authority has completed an EHC needs assessment and confirmed that it will prepare an EHC plan. They may also request a Personal Budget during a statutory review of an existing EHC plan.

2.3.2 Once the decision has been made to carry out a statutory EHC needs assessment (within a maximum of 6 weeks from when the request was received), the option of a Personal Budget will be discussed with the young person and/or their family as part

of the planning process to see if they would be interested in pursing a Personal Budget, if eligible.

2.3.3 Some families may already be accessing a Personal Budget in terms of care and/or health, and these will continue throughout the statutory process and be incorporated, as relevant, in the final EHC Plan if one is issued.

2.3.4 Where a decision has been made to carry out an EHC needs assessment, professionals involved with the young person will provide relevant information as part of the assessment process to help determine whether an EHC plan would be helpful and appropriate. All professional reports will outline the provision required, from their perspective.

2.3.5 A multi-agency planning meeting occurs with the family as part of the EHC assessment and planning process. Discussions at this meeting will outline the needs of the child/young person, the potential outcomes for inclusion on an EHC Plan, and provision to meet these. Contributions from the young person and their parent(s) will be a vital part of the co-production of the plan. The person centred planning will outline which services may contribute to delivering the outcomes specified in the plan, including the community, child/young person and their family. The multi-agency meeting should include an exploration of the use of a Personal Budget to deliver the proposed provision and a decision as to whether the family/young person wishes to pursue this.

2.3.6 Any Personal Budget figure discussed during the assessment and planning process will be an **indicative** figure only and may be subject to change. The final allocation, if a Personal Budget is requested and agreed, will be specified in the final EHC plan and will be dependent upon assessments carried out by education, health and/or care (as applicable and in line with local processes). Please see section 2.5. *Determining Personal Budgets* for additional information.

2.3.7 **All provision for inclusion in an EHC plan, including any provision to be delivered via a Personal Budget, must be agreed by the EHC Moderation Panel**. Each case will be considered on its individual merits. The Moderation Panel will decide, in principal, if a proposed Personal Budget is an efficient use of resources (i.e. whether it represents value of money and does not cost more than delivered services) and whether or not it would have an adverse impact on other services which Cheshire East Council, NHS Eastern Cheshire CCG or NHS South Cheshire CCG provides or arranges for children and young people with an EHC plan (i.e. where contracts are already in place for a particular service). Where a Personal Budget is proposed for the provision of care and/or health support, agreement and approval will also be required through the relevant decision making process for that support before the Personal Budget can be finally agreed. The relevant decision making process will be dependent upon the individual's age (i.e. children's or adult's services) and the nature and level of the proposed support. Please see section 2.5. *Determining Personal Budgets* for additional information relating to the different potential components of a Personal Budget associated with an EHC plan.

2.3.8 Where it is found that funds cannot be separated for a Personal Budget based on the grounds explained above, the local authority and/or clinical commissioning group(s) will inform the child's parent or the young person of the reasons it is unable to identify a sum of money and work with them to ensure that services are personalised through other means.

2.3.9 If a parent/young person wishes to request and use a Personal Budget to pay for provision to be delivered on the premises of an early years setting, school or post-16 institution (such as the use of support staff in that setting), this discussion should occur as early as possible as part of the person centred planning, since this can only occur with the written consent of the provider of the relevant early years education, or for schools/post-16 education, with the written consent of the head teacher, principal or the person occupying an equivalent position. Any person working in an education setting would have to follow that institution's code of conduct, for instance in speaking to others and dress code.

2.4 The Local Offer

2.4.1 The Cheshire East Local Offer includes information about the support and provision that families can expect from a wide range of agencies for children and young people with Special Educational Needs and/or disabilities (SEND) from birth to 25 years old.

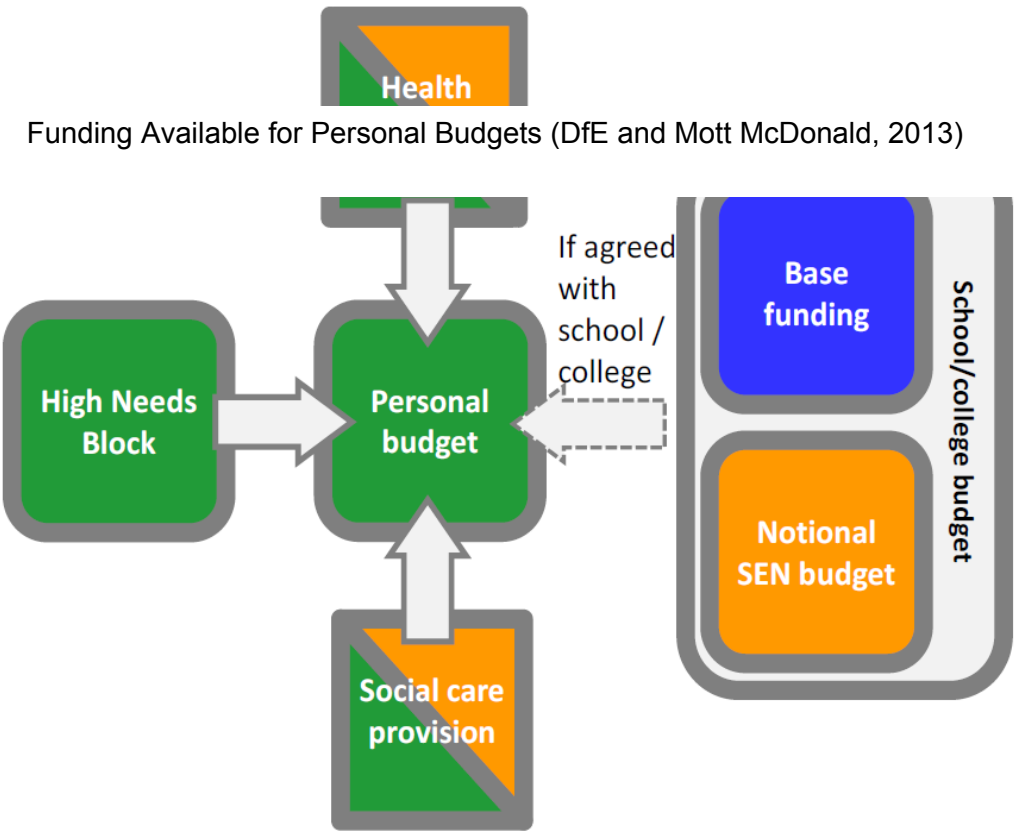
2.4.2 Provision listed within the Local Offer could potentially be used with a Personal Budget, depending upon local commissioning arrangements, considerations around best use of resources, and whether they meet the agreed outcomes specified in the child or young person's EHC Plan. The Cheshire East Local Offer can be accessed online at www.cheshireeast.gov.uk/localoffer. Our Local Offer has been developed as part of an online 0-25 children's directory called information Cheshire East (iCE). This directory is available at http://ice.cheshireeast.gov.uk/. If an individual or their family have difficultly accessing the internet, help with navigating the local offer can also be provided over the telephone by the following teams:

- Cheshire East Family Information Service 0300 123 5033
- Cheshire East Information, Advice and Support 0300 123 5166

Please note that the above teams cannot advise families regarding the use of Personal Budgets – this will be discussed as part of the EHC assessment and review process, as required.

2.5 Determining Personal Budgets

2.5.1 Personal Budgets should reflect the holistic nature of an EHC plan and can include funding for special educational, health and social care provision (depending on eligibility).



Funding Available for Personal Budgets (DfE and Mott McDonald, 2013)

2.5.2 In addition, Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will increasingly seek to make the best use of resources and increase choice and control for service users through joint commissioning. Personalisation and Personal Budgets are highlighted as areas of focus in the Cheshire East Children and Young People's Joint Commissioning Strategy, and our Personal Budget offer will be kept under review. Areas for action include the development of joined up methods for determining Personal Budgets across education, health and care and exploring the possibility of a joined up Resource Allocation System.

2.5.3 In the interim period, existing mechanisms to determine funding will be used, as outlined in the below sections. Note that the different potential elements of an EHC Personal Budget (education, health and care) are each subject to individual criteria. The below image demonstrates that as the level of support required for an individual increases, so does the potential availability of funding for a Personal Budget (image from InControl):

	Education	Social care	Health (Continuing Health Care)
Different levels of support/need/ outcomes to be achieved	Description of support needed/grouping	Description of support needed	Description of support needed
	Support needed increases/ Provision allocated increases	Support needed increases/ Provision allocated increases	Support needed increases/ Provision allocated increases

Where individuals are eligible for more than one of the funding streams described below, funding from the different elements will be combined and managed as a single Personal Budget wherever possible.

2.5.4 As described in previous sections, any Personal Budget figure discussed during the assessment and planning process will be an **indicative** figure only and may be subject to change. The final allocation, if a Personal Budget is requested and agreed, will be specified in the final EHC plan and will be dependent upon assessments carried out by education, heath and/or care (as applicable and in line with local processes).The final allocation must be sufficient to secure agreed provision as specified in the EHC plan.

