



**Eastern Cheshire  
Clinical Commissioning Group**



**South Cheshire  
Clinical Commissioning Group**

## Health and Wellbeing Board Agenda

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**Date:** Tuesday, 20th October, 2015  
**Time:** 2.00 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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

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

**1. Apologies for Absence**

**2. Declarations of Interest**

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

**3. Minutes of Previous meeting (Pages 1 - 8)**

To approve the minutes of the meeting held on 15 September 2015.

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

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For requests for further information

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

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

5. **Annual Report of the Cheshire East Safeguarding Children Board** (Pages 9 - 84)

To receive and note the 2014 – 2015 Annual Report of the Cheshire East Safeguarding Children Board and to consider, as part of the discussions relating to the Ofsted Report how to further develop the relationship between the two Boards.

6. **Ofsted Inspection of Children's Services** (Pages 85 - 144)

To consider a report updating the Health and Wellbeing Board on the outcome of the Ofsted Inspection of services for children in need of help and protection.

7. **Cancer Pathway Review Project** (Pages 145 - 150)

To consider a report providing the Health and Wellbeing Board with an update on the review of the gynaecological cancer pathway.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Tuesday, 15th September, 2015 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor Janet Clowes – Cheshire East Council, in the chair

Councillor Sam Corcoran – Cheshire East Council  
Mike Suarez – Chief Executive, Cheshire East Council  
Dr Heather Grimbaldeston – Director of Public Health Cheshire East Council  
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group  
Brenda Smith – Director of Adult Social Care and Independent Living,  
Cheshire East Council  
Simon Whitehouse – Southern Cheshire Clinical Commissioning Group  
Dr Andrew Wilson – South Cheshire Clinical Commissioning Group  
Dr Paul Bowen - Eastern Cheshire Clinical Commissioning Group  
Jerry Hawker - Eastern Cheshire Clinical Commissioning Group  
Tina Long - NHS England  
Caroline O'Brien - Healthwatch

**Officers in attendance:**

Anita Bradley – Head of Legal and Governance  
Guy Kilminster – Corporate Manager Health Improvement  
Julie North – Senior Democratic Services Cheshire East Council  
Lucy Heath – Locum Public health Consultant, Cheshire East Council  
Caroline Baines, Better Care Fund Commissioning Manager  
Lou Ingham, Better care Fund Finance Manager  
Jacki Wilkes - Associate Director of Commissioning ECCCCG and Joint  
Commissioning Team Lead for Carers

**9 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Rachel Bailey, Cheshire East Council and Kate Sibthorp, Healthwatch.

**10 DECLARATIONS OF INTEREST**

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

**11 MINUTES OF PREVIOUS MEETINGS**

The minutes of the meeting held on 24 March 2015 and the inquorate meeting held on 16 June 2015 were submitted.

**RESOLVED**

1. That the minutes of the meeting held on 24 March 2015 be approved as a correct record.
2. That, subject to a correction to state that Councillor S Corcoran declared a personal interest by virtue of his wife being a GP and a “Director”, not a “member”, of South Cheshire GPs Alliance Ltd, the minutes of the inquorate meeting held on 16 June 2015 be noted.

### **12 PUBLIC SPEAKING TIME/OPEN SESSION**

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

### **13 BETTER CARE FUND - UPDATE**

Consideration was given to a report providing an overview of 2015/16 Better Care Fund (BCF) Quarter 1 performance and an update on the overall implementation of the BCF plan. The BCF had launched on the 1<sup>st</sup> April 2015 and there was a requirement to submit quarterly returns to NHS England. These quarterly returns should be reviewed and signed off by the Health and Wellbeing Board. Cheshire East Health and Wellbeing Board (HWB) was responsible for the ongoing oversight of the delivery of the BCF plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it had a role in gaining assurance that partners were collectively working together to deliver the Plan, implement the national conditions and improve the associated performance measurements.

With reference to para 4.6 of the report, which stated that work was underway to understand the impact of the schemes and the expected outcomes, it was noted that the monthly performance and financial monitoring reports would now be submitted to a sub group of the Joint Commissioning Leadership Team (JCLT) and not the JCLT itself.

It was reported that the NHS England BCF quarterly reporting deadline was not always consistent with scheduled HWB meetings. It was, therefore, recommended that the authority to sign off the quarterly reports be delegated to a HWB member (the Portfolio Holder for Adult Social Care and Health) and the HWB be provided with an update on the NHS England quarterly submission at the next available meeting following submission. This approach allowed the flexibility for the NHS England quarterly deadlines being delivered with the involvement of a HWB member. The Portfolio Holder for Adult Social Care and Health undertook to circulate the reports to members of the Board for comment, before they were submitted.

### **RESOLVED**

1. That the progress with the implementation of the Cheshire East Better Care Fund plan be acknowledged.



2. That the Cheshire East NHS England 2015/16 Quarter 1 performance report, which was submitted to NHS England on 26<sup>th</sup> August 2015, be acknowledged.
3. That the Portfolio Holder for Adult Services and Health be given delegated responsibility to provide the Health and Wellbeing Board sign off and oversight of the NHS England quarterly monitoring report for quarterly reporting deadlines that were not aligned with Health and Wellbeing Board meeting dates and that the quarterly monitoring submission to NHS England be reported to the next available meeting of the Health and Wellbeing Board.

### **14 EASTERN CHESHIRE CLINICAL COMMISSIONING GROUP 2015-16 PROSPECTUS**

The Eastern Cheshire Clinical Commissioning Group 2015-16 Prospectus was submitted. It was reported that, whilst there was no requirement from NHS England to produce a prospectus, the CCG was keen to put the document into the public domain, in order to outline what the CCGs future plans were and what items had already been implemented.

The Board welcomed the prospectus and commented that it was a well presented document, which would be useful to both partners and patients.

#### **RESOLVED**

That the Eastern Cheshire Clinical Commissioning Group 2015-16 Prospectus be received and noted.

### **15 LOCAL TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING**

Consideration was given to a report relating to the Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

It was reported that additional funding was available to Clinical Commissioning Groups (CCGs) to support the delivery of transformation in relation to Children and Young People's Mental Health and Wellbeing, subject to the development, submission and assurance of Local Transformation Plans. NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group would be submitting their local Transformation Plans on 16<sup>th</sup> October 2015.

Development of Local Transformation Plans was currently in progress and sign-off of these plans was required by a representative of the Health and Wellbeing Board.

It was noted that a briefing paper would also be submitted to the Council's Informal Cabinet meeting.

**RESOLVED**

1. That the requirement to develop and submit local Transformation Plans in relation to Children and Young People's Mental Health and Wellbeing in October 2015 be noted.
2. That the requirement for local plans to be signed off by a representative of the Health and Wellbeing Board prior to submission in October 2015 be noted and that Cllr Janet Clowes, Portfolio Holder for Adult Services and Health and Cllr Rachel Bailey, Portfolio Holder Children and Families, be nominated to sign off the Plan on behalf of the Board. (This would follow a review of the plan at the Children and Young People's Commissioning Sub-group of the Joint Commissioning Leadership Team in September).

**16 CARE ACT - UPDATE**

Consideration was given to a report updating the Board on the Care Act.

The Care Act 2014 had come into force on 1 April 2014 and comprised of two phases. It was noted that Cheshire East Council was fully compliant with the requirements and duties of the Act required under phase 1. Phase 2, due to come into effect on 01/04/2016, was mainly focused on funding reform.

On 17 July 2015, the Government had announced that they had decided to delay the implementation to some of the funding reforms set out in the Care Act 2014 and that these would be delayed from April 2016 until April 2020 to both allow time to be taken to ensure that authorities were ready to introduce the new system and to look at what more could be done to support people with the costs of care. This has been confirmed in a Written Ministerial Statement on 25 July 2015. Details of the reforms that were deferred and the impact on each of the Health and Wellbeing Priorities were outlined in the report.

It was not clear what the position was with regard to the funding allocated to local authorities to implement the Care Act. The Department of Health would shortly advise local authorities on what would occur with the implementation funding.

With reference to para 5.2 of the report, it was noted that the references to "deferred" should read "delayed" and that the last sentence of the first bullet point should read "The "nil cap" for people under 18 has also been deferred until April 2020".

It was agreed that an evaluation report on how the impact on Phase 1 was been measured in respect of the eleven areas of compliance would be submitted to a future meeting of the Board, before moving onto Phase 2.

Healthwatch asked to be involved in looking at the outcomes and its representatives would liaise with the Director Adult Social Care in order to establish how they could best support the process.

### **RESOLVED**

That the report be noted.

#### **17 UPDATE ON PROGRESS ON THE DEVELOPMENT OF A CHESHIRE EAST STRATEGY FOR CARERS**

Consideration was given to a report updating the Board on Progress on the development of a Cheshire East Strategy for Carers.

In April 2015 a Cheshire East Strategy for Carers had been presented to accountable bodies and strategic leadership groups across the three health and social care commissioning organisations within the Cheshire East Council footprint. There was general agreement that this was the right approach and recognition that the engagement with carers was both representative and adequate. However, the Governing Body for Eastern Cheshire had felt unable to support the strategy, requiring assurance on a number of issues including clearer evidence on the benefits to carers, the resources identified to deliver these benefits and clearer governance arrangements for how the benefits would be delivered. The Governing Body wished to see included, additional measures against which meaningful difference could be demonstrated and that a carer focused approach should be complimented with explicit and measureable outcomes and outputs to reflect progress and provide assurance to the Health & Wellbeing Board. It also considered that the governance structure for delivery of the carer's strategy needed to be clearer, including accountability arrangements and milestones.

Representatives from the CCGs and Council, working with the carers reference group had 'reframed' the priority areas giving it more focus. In addition Carers have advised on what needed to happen to deliver the tangible difference and who was responsible. The health economy leadership of this work would be revisited once the redraft strategy had been completed and would be explored at a future HWB meeting. The monitoring and evaluation framework would be developed further and included in the final document, which would be presented to the commissioning accountable bodies and the Health and Well Being Board for sign off and it was anticipated that this would be at the 24 November meeting of the Board.

### **RESOLVED**

1. That the concerns raised by the ECCCCG Governing Body, specifically in relation to resourcing and accountability be noted.

2. That the progress made and approach taken to address concerns raised by Eastern Cheshire CCG Governing Body for the redrafted strategy for carers be noted.

## **18 ENSURING AND IMPROVING QUALITY AND CHOICE IN RESIDENTIAL AND NURSING HOME PROVISION**

Consideration was given to a report relating to ensuring and improving Quality and choice in residential and nursing home provision

Cheshire East Council and the Eastern Cheshire and South Cheshire Clinical Commissioning Groups, all had an interest in and responsibility for people living in residential or nursing homes. Although the strategic priority was to support people to live independently for as long as possible, it was known that there were approximately 3,500 older people living in residential or nursing homes in Cheshire East. It was anticipated that by 2030 this number would have increased to 5,500. In addition there were about 250 people with learning disabilities receiving services in residential or nursing care, 91 of whom were in long term accommodation.

Ensuring that the available capacity and quality of provision was appropriate was, therefore, a concern for all parties. It was proposed that a Task and Finish Group be established, under the auspices of the Health and Wellbeing Board, to review current provision and consider what might be required to ensure that it was fit for purpose in the future.

Members of the Board generally indicated their support and commented that it would be helpful to look at the sustainability of the workforce and also how quality could be added into the system and what impact this would have. It was also considered that it would be useful to get information from providers in respect of future and sustainable models and from the research regarding international models.

### **RESOLVED**

That the proposal to establish a Task and Finish Group to review residential and nursing home provision in Cheshire East and to release capacity to contribute to the work of the Group be supported and that the Board receive an update report in three months' time.

## **19 ASSISTIVE TECHNOLOGY TASK AND FINISH GROUP RECOMMENDATIONS**

The Health and Adult Social Care Overview and Scrutiny Committee, through a Task and Finish Group, had completed a review of Assistive Technology and how its use could be developed through adult social care services, to help people remain independent and healthy in their own homes for longer. Amongst the recommendations were two for consideration by the Health and Wellbeing Board and they were the focus of a report to the Board. It was noted that the broader recommendations

would also be of interest to the Board. The Task and Finish Report was attached as an appendix to the report. The Board was requested to consider the two recommendations of the Health and Adult Social Care Overview and Scrutiny Committee Task and Finish Group as follows:-

- That the Health and Wellbeing Board be requested to encourage health service providers and commissioners to promote the benefits of assistive technology to patients and service users in order to increase its use as part of early intervention and prevention initiatives.
- That the Health and Wellbeing Board be requested to consider how funding for assistive technology projects can be increased through contributions from health and social care commissioners.

The Board was asked to consider and discuss these two issues (in the light of the broader report) so that a response could be provided to the Overview and Scrutiny Committee.

It was considered that the age 85 year cut off was not appropriate in some areas where critical illness came earlier and that this could exclude people in more deprived areas. Using the “last 10 years of life” might be a more appropriate measure.

### **RESOLVED**

1. That the various bodies’ experiences of good practice in the use of assisted technology be shared and built into the commissioning monitoring process.
2. That an update report in respect of Section 256 funding, coming through the Better Care Fund, and also the LD 256 pilot be submitted to a future meeting of the Board.
3. That further consideration be given to the demographic implications in respect of using the age of 85 as a cut off point.
4. That the ongoing work to review and update the Health and Wellbeing Strategy consider the place of Assistive Technology as a priority for the Board and how its use might be promoted and incorporated through the ongoing development of integrated teams, and other developments coming out of the Connecting Care and Caring Together Programmes.

### **20 THE NHS HEALTHY NEW TOWNS PROGRAMME - EXPRESSING AN INTEREST**

Consideration was given to a report relating to the recently announced NHS Healthy New Towns Programme.

An opportunity had arisen to express an interest in a new scheme from NHS England. As part of the 'Forward View into Action' initiative, the Healthy New Towns Programme had been launched.

Expressions of interest had been sought from areas to develop new and more effective ways of shaping new towns, neighbourhoods and strong communities that promote health and wellbeing, prevent illness and keep people independent. This required an appropriate development site to be selected as the chosen location. The deadline for submission was 30<sup>th</sup> September.

Following submission of an expression of interest, follow up face-to-face discussions will be held to look in more detail at the proposed sites and to help NHS England form a view on their preferred partners. This would offer an opportunity to explore an option to have a second site included within the proposal.

The Board was asked to consider the Healthy New Towns Prospectus and to support an expression of interest, initially focussed upon the North Cheshire Growth Village at Handforth. Following discussion it was agreed that given the commitments already within the system (the Pioneer and CCG Transformation programmes for example), taking on another potential initiative may not be sustainable. Further thought needed to be given to the appropriateness of a submission and the capacity to support it if successful.

### **RESOLVED**

Further discussion would take place to determine if a bid to the Healthy Towns initiative was deemed to be sustainable given the existing successful programmes that were in train. The respective Clinical Commissioning Groups will be kept informed.

### **21 OFSTED ANNOUNCEMENT**

The Chairman referred to the recent announcement regarding the Cheshire East Council Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and thanked those members of the Board who had been involved for their contribution.

The meeting commenced at 2.00 pm and concluded at 4.30 pm

Councillor J Clowes

CHAIRMAN



Cheshire East Local  
Safeguarding Children Board

# Cheshire East Safeguarding Children Board



**Annual Report 2014-15  
and Business Plan  
Priorities 2015-16**

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## Foreword from the Independent Chair

This is the annual report of Cheshire East's Local Safeguarding Children Board (LSCB). In it you will find comprehensive information about our work for the year 2014-15. We have broken this down into each of our key strategic objectives that we set at the beginning of the year, and have commented on the progress we think we have made against each. This report isn't just looking back though; it identifies the key challenges we face in the coming year and beyond. This report also takes account of the findings from Ofsted's inspection of the LSCB that took place in July 2015 as this report was published following that inspection.

It is vitally important that to be effective as an LSCB there is a need for a very accurate picture of how well the safeguarding and early help systems in the area are working, together with realistic plans to improve. In Cheshire East, we take this aspect of our role very seriously, but don't just rely on our own self-assessment. Along with our key partners, we continue to open up our work to independent and external scrutiny for challenge, and are very keen to use the learning from this.

Cheshire East Council remains the subject of a Statutory Improvement Notice following the last major inspection of safeguarding by Ofsted in early 2013. There is therefore an 'Improvement Board', with an independent chair of its own, which closely oversees the Council's progress in implementing its Improvement Plan, as well as the work of partners. Whilst the Improvement Board and the LSCB are separate, it is very important that we share the same objectives and determination to improve.

In the past 12 months we have made significant progress in involving young people, and using their views and experience to inform the work of the LSCBs and its partners. You will see many references to this in this report. But it is important to stress that this work is in its early stages and needs to be built on and continued.

Dealing with child sexual exploitation (CSE) remains one of the very highest priorities for this board; along with our colleagues in the other three LSCBs in 'pan-Cheshire' we think we now have a much clearer picture of CSE related activity in the area and more robust plans in place to deal with this than previously.

Whilst CSE rightly remains a very high-profile area of work of the board, the neglect of children and young people of all ages remains, arguably, the biggest challenge for this board. The numbers of children of all ages experiencing neglect, compared to the overall total of children and young people living in Cheshire, is very small. But it remains quite unacceptable that there are a number of children and young people who are not receiving adequate care in order to meet their needs and, just as important, realise their potential. In the last 12 months, the LSCB has launched a new and refreshed strategy to deal with neglect in Cheshire East. Whilst the full

impact of this will not be seen until next year, this report provides some detail on how this is working.

An area where the board and its partners needs to make more progress is in relation to 'early help', i.e. identifying and providing support to children and young people where there are emerging safeguarding concerns before these become more serious. This is going to be a major priority for the board in 2015-16.

This report is necessarily lengthy and detailed because it needs to cover a wide range of issues under the broad heading of 'safeguarding'. It is vital that the board's



work is open to scrutiny and we feel it is necessary to provide this level of detail in order for that to happen. The 'youth proofed' edition is specifically for young people and summarises the report for them.

I hope you find this report informative; I also hope it makes you think about the role we all have to play in protecting and ensuring good futures for all children and young people in Cheshire East.

***Ian Rush,***

*Independent Chair, Cheshire East Safeguarding Board*

"It has been really positive being able to bring the commitments that were made to young people on the Local Safeguarding Children Board's 'Takeover Day' come to life. Although this hasn't been an easy journey, it's amazing to see an idea followed through and to be able to show young people the 'what you said' what we did' difference. It's a massive start for the LSCB and we are both very proud to be have been involved in this journey. We look forward to working with the children and young people of Cheshire East and staff in all agencies to make a difference to the work of the LSCB in 2015-16."

*Liam and Jodie Hill, Voice for Children*



# Cheshire East Safeguarding Children Board

## Background

Cheshire East Safeguarding Children Board (CESCB) is a partnership working to safeguard and promote the welfare of children in Cheshire East. This Annual Report provides an account of the CESCB activities and achievements during 2014-15 and the work of the partnership in keeping children and young people safe from harm. It should be read alongside the 2015-16 Children's Improvement Plan. The report is aimed at everyone who is involved in safeguarding children, including members of the local community as well as professionals and volunteers who work with children and families. Our aim in producing this report is to provide an assessment of how well services work together to safeguard children, to explain how we have addressed our priorities, what our strengths and weaknesses are, and what we are doing to improve. The report will also outline the priority areas on which the CESCB will focus in 2015-16.

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

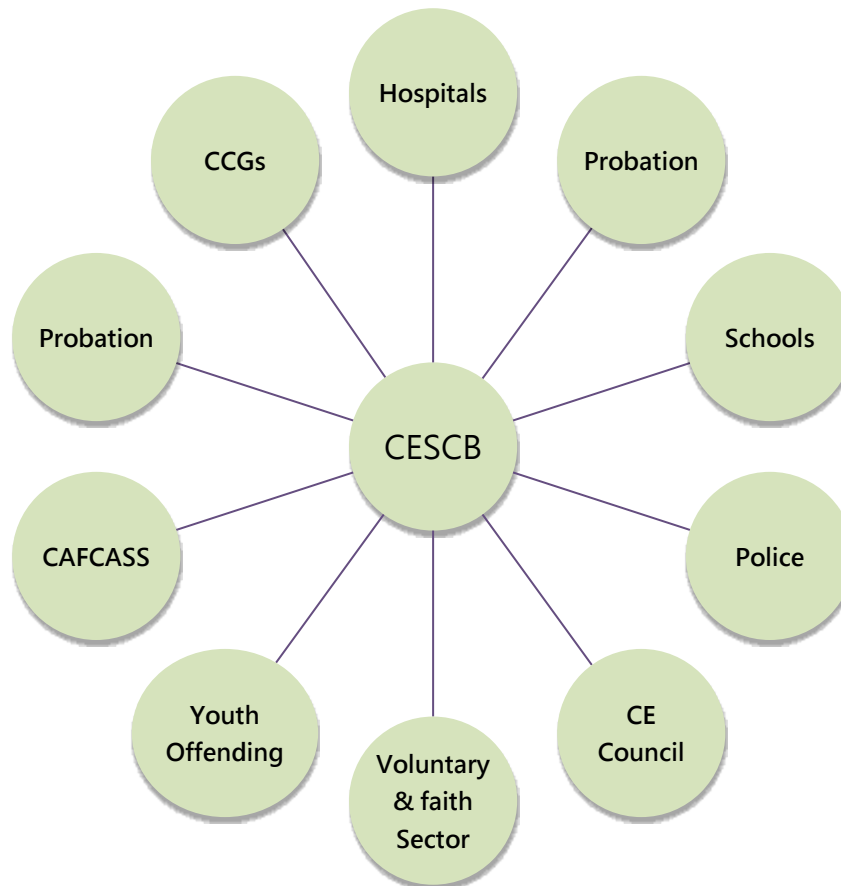
## The Board

Section 13 of The Children Act 2004 requires all local authority areas to have a Local Safeguarding Children Board in place to oversee, monitor and scrutinise local arrangements for safeguarding children and promoting their welfare. Cheshire East Safeguarding Children Board (CESCB) is the partnership body responsible for co-ordinating and ensuring the effectiveness of Cheshire East services to protect and promote the welfare of children.



The Board is made up of senior representatives from agencies and organisations in Cheshire East concerned with protecting children and its main objectives are to co-ordinate the actions of all agencies represented on the Board and to ensure the quality and effectiveness of

agencies' safeguarding work and hold them to account. The Board's responsibilities are laid out in primary legislation, regulations and statutory guidance. The key statutory guidance, Working Together to Safeguard Children, was updated in March 2015.



CESC B relies on its independence and is responsible for scrutinising the work of its partners to ensure that services provided to children and young people actually make a difference. The effectiveness of the CESC B relies upon its ability to progress and improve outcomes for children by exercising an independent voice. The main roles for the CESC B are set out in its constitution and are:

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

## Governance

The Cheshire East Safeguarding Children Board has three tiers of activity (see Appendix 1):

**Main Board** – this is made up representatives of the partner agencies as set out in statutory guidance. Board members must be sufficiently senior to ensure they are

able to speak confidently and have the authority to sign up to agreements on behalf of their agency.

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

**Sub groups (Cheshire East)** – the purpose of CESCIB sub groups is to work on the various areas of concern to the CESCIB on a more targeted and thematic basis. The sub groups report to the Executive and are ultimately accountable to the Main Board. The subgroup structure was restructured during 2014-15; the main subgroups operating at March 2015 were:

- Quality and Outcomes
- Audit and Case Review
- Learning and Improvement
- Communication and Engagement
- Safeguarding Children Operational Group
- Policy & Procedures
- Private Fostering
- Child Sexual Exploitation/Missing from Home & Care

**Sub groups (Pan-Cheshire)** – Cheshire East works closely with the other Cheshire LSCBs on certain areas to maximise impact. The following pan-Cheshire sub-groups are currently in operation:

- Pan-Cheshire Child Death Overview
- Pan-Cheshire Policies and Procedures
- Pan-Cheshire CSE/Missing/Trafficking

## Key Roles

**Independent Chair** – all Local Safeguarding Children Boards appoint an Independent chair who can bring expertise in safeguarding and can ensure the Board fulfils its role. The Independent Chair also frees up Board members to participate equally without the added influence of chairing the Board. **Ian Rush** was recruited to this post in June 2013 and brings with him a wealth of experience in safeguarding and child protection. The Chair was subject to an annual appraisal by the Board to ensure the role was undertaken competently and that he retains the confidence of CESCIB members.



