

Children and Families Overview and Scrutiny Committee

Agenda

Date: Monday, 23rd September, 2019
Time: 1.30 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 in the report.

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

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

1. Apologies for Absence

2. Minutes of Previous meeting (Pages 3 - 6)

To approve the minutes of the meeting held on 20 June 2019.

3. Declarations of Interest

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

4. Whipping Declarations

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

For requests for further information

Contact Katie Small

Tel: 01270 686465

E-Mail: katie.small@cheshireeast.gov.uk with any apologies

5. **Public Speaking/Open Session**

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

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

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

6. **Performance Scorecard** (Pages 7 - 14)

To consider a report of the Acting Executive Director of People.

7. **Corporate Parenting Annual Report** (Pages 15 - 30)

To consider a report of the Acting Executive Director People.

8. **Annual Adoption Report** (Pages 31 - 52)

To consider a report of the Acting Executive Director People.

9. **Changes to NHS - Cheshire East Partnership 5 year Plan** (Pages 53 - 102)

To consider a report of the Executive Director People.

10. **Child and Young Person's Story**

To receive a case study on cared for children and care leavers.

11. **Elected Member Frontline Visits to Child in Need and Child Protection Teams** (Pages 103 - 108)

12. **Forward Plan** (Pages 109 - 124)

To give consideration to the areas of the forward plan which fall within the remit of the Committee.

13. **Work Programme** (Pages 125 - 134)

To give consideration to the work programme

CHESHIRE EAST COUNCIL**Minutes of a meeting of the Children and Families Overview and Scrutiny Committee**

held on Thursday, 20th June, 2019 at Council Chamber, Municipal Buildings,
Earle Street, Crewe CW1 2BJ

PRESENT

Councillor J Saunders (Chairman)
Councillor P Butterill (Vice-Chairman)

Councillors J Buckley, C Bulman, A Gage, S Handley, G Hayes, M Houston,
A Moran and JP Findlow

Apologies

Councillors M Addison and M Beanland

1 ALSO PRESENT

Councillor Dorothy Flude – Children and Families Portfolio
Mark Palethorpe - Acting Executive Director of People
Ali Stathers Tracey - Director of Transformation programme
Vicky Howarth - Project Manager
Jacky Forster - Director of Education and 14-19 Skills
Jacquie Sims -Director of Children's Social Care
Jamilia Tausif - Senior Commissioning Manager

2 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 20 June 2019 be confirmed as a correct record and signed by the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 WHIPPING DECLARATIONS

There were no declarations of the existence of a party whip.

5 PUBLIC SPEAKING/OPEN SESSION

There were no members of the public present who wished to speak.

6 CHILD AND YOUNG PERSON'S STORY

A case study was outlined to the Committee about a girl whose parents had a history of drug misuse. The girl had been cared for by a close relative and had remained there for several years. That relationship had subsequently broken

down leading to her 'sofa surfing' with other family members. For a short period of time the girl had been identified as being vulnerable to potential Child Sexual Exploitation and drug misuse and had consequently been placed into foster care. She had recently successfully been reunited with her mother and was again attending school with very little involvement of social workers and now had a much improved relationship with her mother.

7 HIGH NEEDS FUNDING

The Committee considered a report which provided an update on the progress of the School Forum's High Needs Formula Working Group (HNFWG). This included further development of the new model for allocating High Needs top-up funding, along with conducting a pilot study and public consultation.

The report was supplemented by a presentation given by Vicky Howarth on the Cheshire High Needs funding consultation June/July 2019.

RESOLVED

(a) That the progress of the working group to date be noted and the following actions endorsed:

- The development of a proposed matrix and banding system for mainstream schools based on the model developed by Essex County Council
- Open consultation on proposed changes to the High Needs Funding Model used in Cheshire East
- The carrying out of a pilot exercise using the new proposed matrix and banding system with a small number of mainstream schools;

(b) That the matter be brought back to this committee for an update report in March 2020.

8 CHESHIRE EAST EARLY HELP STRATEGY 2019-2022

Ali Stathers Tracey presented a report on the Council's early help strategy 2019/22 which set out how partners who worked with children, their families and carers would deliver services to prevent escalation of needs that required targeted or intensive interventions from statutory agencies.

The Chairman welcomed the strategy and suggested it would assist committee members if officers could provide practical examples of the process to provide additional insight.

RESOLVED

- (a) That the report be received;
- (b) That the matter be brought back to a future meeting and officers be requested to illustrate how the process operates in practice by using a real example of an anonymised young person going through the system.

9 CHILDREN AND YOUNG PEOPLE'S PLAN

The Committee considered the Children and Young Peoples Plan which had been refreshed up to 2021. The plan was collaborative document produced by the Cheshire East Children and Young Peoples Trust which was a group of people who provided services for young people and families. The plan had built upon the success of the 2015/18 plan to achieve the next steps of achieving the joint ambition to make Cheshire East a great place to be young.

RESOLVED – That the report be received.

10 FORWARD PLAN

The Committee gave consideration was given to the areas of the forward plan which fell within the remit of the Committee.

RESOLVED

That the forward plan be received.

11 WORK PROGRAMME

The Committee reviewed its work programme.

RESOLVED- That, subject to items being added to review High needs funding in March 2020 and the matter relating to Cheshire East Early Help Strategy to be brought back on a date to be determined, the work programme be noted.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor J Saunders (Chairman)

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Version Number: 1

Children and Families Overview and Scrutiny Committee

Date of Meeting: 23 September 2019

Report Title: Children and Families Scorecard, Quarter 1, 2019-20

Portfolio Holder: Cllr Dorothy Flude, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report Summary

- 1.1. This report and the attached performance scorecard provide an overview of performance across the Children and Families Service for quarter 1 of 2019-20.

2. Recommendation/s

- 2.1. Scrutiny is recommended to:
- 2.1.1 Endorse the new scorecard developed for quarter 1;
 - 2.1.2 Note the contents of the report and scorecard; and
 - 2.1.3 Scrutinise areas where expected levels of performance are not being met.

3. Reasons for Recommendations

- 3.1. One of the key areas of focus for the Children and Families Overview and Scrutiny Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. Overview and Scrutiny has an important role to play in the performance management systems of the local authority. The Children and Families performance scorecard provides essential data, along with qualitative information, to measure the effectiveness of services within children's services. This report and scorecard will be provided to Scrutiny on a quarterly basis to

enable the Committee to maintain an overview of performance across the Service.

4. Other Options Considered

- 4.1. Scrutiny may want to consider the performance of the Service more or less frequently.

5. Background

- 5.1. This quarterly report provides the Committee with an overview of performance across Children's Services. This report and scorecard relates to quarter 1 of 2019-20 (1st April – 30th June 2019).
- 5.2. The measures within the performance scorecard for Children and Families have been updated for quarter 1. These now aligns with the key measures within each Department Plan for 2019-20, linked to priorities.
- 5.3. The performance scorecard details the following:
 - Reference – this aims to give each measure a specific reference depending on which part of the service is responsible – CSC is Children's Social Care, Ed&S is Education and Skills and P&E is Prevention and Early Help.
 - Lead Department – Identified which of the three departments within Children and Families the measure relates to.
 - Measure – details of each performance measure.
 - Corporate Outcome – links the measure to the relevant priority within the Council's Corporate Plan
 - Portfolio – sets out which Portfolio Holder is responsible for each measure.
 - Responsible Officer – identifies the lead officer for the measure.
 - Benchmark - provides detail of performance in context where measure can be benchmarked either within a local or national context.
 - Year end 2018-19 – enables Members to compare existing performance to that of the previous year.
 - Quarterly performance – enables Members to compare performance from quarter to quarter.
 - Proposed Quarterly/Annual Target 2019-20 – this is the target that the service has set and will be RAG rated against.
 - RAG and direction of travel – RAG colour is a rating of red, amber, green based on current performance against the expected level of performance/target. Direction of travel is indicated by a 'smiley face' as follows:



Improving direction of travel from previous quarter (or previous reporting period) regardless of measure polarity.



Static direction or within 10% tolerance of travel from previous quarter (or previous reporting period) regardless of measure polarity.

Where data fluctuations are negligible (e.g. when data is rounded up/down), this direction of travel will also be applied.



Worsening direction of travel from previous quarter (or previous reporting period) regardless of measure polarity.

6. Performance Overview

- 6.1. The performance scorecard at Appendix 1 includes 42 separate measures covering all areas of the service. Some of these measures are non-performance related, eg those that relate to population cohorts. In total, 38 of these measures relate to performance and have been RAG rated. A breakdown summary is set out follows (it is not possible to compare to the previous quarter due to the change in measures:

Performance Measures	Red	Amber	Green	n/a	Total
This quarter	12	12	14	4	42

7. Red RAG rated performance

- 7.1. There continues to be some areas of performance that are RAG rated as red. Activity is underway in all these areas to address under-performance.

8. Performance Direction of Travel

- 8.1. Whilst it is important to look at the current performance around particular measures, it is equally important to look at the direction of travel and to RAG rate this in relation to performance, ie, whether this is improving (green), staying broadly the same (amber) or getting worse (red). A summary of the direction of travel of performance across the service is detailed below:

Direction of Travel				n/a	Total
This quarter	10	10	21	1	42

9. Implications of the Recommendations

9.1. Legal Implications

9.1.1. There are a no direct legal implications.

9.2. Finance Implications

9.2.1. Although there are no direct financial implications related to this report, performance measures may be used as an indicator of where more or less funding is needed at a service level.

9.3. Policy Implications

9.3.1. There are no direct policy implications.

9.4. Equality Implications

9.4.1. Members may want to use the performance scorecard to ensure that services are targeted at more vulnerable children and young people.

9.5. Human Resources Implications

9.5.1. There are no direct human resource implications.

9.6. Risk Management Implications

9.6.1. There are risks associated with some performance measures, eg increases in demand and timeliness of services.

9.7. Rural Communities Implications

9.7.1. There are no direct implications for rural communities.

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

9.8.1. The Children and Families Scorecard enables elected members to identify areas of good performance and areas for improvement in relation to children and young people, including cared for children.

9.9. Public Health Implications

9.9.1. There are no direct implications for public health.

9.10. Climate Change Implications

9.10.1. This paper does not impact on climate change.

10. Ward Members Affected

10.1. The performance measures relate to all ward areas.

11. Consultation & Engagement

11.1. Not applicable.

12. Access to Information

12.1. The scorecard is attached is attached at Appendix 1.

13. Contact Information

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

Name: Gill Betton

Job Title: Head of Children's Developments and Partnerships

Email: gill.betton@cheshireeast.gov.uk

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Children and Families Scorecard 2019-20

Ref	Lead Department	Measure	Corporate Outcome	Portfolio	Responsible Officer	Data Owner	Data Frequency	Benchmark	Year end 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	Proposed Quarterly/ Annual Target 2019/20	RAG and Direction of Travel	Commentary
CSC001	Children's Social Care	Number of referrals	5	Childrens	Head of Service Child in Need/ Child Protection			CEC Data	2558	614	633				N/A	☹️	There has been an increase in referrals to Children's Social Care over the last two quarters.
CSC002	Children's Social Care	Percentage of repeat referrals	5	Childrens	Head of Service Child in Need/ Child Protection			CEC Data	20%	19%	17%				<18%	😊	The percentage of repeat referrals continues to decrease and is indicative of the positive impact of children's social care intervention in reducing the risk of harm for children referred to the service.
CSC003	Children's Social Care	Percentage of assessments completed within 45 days	5	Childrens	Head of Service Child in Need/ Child Protection			CEC Data	81%	78%	83%				85%	😊	There has been a focus on timely assessments within the performance meetings to understand any common reasons for delay especially considering some increased pressures due to rising referral rates. Now that workers are more confident in the signs of safety style of assessment we are beginning to see improved timeliness together with consistent quality
CSC004	Children's Social Care	Percentage of children with a second or subsequent child protection (CP) plan (rolling yr)	5	Childrens	Head of Service Safeguarding			CEC Data	26%	23%	23%				<17%	☹️	This relates to a rolling 12 months from 1/7/18 - 30/6/19. Every child who becomes subject of a subsequent plan is reviewed in detail at the monthly performance meetings. An audit has been completed within children's social care and learning disseminated.
CSC005	Children's Social Care	Number of children in need	5	Childrens	Head of Service Child in Need/ Child Protection			CEC Data			1774				1700-2000	😊	This figure reflects the extract that would be provided to Ofsted as part of Annex A in the event of an inspection - it is not directly comparable with the CIN census return or statistical neighbours as it undercounts open referrals and care leavers
CSC006	Children's Social Care	Number of children with a child protection plan	5	Childrens				CEC Data	268	268	275				260-300	😊	This is within the range expected for Cheshire East's demographic profile
CSC007	Children's Social Care	% of children on CP plans reviewed within timescales	5	Childrens	Head of Service Safeguarding			CEC Data	98%	96%	93%				99%	😐	Of 166 individual children, 155 were reviewed in timescales
CSC008	Children's Social Care	Number of cared for children	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	485	485	481				440-475	😊	Whilst still higher than desired, quarter 1 has not seen the level of children entering the care system compared to the same period last year. (37 in Q1 this year as opposed to 56 in Q1 last year)
CSC009	Children's Social Care	% of cared for children reviewed within timescales	5	Childrens	Head of Service Safeguarding			CEC Data	91%	96%	93%				97%	😐	In quarter 1, of 311 individuals 290 were reviewed in timescales
CSC010	Children's Social Care	% of cared for children in internal foster care (including friends and family placements)	5	Childrens	Head of Service Safeguarding			CEC Data	36%	38%	38%				>50%	☹️	This purely relates to individuals in Cheshire East foster care or friends and families placements including reg 24 placements - it excludes s 38(6) and placed with parents.
CSC011	Children's Social Care	% of children living in external foster homes	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	28%	28%	29%				<20%	☹️	Ongoing pressures on internal provision and foster carer recruitment has meant that our use of external carers is higher than we would like. It is important to recognise however that 36% of these placements are long term matched placements offering security and stability for individuals.
CSC012	Children's Social Care	% of children living in residential homes	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	9%	9%	8%				<6%	☹️	This includes children in care in residential schools.
CSC013	Children's Social Care	% of cared for children placed over 20 miles from home address (Cheshire East and out of borough)	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	26%	26%	27%				<20%	☹️	A number of children living in placements over 20 miles from their home address are living with family and friends. It is planned that a number of children living at a distance in residential homes will move to live closer to their home address as the 4 new residential homes commissioned by Cheshire East are mobilised by the end of the year.
CSC014	Children's Social Care	% of care leavers who are not in education, employment or training (NEET)	3	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	39%	54%	47%				<38%	☹️	Based on the 131 making up the former relevant cohort of care leavers aged 19-21, currently 62 are recorded as NEET. However when you consider those engaged in positive activities or training/ re-engagement provision this reduces to 47 (36%).
CSC015	Children's Social Care	% of care leavers who are in suitable accommodation	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	96%	97%	96%				96%	😊	There are 5 individuals where their latest accommodation is deemed unsuitable - 4 in custody and 1 no fixed abode.
CSC016	Children's Social Care	Total number of children with a court endorsed plan of adoption (snapshot figure)	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	32	32	32				N/A		
CSC017	Children's Social Care	Number of children adopted (YTD)	5	Childrens	Head of Service, Cared for and Care Leavers			CEC Data	18	18	5				20	😊	There has been an increase in the number of children adopted in the first quarter. All children who are subject to an adoption plan are individually reviewed on a monthly basis. Adoption timeliness over the last 12 months has met national expectations.
CSC018	Children's Social Care	Average caseload of social workers	5	Childrens	Head of Service Child in Need/ Child Protection Head of Service, Cared for and Care Leavers			CEC Data	23.5	24	23				<20	☹️	Social work caseloads are a rising pressure. This is due to an increase in the number of referrals and some children being open to Children's Social Care for a longer period of time to ensure safety plans are fully tested in line with best practice approach adopted through implementation of the Signs of Safety model. An additional Social work team has been established within Crewe CIN/CP and caseloads continue to be closely monitored.
Ed&S001	Education and 14-19 Skills	Percentage good or outstanding primary schools	3	Childrens	Head of Education Infrastructure and Outcomes			CEC Data	90%	90%	92%				92%	😊	There were 7 primary school inspections published in quarter 1 with 6 judged good and 1 outstanding - ASHDENE Primary improved to outstanding, Smallwood CEP and Pott Shirley Church School dropped to good, Kettles Hulme St James CEP and Ledford remained good, Wistaston Church Lane Academy and Broken Cross improved to good.
Ed&S002	Education and 14-19 Skills	Percentage good or outstanding secondary schools	3	Childrens	Head of Education Infrastructure and Outcomes			CEC Data	76%	76%	76%				76%	😊	There was one secondary school inspection published in quarter 1 (Wilmslow High) which remained good.
Ed&S003	Education and 14-19 Skills	Percentage good or outstanding special schools	3	Childrens	Head of Education Infrastructure and Outcomes			CEC Data	80%	80%	80%				80%	😊	No change.
Ed&S004	Education and 14-19 Skills	Percentage attendance for primary pupils year to date	3	Childrens	Head of Education Participation and Pupil Support			CEC Data	96%	96%	96%				96%	😊	We have seen sustained attendance rates over this period which are above the national average. Focus work has taken place with identified vulnerable schools to increase attendance of children whose attendance below is 90%.
Ed&S005	Education and 14-19 Skills	Percentage attendance for secondary pupils year to date	3	Childrens	Head of Education Participation and Pupil Support			CEC Data	95%	95%	94%				95%	😊	We have seen an increase in attendance levels drooping in year 11. Targeted work was implemented to increase the attendance of pupils with below the 90% rate. Work with schools to identify strategies to improve the attendance of children was also implemented. evaluation of this work will take place over the summer.

Ref	Lead Department	Measure	Corporate Outcome	Portfolio	Responsible Officer	Data Owner	Data Frequency	Benchmark	Year end 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	Proposed Quarterly/ Annual Target 2019/20	RAG and Direction of Travel	Commentary
Ed&S006	Education and 14-19 Skills	Percentage attendance for special school pupils year to date	3	Childrens	Head of Education Participation and Pupil Support			CEC Data	89%	89%	90%				92%		Work to identify children out of education is taking place between the education team and SEND. Multi-agency meetings are taking place to look at solutions to improve individual attendance of children with education family support workers been allocated to families to resolve barriers to them accessing education.
Ed&S007	Education and 14-19 Skills	Number of permanent exclusions from Cheshire East Schools (latest half term available)	3	Childrens	Head of Education Participation and Pupil Support			CEC Data		5	2				3		We have had 0 number of primary exclusions in the last quarter which is as a direct result of the primary behaviour support provision. The number of secondary exclusions = 3 were from across the borough and for persistent disruptive behaviour. Work and strategies have been implemented to try and reduce the number of exclusions in individual schools.
Ed&S008	Education and 14-19 Skills	Current Number of pupils educated at home	3	Childrens	Head of Education Participation and Pupil Support			CEC Data	385	385	380				N/A		Relates to all pupils registered as EHE and the increase reflects the national trend. The EHE worker is communicating with all families he is made aware of that are considering EHE to ensure they are making an informed choice. The EHE worker and team manager are meeting weekly to discuss new cases, involvement and prioritising work. A RAG rating exercise has been completed to identify children in home education that may have additional vulnerability, and plans made to ensure they have been visited, work reviewed and support / challenge offered when required. A business support officer is now in place to help manage EHE referrals received and triage queries.
Ed&S009	Education and 14-19 Skills	Current number of children missing from education.	3	Childrens	Head of Education Participation and Pupil Support			CEC Data	45	45	28				N/A		Weekly Children Missing Education meetings (Allocation and Review Meeting) held to allocate referrals and review progress means that cases can be given to workers quickly. The team are working hard to locate children missing education within 12 weeks, therefore number has decreased. Children that are located but not in school are offered support to become school ready and apply for school places; there are 9 children being supported with this.
Ed&S010	Education and 14-19 Skills	Total number with an education, health and care plan (EHCP)	3	Childrens	Head of Special Educational Needs and Disabilities			CEC Data	2181	2181	2335				N/A		This is increasing, as is the picture nationally, with an increase of 9% since year end. This is largely because since September 2014 EHCPs follow the young person into post 16 whereas prior to September 2014 statements of SEN ceased at 16 when entering further education.
Ed&S011	Education and 14-19 Skills	% of requests for Educational Psychologists (EP) advice completed within 6 weeks	3	Childrens	Head of Special Educational Needs and Disabilities			CEC Data		8%	53%						We continue to commission additional Educational Psychologist services and streamline the consultation process with educational settings.
Ed&S012	Education and 14-19 Skills	Special Educational Needs – Education, Health and Care Plans completion within 20 weeks including exceptions (cumulative yr)	3	Childrens	Head of Special Educational Needs and Disabilities			CEC Data	22%	22%	30%				80%		The new plans due to be completed in January was only 9% by the end of Q1. This has increased to 96% in month and a cumulative of 58%. The reported figure includes clearing the backlog. DfE have agreed that we should report on these figures separately in order to be able to evidence the significant improvement.
Ed&S013	Education and 14-19 Skills	Average number of weeks for EHC Plans to be issued (snap shot at quarter end to which it relates)	3	Childrens	Head of Special Educational Needs and Disabilities			CEC Data	34.8	34.8	27.5				19		This figure reflects the position for all plans. The average time for new plans in quarter one was 18.1 weeks, which is well ahead of the 20 week target and a substantial improvement from the January 2019 position of 28.8 weeks for new plans. The DfE as part of monitoring visits have agreed to focus on the improvement and reporting for this number which excludes the backlog.
Ed&S014	Education and 14-19 Skills	% EHCP annual review completed in timescales	3	Childrens	Head of Special Educational Needs and Disabilities			CEC Data	67%	69%	72%				85%		A project team has been put in place to look at reviews. The figure reported should be guarded with caution as there are a number of systems issues and a data cleansing exercise required. The aim is to have accurate and reliable data together with addressing the back log issues by the end of the Autumn term 2019.
Ed&S015	Education and 14-19 Skills	Reduction in the number of outstanding EHCP reviews	3	Childrens	Head of Special Educational Needs and Disabilities			CEC Data	629	629	514				100 per qtr		
P&EH001	Prevention and Early Help	Current number of open Early Help Assessments/ plans	5	Childrens	Director of Prevention and Early Help			CEC Data	933	933	1016				N/A		We have seen an increase in the proportion of EHA's led by the Council, which should shift given the deployment of locality workers as per above
P&EH002	Prevention and Early Help	% of all open Early Help Assessments led by Cheshire East Prevention service staff	5	Childrens	Director of Prevention and Early Help			CEC Data	59%	59%	73%				50%		We have seen an increase in the proportion of EHA's led by the Council which should shift given the deployment of locality workers as per above
P&EH003	Prevention and Early Help	% 0-2 yrs engaged at children centres (most vulnerable i.e. CIN/CP/LAC that have attended 3 or more times in the last 12 months)	5	Childrens	Director of Prevention and Early Help			CEC Data	34%	34%	28%				35%		This rises to 30% if you exclude those born in the quarter. Engagement will always be limited due to the high take up of the 2 year old offer in Cheshire East. NB - we have recently moved to a new IT system and reporting platform so figures should be guarded with an element of caution as the data is split over two systems and recorded in a different way. Moving forward data will become more reliable on a quarter on quarter basis.
P&EH004	Prevention and Early Help	% eligible children taking up 2 year old offer (termly figure only)	3	Childrens	Director of Prevention and Early Help			CEC Data	71%	71%	68%				80%		68% relates to the summer term.
P&EH005	Prevention and Early Help	% children taking up 3 and 4 year old offer (termly figure only)	3	Childrens	Director of Prevention and Early Help			CEC Data	97%-99%	97%-99%	97%-99%				97%-99%		Still highest performing in the North West.
P&EH006	Prevention and Early Help	Number of Families meeting the family focus criteria where outcomes have been successfully concluded (quarterly fig)	3	Childrens	Director of Prevention and Early Help			CEC Data	1200	345 (1200 cumulative)	182 (1382 cumulative)				1900 (accumulative target)		Our Spot Check from Troubled Families Unit gave our Claims and Performance a clean Bill of Health stating that we are targeting the most challenging families in Cheshire East. We are on track to achieve accumulative target by March 2020.
P&EH007	Prevention and Early Help	Number of young people accessing the youth support service	3	Childrens	Director of Prevention and Early Help			CEC Data	1,462	1,462	1,576				1400		Performance will continue to increase over the Summer due to our extensive Summer Programme.
P&EH008	Prevention and Early Help	Number of young people not in education, employment or training (NEET) individuals [yr. 12-13]	3	Childrens	Director of Prevention and Early Help			CEC Data	148	148	165				N/A		A true picture of performance will become clear in September as part of September guarantee tracking.
P&EH009	Prevention and Early Help	% of young people not in education, employment or training (NEET) individuals [yr. 12-13]	3	Childrens	Director of Prevention and Early Help			CEC Data	2.1%	2.1%	2.3%				2%		Performance tails off at the end of Quarter 1 as college term ends. Even so, positive destinations are identified for the majority of Young People in Cheshire East.