Education

2.5.5 **Mainstream providers**: Schools and other education providers in Cheshire East receive per pupil funding (Element 1) and funding to support pupils with special educational needs (Element 2) through their delegated budget. This enables them to provide the SEN Support stage of the graduated response and to fund the first £6,000 of additional costs per pupil/student with SEN. This amount is not available for a Personal Budget (apart from in exceptional cases where the education provider (i.e. Head Teacher or Principal) agrees to its use).

There is an additional allocation of funding for children and young people with the most complex needs who have an Education, Health and Care (EHC) Plan (Element 3 funding). Funding for the special educational element of an EHC Plan Personal

Budget would consist of some or all of the Element 3 (top-up) funding from the local authority's High needs block, if it would represent an efficient use of resources.

2.5.6 Indicative figures for the education element of an EHC Personal Budget will be calculated by estimating the amount of activity or service required and the relevant unit costs involved. This would only be available for a Personal Budget where such provision could be flexibly delivered, subject to commissioning and contract arrangements, and:

- will not have an adverse impact on other services which Cheshire East Council provides or arranges for children and young people with an EHC plan
- would represent an efficient use of resources and is not already provided for by the education provider.

2.5.7 **Special schools or specialist resource provision**: special schools and specialist resource provision receive Element 3 (top-up) funding for every child or young person on roll and hence top-up funding is used to provide additional specialist facilities which form the institution's targeted offer. Therefore, if the child or young person is attending a special school or provision, a Personal Budget for the education element of the EHC Plan will not routinely be available. In exceptional circumstances, some funding may be available if the child or young person requires additional specialist support above the setting's targeted offer, if the education setting agrees and if this is an efficient use of resources.

2.5.8 Cheshire East Council may only provide a Personal Budget in respect of the special educational provision specified in an EHC plan, and not for the purpose of funding a place at a school or post-16 institution.

2.5.9 Please note that Cheshire East Council may not make direct payments in respect of any goods or services which are to be used or provided in a school or post-16 institution without the written consent of the head teacher, principal or the person occupying an equivalent position.

2.5.10 In addition, Cheshire East Council may not make direct payments in respect of any goods or services which are to be used or provided on premises where relevant early years education is provided without the written consent of the provider of the relevant early years education.

2.5.11 **Travel Assistance:** Separate policies and criteria are in place to determine whether an individual with an EHC plan is eligible for support or assistance with transport to/from their education setting. The fact that a child or young person has an EHC Plan does not in itself entitle them to support with transport to and from their education setting. All home to school transport, including specialised transport for individuals with SEND, is currently provided by a company owned and controlled by Cheshire East Borough Council known as Transport Services Solutions (TSS). As a result of these contract arrangements, it is currently highly unlikely that funding will be available for a Personal Budget relating to transport provision. The local authority will look to develop the use of Personal Budgets for transport going forward; for example, we are currently exploring options for assisted travel training, and may trial this in the future via a Personal Budget.

Care (Children)

2.5.12 The provision of social care support to disabled children living in Cheshire East is defined within the Children with Disabilities Policy.

2.5.13 Accessing support from children's social care starts with an assessment of need, either via:

- a CAF (common assessment framework) completed by a Family Service Worker from the Family and Children's Centres, or
- a Children and Families (combined) assessment completed by a Social Worker from either the specialist social work team for children with disabilities or one of the Child in Need / Child Protection Teams.

Based upon the outcome of the assessment, direct payments may be offered as an alternative to a service delivered by the local authority in order to support the child or young person. This funding could then form the care component of an EHC Personal Budget for an individual aged under 18 years old.

2.5.14 Where an individual with an EHC plan is under 18 years old and is eligible for support from children's social care, the care component of the EHC Personal Budget will be calculated based upon the conducted assessment (CAF or Children and Families Assessment, as outlined above) plus the use of a Resource Allocation System to develop the indicative budget.

2.5.15 The indicative budget is not a 'maximum' rigid Personal Budget; rather it is an identified allocation of resource that assists the assessing worker and the family to develop the support package in a more flexible way. The actual cost of the support package may cost less or more than the indicative budget. For further information please see the Children with Disabilities Policy.

2.5.16 Direct Payments are currently offered by Children's Social Care to ensure that the needs identified via the completed assessment can be met. Direct Payments are not the only way that a child or young person's identified needs are met; however they are the only offer that could be included within a Personal Budget.

2.5.17 Direct Payments can be used to commission resources that are designed to meet a child or young person's unmet need, for example: a daytime or overnight short break (respite), activity based support, transport to access support or a personal assistant. Because of the personalised nature of direct payments it is difficult to list everything that they can be used for, the caveat is that they can only be used to ensure that assessed unmet needs are being met.

2.5.18 Early Help Individual Payments (EHIPS) are delivered to parents and carers of disabled children as part of our shorts breaks 'local offer'. As these are offered to provide a parent or carer with a break from their caring responsibility under the *Breaks for Carers of Disabled Children Regulations 2011* they should not be considered within the context of a Personal Budget.

Care (Adults)

2.5.19 Where a young person is over 18 and is receiving care and support, the care element of the EHC plan will usually be provided by adult services. For these individuals, any Personal Budget allocation from adult social care could then form the care component of an EHC Personal Budget.

2.5.20 Adult social care support is available to individuals aged 18 and over (for EHC plan purposes, up to the age of 25), who meet the following criteria:

- The individual has care and support needs as a result of a physical or mental condition or illness

- As a result of these needs, the individual is unable to achieve two or more outcomes as specified in the *Care and Support (Eligibility Criteria) Regulations 2015*. For instance, being able to wash or use their home safely
- There is a significant impact on the individual's wellbeing.

2.5.21 In order to determine whether an individual is eligible for adult social care support, a Needs Assessment will be carried out under the *Care Act 2014*. If the assessment identifies that there is an unmet social care need requiring care and support (i.e. a need that cannot be met by universal services or the carer), a Care and Support Plan will be developed detailing the support required to meet the individual's needs. Care and support is the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like: washing; dressing; eating; getting out and about and keeping in touch with friends or family. Individuals will play a central role in planning their support and care, and Personal Budget allocations will be discussed as part of this support planning process.

2.5.22 Following the assessment, an indicative allocation will be calculated for the individual, which is the cost of meeting all their eligible unmet support needs. This is currently calculated through a time-based rate for the amount of care required to meet the individual's eligible needs (i.e. based upon unit costs of care required). The final Personal Budget amount is determined during the support planning process, and may differ from the indicative allocation. When finalising the support plan the worker will need to inform the person that the Personal Budget can only be spent on the outcomes that are identified and agreed in the care and support plan. After the support planning process the final agreed budget will include information about the total budget amount, including amounts paid by the Council, and if any, the amounts to be paid by the individual themselves.

2.5.23 If the individual wishes for the council to meet their assessed unmet eligible needs, a financial assessment will be undertaken with a financial coordinator in order to determine if the individual has to contribute towards their Personal Budget, and if so, at what level. The amount of Personal Budget will normally be paid net of any client contribution.

2.5.24 Local authorities must set out in section H2 of the EHC plan any adult care and support that is reasonably required by the young person's learning difficulties or disabilities. For those over 18, this will be those elements of their statutory care and support plan that are directly related to their learning difficulties or disabilities. EHC plans may also specify other adult care and support in the young person's care and support plan where appropriate. While the care part of the EHC plan must meet the requirements of the *Care Act 2014* and a copy should be kept by adult services, it is the EHC plan that should be the overarching plan that is used with these young people to ensure they receive the support they need to enable them to achieve agreed outcomes. Every effort should be made to align reviews of EHC plans and Care and Support Plans, to ensure that young people with both do not have to attend multiple reviews held by different services, provide duplicate information, or receive support that is not joined up and co-ordinated.

Care (Transition)

2.5.25 If an individual has an EHCP and is aged 14 years or over, consideration needs to be given as to whether the young person is likely to have needs for care and support into adulthood. If the young person is likely to require care and support, colleagues

from adult social care should be involved in planning and reviewing support within EHCPs, including Personal Budget allocations, to ensure a smooth transition for the young person. Adult social care colleagues should make families aware of the differences in criteria for support between children's and adults' services, including the use of financial assessments in adults' services.

Health (Children)

2.5.26 From October 2014, children in receipt of Continuing Care have had a right to have a Personal Health Budget. Children's Continuing Care applies when a child under the age of 18 has health needs that cannot be met by universal or specialist services alone.

2.5.27 To obtain Children's Continuing Care funding, a referral for a Continuing Care Assessment (CCA) must be made to the children's specialist complex care commissioning team (complexcare.admin@nhs.net); any professional working with the child can make this referral. The CCA determines whether a child is eligible for Children's Continuing Care funding or not, in line with the criteria set out in the *National Framework for Children and Young People's Continuing Care (2016)*.