*Working Together to Safeguard Children* states that Independent Chairs should be accountable to the Chief Executive of the local authority and in Cheshire East the role is accountable to **Mike Suarez**. The Chair meets regularly with the **Chief Executive** through the Safeguarding Review Meeting to raise safeguarding concerns.



**Director of Children's Services** – this post was held by **Tony Crane** in 2014-15. The Director of Children's Services is a Member of the main Board of the CESC. The Director has a responsibility to ensure that the CESC functions effectively and liaises closely with the Independent Chair who keeps him updated on progress.

**Lead Member** – the Lead member for Children's Services has responsibility for making sure that the local authority fulfils its legal duties to safeguard children and young people. In Cheshire East **Councillor Rachel Bailey** currently holds this role. Councillor Bailey contributes to the CESC as a 'participating observer'. This means that she takes part in the discussion, asks questions and seeks clarity but is not part of the decision making process.

**Lay Members** – *Working Together to Safeguard Children* recommends that Boards appoint 'lay members' to support stronger public engagement on local child protection and safeguarding and contribute to an improved understanding of the CESC's work in the wider community. Two new lay members, **Sam Haworth** and **Alana Eden**, were appointed to the Board in 2014-15.

**Children and Young People's Challenge Champions** – during 2014-15, the Board has significantly increased its engagement with children and young people and every Board meeting starts with a focus on children and young people. **Jodie Morris** and **Liam Hill** from **Voice for Children** are young care leavers who are members of the

Board and represent the voices of children and young people in Cheshire East on the Board.

### Key Relationships

CESCB has a number of key relationships with other Boards. Appendix 2 sets out the partnership framework. A Memorandum of Understanding has been agreed by the relevant Boards that sets out safeguarding arrangements between key strategic partnerships in Cheshire East.

**Member Agencies Management Boards** – CESCB members are senior officers within their own agencies providing a direct link between the CESCB and their own single agency management boards. It is essential that the management boards of each statutory agency in Cheshire East build a close connection with the Safeguarding Children Board and invest in its work.

**Cheshire East Improvement Board** - The **Improvement Board** monitors, challenges and ensures sustainable improvement across the partnership, ensuring that the requirements set out in the Ofsted Inspection Report and Improvement Notice are met. The Board has an independent chair, **Helen Denton**, and is overseen by the Department for Education. The LSCB also monitors and challenges those recommendations relevant to the partnership, but its remit is not limited to the Ofsted recommendations in the same way at the Improvement Board. Many members of the LSCB also sit on the Improvement Board, including the Independent Chair of CESCB. The LSCB is kept informed on the work of the Improvement Board and all reports are shared with LSCB members. The minutes of the LSCB are also shared with the Improvement Board.

**Children and Young People's Trust Board** – The Children and Young People's Trust is a partnership Board that aims to improve outcomes for all children and young people in Cheshire East through strategic leadership and decision making, determining joint priorities, joint planning, and ensuring integrated working. The CESCB reports to this Board on matters affecting children and young people at risk in Cheshire East and the Safeguarding Children Board holds the Children and Young People's Trust Board to account to ensure that they commission the services that are identified as safeguarding priorities. The Chair of CESCB is also a member of the Trust. CESCB is a key partnership board to implement, monitor and evaluate plans against priority outcome 2 of the Children's Plan, 'keep children safe'.

**Corporate Parenting Board** – When children and young people are brought into the care of the Local Authority Cheshire East Council becomes their 'Corporate Parent'. To ensure that the Council and its partners effectively discharges its role as Corporate Parent for all their Children in Care key officers from the Council and



partner agencies are brought together in the Corporate Parenting Board. In Cheshire East this is co-led by children in care.

**Health & Wellbeing Board** – The CESCIB links with the Health & Wellbeing Board and is held to account for key safeguarding issues for children in Cheshire East. Priorities within the Health and Wellbeing strategy will be delivered by the LSCB and the Health and Wellbeing Board will be asked to sign off the CESCIB Annual Report and Business Plan.

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

**Community Safety Partnership (CSP)** – CSP is responsible for the commissioning of Domestic Homicide Reviews (DHR's), which are undertaken on its behalf by the CESAB. It also receives bi-annual reports on domestic abuse and sexual violence partnership working. The SCEP has a role in ensuring that it maintains and supports partnership awareness and effective response to domestic abuse and sexual violence in Cheshire East.

**Police and Crime Commissioner** – The Police and Crime Commissioner (PCC) provides support to vulnerable young people at risk. The Independent Chair of the LSCB and the other Cheshire chairs meet with the PCC four times a year. The Youth Ambassador is a member of the Board.

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

key partnerships agreed the following leads for shared priority areas:

## Partnership Key Lead areas

Shared priority area	Strategic governance lead
Domestic Abuse	<b>SCEP</b>
Terrorism and Prevent	<b>SCEP</b>
Reducing Offending	<b>SCEP</b>
Anti-social Behaviour	<b>SCEP</b>
Organised crime	<b>SCEP</b>
Hate Crime	<b>SCEP</b>
Child Sexual exploitation (CSE)	<b>LSCB</b>
Trafficking and Modern Slavery	<b>LSAB</b>
'Mate crime'	<b>LSAB</b>

Substance misuse	<b>HWBB</b>
Mental Health	<b>HWBB</b>
Improving outcomes for children and young people	<b>CYPT</b>

## Board Membership and Attendance

A summary of Board membership and attendance for 2014-15 is set out at Appendix 3.

## Financial Arrangements

The finances of the Board, including member contributions is set out at Appendix 4.



## Children and Young People in Cheshire East

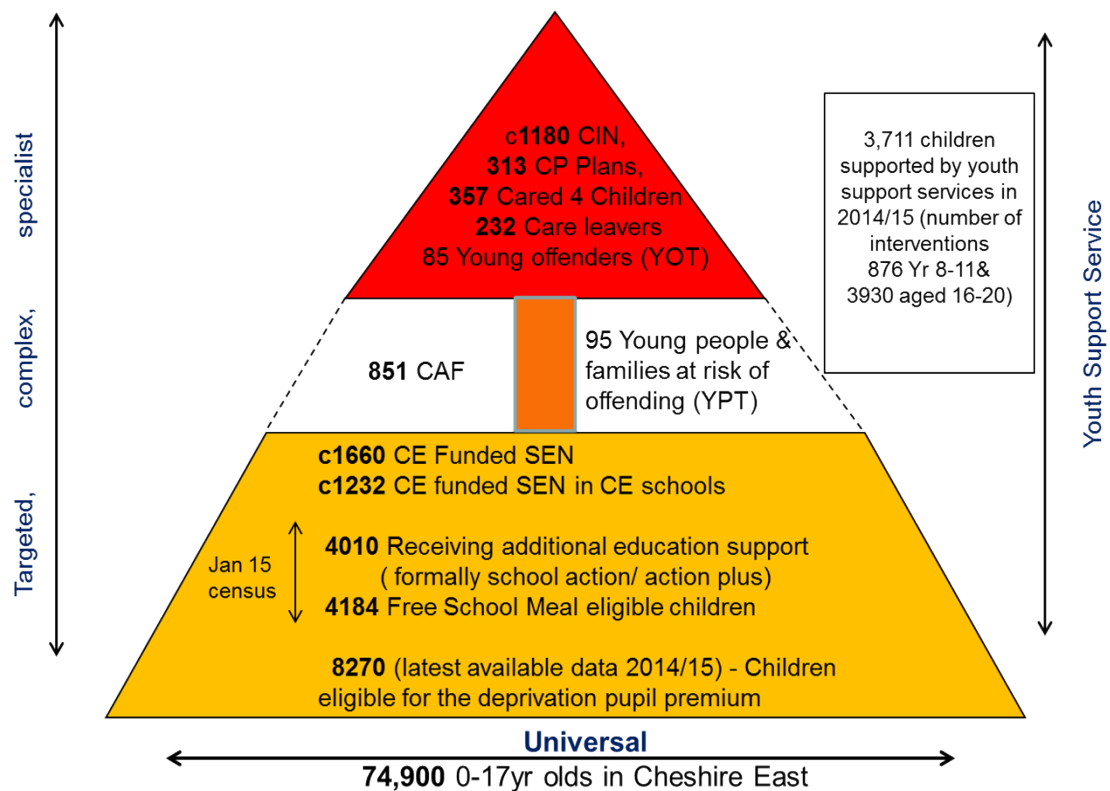
### Our Child Population

- Approximately 74,930 children and young people under the age of 18 years live in Cheshire East. This is 20% of the total population in the area.
- Approximately 12% of the local authority's children are living in poverty.
- The proportion of children:
  - 10% of children in primary schools are entitled to free school meals (the national average is 17%); and 7% of young people in secondary schools (national average is 15%)
- Children and young people from minority ethnic groups account for 5% of all children living in the area, compared with 22% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are mixed and Asian or Asian British.
- The proportion of children and young people with English as an additional language:
  - in primary schools is 5% (the national average is 19%).
  - in secondary schools is 4% (the national average is 14%).
- The largest minority ethnic groups within the borough live in the two wards of Crewe Central and Crewe South.



## Vulnerable Children in Cheshire East

### Cheshire East Vulnerability Profile March 2015



## Child protection in Cheshire East

- At 31 March 2015, 2,217 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 2,116 at 31 March 2014.
- At 31 March 2015, 308 children and young people were the subject of a child protection plan. This is an increase from 203 at 31 March 2014.
- At 31 March 2015, less than five children lived in a privately arranged fostering placement.

## Cared for Children in Cheshire East

- At 31 March 2015, 357 children were being looked after by the local authority (a rate of 48 per 10,000 children). This is an increase from 335 (45 per 10,000 children) at 31 March 2014.
- Of this number, 137 (or 38%) live outside the local authority area
- 29 live in residential children's homes, of whom 62% live out of the authority area
- Six live in residential special schools, all of whom live out of the authority area



- As at the end of March 2015, there were 266 children and young people in foster placements. Of these, 96, or 36% live out of the authority area.
- Fewer than five children are unaccompanied asylum-seeking children.
- In the last 12 months to 31 March 2015 there have been 21 adoptions, 19 children became subject of special guardianship orders, 127 children ceased to be looked after, of whom 7% subsequently returned to be looked after and eight children and young people ceased to be looked after and moved on to independent living and three children and young people ceased to be looked after and are now living in houses of multiple occupation.



## The Child's Journey in Cheshire East

### Cheshire East Consultation Service (ChECS)

ChECS is the 'front door' to access to services, support and advice for children and their Families, from early help and support through to safeguarding and child protection. All services are required to have a telephone discussion with a qualified social worker and are advised on the level of need for the child and family and the appropriate next steps. The co-location of the police, the missing from home service and voluntary domestic abuse services with the ChECS 'front door' team has been achieved through close collaboration, and is improving multi-agency responses. Development of the integrated multi-agency front door continues to a priority in 2015-16.

ChECS have experienced a 10%, increase in the number of consultations over 2014-15 ie, from 6788 in 2013-14 to 7493 in 2014-15. The average number of Consultations per month was 666.

Approximately 37% (2783) of the consultations were routed through to Children's Social Care for an assessment; this is an increase from 33% the previous year. There was an average of 241 referrals to Social Care each month. There were 629 children and young people who were the subject of 2 or more consultations during the year.

"There is effective management of contacts and referrals within ChECS and timely consultation with partners who need advice and support in deciding what action needs to be taken"

*Ofsted Progress Inspection Report  
December 2014*

### Early Help

Early help is about getting additional, timely and effective support to children, young people and their families who need it - intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Over the past year there has been an improved understanding and support from agencies in providing children and families with early help. This is also better coordinated, mainly through the use of the common assessment framework (CAF).

The use of the CAF has increased by approximately 15% over the last year with 611 CAFs being opened in 2014-15 compared to 532 the previous year. The snapshot at the end of the reporting year indicated a 29% increase from the same time from 658 to 851 CAF's which was in part due to the relaunch of the Thresholds of Needs Guidance. The most significant increase is from schools who take the lead role in

coordinating increasing numbers of support packages for children in need of early help. A wide range of professionals complete CAFs, which reflects the training and awareness raising which has been delivered. The CAF completion rate is split equally between the North and South of the borough. The main areas are the densely populated areas such as Macclesfield, Congleton and Wilmslow in the North and Crewe in the South. The percentage split is equal at 50% for both localities.

Quality assurance work over the past year suggests that areas for improvement include the need to identify early help in a more timely way and to ensure that children and families whose problems escalate are 'stepped up' in a timely way.

The Board recently considered its position against Ofsted's report around early help and a decision was made that the existing early help subgroup be reconfigured as an LSCB subgroup. Early help is a key priority for the Board in 2015-16.

## Children in Need

A Child in Need (CIN) as defined by the Children Act 1989 is a child who is unlikely to reach or maintain a satisfactory level of health or development. The number of CIN reduced in 2014-15 by 5% to 1184.

There has been evidence of clear progress in compliance with CIN planning over the past year, including an increase in the number of children and young people who have a plan in place and are being visited regularly. Although timescales for completion of assessments have improved in 2014-15, it continues to be a priority to improve the timeliness and quality of CIN assessments and plans and to make these more SMART and outcome focussed. There has been an increase in the number of plans open over 15 months but this is exacerbated by a number of large families; 17 individuals come from only 3 families. Plans are closely and regularly monitored to address drift and delay, but this needs to be challenged further.

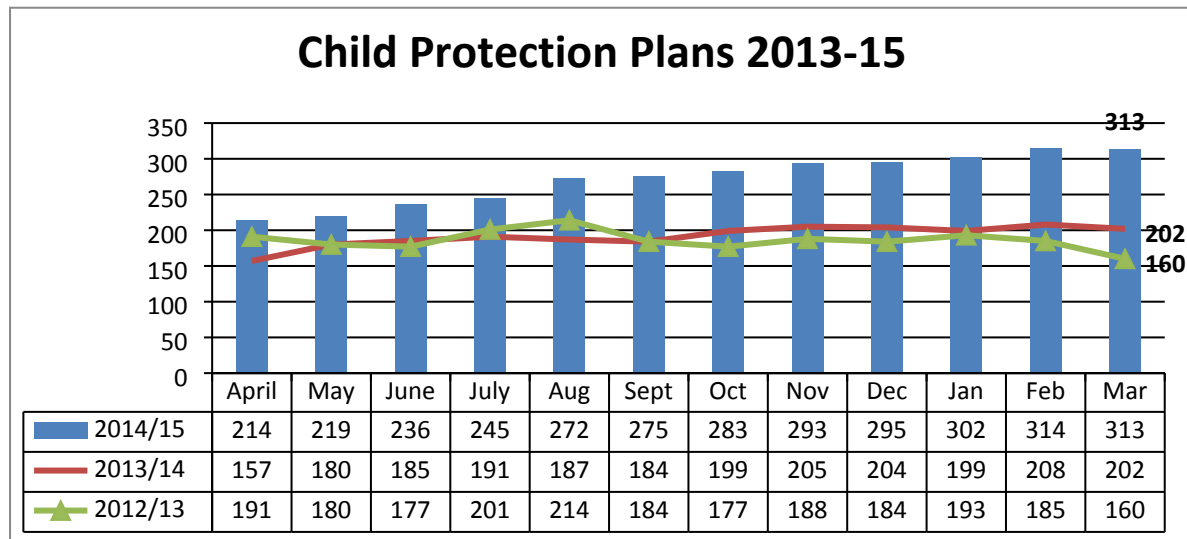
Project Crewe is the result of a successful Innovation Bid to the Department of Education (DfE). This service aims to achieve positive sustainable outcomes for families with children aged 0 to 19-years-old who are identified as Children in Need. A holistic, whole family approach is provided, based on improving outcomes for the child and developing strong relationships through a solution-focused approach. Catch22 delivers this service in partnership with Cheshire East Council and CESCOB will continue to monitor and challenge the impact of this service on vulnerable children.

## Children with a Child Protection Plan

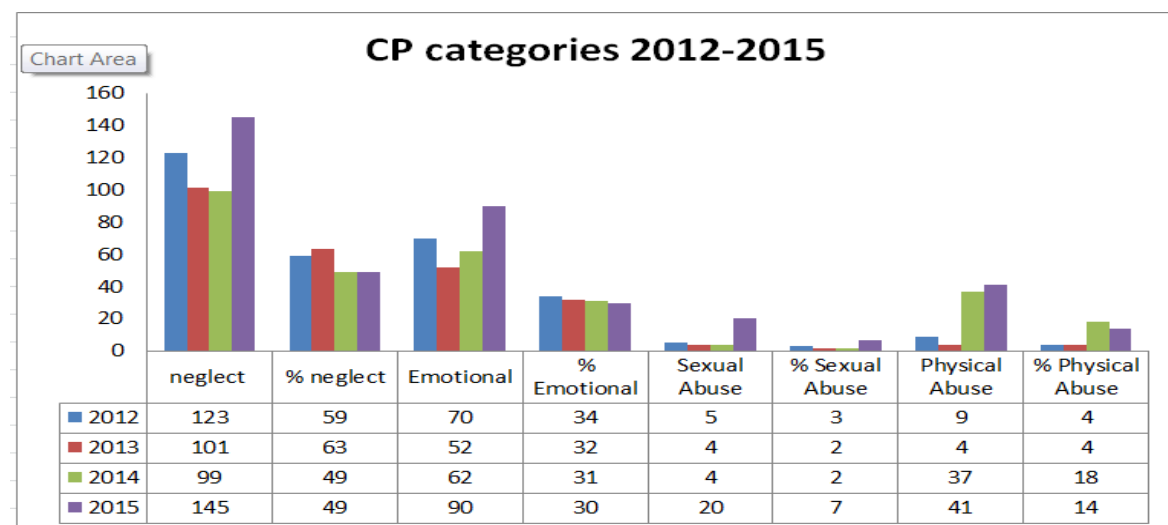
The number of children subject to a Child Protection Plan in Cheshire East has increased significantly (approximately 55%) from 202 in 2013-14 to 313 by March 2015. Over a 3 year period this has increased by 95%. This is in line with the

national trend which has seen increased number of children subject to child protection plans. There is no evidence to suggest that the threshold for children becoming subject to a plan in Cheshire East has changed, and no evidence to suggest that children are inappropriately the subject of a plan.

There remains a particular issue with children remaining on plans for 15 months and over; this stands at 31 at March 2015. This can be attributed to a small number of larger families – 17 children in 3 families - work is continuing to address this.



Over the past 12-18 months there has been robust challenge over the most appropriate category of abuse. The table below sets out the number and percentage of children subject to abuse over the past 3 years (excludes those following the CP process who have been made subject to a CSE plan). Neglect continues to be the main area of abuse and the LSCB's Neglect Strategy, launched in 2014-15, is intended to improve the identification and response to these cases. The impact of the neglect strategy is not yet evident and this continues to be a priority for the Board in 2015-16.



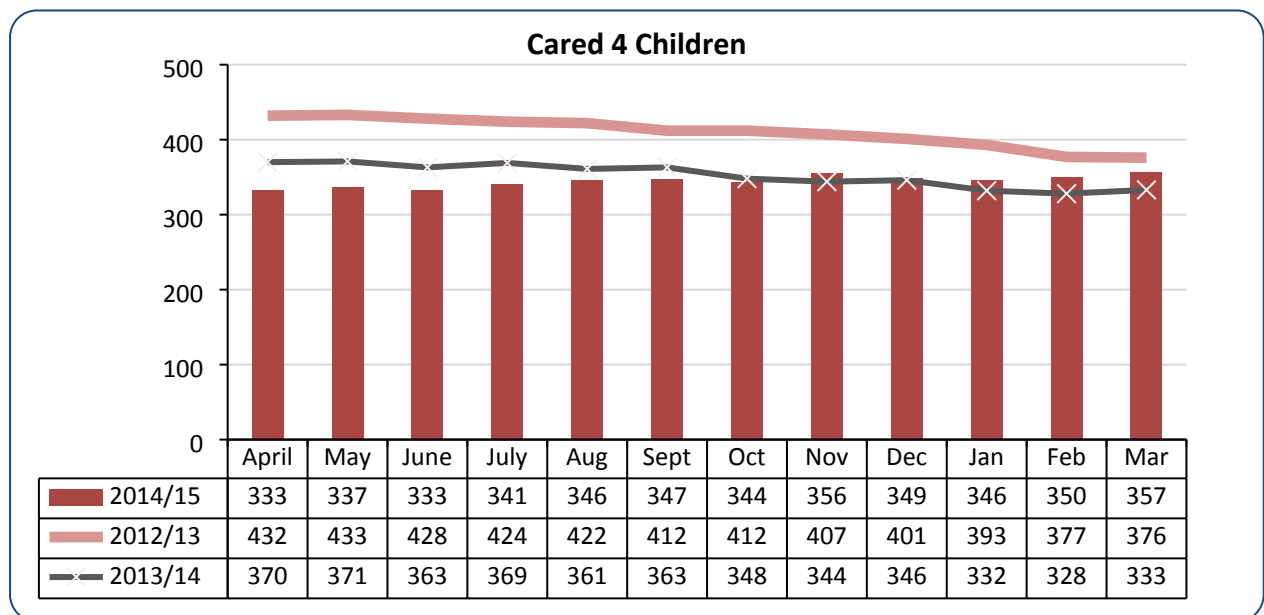


## Cared for Children

Cared for Children are those that are looked after by the local authority either voluntary or through a statutory order. Cheshire East had 357 Cared for Children at the year end, this is a slight rise from 2013-14 but otherwise there has been a downward trend in the previous years. There were a total of 151 children received into care during the year which is a slight rise of 5. The average age of care for children on entry to care is 8 years old, this is lower than the previous year which was 9 years old. The LSCB will increase its scrutiny and challenge around cared for children in 2015-16 to ensure that these children and young people have the best possible opportunities.

"Voice of children and young people is strong and a good range of processes and policies are in place to embed the young people's voice across the partnership"

*Cared for Children and Care Leavers  
Peer Challenge May 2015*

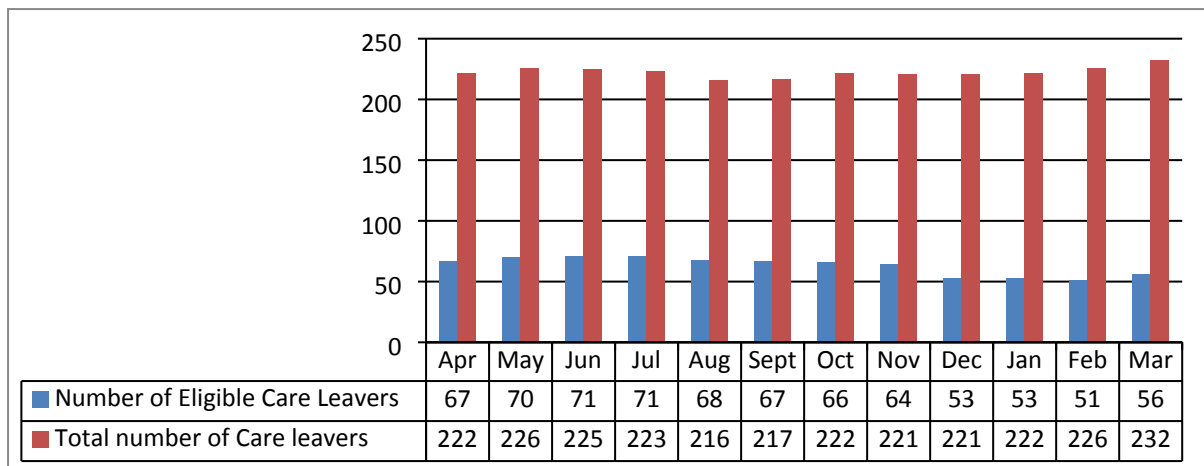


## Care Leavers

As at March 2015, there were 232 care leavers in Cheshire East. This has remained comparatively static over the year. The number of children eligible to leave care each month has risen from the previous year. Almost all young people in care remain looked after until they are 18 years of age.

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

*Cared for Children and Care Leavers Peer Challenge May 2015*



There are some positive outcomes for care leavers - they have access to a wide range of helpful advice and support for their health needs, live in a wide range of accommodation, the vast majority of which is suitable to their needs and the percentage of care leavers in education employment and training while requiring improvement, is higher than in comparable local authorities. However, care leavers in Cheshire East do not yet receive a consistently good service and the LSCB has plans to increase its scrutiny and challenge around cared leavers in 2015-16, in particular around access to health services and suitable accommodation.