Corporate Parenting Committee Annual Report 2018/2019

Foreword

As corporate parents, it is our responsibility and duty to treat our children in care and care leavers as we would our own children; championing and promoting their needs at every opportunity. That is why the Corporate Parenting Committee is one of the most important committees in the Council; our role and remit is to challenge and hold to account the services provided by the Council and our partners for all cared for children and care leavers in Cheshire East.

This year we have focused on strengthening our collective role as corporate parents. The launch of our new three year Corporate Parenting Strategy, including five key pledges to cared for children and care leavers sets out the joint commitment of Council staff, elected members and partner agencies to improve outcomes for our children and young people. I am pleased to report that our full Council signed up to the pledges in December 2018.

The contribution from children and young people from My Voice (our children in care council) has been invaluable in helping us to understand their experiences and how we can better support them. At our Star Celebration event in November 2018 we celebrated the achievements of each and every one of our cared for children and care leavers.

Whilst the committee has scrutinised a number of services over the year, there has also been some external scrutiny and

challenge. A Focussed Visit from Ofsted in October 2018 looked at our arrangements for permanency planning and achieving permanence, with a specific focus on children in residential and foster care, and on children subject to care orders who are placed at home with parents. This showed that children have increasingly benefitted from our strengthened focus on permanence planning at both strategic and operational levels, however there is more to do around improving their assessments and plans.

In addition, the follow up visit from Mark Riddell, the National Advisor for Care Leavers, in October 2018 confirmed that we have a strong offer for our care leavers. He also recognised how our 'elected members have embraced a 'Championing' approach which in essence enables elected members to get into the detail of the offer to care leavers'.



I am pleased to present the Committee's 2018-19 Annual Report. This highlights our progress and achievements over what has been a busy year. There is still more we can do to improve outcomes for our cared for children and care leavers and this report also sets out our priorities for the forthcoming year.

Cllr Jos Saunders

The Corporate Parenting Committee

Effective Corporate Parenting requires knowledge and awareness of the needs of cared for children, young people leaving care as well as the services that they receive. Our Corporate Parenting responsibility is a shared one that requires a high level of commitment from the leadership of the council as well as the support of all council employees as well as our partners.

The Corporate Parenting Committee is comprised of twelve cross party members with Council Officers in attendance to support agenda items as a when required. The Committee is assisted by Democratic Service Officers.

The Committee has met on six occasions over between April 2018 and April 2019

9th May 2018

3rd July 2018

18th September 2018

13th November 2018

22nd January 2019

19th March 2019

The Committee receives regular updates on local and national issues relating to cared for children and young people who are leaving care

The function of the Committee is to oversee the Corporate Parenting responsibilities of everyone involved with cared for children and young people with Cheshire East Council and with our partners

It works to ensure that the statutory duties placed upon Cheshire East Council are met.

The Committee has reviewed its Terms of Reference for 2019-20 and the revised version is attached at Appendix 1.



Corporate Parenting Strategy and Pledges

The new Corporate Parenting Strategy 2018-20 sets out a number of pledges we are making to our cared for children and care leavers. These are based on what these children and young people have told us will make the most difference to their lives:

Pledge One

We will be a good corporate parent

Pledge Two

We will improve education, training and employment outcomes

Pledge Three

We will work to achieve permanence and keep children safe

Pledge Four

We will improve health and wellbeing outcomes

Pledge Five

We will prepare young people for adulthood

Each Committee meeting is focused on one of the Corporate Parenting Pledges from the new Corporate Parenting Strategy 2018-20. Performance reporting and impact is scrutinised by the Committee, along with issues and risks.

Five Work-stream Groups, aligned to the five pledge areas, have been established to ensure that this strategy is delivered effectively.



Corporate Parenting Strategy Progress

Pledge One

We will be a good corporate parent
Staff and elected members will understand their roles and responsibilities and be ambitious corporate parents, who advocate and champion the needs of cared for children and care leavers in everything they do.
We will know ourselves and the needs of our children and young people well and design and deliver services that meet these needs.
Decisions about children and young people's lives, and the services that support them, will be made with them and for them . We will always value their views.

What the data tells us

- At the end of March 2019 there were 483 children and young people being cared for by Cheshire East. This is an increase of 6 children and young people from March 2018.
- This equates to 63 cared for children per 10,000 of the child population within Cheshire East which is the same as last year

What have we done? (Committee and Officers)

- We have reviewed and refreshed the Corporate Parenting Strategy 2018 – 2020
- The Committee have ensured that the seven principals for corporate parenting have been incorporated into our 'Local Offer' and has been instrumental in the development of our 'pledges' to cared for children and care leavers, which I am so happy to say, received commitment across all political groups at the full council held on 8th December 2018
- We have considered the Children's Social Care Recruitment and Retention Strategy 2018 – 2020
- The Committee have given consideration to the outcomes of the Care Crisis Review, which was facilitated by the Family Rights Group to examine the reason for the national rise in care proceedings and the rise in children entering the care system
- We have received quarterly updates on our cared for children and care leavers through the Corporate Parenting Scorecard.
- We have had regular updates from the Participation Team and as the Chair I have attended 'My Voice' to develop a direct relationships with some of our cared for children
- Members of the Committee have attended corporate parenting work streams and we have developed guidance for corporate parent visits to services

- The vast majority of elected members have undertaken corporate parenting training and completed 'Pen-Pictures'
- We have ensured that cared for children have advocacy by supporting the extension of the 'Voice for Children' contract by twelve months
- We celebrated the achievements of all of our cared for children and care leavers at the Star Celebration held at Wychwood Park in November
- Officers and some elected members have completed 'Signs of Safety' training
- We celebrated the Cared for Children's Service achieving the Investing in Children Award.

What impact has it made?

- Following feedback received directly from our children and young people we changed the name of their service from the Permanence and Through Care Service to the Service for Care for Children and Care Leavers
- We are already seeing an impact which we believe is due to the implementation of our 'Signs of Safety' model, through a reducing trend in cared for numbers over the past year and a more recent decrease in the number of applications being filed with the Family Court.

Next steps

- New members of the committee will need to attend training and complete their own 'Pen Picture'

- Celebrate the achievements of our cared for children at this year's Star celebration being held on 24th November at Tatton Park. Come as a Pirate or Princess!!!!
- New members will need to be linked to the Corporate Parenting work streams as well as being included within the corporate parent service visit rota.



Pledge Two

We will improve education, employment and training outcomes
We will have high aspirations for every child and young person and will help them to achieve their ambitions , using opportunities in the 'family business' and our contacts so that they can be happy and successful in their education, training and employment.
Every child and young person will have an education plan that is targeted to enable them to reach their full potential
We will strive to that ensure that every child and young person will have access to consistent, high quality, well matched, full time opportunities .

What the data tells us

- Attendance at both primary and secondary has improved this year with the average primary attendance rising from 95% to 97% and the average secondary attendance rising from 93% to 94%.
- 82% of cared for children are in 'Good' or 'Outstanding' schools
- 10% of our care leavers are attending University
- We have a small number of cared for children who live in residential schools, 9.

- 95% of cared for children have had their Personal Education Plan completed each term
- 100% of cared for children between were accessing 2 – 4year funding
- The percentage of cared for pupils who gained Level 4 and above in Maths and English was 19%, which is the same as last year and slightly above the National average and 54% of the cohort that gained 5+ GCSE qualifications between grades 9 and 1.

What have we done? (Committee and Officers)

- We have considered the outcomes from the Local Area SEND Inspection and the development of a new Special School in Crewe
- We received the Annual Report from the Head of the Virtual School and considered how she would monitor the changes in the administration of the Pupil Premium funding
- In August we heard about the £1,000 bursary that the Government has introduced to secure apprenticeships' for care leavers.

What impact has it made?

- A SPEED (Sixteen plus education and employment destinations) working group was set up in 2015 and is now well established as a forum for issue raising and action planning for post-16 cared for and care leavers. This group uses the latest data to identify young people

who are not in education, employment or training (NEET) or likely to be so and what can be done to address this. Good collaboration across the young person's network has resulted in the level of NEET amongst care leavers to reduce from 32% in May 2017 to 15% in May 2018.

- A parallel group for school age children has now been established called RAIC, (Raising achievement in care). The aim of this group is to ensure that all parties share the responsibility for promoting aspirations and achievements and are active in their efforts

Next steps

- Identify and implement changes resulting from the Social Care Bill which includes Virtual School Head teacher to have responsibilities for previously looked after children as well as looked after children and to promote mental health and attachment awareness in schools



Pledge Three

We will work to achieve permanence and keep children safe

We will strive to ensure that every child and young person will have the **opportunity to live in a good, safe home locally**, either with their family or in another permanent home. All decisions will be made and reviewed with them without delay.

We will **respect those people who are important to our children and young people** and make sure that these safe relationships are sustained.

We will **keep children and young people safe**.

What the data tells us

- 97% for cared for Children Reviews took place within statutory timescales with 100% of these children being involved directly in their reviews
- 265 cared for children live with foster families, 65 live with family and friend carers, 53 live with their parents, 52 children have plans for adoption and 33 live within residential care.
- 96 children achieved a plan for permanence with their foster carers and a further 13 have remained in 'staying put' arrangements with their foster carers after they became 18

- 30% of children who ceased to be cared for during the past year have become subject to Special Guardianship Orders



What have we done? (Committee and Officers)

- We have heard about the development of our new residential children's homes project and the organisations there were successful as part of our tender process. The committee have regularly been updated in relation to the mobilisation of the 5, 3 bedded homes and how these are developing into a wrap around hub based model, which

will be similar to the North Yorkshire 'No Wrong Door' model which has received national recognition. Following co-production activities at 'My Voice' Children and Young People have named this project 'Bespoke'

- We gave consideration to the DfE commissioned Foster Care Review (Sir Martin Narey and Mark Owers) recommendations and heard from the Foster Care Panel chair through her annual report
- We considered the annual Independent Review Officers report and how the outcomes for our cared for children and care leavers are quality assured.
- We considered the Local Safeguarding Children's Board annual report and about the changes that will be introduced one the LSCB moves to the Children's Safeguarding Partnership
- We learnt about the national protocol for reducing the unnecessary criminalisation of cared for children

What impact has it made?

- The amount of children and young people involved in their reviews is excellent performance and highlights that the voice of the child is prioritised within care planning

Next steps

- Further develop our foster care services in line with the 36 recommendations of the Narey and Owers Review

- The committee needs to play an active role in the development of 'Bespoke'.



Pledge Four

We will improve health and wellbeing outcomes

We are committed to **understanding the health needs** of our children and young people **as early as possible** and to ensure they are **given the highest priority** in every service.

We will **equip** our children and young people to have **high aspirations for their own health**.

What the data tells us

- 76 % of Initial Health Assessments (IHA's) are completed within 20 days
- 91% of cared for children have had their health reviews completed
- 63% of care leavers have been provided with a health passport

What have we done? (Committee and Officers)

- We have considered the changes to the Family Nurse Partnership
- We have considered the annual health report for cared for children and care leavers

What impact has it made?

- Due to the development of an escalation process across CWP and the Local Authority the timeliness of IHA's being completed within 20 days has improved, however we can do more to ensure that this improvement is sustained
- Young pregnant care leavers up to the age of 24 (previously 19) now have a named specialist nurse supporting them through their pregnancy up to the 2nd birthday of their child
- We have increased scrutiny of the cancelled or 'did not attend' (DNA'd) health appointments, which is also being monitored through the 'help me to be healthy' workstream

Next steps

- Ensure more timely updates around health outcomes (due to the nature of the recording systems across social care and the NHS, the health report for cared for children is approximately 12 months out of date when the report is presented to Committee).
- Continued scrutiny of the IHA 20 day timeline and information around SDQs.



Pledge Five

We will prepare young people for adulthood
We will support young people early with the skills needed to prepare for their future through access to a range of good quality services.
We will be a consistent guide for our young people. We will celebrate their successes and support them when things don't go well.
We will respect our care leavers as young adults and adapt our relationships to their needs.

What the data tells us

- There are 234 Care Leavers who are currently eligible for services.
- 100% of care leavers have an up to date Pathway Plan
- There are 12 care Leavers who are currently in post 18 apprenticeships
- 25% of 16 to 18 year old care leavers are not in education, employment or training (NEET). Whilst there have been improvements in the number of NEET care leavers over the past 12 months due to the direct work being undertaken by the Personal Assistants we know that this is an area that requires additional scrutiny

What have we done? (Committee and Officers)

- Care Leavers Annual Report
- Visited by Mark Riddell MBE – The National Implementation Advisor for Care Leavers
- Recommissioned Supported Lodgings
- Developed Leaving Care Local Offer
- Care Leavers Covenant

What impact has it made?

- All care Leavers have the opportunity to have a Personal Advisor up to the age of 25 which provides extended support as and when the young person may need it
- Mark Riddell's visit highlighted that our operational model was strong but that it could be improved through a better corporate offer. Corporate Parenting Committee decided to refocus and address buy-in from Health, Housing and adult service providers to better support care leavers as they move in independence.
- After his follow up visit in October he wrote us saying the following:

'I heard about the progress you have made regarding the new Corporate Parenting Duties that came into force on 1st April and how your elected members have embraced a 'Championing' approach which in essence enables elected members to get into the detail of the offer to care leavers.

The housing offer and opportunities in the family business are two examples of where elected members have paid particular attention and as a result your Ignition Panel is ensuring that the Housing offer is good and data relating to EET has improved. I also heard of your ambition to ensure care leavers have an offer from health up to 25yrs that is outside of eligibility and based on a needs led approach with clear ideas of redesigning a service to meet that need. Alongside this I heard about closer working relationships with your key partner agencies – DWP, Family Nurse Partnership, Mentors for care leavers through a commissioned approach with Pure Insight and a specialist worker in the team to support your UASC young people. Finally how you have captured the voice of care leavers by engaging them in the coproduction of the local offer which has extended to them being at the Corporate Parenting Board to ask the question ‘is this good enough for your child’.

- This has also been reflected in the nomination that our ‘Ignition Panel’ received for a national LGC Award in the category of public and private partnerships

Next steps

- Our ‘preparing for adulthood’ model for children with disabilities and complex needs has been acknowledged by the government’s Chief Social Worker for Children and Families, Isabelle Trowler, who is planning on visiting us with her review and research team later in 2019.



Priorities for 2019-20

- Review of the Terms of Reference for the Corporate Parenting Committee
- Continue to develop the training off to Corporate parenting Committee members and all other elected members
- Support and scrutinise the development of the 'Bespoke' project
- Support and scrutinise the review of our fostering services
- Consider the impact of the Social Care Bill





TERMS OF REFERENCE

Cheshire East Corporate Parenting Committee

Purpose

The purpose of the Corporate Parenting Committee in its role as an advisory committee to the Cabinet is to ensure that the Council effectively discharges its role as Corporate Parent for all children and young people in care and care leavers from 0- 25 years of age and holds partners to account for the discharge of their responsibilities.

Terms of Reference

1. Act as advocates for cared for children and care leavers, ensuring that their needs are addressed through key plans, policies and strategies throughout the Council and its commissioned services.
2. Ensure key strategic plans and reports relating to children in care and care leavers including the Corporate Parenting Strategy, Sufficiency Statement and Children and Young People's Plan.
3. Oversee the implementation of Cheshire East's Corporate Parenting Strategy and action plan and monitor the quality and effectiveness of services to ensure they fulfil the council's responsibilities.
4. Monitor the quality of care delivered by Cheshire East's residential children's homes via the provision of reports including summary reports of Ofsted inspections.
5. Review the performance of the Council in relation to outcomes for children and young people in care via the scrutiny of both quarterly performance reports and annual reports, including the Health of Cared for Children and Care Leavers, the Virtual School, Fostering and the Independent Reviewing Service,.
6. Establish an environment whereby Elected Members and young people work together to address the needs and aspirations of Cheshire East's children and young people in care and empower children and young people to participate in decision making with adults.
7. Oversee, with the Children and Families Overview and Scrutiny Committee, the implementation of best practice principles in all aspects of service delivery, with the aim of producing positive outcomes for children and young people in care.
8. Support the work of foster carers and adopters in making a difference to the care and support they provide to children and young people in care and those adopted.

9. Make sure that staff and partners commit to follow the pledges to cared for children and young people and care leavers set out in the Corporate Parenting Strategy.

Governance

The Committee will:

- meet bi-monthly;
- report to the Council's Cabinet on at least an annual basis;
- report to the Council's Scrutiny Committee annually: and
- include young people representatives from My Voice (Cheshire East's Children in Care Council).

Administration

The Board will be serviced by Democratic Services in line with other Council Committees.

Minutes and agendas will be distributed and published no later than 5 clear working days prior to the meeting.

The meetings will take place out of school hours to enable cared for children and young people to participate.

Review

These terms of reference will be reviewed yearly.

Cheshire East

**Adoption Service – Annual Report
2018-2019**

1. Introduction and Purpose of the Report

This report fulfils the obligations in Adoption National Minimum Standards (2011) and Adoption Service Statutory Guidance (2011) Adoption and Children Act 2002 to report to the “executive side” of the local authority. This has guided the structure and information set out in the report below.

It is important to note that data and information within this report is accurate as of 31 March 2019. Plans for children are dynamic and develop every day and the picture will have changed at the point that this report is read.

2. Working with Cheshire East Council

Since going live, Adoption Counts has had responsibility to discharge Cheshire East’s responsibilities as an Adoption Agency. The working relationship between the LA and the RAA has been fundamental to the success so far of the partnership working and has been embedded at all levels.

The Director of Children’s Social Care sits as a member of the Adoption Counts Board. The Service Manager with a link to Adoption is invited to attend six weekly Operations Group meetings. These provide an important opportunity for operational issues to be raised and shared with equivalent managers from the other partner LAs and with the senior managers in the RAA. There is a shared ownership of the agenda and a range of issues are discussed with very positive communication and outcomes as a result. The group has identified the need for input from the RAA to ensure that staff in the LAs maintain their knowledge and benefit from updates to practice and research. There have been several learning events arranged over the past 12 months, these include:

- A master class providing information regarding SHOBPA consultation meetings / the ADM decision making process.
- A conference exploring practice developments in post adoption contact.

It has been identified that further events would be beneficial in 2019 / 2020 including workshops on “telling” exploring how to explain a child’s adoption story and early permanence.

The Operations Manager linked to Cheshire East meets bi monthly with the Service Manager linked to adoption to discuss performance over the period and any issues or themes that may be arising. This meeting is very much a two-way dialogue, with Cheshire East ensuring that the RAA is fulfilling its responsibilities as well as the RAA being able to offer feedback to the LA about any emerging themes or issues in care planning or working together.

The Service Manager linked to adoption attends the monthly Adoption Counts tracking meetings and is an active participant. The tracking meetings are an

opportunity for scrutiny and performance management following the whole cohort of Cheshire East children where there is or may be a plan of adoption including:

- Children now adopted to ensure that life story books and later life letters are received
- Children placed for adoption but not yet adopted to track the progress of placements and the timeliness of adoption order applications
- Children where a family has been identified to ensure that there is no avoidable delay in the shortlisting and matching process and throughout the planning of introductions and placement
- Children subject to a Placement Order where a family has not yet been identified. This cohort is rigorously discussed to ensure that the family finding strategy is being carried out effectively and is the forum for escalation of agreements regarding family finding within the RAA, other LAs or in the voluntary sector.
- Children in care proceedings where there may be a plan of adoption as their final care plan. These children are tracked closely both in the LA and the RAA to ensure that there is timely progression of the plan from Agency Decision that they Should Be Placed for Adoption, through profiling and the identification of a family.
- Children under the Public Law Outline where there may be a plan of adoption should care proceedings be initiated.
- Children requiring legal revocation of placement orders and “Should be placed for adoption” rescinds.

There is no doubt that the efficacy of these meetings is improved when care planning representatives from the local authority (LA) attends as this ensures a robust joint approach.

The Operations Manager and Team Manager in the RAA linked to Cheshire East also attend the monthly tracking meetings and they, alongside the two dedicated Family Finders, regularly work in Cheshire East office bases alongside the social work teams, attend legal advice meetings and care planning meetings to provide advice and a view where required. Links between Cheshire East and the RAA seem to be embedded well.

3. Performance

3.1 Children made Subject to Should be Placed for Adoption (SHOBPA) decisions

Number of children made subject to SHOBPA decisions per month							
Cheshire East	April	May	June	July	August	Sept	
	1	3	2	3	3	6	
	Oct	Nov	Dec	Jan	Feb	Mar	Total
	6	4	2	0	0	0	30

During the period there have been four children which includes one sibling group of three where proceedings were delayed. These include:

A child where the SHOBPA decision was made on 5th September 2018. The original care plan was for a special guardianship order to a connected person, however, the connected person withdrew. Updated assessments of birth parents were requested and care plan subsequently changed to one of adoption.

A sibling group of three, SHOBPA decision was made on 12th July 2018, assessments have been completed of several extended family members including birth father, grandparents and uncle. A sibling assessment has also been completed during proceedings.