2.5.28 If a child meets the criteria for Continuing Care funding and a need is identified, a package of support may be recommended. If Continuing Care funding is taken as a Personal Health Budget, this funding could then form the health component of an EHC Personal Budget if appropriate.

2.5.29 Where an individual with an EHC plan is under 18 years old and is eligible for children's Continuing Care, the health component of the EHC Personal Budget will therefore be calculated based upon the CCA, clinical knowledge and the use of an approved Resource Allocation System (RAS).

Health (Adults)

2.5.30 From October 2014, adults in receipt of Continuing Healthcare have had a right to have a Personal Health Budget. Adults' Continuing Healthcare is for adults aged 18 or over with complex health needs that cannot be met by universal or specialist services alone.

2.5.31 To obtain Adult's Continuing Healthcare funding, a referral for a Continuing Healthcare Assessment must be made to the Continuing Healthcare team (01625 663808); anybody can make this referral, including professionals working with the adult or the adult themselves. Consent from the adult is required before an assessment can be undertaken. The assessment determines whether the adult is eligible for Continuing Healthcare funding or not, in line with the criteria set out in the *National framework for NHS continuing healthcare and NHS funded nursing care*, plus the *Decision Support Tool for NHS continuing healthcare*.

2.5.32 If an adult meets the criteria for Continuing Healthcare funding and a need is identified, a package of support may be recommended. If Continuing Healthcare funding is taken as a Personal Health Budget, this funding could then form the health component of an EHC Personal Budget if appropriate.

2.5.33 Where an individual with an EHC plan is aged 18 years old or over and is eligible for adult's Continuing Healthcare, the health component of the EHC Personal Budget will therefore be calculated based upon the Continuing Healthcare assessment, clinical knowledge and the use of an approved Resource Allocation System (RAS).

Health (Transition)

2.5.34 To facilitate a smooth transition between children's and adults' services, the adult Continuing Healthcare team are notified once a child in receipt of Continuing Care funding turns 16. If the young person is likely to meet the criteria for Continuing Healthcare funding as an adult, an assessment in principal is undertaken for Continuing Healthcare for the young person at 17 years old. If this assessment determines that the young person will be eligible for Continuing Healthcare, there is transition period up to their 18th birthday, at which point the decision in principal is reviewed. Note that there are different frameworks for Continuing Care and Continuing Healthcare, and young people and their families should be made aware of this.

2.6 Using a Personal Budget

2.6.1 During the EHC assessment and planning process, personalised outcomes, which recognise the child or young person's needs and aspirations, will be agreed. The agreed outcomes will be described in section E of the EHC plan. Sections F, G, H1 and H2 of the EHC Plan will describe the provision that has been agreed to meet these outcomes.

2.6.2 Regardless of the funding source, **a Personal Budget associated with an EHC Plan is only to be used to secure the agreed outcomes and provision specified in the EHC plan**.

2.6.3 Where a Personal Budget is agreed, Section J of the EHC Plan should be used to provide a detailed explanation of how the Personal Budget will be used to deliver agreed provision, the needs and outcomes it will meet, and explain how the money will be used, spent and managed, including arrangements in relation to any direct payments.

2.6.4 As outcomes and provision included in an EHC Plan will be personalised to the individual, it would be impossible to draw up an exhaustive list detailing how a Personal Budget could be used. However, a proposed Personal Budget must be an efficient use of resources (i.e. represents value of money and does not cost more than delivered services) and must not have an adverse impact on other services which Cheshire East Council, NHS Eastern Cheshire CCG or NHS South Cheshire CCG provides or arranges for children and young people with an EHC plan. A list of definite exclusions relating to the use of Personal Budgets for EHC Plans and direct payments can be found in Annex A.

3. Managing a Personal Budget

3.1 Methods of managing an agreed Personal Budget

3.1.1 There are four ways in which a child's parent and/or a young person can be involved in securing provision through a Personal Budget:

- **Direct payments** – where individuals receive the cash to contract, purchase and manage services themselves. This will be an amount of money managed by the family and which is spent as agreed and set out in the EHC Plan.

- **Notional budgets** - an arrangement whereby the local authority, NHS, school or college holds the funds and commissions the support specified in the EHC plan
- **Third party arrangements** – where funds are paid to and managed by an individual or organisation on behalf of the individual (i.e. a third party) and the third party commissions the support specified in the plan
- **A combination of the above**

4. Managing a Personal Budget via direct payments

4.1 Eligibility for Direct Payments

4.1.1 In line with *The Special Educational Needs (Personal Budgets) Regulations 2014*, Cheshire East Borough Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG may make direct payments, as appropriate, to:

a) the child's parent;
b) the young person; or
c) a person nominated in writing by the child's parent or the young person to receive direct payments on their behalf.

4.1.2 Direct payments may only be made to an intended recipient if the person:

a) appears to the local authority, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG to be capable of managing direct payments without assistance or with such assistance as may be available to them;
b) where the recipient is an individual, is over compulsory school age;
c) does not lack capacity within the meaning of Mental Capacity Act to consent to the making of direct payments to them or to secure the agreed provision with any direct payment; and
d) is not a person described in Annex B.

4.1.3 Where an individual with an EHC plan is aged 18 years and over, is in receipt of care and support from adult social care and wishes to receive their Personal Budget as a direct payment, Cheshire East Council must be satisfied that the conditions within section 31 of the *Care Act 2014* are met. This also applies to any individuals nominated by the individual to receive the direct payment on their behalf.

4.2 Decision to make a direct payment

4.2.1 Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will only make direct payments following a request when they are satisfied that:

a) the recipient will use them to secure the agreed provision in an appropriate way
b) where the recipient is the child's parent or a nominee, that they will act in the best interests of the child or the young person when securing the proposed agreed provision
c) the direct payments will not have an adverse impact on other services which Cheshire East Council, NHS Eastern Cheshire CCG or NHS South Cheshire CCG provides or arranges for children and young people with an EHC plan
d) securing the proposed agreed provision by direct payments is an efficient use of Cheshire East Council's, NHS Eastern Cheshire CCG's or NHS South Cheshire CCG's resources.

4.2.2 Where the EHC Moderation Panel refuses a request for a direct payment on the grounds above, the local authority (and/or CCG in relation to the health element of a Personal Budget) will set out their reasons in writing and inform the child's parent(s) or the young person of their right to request a formal review of the decision. Formal reviews will be conducted by the following representatives:

- **For education**: Head of Service: Special Educational Needs and Disabilities (SEND)
- **For care**: Children's - Head of Service: Preventative Services; Head of Service: Cared For Children and/or Head of Service: Children in Need and Child Protection. Adults' - Principal Manager Adult Social Care Individual Commissioning.
- **For health:** Children's Continuing Care - Individual Commissioning Manager for Children's Complex Care. Adults' Continuing Healthcare - To be confirmed by health colleagues. Commissioning managers from NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will be involved as required.

In the event that the request was for direct payments across more than one element of a Personal Budget (i.e. education, health and care), reviews will be conducted jointly and the local authority and CCG(s) can set out their reasons in a single, joint letter.

4.2.3 Direct payments for special educational provision, health care and social care provision are subject to separate regulations. These are:

1. *The Community Care, services for Carers and Children's Services (Direct Payments) Regulations 2009* (the 2009 regulations will be replaced by those made under the *Care Act 2014*)
2. *The National Health Service (Direct Payments) Regulations 2013*
3. *The Special Educational Needs (Personal Budgets) Regulations 2014*

Where a Personal Budget associated with an EHC plan is managed via direct payments, the conditions within each of the regulations above must be met, as appropriate for the elements (education, health and/or care) included within the individual's Personal Budget.

Health

4.2.4 Direct payments for health require the agreement of a Care Plan between the appropriate CCG and the recipient. This requirement can be fulfilled by sections G and J of the EHC plan as long as it includes the following information:

- the health needs to be met and the outcomes to be achieved through the provision in the plan
- the things that the direct payment will be used to purchase, the size of the direct payment, and how often it will be paid
- the name of the care co-ordinator responsible for managing the Care Plan
- who will be responsible for monitoring the health condition of the person receiving care
- the anticipated date of the first review, and how it is to be carried out
- the period of notice that will apply if the CCG decides to reduce the amount of the direct payment
- where necessary, an agreed procedure for discussing and managing any significant risk, and
- where people lack capacity or are more vulnerable, the plan should consider safeguarding, promoting liberty and where appropriate set out any restraint procedures.

4.3 Consent and Capacity

Consent

4.3.1 Direct payments can only be made where appropriate consent has been given by:

- a person aged 16 or over who has the capacity to consent to the making of direct payments to them;
- the representative of a person aged 16 or over who lacks the relevant capacity to consent;
- the representative of a child under 16
- a person nominated in writing by the child's parent or the young person (aged 16 or over) to receive direct payments on their behalf

4.3.2 The direct payment can be received and managed by the person who gives their consent, or that person can identify a nominee to receive and manage it for them.