## Child Sexual Exploitation (CSE)

There has been a national and local focus on how we improve our recognition and response to CSE. This is made particularly complex because the victims themselves often do not view themselves as at risk until they are already being abused. One of the over-riding criticisms of all agencies has been that they lost sight of the child as a

"All strategy meetings for children at risk of CSE that were seen as part of this inspection were effective multi-agency forums in which full discussion of risks and needs were discussed and shared"

*Ofsted Progress Inspection Report  
December 2014*

child and 'normalised' their behaviours. It is critical that when we think of the risks for our children in Cheshire East, that we think about their behaviours in respect of the impact on them experiencing harm, not on their decision making capability.

In 2014-15, there were 15 children made subject of a CSE child protection plan, most of whom were girls (87%) – this is

close to last year's figure. However this does not include those discussed at the CSE Operational group or those children where the CSE was a symptom of parental neglect. The range of responses through the CSE continuum reflects a more sophisticated approach to identifying and working with children where CSE is a risk. The small number of boys identified is an issue that will require increased focus in 2015-15.

During the year there were also 16 young people whose names were removed from CSE plans. The average length of time a young person stays on a CSE plan is 9 months, with a range from 2 months to 1 year 7 months.

In Cheshire in 2014-15:

- 15 young people were been made subject of a multi-agency CSE child protection plan to manage and reduce risk
- A majority, 13 ( 87%). were girls
- The youngest has been 13 years old and the oldest 17 with one young person transitioning into adult services as they became 18 with a plan that followed them to ensure the risk continued to be managed.

This year there were 16 young people who were removed from a plan as the risk was considered to be managed and reduced. The most striking pattern has been with the young people at risk of CSE who are also frequently missing, there were a number who were in semi-independent living who were having an impact on each other and increasing risk.



The models of exploitation identified across the continuum show there has been an equal split between online models of grooming and relationship models. Other cases showed multiple risk factors relating to associates and online activity. An increasing number of cases are also requiring some parent/carer support, particularly around online safety. It is imperative that frontline workers are able to understand the various social media sites used by young people in order to fully assess the risk to them, if they lack understanding it is likely that they will miss potential signs and not ask the appropriate questions, nor feel confident about advising and supporting the young person.

There were 3 (20%) young people this year who were made subject to a CSE plan for a second or subsequent time, they were all female, cared for children and aged 16/17 years. For one young person the time between plans was 15 months and their vulnerability was triggered again when they moved into semi-independent living and was targeted. The other two young people were placed on a plan again after less than 7 months. Whilst it is important that professionals are not over-optimistic about change and risk reduction before there is evidence that this is sustained, it is positive that increases in risk were quickly identified and a CSE child protection plan re-established.

The LSCB's CSE Operational group is multi-agency and considers all children for whom there are concerns in respect of CSE who fall below the threshold for a CSE child protection plan. The group also considers persons of interest and potential locations that present a CSE risk. The CSE screening tool informs referral into the group and the completing professional is invited to attend the multi-agency forum to share information and agree a plan of intervention that will safeguard, manage and minimise the risk, promote welfare and prevent future harm. During 2014-15 the group held 11 meetings, and considered 72 referrals; 44 of which were concerning young people at risk, and 28 concerning potential perpetrators or persons of interest. Referrals were received from the Police, Cheshire East Council (ChECS, Social Workers, Family Support Workers, Youth Engagement Service), schools, commissioned services, and Sexual Health Workers.

Ten locations where children and young people are thought to be particularly at risk were identified. 7 of these were in Crewe. Forty four referrals for young people at risk of CSE were considered by the group of which 31 were flagged as at risk of CSE and for continued monitoring by the group (70%). This indicates that practitioners generally have a good understanding of CSE and are recognising and responding to the indicators, supported by the CSE risk screening tool. The Group was only established in January 2014, so as this continues to embed we might expect the percentage of young people flagged to increase. Positively, 77% of those flagged have been closed to the Group as a result of the Group's satisfaction and reassurance that the young person is being protected by the plans in place.

"When young people are at risk of CSE, a range of well developed services are provided through CSE planning or CIN or child protection processes"

*Ofsted Progress Inspection Report  
December 2014*

In 43% of cases the action from the Group was to continue with the current support that was in place, which is positive. In 11% of cases were escalated as requiring consideration for a child protection plan as a result of parental neglect, which demonstrates that the Group is effectively safeguarding young people and ensuring the risks are responded to appropriately, and 11% were considered for a CSE child protection plan.

There were also a number of cases that the over-view identified some patterns and trends. This has been used to intervene in a preventative way as well as individual safeguarding plans. For example work done with a school with a whole year group on internet safety. Work has also been done with a local single sex schools addressing attitudes between young people, risks and consequences.

## Children Missing from Home/Care

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

During 2014-5, there were a total of 878 instances of children going missing, which is a slight increase (4.9%) on the 2013-14 total of 832. These instances were represented by 310 children, and of these children 199 (64%) went missing once, 44 (14%) went missing 5 times or more, and 3 (1%) went missing 20 or more times. Almost two thirds of those who went missing just once went from their family home. There were double the number of children aged 13+ who went from their family home compared to those 12 or under. This is a slight change in the age profile from 2013-14 where the highest number of incidents were from children aged 12-13 years. Also, whilst children who are reported missing from home tend to go missing only once, this may be masked by parents who fail to report their children missing even though they may not know where they are.

When the figures over the last three years are considered this demonstrates an increase year on year. This may be due to better reporting, recognition and tracking. Most significant over the last year has been the slight increase (25) in the numbers of children who go missing from home. There has also been an increase in the number who go missing from care, (17) - some of these children are placed by other authorities. The factors influencing this may be a better recognition and response, there are some high level repeat missing children living at home which was not the case last year, and possibly a higher level of reporting from families. There have also been some children identified through the CSE Operational Group who are going missing from home, but not reported as such by parents.

When the month by month data is considered there has been a peak in the numbers of children who go missing from their home for the months of May, July and September. It may be appropriate for the LSCB to consider if resources need to be targeted approaching these times to prevent children and young people going missing and keeping safe. One of the factors in Cheshire East (along with many others) that young people give for going missing is boredom. It may be appropriate for example to consider how youth services are engaged with young people prior to these periods, and how schools are identifying children at risk. For children in care there has been no obvious pattern for the periods they go missing, this has been greater than the last two years but constant over the year.

It remains the case that slightly more males go missing than females, although the number of repeats is higher for females. In Cheshire East our top 4 young people for repeat missings are all girls, who have also been girls at risk of CSE, including one transgender girl. The number of males that have gone missing is 169 – accounting



for a total of 442 episodes (409 last year). The number of females that have gone missing is 151 – resulting in a total of 432 episodes (423 last year), so there has been little variation from last year.

Broken down by age, nearly three quarters of the instances in the pre-teen age range were due to boys (65 v 24), but in the 13 + years age group, just under half the instances were due to boys.

In terms of repeat missing episodes, there are 6 individuals, 2 who have gone missing from home and 4 from Cheshire East Care who account for 174 of the episodes (19.8%). This year, cohorts of our children from care who repeatedly go missing have done this in association with other cared for children or care leavers, this is also the impact of the risks in respect of CSE. There have been additional risks identified this year from the use of legal highs amongst this group.

Many of our children who go missing from care repeatedly also have repeat absence. These instances are reflected in the monthly tracker and are used to heighten the risk profile developed for the young person and inform the intervention. Of our 25 children who went missing 10 or more times, there were 13 girls and 12 boys. All were aged 12 or more. The girls were on average slightly older than the boys. There were 3 children who went missing over 30 times, they were aged 16 to 17 years old, one was in a care home and the other two were in semi-independent living. The risks and level of support to these young people were raised directly with the Head of Service. As a result the provision and support to the young people in semi-independent living (both of whom were also at risk of CSE) were reviewed. The instances have reduced but the risks are not yet eradicated as this will take time.

Where children are missing 5 times (in 90 days) or more they are automatically tracked and the data shared to review the plan for the child. If a child goes missing



10+ times ( over 90 days), a multi-agency meeting (stage two) is called, chaired by an Independent Review Officer, to look at the issues for the child and agree multi-agency plans and interventions to manage and reduce the risks.

Over the year there were 17 Level 2 strategy meetings recorded which involved children both living at home and cared for. Some children who were missing on a large number of occasions had more than one level two meeting. This is an increase on last year (14), but is probably more reflective of a more robust tracking system for our children.

## Children exposed to Domestic Abuse

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



Strategy and delivery of responses to domestic abuse and sexual violence are the responsibility of Cheshire East Domestic Abuse Partnership which is chaired by the Local Authority Principal Manager for Safeguarding Children.

Multi-agency Risk Assessment Conferences (MARAC) continue to provide an effective process for information sharing and action planning in high risk cases. The number of cases has risen by some 30% in the last year to 531 adults with 702 children which brings us closer to our estimated in need population of 600+. This is almost entirely accounted for by an increase in police and Acute Trust referrals and reflects investment in the promotion of service offer to victims identified by these agencies. Some 50% of MARAC referrals originate with the police and there is a wide range of other agency referrals showing strong partnership commitment to risk assessment and referral. There were increased referrals across all equalities strands other than disability with a doubling of BME referrals.

In 2014-15 Cheshire East Domestic Abuse Hub (CEDAH) was established and is now functioning 24/7 as a single point of information, advice, referral, assessment and allocation for all those involved in domestic abuse cases including families and those who care about them. CEDAH is co-located with ChECS and the developing front door in order to ensure families get a timely, apt and co-ordinated service.

In addition to increasing the safety of parents CEDAP provides resilience and therapeutic programmes for children and young people exposed to domestic abuse with a new programme on child to parent violence in preparation.

The LSCB has planned an audit of children living in domestic abuse households in 2015-16 and will use the findings of this audit to steer the work of the Board next year.

CEDAP also provides or contributes to three of the LSCB's multi-agency training courses and is working with the LSCB on improving confidence and skills in addressing perpetrator behaviour as well as the introduction of a parallel course on sexual violence to be delivered by the newly appointed sub regional service provider. This new service procured in 2014-15 and includes an enhanced offer to all children and young people affected by sexual assault and abuse.

### Children living in homes with substance misuse

There are multiple and cumulative adverse consequences of parental substance misuse for children's development. As at March 2015, there were 348 known children and young people living with parents with drug and/or alcohol issues.





An LSCB multi-agency audit of children living in substance misusing households carried out in 2014-15 identified a number of areas for improvement. Significantly, it found that sometimes there were delays in recognising the extent of the concerns, and in particular the fragility of babies and young children and their daily lived experience. In some cases those manipulative parents who disguise compliance took time to identify. This risk featured amongst those parents who binge drink. When parents are misusing substances there is a need to access and share all available information quickly in order to recognise the potential risk to the children. Also, the extent to which adult and children's services worked effectively together to assess risks and to support and challenge substance misusing parents and carers was variable. An action plan is in place to improve practice in this area.

## Female Genital Mutilation (FGM)

It is illegal in the UK to subject a child to FGM or to take a child abroad to undergo FGM. Working Together 2015 states that each LSCB should agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered. This should include services for children who have been or may be sexually exploited, children who have undergone or may undergo FGM and children who have been or may be radicalised. Policies and procedures are in place and work has taken place to raise awareness of FGM with practitioners through the LSCB website and workshops. However, this needs to be better coordinated and will be a priority area for 2015-16.

## Honour Based Abuse/Forced Marriage

In 2014-15 the focus of the LSCB has been to raise awareness around honour based abuse/forced marriage; however, this will be an area for greater focus in 2015-16.

## Children at risk of radicalisation/extremism

Recent high profile cases nationally have highlighted the risks to children and young people from radicalisation and extremism. The 'grooming' process used by extremist groups is similar to that used in other forms of child abuse and exploits the same vulnerabilities. The LSCB has a key role to play in ensuring that children and young people are effectively safeguarded against this form of exploitation. In 2014-15, the LSCB has raised awareness with key stakeholders and has reviewed its policies and procedures and website content in relation to this area.

'Channel' is a cross-Cheshire initiative led by Cheshire Police through community safety. The Prevent Team have been working with colleagues from Cheshire East over the last few years in order to safeguard individuals at risk from being radicalised or being groomed into becoming involved in acts of violent extremism. These cases have been managed "case by case" and multi agency channel meetings have been held to address ongoing management and safeguarding concerns. In 2015-16 a

'Channel Panel' will be established to formalise the multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

## Review of Priorities for 2014-15

At a development session in June 2014 the LSCB and the Children and Young People's Trust set themselves an ambition to become the best partnership in the country for improving the lives of children and young people.



In 2014-15 three shared objectives were agreed across the LSCB, the Children and Young People's Trust and the Children's Improvement Board. These objectives and key priorities for the LSCB are set out below:

### **Frontline practice is consistently good, effective and outcome focused**

- Develop the next stage of a multi-agency 'front door' model.
- Improve the combined response to specific safeguarding areas such as Child Sexual Exploitation, Missing from Home and Care etc.
- Develop a new neglect strategy, practitioner training and tools.
- Improve communication and prompt information sharing and engage better with frontline practitioners to drive up quality of practice
- Develop a strengthening families model for child protection conferences
- Look at innovative ways to deliver services

### **Listening to and acting on the voice of children and young people**

- Put in place a better model for engaging young people in safeguarding
- Gather and collate the voice of children and young people from across all CEC agencies to inform practice and service development.

*The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East*

- Increase partnership ownership of CESCIB business and improvements.
- Embed robust and rigorous quality assurance activity and the learning and improvement framework.

## Summary of Improvements against our Priorities

### Development of the next stage of a multi-agency 'front door'

Developments around the development of a multi-agency front door have been ongoing in 2014-15. A range of partner agencies are already based within and working alongside Cheshire East Consultation Service (ChECS) and developments in 2014-15 have further integrated working to give a more holistic approach and better multi-agency ownership of risk. The multi-agency team has moved to Sandbach House and ICT connectivity is now set up for any agency who wants to come in and work with the team. ChECS now incorporates the CSE Team, Domestic Violence Hub, Police, Missing From Home Team and Family Information Service as part of the Integrated Team based in the building. Safeguarding Health will be based with ChECS from July 2015, including an ECT safeguarding specialist nurse and a Child Sexual Exploitation nurse. Safeguarding Education are in the process of being contacted to establish staffing in ChECS. An initial Integrated Team Meeting has been held and Joint Operational Procedures are being written and further joint processes established.

### Improve the combined response to specific safeguarding areas such as Child Sexual Exploitation (CSE), Missing from Home and Care

A significant amount of work has been undertaken around CSE in 2014-15, both as part of the pan-Cheshire arrangements and within Cheshire East itself. At a Strategic level the LSCB has:

- Written and implemented a new Pan-Cheshire protocol for our children and young people who go missing from home or care (MFH/C)
- Written a new Pan-Cheshire strategy for Child Sexual Exploitation
- Held a CSE summit with the Police and Crime Commissioner, political Leaders and Chief Executives across the Pan-Cheshire footprint following the publication of the Jay report
- Written and implemented a CSE communication strategy to raise awareness, including the development of a web site, Know and See, targeted awareness raising in schools, health providers, carers for our children who are looked after, the public, taxi's, hotels and the late night economy. This work has been shortlisted for a national award communications award.

- Undergone the first part of a review by the Council's Scrutiny and Oversight Committee
- Participated in National CSE awareness day

In response to their comments and feedback, with children and young people the LSCB has:

- Worked with them to appoint the new commission for children and young people MFH/C and at risk of CSE
- Held a young people led safeguarding conference at which young people told professionals what they needed to know from their perspective in order to respond effectively to CSE and trafficking
- Co-produced leaflets about our CSE Opps group for young people and their parents with young people who are survivors of CSE in Cheshire East.
- Supported young people in their school and college to work with other young people in their year group to have awareness and know how to respond to the risks from CSE and how to look after your friends.
- Commissioned our young advisors to tell us the best way we can engage with our children and young people at all ages on the risks associated with MFH/C and CSE
- Worked with a group of young people to devise the right questions on CSE for a safeguarding questionnaire that has gone out to schools
- Run a workshop with children and young people and their key support staff in respect of CSE to shape a model for safeguarding groups to give children a voice in their schools on safeguarding issues important to them
- Worked with young people to review our safeguarding training so that professionals receive the right messages to influence and improve their practice in a way that engages young people better
- Worked with our young people to develop a model that is appropriate for establishing and supporting peer mentors for young people at risk of CSE

At a multi-agency operational level in response to locally defined need for support we have:

- Established a CSE Operational group to share information, plan intervention to manage and reduce risk and track children at risk, persons of interest and locations
- Embedded our Child protection CSE plan process to safeguard those children most at risk on a multi-agency basis involving the young people in the planning to safeguard them
- Reviewed, revised and implemented our CSE screening tool
- Agreed an integrated and secured the resource for a multi- agency MFH/C and CSE team



- Established a multi-agency CSE Champions group with four work streams to influence and support best practice on the front line

At a cross service level in response to recognised gaps, we have:

- Developed, agreed and implemented a protocol and pathway into adult services for our young people who remain at risk to ensure continuity to safeguard them as they transition into adulthood.
- Cheshire East has written a regional cross boundary protocol and alert template to ensure the risk for our children who are MFH/C and/or at risk of CSE, are understood and responded to when they cross Local Authority and Police boundaries
- Established a programme to raise awareness with our community, faith and voluntary sector so they feel confident they can prevent, and respond to the risks of MFH/C and CSE
- Worked with schools to develop a process for them to identify those children who may be at risk because they go missing during the school day
- Started to develop a monthly tracker report for our children who are placed outside of the Cheshire East boundary and go missing
- Ensured that the long term therapeutic services for survivors of CSE are commissioned and their quality over-seen
- In line with regional developments we have introduced a local standard for private providers in relation to their practice in respect of CSE and MFH/C which is tested on visits.



In response to our front line practitioners to we have:

- Had an LSCB focus on CSE with a 'spotlight' e-bulletin, linked to resources
- Provided LSCB basic, targeted and bespoke training on MFH/C and CSE
- Provided tools and support to intervene effectively with children at risk of CSE, including using the Bichard checklist and the National Working Group to qualify risk and evidence reduction following interventions
- Improved our monthly tracking of children who are repeatedly missing and absent so that safety management, reduction and planning can be responsive and effective
- Introduced the outcomes star to evaluate the impact of intervention on children on young people's outcomes
- Audited the quality of the completed screening tools and made changes to it to improve on this
- Made greater use of child abduction warning notices
- Adoption of the S.A.F.E.G.U.A.R.D. mnemonic to assist practitioners recognition and response

### Develop a new neglect strategy, practitioner training and tools

Cheshire East's multi-agency neglect strategy was launched in January 2015, as part of the launch of the Children and Young People's Plan. The strategy, developed by a multi-agency task and finish group and informed by practitioners, sets out to achieve the following priorities:

Priority 1 – Strategic commitment across all agencies

Priority 2 – Improve awareness, understanding and recognition of neglect

Priority 3 – Prevent neglect through early help

Priority 4 - Improve effectiveness of interventions to tackle neglect

Implementation of the neglect strategy is a proposed priority for 2015-16, but work has already progressed in 2014-15, including:

- Neglect Champions have been identified for each Agency
- A new screening tools launched in December 2014
- Standardised use of the Graded Care Profile has been promoted
- The neglect campaign was launched through leaflets and posters for practitioners <http://www.cheshireeastlscb.org.uk/pdf/neglect-poster.pdf>
- A multi-agency audit of neglect to check progress has been planned for 2015-16.
- A new training programme was developed and ran the first session from January 2015
- Train the trainers programme was started with a roll out with Neglect Champions

- Better information on neglect is now available on the LSCB website
- Policies and procedures pages were updated with support tools and information for practitioners
- Spotlight on neglect included in LSCB frontline newsletter in December 2014 and E-business to Board Members.
- Regular tweets around neglect related information from LSCB twitter account

### Improve communication and prompt information sharing and engage better with frontline practitioners to drive up quality of practice

Significant work has started in 2014-15 to engage directly with frontline staff, including:

- The set up of a Safeguarding Children Operational Group (SCOG, a frontline managers group working as a subgroup to the LSCB and with direct link to the Board and Exec via Chairs Report
- SCOG has started to develop multi-agency standards for frontline that will be launched in 2015-16
- Introduced six monthly Member visits to the frontline of member agencies – reports are returned and themes collated for the Board
- Improved website with more and relevant information for practitioners
- Better use of social media, including LSCB twitter and facebook
- Developed information sharing protocol across children and adult safeguarding to be launched in 2015-16
- A new staff newsletter
- Improved Pan-Cheshire procedures website launched, with improved accessibility and compliance with statutory guidance etc.
- Improved LSCB website, informed by children and young people
- Audit process includes frontline staff workshops as key part of learning and improvement process
- Themed working lunches for frontline staff
- Developed 5 key messages for partners that have been disseminated across all agencies

### Develop a 'strengthening families' model for child protection conferences

Work started in 2014-15 on developing a strengthening families model approach to child protection conferences. This is being managed on a project management basis, led by a steering group that reports to the Board and Executive Group, with 3 workstreams; systems and processes, training and communication and engagement. Work is underway on all three areas with implementation planned in 2015-16.



### Look at innovative ways to deliver services

New ways of working to reduce demand on Social Care to manage caseloads and the quality of practice of Social Workers has been supported by the approval of an innovation bid by the DfE in January. Catch 22 will be coordinating the new service, Project Crewe, in liaison with Children's Social Care and this will be fully implemented in 2015-16.

### Put in place a better model for engaging young people in safeguarding

At the LSCB's development session in June 2014, the board made a number of 'declarations of intent'. One of these included the commitment to increase the engagement with children and young people at all stages of the Board's business. Initial discussions took place with young people that led to an LSCB 'takeover' by young people at the November Board to celebrate November Children's Rights Month. This Board culminated in a session facilitated by young people around proposals to include young people. A number of changes have been made to the business processes of the Board following the 'takeover' Board including:



- 'Voice for Children', two care leavers who have started their own business, joined the board to be a conduit to young people and report on participation with young people
- Developing a participation action plan based on what young people told us they wanted at the LSCB takeover meeting.
- The 'Have you heard conference' – a conference co-produced and co-delivered by young people
- Young people have given feedback on the LSCB website and their views have helped to shape the new website.
- Young people have been involved in service specific work, including input the work set out above around CSE and safeguarding

In 2015-16, the Board will:

- Carry out an annual safeguarding survey of children and young people
- Establish a Challenge and Evidence Panel of children and young people
- Engage children and young people in co-producing information and support relevant to them
- Committed to another fully funded young person led conference in 2015-16

- Ensure that the LSCB celebrates children's rights and participation and the contribution of children and young people to safeguarding
- Ensure the voice of children and young people is central to the LSCB's training programme

### Gather and collate the voice of children and young people from across all CEC agencies to inform practice and service development.

As well as carrying out work on behalf of the Board with Children and young people, the board has held single agencies to account for their work, including:

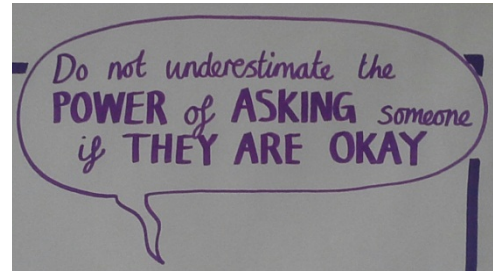
- The voice of children and young people is a key focus of all multi-agency audits
- The audit process includes conversations with children and young people and their parents/carers, where possible and is a key piece of information in forming judgements and next steps.
- All single agency reports have been asked to outline how they capture the voice of the child
- Frontline visits cover how the voice of the child is captured
- Chair's reports to the Executive Group include reference to how the subgroups work has been influenced by the voice of children and young people.
- The LSCB is a member of Cheshire East's participation network that brings together Cheshire East professionals working to improve participation with children and young people
- Many single agencies took place in November Children's Rights Month to champion the rights of children and young people. On behalf of the Board,

[There has been] "Significant progress in promoting a culture of children and young people's participation and involvement at a strategic level has influenced decision making, and this is a strength. "

*Ofsted Progress Inspection Report*



members took place in a number of activities including a charity parachute jump, a rough sleep and took part in the record breaking hand up for children's rights challenge.