3.2 Children subject to Placement Orders

Number of children made subject to Placement Orders per month							
Cheshire East	April	May	June	July	August	Sept	
	3	2	2	1	0	0	
	Oct	Nov	Dec	Jan	Feb	Mar	Total
	1	4	2	3	1	0	19

Out of the nineteen Placement Orders granted within the period of the last 12 months:

Five children have subsequently been placed for adoption. Two of these children were placed below the A2 threshold of 121 days.

Two of the children were placed within 6 months of Placement Order with measures of 176 days and 135 days. One of the children had been exposed to chronic parental alcohol misuse whilst in utero, the family finding strategy reflected the need to identify a family with potential to care for a child who could be on the foetal alcohol spectrum. A family was identified for the other child within timescales, it was assessed that for introductions and the move to a new family to be successful, these needed to take place outside of the summer holiday period due to the number of children in the foster placement.

One of the children was placed within 6 – 9 months, her measure was 207. Her family finding search had been complex as we were looking for a family who could care for a child with additional health needs and developmental delay.

There are fourteen children for whom a Placement Order has been granted within the last twelve months but are yet to be placed, out of these children:

There is a plan for two of the children to be adopted by their foster carers, a non-agency application has been made for one of the children and Adoption Counts are completing a prospective adopter assessment for the other.

Four of the children have been linked with prospective adopters, two are within the four month threshold and the remaining children within 6 months of Placement Order.

Family finding continues for the remaining eight children. In relation to identifying 'patterns' four of the children are sibling pairs, one child is an older child, one is of Polish ethnicity and two of the children have additional health / developmental needs.

3.3 The Numbers of Children who had a Change of Plan in the Period

There have been five children who have had a change of plan. One sibling pair aged 9 and 7 years had a change of plan to long term fostering. One sibling pair were placed with maternal grandparents on a Special Guardianship Order following a positive assessment. The remaining child was placed at home on a Care Order.

3.4 Number of Children Placed for Adoption during year.

Number of children placed for adoption per month							
Cheshire East	April	May	June	July	August	Sept	
	2	2	1	3	1	1	
	Oct	Nov	Dec	Jan	Feb	Mar	Total
	0	3	1	1	0	1	16

81% of the children placed for adoption were placed with prospective adopters approved by Adoption counts.

Two of the children placed for adoption this year were an older sibling pair, twins aged 7 years. Their Placement Order was made in March 2017, extensive family finding had taken place both in-house and nationally, the children were placed with an in-house family.

3.5 Number of children adopted

Number of children made subject to Adoption Orders per month							
Cheshire East	April	May	June	July	August	Sept	
	0	1	1	3	2	0	
	Oct	Nov	Dec	Jan	Feb	Mar	Total
	0	0	3	3	1	3	17

For this cohort, the average number of days for A1 is 338 days, which is well within the threshold of 426 days. The children who are outside of the threshold, are a sibling pair with a measure of 582 days. The children had complex needs as had experienced significant early years trauma, development delay alongside emotional and behavioural difficulties.

For A2, the average number of days for this cohort is 130 days which is just over the threshold of 121 days. Eleven of the children had a decision made about their match with their adoptive families within the threshold. The children outside of the threshold were:

A sibling pair with measures of 253. The children had complex needs as had experienced significant early years trauma, development delay alongside emotional and behavioural difficulties.

A child who was the younger sibling to a child who had been placed for adoption last year. The sibling already in placement was assessed as needing time to settle within her placement, prior to this child joining the family. A comprehensive plan of contact and introductions was therefore needed to ensure this transition was successful for both children. His measure was 240.

A child with a measure of 169. Prospective adopters were identified within timescales but later withdrew due to personal circumstances. Family finding therefore took longer than anticipated for this child.

A child with a measure of 156, this child had a diagnosed health condition and we were looking for a family who could accept the uncertainty in relation to this and meet his long-term health needs.

One of the children in this cohort was a relinquished baby and therefore the A2 measure does not apply.

Adoption scorecard performance

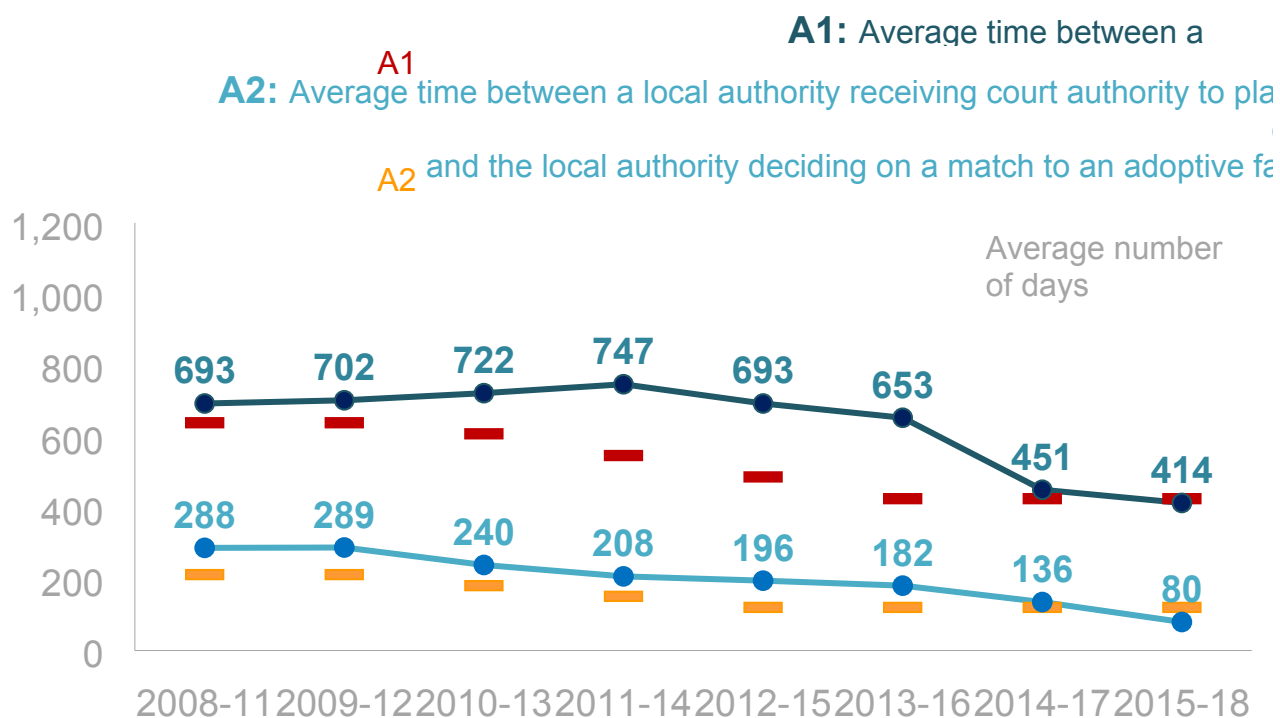
In 2014, as part of its Adoption Reform Agenda, the government introduced adoption scorecards to track local authority performance and to tackle delay in the adoption system. Scorecards are produced for a three-year rolling average with the latest data being published for the period April 2015 – March 2018. Cheshire East's performance is detailed below.

For clarity, the indicators are:

A1 – number of days between a child entering care and moving in with their adoptive family.

The current threshold is 426 days.

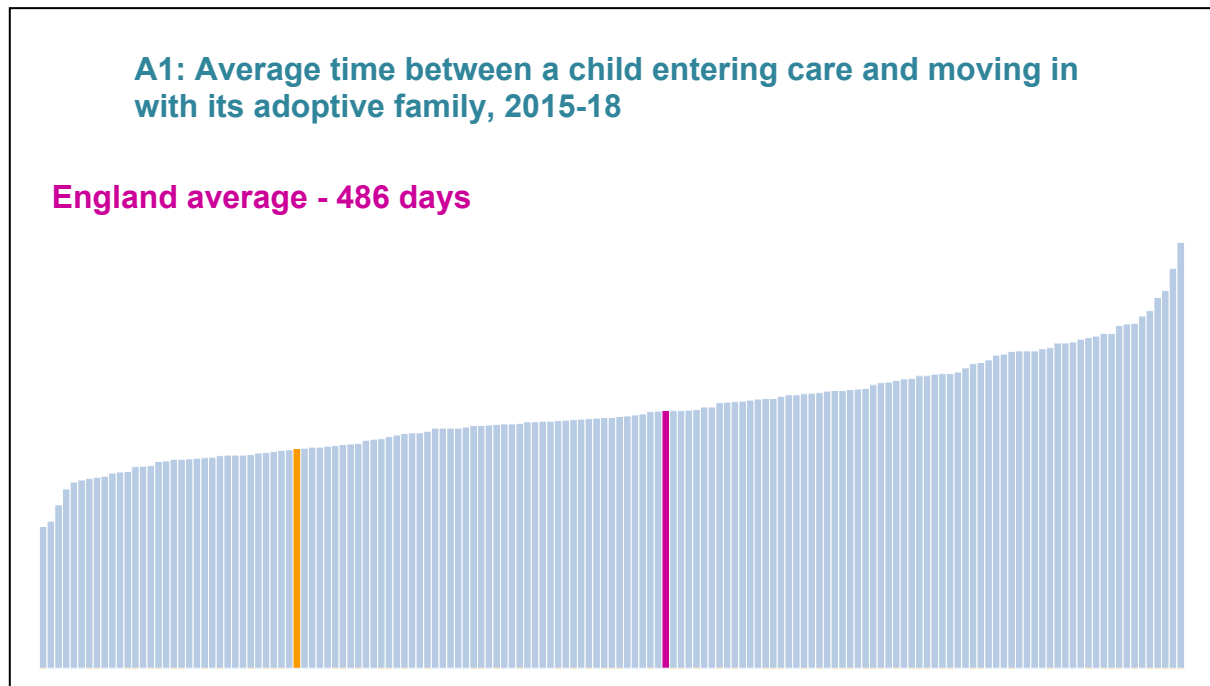
A2 – the number of days between receiving court authority to place a child for adoption and the agency decision about a match to an adoptive family. The current threshold is 121 days.



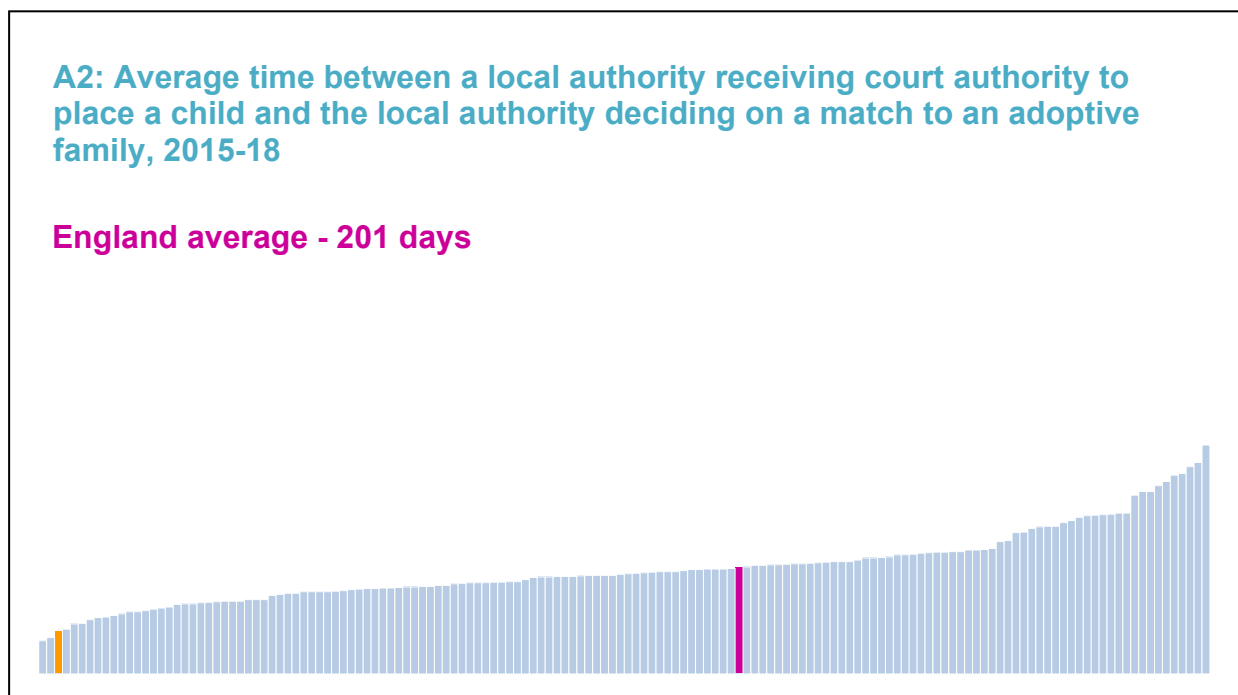
The graph above shows Cheshire East's performance for both A1 and A2 indicators.

The A1 average for the last three years is 414 with the A1 score for the past 12 months being 338.

The A2 average for the last three years is 80 with the A2 score for the past 12 months being 130. Whilst the A2 average has risen over the last 12 months, 69% of the children were placed within timescales. We have been family finding for a number of children with complex needs alongside a national picture where there are more children needing adoptive families than there are approved adopters. For the children who waited longer, robust family finding strategies were in place to ensure prospective adopters were identified with the relevant skill and knowledge base to meet the individual children's needs.



This chart shows that Cheshire East's average performance for the A1 indicator is below the England average at 486 days and is at the higher end of performance compared with other local authorities.



This chart shows that Cheshire East's average performance for the A2 indicator is well below the England average at 201 days and is again at the higher end of the performance spectrum.

3.6 Early Permanency

Two children have been placed in early permanence placements during this period. One child was placed in a concurrent planning placement on 8.8.18 through the contract with Caritas Care and Adoption Matters. This child was subsequently placed in a different adoptive family with the adopters of an older sibling.

One child was placed in a fostering for adoption family on 24.5.18 who were temporarily approved by Cheshire East's Agency Decision Maker as foster carers under regulation 25A of the Care Planning Regulations.

4. Quality of Reports

Child permanence reports have been graded at panel for approximately the last 6 months.

Of those:

Four were graded as still requiring improvement but did not delay the match.

One was graded as good.

This suggests an ongoing piece of work is required by giving advice from SHOBPA stage onwards which will support practitioners and managers to ensure all CPR's reach a standard of "good" by matching panel. Moving forward it has been agreed that audits will now also be undertaken at SHOBPA stage. The benefit of this is evidenced as the CPR that was been graded as good at panel match was graded as requiring improvement at SHOBPA stage.

Adoption Support

Adoption Support figures are provided for the last 6 months of this period and so should be read in conjunction with the Six Monthly Report for Cheshire East for a full year picture.

Adoption Support remains integral to our delivery for adopted children, new adoptive families, birth families and adopted adults, recognizing their life long journey. We remain committed to supporting families in the early transition stages of a placement and when an adoption order is made. Thereafter we recognize that new challenges may emerge requiring varying levels of tailored support to ensure successful outcomes for children. We have based our service delivery on a graduated approach, with our Adoption Psychology Service forming the foundation of our delivery.

5. Centre of Excellence for Adoption Support

5.1 SERVICE OVERVIEW

The Adoption Psychology Team is an assessment, consultation and therapeutic CAMHS and Educational Psychology partnership service for Adopted Children, their parents, carers and workers. It is a partnership between Manchester University Hospitals NHS Foundation Trust, One Education and Adoption Counts. The service is multidisciplinary including clinical psychology, therapeutic social work, child psychiatry and educational psychology. The information in this report relates to the CAMHS component of the service. The service is partly co-located with Children's Social Care which enables a co-ordinated approach to the mental health and emotional wellbeing and develops the skills of the social work teams through consultation, training and joint working. It is consultation and referral-based and offers timely and flexible appointments with some choice of venue. The service sits alongside other services that support the child's home, care planning, relationships, health, education and hobbies. The i-Thrive model shows how the Adoption Psychology and Adoption Counts Adoption Support Service fit together.

i-THRIVE Model of Care - Adoption Support



5.2 AP Service outcomes

1. Adopted children have good mental health
2. Adopted children have healthy relationships
3. Adopted children have stable placements

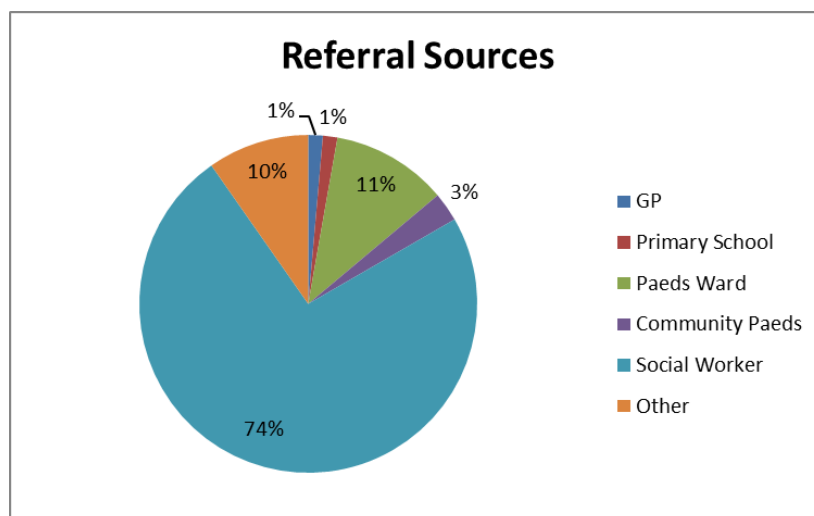
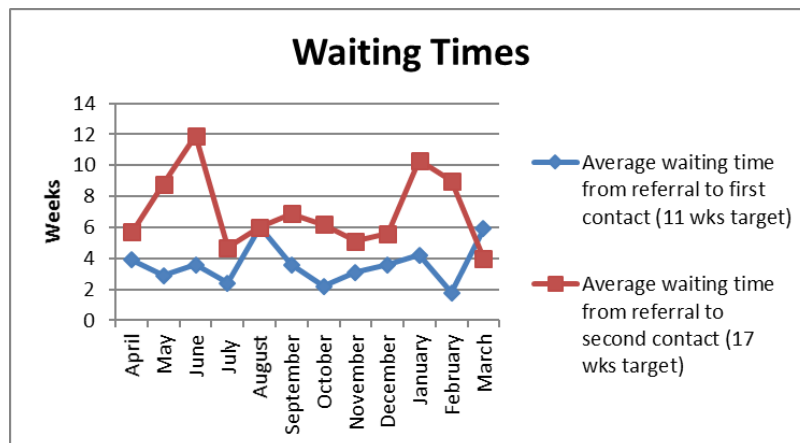
4. Adopted children and their parents have a positive experience of care and support

5.3 Service Aims

- Children who have a Placement Order and an adoption plan are offered, where necessary, assessment and intervention to support decision-making and make recommendations to inform their placement needs.
- Adopted children and families have access to assessment and interventions to improve their relationships, emotional and behavioural regulation and engagement with learning.
- Children and families placed in their adoptive placement can access group-based approaches as part of an early intervention package to enable families to have a good start on their adoption journey.
- Children who have been placed in their adoptive placement are able to access specialist assessment and intervention up to age 12.
- Adoption social workers, family finders and children's social workers can access Specialist Consultation for adopted children up to the age of 18 for advice and signposting.
- Prospective adopters and adoptive parents are offered training, consultation and evidence-based interventions to enhance their understanding and management of the psychological needs of children who have experienced abuse and neglect.
- Adoption Social Workers are offered training and consultation to enhance their understanding, assessment skills and knowledge of attachment, mental health difficulties and interventions

SERVICE ACTIVITY

- **554** appointments were attended.
- Average waiting time for first appointment was **3.5** weeks (11 weeks target)
- **3%** DNA (did not attend) their first appointment and **2%** DNA their follow up appointment.
- **72** new referrals received.
- **28%** of the new referrals had assessment only
- **61** cases were discharged



GROUP WORK

The **Foundations for Attachment group** is a six-session programme to help adoptive parents to nurture attachments with their child. It is designed specifically for those caring for children whose capacity to emotionally connect has been compromised as a result of attachment problems, trauma, and loss or separation. Informed by attachment theory and Dyadic Developmental Psychotherapy (DDP), it consists of three core modules:

- **Understanding the Challenges of Parenting**
- **Therapeutic Parenting**
- **Looking After Yourself**

Three training groups for parents to adopted children were delivered between:

- April - September 2018
- October - December 2018
- January - April 2019

Overall, **26** parents attended the groups, representing **21** families and **27** children.

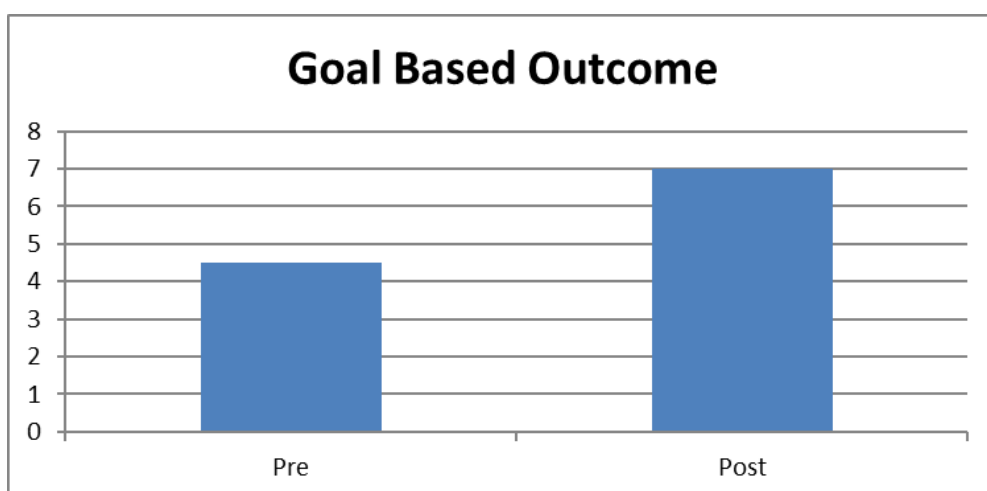
Goals

The parents were asked to identify 2 skills in relation to parenting and/or relationship building that they hope to improve on through attending this group, followed by rating their current ability to perform these skills on a scale of 1 (*not very well, not confident*) – 10 (*very well, confident*), the rating was completed at the first (pre) and last (post) session.