4.3.3 People who receive direct payments are responsible for arranging and managing their own or another person's support, in line with the EHC plan. The person, representative or nominee in receipt of direct payments must be able to give informed consent and understand what is involved. This may involve legal responsibilities, for example, employing staff or entering into contracts for services. When employing staff, the direct payment recipient must meet and comply with employment legislation and requirements, including in relation to pensions. Before people consent to receive direct payments, they should be fully advised about their rights and responsibilities in relation to direct payments. Consent must be given voluntarily and no one should feel forced or obliged to accept a direct payment if they do not wish to do so. Where there is any doubt about a person's ability to consent to direct payments, the Local Authority must assess whether or not the person has capacity to consent before making Direct Payments available.

4.3.4 Where a person lacks the capacity to consent, direct payments can be given to their authorised representative, provided the representative consents to receiving the payment on the person's behalf. In the case of children, direct payments can be received by their parents or those with parental responsibility for that child.

4.3.5 Parents can manage a Personal Budget up to the end of year 11 of school; after this the young person has responsibility, as long as they have the mental capacity as defined by the *Mental Capacity Act 2005*. Where there is any doubt that a young person lacks this capacity, an assessment must be carried out under the *Mental Capacity Act 2005*. Should it be determined that a young person lacks capacity, a best interest decision must be made on their behalf in line with the Act. The outcome of this might include the parent/carer or a third party managing funding on the young person's behalf.

4.3.6 The person receiving direct payments (the individual themselves, or their nominee or representative) will be responsible for ensuring that the money is spent in line with the EHC Plan and direct payment agreement. They will need to maintain appropriate records and account to the Council for how direct payment monies are spent.

Capacity to Consent

4.3.7 Broadly speaking, 'mental capacity' means the ability to make a decision in question at the time it needs to be made. Under the *Mental Capacity Act 2005*, it must be assumed that a person aged 16 or over has the capacity to make a decision unless they have been assessed as lacking capacity to make that decision. According to this

Act, a person lacks capacity if they are unable to make a decision because of an impairment of, or a disturbance in the functioning of, the mind or brain. All practicable steps should be taken to support a person to make a decision where required. Where there is reasonable belief that a person is unable to make a decision about the making of direct payments to them, Cheshire East Council, NHS Eastern Cheshire CCG or NHS South Cheshire CCG will assess the person's capacity to consent, using a two stage test of capacity.

4.3.8 The first stage is a diagnostic test to establish whether the person has an impairment of or disturbance in the functioning of the mind or brain. The second stage is a functional test to consider whether the impairment or disturbance prevents the person from being able to make the decision. The person will be considered able to make a decision if they can understand and retain information relevant to the decision, weigh up this information to reach a decision and communicate the decision.

Episodic/Fluctuating Conditions and Capacity

4.3.9 People with an episodic or fluctuating condition may still be able to manage their Direct Payment. However, some people with these conditions may prefer to nominate an individual (e.g. a relative, friend or professional advisor) to assist them with managing their Direct Payments when their condition becomes acute.

4.3.10 Where a person who has consented to the making of direct payments to them subsequently loses their capacity to consent, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG may, where it is satisfied that the loss of capacity is temporary, allow a representative to be appointed to receive direct payments on their behalf, or an existing nominee to continue to receive them, until they regain capacity. In these circumstances, the role will be similar to that of a representative for someone who has been assessed to lack capacity on an ongoing basis. Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will prioritise continuity of care, ensuring that any disruption is as minimal as possible.

Ability to Manage Direct Payments

4.3.11 When deciding whether or not someone has the ability to manage direct payments (including a representative or nominee), Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will consider:-

- whether they would be able to make choices about, and manage, the services they wish to purchase
- whether they have been unable to manage either a health or social care direct payment in the past, and if their circumstances have changed; and
- whether they are able to take reasonable steps to prevent fraudulent use of the direct payment or identify a safeguarding risk, and if they understand what to do and how to report it if necessary

4.3.12 In deciding whether or not someone has the ability to manage direct payments, (including a representative or nominee) and whether they are otherwise suitable Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG may consult with a range of people if they believe those people have information relevant to the decision regarding whether or not to make direct payments. This could include any of the following: -

- Anyone identified by the person as someone to be consulted

- If the person is aged between 16 and 18, the person with personal responsibility unless this would not be consistent with their welfare
- An individual primarily involved in the person's care or provision of service
- Anyone else who provides care or services
- An independent mental capacity advocate or independent mental health advocate who may have been appointed for the person
- Any health professional or other professional individual who provides healthcare for the person e.g. a GP
- Where relevant, anyone named by the person for whom direct payments are to be made when they had capacity as a person to be consulted

4.3.13 If a decision is made that someone is not suitable for direct payments, the person will be informed in writing, stating the reasons for that decision.

4.4 Nominees and Representatives

4.4.1 If a person aged 16 or over has capacity, but does not wish (for whatever reason) to receive direct payments themselves, they may nominate someone else to receive them on their behalf (a nominee). A representative (for a person aged 16 or over who does not have capacity or for a child) may also choose to nominate someone (a nominee) to hold and manage the direct payment on their behalf. Where the child's parent, young person or representative wishes to nominate a person to receive direct payments on their behalf, they must notify Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG in writing.

4.4.2 Where a nominee has been agreed and appointed, if the child's parent or the young person wish to withdraw or change their nomination, they must do so by notifying Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG in writing. If this request occurs, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will stop making the direct payments to the nominee as soon as reasonably practicable, and agree a suitable alterative with the child's parent/young person (or representative, as applicable). The principles of the *Mental Capacity Act* will be applied as and when appropriate in relation to all nominee decisions.

Nominees for People with Capacity

4.4.3 The role of nominee for direct payments for health and education is different from the role of nominee for direct payments for social care. For social care direct payments, a nominee does not have to take on all the responsibilities of someone receiving direct payments, but can simply carry out certain functions such as receiving or managing direct payments on behalf of the person receiving them. In direct payments for healthcare and education however, the nominee is responsible for fulfilling all the responsibilities of someone receiving direct payments and must be responsible as a principal for all contractual arrangements entered into for the benefit of the child and young person and secured by means of direct payments (SEN reg 8(4)(b)).

4.4.4 If the proposed nominee is not a close family member of the person, living in the same household as the person, or a friend involved in the person's care, then the nominee will be required to apply for an enhanced Disclosure and Barring Service (DBS) certificate (formerly a CRB check) with a check of the adults' and children's barred list. If a proposed nominee is barred, consent will not be given. This is

because the *Safeguarding Vulnerable Groups Act 2006* prohibits a barred person from engaging in the activities of managing the person's money or paying the person's bills. An enhanced DBS check is also required for nominees under *The National Health Service (Direct Payments) Regulations 2013*.

4.4.5 If the proposed nominee is a close family member of the person, living in the same household as the person or a friend involved in the person's care, there is no legal power to request these checks.

4.4.6 An organisation (including one such as a Trust established for the purpose of receiving direct payments on behalf of a person) may agree to receive direct payments on behalf of an individual. Where this is the case, that organisation must identify the individual who will, on their behalf, have overall responsibility for the day-to-day management of the direct payments. In the case of an Independent User Trust, a trust deed must be drawn up which sets out the purpose of the trust and the roles of the individual trustees. This will relate to use of the direct payments to ensure the person's identified needs are met.

4.4.7 In some cases an organisation will provide financial management or support services to the recipient of the direct payment, including a representative or a nominee, but will not have the status of a nominee and the recipient will remain responsible.

Representatives for People without Capacity

4.4.8 Inability to consent to receiving a direct payment does not mean a person with eligible needs cannot receive a direct payment provided that a representative (also known as a 'suitable person') is appointed to manage the direct payments on their behalf.

4.4.9 A representative is someone who agrees to act on behalf of someone who is otherwise eligible to receive direct payments but cannot do so because they do not have the capacity to consent to receiving one, or because they are a child.

4.4.10 Representatives are responsible for consenting to a direct payment and fulfilling all the responsibilities of someone receiving direct payments.

4.4.11 A representative must give their consent to receive the direct payment and confirm that they understand the responsibilities of this role. A representative may identify a nominee to receive and manage direct payments on their behalf, subject to the nominee's agreement and the approval of Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG.

4.4.12 An appointed representative could be anyone deemed suitable by Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG, taking into account previously expressed wishes of the recipient, and as far as possible their current wishes and feelings. Where possible, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will consider appointing someone with a close relationship to the person, for example a close family member or a friend. If a representative is not a close family member who resides in the same household as the service user or a friend involved in their care, the representative will require the same DBS checks as for a nominee.