### Increase partnership ownership of CESCIB business and improvements

Early in 2014-15, the Board took part in a development session to look at how it wanted to focus its business during the year. This culminated in a 'declaration of intent' setting out some commitments from the Board to change. Work to address this in 2014-15 includes:

- Increased participation of children and young people in Board business.
- Reduction in the content and format of Board meetings to facilitate solution focussed discussions.
- Introduction of new ways to communicate and brief on awareness raising issues, including e-governance solutions – E-business is now a regular way to exchange information between board meetings.
- The membership and focus of the Board, Executive and sub-groups has been restructured to give a better focus and ownership from board members – all subgroups are chaired by different agencies.
- Agendas, papers and minutes have been simplified to focus on purpose, outcomes and actions required.
- All meetings now note attendance and are accompanied by an action log to ensure that all actions are tracked and monitored.
- Introduction of subgroup Chairs reports to provide a direct link between the work of the subgroups and the Board and to highlight issues, risks and progress.
- Improving the connections between the Board and frontline practitioners
- Celebrating success when things go well.
- Embracing innovative ways of working.
- Ensuring that the Board has full knowledge and management of its risk through the introduction of a risk register
- Ensuring strategic links with other partnerships, including the
- Development of a challenge log to log challenges from the Independent Chair
- Work on the escalation processes to encourage practitioners to challenge poor practice
- The development and reinforcement of 5 key partner challenges – messages from audits and external challenges about where agencies need to change.

## Embed robust and rigorous quality assurance activity and the learning and improvement framework

Significant work has taken place in 2014-15 to increase the quantity, quality and effectiveness of the board's quality assurance activity. Quality assurance activity this year has included:

- The LSCB's multi-agency thematic audit programme, carried out by an independent Auditor. Four thematic audits were completed in this year including child in need plans, children who were living with parents with substance misuse, CSE and cases stepped down. Findings from these were triangulated through engagement with children, young people and their families, multi-agency practitioner workshops and telephone conversations with strategic leads for relevant agencies.
- Section 11 audits – all key agencies completed these in 2014-15 and are reporting back on progress against actions in single agency reports.
- Sector-specific Challenge Sessions were held for Health, Public Health, Police and Schools between May and July 2014. The panel included the Chair of the LSCB, Chair of the LSCB and CEC Head of Safeguarding, a sector expert, and two young people. Progress against actions arising is reported in single agency reports.
- Single agency reports - each agency represented on the Board has been asked to evidence the impact of their internal safeguarding quality assurance activity.
- A new Quality and outcomes subgroup has been established under the new Board structure.
- The Board has received quarterly performance monitoring of key multi-agency measures, as well as deep dive report on single issues, eg quarterly reports around ChECS quarterly, youth detention, partnership practice alerts etc.
- The Board has scrutinised and challenged a number of annual reports including LADO, private fostering, Training, MARAC etc.
- A revised Learning and Improvement framework was approved by the Board in 2014-15.
- The Board commissioned an independent thematic review of teenage suicides in 2013-14. This report made a number of recommendations, which are being monitored by the Audit and Case Review subgroup.



## Progress against our 'Declaration of Intent'

As part of its ambition to become the best partnership in the Country, the LSCB agreed a number of changes to the way in which it would operate, which became our 'declaration of intent'. The following sets out progress against the key changes agreed by the partnership.

### Increase participation of children and young people in Board business

- 'Voice for Children', two care leavers who have started their own business, joined the board to be a conduit to young people and report on participation with young people
- A participation action plan based on what young people told us they wanted at the LSCB takeover meeting has been developed.
- The 'Have you Heard' conference co-produced and co-delivered by young people took place in July 2014
- Young people have given feedback on the LSCB website and their views have helped to shape the new website.
- Young people have been involved in service specific work, including input the work set out above around CSE and safeguarding

### Commit to become a Cheshire East Partnership Leader

- Increased commitment of Members in Board governance
- Increased partner presence at Executive Group
- Subgroups led by different partner agencies to increase ownership
- Partners leading on key areas of the business plan
- All Boards, Exec and Subgroup meetings now track attendance and individual agencies are challenged by the Chair for repeated non-attendance
- Challenge log collates challenges from the chair to single agencies
- The development and reinforcement of 5 key partner challenges – messages from audits and external challenges about where agencies need to change.

### Reduce the content and format of Board meetings to facilitate solution focussed discussions

- All board meeting now organised in cabaret style set up to improve interaction between Members
- All Board meetings have time to reflect and discuss issues in smaller groups
- Significantly reduced agendas to allow greater time for discussion around key issues
- Introduction of Chair's report to round up key areas of business



- A new section on the Board agenda for significant items for information and discussion if requested by a Board Member. This allows members to be sighted on key documents that may not need detailed discussion.

### Improve the decision making focus of the Board through finding new ways to communicate and brief on awareness raising issues, including e-governance solutions.

- All emails to the Board are now sent from the LSCB inbox
- E-business introduced in July 2014
- There are no adhoc emails sent on behalf of LSCB
- A number of E-business 'spotlight' and 'newsflash' editions to highlight key issues
- Summary round up of e-business is included on the agenda at each Board to ensure linkages with Board activity and to follow up/challenge actions
- Introduced Subgroup Chair's Reports that are completed following every subgroup and presented to the Exec to provide a direct link between the work of the subgroups and the Board and to highlight issues, risks and progress.
- New LSCB website with improved information and latest news
- Daily use of LSCB Twitter to share info (live feed on LSCB website home page)

### Increase reflection and challenge within the Board, including the nomination of an Observer and Critical Friend for each meeting.

- All board meeting now organised in caberet style set up to improve interaction between Members
- All Board meetings have time to reflect and discuss issues in smaller groups.
- New quality assurance framework allows greater challenge, eg through frontline visits, single agency reports etc

### Review governance arrangements to improve the membership and focus of the Board, Executive and sub-groups

- New subgroup structure developed and launched
- All Member agencies are part of subgroups
- Subgroup chairs form Executive Group
- New Quality and Outcomes group gives greater focus and challenge around performance
- Ensuring that the Board has full knowledge and management of its risk through the introduction of a risk register

### Simplify agendas, papers and minutes to focus on purpose, outcomes and actions required.

- Standardised agenda, minute and action log template for all meetings
- Agendas, papers and minutes have been simplified to focus on purpose, outcomes and actions required.
- Introduced action logs for all meetings so that actions are comprehensively tracked and monitored.

### Improve the connections between the Board and frontline practitioners

- The set up of a Safeguarding Children Operational Group (SCOG, a frontline managers group working as a subgroup to the LSCB and with direct link to the Board and Exec via Chairs Report
- SCOG has started to develop multi-agency standards for frontline that will be launched in 2015-16
- Introduced six monthly Member visits to the frontline of member agencies – reports are returned and themes collated for the Board
- Improved website with more and relevant information for practitioners
- Better use of social media, including LSCB twitter and facebook
- Developed information sharing protocol across children and adult safeguarding to be launched in 2015-16
- A new staff newsletter
- Improved Pan-Cheshire procedures website launched, with improved accessibility and compliance with statutory guidance etc.
- Improved LSCB website, informed by children and young people
- Audit process includes frontline staff workshops as key part of learning and improvement process
- Themed working lunches for frontline staff
- Developed 5 key messages for partners that have been disseminated across all agencies

### Celebrate success when things go well

- Regular celebrations in newsletter and ebuletin
- Latest news on front page of LSCB website
- LSCB takeover
- Children's conference videos

### Embrace innovative ways of working

- The Board is continually looking at ways to put children and young people at heart of the business process
- Project Crewe, a successful innovation bid to the DfE was supported by the LSCB
- CESCIB is embracing the use of e-governance



## Performance, Scrutiny and Challenge

The LSCB has a comprehensive quality assurance framework. In 2014-15 this has provided the LSCB with a range of quantitative and qualitative information in relation to the effectiveness of safeguarding in Cheshire East.

### Performance Monitoring

The LSCB has a detailed performance scorecard that covers a range of partnership activity. This has been extended in 2014-15 to increase the range of reporting around partner agency measures and is prioritised for further development in 2015-16.

### Multi-agency Audits

The following 3 thematic multi-agency audits were carried out in 2014-15:

- Children in Need
- Step down
- Children living with parents substance misuse

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

### Sector specific challenges

Sector-specific Challenge Sessions will for Health, Public Health, Police and Schools were held in 2014-15. The panel included the Chair of the LSCB, Chair of the LSCB and CEC Head of Safeguarding, a sector expert, and two young people. These sessions challenged sectors to demonstrate that they have effective arrangements to protect children and young people and identified areas for development which informed the Improvement Plan for 2014. Actions from the challenges have been monitored via single agency reports.

### Frontline visits

Member frontline visits to partner agencies were introduced towards the end of 2014-15. The first tranche of agencies visited were:

- Children's Social Care
- Cheshire Police
- Cheshire East Youth Engagement Service
- The National Probation Service

- Cheshire and Greater Manchester CRC
- East Cheshire NHS Trust
- Styal Prison
- Mid Cheshire Hospital Foundation Trust
- NSPCC
- CAFCASS
- An additional visit was hosted by Cheshire Wirral Partnership in relation to CAMHS.

Each visit was underpinned by a questionnaire and the themes under these headings are set in the following.



### Evidencing the voice of the child

For those organisations that work directly with children, young people and families it was encouraging to see a commitment to actively seeking out ways to engage and listen to children and young people. Often this was done by questionnaires but there were focus groups and other events where children and young people were engaged. In some instances, the engagement also took the form of shaping and changing service provision. For example the NSPCC took feedback from their Fed Up programme which supports children of substance misusing parents. The programme was adapted to include more creative play for younger children.

### Understanding the agency role in safeguarding

All staff interviewed understood their agencies role in safeguarding. This was evident too when the client base was mainly adults. This is encouraging and notably is a change in practice to think about the wider family.

### Audit activity in the agency

Most organisations understood learning from audit was valuable. Some comments in relation to the LSCB multi-agency audits were positive and practitioners welcomed briefings on the findings from audit. Most practitioners were open to have their work audited and it was evident that most organisations had in place a programme of internal auditing. Often this was via a line manager and any issues taken to a supervision session and learning discussions held. A key issue to highlight is that practitioners could reflect on their use of thresholds through audits. This was helpful to staff involved in the multi-agency audits but also for those that were not as the learning is disseminated widely.

### Supervision

Supervision on the whole was held as per agency standards but frequency varied across the partnership. As practice varied across organisation in terms of how often staff should be supervised and what forms good supervision, the Safeguarding

Children Operational Group will be asked to look at whether there is value in setting some supervision standards that take into consideration the needs of different organisations.

### Challenge and escalation

Most practitioners felt that they could raise a challenge to practice constructively and cited a number of cases where this had been successful. More often issues were dealt with at a lower level. Staff tended to feel confident to challenge when cases were at child protection level but not lower down the continuum of need. There were examples of challenge when it was felt a case needed to be escalated to Social Care or when a case had felt to be stepped down to early. Whilst staff felt that the thresholds were consistently applied in most cases, there were examples of when this was not the case. Some practitioners highlighted that the minutes/notes of strategy minutes and child in need meetings were not disseminated in a timely way. This will be looked at in the development of the multi agency practice standards as this issue affects most practitioners.



### Learning from Serious Case Reviews (SCRs)

SCR learning was firmly embedded in organisations and the LSCB Bulletin was cited as a good source of information. Whilst there have been no SCR's in Cheshire East, the national SCR's were cited and learning was embedded in organisations. It was felt that the bulletin could be disseminated to a wider audience and the lines of communicating the bulletin should be looked at. Communication is a priority for the Board in 2015-16

### Understanding the role of The Board

Managers understood who their agency rep was on the Board, however some frontline workers did not. It is recommended that periodically members could be highlighted within the LSCB bulletin.

### Information for The Board

A key thread in many reports concerned the issue of training. It was felt that offer of multi agency training could be varied and held in different venues across Cheshire East.

### Forward planning

A number of organisations knew of developments such as Strengthening Families and SCOG and were looking forward to seeing how these impacted on working together in a positive way. There is a commitment from practitioners to working in a

more cohesive way and initiatives such as this as should help to further embed a culture of working together.

### Support in each agency

ChECS was singled out as a positive service. Many practitioners liked the idea of a consultation service where they could seek advice.

## Section 11 Audits

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to ensure they have arrangements in place to safeguard and promote the welfare of children. The Board carried out undertaken an effective Section 11 Audit in 2014 and the reach of this was extensive, involving the following:

- CAFCASS (corporate response)
- Eastern Cheshire CCG
- South Cheshire CCG
- Styal Prison
- Cheshire Police
- Cheshire and Greater Manchester Rehabilitation Company
- Local authority services:
  - Adult Services
  - Children's Social Care
  - Commissioned Services
  - Education Welfare Monitoring and Intervention
  - Education Psychology
  - Regulatory Services and Health
  - Family Services (CEFS)
  - Housing Services
  - Leisure and Cultural Services
  - Public Health
  - YOS/YES

The audit found that each of the service areas are broadly compliant with Section 11, however there are a very number of key areas where service areas self-reported that they were performing at or below 90% compliance. Partners were required to submit supporting evidence and the analysis of the audit led to agencies developing action plans which the board monitors to ensure progress.

## Challenge Log

During 2014-15 the LSCB has made a number of challenges to single agencies. These are collated in a challenge log that track and monitor the responses ensuring that issues are addressed.

## Ofsted Progress Inspection

During 2014-15, the local authority took part in Ofsted's Improvement Pilot. This involved an intense period of monitoring and support provided by HMI through monthly visits to assess the quality of practice through audit work with specifically selected cases and the presentation of quarterly reviews of progress to the Council and the Improvement Board. This culminated in a 'progress inspection' in November 2014. The purpose of the inspection was to establish whether or not satisfactory progress was being made against the local authority's improvement plan and to make the necessary recommendations about further action required. The inspection found that the local authority was making **satisfactory progress**. It identified some areas of improvement for the local authority and partners and these have been included in the 2015-16 Improvement Plan.

## Learning and Improvement

### LSCB Training

The LSCB in Cheshire East continues to develop, deliver and evaluate a robust needs led multi agency training package. 48 multi-agency courses ran between March 2014 and April 2015. Overall attendance figures are 87% which is an increase of 2% from last year's figures. The demand for the courses remains constant with no courses cancelled due to low numbers. This is consistent with last year and reflects well against our regional comparators.

CESCB has robust measures to collect impact on practice data. Returns for post course evaluation are 98% and show that more than 87% of participants report an increase in knowledge, confidence and skills by the end of the course. Returns for the post course survey issued between March 2014 and April 2015 (issued 3-6 months after delivery of the course) are above 60% which by research standards are excellent and have improved in comparison to last year's data which showed a 55% return. The survey responses demonstrate that overall more than 85% participants

[I have] "Used the training to deliver cyber bullying messages to children during anti-bullying week"

*Frontline Practitioner*

value the courses and engage with change when delivering services to children. 85% of respondents self-report that the training has positively changed or influenced practice.

## Independent Review into Suicide and Self-harm in Young People

In 2014-15 the Board took the decision to carry out an independent review into suicide and self-harm in young people after four young people under the age of 18 committed suicide in the previous year. The review also included the case of a young woman in her early twenties due to her history of involvement with relevant agencies for much of her life. The review was conducted by an independent and experienced author and was published in August 2014. The review considered relevant factors, compared prevalence to national data and determined patterns, themes, links to examine existing systems.

The methodology for the review comprised of information from the Child Death Overview Panel (CDOP), multi-agency meetings and a meeting with parents of two of the young people and finally a focus group of young people who had accessed mental health services. The review culminated in a report that was published on the LSCB website and a comprehensive action plan that is monitored and evaluated by the Audit and Review Case Group, with updates to the Board.

### Summary of Impact

Findings from audits, frontline visits, performance reports etc. have provided a significant amount of information in relation to areas of strength, as well as areas for improvement. One of the key sources of external validation was Ofsted's Progress Inspection in November 2014. Overall Ofsted found that the LSCB along with the Improvement Board and the council has targeted key areas for development and made progress against a significant number of actions identified in the improvement plan. However, some important areas for improvement remain a challenge, and whilst plans are in place this could threaten the pace of progress unless they are tackled effectively. In terms of positive impact, Ofsted reported:

- Cheshire East Consultation Service (ChECS) provides clear evidence of significant progress since the latest Ofsted inspection in 2013.
- The vast majority of child protection referrals are passed to the duty teams within 24 hours.
- The co-location of police lead officers for children and young people missing from home and Child Sexual Exploitation (CSE), as well as Catch 22 (the specialist commissioned service for missing from home and CSE within ChECS), is a positive decision and is promoting timely information sharing for those children identified as at risk of CSE.
- Thresholds for intervention are understood by partner agencies and referrals contain relevant information.

- Child protection enquiries, seen for the purpose of this inspection, including those where children and young people were seen to be at risk of CSE, were effective in ensuring appropriate assessment of risk.
- There is evidence of clear progress in compliance with child in need (CiN) planning since the last Ofsted inspection. In the cases seen in this inspection, almost all children who were subject to CiN planning had a plan in place and were being visited regularly, consistent with a specific requirement within the improvement plan.
- In all but one case, regular meetings were held to review the plan.
- Thresholds for 'stepping cases up' to CiN, child protection and Public Law Outline (PLO) were appropriately applied in most cases reflecting a significant improvement since the last inspection.
- When young people are at risk of CSE, a range of well-developed services are provided through CSE planning or CiN or child protection processes. A range of tools including the pan Cheshire checklist are used by social workers to support assessments of the level of risk to which young people are exposed.
- The chairs of the Improvement Board and the Local Children Safeguarding Board have had some success in holding the partnership to account and raising expectations about how agencies need to work together and share responsibility for the safety and wellbeing of vulnerable children.
- At a strategic level there is evidence of progress since the last inspection in developing a shared commitment to the improvement agenda across the partnership.
- Senior leaders in partner agencies have come some way in promoting a culture of challenge and shared responsibility for the provision of services for children but this is not yet consistently evident at the front line.
- The partnership has very much welcomed the improvements in management of the ChECS service, and this has provided a basis for improved working relationships from the first point of contact with children's social care.
- Good evidence of effective multi-agency work to promote a coordinated approach to protection children at risk of CSE was seen in cases considered by inspectors.
- There are strong practice and strategic linkages between agencies through the LSCB CSE operational group for those missing from home, care and those at risk of CSE.
- Significant progress in promoting a culture of children and young people's participation and involvement at a strategic level has influenced decision making, and this is a strength.
- Within the LSCB and the Children and Young People's Trust, children and young people are represented by the Youth council and 'Voice for children' (an independent children's rights business enterprise supported by the local authority and Children's Society and run by care leavers).
- Young people were on the panel of the LSCB sector-specific challenge sessions.



- Over 2,800 young people were consulted through 'Good Childhood' conversations and this was used to inform the development of the children and young people's plan.



## 2014-15 Annual Reports

The following Annual Reports on the LSCB's website have been considered by CESCIB to inform the priorities for the 2015-16 Business Plan:

- Missing from Home and Care and Child Sexual Exploitation (CSE) Report
- Cheshire East Domestic Abuse Partnership Report
- Local Authority Designated Officer (LADO) Report
- Private Fostering Annual Report
- LSCB Annual Training Report
- Child Death Overview Panel Annual Report

## Priorities for 2015-16

The improvements made in 2014-15 have enabled the Improvement Board to have the confidence to sign off all Ofsted recommendations and Improvement Notice actions in full. The 3 partnership objectives remain for 2015-16, ie:

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

These objectives are embedded in CESCIB's Business Plan, The Children and Young People's Plan and The Children's Improvement Plan. This will ensure that improvements to partnership working are aligned and made across all aspects of Children's services from commissioning to delivery, universal to specialist services.

Each partnership board will drive progress in their areas under these priorities. The partnership boards have identified what the priorities 'mean for them' in terms of protecting and improving outcomes for children and young people. How the partnership boards will achieve these outcomes will be outlined in the LSCB Business Plan, Children and Young People's Plan and Health and Wellbeing Strategy. The responsibilities and accountabilities of each Board in delivering these objectives are set out at Appendix 6.



## Key Priorities for 2015-16

As the LSCB moves into 2015-16 areas for improvement and development include:

### We will improve frontline multi-agency practice through:

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

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

- Closer working with our key partners on shared initiatives
- Reviewing the memorandum of understanding

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

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

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

- Mapping/agreeing what our population looks like and our current reach.
- Agree which voluntary and community groups should be targeted for their input, encouraging safeguarding champions in the community
- Organise a young person led seminar for key people within the sector to link in with November Children's Rights month

- Produce a calendar of events that celebrates diversity and encourage all voluntary sector organisations to inform us of their activities if they are leading on promotion of these events.
- Identify existing forums, where safeguarding should be an agenda item and use this as a mechanism for disseminating key messages from the LSCB to ensure safeguarding remains a priority.
- Develop a network for lay members across pan Cheshire to learn, network and disseminate good practice.
- Maximise LSCB profile through Council for Voluntary Service (CVS) newsletter

### We will improve the board's role and traction in relation to developing early help:

- Rebuild strong data about Early Help processes
- Reaffirm the commitment of partners to the concept of Early Help through organisationally supporting the activity and making it mainstream within the agency.
- Ensure support is available to frontline staff to enable them to be accountable for the Early Help work that they do, structuring the organisation to facilitate the work, where necessary.
- Improve the accountability of early help through adoption of the early help sub group as an LSCB sub group.

## 2015-16 Quality Assurance Framework

The LSCB will continue to implement its comprehensive quality assurance framework in 2015-16. This framework outlines how as a partnership we will assess improvement progress, quality of casework and provide external verification on the work of the Cheshire East Safeguarding Children Board. The framework for 2015-16 includes the following activities:

- Audits
- Sector-specific Challenge Sessions
- Scrutiny of Multi-agency Performance
- External validation
- Engagement with stakeholders
- Evaluating, planning and developing services





## Communication and Engagement

The 3 key objectives for engagement in 2015-16 are:

1. Children and young people participate in the work of the LSCB
2. Improve communication and prompt information sharing and engage better with frontline practitioners to drive up quality of practice.
3. Safeguarding has a high priority within the community and groups understand the work of the LSCB

A stakeholder analysis is attached at Appendix 7.

## Budget for 2015-16

An outline budget for CESC's work in 2014-15 is set out at Appendix 8.