The goals included:

<i>"Support ways to increase attachment"</i>	<i>"Aim to manage escalating chaos"</i>
<i>'Support his emotional regulation'</i>	<i>'Setting foundations for future and manage own expectations'</i>
<i>'Putting into practice therapeutic ideas'</i>	<i>Develop Strategies/ go to phrases to manage shame '</i>
<i>"Support/learn to identify and understand behaviours"</i>	<i>"Support emotional development"</i>
<i>'Help K identify his feelings and manage shame/ anxiety'</i>	<i>'Support and ideas to help with anger/emotions. Understanding about attachment and anxiety"</i>
<i>"Understanding ways to build attachment"</i>	<i>"Managing jealousy and controlling behaviours'</i>

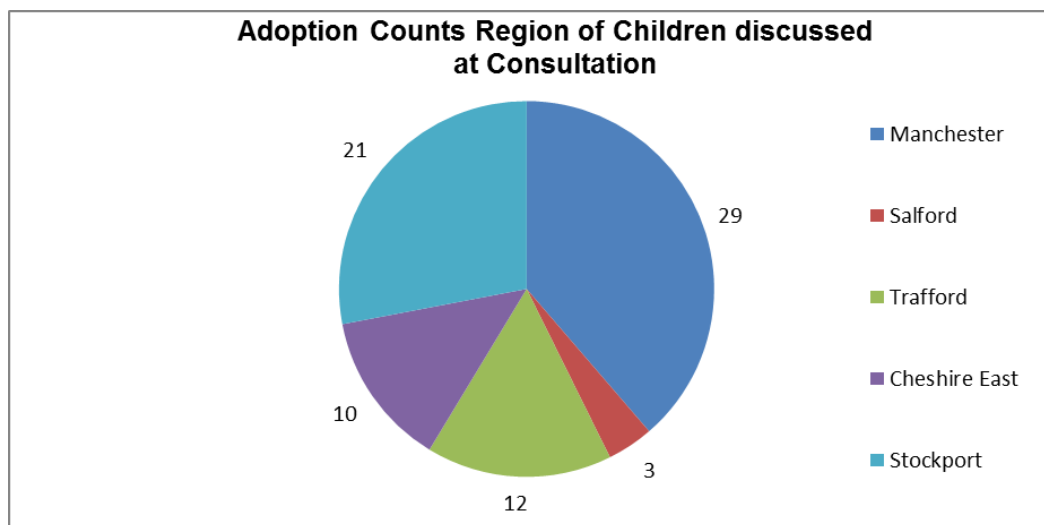
The result indicated that all the parents rated their performance skills higher at the end of the intervention, demonstrating that they felt that they were performing better/feeling more confident at the end of the group intervention (average score for pre = 4.5, post = 7).



CONSULTATIONS

The Adoption Psychology Team offer fortnightly Consultation Clinic for Adoption Counts Social Workers. From April 1st 2018 - March 31st 2019, Adoption Psychology Service delivered 81 consultation sessions, meeting with 106 consultees, which covered 100 children.

- Number of consultations: **81**
- Number of children discussed at consultation: **100**
- Number of consultees: **106** (these include children's social workers, adoption support social workers, family finders and assessing social workers)



5.4 The **Multi Agency Resource Panel**, continues to consider complex cases that require Adoption Support Fund (ASF) match funding from the Local Authority. This has enabled more consistent and transparent decision making across the region. The panel consists of representative from CAMHS, Virtual Schools, Social Care and Voluntary Adoption Agencies (VAAs) which enables professional challenge and support to make the best use of resources in our agency. In the last six months;

Authority	Decision
Manchester	2 recommended (with amendments)
Stockport	1 recommended
Trafford	3 recommended

5.5 Adoption Support Fund Applications

We have continued to access the ASF to provide additional therapy for adoptive families using the Adoption Counts portal, this has enabled families to receive specialist support that we would not have been able to provide in house or access from other universal services.

There has been 271 applications to the ASF in this year. For Cheshire East there have been 36 applications for a total of £ 98,095.47 in the latter half of the year.

Local Authority	Number of Applications October 2018 – March 2019	ASF
Stockport	22	£51,071.03
Manchester	27	£75,599.77
Trafford	22	£57,457.11
Salford	8	£30,016.20
Cheshire East	36	£98,095.47

5.6 Referrals / Enquiries for Adoption Support

We are currently working with **462** open cases (excluding Letterbox) We have a further 272 cases awaiting allocation, **199** children for Adoption Support, **73** adults for Access to records. All of these cases have received initial advice and guidance and a surgery appointment where required.

During the period 1st April 2018 – 31st March 2019 we received 797 new referrals into the Adoption Support Service. In the last 6 months of this year, the number of requests are identified below:

(Please note; This does not include the Letterbox service, which is recorded separately.)

Local Authority	Adopted Adult	Adoptive Family	Birth Family	Advice & Signposting	
STOCKPORT	9	27	0	5	41
MANCHESTER	30	27	1	18	76
SALFORD	6	22	2	4	34
CHESHIRE EAST	21	30	1	13	65
TRAFFORD	12	11	0	2	25
UNDEFINED	0	14	4	15	33
OTHER LA	0	7	0	14	21
	78	138	8	71	295

In January 2019 we introduced an Adoption Support Duty Team (First response), comprising of administrative support and 2 dedicated Adoption Support social workers, with the addition of a part time team manager for a fixed term to develop and implement the new system.

The first response model has been developed, to encourage better screening of calls and redirecting to universal services where appropriate. If a call is clearly adoption

specific then advice, support and counselling can be offered via telephone and may be all that is required.

If it becomes clear from discussion that there is a need to gather more detailed information then the family will be invited into a surgery appointment to conduct an initial assessment.

This assessment will then indicate if a full assessment of need is required.

The early figures indicate an increase in the number of referrals receiving advice and signposting.

Since January 2019 100% of adoptive families requiring an initial assessment have been offered a surgery appointment within a 4-6 week timeframe.

5.7 Letterbox Service

The FSW letterbox workers continue to be supervised by the same senior practitioner as a discrete team of workers within Adoption Support. This allows Adoption Counts to support birth families and adopters to provide the best they can for the child to promote their identity.

We are currently facilitating over 1,000 letterbox agreements which means over 2,000 exchanges in a year. We have additional administrative support to facilitate this more smoothly, and to ensure the confidential information is handled sensitively

Manchester	Salford	Stockport	Cheshire East	Trafford
305	229	227	172	111

The team continue to meet every 6 weeks to moderate practice and have linked with After Adoption, who provided the independent counselling to birth parents in relation to their child being placed for adoption.

The Family Support Workers role will be considered within the wider pressures of allocations in adoption support. This means we will look at FSWs undertaking short pieces of work to assist families with adoption related issues, reducing the pressures of SW allocations.

5.8 Group work

Adoption Counts continues to recognise the importance of supporting adopters through the use of group work, to enable families to access professional guidance whilst building support networks with other adopters. We have continued to hold coffee drop-ins for informal support.

We have continued to deliver open access topic based workshops, to enable adopters to access monthly support with clear advice and guidance to enable them in their therapeutic parenting role. The workshops delivered have been -

- Looking after Yourself (a guide to mental well-being)
- Contact through letterbox
- Brain Development – impact of early trauma.

The feedback is very positive and there is representation from each LA area.

We have also held successful **Family Fun days** - Arts, dance and drumming activities at Zed Arts, Manchester and The Easter Egg Hunt in Cheshire East. These are always well attended and appreciated by families as an opportunity to meet families in the same situation, who offer understanding and acceptance. This is also a really valuable way of families meeting staff in a relaxed and engaging environment.

We have also continued to support 27 families to attend the Child on Parent Violence / Non Violent Resistance programme commissioned through PAC-UK.

6. Recruitment of Adopters

6.1 Approvals

There have been 85 families approved as adopters during this period, which was less than the targeted figure, but an increase to the number approved the previous year (48). Strategies have been discussed as to how this number can be increased further during 2019/20 and figures look to have improved by a further 80%. At the end of the period (31st March 2019) there were 31 families in Stage One, 6 in between Stage One and Stage Two, and 37 in Stage Two. This is just over double the amount of families who were in the process at the same time in 2018.

6.2 Referrals to the Independent Review Mechanism (IRM)

No referrals were made to the IRM during this period.

6.3 Partner/step-parent adoption enquiries

Our Recruitment Team received 102 partner/step-parent adoption enquiries during 2018/19. This number is the total from across all five of our local authorities.

Forty-three enquiries resulted in an office meeting taking place with a social worker, for information gathering and advice.

LA	Number	Percentage
Cheshire East	12	27.5%
Manchester	8	19%
Salford	8	19%
Stockport	12	27.5%
Trafford	3	7%
Total	43	100%

Seventeen applications were received during this period;

LA	Number	Percentage
Cheshire East	4	23.5%
Manchester	3	18%
Salford	5	29%
Stockport	4	23.5%
Trafford	1	6%
Total	17	100%

7. Compliments, comments and complaints

Two complaints have been received in the second half of this year (with earlier complaints reported in the last 6 month report)

- From a couple who had relinquished a child and felt concerned about the service they received across Children's services and Adoption counts. The head of service is working with them in an ongoing capacity to embed lessons learnt into practise across the teams. Complaint was upheld.
- In relation to support given to one partner in relation to contact – not upheld.

Several compliments have been received by the Agency about staff in Recruitment and Assessment, Family Finders and Adoption Support. They are collated by Stockport CSS as our host agency.

8. Disruptions

There have been no disruptions within this period.

9 Developments in Adoption Counts

Recruitment and Assessment

Development days for Recruitment & Assessment workers have taken place on a bi-monthly basis in the latter part of this year. They have been very useful in embedding relationships, improving practice and ensuring consistency across the service as well as providing an opportunity for training including input from our Adoption Psychology Service around Theraplay and how we might help use the principles to better prepare our adopters and help them to start parenting from the beginning in a therapeutic way which will encourage attachments to form.

Training for our adopters has been expanded and further strengthened with a review of preparation materials and the introduction of sessions for family, friends and support network members which monthly. Sessions on fostering for adoption are also running each month with the expectation that all of our families who are considering a child under the age of 2 will attend so that they can make an informed decision regarding this child centred but challenging route. We have also run the first of our quarterly sessions on Taking Siblings, which had over twenty people attend and explore the benefits as well as the challenges of taking more than one child into their family. In addition, a rolling 6 month programme of top up training has been introduced covering;

- Talking to your child about adoption,
- Contact after adoption
- Linking and matching
- Attachment, play and parenting styles
- Medical issues in adoption
- Parenting children who have experienced trauma

Family finding

Family finding development days also continue to be beneficial in addressing and standardising practice issues which arise. Staff have had further input on developing excellence in writing child permanence reports, so that their mentoring role with fieldwork staff is enhanced. Adoption Counts has successfully trialled bespoke, targeted family finding for individual children on a small scale and hope to widen this development as we move through 2019/20.

Strategic Matching Meetings have brought some management oversight to priority children for matching with available adopters – to ensure we are maximising our resources and that all of the children across the region have the same equality of access to our families. For any adopters approved for two children, authorisation from the Head of the RAA is required before they can be considered for a single child.

Adoption panels

Information about panel will be covered in full in the Chairs reports. Panel business has increased significantly however with both increasing approvals and matches this year. We have increased the number of items a panel will hear from 5 items to 6 as a short term measure but we may need to consider increasing capacity in order to avoid any delay should this level of business continue.

Research

The service is driving forward findings of research published by the University of East Anglia in relation to both Contact after adoption and Transitions and introductions to an adoptive placement. In relation to contact, we are working with fieldwork services around what has often become a risk averse and formulaic approach, and working with our own staff to ensure our adopters are more open to innovative means by which to help children with identity, particularly where separated siblings are concerned.

We have delivered at two national conferences hosted by CoramBaaf such is the level of interest in our creative approach. Staff in (LA) had the opportunity to attend a conference hosted by Stockport to hear about the research directly and we hope that our other LA partners will be offering this conference later in the year.

Marketing and Recruitment

We are formulating a comprehensive strategy for 2019 - 2020 based on our learning about what has worked over this period. The majority of enquiries come with Google stated as their source and so we are investing in professional support for our Google Ad-words campaign to maximise and adjust the targets on a weekly basis. The series of campaigns throughout the year will be focusing on targeted recruitment for sibling groups, children from BME backgrounds, and children with complex needs as these are the groups most frequently being placed with other agencies and at a distance from our geographical area.

10 Partnership Working

Adoption Counts has a partnership with Caritas Care regarding the concurrency project and have made 7 placements this year.

The delivery of the independent support to birth parents ended with the administration of After Adoption. Negotiations are underway with an alternative provider who should be able to pick the contract up from 1st July.

Representatives from partner agencies Adoption matters and Caritas Care continue to sit on the management board. Adoption Counts continues to work closely with those agencies as development partner for their “Flag” DFE funded initiative.

11 How do we involve adopters in matching, linking and subsequent planning?

The matching process within the Adoption Counts Family Finding policy requires full information about the child to be shared with adopters after short listing has taken place. Adopters will meet the key professionals for the child as well as their foster carer and have the option of meeting the placing agency’s medical advisor. Life Appreciation Days are held wherever possible to promote best practice in sharing the

full history of the child with adoptive parents. There is also sometimes an opportunity to meet the child through 'Bump into Meetings.'

Adopter led family finding is undertaken via Link Maker and through our Adoption Picnics which provide an opportunity for adopters to meet our children in a relaxed environment. The service held the first of these days in November, which successfully resulted in a number of matches for some of our children who wait longer. A second day is due to take place early in the new financial year with an event each quarter planned moving forwards.

12 How do we involve adopters in the development of the agency?

We are working closely with Adoption UK who run our adopter voice programme, ensuring that adopters are consulted about services and developments.

For example - the updated preparation programme, which follows the journey of the child, has been shared recently with our Adoption Champions, via our adopter advisory board. The Board are a valuable resource to us in developing and improving our services and we are grateful for their time and sharing of experiences. Learning from any complaints from adopters is embedded into practise, as part of a commitment to continuous development.

We also undertook a large adopter survey this year and are analysing responses to assist us across all areas of the service. Many comments related to adoption support but family finding and preparation were also addressed.

13 How do we involve staff in the development of the agency?

Staff have regular team meetings, development days, training events and bi annual whole service days - all of which allow for an inclusive and restorative approach to staff engagement. Staff have opportunities to engage in a variety of task and finish groups – looking at areas of practise such as contact, transitions, and adopter training. Staff report that they feel fully engaged within the agency.

14 Accountability

The Regional Manager reports on a regular basis to Adoption Counts Management Board, attended by directors of children's services from the 5 local authorities, or their deputies, voluntary sector representatives and 2 adoptive parents. The board has strategic responsibility for overseeing the work of the agency in relation to the following key areas.

- Sufficiency of adopters
- Timeliness for children
- Adoption support
- Management oversight of quality and performance
- Partnership working

- Use of resources
- Professional development

An independent audit was undertaken by Stockport in September 2018 – the findings of which involved only 1 recommendation and confirming that management and accountability systems and processes were robust. The recommendation related to performance data – which was going to the Head of service without robust quality assurance for accuracy. This is now being addressed.

15 Summary

2018 / 2019 has been a good year for adoption outcomes and work in Cheshire East. The performance data evidences that children with a plan of adoption have been matched / placed / adopted in a timely manner, with a number of children joining their permanent families within / under the recommended thresholds. This is an excellent outcome as it maximises the opportunity for children, many of whom have experienced early years trauma, to gain stability and permanence by joining a family who can meet their needs with minimum delay and at the earliest point possible. Research indicates that such early and decisive action is needed, as delays in the process can reduce children's chances of finding a permanent family and increase the chance of adoption breakdown. Approvals of adopters have doubled over the past year, this again is an excellent outcome as a greater pool of prospective adopters is available, all of whom have been assessed as having the skills needed to meet the needs of vulnerable children.

Our identified priorities for 2019 / 2020 are as follows:

- To improve the quality of Child Permanence reports, our goal would be for all CPR's to be graded as good by the point of matching panel. As part of this aim we are in the process of developing a CPR template which can be a point of reference for our colleagues to use / refer to when compiling a CPR.
- We would like to increase the use of early permanence placements. As part of this strategy we have begun to provide mandatory fostering for adoption training for all prospective adopters considering a child under the age of 2.
- To further increase adopter sufficiency.
- There is a high level of demand for adoption support services within Cheshire East, further consideration will be given re: the ways we can support our families with adoption related issues.

Name	Nicola Booth
Role	Operations Manager (linking to Cheshire East)
Date	2.7.19



Working for a brighter future together

Children and Families Overview and Scrutiny Committee

Date of Meeting: 23 September 2019

Report Title: Cheshire East Partnership Five Year Plan

Portfolio Holder: Cllr Dorothy Flude, Portfolio Holder Children and Families

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report Summary

- 1.1. NHS England requires each Sustainability and Transformation Partnership area (now known as Health and Care Partnerships) to prepare Five Year Strategies, as their response to the NHS England Long Term Plan (published January 2019). The Cheshire and Merseyside Health and Care Partnership (C&MH&CP) has started work on its Strategy and, to inform this, has asked that each of the nine 'Place based' health and care partnerships in Cheshire and Merseyside (aligned to the local authority geographies) develop their own Five Year Plans.
- 1.2. The draft Cheshire East Partnership Five Year Plan has been shared with residents and staff through an engagement exercise over the summer (1st August to 23rd August). The draft Plan had to be submitted to the C&MH&CP at the end of August. It is now necessary for a final, post-engagement version of the Plan to be prepared for endorsement by the Health and Wellbeing Board, Cabinet and other partner organisation's governing bodies. To inform this, the draft Plan is brought to the Scrutiny Committee for comment and feedback.
- 1.3. The draft Plan is attached as Appendix One, together with a Technical Appendix (Appendix Two and a summary of the engagement feedback (Appendix Three). It sets out the vision of the Partnership (made up of the Local Authority, the Clinical Commissioning Groups, NHS Providers, the local GPs – and through the Health and Wellbeing Board, the Police and Fire and Rescue Service, the community and voluntary sector, NHS England and Healthwatch). This vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and

sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it is needed.

2. Recommendations

- 2.1. That the Children and Families Overview and Scrutiny Committee consider and comment upon the draft Cheshire East Partnership Five Year Plan.

3. Reasons for Recommendations

- 3.1. To ensure the draft Cheshire East Partnership Five Year Plan is considered by the Scrutiny Committee to inform the revision of the Plan, in advance of its endorsement by the Council as a key partner in leading the transformation of health and care in Cheshire East.
- 3.2. To allow the timely submission of the Cheshire East Partnership Five Year Plan to the Cheshire and Merseyside Health and Care Partnership to meet their requirements that all Places submit Plans by October/November 2019.

4. Other Options Considered

- 4.1. The Local Authority could have chosen not to engage with the work of the Cheshire East Partnership and the drafting of the Five Year Plan. However, with Health and Social Care Integration a key element of the NHS Long Term Plan and a priority of the Department of Health and Social Care, it is important that we are an active partner in this work to influence discussions and decisions. In focussing on better outcomes for our residents and particularly those in need of health and / or care services, this willingness to be an active partner with health colleagues is a key requirement.

5. Background

- 5.1. The Sustainability and Transformation Partnerships were formed in 2015/2016 as a result of the NHS England 'Five Year Plan's' aspirations to see closer working across health and care and progress being made towards integrated provision. There was also an imperative to make more effective use of resources across the system. The Cheshire and Merseyside STP was formed in January 2016, a partnership of the twelve clinical commissioning groups, twenty NHS provider organisations (hospitals, community and mental health trusts) and the nine local authorities. The STP was re-branded as the Cheshire & Merseyside Health & Care Partnership in 2017.

- 5.2. The publication of the NHS Long Term Plan in January 2019 has re-emphasised the importance of these Partnerships in the NHS future plans, with the transition to Integrated Care Systems (ICS) being the aspiration for each regional partnership by 2021. Achieving ICS status will bring additional resource and a level of autonomy for the Partnership in its decision making. The Five Year Strategy is a key element of this, demonstrating that the C&MH&CP has the maturity and ambition to deliver what NHS England expects from the ICS. Similarly the Place-based Five Year Plans need to show that there is a common vision for the provision of health and care services within that area, with a good understanding of the local challenges, a commitment from local partners to work together and clarity in relation to what needs to be delivered.
- 5.3. The Cheshire and Merseyside Health and Care Partnership (and its equivalents elsewhere in the country) and local place-based health and care partnerships are seen by NHS England as a pragmatic way to join up planning and service delivery across primary and specialist care, physical and mental health and health and social care.
- 5.4. With regard to the Cheshire East Partnership Five Year Plan, the draft Plan was shared with the public from 1st to 23rd August and submitted (as a draft) to the C&MH&CP at the end of August. A revised Plan that incorporates changes initiated through the engagement process has now to be taken through the governing bodies of the Partners for endorsement. The final endorsed version will be submitted to the Cheshire and Merseyside Health and Care Partnership by the end of October.
- 5.5. The Cheshire East Partnership Plan sets out the vision of the Partnership (made up of the Local Authority, the Clinical Commissioning Groups, NHS Providers, local GPs – and through the Health and Wellbeing Board, the Police and Fire and Rescue Service, the community and voluntary sector, NHS England and Healthwatch). This is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.
- 5.6. The focus of the Partnership is upon:
- 5.6.1 Tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;

5.6.2 Prevention of ill health through early intervention, health improvement and creating environments that support and enable people to live healthily;

5.6.3 Ensuring our actions are centred on the individual, their goals, the communities in which they live and supporting people to help themselves;

5.6.4 Having shared planning and decision making with our residents.

5.7. The key outcomes that the Partnership through the Plan aspires to achieve are:

5.7.1 To create a place that supports health and wellbeing for everyone living in Cheshire East;

5.7.2 To improve the mental health and wellbeing of people living and working in Cheshire East;

5.7.3 To enable more people to live well for longer in Cheshire East;

5.7.4 To ensure that children and young people are happy and experience good physical and mental health and wellbeing.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. Cheshire East is a member of C&MH&CP which has asked each of the nine 'place based' health and care partnerships (of which Cheshire East is one) to develop their own Five Year Plans, to inform its Strategy in response to the requirements set by NHS England in its Long Term Plan published in January 2019, for each Sustainability and Transformation Partnership area to prepare Five Year Strategies. It should be noted that the Council has not at this stage, signed the Cheshire East Partnership's Memorandum of Understanding, because of concerns regarding the different funding streams that the NHS and the Authority draw upon.

6.1.2. There is no formal requirement to consult on the contents of the Cheshire East Place Partnership Plan at this stage but there has been a period of public engagement, which has taken place over the summer 2019.

6.1.3. The Governing Bodies of the Partner organisations of the Cheshire East Place Partnership are being asked to endorse the Plan.

6.1.4. Partnership organisations have had due regard to the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010 when exercising relevant functions.

6.1.5. Any proposed Service changes that may be developed as part of the ongoing work to implement the Partnership Plan will be subject to the appropriate formal consultation and consideration by the Health and Adult Social Care and Communities Scrutiny Committee and individual agency governance arrangements.

6.1.6. There is an explicit expectation from NHS England that NHS partners deliver on the Long Term Plan (see section 9).

6.2. Finance Implications

6.2.1. There are no financial implications for the Council at this point. However, if these implications emerge, then formal approval will be sought prior to any agreements being signed off. The level of financial challenge within the NHS in Cheshire East is significant and the Council will be closely monitoring the potential risks to its Medium Term Financial Strategy that might emerge as the work to implement the Plan gets underway.