4.4.13 A representative can be any of the following:

- a deputy appointed by the Court of Protection to make decisions relevant to healthcare and direct payments ("the relevant decisions");
- a donee of a lasting power of attorney with the power to make the relevant decisions;

- a person vested with an enduring power of attorney with the power to make the relevant decisions;
- the person with parental responsibility, if the recipient is a child;
- the person with parental responsibility, if the recipient is over 16 and lacks capacity; or
- someone appointed by Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG to receive and manage direct payments on behalf of a person, other than a child, who lacks capacity.

4.4.14 Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will make the decision about whether or not someone is considered a suitable person to manage the Direct Payment on behalf of the person who cannot consent or is not able to manage their Direct Payment. Someone may be considered suitable if any of the following applies:

- there are no substantiated allegations of financial abuse or neglect.
- there is no reason to believe they pose a risk to the person in receipt of services.
- they are capable of managing the Direct Payment.
- they will work in accordance with the *Children's Acts (1989 and 2004)* and *Mental Capacity Act (2005).*
- they have parental responsibility and there are no substantiated allegations of financial abuse or neglect.
- there is a suitable Trust in place whereby the representative or suitable person acts as trustee holding property for the benefit of the Direct Payment recipient.
- there is a valid registered lasting (or enduring) power of attorney and there are no substantiated allegations of financial abuse or neglect.
- there is a Court Appointed Deputy and there are no substantiated allegations of financial abuse or neglect.

4.4.15 It would not be considered suitable for someone who is being paid from the Direct Payment account (e.g. as a Personal Assistant or Care Provider) to also act as the representative or Suitable Person.

4.4.16 If a Personal Assistant is being employed, then the representative must be able to comprehend relevant legislation and the responsibilities of being an employer. In these circumstances, the representative is the employer and is responsible for all elements of the Direct Payments and employment law relating to this.

Transition: When a Child becomes an Adult

4.4.17 Where a child in respect of whom direct payments are being made becomes a young person (i.e. over compulsory school age; see section 1.3.), the local authority must take reasonable steps to ascertain whether the young person consents to receive direct payments, if they are eligible.

4.4.18 Where the young person has notified the local authority in writing that he or she wishes to receive direct payments, the local authority will make direct payments to the young person provided the conditions outlined in sections 4.1 and 4.2 of this policy are met. Direct payment arrangements, including the consent of the young person to receive direct payments, will be reviewed annually in line with the principles of the *Mental Capacity Act*, as part of the standard audit and annual review processes.

4.4.19 Where the young person consents in writing that the local authority should continue to make direct payments to their parent or nominee, the local authority will continue to do so, where appropriate (in line with sections 4.1 and 4.2 of the policy).

4.4.20 Where the young person notifies the local authority in writing that they do not consent to the making of direct payments, the local authority will stop making direct payments as soon as reasonably practicable.

4.5 Receiving a Direct Payment

4.5.1 Where direct payments are agreed, detailed arrangements will be set out in section J of the EHC plan.

4.5.2 Direct Payments will only be paid into a separate and appropriately named bank account, which will be used solely for the purpose of managing Direct Payments. This is to ensure that the individual does not confuse their personal funds with their Direct Payment funds and will allow efficient record keeping, monitoring and auditing, both for the individual themselves and the Council/CCGs for audit purposes.

4.5.3 Direct Payments will be paid into the individual's Direct Payments bank account in line with our billing periods every 4 weeks, in advance. Payments will be made via the BACS system (an electronic transfer of funds between the Council's and the individual's Direct Payments bank account).

4.5.4 Once it has been agreed that a person can have a direct payment, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS Southern Cheshire CCG will issue a Direct Payments Agreement specifying the following:-

- the name of the child or young person in respect of whom direct payments are to be made
- the goods or services which are to be secured by direct payments (this may refer to section J of the EHC Plan, and the outcomes/provision described within the EHC Plan);
- the proposed amount of direct payments
- any conditions on how direct payments may be spent
- the dates for payments into the bank account approved by Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS Southern Cheshire CCG

4.5.5 All recipients (including any representative and/or nominee) must sign the Direct Payment Agreement before a Direct Payment can be made. By signing the Direct Payments Agreement, the person is agreeing to:

- receive the direct payments
- use the direct payments only to secure the agreed provision
- comply with any specified conditions regarding how the direct payments may be spent
- notify Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS Southern Cheshire CCG of any changes in circumstances which might affect the need for the agreed provision
- use the bank account approved by Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS Southern Cheshire CCG solely for the direct payments and ensure it is only accessible by the recipient or any other person approved in writing
- keep a record of money paid in and withdrawn from the approved bank account

- provide Cheshire East Council with information or evidence relating to the account and the agreed provision when requested

4.5.6 Where the recipient is a nominee –

- the child's parent or the young person must consent in writing to direct payments being used to secure the agree provision and
- the nominee will be required to sign the Direct Payment Agreement outlining their responsibility as a principle for all contractual arrangements entered into and secured by means of direct payments, for the benefit of the child or young person

4.5.7 Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will ensure that the amount of direct payments is sufficient to secure the agreed provision.

4.5.8 One-off payments: Although there will normally be a set amount of money paid on an agreed cycle, in exceptional circumstances there may be a one off payment that could be paid via the direct payment mechanism, where this is documented as appropriate in the child or young person's EHC Plan.

4.5.9 Equipment: Where a direct payment is used to buy equipment (in line with the outcomes and provision specified in their EHC Plan), the property becomes the property of the direct payment recipient. The direct payment recipient therefore becomes responsible for paying for and arranging ongoing maintenance, repair and safety of the equipment (this will need to be considered at the point of request). Any purchase of equipment will need to be supported and informed by relevant professional advice, in order to ensure appropriateness and consider any training needs.

4.5.10 For young people accessing support from Adult Social Care: If a young person has been assessed as eligible for Adult Social Care support they will be allocated a Personal Budget for their Social Care needs. A financial assessment is completed that determines whether the individual will pay a contribution to the cost of their support. Direct Payments will be paid net of the customer's assessed financial contribution. A Direct Payment will not be paid if the assessed contribution is greater than the Direct Payment amount. Please refer to *Cheshire East Council Adult Services Personal Budgets Policy*, *Cheshire East Council Adults Services Direct Payment Policy* and *Cheshire East Council Adult Services Practice Guidance & Procedures – Personal Budget* for full details relating to direct payments for adult social care support.

4.5.11 Contingency payments: a contingency payment of up to 8 weeks worth of the weekly direct payment can be paid by the Council in advance into the Direct Payment account, where this is required to meet the outcomes and deliver the provision specified in the EHC plan.

4.5.12 Reserves: The Council will allow the Direct Payment recipient to retain an agreed reserve of 10 weeks Direct Payment monies in their Direct Payment account at any one time. The Direct Payment bank account will be audited regularly and any obvious surplus in excess of the agreed reserve will need to be repaid to the Council.

4.5.13 Use of own resources: To purchase enhanced services to those agreed in the EHC plan, the Direct Payment recipient can add to their Direct Payment from their own income or capital. Top up amounts to providers must not be paid for out of Direct payment monies (or from the individual's personal contribution for recipients aged 18 years or over in recipient of care and support from adult social care). Top up

payments should be funded by the customer (or a nominated third party) from disregarded income or capital only.

4.6 Stopping or Reducing a Direct Payment

4.6.1 The size of the direct payment may be increased or decreased at any time, if Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG are satisfied that the new amount is sufficient to secure the agreed provision in the EHC Plan. This includes where the agreed provision has been changed following a review of the individual's EHC Plan. Before making a decision to stop or reduce a direct payment, wherever possible and appropriate, Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will consult with the person receiving it to enable any misunderstandings or inadvertent errors to be addressed, and enable any alternative arrangements to be made.

4.6.2 Whenever a direct payment is reduced or stopped, Cheshire East Council will ensure that the person receiving the direct payment is given reasonable notice (usually four weeks), and an explanation regarding the reasons for the decision, in writing. Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will then work with the individual to plan how their needs will be met in an alternative way, in line with their EHC Plan.

4.6.3 Direct payments may be reduced:

- where Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG are satisfied that a reduced amount is sufficient to cover the full cost of the agreed provision, as set out in the EHC Plan.
- if a surplus payment has accumulated that has remained unused. A surplus may indicate that the individual is not receiving the support they need or too much money has been allocated. As part of the review process, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will establish why the surplus has built up.

4.6.4 Under these circumstances, a reduction in direct payment in any given period cannot be more than the amount that would have been paid to them in the same period.