## Risks and Issues

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

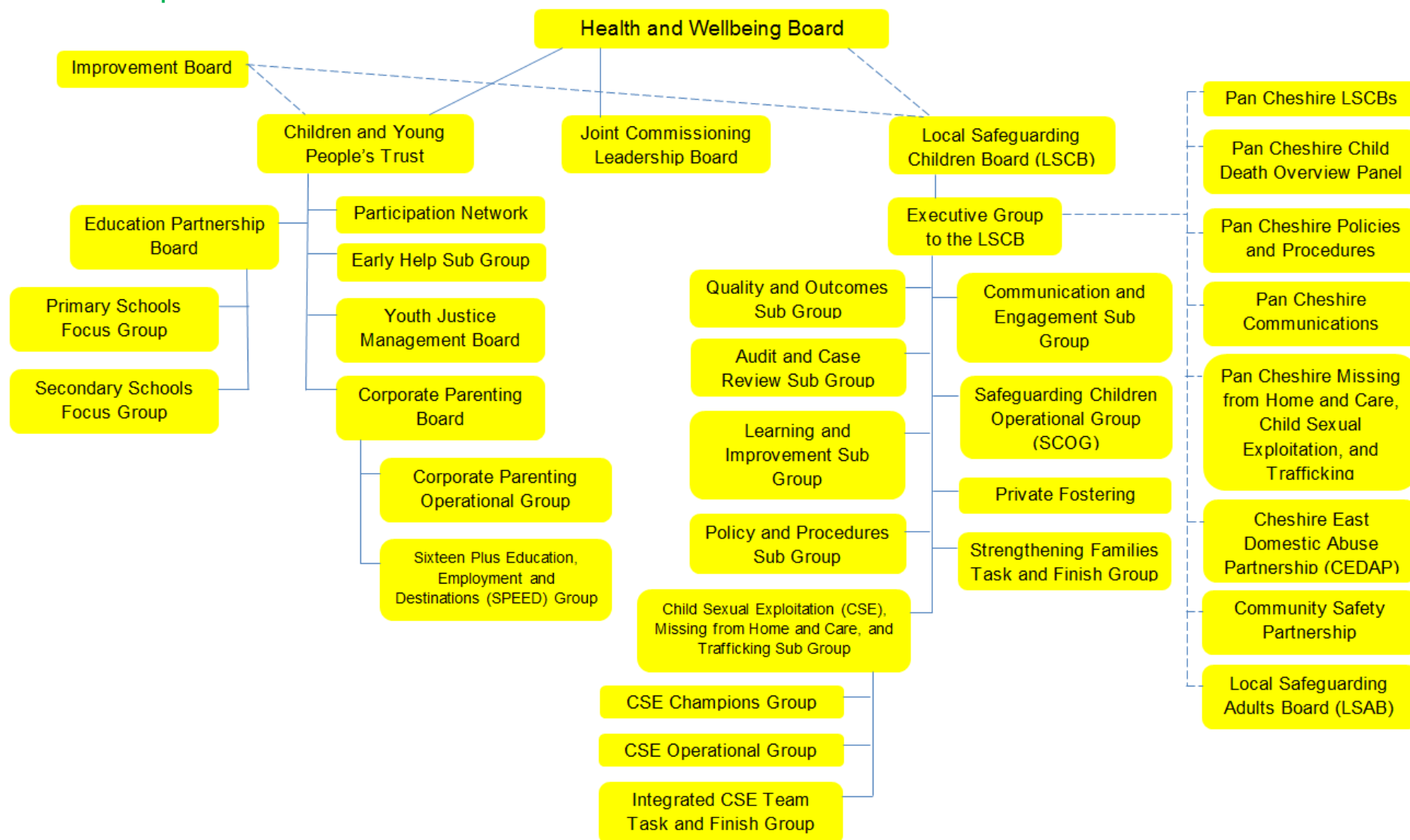




## Cheshire East Safeguarding Board Structure



## Partnership Boards Governance Framework



## Board Membership and Attendance

	16.05.14	11.07.14	12.09.14	10.11.14	16.01.15	13.03.15
Independent Chair						
<i>Representing the voice of children and young people</i>						
Voice for Children						
The Children's Society						
<i>Health</i>						
South Cheshire CCG			A			
East Cheshire CCG	R			A		
South and Eastern Cheshire CCG Designated Nurse						
CWP NHS Foundation Trust						
East Cheshire NHS Trust						
Mid Cheshire Hospital NHS Foundation Trust				A		
NHS England		A		A	A	A
Public Health	A					
<i>Local Authority</i>						
Director of Children's Services						
Lead Member for Children's Services		A				
Head of Children's Safeguarding						
Head of Early Help & Protection		A			A	
Head of Youth Engagement Service						
Principle Social Worker for Children's Services						
Principle Manager for Early Help						
Representative for Adult Social Care						
Cheshire East Domestic Abuse Partnership (CEDAP)		A	A			A
Legal Services Cheshire East Council						
<i>Police</i>						
Cheshire Police						
Police and Crime Commissioner's Youth Ambassador						A
<i>Education</i>						
Primary School Heads Representative						A
Secondary Schools Head Representative						A
Representative for Colleges and Further Education						
Independent Schools Representative						
<i>Styal Prison</i>						
HMP Styal Head of Residence and Services	A	A		A		
<i>Probation</i>						
Probation - CRC	A	A		A	A	A
Probation - NPS	A			A		
<i>Lay Members</i>						

Lay Member						
Lay Member						
<i>National Organisations and Voluntary, Community and Faith Sector</i>						
NSPCC						
Voluntary Sector Representative						A
Voluntary Sector Representative				R	R	A
Cheshire CAFCASS				A		A

## Financial Arrangements – 2014-15

The tables below sets out the LSCB's outline budget and outturn expenditure for 2014-15, along with the financial contributions from partners.

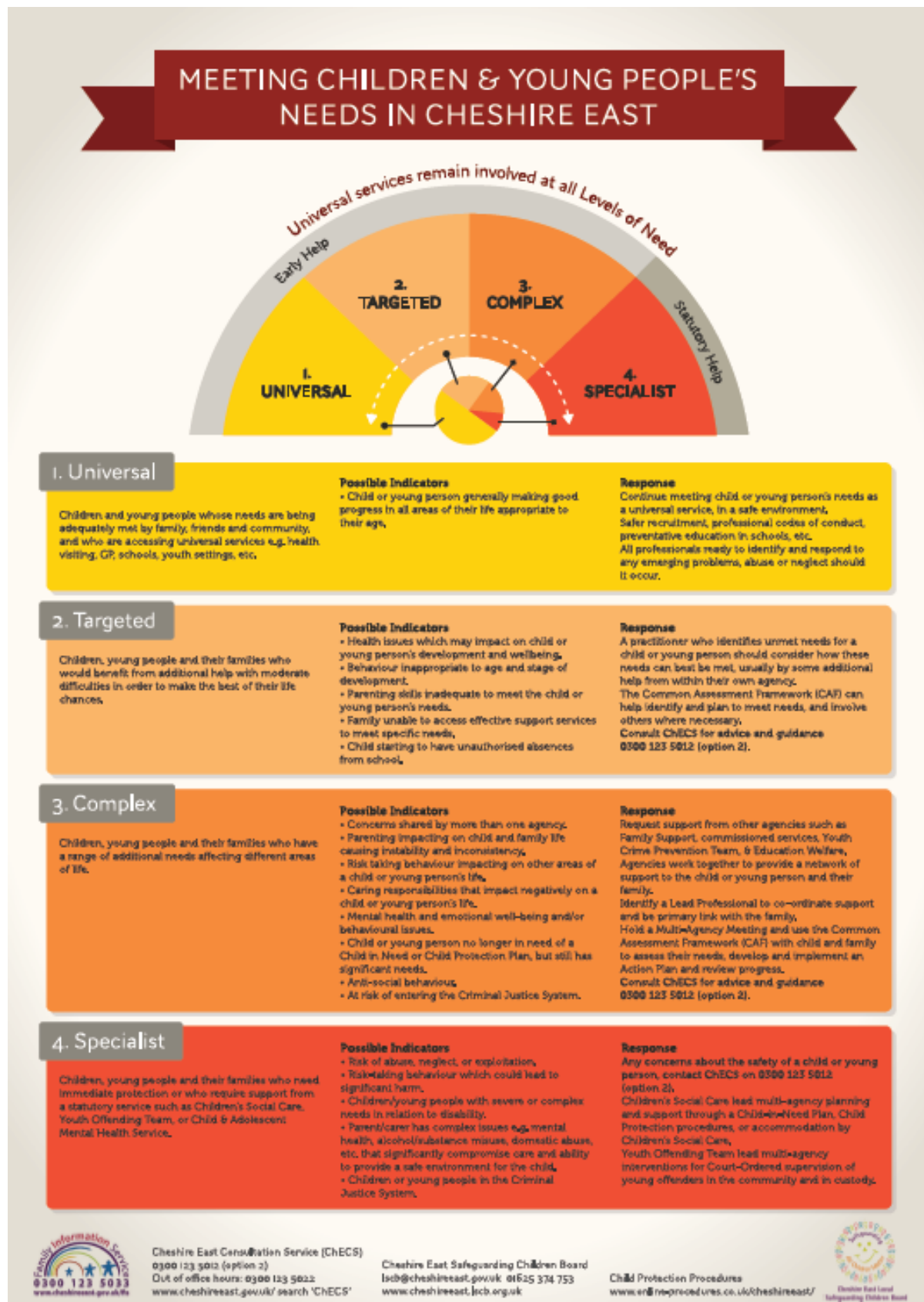
	Outline Budget for 2014-15	Outturn Budget for 2014-15
<b>Business Unit staffing, travel, and office running costs</b>	<b>150,000</b>	<b>166,000</b>
- Business Manager (full time up to July 2014))		
- Business Administrator (full time)		
- Temp Project Manager (Agency from Oct 2014)		
- Temp Performance Manager (Part time Jun to Dec 2014)		
- CDOP Administrator		
- Training & Development Manager (3 days a week)		
- Training Officer (2.5 days a week)		
- Training Administrator (4 days a week)		
<b>Training programme &amp; venues</b>	<b>12,000</b>	<b>12,000</b>
<b>Independent Chair</b>	<b>24,000</b>	<b>24,000</b>
<b>CDOP Admin contribution</b>	<b>8262</b>	<b>8262</b>
<b>LADO - 50% contribution</b>	<b>27,400</b>	<b>27,400</b>
<b>Other</b>	<b>20,000</b>	<b>21,338</b>
- Consultant costs – Audits, thematic review		
- Merchandise (neglect strategy)		
- Room hire and refreshments		
- Purchase of chronolator		
<b>Total</b>	<b>241,662*</b>	<b>259,000</b>

\*The original budget report stated budget of £233,400, but did not include the CDOP admin contribution of £8262

CESCB Partners	2014-15 contributions
Eastern Cheshire NHS	£5,000
Mid Cheshire Hospitals	£6,156
South Cheshire CCG	£17,071
Eastern Cheshire CCG	£17,071
C&WP	£3,721
NHS England	n/a
Probation Service	£0
CE Children's Services	£41,000
Police	£20,000
YOS	£3,000
CAFCASS	£550
HMP STYAL	£0
Schools	£64,500
Secondary Schools	£20,000
Independent Schools	£0
Cheshire FE Consortium	£0
	<b>£198,069</b>



## Thresholds Document



## Partnership Responsibilities and Accountabilities

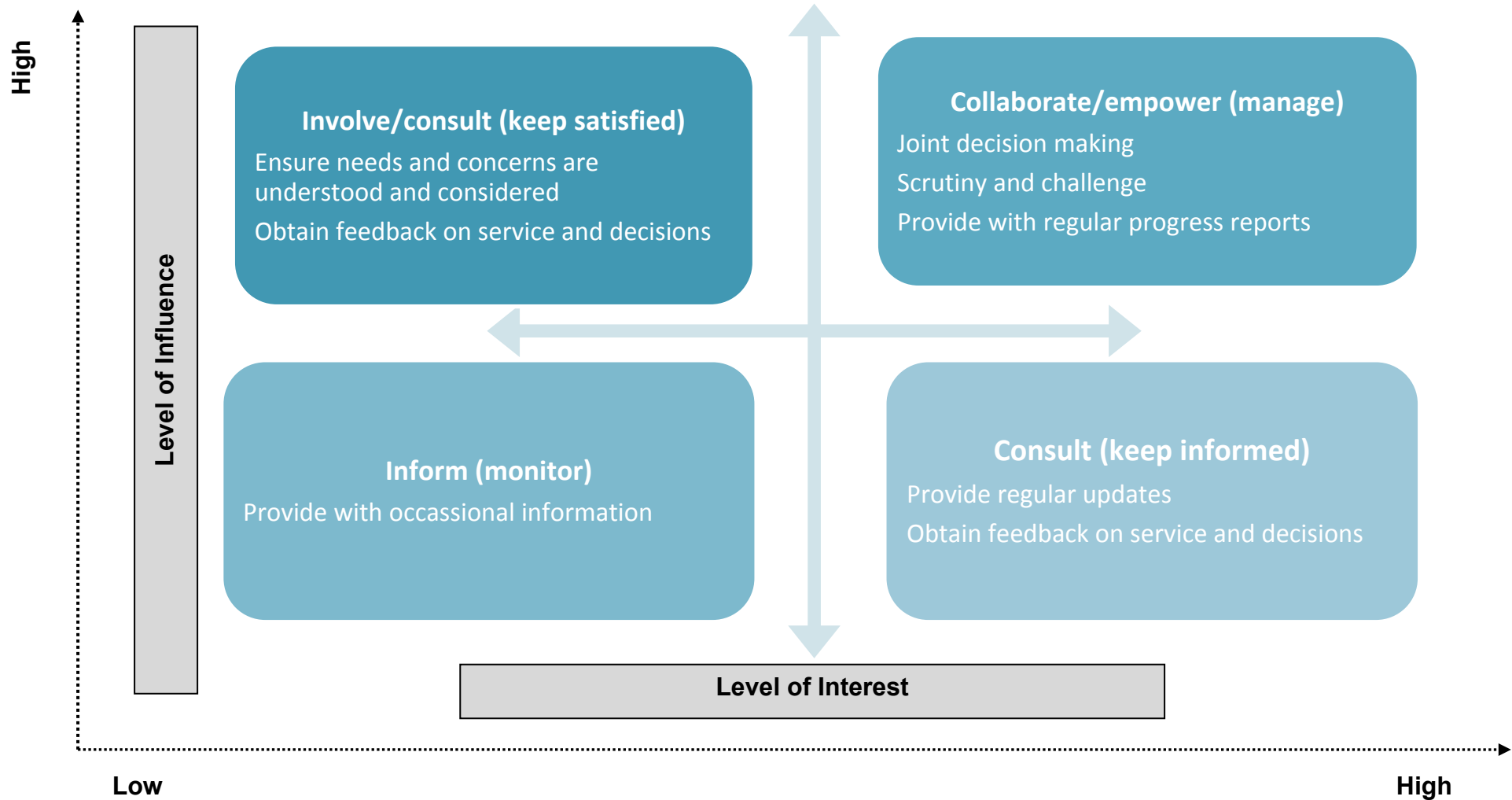
*Cheshire East aims to be the best partnership in the country for improving the lives of children and young people.*

Frontline practice is consistently good, effective and outcome focused		
High quality Social Workers and Managers are recruited and choose to remain with Cheshire East	Cheshire East Council	Improvement Board
The new case management system is implemented and effectively supports assessment and planning for children and young people	Cheshire East Council	Improvement Board
The quality and consistency of CIN planning is significantly improved	LSCB	Improvement Board
Adoption timescales are improved. There are the right number and type of adopters and there is a plan for placing harder to place children and young people	Cheshire East Council	Improvement Board
Practice is improved through audit	All partners	Improvement Board
Staff have the skills and are supported to complete high quality and timely assessments.	Cheshire East Council	Improvement Board
Workers across the partnership are skilled in safeguarding practice and can act on children's expressed views	LSCB	LSCB
Information sharing works well	LSCB	LSCB
Step up/down is effective	All partners	LSCB
CAF's are used well by all partners	All partners	LSCB
Good quality training is available, taken up and has an impact	LSCB	LSCB
Workers have sufficient access to good quality supervision	All partners	LSCB
Workers have time to do necessary work	All partners	LSCB
Partners attend planning and core group meetings when required	All partners	LSCB
Systems and processes (including IT and technology) support staff in doing their jobs	All partners	LSCB
Frontline staff are skilled and equipped to carry out their roles effectively	All partners	Children's Trust
Joined up workforce planning within commissioning arrangements	Children's Trust	Children's Trust
Engagement and participation is embedded in job design and workforce processes	All partners	Children's Trust
Children and young people feel and are kept safe	LSCB	HWBB
Children and young people experience good emotional and mental health and wellbeing	Children's Trust	HWBB
Children and young people who are disabled or who have identified special educational needs have their aspirations and hopes met	Children's Trust	HWBB
Children and young people have the best start in life	Children's Trust	HWBB

Outcomes	Responsible (planning, delivery)	Accountable (monitor, challenge)
<b>Listening to and Acting on the Voice of Children and Young People</b>		
Feedback from children, young people and parents is effectively incorporated into service planning and delivery	Children's Trust	Improvement Board
Children and young people are able to build a trusting relationship with professionals. Children have access to information, know their rights, have their say and make choices, and understand how decisions about them are being made.	LSCB	LSCB
Professionals recognise that children and young people have views, wishes and feelings and an interest in their own protection	All partners	LSCB
Children are respected as individuals and their voices are heard separately from their parents	All partners	LSCB
Workers are skilled at gaining the wishes and feelings of all children and young people and are confident that these are heard and acted on	All partners	LSCB
Participation of children and young people is embedded and their experience and insight is used to shape service improvement	LSCB	Improvement Board
Children and young people's participation in self evaluation and improvement activity is systematic and meaningful	All partners	LSCB
Feedback from children and young people does not indicate serious concerns	All partners	LSCB
Children, young people and adults have a good understanding of children's rights, according to the United Nation Convention on the Rights of the Child (UNCRC)	Children's Trust	Children's Trust
Children and young people are treated fairly and feel respected	All partners	Children's Trust
Children and young people express their views, feel heard and are actively involved in decisions that affect their lives in accordance with Article 12 of the UNCRC	All partners	Children's Trust
There are clear standards to ensure that children and young people participate in the planning, design and evaluation of services in Cheshire East	Children's Trust	Children's Trust
There are clear and effective networks across the Borough for engagement and participation	Participation Network	Children's Trust
Participation and engagement activity is joined up across the partnership.	Participation Network	Children's Trust
The Children and Young People's Plan addresses what is important to children and young people.	Children's Trust	Children's Trust
The voice of children and young people is fully embedded in the design and commissioning of services across the partnership	Joint Commissioning Board	HWBB
Experience, feedback, and insight from children, young people, parents and carers is a key feature within the JSNA.	HWBB	HWBB

The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.		
The LSCB effectively monitors and challenges the role of partners in protecting children from harm or risk of harm	LSCB	Improvement Board
The partnership has a clear vision for children's services	Children's Trust	Improvement Board
The partnership understands their roles and responsibilities and the role of partnership Boards in improving services	LSCB Children's Trust	Improvement Board
Safeguarding and child protection needs are prioritised in the Health and Wellbeing Strategy	HWBB	Improvement Board
Cheshire East has a communications strategy that includes mechanisms for listening to the voice of the child, families, staff and partners	Cheshire East Council	Improvement Board
Embed leadership role and governance of the LSCB	LSCB	LSCB
Partners attend LSCB meetings in accordance with a revised Terms of Reference	All partners	LSCB
Review and strengthen the structure of the LSCB to respond to new priorities	LSCB	LSCB
The LSCB is able to evidence that it challenges practice	LSCB	LSCB
There is effective performance management and high level statistics do not indicate serious concerns	All partners	LSCB
Improve learning and share good practice	LSCB	LSCB
Children and young people participate in and inform the work of the LSCB	LSCB	LSCB
The voice of children and young people is embedded in LSCB key decisions	LSCB	LSCB
The LSCB monitors and challenges the effectiveness of agencies in adopting the Children's Rights respecting approach	LSCB	LSCB
The partnership has a clear and ambitious vision for improving outcomes for all children and young people	Children's Trust	Children's Trust
The Partnership has a clear understanding of the quality of life and wellbeing of children and young people in Cheshire East and the barriers to their potential	All partners	Children's Trust
The Partnership focuses its efforts on key priorities set and agreed with children and young people and monitors its progress	All partners	Children's Trust
All staff are clear on what a gold standard service looks like and committed to achieving the partnership vision	All partners	Children's Trust
Cheshire East is promoted as a good and exciting place to work with children and families where workers are valued and have an important role in service development.	All partners	Children's Trust
Frontline staff are involved in service improvement and development.	All partners	Children's Trust
The partnership understands, plans and commissions services to meet the needs of children, young people and their families	Joint Commissioning Board	HWBB
The JSNA is a live partnership document that is regularly improved and updated.	All partners	HWBB

## Stakeholder Communication Analysis



## Stakeholder Engagement

	Inform	Consult/Involve	Collaborate/Empower
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>Cheshire East staff from other departments</li> <li>General public in Cheshire East</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people</li> <li>Parents/carers</li> <li>Children's Services staff</li> <li>Health</li> <li>Police</li> <li>Private, voluntary &amp; independent sector</li> <li>Governors</li> <li>School staff</li> <li>Elected Members</li> <li>Department for Education</li> <li>Children's Improvement Board</li> </ul>	<ul style="list-style-type: none"> <li>Improvement Board</li> <li>LSCB</li> <li>Children's Trust</li> <li>Scrutiny Committee</li> <li>Children and Families PDG</li> <li>Cabinet</li> <li>Senior Managers</li> </ul>
<b>Purpose of engagement</b>	To provide stakeholders with a general understanding of what is to be achieved through the improvement plan	To obtain feedback from stakeholders on services and impact to improve practice and to ensure that any concerns /suggestions are acted upon	To drive sustainable improvement across the Children's Services Partnership through scrutiny, challenge and key decision making
<b>Methods of engagement</b>	<ul style="list-style-type: none"> <li>Cheshire East website</li> <li>Press releases</li> <li>E-bulletins – Improvement Newsletter, P&amp;P Briefing, Staff newsletter, Schools Bulletin</li> <li>Facebook</li> <li>Twitter</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy</li> <li>Newsletters</li> <li>E- bulletins</li> <li>Intranet</li> <li>Cheshire East and partner websites</li> <li>Press releases</li> <li>Factsheets and one minute guides</li> <li>Progress updates</li> <li>Surveys</li> <li>Focus groups and forums</li> </ul>	<ul style="list-style-type: none"> <li>E-governance</li> <li>Joint planning</li> <li>Action plans</li> <li>Local governance</li> <li>Reports</li> <li>Progress updates</li> <li>Performance Book</li> <li>Impact reports</li> <li>Presentations</li> <li>Meetings</li> <li>Sub-groups</li> <li>Surveys</li> </ul>



## Outline budget for 2015-16

	Outline Budget for 2015-16
<b>Business Unit staffing, travel, and office running costs</b>	
- Performance and QA Officer (75% per annum)	<b>28,364</b>
- Project Manager Agency cover (April – July)	<b>22,500</b>
- Project Manager (50% between July and March)	<b>20,929</b>
- LSCB Administrator x 2	<b>47,265</b>
- CDOP Admin	<b>8262</b>
- Training & Development Manager (3 days a week)	<b>82,000</b>
- Training Officer (2.5 days a week)	
- Training Administrator (4 days a week)	
- Cover for maternity leave	
<b>Training programme &amp; venues</b>	<b>12,000</b>
<b>Independent Chair</b>	<b>24,000</b>
<b>LADO - 50% contribution</b>	<b>27,400</b>
<b>Other</b>	<b>26,000</b>
Consultant costs – Audits, peer challenge (9k)	
- Communication & merchandise (£5k)	
- Act on it conference (£5k)	
- Room hire and refreshments (£2k)	
- Engagement with children and young people (£5k)	
<b>Total</b>	<b>298,720</b>

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Cheshire East Local  
Safeguarding Children Board

# Cheshire East Safeguarding Children Board

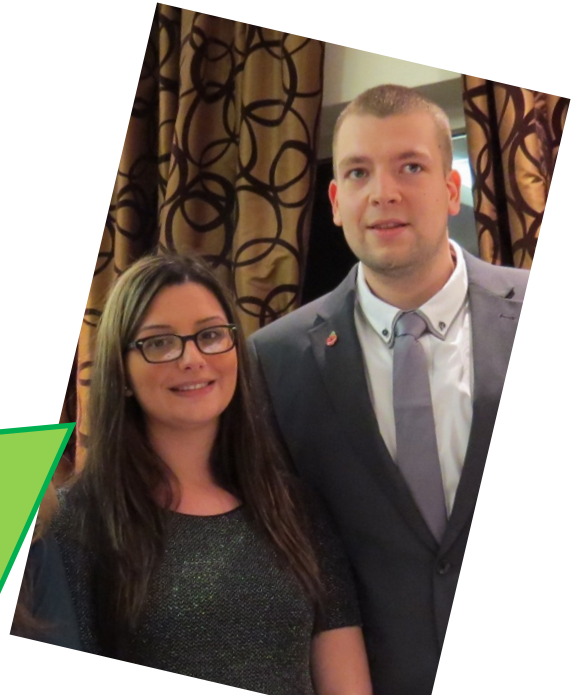


**Annual Report 2014-15  
& priorities for next year**  
Youth Proofed

## Annual Report 2014-15 and Priorities for Next Year

"It has been really positive being able to bring the commitments that were made to young people on the Local Safeguarding Children Board's 'Takeover Day' come to life. Although this hasn't been an easy journey, it's amazing to see an idea followed through and to be able to show young people the 'what you said' what we did' difference. It's a massive start for the LSCB and we are both very proud to have been involved in this journey. We look forward to working with the children and young people of Cheshire East and staff in all agencies to make a difference to the work of the LSCB in 2015-16."

*Liam and Jodie Hill, Voice for Children*



### Board

### About the Safeguarding



Cheshire East Safeguarding Children Board (CESCB) is made up of people who work with children from the local authority, schools, health, the police and others. The Board works together to keep children and young people safe from harm. This report sets out what we have done over the past year and also what we plan to do next year to make Cheshire East a safer place for children and young people.

### How do we work?

**Main Board** – this is the main group of people who must work to keep children and young people safe – this is set out in guidance.