6.3. Policy Implications

6.3.1. The delivery of the Plan will significantly contribute to the Council's six Priority Outcomes.

6.4. Equality Implications

6.4.1. The Plan recognises the disparities in health and wellbeing that are identified through the Joint Strategic Needs Assessment and includes a focus upon reducing inequalities.

6.5. Human Resources Implications

6.5.1. In relation to the endorsement of the Plan there are no specific HR implications. In the short term there will be closer working between health and care staff and joint commissioning of services. In due course, as the Plan implementation gets under way there may be integration of health and care staff proposals that are put forward and these will be managed in accordance with appropriate HR guidance and protocols.

6.6. Risk Management Implications

6.6.1. The Place Programme Management Office maintains a Risk Log for the transformation programme and will monitor progress made against the Plan's aspirations. A failure to deliver the work required will raise the

risks with regard to the financial and clinical sustainability of the health and care system.

6.7. Rural Communities Implications

6.7.1. The work underway to deliver the Plan (including our eight Care Communities), recognises the challenges of providing services within the more rural communities. Closer working between providers, the delivery of more services in the Care Communities and increased use of digital services are some of the ways that will be used to improve accessibility and delivery to the rural populations.

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

6.8.1. The Cheshire East Partnership is working to transform health and care services for the whole population, from cradle to grave and this is reflected in the Plan. Delivering improvement in health and wellbeing for our children and young people is one of the priority outcomes.

6.9. Public Health Implications

6.9.1. There are significant implications for public health with the outcomes of the Plan being intended to deliver improved health and wellbeing outcomes.

6.10. Climate Change Implications

6.10.1 A key element within the Plan is to encourage individuals to take responsibility for their own health and wellbeing and lead more healthy lifestyles. Through the promotion of active transport options, (cycling, walking) and thus reduced car usage, there could be beneficial climate impacts. In addition the partners recognise the need for their organisations to be making greater contributions towards reducing their carbon footprints. The NHS Long Term Plan requires all NHS organisations to work towards reducing carbon, waste and water use.

7. Ward Members Affected

7.1. All Wards will be affected.

8. Consultation & Engagement

8.1. Public engagement took place from 1st to 23rd August. It would have been preferable for this to be longer, but the timeline for submission on 30th August made this impossible. The Plan was presented to Overview and Scrutiny Committee on 12th September and has been before the governing bodies of all Partner Organisations. It was endorsed the Health and Wellbeing Board on 24th September.

9. Access to Information

9.1. The NHS Long Term Plan and associated documents can be accessed here <https://www.longtermplan.nhs.uk/>

9.2. A summary of the NHS Long Term Plan is here:
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

10. Contact Information

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

Name: Guy Kilminster

Job Title: Corporate Manager, Health Improvement

Email: guy.kilminster@cheshireeast.gov.uk




#BecauseWeCare
Cheshire East Partnership

**Cheshire East
Partnership**

Five Year Plan

2019-2024





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

Contents

01	Foreword	4
02	The Cheshire East Place	6
03	Our Local Vision	8
04	Why do we need change?	10
05	Outcomes	13
06	Conclusion	29
07	Appendices	30

01 Foreword

The vision of our five-year plan is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

The Cheshire East Partnership is an alliance of partners working together to improve the health and wellbeing of the residents of the Cheshire East local authority area. The Five Year Plan sets out what we want to do, why we want to do it and the difference we believe we can make to the health and wellbeing of local residents.

We want this document to start a community wide conversation about our health and wellbeing and what we can all do to enhance it. Good health and wellbeing are not just about NHS and care services nor are they just about treating illness and accidents. Good health and wellbeing come from every aspect of our lives, environment, wealth and society. The quality of our education, employment, housing, neighbourhoods, friendships, relationships, families, jobs, safety, food and air are among the many things that influence our health, happiness and wellbeing, for better or worse.

We want children and young people to get the best start in life and be ready for school; we want people to live well and independently for longer; and we want older people to be able to maintain their independence for as long as possible, through more dementia friendly communities and active ageing initiatives, as well as by reducing social isolation. We also want to encourage people to take responsibility for looking after themselves, their families and neighbours, and to enable more care to be delivered in the community.

Across our communities there are differences in the levels of ill health and wellbeing, often linked to big differences in other aspects of the quality of life. Our approach is to focus on reducing these inequalities and use the wealth of our community's, knowledge, power and resources to achieve this. This is not so much about what we can do directly as public bodies, though that is hugely important, but about what we can support people, families and communities to do for themselves and with us. That is something we need to talk about and it's a conversation we want everyone to be involved in.

In summary, our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live. We want to keep people well and healthy rather than just try to fix things when they go wrong.

**Mark Palethorpe**

Acting Executive Director of
People
Cheshire East Council and
Senior Responsible Officer
Cheshire East Partnership Board

**Steven Michael**

Independent Chair
Cheshire East
Partnership Board

**Clare Watson**

Chief Officer of the four
Cheshire Clinical
Commissioning Groups

**John Wilbraham**

Chief Executive for
East Cheshire NHS
Trust

**Denise Frodsham**

Director of Strategic
Partnerships
Mid Cheshire Hospitals
NHS Foundation Trust

**Sheena Cumiskey**

Chief Executive
Cheshire and Wirral Partnership
NHS Foundation Trust

**Tina Cookson**

Nurse Director
South Cheshire and Vale Royal
GP Alliance

**Justin Johnson**

Chief Executive
Vernova Healthcare
Community Interest Company

02 The Cheshire East Place

The term place-based health is becoming more commonly used across the country. Cheshire East Place covers the area of Cheshire East Local Authority. It brings together the leadership, planning and delivery of health and local authority care services, working together without barriers and bureaucracy getting in the way. Additionally taking a place-based approach requires working effectively with other local authority departments, for example, Children and Families, Housing, Planning, Revenues and Benefits, and Culture and Leisure; with other public sector organisations, for example the Police, Fire and Rescue, Department for Work and Pensions; and with the many community, voluntary and faith sector organisations that add such value through delivery of services in Cheshire East.

The core Cheshire East Place Partnership is made up of the following organisations working together:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- East Cheshire NHS Trust (ECT)
- NHS Eastern Cheshire Clinical Commissioning Group (ECCCG)
- Mid Cheshire Hospitals NHS Foundation Trust (MCHFT)
- NHS South Cheshire Clinical Commissioning Group (SCCCG)
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare CIC
- Healthwatch.

Others working closely with us, through the Health and Wellbeing Board and other partnerships include the Cheshire Constabulary and Cheshire Fire and Rescue service, the University Hospital of South Manchester NHS Foundation Trust, Stockport NHS Foundation Trust, University Hospitals of North Midlands NHS Trust, health and care commissioners and providers across Cheshire, Merseyside, Wirral, Greater Manchester, North Midlands and Wales.

As a Place we sit within the Cheshire and Merseyside Health and Care Partnership (C&MH&CP), one of nine Places, all based upon the local authority geographies of Cheshire and Merseyside. This Partnership was established to confront the health and care challenges of population health, the quality of care, and increasing financial pressures.

As its name suggests, the Partnership is not a single entity but a collection of organisations responsible for providing health and care services that have come together, to plan how best to deliver these services in future so that they meet the needs of local people, are high quality and are affordable. Their priorities feature in our local Plan and our interaction with the Cheshire and Merseyside work-streams will influence our on the ground delivery.

We shall also contribute to the ambitions of the C&MH&CP in relation to Social Value and have committed to the Social Value Charter that the Partnership has recently published.

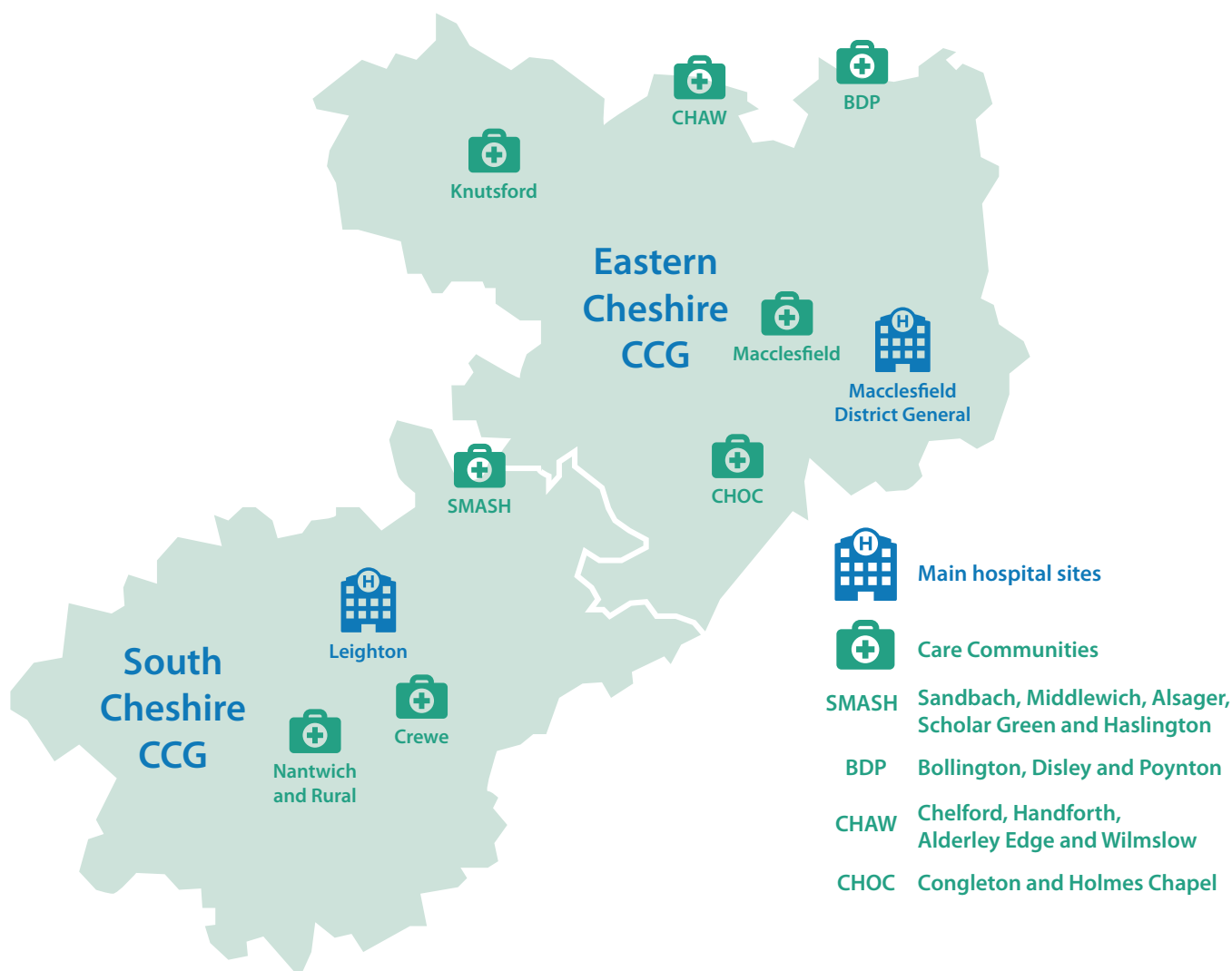
A vibrant and diverse economy and community

Cheshire East is an area of contrasts. It is a place of agriculture and industry, countryside, villages, market towns and urban centres with distinct needs, assets and characters. We are preparing to capitalise

on the arrival of high speed rail (HS2) as a catalyst for growth, development of business and enterprise in Cheshire East. This will create new opportunities for regeneration and employment within the borough and new demands on public services.

Cheshire East is a great place for people who want to balance work and life because we are located between the North and the Midlands and we are close to Wales and Merseyside. We are ideally located to capitalise on both the quick links to these centres and to be a haven from them.

Our plans will recognise the value of our communities and respond to the needs of our communities, delivering integrated health and care designed with and for local care communities. We plan to deliver continuous improvements in productivity in the private and public sectors, harnessing local world class businesses and our rich research and development infrastructure. Business development, housing growth and education and training opportunities are key elements of wider strategies designed to complement and benefit from health and care developments.



03 Our Local Vision

Health and wellbeing go hand in hand with economic growth and prosperity. Good health is also about good housing, good education, good employment and good infrastructure and services. They are all interlinked and need to complement each other.

Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

This means we need our services to be as integrated as our lives are. To improve the health and wellbeing of communities and reduce the demand for health and social care, a focus on preventing ill health needs to be at the heart of our strategic plans, actions, services and programmes. This also means that we need to think of health and care in a new way and understand that workplaces, schools, leisure and communities are a vital part of promoting wellbeing and preventing, or delaying a need for care arising.

We want to make it as easy as possible to stay healthy, supporting people where it makes a difference, intervening where it's necessary but also promoting a shared understanding of individual responsibility to lead a healthy life, reducing people's need for help and keeping them independent.

Our focus will be upon:

- Tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;
- Prevention of ill health, early intervention, health improvement and creating environments that support and enable people to live healthily;
- Ensuring our actions are centred on the individual, their goals, and the communities in which they live and supporting people to help themselves;
- Having shared planning and decision making with our residents.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute 2015.

Contributions to Health Outcomes



It is clear from this table that there are many factors that impact our quality of health. And those factors need to influence potential solutions. We tend to focus on hospitals and GPs when we think about our health and how the NHS serves us. Whilst it is essential that our NHS clinical services are excellent, they only make up a fifth of what contributes to the quality of our health. Our plans will look at involving all aspects of our health and wellbeing needs, and especially on preventing ill health and avoiding harm so that we can enhance wellbeing and reduce the unsustainable pressure on overstretched services.

The Five Year Plan complements the Cheshire East Health and Wellbeing Strategy and sits alongside the Cheshire East Connected Communities Strategy, Industrial Strategy and developing Environment Strategy. Collectively these strategies will help to guide our approach and lead to better health and social care outcomes across Cheshire East.

04 Why do we need to change?

Many of us are living much longer, in better homes and communities, but we are experiencing increasing fragility and vulnerability in older age. This has placed increased demand and financial pressures upon the health and care system requiring innovative change in order to ensure financial viability going forward.

Our lives are more connected digitally, creating new ways of living and working and new ways of accessing services and taking part in activities and it is increasingly clear that health and care services need to be shaped around individuals to make their lives better and easier.

People's health and wellbeing is not simply about taking a pill, seeing a doctor or waiting for a service. It involves helping people to take greater responsibility for their own self-care, being more proactive in their own health and wellbeing. As a system we will enhance the provision of and signposting to information, facilitating people to better help themselves, their families and communities. We also need to be using information more effectively to identify vulnerable people who may be at risk and addressing the wider determinants of health such as housing, poverty, employment and education.

The main causes of death and illness in Cheshire East are cancer, heart disease and respiratory illness.

Overall, risk factors (for example smoking) for cancer in Cheshire East are lower than the England average, but there are areas, particularly in the south of the borough, where risk factors are much higher. There are stark differences in cancer outcomes across Cheshire East and such outcomes are particularly poor in Crewe.

The mortality rates for heart disease in Cheshire East are lower than the England and Northwest averages but heart disease still accounts for around a quarter of premature deaths in this area and people who live in Crewe have a significantly higher risk of early death from heart disease.



Respiratory disease accounts for a tenth of premature deaths in Cheshire East. This is better than the national average but worse when compared to similar local authorities. Outcomes are generally poorer for those from the most deprived communities.

Against this backdrop the demand for health and care services continues to grow, for at least five reasons. The first three are either desirable or unavoidable:

- Our growing and ageing population means more people need health and care support
- Growing concern about areas of unmet health need, for example, young people's mental health needs
- Expanding frontiers of medical science and innovation, introducing new treatment possibilities that a modern health service should rightly be providing, for example, gene therapy.

But the other reasons we can collectively do something about:

- Improving the early prevention of avoidable illness or need for care by making the most of local assets in the community or services that support behaviour change. Examples include smoking cessation to reduce the risk of cancer and heart disease; diabetes prevention and reducing the risk of cancer through reducing obesity; and reducing respiratory hospital admissions from lower levels of air pollution.
- Getting the right service in the right place for someone who is unwell or in need of care is often difficult. This is because many current services were created for a different era with different needs.

This document represents a commitment by all the partners across Cheshire East to collaborate to tackle the complex, difficult and inequitable health and wellbeing issues together.

In general, the health and wellbeing of the residents of Cheshire East is good, but there are clear inequalities within the area.

We recognise that services should be designed for local needs and that, for instance, what is needed and what works for people in Nantwich will be different to what's needed and what works in Macclesfield. Working with our different communities, local networks and using the individual strengths of our towns and villages we want to ensure people have the best health and wellbeing from services arranged for their local circumstances.

Meaningful engagement with our communities, patients and carers continues to inform all that we do, and we will provide services to improve health and social care for our local populations.



Public engagement

Healthwatch Cheshire East have recently undertaken engagement on the NHS Long Term Plan.

They conducted a survey and held focus groups with local people to hear views and ideas that help shape local plans. The key messages that have come out of this include:

- In order to live a healthy life people felt that access to the help and treatment they need when they want it was most important.
- In terms of maintaining their health and independence in later life, people surveyed overwhelmingly felt the most important factor was being able to stay in their own home for as long as it was safe.
- When considering managing and using support and treatment, people felt that the right treatment should be a joint decision between them and healthcare professionals and they should be consulted throughout the process.
- People in Cheshire East told us that being able to talk to their doctor or other health care professional wherever they are was the most important factor in being engaged in health service delivery.
- People with, or caring for people with autism felt that the time they had to wait to receive their initial assessment, diagnosis or treatment was too long. Waiting times ranged from eight months to three years. Members of our focus group also felt that there was a lack of understanding by front line staff of the autism spectrum. Funding and access to services was a serious issue for the parents of people with autism spectrum conditions.
- People with, or people caring for those with, dementia gave mixed responses to the initial support they received; most felt that it either met their needs or somewhat met their needs. Most

reported that ongoing care and support was easy to access.

- 94% of people who responded with a Mental Health condition felt that their overall experience of getting help was either average, negative, or very negative.

To address these challenges, the issues raised by local people and the needs evidenced through the changing population demographics, we will commission services that work seamlessly and wrap around the needs of people. "Together", our guide to co-production and collaboration with residents, the community, voluntary and faith sector will be key to improving health and wellbeing.

Our intention is to:

- help people to live healthier lives for longer;
- enable people to stay out of hospital when they do not need to be there;
- deliver more services at home or closer to home;
- reduce the demand on all hospital services.

We will continue to involve and engage our communities, staff and partners and we will draw on expertise and best practice from across the NHS, social care and beyond. We will formally consult where that is necessary, but only after we have engaged and listened to our communities in a process of co-creation. This will include activities like focus groups, co-production events and really effective communication.

We will ensure that the partnership of health and social care organisations in Cheshire East Place is integrated in its approach and outlook and that our plans are made in Cheshire East for the people of Cheshire East.

05 Outcomes

We want to develop clear plans that complement each other and deliver measurable outcomes for our communities. We want these outcomes to be straightforward and understandable. We want to build support and agreement for them.

The chances of success will be greater if we are clear about what we want to achieve and why. The priorities we have selected (as part of the Health and Wellbeing Strategy) are focussed on supporting everyone in Cheshire East, from childhood through to older age.

This document is about how we all can work towards, and benefit from, achieving these outcomes. We believe these outcomes are achievable and we believe they can only be achieved through the combined strengths and qualities of every part of our community, from the individual through to the public service. We all have a part to play and we will all benefit from the achievement. This will also help to ensure we have a long-term financially sustainable health and care system in Cheshire East.

Our key outcomes are that we should:

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



Wealth and Wellbeing

The wealth of any community directly contributes to its health and wellbeing. That is why we are making jobs, skills and opportunities a key part of our health and wellbeing work. Being healthy for and at work, goes hand in hand with having the jobs necessary for everyone's happiness and prosperity.

One of the things we can do to improve local prosperity is to invest in our own community, whenever this gives us the best outcomes and provides best value. We want to maximise the additional benefits that can be created by delivering, procuring or commissioning goods and services in Cheshire East. We don't just want to buy a product or service; we want that money to also support the income and wealth of our residents and businesses. We want our local economy to benefit from the funds we have to spend, and we want our workplaces to benefit our residents. So, when we spend money, we do so in a way that achieves as many of the following objectives as possible:

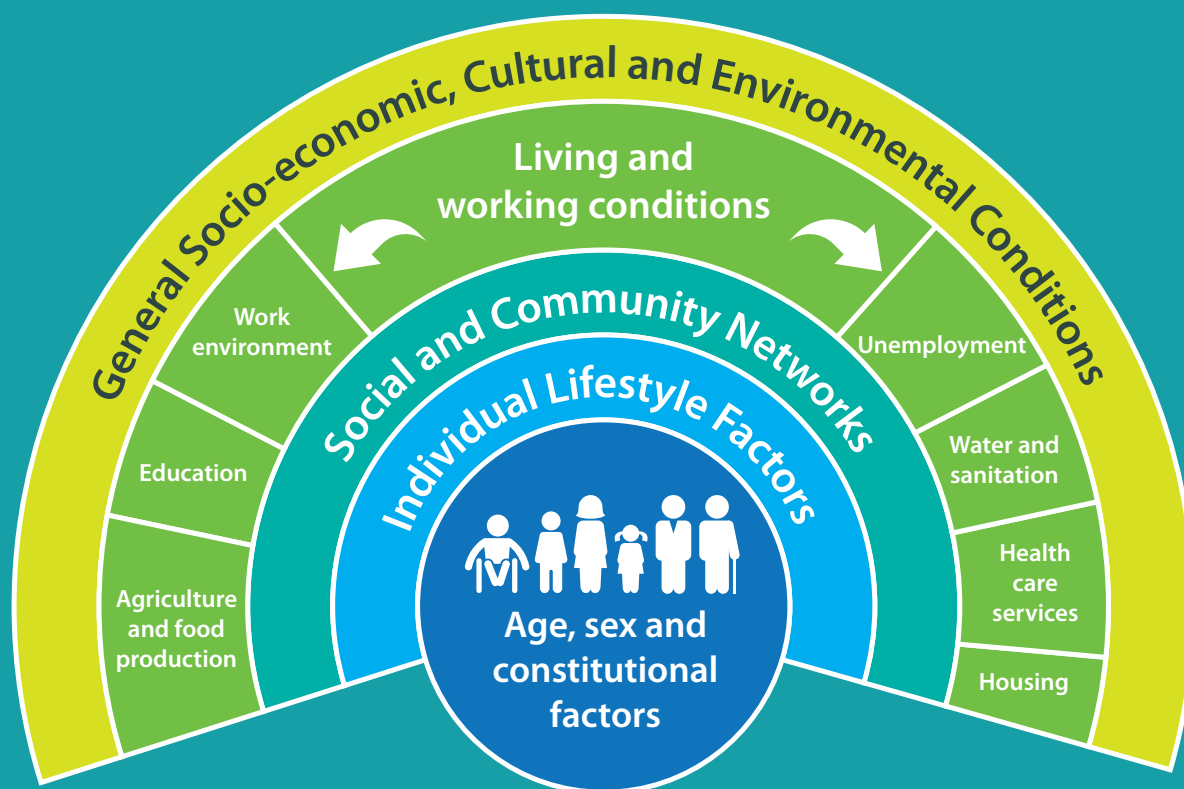
- Enabling people to be well in work by directly supporting their mental wellbeing
- Removing complex barriers to employment and financial independence through our 'In To Work' support programmes

- Ensuring that the skills strategy opportunities extend to people who are currently not in work and face the greatest challenges
- Promoting employment and economic sustainability
- Raising the living standards of local residents
- Promoting participation and citizen engagement
- Building the capacity and sustainability of the voluntary and community sector
- Promoting equity and fairness
- Promoting environmental sustainability.