4.6.5 Direct payments will be stopped if Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG are satisfied that one (or more) of the following has occurred:

- a person with capacity to consent withdraws their consent to receiving direct payments (including where a child in receipt of support becomes a young person, and notifies the Council or CCG that they do not consent to the making of direct payments).
- where a child in receipt of support becomes a young person, and following reasonable steps by the Council and/or CCG to ascertain whether the young person consents, the young person has not notified the Council and/or CCG that they consent to the making of direct payments
- a person who has recovered the capacity to consent does not consent to direct payments continuing
- a representative withdraws their consent to receive direct payments, and no other representative has been appointed
- a nominee withdraws their consent, and the person receiving care or their representative does not wish to receive the direct payment themselves;

- the person has withdrawn their consent to the nominee receiving direct payments on their behalf;
- the person no longer requires support;
- direct payments are no longer a suitable way of providing the person with support and/or the agreed provision can no longer be secured by means of direct payments;
- the direct payment has been used for purposes other than the outcomes and/or provision agreed in the EHC Plan and Direct payment agreement,
- the terms of the Direct Payment agreement are breached and/or the recipient fails to comply with all of the requirements of the direct payment agreement
- fraud, theft or an abuse in connection with the direct payment has taken place
- the use of direct payments is having an adverse impact on other services provided by the local authority or CCG and/or is having an impact on the provision for other children and young people with an EHCP and no longer represents an efficient use of resources
- there is reason to believe that the recipient, representative or nominee is no longer suitable to receive direct payments (i.e. if they no longer meet the requirements outlined in Sections 4.1. and 4.2 of this policy or are a person in the categories outlined in Annex B), and no other person has been appointed
- the recipient has moved away from Cheshire East
- the person in need of support has died.

4.6.6 In addition, direct payments may be stopped if Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG are satisfied that the recipient has failed to comply with any of the conditions described in 4.5.5. of this policy.

4.6.7 If a Direct Payment recipient expresses a desire to terminate the Direct Payment, this must be communicated in writing and the reasons for the termination need to be provided to the Council and/or CCG (as appropriate).

4.6.8 Where direct payments have been reduced or stopped, the individual, or their representative or nominee, may request Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG to reconsider the decision, and may provide evidence or relevant information to be considered as part of that deliberation. Where this happens, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will inform the person in receipt of support, and any representative or nominee, in writing of the decision after reconsideration, and state the reasons for the decision. Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG is not required to undertake more than one reconsideration of any such decision.

4.6.9 If, for whatever reason, the individual in receipt of support is no longer able or willing to manage the direct payment, Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will be responsible for fulfilling the contractual obligations the person entered into. After a direct payment is stopped, all rights and liabilities acquired or incurred as a result of a service purchased by direct payments will transfer to Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG.

4.7 Repayment of a Direct Payment

4.7.1 In some circumstances, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG may ask for all, or part of, the direct payment to be repaid. The decision to seek repayment, and the amount of money to be reclaimed, will be at the discretion of Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG. Direct payments may be reclaimed if:

- the circumstances of the child or young person have changed in a manner which has an impact on the appropriateness of the agreed provision in the EHC plan and/or Direct Payment Agreement (this could include admission to hospital resulting in the individual not using the direct payment to purchase their care/support)
- all or part of the direct payments have not been used to secure the agreed provision
- theft, fraud or another offence may have occurred in connection with the direct payments
- the recipient of the EHC plan (the child or young person) has died, leaving part of the direct payment unspent
- the Direct Payment recipient fails to meet any terms or conditions in the Direct Payment Agreement
- a Direct Payment has been overpaid or paid in error
- the recipient has failed to pay their client contribution (where the direct payment recipient is a young person with an EHC plan aged 18 years and over, they receive direct payments for care and support from adult social care and are required to pay a financial contribution).
- the Direct Payment recipient has failed to disclose other relevant funding that should be taken into account when calculating the Direct Payment or client financial contribution amounts (particularly where the direct payment recipient is a young person with an EHC plan aged 18 years and over and is in receipt of direct payments for care and support from adult social care).

4.7.2 In addition, if a substantial amount of money accumulates in the individual's account (above the agreed amount) due to an underspend for any reason, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will consider whether it is appropriate to reclaim that money. In some circumstances, it may be more appropriate to simply reduce subsequent direct payments, factoring in the existing surplus. Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG will assess the reasons for the build up of the surplus as part of the review process.

4.7.3 If Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG decide to seek repayment, they will give the relevant person reasonable notice in writing, stating:

- the reasons for their decision;
- the amount to be repaid;
- the time in which the money must be repaid; and
- the name of the person responsible for making the repayment.

4.7.4 On receipt of notice from Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG the person, representative or nominee may request a reconsideration of the decision. They may also provide additional evidence or

relevant information to inform that decision. Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG must reconsider their decision in light of any new evidence, and then notify and explain the outcome of their deliberation in writing. Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG is not required to undertake more than one reconsideration of any such decision.

4.7.5 Where Cheshire East Council requires all of part of the direct payments to be repaid, that sum may be recovered as a debt due to the local authority.

4.8 Advice and Support

4.8.1 Independent information, advice and support on SEND matters, including Personal Budgets associated with EHC plans, can be provided by Cheshire East Information, Advice and Support (CEIAS).

4.8.2 Independent Supporters can also give some support during the EHC assessment process, or during the transfer process from an existing statement of SEN to an EHC plan. Independent Supporters are available from CEIAS or EDGE Inclusion Partners.

- **CEIAS**
  Email: ceias@cheshireeast.gov.uk
  Telephone: 0300 123 5166
- **EDGE Inclusion Partners**
  Email: is@edgeinc.co.uk
  Telephone: 07947100727

4.8.3 If help is required in managing a Direct Payment this can be sought from the locally available Direct Payments Support and Personal Health Budget Support Services. Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG currently commission Cheshire Centre for Independent Living (CCIL) to provide advice and practical assistance, including information relating to employment of staff.
Cheshire Centre for Independent Living (CCIL): http://www.cheshirecil.org/

4.8.4 The recipient (young person or parent or, for individuals lacking capacity, their representative) may choose a Managed Account offered by Cheshire Centre for Independent Living (CCIL) or any other provider of such services. This would constitute a third party arrangement. In these cases, the agreement would be between the recipient and the third party, and Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG would not be a party to any such agreement. The individual recipient will retain responsibility for responding to audit requests and instructing the managed account provider on day to day transactional activity.

5. Monitoring and Review

5.1 Personal Budgets

5.1.1 The Personal Budget will be monitored on an on-going basis and reviewed annually in line with the EHC Plan review. The EHC Plan review will focus on the child or young person's progress towards achieving the outcomes specified in the EHC Plan and whether the arrangements made in the form of a Personal Budget continue to meet those outcomes. Where a Personal Budget is in place for an EHC plan, all

organisations involved in funding the Personal Budget should be involved in the annual EHC Plan review.

5.2 Direct Payments

5.2.1 A Direct Payment recipient will be subject to regular audits in relation to the use and management of their Direct Payment. As a minimum, the Direct Payment will be audited formally within 8 weeks of the person receiving a direct payment, and when conducting a review or a re-assessment of an EHC Plan. Audits are used to check how the direct payments are being spent (i.e. to check that they are being used to meet the outcomes and provision detailed in the EHC plan and in line with the direct payment agreement), to ensure that the correct amounts are being used for provision and to ensure that accurate receipts and records are being kept. Any discrepancies will be investigated and resolved. Where the direct payment recipient is a young person with an EHC plan aged 18 years and over and they receive direct payments for care and support from adult social care, an additional brief audit will also be required annually in April, in order to reassess their required financial contribution.

5.2.2 If Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG become aware, or are notified, that the person's circumstances or needs have changed, they will consider whether it is appropriate to carry out a review of the EHC Plan and/or direct payment agreement to ensure that the individual's needs are still being met. Similarly, if they become aware, or are notified that the direct payment has been insufficient to purchase the services agreed in the EHC Plan and/or direct payment agreement, a review will be carried out as soon as possible.

5.2.3 The Council has the right to suspend or terminate the Direct Payment as a result of the findings of the audit of the Direct Payment account. An audit of the individual's circumstances may take place at anytime.

5.3 Purpose of a Review

5.3.1 The review will be a mechanism to consider whether:

- the agreed provision should continue to be secured by means of a direct payment
- the direct payments have been used effectively and appropriately
- the provision within the EHC plan and direct payment agreement adequately addresses the needs of the person and the agreed outcomes are being met
- the amount continues to be sufficient to secure the agreed provision
- Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG are still satisfied as to the matters set out in section 4.2.1
- the recipient has complied with the conditions set out in section 4.5.4
- to review the required financial contribution from the individual recipient (where the direct payment recipient is a young person with an EHC plan aged 18 years and over and they receive direct payments for care and support from adult social care. Reviews for this purpose are usually carried out annually in April).

5.3.2 A recipient may make a request for the local authority and/or CCGs to review the making and use of direct payments and the local authority/CCGs must then consider whether to carry out a review. If the LA/CCG decides to carry out a review, it must consider the matters set out above in 5.3.1.

5.4 Outcomes of a Review

5.4.1 Following a review, Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG may:

- amend the EHC plan and/or Direct Payment Agreement (as appropriate)
- decide to pay the direct payment to the person receiving support, rather than the representative or nominee;
- decide to pay the direct payment to a representative or nominee rather than the person;
- increase, maintain or reduce the size of the direct payment;
- stop making the direct payment, where appropriate
- require that a direct payment is not used to purchase a service from a particular individual;
- require that the person, representative or nominee provide additional information; and
- take any other action considered appropriate. This will usually be to ensure the safe and effective running of the Direct Payment Agreement, or to protect public money if there is a significant risk of abuse.