**Executive** – this is a smaller group of Board Members who make sure that all the plans made by the board get done.

**Sub groups (Cheshire East)** – these are groups that work on key areas of work:

- Quality and Outcomes
- Audit and Case Review



- Learning and Improvement
- Communication and Engagement
- Safeguarding Children Operational Group
- Policy & Procedures
- Private Fostering
- Child Sexual Exploitation/Missing from Home & Care

### Sub groups (Pan-Cheshire)

- Pan-Cheshire Child Death Overview
- Pan-Cheshire Policies and Procedures
- Pan-Cheshire CSE/Missing/Trafficking

## Children at risk in Cheshire East

### The Child's Journey...



### Cheshire East Consultation Service (ChECS)

ChECS is the 'front door' to services, support and advice for children and their families. Anyone who is worried about a child can ring and speak to a trained worker about what is best to do for that child. Last year there were 7493 people who got in touch with ChECS - 10% more than the year before. About 37% (2783) of these we felt needed to be looked at by Social Workers, 33% more than the year before. There were 629 children and young people who were discussed 2 or more times during the year.

### Early Help

Over the past year we have been better at helping more children, young people and their families before their problems got too big. Staff who work children and young people have got better at giving this help and have used the 'common assessment framework' (CAF) as a way of finding out what help is needed. Over the past year the number of CAFs have gone up by around 15% - 611 new CAFs were opened in 2014-15 (it was 532 the year before). At the end of the year there were 29% more 'open' CAFs from the same time last year.

### Children in Need

Children in need are those that need extra help and a plan to do as well as other children. Last year we had 1184 children in need (5% less than the year before). We are better at making sure these children have plan and are visited more often, but we need to make sure that these plans are clearer about what needs to change and when.

### Children with a Child Protection Plan

Children are on a Child Protection Plan when they are thought to be at risk of harm. This might be from physical abuse, sexual abuse, emotional abuse or neglect. The number of children on a Child Protection Plan has gone up by 55% from 202 in 2013-14 to 313 by March 2015. It has gone up by 95% over the past 3 years, which is a big rise. We have looked at this and the right children are on a child protection plan.

### **Cared for Children**

When a child or young person is not able to live with their own family, they are 'cared for' by the local authority. Many of these children go back to their families when they can look after them again. In Cheshire East we had 357 cared for children at the year end, a slight rise from last year. 151 children came into care during the year (a slight rise of 5 on last year). The average age for children coming into care is 8 years old, lower than last year when it was 9 years old.



### **Care Leavers**

When a young person who is in care reaches age 16, they are known as a care leaver. As at March 2015, there were 232 care leavers in Cheshire East – a steady number over the year. The number of children eligible to leave care each month has risen from the previous year. Almost all young people in care remain looked after until they are 18 years of age. There are some good changes made for care leavers, but we need to get better at making sure they get good health services and places to live.

### **Child Sexual Exploitation (CSE)**

Child sexual exploitation (CSE) is a type of sexual abuse where children are sexually exploited for money, power or status. When we think this might happen, we make a plan to keep these children safe. 15 children had a CSE plan in 2014-15. Most were girls (87%) – close to last year's figure. The youngest has been 13 years old and the oldest 17.

### **Children Missing from Home/Care**

Most children who go missing in Cheshire East go missing once and from their home. Some children go missing many times and this includes those who have moved between care and home/semi-independent living and cared for young people. There were a total of 878 times that a child went missing last year, slight more (4.9%) than in 2013-14. This was 310 children, and of these 199 (64%) went missing once, 44 (14%) went missing 5 times or more, and 3 (1%) went missing 20 or more times. Almost two thirds of those who went missing just once went from their family home.

### **Children exposed to Domestic Abuse**

Children in homes where there is violence need special help to keep safe. A meeting called a Multi-agency Risk Assessment Conference (MARAC) is where their needs are looked at. In Cheshire East this works well. The number of cases has risen by 30% in the last year to 531 adults with 702 children.

### **Children living in homes with substance misuse**

As at March 2015, there were 348 known children and young people living with parents with drug and/or alcohol issues. We have looked at some cases of children who live in these homes and we know that we need to get better at helping them which we will do this year.

### **Female Genital Mutilation (FGM)**



Female genital mutilation (FGM) is the where doctors remove part of a girl's genitalia for non-medical reasons. This is often done because it is part of a religion or culture, but it is child abuse and against the law. We have made sure that those working with young people know what to do if they think this is planned or has happened to a young girl, but we need to get better at how we work together to stop this happening.

### Children at risk of radicalisation/extremism

There have been a number of cases in the news of young people being drawn into terrorism. This is known as radicalisation or extremism. The LSCB has a key role to play in making sure that these children and young people are kept safe from extreme views and actions that may put their safety at risk.

### How well did we do in our priorities for 2014-15?



### Develop of the next stage of a multi-agency 'front door' model

A range of agencies are now working with Cheshire East Consultation Service (ChECS) to give a more joined up service and better view of risk. ChECS now has the CSE Team, Domestic Violence Hub, Police, Missing from Home Team and Family Information Service as part of the Team.

### Improve the combined response to specific safeguarding areas such as Child Sexual Exploitation (CSE), Missing from Home and Care etc

The LSCB has written a new Pan-Cheshire strategy for Child Sexual Exploitation and put in place a new Pan-Cheshire way of working for our children and young people who go missing from home or care (MFH/C). Our group that looks at children at risk of CSE has been good at sharing information and putting plans in place to reduce risk and track children at risk, persons of interest and locations. A CSE screening tool has been put in place in 2014-15 to help those working with young people see if they are at risk. A new group of CSE Champions are helping to support best practice for those working with these children. Over the past year we have also made lots of people more aware of CSE – we have a new web site, Know and See, aimed at schools, health, parents/carers, members of the public, taxis, hotels etc. We have worked with children and young people to produce leaflets for young people and their parents who are survivors of CSE in Cheshire East.

### Develop a new neglect strategy, practitioner training and tools

Neglect is where a child's basic needs – food, clothing, supervision etc – are not being met. Last year we put together a plan of what we will do to stop this happening to children and how we could give them better support sooner year. This includes people who work in police, health, schools etc

who are champions and will help others to know how to support these young people, along with training and tools.

### *Improve communication and prompt information sharing and engage better with frontline practitioners to drive up quality of practice*

Those staff working direct with children and young people can tell us a lot about what we need to do to make their lives better. Their Managers are also need to make sure that they work with young people in the best way they can. A group of managers from lots of different places now meet together to discuss this and then tell the Board what needs to change. Board members also visit these staff in their workplace to see what it's like for them. This group is looking at putting together some standards that will set out how Social Workers, Police, Teachers and others will work together to make life better for children and young people day to day. We also have an LSCB website, twitter and facebook pages to keep these workers up to date.

### *Develop a 'strengthening families' model for child protection conferences*

When children and young people are on a child protection plan, they are asked to take part in a child protection conference which is a meeting to discuss concerns about their care. We want to make these much better for young people and their families so we worked on a plan last year to put in a new model in 2015-16.



### *Look at innovative ways to deliver services*

We have looked at new ways of working and we have got some money from the government to work with an agency called Catch 22 to try out new way of working with children in need in the Crewe area. Project Crewe will be set up in 2015-16.

### *Put in place a better model for engaging young people in safeguarding*

We had a young person led LSCB 'takeover' in November 2014. We then put together an action plan based on what they told us we needed to do as a Board to involve young people. We made lots of changes, including the taking on 'Voice for Children', two care leavers who joined the board to be a 'voice' for young people. We worked with young people in schools to put on the 'Have you heard conference' – a young person's way of dealing keeping them safe. Young people also told us what was good and what needed to better on our website.

### *Gather and collate the voice of children and young people from across all CEC agencies to inform practice and service development.*

As well as direct work with children and young people, the board has made sure that all those people who are on our Board are also listening to what young people say. When we look at cases we talk to the children and young people involved where we can. We also make sure that reports to our board include what children and young people say.

### *Increase partnership ownership of CESC B business and improvements*

In June 2014 the Board met to agree what changes we wanted to do to make us work better together. We agreed that we needed more time to talk about issues that matter rather than having lots of long reports to read. So now we send some information out by email in between meetings. All our papers are now shorter and simpler and clear about what we need to agree. We have an action log so we know all the actions we need to do and keep a track of these. Subgroups provide reports so that the Board knows about any issues or risks and how well plans are coming along.

## *Embed robust and rigorous quality assurance activity and the learning and improvement framework*

There are lots of ways that the Board checks how well work with young people and their families is being done. We have reports that tell us how many children are at risk and how quickly action is being taken. They tell us how well those working with children are doing. We also carry out audits, which are a closer look at individual cases and how well for example the school, police, health and social care worked with that family. We also asked all key agencies to look at how well they safeguard young people through a 'Section 11 audit'. We also had challenge sessions with Health, Public Health, Police and Schools between May and July 2014, where looked in detail at how well they were doing to safeguard children and young people.

## Learning and Improvement

### LSCB Training

We run training courses for all those working with children and young people to improve the way they work. There were 48 courses last year and lots of people attended who said they would (87% - up 2% from last year). No courses were cancelled due to low numbers.

### Independent Review into Suicide and Self-harm in Young People

Last year the Board looked in detail at why a number of young people who had taken their own life in the previous year. The report from this gave us some ways in which we could work better and we have lots of plans in place to make these changes.

## What difference have we made?

Ofsted, the agency that judges whether or not we are doing a good job, came to visit us in November 2014 to carry out an inspection to see what progress we had made in Cheshire East. Some of the good things they said were:

- Cheshire East Consultation Service (ChECS) has got a lot better since the last Ofsted inspection in 2013.
- The vast majority of child protection referrals are passed to the duty teams within 24 hours.
- Putting police lead officers for children and young people missing from home and Child Sexual Exploitation (CSE), as well as Catch 22 (the service for missing from home and CSE within ChECS), is a positive decision and is making us share information better and more quickly for those children at risk of CSE.
- Staff working in other agencies know when they need to talk to Social Workers about children they have concerns about and give them the information they need to make decisions about the next steps.
- Child protection enquiries, including those where children and young people were seen to be at risk of CSE, made sure that risk was assessed.
- We are better at doing what we need to do when making plans for children in need.
- We have got much better at making sure children and young people are dealt with at the right level of need, including making sure that when risks increase, we increase our involvement.
- When young people are at risk of CSE, we have lots of support for them. We have tools for workers to help them tell which children are most at risk.
- The chairs of the Improvement Board and the Local Children Safeguarding Board have done a good job to make sure agencies work together and share responsibility for the safety and wellbeing of children.



- At a strategic level we have shown we are better since the last inspection – we own the aim to get better together.
- We have involved children and young people in lot of decisions that affect them and Ofsted said this is now a strength.
- Young people are involved from the Youth council and 'Voice for children'
- Young people have been involved in challenges to Board members.
- Over 2,800 young people were asked how they felt through 'Good Childhood' conversations' - used to inform the children and young people's plan.

## What we need to do in 2015-16



### **We will improve the way that everyone works with children and young people through:**

- Working closer with Social Workers, Police Officers, Teachers, Health Visitors and others
  - Working on key risk areas to children and young people such as CSE, missing from home, female genital mutilation, radicalisation and extremism, forced marriage/honour based abuse and privately fostered children and young people
  - Putting in place 'strengthening families', the new way of doing child protection conferences
  - Making sure our neglect strategy is working
  - Getting more agencies in at our 'front door' to services
  - Making it safer for disabled children
  - Supporting children and young people with mental health issues, including self-harming
- 
- **We will work better with other boards to make life better for children and young people**
  - **We will continue to get young people involved in LSCB business**
  - **We will work with people in the community to safeguard children and young people better, including links with voluntary and faith sector**
  - **We will improve the board's role around early help to families before their problems get worse**

## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 20<sup>th</sup> October 2015

**Report of:** Kath O'Dwyer, Director of Children's Services and Deputy Chief Executive

**Subject/Title:** Ofsted Inspection of Children's Services

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### 1 Report Summary

- 1.1 This report updates the Health and Wellbeing Board on the outcome of the Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in Cheshire East and the review of the effectiveness of the Local Safeguarding Children Board (LSCB) undertaken between the 6th to the 30th July 2015, with the report being published by Ofsted on 15th September 2015.

### 2 Recommendations

- 2.1 The Health and Wellbeing Board is recommended to:
- a) Note the contents of this paper and Ofsted's report at Appendix 1, in particular, the recommendation and comments in relation to the Health and Wellbeing Board set out at para 5.8;
  - b) Consider what action it needs to take in response to the findings of Ofsted's report; and
  - c) Endorse the proposal that the Health and Wellbeing Board transitions to become the 'accountable body' for the Children's Improvement Plan when the existing Improvement Board is disbanded as set out in para 5.16.

### 3 Reasons for Recommendations

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

- 3.2 The Health and Wellbeing Board is ideally placed as an overarching Board to oversee arrangements to ensure that the work of the key partnerships including the Local Safeguarding Children Board, the Corporate Parenting Board and Children's Trust address the recommendations of Ofsted's inspection report to improve outcomes for children, young people and their families.

#### **4 Impact on Health and Wellbeing Strategy Priorities**

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

#### **5 Background and Options**

##### **Ofsted Inspection Framework**

- 5.1 All Children's Services authorities are subject to regular inspection by Ofsted. Cheshire East's last major inspection was in April 2013 and focussed specifically on the local authority's arrangements for the protection of children. Ofsted judged Cheshire East's arrangements to be inadequate in this area and the Department for Education (DfE) issued a formal notice to improve to the council. As a result, the Council was required to develop a children's improvement plan setting out how it intended to address the areas of inadequacy and to establish a Children's Improvement Board with an independent chair to scrutinise and challenge the effectiveness of our improvement plans. Significant work has taken place over the past two years to address the inspection recommendations and the requirements of the improvement notice to improve outcomes for all children and young people.
- 5.2 A new Ofsted single inspection framework, published in September 2013, covers a broader area of children's services from early help through to adoption and includes a review of the effectiveness of the Local Safeguarding Children Board (LSCB). This new framework 'raised the bar' and is designed to be much tougher with 'good' becoming the new standard and expectation;



Councils that would previously have been judged 'adequate' are now judged as 'requires improvement'.

- 5.3 Ofsted's definition of 'requires improvement' is that *there are no widespread or serious failures that create or leave children being harmed or at risk of harm and the welfare of looked after children is safeguarded and promoted*. However, it also means that the local authority is not yet delivering 'good' protection, help and care for children, young people and their families. Almost 90 grade descriptors of good are set out in the framework. Depending on findings in these areas, Councils are judged as either outstanding, good, requires improvement or inadequate.
- 5.4 To date, 67 local authority areas have been inspected under the single inspection framework. Almost a quarter of those inspected have been judged as inadequate, over half have been judged as 'requires improvement', less than a quarter are good and none have been judged outstanding.

### **Cheshire East's Inspection**

- 5.5 Cheshire East was inspected for the first time under the single inspection framework in July 2015 and the inspection report was published on the Ofsted website on 15th September. The Inspection, which was carried out by 10 Ofsted Inspectors, took place over a four week period and inspected the following key areas:
- The experiences and progress of children who need help and protection;
  - The experiences and progress of children looked after and achieving; permanence, including graded judgements on
    - i) adoption performance; and ii) care leavers;
  - Leadership, management and governance; and
  - A review of the LSCB.
- 5.6 The methodology adopted by the inspection team was detailed and probing and included:
- An audit of 20 cases by the local authority (tracked by Inspectors)
  - Case sampling – looking in detail at cases based on a theme
  - Visiting 2 children and young people out of borough
  - Analysis of key documents and data (Annex A); over 200 documents were requested by Inspectors
  - Observations of practice, eg, conferences and reviews
  - Meetings/calls to key stakeholders, including children, young people and families/carers, partner agencies

- 5.7 Ofsted's judgement was that Cheshire East requires improvement to ensure it is providing good services in the above areas; however, Inspectors were impressed with the Council's adoption services, which they judged to be 'good'. Inspectors found that planning for permanence is improving with a good focus on adoption and children are well supported in their new families. They also stated that support for adopters is a strength.

### **Ofsted Comments in relation to the Health and Wellbeing Board**

- 5.8 Ofsted's report makes a number of specific references to health, in particular, for cared for children and care leavers and includes the following references to the Health and Wellbeing Board:

*"The key priorities within the children's improvement plan, the LSCB business plan, the children and young people's plan and the health and wellbeing plan are appropriate and aligned." (para 141)*

*"The Health and Wellbeing Board....takes an active interest in some key areas such as commissioning of domestic abuse services and child sexual exploitation, but its overall focus on children, including cared for children, is less well developed." (para 143)*

*"There are clear lines of governance between the recently formed Joint Commissioning Group, the Health and Wellbeing Board, Children's Trust Board and the LSCB." (para 148)*

The LSCB Review states that *"Strategic links with the Health and Wellbeing Board (HWB) are not explicit and the children's agenda within this body is not sufficiently developed."* Ofsted made a recommendation to the LSCB that it: *Improve the influence of CESC in the work of the Health and Wellbeing Board to ensure that safeguarding is embedded within its priorities.*

### **Areas of Strength**

- 5.9 The following strengths of the local authority were identified by Inspectors:
- There is a strong commitment and ambition for children and families to receive the best help and support
  - Plans, resources and political commitment is in place
  - There is active involvement of young people in strategic decisions and plans.

- The local authority knows itself well and uses external scrutiny and challenge to inform improvement
- Plans are in place to address areas of improvement
- The strategic response to children who go missing or are at risk of child sexual exploitation is strong
- Multi-agency understanding of the threshold for services in Cheshire East is better
- The identification and referral to children's services for assessment, intervention and support is swift
- There is improved stability and reduced caseloads for most social workers which has led to greater continuity for children.
- Child protection chairs and independent reviewing officers have good oversight of individual cases
- Planning for permanence is improving with a good focus on adoption.
- Support for adopters is a strength.

5.10 Ofsted also identified the following strengths in the LSCB:

- Significant progress has been made, especially over the last year
- There is a clear commitment from everyone to improve the effectiveness of the Board
- There is significant evidence of the Board holding partner agencies to account
- The voice of the child central to board work and is "innovative and influential"
- Child sexual exploitation (CSE) is well coordinated and effectively delivering the multi-agency strategy
- There is a clear learning culture using external scrutiny and challenge well to help its development
- There is a comprehensive range of training
- Procedures are comprehensive, up to date and interactive
- The website is accessible, easy to navigate and well used.

### **Areas for Improvement**

5.11 Ofsted identified 17 recommended actions for the local authority and partners. They identified the following areas for improvement:

- Improving frontline management oversight and challenge of casework
- Consistency in the quality of practice (including management recording)
- Continuing to improve workforce stability
- Focus on cared for performance
- Use of return home interviews to inform planning

- More timely access to early help when families do not meet the threshold for social work intervention
- Commissioning arrangements (accommodation for care leavers, health provision for 16+, initial health assessments, advocacy services for children in need and family group conferences).
- Timely identification, assessment and monitoring of private fostering and connected persons' arrangements
- Impact of challenge from Child Protection chairs and Independent Reviewing Officers
- Achieving permanence quicker
- Life stories and the reasons for decisions.
- Make clearer delegated decisions to foster carers.

5.12 Ofsted also identified 8 recommendations and the following areas of development for the LSCB:

- Complete the work around the performance management framework
- Increase scrutiny of services for cared for children
- Evaluate the impact of the neglect strategy
- Improve links with the Family Justice Board
- Review the arrangements for monitoring the quality of private fostering arrangements
- Improve the influence of the work of the Health and Wellbeing Board
- Develop a female genital mutilation (FGM) strategy
- Implement a protocol around notifications, Serious Case Reviews (SCRs) and the national panel.

### **Engagement with Key Stakeholders**

5.13 Following the publication of the report, Officers have engaged with key stakeholders and have presented the findings to a number of key boards and groups, including the Children's Improvement Board, The Corporate Parenting Board and the Local Safeguarding Children Board. A number of staff engagement sessions have taken place, both to update staff on Ofsted's findings, and to seek their input into the improvement plan. In addition, discussions are currently underway with Ofsted around holding an improvement planning seminar to ensure that the improvement plan addressed their recommendations and areas for improvement.

### **Single Inspection Improvement Plan**

- 5.14 The Council is required to submit a detailed improvement plan to Ofsted and the Department for Education (DfE) by 22nd December 2015 setting out how we intend to address the recommendations in the Inspection report. To date the Children's Improvement Board has been responsible for monitoring, scrutinising and challenging progress against the Children's Improvement Plan and will sign off the final Improvement Plan at its meeting on 20<sup>th</sup> November.
- 5.15 The judgement of 'requires improvement' does not automatically mean that the DfE will lift the notice to improve. This will be the decision of the Secretary of State based on advice from the DfE officials and the Chair of the Improvement Board and the Improvement Board and the existing governance arrangements will continue to operate for the duration of the Notice to Improve.

### **Proposed Role of the Health and Wellbeing Board**

- 5.16 Delivery of the Improvement Plan will sit with a number of key partnerships. When the existing Children's Improvement Board is disbanded, it is proposed that the Health and Wellbeing Board becomes responsible, as the overarching partnership, for monitoring, scrutinising and challenging the progress and effectiveness of the these delivery plans to address the recommendations and areas for improvement identified by Ofsted.
- 5.17 As the 'accountable body' it is proposed that the Health and Wellbeing receive quarterly updates on progress against actions, performance and quality assurance information. It is proposed to adopt the methodology of the previous improvement plan, whereby there are two levels of sign off; Phase 1 sign off, whereby the Board is satisfied that the activity to address the recommendation has been completed; and Phase 2 sign off, whereby the Board is satisfied that the quantitative and qualitative information evidences improvements in the quality of practice.
- 5.18 It is proposed that the Health and Wellbeing Board also receive the risk register and will be expected to request further more detailed reports where performance suggests there are risks or issues in delivering on the improvements.

## **6 Access to Information**

- 6.1 Ofsted's Inspection Report is attached at Appendix 1.

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

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INSERT OFSTED INSPECTION REPORT

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# Cheshire East Unitary Authority

## Inspection of services for children in need of help and protection, children looked after and care leavers

and

## Review of the effectiveness of the local safeguarding children board<sup>1</sup>

**Inspection date: 6 to 30 July 2015**

**Report published: 15 September 2015**

### **Children's services in Cheshire East require improvement to be good**

There are no widespread or serious failures that create or leave children being harmed or at risk of harm.

However, the authority is not yet delivering good protection and help for children, young people and families.

The authority is not yet delivering good care for children and young people looked after.

Leadership, management and governance require improvement as the characteristics of good leadership are not yet fully in place.

<b>1. Children who need help and protection</b>		Requires improvement
<b>2. Children looked after and achieving permanence</b>		Requires improvement
	2.1 Adoption performance	Good
	2.2 Experiences and progress of care leavers	Requires improvement
<b>3. Leadership, management and governance</b>		Requires improvement

<sup>1</sup> Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspection Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

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## The local authority

### Information about this local authority area<sup>2</sup>

#### Previous Ofsted inspections

- The local authority operates one children's home. This was judged to be good in its most recent Ofsted inspection.
- The previous inspection of the local authority's safeguarding arrangements/ arrangements for the protection of children was in April 2013. The local authority was judged to be inadequate.
- The previous inspection of the local authority's services for children looked after was in August 2011. The local authority was judged to be adequate.

#### Local leadership

- The interim Director of Children's Services has been in post since June 2015.
- The chair of the Local Safeguarding Children Board has been in post since June 2013.

#### Children living in this area

- Approximately 74,930 children and young people under the age of 18 years live in Cheshire East. This is 20% of the total population in the area.
- Approximately 12% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
  - in primary schools is 10% (the national average is 17%)
  - in secondary schools is 7% (the national average is 15%).
- Children and young people from minority ethnic groups account for 5% of all children living in the area, compared with 22% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are Mixed and Asian or Asian British.
- The proportion of children and young people with English as an additional language:
  - in primary schools is 5% (the national average is 19%)
  - in secondary schools is 4% (the national average is 14%).

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<sup>2</sup> The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

- The largest minority ethnic groups within the borough live in the two wards of Crewe Central and Crewe South.

### **Child protection in this area**

- At 31 March 2015, 2,217 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 2,116 at 31 March 2014.
- At 31 March 2015, 308 children and young people were the subject of a child protection plan. This is an increase from 203 at 31 March 2014.
- At 31 March 2015, five or fewer children lived in a privately arranged fostering placement. Although the numbers are suppressed because they are low, the local authority's own figures indicate a reduction from the previous year.
- Since the last inspection, no serious incident notifications have been submitted to Ofsted and no serious case reviews have been completed or are on-going at the time of the inspection.