The diagram below shows how health, happiness, jobs, services, neighbourhoods, communities and our economy are interconnected. Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age. The broad social and economic circumstances which together influence the quality of the health of the population are known as the 'social determinants of health'. The ways which these social determinants impact on both mental and physical health are complex and inter-related, often acting over a long period of time.

The Social Determinants of Health

Source: Dahlgren and Whitehead (1991)



This shows:

- personal characteristics occupy the core of the model and include gender, age, ethnic group, and hereditary factors
- individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity
- social and community networks include family and wider social circles
- living and working conditions include access and opportunities in relation to good jobs, housing, education and welfare services
- general socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work

We will ensure that health and wellbeing considerations are taken into account in relation to the many different elements of the Cheshire East Place including for example spatial planning, transport, housing, skills and employment.

Tackling inequalities

Public Health England says, "Health inequalities are avoidable and unfair differences in health status between groups of people or communities."

There are some stark differences across Cheshire East that we have identified and must deal with. There is a difference in life expectancy of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for women. For men, there is an 11-year gap between the lowest rate, again in Crewe Central, and the highest in Wilmslow East.

In general, there is more ill health in parts of Crewe and Macclesfield than in other areas. We know that this also coincides with areas of deprivation, poorer housing, education achievement and employment. Smoking, alcohol consumption and obesity are all also correspondingly higher.

We have identified common health issues in Cheshire East which have a significant impact across a person's lifetime if left unaddressed and are key factors in health inequalities. To make a difference in these areas we need to focus on avoiding inequalities from entirely preventable conditions. The focus will be on:

- Giving children the best start in life and ensuring they are ready for school.
- Supporting children's emotional health and wellbeing and tackling adverse childhood events.
- Reducing alcohol related harms.
- Helping people better manage long term conditions and disability affecting day to day activity.
- Reducing heart disease and high blood pressure.
- Preventing the risks from frailty and falls and improving mental health and wellbeing as we get older.

The human and community costs of preventable conditions

Alcohol misuse

The harmful effects of alcohol are a major cause of ill health in Cheshire East. Nearly three quarters of 15-year-olds have tried an alcoholic drink. This is significantly higher than the national average.

Drinking at levels that can harm health is far too common. Across Cheshire and Wirral, 27% of the adult population (270,045 people) consume alcohol at levels above the UK Chief Medical Officers lower-risk guidelines increasing their risk of alcohol-related ill health.

We estimate the direct, measurable impact of alcohol harm costs Cheshire and Merseyside many millions of pounds a year including:

- £86 million as direct costs to the NHS (hospital admissions due to alcohol, A&E attendances, Ambulance journeys, GP and outpatient appointments)
- £32 million in social services cost (children's and adults social service provision)
- £100 million related to crime and licensing (alcohol specific and alcohol related crimes, costs of licensing)
- £185 million in the workplace (absenteeism, presenteeism, unemployment, premature mortality)

Behind these numbers are individual stories of harm and misery. There is an immeasurable cost to people, their families and their children from alcohol misuse. It can generate violence and abuse causing a terrible impact on other people's safety and physical and mental well-being.





High blood pressure

We have identified high blood pressure as a major issue affecting about a quarter of people but most of them are either undiagnosed or untreated. We have an ageing population who are increasingly at risk of high blood pressure due to age, obesity and excessive drinking. If we do not start to address this disease right across every community, we will have increasing cases of stroke, heart attacks and vascular dementia that will require long term care and give people a poorer quality of life.

There are many ways of dealing with high blood pressure. On a personal responsibility level, reducing weight and taking more exercise will have a major impact on reducing blood pressure and the health risks it creates.

At a community level we are training volunteers in local charities, community groups and across the public sector to take blood pressure measurements and providing them with the equipment to do it. This is aimed at identifying people with high blood pressure who do not yet know they have it and so can't be supported.

At the NHS level we will make sure that everyone with a diagnosis is supported or treated to reduce and manage their blood pressure.

The impact of smoking

Smoking is the single most important driver of health inequalities and is more common among unskilled and low-income workers than among professional high earners. It has a disproportionate impact on children and young people from deprived areas, and its uptake in children is heavily influenced by adult smokers, perpetuating the cycle of inequalities to the next generation. There is also a strong association between deprivation and smoking in pregnancy and negative impacts of smoking on children with asthma.

Data suggests that Cheshire East has relatively low levels of smoking among adults compared with the rest of the North West, but rates vary considerably across Cheshire East with higher rates in Crewe.

New services for new needs as our population changes

Our population will change in the coming years as we expect HS2 to bring significant movement of working age families to the Place and at the same time we expect the population of older people to grow substantially.

In the next ten years, in Cheshire East, we will see significant increases in the number of people aged over 65 and dramatic increases (38%) in the number of people aged over 85. Our over 85s are most likely to experience the risks associated with increasing frailty and to have three or more medical conditions that require support and care. We therefore need to shift our resources accordingly to better manage this demand.

We are also experiencing and anticipating a significant rise in people with dementia and we need to plan to provide appropriate environments, supportive communities as well as care for them. Too many people with dementia end up unnecessarily in hospital when other community located options would be better for them.

Our assumptions and planning for our eight Care Communities (see below) will therefore be tailored to supporting people to live with and manage frailty and several health conditions more effectively at home and in their communities. Local teams of health and social care professionals, working in partnership with families and carers, community and voluntary services will enable the delivery of better co-ordinated care. We will work to decrease and, where possible, eliminate or reduce, that deterioration to crisis level which frequently requires emergency hospital admission.

This requires different workforce skills and different ways of providing care and support locally, but it means our two hospitals will see fewer people with avoidable conditions because they will have been identified early on and managed more effectively in their communities.

Alongside changing demographics, Cheshire East has some profound health and social care needs and some unacceptable health differences as outlined above. We are focussed on reducing these differences in the causes of illness, the age at which ill-health happens and patient outcomes.

Diabetes, dementia and mental health difficulties are all increasing in Cheshire and we do not currently have the right resources in the right place at the right time to tackle them effectively. We need to get better at preventing these conditions developing, spot them rapidly if they do, provide treatment where it works best and help people to become better at supporting their own health over a long period. In addition to our aging population, due to advances in medicine and care, more young people are living longer with complex disabilities; therefore we need to ensure that our services can accommodate this change in demand. The Cheshire East Partnership will work to deliver the recently published 'My Life, My Choice' strategy for people with learning disabilities.

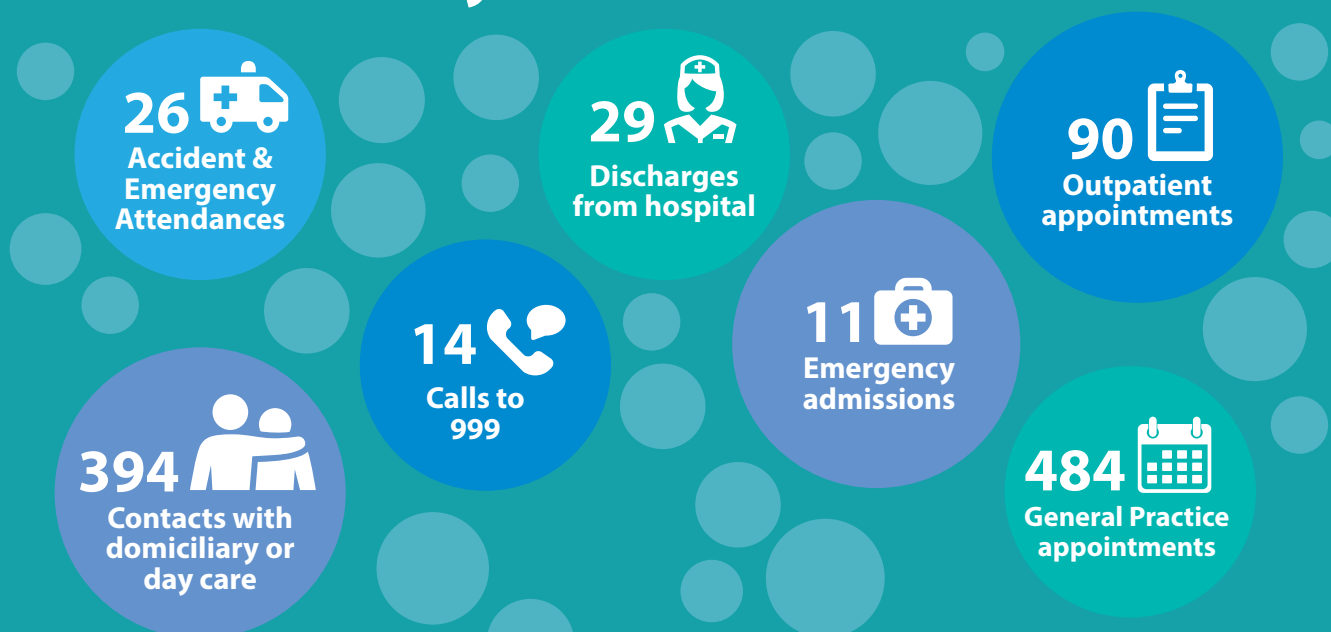
If Cheshire East was a village of 100 people, their health needs would look like the picture below. Cheshire East's population is 378,000 so multiply each of the numbers below by 3780 to understand the true scale of what our community's needs look like.



If Cheshire East was a village of 100...



And in a year there would be...



A strong start for our children

Giving our children the best start in life will give them the best chances for their future lives. Health and care services are involved in supporting mothers to have a healthy pregnancy and a safe and healthy delivery. Reducing stillbirths and mother and child deaths during birth by 50% is a key national priority backed up by ensuring most women can benefit from continuity of carer through and beyond their pregnancy. We will work to ensure that we provide extra support for expectant mothers at risk of premature birth. Mothers' mental health during and after their pregnancy will also get much more focus.

We will support mothers to breastfeed recognising the benefits that this has for both mother and baby.

We will support children to be healthy by focussing on avoiding childhood obesity and increasing mental health support for children and young people who need it. School readiness for all children will be a priority and we will be supporting children who have had adverse childhood experiences so they can thrive as adults. We will provide the right care for children with a learning disability and reduce waiting times for autism assessment. We will also ensure that the best treatments are available for children with cancer.

The high level of children 0-4 years visiting A&E and high levels of childhood asthma are two concerns we are making a priority.

We will also focus on the health and wellbeing of our most vulnerable children and young people. In particular we will be:

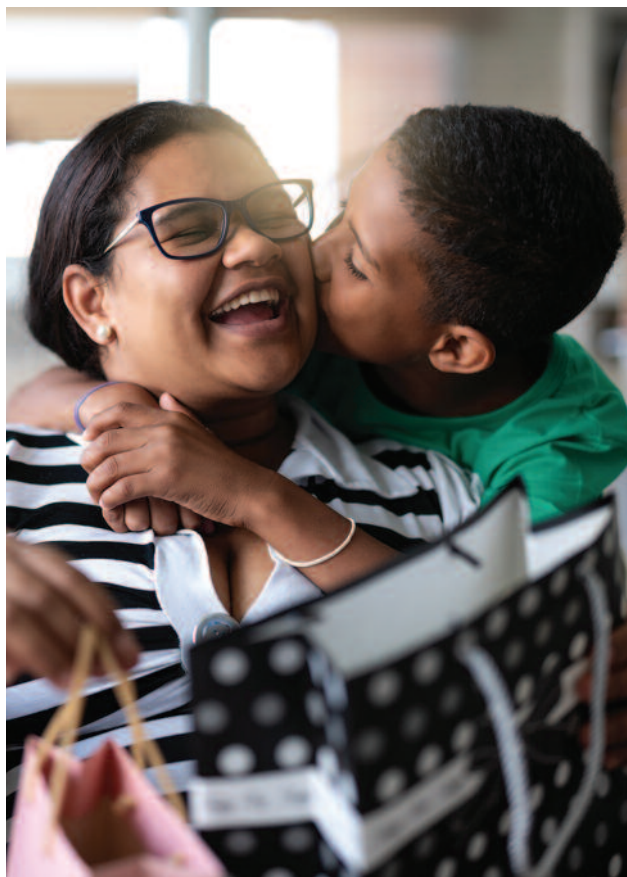
- Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015): The performance and quality of health input for children in care and care leavers has

been constantly monitored by reviewing the timeliness and quality of all health assessments, and by close partnership working with LA colleagues. An area for particular focus will be around the use of the electronic information systems within both the LA and NHS organisations and ways to improve timeliness, functionality and accuracy will be explored.

- Reviewing the Strengths and Difficulties Questionnaire strategy to ensure the completed scores inform the annual health assessment and care planning
- Completion of a Self-Audit by the Cared For Children's Nursing Team in line with commissioning standards. This will be used to benchmark current services provided against commissioning standards and identify areas where improvement/development is required.
- Strengthening of training arrangements: Undertake a training need analysis of the multi-agency workforce to identify existing gaps in knowledge to promote delivery of statutory responsibilities and role as corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the Looked After Children and Care Leaver population.



New ways of working



New ways of working will be key to meeting the rising demand and achieving better outcomes for our population. They will also be needed to make the most of the new technology, medicines and treatments that will have an impact on improving health and wellbeing and making it easier to access health and care services when this becomes necessary.

Supporting people in the community to maintain their health and wellbeing will be the number one priority, with increased numbers of staff working closely with the community and voluntary services to address the wider determinants of health. All health and care staff will take responsibility for positively promoting lifestyle and behaviour change, helping people to understand what they can do to proactively improve their health and wellbeing.

Our Care Communities

We have created eight Care Communities across Cheshire East, with staff from GP practices, community and acute services, social care, other public sector organisations and the community voluntary and faith sector beginning to work together much more effectively. The Care Communities all have a common 'core offer' but they can add to that to reflect specific, local priorities, needs and differences. Care Communities will work closely with the newly established Primary Care Networks.

Our intention is to offer a truly tailored, local service which means:

- We can proactively identify people at high risk of needing services and we can then intervene early and quickly to prevent their situation worsening.
- We can help people through self-care and better support their families and carers.
- We can make better use of the different professionals working in therapies, pharmacies, social and primary care.
- We can recognise the existing strong local relationships, skills and connections and support them to grow and flourish.

Our plans show that once our Care Communities are up to full strength, they will be providing services that will release significant numbers of hospital bed days – fewer people needing to be in hospital and their hospital stays being shorter. This will lead to less people having to go to hospital with more services being provided more locally. Hospitals will be able to focus on those with the most serious health issues and those needing urgent emergency treatment. These changes will also generate savings that can be used for investing in new services and ensuring a more sustainable health and care system going forward.



Our Care Communities model will allow services to focus on individuals, supported by families and friends within their local communities. We will be able to link in more closely and in partnership with other community resources and assets that impact health and wellbeing such as housing, jobs and education and to work more collaboratively with all partners including the voluntary, community and faith sector.

We will increase our support to communities by providing information, infrastructure, networks and skills to help local groups and social enterprises grow and overcome any hurdles they identify. This will enable our communities to become more enterprising, reducing dependency and enabling more deprived areas to address the inequalities which impact on their lives.

We know that a one-size fits all approach will not work. Instead we will develop evidence-based, community-led activities, which are designed to involve and connect people. We hope to encourage social connections between people with similar experiences to provide peer support, helping residents to confront and cope with life's challenges and benefit from its pleasures and opportunities.

Integration – health and care service working together for you

Too often people are passed around the health and care system before they get what they need. Increasingly people have more than one problem and need different specialists and teams working together to help them. And too often there are practical and organisational barriers that get in the way.

Our integrated approach in the Care Communities will bring teams together for the local population. We will match the right care for a patient's needs and use integrated case management when it's right for the patient, such as for individuals with complex needs. Therefore, people who are older with longer term conditions, complex families and those with mental illness will access services through a single point and benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan and a single key worker.



We will use this integrated approach in all aspects of our service and planning. As Cheshire East Place we will create an Integrated Care Partnership (ICP) bringing together the partner organisations that provide health and care services. This will allow the right combined care to be provided regardless of traditional organisational boundaries and barriers.

In Cheshire this has also led to the four Clinical Commissioning Groups (CCGs) proposing to merge so that they can plan and budget for services that we know are needed on a large scale. Local variations will be looked after through the ICP and our Care Communities.

When services are viewed from the patient and client's individual situation it becomes much clearer what care and support will make the most difference to them. For some it will be a mix of hospital and care at home. For others it will be about supporting their independence with community-based back up. Integrated care planning and commissioning means we can create the right mix of services to match the needs of patients.

Getting older is not a disease or illness, and we will each do it on our own way. Our aim is to keep people living happily, healthily and independently whilst providing different levels of support and care as needed.

This extends to the end of life care provided in Cheshire East by communities, hospices and hospitals. This should be planned and personalised for people with life limiting conditions, to live well, before dying with peace and dignity in the place of their choice.

Promoting wellbeing and preventing ill health

The NHS has understandably been seen as there for us when we need it, when we are unwell or injured. But we would like it to be as well known for keeping us healthy and well, independent and able. Similarly, social care supports people in need. We would rather people keep well so that they don't need our services, don't suffer from avoidable

illness and harm. Our approach is to enable more people to Live Well for Longer.

The evidence shows that we need to focus on the root causes of a lot of ill health such as alcohol, obesity, smoking, poverty, poor housing and poor education. The NHS and care system recognises that it is currently more focussed on managing diseases from diagnosis, rather than helping to avoid them and slow down their impact.

We want to act across the life-course, from childhood to older age, focussing on prevention and early intervention. So, we will be working to reduce alcohol and substance misuse, smoking, and obesity. We want to create opportunities to make physical activity and eating well, easily understood and easy for everyone to do.

We will support people to take responsibility for their own wellbeing throughout their lives, to keep our communities healthy and independent. We also know there's a close link between health and wellbeing and basic prosperity. A healthy population is a healthy workforce.

As a health and care system we will make a difference across our communities. We won't assume it is for someone else or another service to be responsible but rather recognise and take responsibility for the contribution we can make too. We want the result of our work to ensure:

- Our local communities are supportive with a strong sense of neighbourliness
- People have the life skills and education they need in order to thrive
- Everyone is equipped to live independently
- People have access to good cultural, leisure and recreational facilities
- Everyone has a home
- We support key employment sectors and local supply chains
- We value and support the rural economy

Going digital

Achieving the step-change in prevention and early intervention and the delivery of services will require effective use of new technology. We will harness data and digital technology to extend the range and reach of our services. We will use technology to support people in taking responsibility for their own health. We will equip our teams and services with digital information, equipment and systems so that no one should have to tell their story more than once, unless there is a clinical need to do so. Everyone should be able to access their health and care services in the way in which they access other services in their day-to-day lives.

New ways of assessing health risks, early diagnosis and providing preventative care are being created by new digital technology and information analysis. We want to make those benefits available to people in Cheshire East. Our aim is to use technology to support population health management. This is the identification of people at risk of illness and those who would benefit from early intervention to help reduce illness and premature death. The money saved can be used for other health and care services.

We will connect all health and care services and invest in modernising systems and equipment so that all services are linked, and information is not lost between different parts of the system. This will improve the quality of care and reduce time lost by our staff chasing or missing information. We will also significantly reduce paper processes and records that cause inefficiency and delays in care.

We are already collaborating across Cheshire with the Cheshire Integrated Care Record, and across the wider Cheshire and Merseyside region to ensure a single set of digital standards that are reliable, cost effective and consistent for all patients and professionals using them.

In our Connected Care Communities, we will explore how we can use telemedicine and assistive technology to keep people safe and give them rapid access to support. We will work to tailor this support to the needs of individuals. We will also provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door'; better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data. 'Live Well' will continue to be developed as the one-stop online portal and directory to useful information, guidance and advice.

Building the right health and care workforce

Our workforce in health and social care in Cheshire East totals over 20,000 people; just over 11,000 in social care and 9,000 in our NHS organisations but recruitment and retention remains a significant challenge.

Our Workforce and Organisational Development strategy is being further developed as our changing clinical models evolve with the aspiration to have a single workforce strategy and plan for health and care services across the Cheshire East Place. We already know we will have great difficulty recruiting care workers, GPs, nurses and consultants, so our strategy will include the development of services that can be delivered by other health and social care professionals. We are placing a special focus upon future workforce supply, recruitment and retention across Cheshire East and ensuring system-wide leadership.

We are concerned about being able to provide safe and recommended levels of staffing both now and in the era of seven-day services. We will consider how we develop services, so they are both safely staffed, rewarding places to work and accessible to local people.

Our Workforce

June 2018



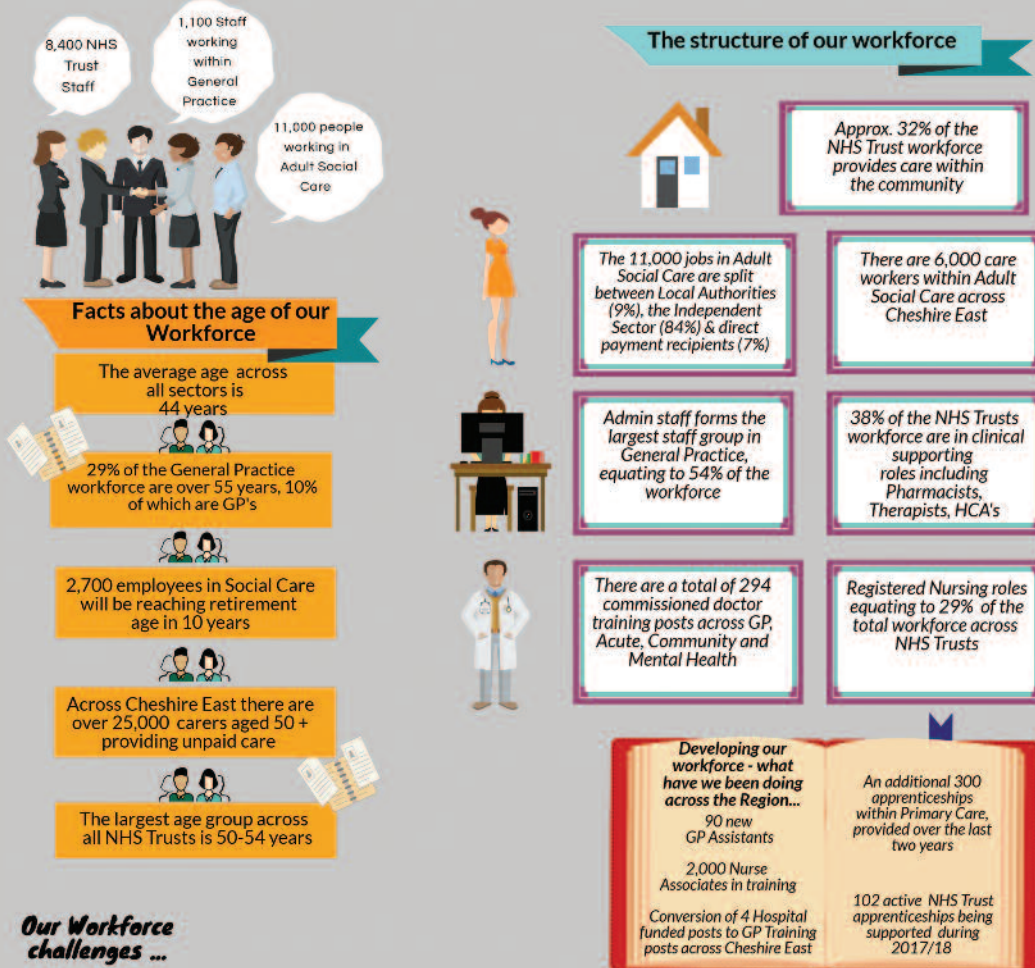
#BecauseWeCare
Cheshire East Partnership

This summary provides an overview of Health & Social Care workforce across Cheshire East. This information has been produced using a variety of sources, including Health Education England, Skills for Care, NHS Trusts and the National Minimum Data Set.