6. Children and Young People in specific circumstances

6.1 Children and young people with SEN who are in youth custody

6.1.1 Cheshire East Council has a duty to maintain EHC Plans for children and young people in youth custody, and arrange for appropriate special educational provision to be provided for them whilst in custody. However, Personal Budgets associated with EHC Plans will not be available to those children and young people in custody, or their parent carers, during this time.

6.2 Children of Service personnel

6.2.1 Personal Budgets agreed in the UK cannot be transferred to Service Children's Education (SCE) locations overseas.

7. Complaints and Appeals

7.1.1 Should a young person or parent experience an issue during the EHC assessment or review process, including an issue in relation to Personal Budgets, they should in the first instance contact the Cheshire East Council Review and Monitoring Officer involved in their assessment or alternatively, another member of the SEN Statutory Assessment service via email (senteam@cheshireeast.gov.uk) or telephone (01625 378042). It is expected that in many cases, an immediate informal response by a front-line member of staff or practitioner will resolve issues as they arise. If the complainant is not satisfied with the response, and/or informal discussions or repeated service requests do not resolve the issues, then they may feel it necessary to take the complaint to the next stage.

7.1.2 Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG operate statutory formal complaints procedures, which an individual may access should they experience dissatisfaction with their Direct Payment provision and have been unable to resolve this through informal discussions. All arrangements in relation to existing Cheshire East Council, NHS Eastern Cheshire CCG and/or NHS South Cheshire CCG complaints procedures apply to direct payments just as they apply to a direct service.

7.1.3 The relevant teams for formal complaints within Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG are shown below:

Cheshire East Council Compliance and Customer Relations Team

By telephone: 0300 123 5038
By email: letusknow@cheshireeast.gov.uk
In writing: Compliance & Customer Relations Team - Cheshire East Council
Westfields - 1st Floor
c/o Municipal Building
Earle Street
Crewe
CW1 2BJ

NHS Eastern Cheshire CCG Complaints Concerns and Compliments Team

By telephone: 01625 663 828
By email: complaints.nhseasterncheshireccg@nhs.net
In writing: Complaints, Concerns & Compliments Team
NHS Eastern Cheshire Clinical Commissioning Group
1st Floor, West Wing
New Alderley House
Victoria Road
Macclesfield
Cheshire
SK10 3BL

NHS South Cheshire CCG Governance and Compliance Team

By telephone: 01270 275590
By email: complaints.nhssouthcheshireccg@nhs.net
In writing: Governance and Compliance Team
NHS South Cheshire Clinical Commissioning Group
1st Floor
Bevan House
Barony Court
Nantwich
Cheshire
CW5 5RD

7.1.4 If the direct payment recipient is not satisfied with the services they have independently purchased, they should address any complaint to the service provider/employee concerned.

Annex A: Using a Personal Budget – exclusions

Personal Budgets and direct payments cannot be used for the following:

<table>
<tr><th>Education</th><th>Health</th><th>Care</th></tr>
<tr>
<td>• Funding a place at a school or post-16 institution
• Staff or services to work/ be delivered on the premises of an early years setting, school or college if there is no agreement to do so from the provider (Early Years), Principal or Headteacher.
• Provision within a special school that is part of their core service delivery</td>
<td>• To purchase primary medical services provided by GPs
• For the following public health services:
○ vaccination or immunisation, including population-wide immunisation programmes.
○ screening
○ the national child measurement programme
○ NHS Health Checks
• For urgent or emergency treatment services, such as unplanned in-patient admissions to hospital or accident and emergency.
• For surgical procedures.
• To pay for any NHS charges, such as prescription or dental charges.</td>
<td>• To purchase a service already provided by the local authority, including internal C4E and foster care services
• Permanent residential care, including Cared For Children placements
• Long term care home placements exceeding a period of four consecutive weeks in any 12 month period
• A substitute for Disabled Facilities Grants
• Redundancy pay for a Personal Assistant, unless in exceptional circumstances</td>
</tr>
<tr>
<td colspan="3">• To purchase anything illegal or unlawful, or for any type of illegal activity
• An activity or item that exposes the individual to serious risk from someone else/themselves
• For gambling, alcohol or tobacco
• For paying off personal loans or to repay a debt (with the exception of debts relating to services specified in a plan)
• Housing services, such as rent payments
• Household bills, such as food and utility bills
• Non-statutory liabilities, such as tips, bonuses or ex gratia payments
• Funding support provided by anyone living in the same house/to employ close relatives who live in the same household (except for exceptional circumstances).</td>
</tr>
</table>

As specified in section 2.6., a Personal Budget associated with an EHC Plan is only to be used to secure the agreed outcomes and provision specified in the EHC plan. Where an individual receives a Personal Budget containing funding from more than one element (education, health or care), the level of funding from each element will be defined in section J of the EHC plan. Individuals must be mindful of the level of funding for each element and the provision which has been agreed in the plan – funding from one element, e.g. care, should not be used to fund provision of a different type, e.g. education or health provision.

Annex B: Persons excluded from direct payments

In line with *The Special Educational Needs (Personal Budgets) Regulations 2014* (along with *The National Health Service (Direct Payments) Regulations 2013; The Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009* and *The Care and Support (Direct Payments) Regulations 2014*), the following persons may not receive direct payments:

a) a person who is subject to a drug rehabilitation requirement, as defined by section 209 of the Criminal Justice Act 2003, imposed by a community order within the meaning of section 177 of that Act or by a suspended sentence order within the meaning of section 189 of that Act;

b) a person who is subject to an alcohol treatment requirement, as defined by section 212 of the Criminal Justice Act 2003, imposed by a community order within the meaning of section 177 of that Act or by a suspended sentence order within the meaning of section 189 of that Act;

c) a person who is released on licence under Part 2 of the Criminal Justice Act 1991, Chapter 6 of Part 12 of the Criminal Justice Act 2003 or Chapter 2 of Part 2 of the Crime (Sentences) Act 1997 subject to a licence condition requiring the offender to undertake offending behaviour work to address drug-related or alcohol related behaviour;

d) a person who is required to submit to treatment for their drug or alcohol dependency by virtue of a community rehabilitation order within the meaning of section 41 of the Powers of Criminal Courts (Sentencing) Act 2000 or a community punishment and rehabilitation order within the meaning of section 51 of that Act;

e) a person who is subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000;

f) a person who is subject to a youth rehabilitation order imposed in accordance with paragraph 22 (drug treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which requires the person to submit to treatment pursuant to a drug treatment requirement;

g) a person who is subject to a youth rehabilitation order imposed in accordance with paragraph 23 (drug testing requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which includes a drug testing requirement;

h) a person who is subject to a youth rehabilitation order imposed in accordance with paragraph 24 (intoxicating substance treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which requires the person to submit to treatment pursuant to an intoxicating substance treatment requirement.

i) released from prison on licence subject to a drug testing requirement under section 64 (as amended by the Offender Rehabilitation Act 2014) (release on licence etc.: drug testing) or a drug appointment requirement under section 64A (release on licence etc.: drug appointment) of the Criminal Justice and Courts Services Act 2000

j) required to comply with a drug testing or a drug appointment requirement specified in a notice given under section 256AA (supervision after end of sentence of prisoners serving less than 2 years) of the 2003 Act

k) required to submit to treatment for their drug or alcohol dependency by virtue of a requirement of a community payback or probation order within the meaning of sections 227 to 230 of the Criminal Procedure (Scotland) Act 1995 or subject to a drug treatment and testing order within the meaning of section 234B of that Act; or released on licence under section 22 or section 26 of the Prisons (Scotland) Act 1989 (release on licence etc.) or under section 1 (release of short-term, long-term and life prisoners) or 1AA (release of certain sexual offenders) of the Prisoners and Criminal Proceedings (Scotland) Act 1993 and subject to a condition that they submit to treatment for their drug or alcohol dependency.