### **Children looked after in this area**

- At 31 March 2015, 357 children are being looked after by the local authority (a rate of 48 per 10,000 children). This is an increase from 335 (45 per 10,000 children) at 31 March 2014. Of this number:
  - 137 (or 38%) live outside the local authority area
  - 29 live in residential children's homes, of whom 62% live out of the authority area
  - six live in residential special schools,<sup>3</sup> all of whom live out of the authority area
  - 266 live with foster families, of whom 36% live out of the authority area
  - 26 live with parents, of whom 31% live out of the authority area
  - fewer than five are unaccompanied asylum-seeking children.
- In the last 12 months to 31 March 2015:
  - there have been 21 adoptions
  - 19 children became subject of special guardianship orders
  - 127 children ceased to be looked after, of whom 7% subsequently returned to be looked after
  - eight children and young people ceased to be looked after and moved on to independent living

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<sup>3</sup> These are residential special schools that look after children for 295 days or less per year.



- three children and young people ceased to be looked after and are now living in houses of multiple occupation.

## Executive summary

When Ofsted inspected children's services in Cheshire East in March 2013, children were receiving inadequate services that did not effectively help them, protect them or meet their needs. The Cheshire East Improvement Board (CEIB), established in June 2013, has worked successfully with local political and senior leaders, the Local Safeguarding Children Board and key partners to tackle the areas highlighted for improvement. Progress has been monitored by Ofsted in the intervening period. Leaders, managers and partners share a strong commitment and ambition for children and families to receive the best help and support. This is demonstrated by the strategic alignment of plans, political commitment to resources and the active involvement of young people in strategic decisions and plans.

The local authority embraces external scrutiny and challenge through peer reviews and multi-agency auditing, and is fully aware of areas of practice that still require improvement to be good. These include management oversight and challenge; improving consistency in the quality of practice and services for children and families; and continuing to improve workforce stability. Appropriate plans are being implemented to address these issues but variability in the quality of practice remains, and not all children receive timely services that meet their needs.

One of the CEIB's first tasks was to establish comprehensive and detailed performance information, which was swiftly achieved for children in need of help and protection. The CEIB established ambitious yet realistic benchmark standards at an early stage and these are now being used effectively to measure and drive improvement. Performance information for members and frontline managers, as well as local authority auditing, are not ensuring a sharp enough focus on children looked after. The new electronic recording system does not yet provide managers with all the performance information they need to ensure robust oversight. Some case recording is not sufficiently detailed to inform decision-making.

Some partners were slow to share accountability for the weaknesses in services for local children. The local authority has worked hard to ensure that all partners now take responsibility for the improvement of services for children and families. For example, health partners have taken a lead in revising the continuum of need for children, and the police have been instrumental in the effective co-location of partners within the Cheshire East Consultancy Service (ChECS). There is improved understanding and support from agencies, in particular schools, in providing children and families with early help. The strategic response to children who go missing or are at risk of child sexual exploitation is strong. Operationally there is more to do to ensure that social workers understand how best to use information from return home interviews to inform planning.

Multi-agency understanding of the threshold for services in Cheshire East is improving. Where children are at risk of significant harm, identification and referral to children's services for assessment, intervention and support is swift. There is more to do to ensure children and families receive timely early help when they do not meet the threshold for social work intervention and to embed understanding of the required levels of support for children and families when risks reduce.

Although support for children and families through multi-agency working is strong, there is more to do strategically to ensure that commissioning arrangements meet the needs of children in need of help and protection and children looked after. This is in relation to accommodation for care leavers, health provision for young people over the age of 16, initial health assessments, the provision of advocacy services for children in need and in understanding service need in relation to family group conferences.

Creating a stable and competent workforce has been a key challenge. The local authority has worked hard to improve recruitment and retention and to secure a sufficiently experienced and competent workforce. This inspection found improving stability, reduced caseloads for the majority of social workers and greater continuity for children. However, high turnover of staff has reduced the effectiveness of training, continual professional development and challenge through supervision over time. It has also hindered the embedding of statutory responsibilities in some key areas such as the timely identification, assessment and monitoring of private fostering and connected persons' arrangements.

Child protection chairs and independent reviewing officers have good oversight of individual cases but the impact of their challenge is not yet leading to consistently good services for children. This is particularly the case where there is historic drift and delay in taking decisive action to help and protect children and young people. The inspection found a lack of management grip in a small number of such cases, resulting in delays in improving children's circumstances. For other children and families, assessment and planning at all stages are not always as timely or as sharply focused as they should be. Recording of management decisions is inconsistent.

Planning for permanence is improving with a good focus on adoption. Considerable work has been done to ensure timely decisions for children are secured but some are still waiting too long for a permanent home. Support for adopters is a strength. There is more to do to help children understand their life stories and the reasons for decisions. Children looked after by foster carers are waiting too long for decisions to be made about their day-to-day lives because the local authority is not sufficiently clear about decisions that can be delegated to foster carers.

<b>Recommendations</b>
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1. Strengthen senior managers' oversight and monitoring of:
  - complex cases where there are historic drift and delay in taking decisive action (paragraph 36)
  - private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83)
  - care leavers who are homeless (paragraph 112).
2. Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children (paragraphs 37, 84).
3. Ensure that supervision is reflective, challenging and consistently focuses on continual professional development (paragraphs 33, 130).
4. Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help (paragraph 25).
5. Ensure that strategy meetings and decisions are informed by relevant partner agencies (paragraph 27).
6. Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107).
7. Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing (paragraphs 41, 42, 58, 175).
8. Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances (paragraphs 29, 30, 51, 54, 59, 82, 98).
9. Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115).
10. Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded (paragraph 39).

11. Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78).
12. Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales (paragraph 67).
13. Ensure audit arrangements have a sharper focus on looked after children (paragraph 140).
14. Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138).
15. Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142).
16. Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150)
  - reviewing the use of foyer accommodation for 16–17 year olds
  - ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation and review the practice of using this provision (paragraph 114)
  - ensuring sufficient health provision for older looked after children and care leavers (paragraphs 121, 124)
  - improving the use of family group conferences so that all possible options for children are consistently explored (paragraph 55)
  - increasing the capacity of advocacy services to support children and young people identified as in need (paragraphs 45, 85, 150).
17. Ensure later-in-life letters provide details of all known information, are written in plain English and are accessible to children so that they understand their stories (paragraph 107).

## Summary for children and young people

- Senior leaders and managers in the local authority have worked hard to ensure that services to children and their families have improved a lot since the last inspection. Councillors and leaders have plans to make further improvements to ensure the best services for children.
- In the past children have had too many changes in social worker. This has recently improved. This means that social workers have been able to build better relationships with them. As a result of the increased time social workers now spend working with the same children and young people, they know them well. Social workers say they enjoy working in Cheshire East.
- When children, young people and their families need help it is usually available because a wide range of different professionals work well together to provide it. The right people, such as family support workers, school teachers and support staff, youth engagement officers and healthcare staff are well trained to understand what help is needed.
- Although children get the support they need, the assessment of their needs sometimes takes too long. Too many children wait too long before they get the right help.
- Looked after children, referred to as cared for children in Cheshire East, are well supported in the right placements, by foster carers and at school. Careful planning, progress monitoring and good use of the financial support available help the majority of children make at least the expected progress in their education.
- Care leavers benefit from close working relationships with their personal advisers who know them well and provide support that meets most of their needs. Plans are also being put in place to improve support, to encourage them to have high ambitions and to continue in education, employment and training.
- When care leavers have nowhere to live personal advisers do all that they can to help them find a safe place to live. However, senior managers do not understand enough about these young people's individual circumstances to ensure that the best support is provided to them.
- The adoption team are good at finding permanent families for children who can no longer live with their own families. Children are well supported in their new families. There are plans to improve the understanding children have of their life story.



The experiences and progress of children who need help and protection	Requires improvement
<p>Since the last inspection there have been significant improvements in the quality of services provided to children in need of help and support, particularly in the identification and assessment of risk within families.</p> <p>Early help for families is better coordinated. Partner agencies are taking a more active role in providing and coordinating early help and undertaking assessments of need. However, decisions about providing early help support to children who have been referred to children's social care are sometimes delayed. These children do not receive the right services to meet their needs early enough.</p> <p>The local authority still has work to do to ensure consistent multi-agency involvement in assessments and plans, particularly in relation to their involvement in strategy meetings and in plans to support families when risk has reduced. Partnership working has considerably improved with schools, health and the police working well with the local authority to help protect and support children and young people.</p> <p>Children in need of a social work assessment are identified and swiftly provided with appropriate levels of help through new arrangements by Cheshire East Consultancy Service. Assessments are completed in the timescales of the child and plans are reviewed regularly. However, the quality of assessments is not of a consistently good standard. They do not always reflect the needs, wishes and feelings of individual children.</p> <p>Child protection and child in need plans are not always specific to individual children's needs or clear about what needs to change.</p> <p>Not all frontline practitioners have had sufficient training and support to understand child sexual exploitation and missing from home issues to enable them to help the children with whom they work. The response to missing children and young people and those at risk of sexual exploitation is well coordinated and there are clear strategies in place to help these children and young people. However, not all return interviews are analysed fully.</p> <p>The arrangements for case management of private fostering are not sufficiently robust.</p>	

### Inspection findings

18. When children and families need early help and support, they can readily access a wide range of services that are effective in improving outcomes for children. The local authority uses 15 indicators to measure the impact of early help, including persistent absence from school, school readiness and family

relationships. Circumstances for these children and families have improved across all indicators in the past year. Early help and troubled families work are appropriately aligned. The local authority identified 585 eligible families in the first round of the Troubled Families Programme. After a slow start, all of these families are now being helped to make important changes leading to better outcomes for children.

19. At the time of the inspection, 871 children were being supported following a Common Assessment Framework (CAF) assessment, which was an increase from 658 six months earlier. A wide range of professionals complete CAF assessments, which reflects the training and awareness-raising that has been delivered. The most significant increase is from schools that take the lead role in coordinating increasing numbers of support packages for children in need of early help.
20. A large majority of CAF assessments seen by inspectors contain detailed records of need and clear plans of action to improve circumstances for children. However, not all record children's views. CAF plans are reviewed by lead professionals regularly and closed if sufficient progress has been made but the rationale for the decision is not always clearly recorded. This makes it harder to evaluate the effectiveness of the help received.
21. When improvements are not made or sustained through support from early help services, cases are escalated to children's social care for a child in need assessment and, where appropriate, social work support. In some cases the decision to undertake a child in need assessment should have been taken sooner.
22. Contacts from other agencies transfer swiftly via the Family Information Service to Cheshire East Consultancy Service (ChECS) where qualified social workers review and record them. All contact records show some evidence of workers considering the historical information available to inform their decision-making. This is not always recorded in as much detail as required to inform next steps and this results in practice managers requesting further information and to some delays in decision-making.
23. Where contact information clearly meets the threshold for social work intervention, social workers identify this well and quickly pass completed contact records to practice managers who then transfer cases immediately to the locality team. Once children transfer to the locality team they receive a timely and appropriate response that reflects the nature of the information received in the form of visits, implementation of child protection procedures and allocation for assessment and support.
24. Where contacts require further consideration before decisions are made there is evidence of delays in information gathering and decision-making. As a result some contacts seen were open to social workers for periods of up to 10 days without decisions being made, often without evidence of sufficient oversight by

practice managers. While none of these children are at immediate risk there are a small number who could receive help earlier with more prompt decision-making. Consent for information-sharing is consistently considered but in some cases records are not clear as to why the decision is made to proceed without consent.

25. Where the threshold for social work assessment is not met children are signposted to receive early help services by way of a common assessment led by partner agencies or by Cheshire East Family Service (CEFS) staff.
26. Where children are at risk of harm, strategy discussions take place to determine whether section 47 enquiries are required. In the majority of cases seen these are initial telephone discussions between a practice manager and the police, without the involvement of other agencies such as health. This means that these decisions do not consistently take account of all relevant information. Managers have identified that working practices between social work teams and the police need to develop further to improve the quality of information-sharing and include the involvement of other agencies. Child protection thresholds are applied appropriately and where appropriate new plans are made with an emphasis on reducing risk. In the cases seen during inspection, children at risk of harm were seen in appropriate timescales, within 24 hours. However, an audit carried out in July 2015 by practice managers found that this is a fluctuating area of performance that still requires improvement.
27. Cheshire East Emergency Duty Team (EDT) provides a good service for children and adults who require social work intervention out of hours. This is a dedicated team of experienced social workers and support staff with oversight from a team manager. In addition all EDT staff access telephone advice and support from children's social care managers who are available at all times through a rota.
28. Timeliness of assessments is good with timescales appropriate to the needs of the child. Not all assessments are of sufficient quality, particularly in demonstrating that risk to children from domestic abuse, parental mental health or substance misuse are fully considered and understood. Adult social care is not routinely involved in assessments of children where these factors are present. The specific needs of children within the family are not always differentiated, and this leads to conclusions and plans that do not take account of individual children's experiences.
29. Issues of diversity and cultural needs are not consistently well explored and responded to in all cases. Assessments do not fully explore issues of race and gender and how they impact on children's experiences within their own family. However, examples were seen of social workers sensitively responding to and supporting gay young people. Children's views and ideas are included in assessments and recorded on case files. Social workers see children regularly and speak warmly about them but there is little evidence that they explain to them why decisions have been made or help them to understand their

circumstances better. Some children have their own family support worker which helps them to explore their thoughts and feelings and some purposeful direct work was seen in these cases. There is evidence on case files of parents being involved and consulted during assessments, but some parents spoken to say that they do not always feel listened to.

30. Child protection and child in need plans are not always specific to individual children. They lack timescales and contingency planning. Casework is not consistently underpinned by theoretical models or a full understanding of whether changes in children's circumstances are sustainable. Direct work with children in some cases is not informed by the assessment or plan and consequently lacks focus.
31. Social workers are too slow to respond to lack of progress on some children's plans and not all partners are as involved in planning as others. Schools are a strong partner and support vulnerable children with a good range of services including play therapy and family support. Adult service social workers and housing providers are less involved and plans do not always reflect a coordinated multi-agency response to children's needs. This means that children do not always receive services that meet their holistic needs. Case records are generally up-to-date but the quality is not consistently good. Some are too brief and lack detail of children's experiences and progress made on plans. This results in a minority of cases being closed too soon because the complexities are not fully recorded or understood. Chronologies are not used regularly to map significant events in children's lives. Important historical information that impacts on children is not sufficiently analysed to inform decision-making and planning.
32. Social workers feel supported by practice managers and supervision is frequent, but they cannot describe how their practice is monitored or challenged through the supervision process. Practice managers' oversight of casework is not clear in most of the cases seen and there is little evidence of direction, challenge or support where plans for children have not progressed or work has not been completed in a timely way. There is evidence of auditing activity on case files and social workers generally comply with actions arising from the auditing process. There has been a high turnover of staff, which has made it difficult to establish practice standards and create consistency. This is now improving as the workforce becomes more stable.
33. Thresholds are published by the Cheshire East Safeguarding Children Board (CESCB) and shared with partner agencies. CESCB training to reinforce the shared understanding is well attended and there are agreed systems for moving cases across the threshold of need. In practice, the application of thresholds remains inconsistent. Cases stepping up from child in need to child protection are identified and action is taken to put child protection arrangements in place but sometimes this has taken too long and children have been without a clearly focused child protection plan. The local authority has recognised this and has

made very recent improvements. Two reviewing officers are being recruited to oversee and escalate such cases more promptly.

34. There has been a significant increase in the number of children subject to a child protection plan over the past 12 months. In March 2014 there were 203 children with a protection plan, rising to 308 in March 2015. This 2015 figure is a rate of 41 and is closer to the England rate of 42 per 10,000 children. The rise is due in part to a greater focus on children who are at risk of being sexually exploited, reflected in the increase in children who are subject to a child protection plan under the category of sexual abuse.
35. Around 10% of all children subject to child protection plans have been on a plan for more than 15 months. This group of 28 children includes two large sibling groups. A sample of these cases shows drift and delay in making progress on plans and improving circumstances for children. The graded care profile is not being well used to assess cases of neglect, which make up 49% of children on plans. Inspectors saw cases where historical neglect within families is still affecting children's lives because change is difficult to sustain. Managers have not provided enough oversight of these cases to ensure plans are clear and effectively progressed over time. Child protection review conferences are not consistently held within timescale, with 11% taking place later than planned according to the local authority's own figures. Reviewing officers see children before and after conferences to gain their views and to explain decisions made at the conference. There is no formal tracking, recording or reporting of the numbers of children and young people seen but management information reports that 93% of children and young people participate in some way in their reviews.
36. Conference chairs raise practice alerts if they see lack of progress or poor social work practice. These alerts almost always result in action being taken and reviewing officers will check that alerts have been responded to. A spreadsheet of alerts is kept to monitor progress and this is sent to the head of service who uses them in fortnightly practice challenge meetings. Reviewing officers also issue good practice alerts where appropriate. This is recent practice and is not yet demonstrating sufficient impact for children, although practice challenge meetings are contributing to raising standards.
37. Conferences are well attended but the local authority's capacity to monitor the contribution of other agencies is reduced because the electronic recording system is not yet fully functional. This also applies to parental attendance, currently recorded at 42%, but in fact higher.
38. Inspectors saw a number of cases that had been closed to children's social care and stepped down too soon, with too little progress made, and change not sustained to secure improved outcomes. In these cases social workers are over-optimistic about the progress families can make. Some cases are stepped down for management at CAF level before all of the actions in the child in need plan have been completed and when families clearly still need support and

monitoring. The local authority has recognised through its auditing process that too many cases are being stepped down too soon and has recently issued a direction to practice managers to ensure greater oversight and consistency of practice.

39. The number of private fostering notifications remains low. This is in keeping with national challenges inherent in identifying such arrangements. Cheshire East has taken steps to raise awareness and understanding with frontline staff, other agencies and members of the public. For example, the authority has recognised that the term 'private fostering' might be confusing to the public and has recently changed its posters and leaflets to address this. Case oversight has recently been strengthened by the allocation of an independent reviewing officer to oversee current cases to ensure statutory compliance. However, three cases sampled showed delays in responding to notifications, Disclosure and Barring Service (DBS) checks, visits and decision-making. There is no evidence of management oversight identifying or challenging these delays. The draft action plan in place to address these issues is outcome-focused with clear priorities. However, it lacks timescales for actions to be completed, which reduces its effectiveness.
40. The local authority and its partners take seriously their duties and responsibilities to those children who go missing from home or care and have worked well together to establish clear strategies and protocols to help these children. In the last year there were 243 instances of young people going missing, pertaining to 115 children. Seven young people went missing from care more than five times and three young people went missing from home more than five times. All have a detailed support plan in place and a named social worker responsible for the plan. Return interviews are provided by a commissioned service and copies of these are sent to social workers and the police. Not all social workers use information from these interviews to inform on-going work with young people or to explore wider issues such as links with other missing young people. This reduces the impact of the strong strategic arrangements in place.
41. There is a clear connection between arrangements for children who go missing and those for children at risk of child sexual exploitation. Children who go missing are consistently assessed against recognised tools for risk of sexual exploitation. Professionals across Cheshire are using intelligence successfully to identify and disrupt perpetrators. However, case files and observations of meetings show that while tools and checklists are being used, there is a lack of skilled, sensitive work with children and young people to understand individual vulnerability and risk. Some social workers spoken to said that they had not had training in child sexual exploitation. In part this is due to the high turnover of staff. Training continues to be delivered periodically, with increasing impact on consistency in practice as the workforce becomes more stable.
42. Children missing from education are carefully monitored. Managers receive prompt notifications from schools and then carry out appropriate checks with a



wide range of relevant agencies. The 90 children who are on flexible timetables, including alternative provision, are known and monitored. Around two thirds are not receiving 25 hours every week and this is mainly for medical reasons. There were 1,629 fixed-term exclusions from secondary schools and 257 from primary schools in 2014/15. Of 23 permanently excluded children 22 went directly to the pupil referral unit and one primary child went to an alternative school.

43. Children and young people who are electively home educated (EHE) and their carers are given appropriate advice and support through the oversight of a manager who has developed good relationships with schools, parents and the EHE community. There has been an increase from 150 in September 2014 to 215 currently known to be EHE. A small minority of these are known to social care. Helpful advice and guidance are provided to parents and 30 cases resulted in parents returning their children to mainstream education; this includes young people who were experiencing unsuitable education. Home visits are carried out by the EHE manager and letters are sent to encourage parents to accept advice and guidance at home.
44. Advocacy is offered to all children subject to a child protection plan through a commissioned provider. The advocacy service is well publicised and take-up of the service is increasing. Evidence from a recent small-scale pilot supporting young people to attend their child protection conference is encouraging. Not all children in need are offered advocacy and this is a gap. Advocacy is offered to those children who are at risk of sexual exploitation but are not subject to a child protection plan. There are no plans to change the arrangements for the delivery of this commissioned service.
45. The local authority has a good understanding of the prevalence of domestic abuse, adult mental health and substance misuse. Substance misuse was recorded as a factor in 7% of assessments; combined with alcohol misuse, this increased to 15%. Currently 357 children are living with substance misusing parents, of whom 14 are subject to CAF, 46 are children in need, 26 have child protection plans and one is subject to a child sexual exploitation plan. An appropriate range of services are commissioned to support families. Parental mental health problems were recorded in 9% of assessments. The local authority is working with adult services to achieve greater integration at the front door when parents are access adult services. Domestic violence was recorded as a factor in 22% of assessments (2013–14 child in need census).
46. Responses to domestic abuse are improving, and the co-location of the domestic abuse hub with ChECS has helped to improve shared working practices. Vulnerable persons alerts (VPAs) are screened by the police and where children may be at risk or in need these are forwarded to ChECS. The co-location of police with ChECS is helpful in making these decisions, although inspectors saw cases where the police had taken too long to forward alerts to children's social care. All VPAs are forwarded to the domestic abuse hub and victims who request or require a service are appropriately helped. Currently

there is no information available to report on the proportion of children in need and children subject to a child protection plan who are supported by the hub. This means that the local authority cannot fully evaluate the effectiveness of this provision. The service reports that it received around 400 referrals in the past 12 months, and around 65% of these families are engaged with the service. Multi-agency risk assessment conferences (MARAC) are well attended; agencies share information in advance and follow up any actions from panels. This year 484 adults were referred to MARAC with 636 children, a rise from the previous year of 357 adults with 455 children. The analysis of this by service managers indicates earlier identification and effective support for families experiencing domestic abuse.

47. When concerns are raised about individuals who are in a position of trust in relation to children, arrangements are clear and consistent. Appropriate referrals are made by a range of agencies to the designated officer. A sample of these cases showed appropriate and prompt responses. Training is provided to agencies on safer recruitment and safe behaviour and the designated officer offers consultations before formal referrals are made. This has resulted in a reduction in the number of unsubstantiated cases as agencies get better at identifying risk to children.