How are our services delivered across Cheshire East to a population of approximately 377,300



We employ over 20,000 staff across Health and Social Care for the Cheshire population in addition to Third Sector Providers



Facts about the age of our Workforce

The average age across all sectors is 44 years

29% of the General Practice workforce are over 55 years, 10% of which are GP's

2,700 employees in Social Care will be reaching retirement age in 10 years

Across Cheshire East there are over 25,000 carers aged 50+ providing unpaid care

The largest age group across all NHS Trusts is 50-54 years

Our Workforce challenges ...

Skills for Care estimates show that 44% of the workforce in Cheshire East hold a relevant adult social care qualification (54% in the North West)

The staff groups with the highest attrition rates for NHS Trusts are:

- Adult Nursing
- Mental Health
- Learning Disabilities

It is predicted that the region will lose a quarter of its GPs by 2027 through retirement

Hard to recruit to clinical posts include Accident & Emergency, Anaesthetics and General Practice

Staff turnover for Social Care in Cheshire East is 33.6%, higher than the national average of 27.8% (700 vacancies)

Version 2
June 2018



Using taxpayers' money wisely

The NHS in Cheshire East spends almost £750million a year but its income is just under £700m a year. This deficit has arisen, in part, because of the huge increases in demand for services that have outpaced budgets. Similarly, all local authority services have faced very considerable financial challenges in recent years and increasing demand in both adults and children's social care. With delays in the publication of the Social Care Green paper, national changes to local government and school funding and uncertainty over the future of the Public health grant, the financial resources of the Cheshire East Place will continue to be fragile. We recognise, however, that by focussing on keeping people healthy and supported in their own communities and by reducing duplication we can save money.

Our plans will change the balance between care in our acute hospitals and care in the community. We will need to increase the range and choice of care provided in people's homes and in local clinics and

primary care centres. By reducing the pressure on our hospitals and keeping people well enough not to use them, we will be ensuring that you only need to go into hospital when care cannot be provided in your community. Our strategy is clear in that we will focus our future investment on keeping people as well and as independent as possible.

Where there are administrative barriers, we will remove them and where there is duplication of effort, or benefits of closer partnership and collaboration being missed we will change. We will also make existing commissioning structures more efficient by consolidating our local CCGs.

Getting the most out of taxpayers' investment in the NHS means we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered. We will make better use of the NHS' combined buying power to get commonly-used products cheaper and reduce spend on administration. We will make sure the Cheshire pound is invested in the health and care of the people of Cheshire East effectively, efficiently and accountably.

06 Conclusion

We want to use the strengths of our community in every meaning of the word to improve wellbeing and avoid illness and prevent death.

We have four clear outcomes that we believe we can achieve and will make the most difference to everybody's health and wellbeing:

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

Cheshire East thrives where people have the confidence and pride to stand on their own two feet, to compete and to fully participate in community life. We will support people to do that and remove the barriers that get in the way.

Helping people to help themselves, understanding their own risks and what they can do about them is our priority. We would rather never have to help, than treat an avoidable need. We would rather spend public resources enhancing lives than fixing them.

We recognise that our community health and wealth are linked and that our community and personal wellbeing are intertwined. We have relied on the NHS to respond to problems that will keep happening if we don't fix their causes. That is not something the NHS can do alone, nor should it. Prevention and wellbeing come from personal responsibility, community action and combined public services working together to provide the right care and support, where it will make a difference, when it will make a difference.

We have many resources and abilities to achieve this and we need to make sure we can make them all count, but we will also work in new and more effective ways and make sure the benefits that technology and digital offer are available for everyone.

There are unmet needs and inequalities in Cheshire East that we know about and will focus on responding to. Cheshire East has so much to offer and is a wonderful place to live. Our duty is to make sure we make that a healthy and well-lived reality for all our residents.

This document is designed to stimulate debate and conversation. We present here information and issues about our health and wellbeing as we know them. We share our optimism about what we think can be achieved and our concerns about inequalities that are unacceptable and avoidable. We also offer our commitment to work on our community's behalf. If we work together, we can deliver a better quality of life and health for all of us.

07 Appendix One

How we will know we have been successful?

We set out below some measures of success. The most important measures being how we impact people's lives and wellbeing for the better. Other measures will include financial responsibility and balance for our budgets, good quality ratings from regulators such as the CQC and meeting NHS performance targets.

Outcome One - Create a place that supports health and wellbeing for everyone living in Cheshire East

Indicators for Success

We want to:

- Maintain the low numbers of 16-17-year olds not in education, employment or training (NEET) or whose activity is not known
- Increase the percentage of people aged 16-64 in employment
- Reduce the number of people who are killed or seriously injured on the roads
- Increase the number of people who use outdoor space for exercise/health reasons
- Further reduce the number of households that experience fuel poverty

Key Deliverables

- Ensure that health and wellbeing considerations are at the heart of all work related to spatial planning, transport, housing, skills and employment
- Develop a Supplementary Planning Document for Health and Wellbeing



Outcome Two - Improve the mental health and wellbeing of people living and working in Cheshire East

Indicators for Success

We want to:

- Increase the numbers of adults who report good wellbeing
- Reduce the levels of depression in adults
- Increase the numbers of children and young people who report good wellbeing
- Increase the proportion of adult social care users who have as much social contact as they would like
- Increase the proportion of adult social carers who have as much social contact as they would like
- Increase the proportion of adults in contact with secondary mental health services living independently
- Increase the proportion of adults in contact with secondary mental health services in employment
- Reduce the suicide rate

Key Deliverables

- Deliver our responsibilities in ensuring that Cheshire and Merseyside achieve Suicide Safer Status – demonstrating work to reduce rates of suicide.
- Assess the levels of isolation across the borough

Outcome Three - Enable more people to Live Well for Longer in Cheshire East

Indicators for Success

- Increase the breastfeeding rates
- Reduce the numbers of children with tooth decay
- Reduce the numbers of 4-5- and 10-11-year olds who are overweight or obese
- Reduce the number of adults that smoke
- Reduce the number of adults who are overweight or obese
- Increase the number of adults that are physically active
- Reduce the number of alcohol related admissions to hospital
- Increase the number of people who successfully complete alcohol or drug treatment
- Increase the numbers of people meeting the recommended '5-a-day' on a 'usual day'
- Increase the number of people who are offered and accept a NHS Health Check
- Reduce the numbers of older people who fall and need to be admitted to hospital

Key Deliverables

- Deliver four collaborative health and wellbeing campaigns across all partners per year
- Deliver a physical activity programme in schools not currently participating in a programme
- Develop a falls prevention strategy

07 Appendix Two

The NHS Long Term Plan

NHS England published the NHS Long Term Plan in January this year which set out the challenges the NHS faces today and the pressures that it will face in the next decade. It made commitments on how the NHS would respond to the opportunities that new ways of working, additional funding and technology advances can provide everyone. It set out for the whole NHS the plan for new services and better experience and outcomes for patients:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly- used products for cheaper, and reduce spend on administration.



Our plans in Cheshire East will reflect the national plan's direction of travel but also our local priorities. We will involve and engage local people and communities in making plans and developing services that reflect their views and needs.

National plan, local impact

As we have shown, cancer, heart disease, stroke, diabetes and mental health are the dominant health conditions that will affect most of us. The NHS Long Term Plan aims to prevent 150,000 heart attacks, strokes and dementia cases and provide education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths over the next ten years. In Cheshire East we will ensure that residents benefit from these plans getting the right specialist care quickly from the best NHS centre for their needs.

Diagnosing and treating cancer early is crucial to saving lives. The NHS aims to save 55,000 more lives a year by diagnosing more cancers early and invest

in spotting and treating lung conditions early to prevent 80,000 stays in hospital.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

We will ensure that our children, young people and adults have improved emotional wellbeing and mental health thanks to a focus on prevention and early support. Avoiding loneliness and isolation is a key objective and our Care Communities model of services will mean health and care professionals are closer to the ground to both anticipate needs and respond to them quickly and more personally.

As a society we are reducing the stigma of mental health that has meant many people in the past were reluctant to seek help. We must now be able to anticipate and provide the support to all that need it.

07 Appendix Three

Healthwatch Cheshire East engagement report

On production of the NHS Long Term Plan, NHS England commissioned Healthwatch England to gain the views of the public. In turn, Healthwatch England asked the 152 local Healthwatch throughout the country to work with their Sustainable Transformation Partnerships (STP) or Health and Care Partnerships (HCP), to engage with people to find out what was important in regard to the way services will be delivered in the NHS under the Long Term Plan.

As the coordinating local Healthwatch for the nine within Cheshire and Merseyside who conducted the research, Healthwatch Cheshire (consisting of East and West) oversaw the research across Cheshire and Merseyside and brought the information together to produce final reports. Healthwatch Cheshire were also responsible for liaising with the Cheshire and Merseyside HCP regarding the work.

Research in Cheshire East was conducted through two surveys and three specific focus groups, and took place following the publication of the Long Term Plan from mid-March to the end of May 2019. The surveys were designed nationally by Healthwatch England, with the first entitled 'People's general experiences of health and care services', and the second survey looking at 'NHS support for specific conditions'. The surveys were available online and also in hard copy which were available at Healthwatch engagement events at venues across Cheshire East.

In Cheshire East, Healthwatch Cheshire East received 270 survey responses, consisting of 202 general surveys and 68 specific condition surveys. There were also 33 attendees across three specific focus group events focusing on what is important in regards to health and care for students and people with autism. These groups were conducted with students from the Crewe Campus of South and West Cheshire College, and two sessions with Space4Autism in Macclesfield.

Feedback Healthwatch Cheshire East received included:

- In order to live a healthy life people felt that access to the help and treatment they need when they want it was most important.
- In terms of maintaining their health and independence in later life, people surveyed overwhelmingly felt the most important factor was being able to stay in their own home for as long as it was safe.
- When considering managing and using support and treatment, people felt that the right treatment should be a joint decision between them and healthcare professionals and they should be consulted throughout the process.
- People in Cheshire East told us that being able to talk to their doctor or other health care professional wherever they are was the most important factor in being engaged in health service delivery.
- People with, or caring for people with autism felt that the time they had to wait to receive their initial assessment, diagnosis or treatment was too long. Waiting times ranged from eight months to three years. Members of our focus group also felt that there was a lack of understanding by front line staff of the autism spectrum. Funding and access to services was a serious issue for the parents of people with autism spectrum conditions.
- People with, or people caring for those with, dementia gave mixed responses to the initial support they received; most felt that it either met their needs or somewhat met their needs. Most reported that ongoing care and support was easy to access.
- 94% of people who responded with a Mental Health condition felt that their overall experience of getting help was either average, negative, or very negative.

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Cheshire East Partnership

Five Year Plan public / workforce engagement – feedback themes and draft analysis

The Cheshire East draft Five Year Plan was out for public and workforce engagement from 1st to 23rd August. Healthwatch Cheshire East have facilitated this exercise. Two engagement events were held, in Macclesfield and Crewe and an online survey made available. There were 35 attendees at the events; 271 people have completed online or paper copies of the online survey responses. In addition four responses were received via the Cheshire East Council email and Healthwatch ran an engagement workshop session with their volunteers which had 15 attendees.

A summary of responses is set out below to identify the main areas of feedback. Further analysis of the responses will be undertaken over the next couple of weeks and the revised version of the Plan will incorporate changes made as a result of this analysis.

Question one: Does the plan capture the most important issues facing health and care in Cheshire East?

In general there was broad agreement that many of the key issues have been reflected in the draft Plan. There was support for the focus on integration and collaboration. However there was a concern that the detail regarding how we were going to achieve what had been set out was lacking. The focus on the social determinants of health and on prevention was seen as being positive and the emphasis on mental health. Some of the issues deemed to not have been covered or inadequately covered are set out below

Theme	Comments
Access to services	<ul style="list-style-type: none"> • Waiting times to get a GP appointment is a real issue for many people. For example, being on hold for 40 minutes, for all appointments to then have been booked. • Concerns over two or three week waits for a GP appointment • Concerns regarding delays in follow up meetings with consultants • Travel to Stoke or Manchester is a problem for those without a car / unable to drive / struggling to meet costs of public transport • Don't forget those who are unable to use IT – we need to ensure that we do not digitally exclude any of our residents • Consider some service provision outside of core hours eg smoking cessation • Need to work with transport providers as access for people in rural communities is a real problem
Communities & local population	<ul style="list-style-type: none"> • How do we effectively identify the people who the Plan is aimed at and how do we ensure the right people are involved? • The Council's Communities teams working with Care Communities and seeing recognition of value of having the voices and needs of the community better reflected as changes to services are considered. This needs to be further embedded so that we have co-production at the heart of service transformation.

	<ul style="list-style-type: none"> If 30% of health issues are down to individual behaviour how do we promote self-help (USING digital for example) to ENABLE people to change behaviours?
Finances	<ul style="list-style-type: none"> The financial challenges are a concern It should be acknowledged that due to financial pressures, there will be some tough decisions ahead Concern over social care funding and not enough investment Some Council services that contribute to reducing health inequalities and improve health and wellbeing outcomes are being cut and are becoming less accessible eg leisure centre prices going up/libraries closing/meals on wheels prices going up. Concerns that further budget pressures will lead to closure of services which will impact on our ability to deliver the change. Worries that decisions around funding cuts will have an impact on our ability to deliver the Plan. A breakdown of costs and how much the service changes will cost should be included.

Question two: Do you think we have missed anything you feel is important to you and your community?

As would be anticipated with asking such a question, there were a range of responses with suggestions as to what was missing. In many cases this was to ask for more to be included about things that were in the Plan – but not to the level of detail that the respondent wanted – again the emphasis on how we were going to make the change. Examples of this include reducing social isolation, early intervention and prevention and the health and wellbeing of children and young people. Some of this will be addressed through our Technical Appendix (which has not yet been made public). The key themes and examples of comments in response to this question are set out below:

Theme	Comments
Communication, engagement & involvement	<ul style="list-style-type: none"> The Plan and any engagement with it needs to be positive, ongoing and accessible. Needs to be accessible to everyone and not just digitally, as this risks excluding some people (<i>NB print copies were produced</i>). The seldom heard need to be engaged with but also mentioned in the Plan – for example people with disabilities, visible and hidden. Empowerment of our citizens and residents is a key part of the changes you want to see happen. Empowerment – encouraging people to take responsibility for their own wellbeing (self-care) needs more emphasis Identify other opportunities to get your message out, for example, parents evenings at schools You need to think about how to convey the changes to the population – the channels that are used to communicate effectively. Better sharing of existing good practice is needed, for example good things are happening in Chelford that are not being widely shared Some local support infrastructure will exist within communities and we need to draw upon this to help ensure effective local communication.

Equality & Diversity	<ul style="list-style-type: none"> • Changing demographics is a concern post Brexit and impacts need to be considered • Migrant communities may have difficulty accessing healthcare and you need to consider their needs. • There are diverse communities in Cheshire East but no real mention of them in the plan or how you will engage with them. • No mention of the needs of the migrant communities or others who are not accessing services eg people with Learning Disability or travellers (<i>NB the recently published Learning Disability Strategy has been drafted with extensive involvement of service users and their carers and the implementation of that Strategy will support the Five Year Plan</i>)
Tell the story	<ul style="list-style-type: none"> • The plan would be better brought to life with case studies • Real life examples of what will be different would be good
Children and Young People	<ul style="list-style-type: none"> • There's a lot about children and young people but how are we going to do this –how can we make them happier, more confident? • Get young people involved and work on good stuff happening already
Individual missing elements	<ul style="list-style-type: none"> • Health visiting – focus shifted to children – opportunity for them to do more – have an 'all age' approach • Putting the person at the centre of the multi-agency working – focussing on their needs not that of the services • Needs of carers & unpaid carers • No mention of end of life or palliative care anywhere • Should be including drugs and gambling etc • Social isolation missing – linked to infrastructure, transport and digital accessibility • Not a strong enough emphasis on tackling social isolation • Importance of breastfeeding • Healthy eating / diet • No reference to Parkinson's disease • Prevention and early intervention is referenced but needs to be at heart of everything – and the role of the community, voluntary and faith sector is central. • There is little reference or connectivity between health and economy yet for economy to be strong we need healthy people and they themselves make the relationship between socio-economic issues and health – are they connecting into the LEP and associated strategic? There are lots of links to Industrial strategy here that could create a win-win • There is a distinct lack of clarity on the role of the social care sector within the plan • Generically there should be more emphasis on the physical and mental health benefits of Physical Activity – this could be added to 'Tackling inequalities' – Outcomes (page 16) and 'A strong start for our children' – Outcomes (page 21) • No mention of the Social Prescribing Link Workers and what will be done to reduce social isolation, prevent mental ill health and get residents to live well for longer • No mention of Domestic abuse services and importance of adequately funding them to help health and wellbeing of some of our most vulnerable people
Staff / carers	<ul style="list-style-type: none"> • Allow staff to innovate and use their judgement to facilitate better

	<p>outcomes/effective collaboration</p> <ul style="list-style-type: none"> • Cultural change is a big challenge and the way organisations work together. If you can't get this right nothing will happen. • Need to get the individual organisations better informed and their workforces updated on the Plan and the system ambitions. Too many staff are in the dark! • Use the knowledge and experiences of our staff to develop and improve the Plan. • Focus on the health and wellbeing of your staff and the unpaid carers of Cheshire East
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Question three: What do you think we could do to improve health and wellbeing in Cheshire East?

Again this question elicited a number of responses in relation the additional things that could be done, or areas of work that it was felt needed to be emphasised more strongly.

Theme	Comments
Self care and prevention	<ul style="list-style-type: none"> • Role of prevention and preventative advice, and early intervention is referred to but needs to be emphasised • Greater emphasis on health education e.g. diet and exercise • Change population expectations and empowerment – self care • Need to empower the population to look after their own health and wellbeing. This needs to be better emphasised within the plan and specifically how this is done • Personal responsibility and empower people – education and increased awareness • Greater emphasis needed on self care • Education of residents and awareness of how to prevent illness and to look after themselves • Education of the population- needs to be more awareness on what is available • Social prescribing – needs more emphasis • If first port of call is GPs then a three week wait to get an appointment is undesirable– we need to effectively communicate to the community the availability of other resources • Free health improvement or leisure classes would help people get into good habits. • There are lots of things that the Countryside and Green Spaces of Cheshire east can offer to support people's health and wellbeing: <ul style="list-style-type: none"> • Provide and promote countryside facilities which are accessible, safe and available as well as providing an annual programme of events and activities. • All countryside facilities are promoted online and through social media. • Promotion of Public Rights of Way network making particular use of stile free paths around urban areas eg 'Walks for All' booklets (reprint with partnership funding?). • Raising awareness of PROW to CCGs as a natural exercise resource. • Raising awareness of Countryside facilities and PROW to CCGs as places that can improve mental health as well as general health.

	<ul style="list-style-type: none"> • Develop partnership working or better links with south and north Cheshire CCGs so they know more about what is available and managed by CE Countryside Service/ CEC PROW. • Develop plans or mechanisms so that people can enjoy prescribed exercise at Countryside facilities.
Third sector	<ul style="list-style-type: none"> • Involve as many as possible especially 3rd sector/voluntary organisations as they know their communities • Should include 3rd sector and other services • Third sector not mentioned enough • There are untapped resources (intelligence, human resources, financial) that could make a real difference. There is little mention of the third/community sector in the paper, despite the real difference they have demonstrated. • There are lots of resources spread across a plethora of partners in the East. These must be mapped carefully to avoid missing opportunities and duplications. Energy and resources of all local partners to deliver the plan should be harnessed. How do we channel them to target the areas where there is greatest need but also to affect change in the factors above to close the gap?
Care Communities	<ul style="list-style-type: none"> • Awareness of activity within the care communities needs to be more widely communicated – progress and activities • We need to better communicate and promote the community assets that are currently available to support our residents • Could Care Communities have Patient Participation Groups set up for their geographies? • PPG reps had not heard about Community coaches until the consultation – still issues regarding communication.
Infrastructure	<ul style="list-style-type: none"> • Improve transport links for rural areas as this would reduce loneliness • Access/transport and recruitment • Social media isn't the only access point – don't forget those who are not able to use IT or are unwilling to use it. • Could use mobile libraries to get services into communities • Schools should be part of the infrastructure that you use to implement the Plan • Plan doesn't mention transport and access to services so we need to improve this • Improve access to leisure facilities • Concerns regarding population growth/new housing developments outstripping health service capacity. How are we planning for health services to be fit for purpose in relation to this growth? • Work with highways/planning to improve/add new cycle-ways, footpaths etc to promote active travel, reduce congestion/carbon footprint.

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Working for a brighter future together

Children and Families Overview and Scrutiny Committee

Date of Meeting: 23 September 2019

Report Title: Elected Member Frontline Visits to Child in Need and Child Protection Teams

Portfolio Holder: Cllr Dorothy Flude, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Acting Executive Director, People

1. Report Summary

- 1.1. This report sets out proposals on the future arrangements around frontline visits to the Child in Need and Child Protection Teams.

2. Recommendation/s

- 2.1. Members are asked to:
 - 2.1.1 Note the contents of the report; and
 - 2.1.2 Endorse the proposals set out in Section 7 below.

3. Reasons for Recommendation/s

- 3.1. It is important for Members to have an overview of issues affecting frontline Social Work Teams.