Annex C: References and Relevant Legislation

- *The Children and Families Act 2014*
  Available from: http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
- *The Special Educational Needs (Personal Budgets) Regulations 2014*
  Available from: http://www.legislation.gov.uk/uksi/2014/1652/contents/made
- *Special educational needs and disability code of practice: 0 to 25 years (January 2015)*
  Available from: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
- *The Carers and Disabled Children Act 2000*
  Available from: http://www.legislation.gov.uk/ukpga/2000/16/contents
- *The Community Care, services for Carers and Children's Services (Direct Payments) Regulations 2009 (the 2009 regulations will be replaced by those made under the Care Act 2014)*
  Available from: http://www.legislation.gov.uk/uksi/2009/1887/contents/made
- *The National Health Service (Direct Payments) Regulations 2013*
  Available from: http://www.legislation.gov.uk/uksi/2013/1617/made
- *National framework for NHS continuing healthcare and NHS funded nursing care, plus the Decision Support Tool for NHS continuing healthcare*
  Available from: https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care
- *National Framework for Children and Young People's Continuing Care 2016*
  Available from: https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework
- *The Care Act 2014*
  Available from: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- *Care and Support (Eligibility Criteria) Regulations 2015*
  Available from: http://www.legislation.gov.uk/uksi/2015/313/made
- *Care and Support (Direct Payments) Regulations 2014*
  Available from: http://www.legislation.gov.uk/uksi/2014/2871/contents/made
- *The Mental Capacity Act 2005*
  Available from: http://www.legislation.gov.uk/ukpga/2005/9/contents

Annex D: Related Documents

This document should not be read in isolation and there are a number of other documents covering specific arrangements for personalisation options in education, health and care. These related documents are listed below:

- *Cheshire East Council Adult Services Personal Budgets Policy*
- *Cheshire East Council Adults Services Direct Payment Policy*
- *Cheshire East Council Adult Services Practice Guidance & Procedures – Personal Budget*
- *Cheshire East Council Transition Policy*
- *Cheshire East Council Children with Disabilities Policy*
- *Personal Health Budgets Policy for Cheshire CCGs [currently under development]*

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 26th July 2016
Report of: Guy Kilminster, Corporate Manager Health Improvement
designation)
Subject/Title: Annual Review of the Terms of Reference

1 Report Summary

1.1 The Health and Wellbeing Board's Terms of Reference (ToR) include the requirement for them to be reviewed on an annual basis. This provides an opportunity to ensure that they remain fit for purpose and are appropriate for the smooth functioning of the Board.

2 Recommendations

2.1 That the Board consider the Terms of Reference and whether or not any amendments are required.

3 Reasons for Recommendations

3.1 To ensure that the Health and Wellbeing Board is operating with an appropriate Terms of Reference to facilitate its effective functioning.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 N/A

5 Background and Options

5.1 The current version of Health and Wellbeing Board's Terms of Reference were approved by Full Council on 22nd October 2015. This followed a review and proposed amendments to the membership of the Board, which were incorporated into the ToR.

5.2 The existing ToR are attached as Appendix One. Any proposed amendments need to be agreed by the Board prior to referral to the Constitution Committee and Council.

6 Access to Information

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

Name: Guy Kilminster
Designation: Corporate Manager Health Improvement
Tel No: 01270 686560
Email: guy.kilminster@cheshireeast.gov.uk

Appendix One As approved 22/10/2015

Cheshire East Statutory Health and Wellbeing Board

Terms of Reference As (approved 22/10/2015) :

1. Context

1.1 The full name shall be the Cheshire East Health and Wellbeing Board.

1.2 The Board assumes statutory responsibility from April 2013.

1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).

1.4 For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

2. Purpose

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence based focus on improved outcomes and reducing health inequalities.

- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).

- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

- To lead close working between commissioners of health-related services and the board itself.

- To lead close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services

- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. Such delegated functions need not be confined to public health and social care.

- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the

National Health Service Act 2006 in connection with the provision of such services.

3. Roles and Responsibilities

3.1 To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

3.2 To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.

3.3 To participate in Board discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.

3.4 To champion the work of the Board in their wider work and networks and in all individual community engagement activities.

3.5 To ensure that there are communication mechanisms in place within partner organisation[s] to enable information about the Health and Wellbeing Board's priorities and recommendations to be effectively disseminated.

3.6 To share any, changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the Board to consider the wider system implications.

4. Accountability

4.1 The Board carries no formal delegated authority from any of the individual statutory bodies.

4.2 Core Members of the board have responsibility and accountability to their individual duties and to their role on the Board.

4.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.

4.4 The Council's Core Members will ensure that they keep Cabinet and wider Council advised of the work of the Board.

4.5 The Board will report to Full Council and to both NHS Clinical Commissioning Groups (CCG's) Governing Bodies by ensuring access to meeting minutes and presenting papers as required.

4.6 The Board will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee and in respect of children's health, the Children and Families Overview and Scrutiny Committee. Decisions taken and work progressed by the Board will be subject

to scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

4.7 The Board will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The Board is supported by an Engagement and Communications Network across Board organisations to ensure this function can operate successfully.

5. Membership

5.1 The Core membership of the Board will comprise the following:

Voting members:

- ***Three*** councillors from the local authority
- The Director of Adult Services
- The Director of Children's Services
- A local Healthwatch representative
- Two representatives of NHS Eastern Cheshire CCG
- Two representatives of NHS South Cheshire CCG
- Independent NHS representative (nominated by the CCGs)

Non-voting members

- The Chief Executive of the Council
- The Director of Public Health
- A nominated representative of NHS England

The councillor membership of the Board is nominated by the Executive Leader. The Executive Leader can be a member of the Board as one of the three councillors.

5.2 The Core Members will keep under review the Membership of the Board and if appropriate will make recommendations to Council on any changes to the Core Membership.

5.3 The above Core Members [1] through a majority vote have the authority to appoint individuals as Non Voting Associate Members of the Board. (Committee Procedure Rule 20.1 refers). The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM". Associate Members will assist the board in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the Board.

5.4 The above Core Members [2] through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate

[1] Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section 104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards

[2] Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section

Members of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM".

5.5 Each Core Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Core Members.

6. Frequency of Meetings

6.1 There will be no fewer than six public meetings per year (including an AGM), usually once every two months as a formal Board.

6.2 Additional meetings of the Board may be convened with agreement of the Board's Chairman.

7. Agenda and Notice of Meetings

7.1 Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

7.2 In accordance with the Access to Information legislation, Democratic Services will circulate and publish the agenda and reports prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.

8. Annual General Meeting

8.1 The Board shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core Members present at the meeting.

8.2 The Board will approve the representative nominations by the partner organisations as Core Members.

9. Quorum

9.1 Any full meeting of the Board shall be quorate if there is representation of any four of the following statutory members: – NHS Eastern Cheshire CCG, NHS South Cheshire CCG, Local Health Watch, a Councillor and an Officer of Cheshire East Council.

9.2 Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards

Appendix One As approved 22/10/2015

10. Procedure at Meetings

10.1 General meetings of the Board are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time Session. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.

10.2 The Council's Committee Procedure Rules will apply in respect of formal meetings subject to the following:-

10.3 The Board will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.

10.4 Core Members are entitled to speak through the Chairman. Associate Members are entitled to speak at the invitation of the Chairman.

10.5 With the agreement of the Board, subgroups can be set up to consider distinct areas of work. The subgroup will be responsible for arranging the frequency and venue of their meetings. The Board will approve the membership of the subgroups.

10.6 Any recommendations of the subgroup will be made to the Board who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.

10.7 Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

11. Expenses

11.1 The partnership organisations are responsible for meeting the expenses of their own representatives.

11.2 A modest Board Budget will be agreed annually to support Engagement and Communication and the Business of the Board.

12. Conflict of Interest

12.1 In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all Board Members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest.

12.2 In the case of non pecuniary matters Members may remain for all or part of the meeting, participate and vote at the meeting on the item in question.

12.3 In the case of pecuniary matters Members must leave the meeting during consideration of that item.

13. Conduct of Core Members at Meetings

13.1 Board members will agree to adhere to the seven principles outlined in the Board Code of Conduct when carrying out their duties as a Board member [Appendix 1].

14. Review

14.1 The above terms of reference will be reviewed annually at the Health and Wellbeing Board AGM.

14.2 Any amendments shall only be included by consensus or a simple majority vote, prior to referral to the Constitution Committee and Council.

October 2015

Definition

Exempt Information
Which is information falling within any of the descriptions set out in Part I of Schedule12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to "the authority" were references to "Board" or any of the partner organisations.

Confidential Information
Information furnished to, partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.

Conflict of Interest
You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;
- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*
- *A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

Associate Members
Associate Member status is appropriate for those who are requested to chair sub groups of the board.

Health Services
Means services that are provided as part of the health service.

Health-Related Services *means services that may have an effect on the health of individuals but are not health services or social care services.*

Social Care Services
Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970

Appendix One As approved 22/10/2015

Appendix 1

Cheshire East Shadow Health and Wellbeing Board Member Code of Conduct

1. Selflessness

Members of the Cheshire East Health and Wellbeing Board should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

2. Integrity

Members of the Cheshire East Health and Wellbeing Board should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a Board member

3. Objectivity

In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing Board should make choices based on merit and informed by a sound evidence base

4. Accountability

Members of the Cheshire East Health and Wellbeing Board are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

5. Openness

Members of the Cheshire East Health and Wellbeing Board should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the Board. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

6. Honesty

Members of the Cheshire East Health and Wellbeing Board have a duty to declare any private interests relating to their responsibilities and duties as Board members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing Board

7. Leadership

Members of the Cheshire East Health and Wellbeing Board should promote and support these principles by leadership and example

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