4. Other Options Considered

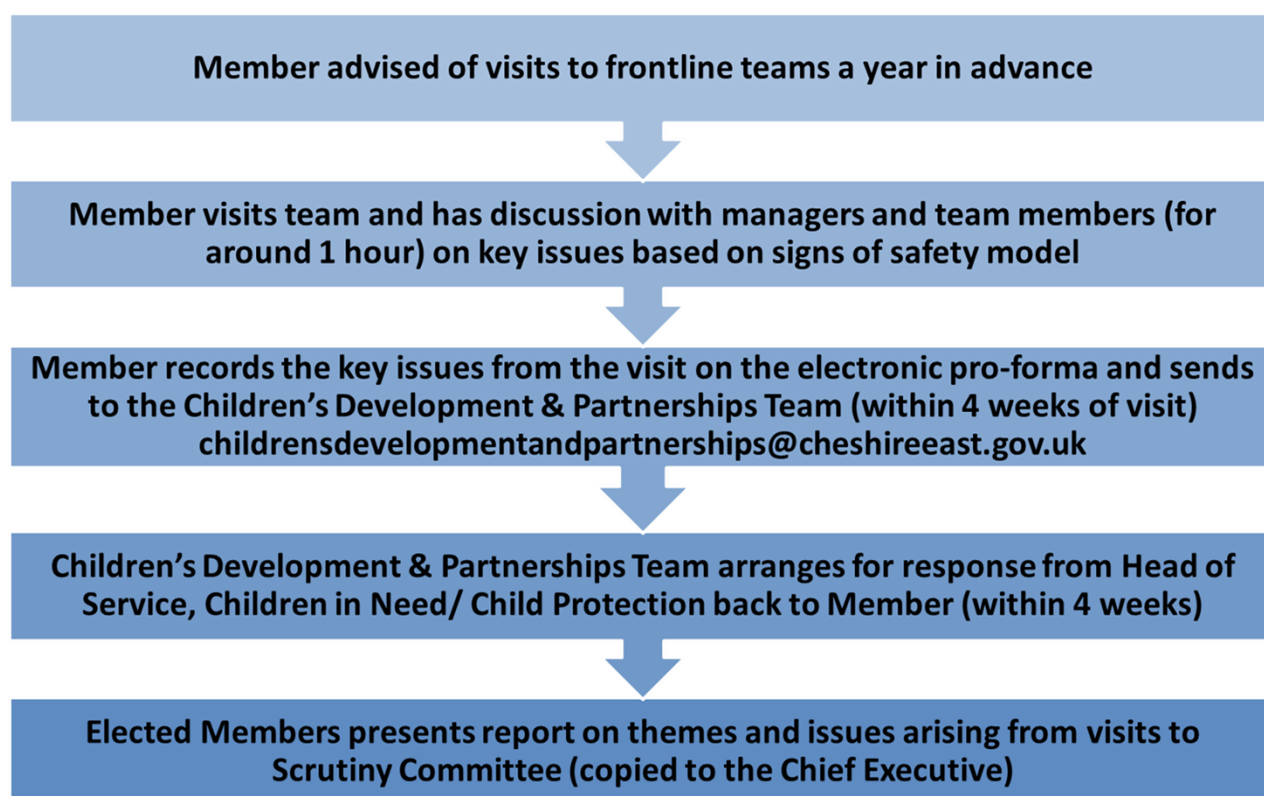
- 4.1. There is the option for members not to visit the frontline and instead to receive reports from officers and independent reports, eg peer reviews. However, this would not provide members with the direct contact with frontline practitioners and managers to allow them to have an overview of the effectiveness of these services.

5. Background

- 5.1. Lord Laming's Inquiry into the death of Victoria Climbié resulted in a range of recommendations. One of these (Social Care Recommendation 41) states that:

"Arrangements must be made for senior managers and councillors to regularly visit intake teams in the Children's services department and to report their findings to the Chief Executive and Social Services Committee" (para 5. 193).

- 5.2. This recommendation remains 'best practice' and is still considered as part of any Ofsted Inspection. In Cheshire East it has been agreed that the Cheshire East Consultation Team (ChECS) and the two Child in Need / Child Protection Teams Crewe and Macclesfield will be deemed 'intake teams' for these purposes as they are the teams dealing with new referrals.
- 5.3. To date, a number of elected members have been trained to carry out visits to frontline teams and a rota of these members is drawn up each year in advance and scheduled in with the teams.
- 5.4. A summary of the procedure is set out below:



5.5. During their visits, Members meet with Managers and team members (as available) to discuss the following:

- Staffing situation (vacancies/experience/skills/attendance levels)
- Workloads and performance monitoring (outcomes for children)
- Referral, monitoring and management systems
- Staff support systems, eg IT, office accommodation, communication

6. Issues

6.1. The existing members on the frontline visit rota have been in place for some time. Of the 8 members on the list for 2018-19, 3 are no longer councillors and only 2 are current serving members of the Children and Families Overview and Scrutiny Committee.

6.2. Whilst it is positive that we have a number of very experienced members on the rota, it would be good to enable some new members to be involved and to get input from their perspective. It also helps to get new members familiar with issues within children's services.

7. Proposals for Future Visits

7.1. The proposals for future visits is set out below:

- Current members of the rota have been approached to see if they wish to continue carrying out frontline visits.
- An invitation to carry out frontline visits will be sent to all existing members.
- Members of scrutiny committee will be encouraged to carry out frontline visits to provide a wider view of service areas and to enhance the knowledge and understanding of Committee members.
- Any Members who wish to join the rota will be expected to attend a training session in November where they will learn more about the process and expectations of carrying out frontline visits.
- The new rota is expected to be in operation from January 2020.
- It is proposed that future presentations to Scrutiny Committee are made by Elected Members who carried out the visits, with support from the Head of Service.

8. Implications of the Recommendations

8.1. Legal Implications

8.1.1. None identified.

8.2. Finance Implications

8.2.1. None.

8.3. Policy Implications

8.3.1. Elected members may raise issues from frontline visits that have policy implications. These would follow due process.

8.4. Equality Implications

8.4.1. There are no equality implications.

8.5. Human Resources Implications

8.5.1. This proposal involves elected members visiting frontline teams. Previous feedback from staff is that this process makes them feel valued.

8.6. Risk Management Implications

8.6.1. If frontline social work teams are not staffed and equipped to deal with the demand on their services, there is a risk of death or serious harm to children and young people that are not effectively safeguarded.

8.7. Rural Communities Implications

8.7.1. There are no direct implications for rural communities.

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

8.8.1. Frontline visits are part of our quality assurance framework, ensuring that services are equipped to meet the needs of children and young people.

8.9. Public Health Implications

8.9.1. There are no direct implications for public health.

8.10. Climate Change Implications

8.10.1. There are no direct implications for climate change.

9. Ward Members Affected

9.1. There are no direct implications for individual wards.

10. Consultation & Engagement

10.1. Not applicable.

11. Access to Information

11.1. There is no additional information.

12. Contact Information

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

Name: Jacquie Sims

Job Title: Director of Children's Social Care

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FORWARD PLAN FOR THE PERIOD ENDING 31ST DECEMBER 2019

This Plan sets out the key decisions which the Executive expects to take over the period indicated above. The Plan is rolled forward every month. A key decision is defined in the Council's Constitution as:

"an executive decision which is likely –

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £1M."

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Council's Offices/Information Centres 5 days before the decision is to be made. Copies of, or extracts from, these documents may be obtained on the payment of a reasonable fee from the following address:

Democratic Services Team
Cheshire East Council
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ
Telephone: 01270 686472

However, it is not possible to make available for viewing or to supply copies of reports or documents the publication of which is restricted due to confidentiality of the information contained.

A record of each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, at Council Information Centres and at Council Offices.

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the

Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

The list of decisions in this Forward Plan indicates whether a decision is to be taken in private, with the reason category for the decision being taken in private being drawn from the list overleaf:

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting, please email:

Paul Mountford, Executive Democratic Services Officer
paul.mountford@cheshireeast.gov.uk

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 clear day rule for publication of notice of a key decision or intention to meet in private, the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-55 Sandbach School - Authority to Enter into a Grant Agreement	To enter into a grant agreement with Sandbach School to a value of £1,545,095 in order to passport funding to them for the purposes of undertaking a scheme which increases the capacity of the school from a published admission number of 210 to 240.	Chief Executive	Not before 16th May 2019		Jacky Forster, Director of Education and 14-19 Skills	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-65 SMDA Infrastructure Procurement Strategy	<p>In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8th May 2018:</p> <p>To procure the infrastructure, utilities and ground stabilisation works at South Macclesfield Development Area; to enter into any contracts or agreements required under the SCAPE Civil Engineering and Infrastructure Framework; and to utilise an NEC ECC Type C construction contract with Early Contractor Involvement.</p>	Executive Director Place	Not before 12th Jun 2019			N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-66 SMDA Infrastructure and Funding Agreement	<p>In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8th May 2018:</p> <p>To enter into a funding agreement (infrastructure agreement) with the principal landowner in respect of the Council's landholding at South Macclesfield Development Area.</p>	Executive Director Place	Not before 12th Jun 2019			Partly exempt by virtue of paras 3 and 5.

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-69 Acquisition of the Willows, Macclesfield	<p>In accordance with Chapter 2, Part 6, Paragraph 52 of the constitution of Cheshire East Borough Council dated 12th February 2019:</p> <p>To approve the acquisition of the property known as The Willows, Macclesfield, Cheshire SK11 8LF and to instruct the Council's Legal Officers to proceed to legal completion of the purchase and any related legal documentation on terms and conditions to be determined by the Assets Manager and the Director of Governance and Compliance.</p>	Executive Director Place	Not before 19th Jun 2019			Fully exempt under para 3
CE 19/20-8 Sandbach High School - Authority to Enter into a Grant Agreement	To enter into a grant agreement with Sandbach High School and Sixth Form School to a value of £1,100,000 in order to passport funding to them for the purposes of undertaking a scheme which increases the capacity of the school from a published admission number of 210 to 240.	Chief Executive	Not before 5th Aug 2019		Jacky Forster, Director of Education and 14-19 Skills	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-50 Environment Strategy	To seek approval for the draft Environment Strategy and agreement that a borough wide public consultation takes place seeking views on the draft Environmental Strategy, with the decision on all final consultation materials being delegated to the Executive Director of Place. The outcomes of the consultation and any resultant changes to the draft strategy will be reported to and approved by Cabinet in due course.	Cabinet	10 Sep 2019		Paul Bayley	
CE 18/19-53 Site Allocations and Development Policies Document - Public Consultation	To seek approval to publish a Publication Draft of the Cheshire East Site Allocations and Development Policies Document, along with its supporting evidence, for a further six weeks' public consultation.	Cabinet	10 Sep 2019		Jeremy Owens	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-64 Framework for Domestic Repairs and Adaptations	To approve the establishment of a framework to commission low value domestic repairs and adaptations on behalf of vulnerable residents, and to authorise the Executive Director Place in consultation with the Portfolio Holder for Housing, Planning and Regeneration to award and enter into a framework.	Cabinet	10 Sep 2019		Karen Whitehead	N/A
CE 19/20-4 Poynton Relief Road - Final Approval to Underwrite Funding Gap, Appoint Contractor and Submit Final Business Case	To seek approval to confirm the formal underwriting of the funding gap for the Poynton Relief Road, submit the final business case to the Department for Transport, confirm the selection of the winning contractor and appoint the contractor to undertake limited advance works.	Cabinet	10 Sep 2019		Paul Griffiths	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-9 North West SEND Purchase System	To approve the development of a North West 'Purchasing System' in order to procure and award contracts for school places at independent and non-maintained special schools for those pupils with complex Special Educational Needs and Disabilities. To delegate authority to award contacts to the Acting Executive Director of People.	Cabinet	10 Sep 2019		David Leadbetter	
CE 19/20-10 Re-Commission of Supported Accommodation/ Independent Living for Cared for Children	To approve the re-commissioning of Supported Accommodation/Independent Living Provision and delegate authority to the Acting Executive Director People, following consultation with the Portfolio Holder for Children and Families, to make a decision on award of contract.	Cabinet	10 Sep 2019		David Leadbetter	

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-12 Managed Provision for Consultancy	To delegate authority to the Executive Director of Corporate Services to enter into the necessary legal documentation to appoint a partner and all incidental legal agreements for the managed provision of consultancy requirements utilising a NEPO framework to appoint Bloom Procurement Services Ltd.	Cabinet	10 Sep 2019		Lianne Halliday	
CE 19/20-14 Agency Worker Contract Procurement	To delegate authority to officers to award the contract.	Cabinet	10 Sep 2019		Sara Barker, Head of HR	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-15 Commissioning of Community Equipment Services	To delegate authority to the Executive Director People to enter into a Memorandum of Understanding and S75 Agreement with local authority and health partners; approve the procurement of a contract for community equipment services; and delegate authority to the Executive Director People to award a contract to a supplier of community equipment services.	Cabinet	10 Sep 2019		Nichola Glover-Edge, Director of Commissioning	N/A
CE 19/20-16 Improved Better Care Fund 2019/20	To endorse the Improved Better Care Fund schemes and associated expenditure.	Cabinet	10 Sep 2019		Nichola Glover-Edge, Director of Commissioning	N/A
CE 18/19-51 ASDV Programme Update	To authorise officers to take all necessary actions to implement the recommendations made in the ASDV Review report approved by Cabinet on 12th March 2019.	Deputy Leader of the Council	September 2019			Fully exempt - paras 3 & 4

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-67 Macclesfield Town Centre Regeneration - Strategic Regeneration Framework and Future Programme	Taking into account the outcome of a public consultation on a draft Strategic Regeneration Framework for Macclesfield Town Centre, to approve a final version of the Framework and agree further actions stemming from its recommendations.	Cabinet	8 Oct 2019		Jo Wise	N/A
CE 19/20-11 Re-Commission of Children with Disability Short Breaks	To approve the re-commissioning of Children with Disability short breaks services and delegate authority to the Acting Executive Director People, following consultation with the Portfolio Holder for Children and Families, to make a decision on award of contract.	Cabinet	8 Oct 2019		David Leadbetter	
CE 19/20-13 The Cheshire East Partnership Five Year Plan	To approve the Partnership Five Year Plan for submission to the Cheshire and Merseyside Health and Care Partnership and to authorise Officers to take all necessary actions to submit the Plan.	Cabinet	8 Oct 2019		Guy Kilminster	

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-54 Crewe Station Hub Area Action Plan - Public Consultation	To seek approval for a further six week consultation period on the Crewe Station Hub Area Action Plan.	Cabinet	8 Oct 2019		Adrian Fisher, Head of Planning Strategy	N/A
CE 19/20-5 Recommissioning of Housing-Related Support Contracts	To seek approval to the recommissioning of Housing-Related Support Contracts to be awarded from 1 st April 2020, and to delegate authority to the Executive Director Place to authorise and award the contracts.	Cabinet	8 Oct 2019		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A
CE 19/20-7 Everybody Sport and Recreation Annual Performance Report 2018/19 and Leisure Centre Capital Improvement Programme	Cabinet will be asked to: 1. note the annual performance report for 2018/19 from Everybody Sport and Recreation; and 2. approve the letting of a series of contracts for future capital improvement works at leisure centre provision in Knutsford, Middlewich, Nantwich, Poynton and Wilmslow.	Cabinet	8 Oct 2019		Mark Wheelton	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-44 Local Transport Plan	Cheshire East Council as the Local Transport Authority has a duty to produce, and keep under review, a Local Transport Plan (LTP) in accordance with the Local Transport Act 2008. Council will be asked to approve the LTP for adoption following consideration by Cabinet.	Council	17 Oct 2019		Richard Hibbert	N/A
CE 19/20-6 Care4CE	In connection with a strategic review of Care4CE, to seek approval to establish a wholly-owned community interest company (CiC), and to introduce new terms and conditions for new staff in the Single Legal Entity (SLE).	Cabinet	5 Nov 2019			N/A
CE 19/20-18 Review of Council Tax Support Scheme for 2020/21	To approve the Council Tax Support Scheme for 2020/21.	Cabinet	5 Nov 2019		Liz Rimmer	N/A
CE 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	November 2019		Adrian Fisher, Head of Planning Strategy	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-17 Well-Managed Highway Infrastructure	To seek authority for the Executive Director Place, in consultation with the Portfolio Holder for Highways and Waste, to approve amendments to the Council's Highway Inspection Code of Practice and Adverse Weather Plan to ensure that they accord with the document ' Well-Managed Highway Infrastructure'.	Cabinet	14 Jan 2020		Paul Traynor	N/A
CE 18/19-68 Medium Term Financial Strategy 2020-24	To approve the Medium Term Financial Strategy for 2020-24, incorporating the Council's priorities, budget, policy proposals and capital programme. The report will also include the capital, treasury management, investment and reserves strategies.	Council	20 Feb 2020		Alex Thompson, Director of Financial and Customer Services	N/A

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Children and Families Overview and Scrutiny Committee

Date of Meeting: 23 September 2019

Report Title: Work Programme

Portfolio Holder: Cllr D Flude

Senior Officer: Interim Executive Director of Corporate Services

1. Report Summary

- 1.1. To review items in the Work Programme listed in the schedule attached, together with any other items suggested by Committee Members.

2. Recommendation

- 2.1. That the work programme be reviewed.

3. Reasons for Recommendation

- 3.1 It is good practice to review the work programme and update accordingly

4. Other Options Considered

- 4.1. There are no further options to consider.

5. Background

- 5.1.1 The schedule attached has been updated following the last meeting of the committee.

- 5.1.2 Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity. When selecting potential topics, Members should have regard to the Council's new three year plan and also to the general criteria listed below, which should be applied to all potential items when considering whether any Scrutiny activity is appropriate.

- 5.1.3 The following questions should be asked in respect of each potential work programme item:

- Does the issue fall within a corporate priority;
- Is the issue of key interest to the public;

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

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

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

5.2 Medium Term Financial Strategy

5.2.1 The council's Medium Term Financial Strategy 2019-22 will be used as an additional tool to support the forward planning and work programming of matters by the four overview and scrutiny committees.

5.2.2 Published alongside this covering report are the key figures extracted from the Strategy document for the Cabinet portfolios relating to the remit of this committee.

6. Implications

6.1. Legal Implications

6.1.1. There are no legal implications at this stage.

6.2. Finance Implications

6.2.1. There are no financial implications at this stage

6.3. Equality Implications

6.3.1. There are no equalities implications at this stage.

6.4. Human Resources Implications

6.4.1. There are no human resources implications at this stage.

6.5. Risk Management Implications

6.5.1. There are no risk management implications at this stage.

6.6. Rural Communities Implications

6.6.1. There are no implications for rural communities.

6.7. Implications for Children & Young People

6.7.1. There are no implications for children and young people at this stage.

6.8. Public Health Implications

6.8.1. There are no direct implications for public health.

7. Ward Members Affected

7.1. All.

8. Access to Information

8.1. The background papers can be inspected by contacting the report author

9. Contact Information

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

Name: Mark Nedderman

Job Title: Scrutiny Manager

Email: mark.nedderman@cheshireeast.gov.uk

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Date: 23.9.19 Time: 1.30pm Venue: Committee Suite, Westfields	Date: 13.11.19 Time: 3:10.00am Spotlight review Venue : Municipal Buildings Crewe	Date: 25.11.19 Time: 1.30pm Venue: Committee Suite, Westfields	Date: DECEMBER TBA Budget Meeting	Date: 27.1.20 Time: 1.30pm Venue: Committee Suite, Westfields	Date: 23.3.20 Time: 1.30pm Venue: Committee Suite, Westfields
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The Committee considers a young persons story at the start of every meeting

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
Performance Scorecard	To scrutinise the performance scorecard	Acting Executive Director of People	Children and Families	Committee	Performance monitoring	A responsible effective and efficient organisation	23.09.19
Corporate Parenting Annual Report	To review the annual report for 2017/18 <ul style="list-style-type: none"> Review outcomes Review revised strategy 	Acting Executive Director of People	Children and Families	Committee	Performance monitoring / committee report	A responsible effective and efficient organisation. People live well and for longer	23.09.19

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
SEND Task and Finish Group – Final Report	To give consideration to the final report of the task and finish group	Acting Executive Director of People	Children and Families	Committee	Scrutiny	People live well and for longer	TBA
FACT 22	To receive an update	Acting Executive Director of People	Children and Families	Committee	Monitoring	A responsible effective and efficient organisation. People live well and for longer	27.01.20
Domestic Abuse Commission	To receive an update on the new provision	Acting Executive Director of People	Children and Families	Committee	Pre decision scrutiny	People live well and for longer	25.11.19
Changes to the NHS	To understand the impact on Children's services	Acting Executive Director of People	Children and Families	Liaison meeting	Pre decision scrutiny	A responsible effective and efficient organisation. People live well and for longer	23.09.19
Annual Adoption Report	To consider the annual adoption report.	Acting Executive Director of People	Children and Families	Acting Executive Director of People	Performance monitoring / Committee report	A responsible effective and efficient organisation. People live	23.09.19

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
						well and for longer	
Spot light review – Mental Health and learning disabilities	To undertake a spot light review involving all relevant partners	Acting Executive Director of People	Children and Families	Liaison meeting	Scrutiny	People live well and for longer	13 .11.19
Locality Working	To review the new ways of working Members to attend workshops in September	Acting Executive Director of People	Children and Families	Liaison meeting	Performance monitoring	A responsible effective and efficient organisation. People live well and for longer	25.11.19
Family Focus and Recovery Plan		Acting Executive Director of People	Children and families	Liaison meeting	scrutiny	People live well and for longer	25.11.19
LSCB Annual Report	To review the annual report for 2018/19	Acting Executive Director of People	Children and families		Performance Monitoring	People live well and for longer	25.11.19
Children not accessing full time education	To scrutinise the reasons for children not accessing full time education	Acting Executive Director of People	Children and Families	Committee	scrutiny	People live well and for longer	27.1.20
Lifelong Learning	Overview of lifelong learning	Acting Executive Director of People	Children and Families	Liaison meeting	Performance monitoring	People live well and for longer	27.1.20

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
Children's Home Commission	To review the changes in commission Planning officer to attend	Acting Executive Director of People	Children and families	Committee	Pre decision scrutiny	A responsible effective and efficient organisation. People live well and for longer	23.3.20
Children missing from home	To scrutinise the reasons and work being undertaken in relation to children missing from home	Acting Executive Director of People	Children and families	Committee	scrutiny	A responsible effective and efficient organisation. People live well and for longer	23.3.20
Annual Education Report	To give consideration to the annual education report	Acting Executive Director of People	Children and families	Committee	Pre decision scrutiny	People live well and for longer	23.3.20
High Needs Funding	To update the committee on progress of the new model for how high needs funding to schools is allocated.	Acting Executive Director of People	Children and Families		Pre decision scrutiny	A responsible effective and efficient organisation	23.3.20
SEND Written Statement of Action	To review progress against the written statement of actions.	Acting Executive Director of People	Children and Families	Liaison meeting	scrutiny	A responsible effective and efficient organisation.	23.3.20

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
						People live well and for longer	
Early Help Strategy	To update the committee on the strategy post Cabinet decision.	Acting Executive Director of People	Children and Families	Portfolio Holder	Pre decision scrutiny	People live well and for longer	TBA

Possible Future/ desirable items

Possible future meeting to be held at UTC, Crewe (to include a tour) – November 2019