<b>The experiences and progress of children looked after and achieving permanence</b>	<b>Requires improvement</b>
<p>Too few children have comprehensive, up-to-date assessments that give a rounded picture of needs and inform planning. This means that in many cases plans do not always reflect or address current circumstances and needs. Some plans have a lack of focus on desired outcomes. Work undertaken with families before they enter legal proceedings is tracked but not clearly recorded. In a small number of cases it was not clear if more could have been done to prevent children becoming looked after. Support services for children on the edge of care are effective.</p> <p>When children go missing from care, return home interviews are not consistently carried out. Where return home interviews take place the information recorded is not comprehensive. There are some delays in return home interview records being sent to social workers.</p> <p>Support for the education of children looked after is positive and their progress is good at Key Stage 2 and improving at Key Stage 4. The virtual school carefully monitors this provision. Most children looked after have had an assessment of their health needs, but there are delays in some initial health assessments taking place. Review health assessments are timely.</p> <p>The children in care council is helping the local authority to improve services. Despite this, examples of its influence are mostly recent and some have taken a long time to achieve.</p> <p>Although adoption performance is positive and there is increasing and appropriate use of special guardianship orders (SGOs), permanence is not achieved for all children sufficiently quickly. Children with adoption plans are now matched with adopters in a timely manner. The local authority has effective collaborative arrangements for recruiting and training adopters and has more than sufficient numbers of adopters for children, leading to appropriate matching. The quality of adoption reports is good. Post-adoption support services for adopters and special guardians are a strong feature. Plans to achieve a 'gold standard' service for care leavers have not yet resulted in consistently improved outcomes and the quality of practice remains too variable.</p> <p>Senior managers do not have sufficient oversight of care leavers who are homeless. Risk assessments on young people living in foyer accommodation do not take into account any additional risk due to the setting and are not routinely completed on care leavers. Almost all care leavers remain looked after until they reach 18 years of age. They benefit from close supportive working relationships with personal advisers who know them well. A revised 'staying put' policy was issued in April 2015 but it is too early to evaluate. Pathway plans, while improving, are not clear enough about what needs to happen and managerial oversight is not always focused on progress against the plan. Financial support to young people setting up home or at university is good. The percentage of care leavers in education, employment and training improvement is higher than in comparable local authorities.</p>	

## Inspection findings

48. At the time of the inspection there were 387 children in the care of the local authority. This is a rise from the 335 reported in March 2014 but is lower than previous years.
49. The local authority has a range of services that can support children at risk of becoming looked after. These include the @CT team and the Multi-Systemic Therapy (MST) service. The @CT team provides intensive support for children aged 10–18. It has worked with 132 children since it started in July 2014, of whom only 11 have subsequently become looked after. The MST service works with young people aged 11–17. Of approximately 40 young people worked with, only two have become looked after. Long-term follow-up at six, 12 and 18 months demonstrates the effectiveness of this work.
50. Decisions for children to become looked after are appropriate in the majority of cases. In other cases further work may have prevented children becoming looked after, but recording is not clear enough to evaluate this effectively. Examples were seen of delays, such as in seeking legal advice.
51. In too many children's cases, assessments are not up-to-date and are not sufficiently thorough or analytical to present a rounded, contemporary picture of children's needs. They can be too narrowly focused on what the social worker perceives to be the presenting problem, and therefore do not consider the full range of issues. Other assessments are out of date. Even recent assessments are not consistently updated in relation to significant events.
52. Too few looked after children have good quality care plans. Plans do not always reflect or address current circumstances and needs, while some lack drive towards desired outcomes.
53. Inspectors saw examples of effective multi-agency working, with a range of professionals involved in the development of care plans, health assessments and personal education plans. When children return home from care an update to the assessment is not always undertaken to inform this decision and identify appropriate levels of support needed. In one child's case, a failure to assess a return home adequately led to a swift return to care.
54. Children's cases subject to the pre-proceedings phase of the Public Law Outline are tracked but the work done is poorly recorded. Only a few records showed that families had letters setting out the concerns, though some files recorded parents being provided with these. Example letters seen listed concerns but were not clear about the impact of these on children, and the actions expected of parents were insufficiently clear and lacked timescales. This could mean that parents do not know what is expected of them. Managers report that family group conferencing is not used well and its impact is unknown.

55. Decisions to enter proceedings or pre-proceedings are appropriately made through legal advice meetings. These meetings are appropriately chaired by group managers. The Children and Family Court Advisory and Support Service (Cafcass) reported that the work presented to courts is of variable quality. This is acknowledged by the local authority and managers are aware of training needs.
56. Permanence is not consistently well prioritised. Examples were seen where children have achieved permanence within timescales appropriate to their needs, or where delays in achieving permanence have been minimised through effective contingency planning and swift responses to difficulties. However, some children have experienced delays in permanence plans being developed or progressed quickly enough, particularly where their needs have been poorly assessed.
57. Although the numbers of children going missing from care are tracked and data demonstrates a reduction in missing episodes for some children over time, the response to children going missing from care is variable. Where return home interviews take place the information recorded is not comprehensive. There are delays in return home interview records being sent to social workers. Information from missing interviews is not used consistently by social workers in planning for children. Links are made between children going missing and the possibility of child sexual exploitation. Not all social workers have received sufficient training about issues relating to children going missing or being at risk of sexual exploitation. However, inspectors saw examples of effective work with children at risk of sexual exploitation. The local authority has taken recent and positive action to increase resources to undertake return home interviews through its commissioning arrangements.
58. Most looked after children are visited regularly by their social workers and some describe positive relationships with them. Children feel confident about talking to their social workers about difficulties and say that these discussions lead to actions that make things better. They feel welcome and at home in their placements. They understand what the plans are for them, feel consulted about these and feel that their views are listened to. All children and young people spoken to feel supported to pursue their hobbies and interests. Children have contact with the people who are important to them, and say that they value this. Contact is regularly considered at their looked after reviews, though the recording is not always sufficiently detailed to show the benefits to the child of the contact. In some cases seen, contact had not always been subject to a rigorous risk assessment, though no children were found to be having unsafe contact during the inspection.
59. At the time of the inspection only five (3%) of looked after children aged 10 or older who had been looked after for a year or more were known to the youth offending service. This compares well with the most recent national figure from 2013–14 of 6%, and is an improvement on the local authority's 2014–15 figure of 9%. However, current reporting systems do not allow detailed analysis of

patterns of offending in order to better target preventive action. Collaborative working between youth justice workers and children's social care is mixed. In some cases good collaboration helped young people reduce their offending behaviour. In other cases less progress was made.

60. The Head of the Virtual School (HVS) is supported by a well-trained team. Schools feel supported and challenged by the virtual school team in their efforts to help looked after children to make at least expected progress. Well-targeted use of the pupil premium and additional funding helps children improve their progress and attainment. A range of additional activities are also provided for looked after children in their leisure time, such as holiday clubs, football clubs, horse-riding and music.
61. Not all looked after children attend good schools. Around 13% of the 294 children aged 4–16 are in less than good schools but they are well supported and their performance is closely monitored. The virtual school team also carefully monitors all the alternative provision provided by schools. Most of this is for young people at Key Stage 4 and is at registered vocational training providers. Where appropriate the virtual school team ensures children return to mainstream education as soon as possible. The children and young people being educated outside Cheshire East in adjoining authorities benefit from additional support and progress monitoring.
62. The average attendance of cared for children was 93% in 2013/14, which is below the virtual school target of 95%. All those failing to achieve this target are closely monitored by schools and the virtual school team. Of these children, 6% are persistent absentees, which is slightly higher than the figure for England. Plans are in place, but not yet implemented, to send letters to carers regularly to remind them of the importance of full attendance.
63. The HVS closely monitors the progress and attainment of looked after for children and has accurately assessed their performance at the key stages of education. Overall the significant attainment gap between looked after children and all children is closing. At Key Stage 1, the progress of most looked after children in reading, writing and mathematics requires improvement. At Key Stage 2 their progress is good, being significantly better than national comparators. From Key Stage 2 to Key Stage 4 the numbers making two levels of progress are below national levels, but the proportion gaining at least 5 GCSEs at grades A\* to C, including English and mathematics, has increased over the last three years from 6% in 2012 to 15% in 2014.
64. All looked after children have a current personal education plan (PEP) and the quality of these has improved as a result of careful monitoring and training provided by the HVS and her team. Members of the virtual school team attend all initial PEP meetings and, following risk assessment, most follow-on PEP meetings. Records of progress and achievement against improvement targets are appropriately completed by teachers who have been trained for this role. As a result, most capture appropriate levels of detail and the child's voice using

age-specific documents. However, the level of detail in two out of the 10 PEPs sampled was insufficient and the preciseness of the targets to be achieved to improve performance was variable.

65. The virtual school carefully tracks the destinations of Year 11 pupils so that they can support their onward progress. Cheshire East data shows that, in September 2014, 92% of these looked after young people continued in education or secured training or employment, which is an improvement from 89% in the previous year. There is, however, a significant drop-out rate. By June 2015, 76% remained in education, employment or training (EET), although this is still higher than the latest figures for England as a whole. Work is already underway, through a 16-plus education, employment and destinations group, to improve the proportion of young people who sustain themselves in EET as they progress towards becoming successful care leavers, although it is too soon to judge the impact of this work.
66. Strength and difficulties questionnaires are used well to inform the work undertaken to improve the emotional health and well-being of children. There is improved performance in their completion and quality. For the year 2014–15, 134 of the 138 children who remained in care for more than 20 days had an initial health assessment. However, only 41 of 138 were completed within the expected timescale (30%). In the first quarter of 2015–16 this improved slightly to 36% but this still represents poor performance. The local authority is taking steps to strengthen arrangements by introducing an early alert system to improve response times. Performance for review health assessments is significantly better. Health data for 2014–15 demonstrate good performance. Almost all (98%) looked after children are up-to-date with their immunisations, have had a dental check and an annual health assessment. Young people feel their health needs are supported well.
67. Young people receive a wide range of support for emerging mental health needs from child and adolescent mental health services (CAMHS) and trained practitioners in the dedicated health team for looked after children. They are seen within one week of referral by this service. Facilities for therapeutic work, including play therapy and art therapy, are good. Foster carers are provided with timely advice which in some cases is reducing risk of placement breakdown. When children need mental health interventions at tiers three or four, waiting times range from three to 11 weeks depending on where the service is based and its specialism. Looked after children referred by the looked after children's health team are given priority but actual waiting times were not distinguishable from other children. However, in cases sampled children were offered timely support leading to improved outcomes.
68. Placements are good for many children, meet their needs and have a positive impact on them. The local authority only places children in homes that are good or better and monitoring of these arrangements is robust. Most children are placed within 20 miles of home, with 16% placed further away than this.



Brothers and sisters are placed together in most cases. Children are not disadvantaged by living out of area.

69. Overall, children do not move more often than they need to. At the end of March 2015, 8% of looked after children had three or more placements in the previous year. This is an improvement on 14% the previous year and lower than the England level of 11% for 2014. Similarly, 65% of those who have been looked after for more than two and a half years at the end of March 2015 had been in the same placement for more than two years. This is similar to the previous year and the levels seen by comparators.
70. A review of the fostering service was undertaken in 2014 in recognition of the fact that it was unable to meet the demand for foster homes. Subsequently, timescales for completion of fostering assessments have improved, as have fostering bed occupancy rates. At the time of the inspection 129 children were being cared for by their long-term foster carers and 28 children were waiting to be matched with long-term carers.
71. At the time of the inspection, the local authority had 109 mainstream foster carers (202 beds), seven short break carers (nine beds) and 27 family and friend foster carers (39 beds). It has a target of approving 35 new households during 2015–16, particularly for sibling groups and mother and baby placements.
72. The local authority recruited 21 new fostering households but only managed a net gain of six during 2014–15. As of 31 March 2015, 75% of Cheshire East's looked after children were being cared for by foster carers, of whom 56% were in-house carers. Family and friend foster carers provide care for 18%. Of the remaining children in foster care, 26% are with independent foster carers; 57% of these are within 20 miles of their original homes.
73. The quality of fostering assessments is good, clearly evidencing strengths and vulnerabilities of carers. All annual reviews are presented at panel which are now reviewed by independent reviewing officers. This is a change from last year when they were completed by a fostering team manager, and now allows for independent scrutiny. Feedback from children's social workers is not included in the reviews universally, but has improved since being raised with managers.
74. The fostering service runs a successful and effective scheme, which awards grants to extend or adapt homes or buy new cars to meet the needs of children within fostering households. When current projects are complete the scheme will have helped improve the lives of about 20 children, including enabling sibling groups to remain together.
75. Foster carers receive good training, although they do not like the e-learning offer. The take-up of training is good, with 83% (local authority's own data) of foster carers having completed the training, support and development

standards training, compared with 78% as of March 2014. This was 21% higher than the England average.

76. All foster carers spoken with are aware of the delegated decision-making process, but feel social workers still have to complete too many forms. For example, if a foster carer agrees that a child can go to another carer for an overnight stay, forms still have to be completed, rather than the foster carer having the discretion to decide.
77. Relevant paperwork about children's background and needs are not always provided to foster carers at an early enough point – before or at the point of a child being placed. Two foster carers stated that, when a child was placed with them in an emergency, they had experienced a delay – in one case of two weeks – causing undue pressure on their family as they were unfamiliar with the child's background or how best to support the child.
78. Some foster carers feel that communication with the service could be better. They talked to inspectors about not being told about contact plans being changed, and not being informed about long-term plans for a child in their care.
79. Foster carers spoken with described very positive relationships with their individual workers allowing for trusting relationships to be established to support children in their care. However, some have experienced delays in visits from their supervising social workers, due to the team experiencing sickness and vacancies. This is acknowledged by the service and plans are in place to address this.
80. Where looked after children live with relatives or friends, assessment of these connected persons is not always sufficiently robust. In the main, assessments look at the areas required to ensure children are safe. However, the timescales for the completion are not always adhered to, and it is not clear in all cases that the assessments are signed off by senior managers.
81. In a large majority of cases children have positive experiences of their reviews. Their wishes and feelings are made known through consultation processes, observations and by attending. Most children spoken to knew their independent reviewing officer and felt that they listened to them and ensured their views were represented at reviews.
82. The caseloads of independent reviewing officers are between 70 and 80 children. Evidence was seen in some cases of independent reviewing officers undertaking mid-point reviews on the progress of plans. Independent reviewing officers raise concerns through the dispute resolution process, but as yet this is not having sufficient impact on the overall quality of assessment and planning for children looked after.
83. Advocacy is offered to all looked after children. Those placed at a distance are not disadvantaged and receive the same level of service as children living more

locally. Advocacy services are well publicised and take-up by looked after children is good. Take-up of independent visitors is low. Despite this there is a current waiting list of 10 young people. Some are waiting for volunteers who fit the profile that the young person wants and three are waiting because of difficulties in recruiting volunteers who are able to travel to young people placed at a distance. One of these young people has been waiting for nine months. Plans are in place to address both these issues but in the meantime some of these vulnerable cared for children are waiting too long.

84. Key discussions and decisions are not fully recorded on the child's case record. This makes it difficult to follow the child's story and could mean that important information is missed by, for example, a worker new to the case. It will also make it difficult for children who wish to view their records in the future to understand why and how key decisions were made.
85. The children in care council is positively engaged and helping the local authority to improve services for looked after children. There are recent examples of their influence effecting change. However, despite their input some changes have taken a long time to achieve, such as the development of a care pack for children entering care and refreshing the pledge for children looked after.
86. Diversity issues are not always considered well. Some children's case files have very little evidence of consideration of diversity, while in others needs in relation to diversity are recognised but poorly explored or poorly responded to. In better cases, appropriate consideration is given to diversity needs arising from culture, mental health difficulties and special educational needs, with some positive examples also seen of consideration of children's diversity needs arising from experiences such as neglect.

<b>The graded judgment for adoption performance is that it is good</b>
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87. Adoption is an active permanence option for all children who are unable to return to their birth families. The local authority is part of a formal collaboration, Four4Adoption, working with three neighbouring adoption services and thereby expanding its reach and capacity for information evenings, recruitment activity and support to adopters. This leads to a broader pool of adopters to meet the needs of children with adoption plans. The local authority increased the number of adopters recruited during 2013–14, seeing an increase by 72% and a further 29% increase during 2014–15 (nine additional adopters recruited).
88. The service has invested in additional staff and support to adopters and special guardians through use of the adoption reform grant and funds received through inter-agency fees, received when Cheshire East adopters have children placed by other local authorities. This is resulting in effective family-finding for children and support to adopters and special guardians.

89. The local authority is now targeting its recruitment on adopters for sibling groups and children with complex needs to reflect the number of such children with adoption plans. At the time of the inspection, the local authority had 28 children with an adoption plan, with nine children placed with an adoptive family, a further seven matched and seven awaiting placement orders. This leaves five children in two sibling groups waiting. In each case there are complicating factors contributing to the delays.
90. The local authority's three-year average adoption scorecard performance for 2011–14 shows variable performance. For this period the time taken to decide on a match with an adoptive family – at 208 days – was less than the England average but slightly longer than comparators. However, the average time between a child entering care and moving in with its adoptive family – at 747 – days was significantly longer than for comparators.
91. However, closer analysis of the local authority's adoption data and performance demonstrates that more recent practice is effective, with timely adoptions of children and, significantly, an improving trajectory. The local authority has pursued adoption as the right permanence option for children and understands its performance. For example, from 2012 the average time between a child entering care and being adopted is 353 days (unpublished data), much less than the national average of 628 days. Similarly, during this period it took on average 140 days from deciding on a match to a child moving in with his or her adoptive family. This demonstrates good performance for the past three years.
92. Age and ethnicity are not a barrier to achieving permanence through adoption. The latest adoption scorecard shows that the local authority had a higher number of children (16%) exiting care through adoption than the England average (14%) and also in comparison with statistical neighbours (14%). The local authority succeeded in achieving adoption for 6% of children over the age of five years, which is 1% above the England average for 2011–14; and for 17% of minority ethnic children, which is 9% higher than the England average and 10% better than its statistical neighbours. Of the children adopted during 2014–15, 19% were aged over five years, further evidencing good performance.
93. The local authority's timescales for concluding care proceedings are good, enabling children to be matched and placed with their adopters in a timely manner. The latest available data shows the local authority's average time for concluding care proceedings is 25 weeks, better than comparators by four weeks and the England level by five weeks. This is an indication of the positive work undertaken regionally with Cafcass and the courts. No children have had their adoption plan changed during 2014–15. During 2015–16, two children have had their care plans changed due to the court not making a placement order. Permanence for children is also considered through options other than adoption to provide children with stability and security. The local authority had 19 children leave care through the making of special guardianship orders (SGOs), which is 15% of the children who left care during 2014–15. This is

positive, but a slight decrease on 2013–14, when 17% of looked after children exited care due to an SGO. It is still better performance than comparators by 2% and higher than the England average by 6%. The local authority's SGO carers can access the full range of support available to adopters, which improves children's chances of experiencing stability into adulthood.

94. At the time of the inspection the local authority had 14 adopters awaiting placements. The longest wait had been since September 2014. This demonstrates sufficient numbers of adopters for children requiring adoptive families. In almost all cases where adopters are not matched to local children they are referred to the national adoption register or considered by the Four4Adoption collaboration or the regional consortium.
95. The local authority recruited 40 adopters during 2014–15, which is an increase of nine on the previous year. Timescales for the two-stage recruitment process are improving. Adopters spoken with stated they had received a timely and positive response to their initial enquiry, which contributed to them deciding to apply to Cheshire East. The local authority has held a recruitment event to promote fostering to adopt and presently has three carers, but is yet to place children with them due to matching profiles. Fostering to adopt is actively promoted to adopters and social workers in the child care teams to help them understand how it benefits children.
96. The adoption service home-finding social workers have been solely focused on family-finding activities for children during the last six months and this is now resulting in timely adoption placements being achieved. These workers track children effectively from the point of pre-proceedings. The local authority profiles children well through a range of means including DVDs, an online resource (Adoption Link), exchange days, Four4Adoption collaboration and the regional consortium. This helps ensure that permanence through adoption is achieved in a timely manner.
97. The local authority's adoption panel is chaired by an experienced person with relevant experience and the panel operates effectively. It has a strong stable membership, but recognises it would benefit from being more diverse and recent recruitment to the panel will address this issue. Panel members probe thoroughly issues identified in reports and have deferred a case where there were inconsistencies in the report. All panel members have up-to-date appraisals, as does the chairperson. Appropriate challenge by the panel chair is well-evidenced in six-monthly quality assurance reports.
98. The ethnic profile of Cheshire East's adopters reflects the looked after population. The adoption service has recruited same sex couples and single male and female adopters. During 2014–15, three sets of brothers and sisters were adopted together and no children were adopted apart from their brothers and sisters when assessed as needing to be adopted together.

99. Children's permanence reports are of a good standard. They provide clear details of children's birth history and reasons why adoption is the best permanence option. They are updated as needed to reflect the children's personalities and interests. Prospective adopters' records and reports evidence appropriate checks being completed. Reports are of a good standard, take account of the views of children and build on adopters' reflections on their own histories. Child placement reports effectively evidence how the adopters are able to meet the child's needs and include adopters' comments on proposed matches and contact plans for the child. All reports seen during the inspection included details on issues of diversity, with the best examples contained within the prospective adopter reports.
100. The agency decision-maker's decisions are recorded in detail, take account of medical reports and legal advice and decisions are made promptly, evidencing effective and timely decisions for permanence.
101. Assessments for adoption support are of a good standard and identify potential risks and needs. However, in a very small number of cases children experienced delays in accessing specialist therapeutic support because assessments were not completed early enough.
102. The support offer to adopters and special guardians is good and a key strength of the service. Adopters are informed of their entitlements during assessment training sessions. The support offer includes an example of very good practice, with the support team having a higher level teaching assistant (HLTA) who works with schools to help them understand the needs of children who are adopted or subject to special guardianship orders. The support is highly valued by schools and parents.
103. The local authority's post-adoption support service provides an array of services to support adopters in providing effective parenting. There are also various children's groups, which include 'Cool Cats', an activity-based group for 7–11 year olds, and 'Teen Club', for teenagers, which has access to a play therapist. The local authority was providing post-adoption support to 100 children at the point of the inspection, 15 of which were children cared for by special guardians. The local authority facilitated 158 letter box contacts during 2014–15, enabling children to maintain appropriate links with their birth families.
104. Life-story books prepared for children are produced in a personalised style, but overall are of variable quality. They are not always made available to adopters at the time of placement.
105. Later in life letters are also of a variable standard and would benefit from being written in child-friendly language and 'plain English' to make them more accessible to children.

**The graded judgment about the experience and progress of care leavers is that it requires improvement**

106. Since 2013 Cheshire East has been one of a group of four north-west authorities participating in a nation-wide initiative to develop a 'gold standard' service for care leavers based on the Care Leavers' Charter.<sup>4</sup> Despite a determined corporate drive to improve outcomes for care leavers this is not yet resulting in a consistently good service. While some positive changes are well established, a wide range of other actions with good potential are either too recent to evaluate or have not yet been implemented. This slow rate of progress reflects the scale of improvements in quality of practice and managerial oversight that were required.
107. At the time of the inspection there were 159 care leavers. Almost all young people in care remain looked after until they are 18 years of age. Care leavers told inspectors they value highly the trusting relationships their personal advisers have built with them over time. As a result of the quality of these relationships the local authority is in touch with all care leavers, and the vast majority are in direct contact. Tracking of young people who are in touch via a third party is effective and appropriately overseen by senior managers. This ensures that this small number of care leavers (four) are assured that the local authority remains concerned about their welfare and is ready to offer support should they choose to receive it.
108. The most recent inspection of children looked after and care leavers in 2011 identified pathway plans as an area for improvement. Significant recent investment in training is not yet resulting in pathway plans that are good, although the quality of support provided is often better than is reflected in the plan. Most plans seen were regularly updated but lacked detailed analysis and often confused the young person's needs with their wishes or actions required. Managerial oversight of the plans does not always focus sufficiently on progress or evaluate whether outcomes for the young person are improving. This has led to significant drift in one case seen and a lack of focus on emerging issues of concern in another.
109. Care leavers live in a wide range of accommodation, the vast majority of which is suitable to their needs. The largest group (46%) live independently. Financial

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<sup>4</sup> New Belongings was launched by DfE on 2 September 2013 and has been an innovative and ambitious initiative aiming to raise expectation and aspiration for care leavers. The inspiration for New Belongings came from the care leavers group who meet regularly with the Minister for Children. The project had three main objectives: to embed the principles of the Care Leavers Charter, to join up services to care leavers, as outlined in the Access All Areas report, to bring in the energy of local communities to support care leavers.



support for setting up home is good and at £3,000 is higher than in many other local authorities.

110. Young people receive flexible and tailored support to help them achieve independence. This ensures that most young people move towards independence at a pace that is right for them. Inspectors saw examples of care leavers with additional needs continuing to receiving floating support of up to 50 hours a week, enabling them to live independently. Care leavers spoken to reported that they felt safe in their accommodation, that it was of good quality, and that they were satisfied with the level of support they received.
111. At the time of the inspection six care leavers were refusing appropriate accommodation provided by the local authority. All of them had multiple problems including drug and alcohol misuse, risk of or actual offending behaviour, and emotional health problems. In all cases young people had been offered at least a temporary solution but had refused it. Most were moving between friends and relatives and one was in custody. Personal advisers were making concerted efforts to engage them with services in order to reduce their risk-taking behaviours and to secure sustainable, suitable housing options that were acceptable to them. However outcomes for these care leavers remain uncertain due to the complexity of their needs. Senior managers have insufficient oversight of these care leavers who are homeless and do not routinely monitor the individual circumstances of these highly vulnerable young people.
112. When young people present as homeless at age 16 or 17, housing and children's services complete a joint initial assessment of the presenting issue, followed by a children and families' assessment. In some cases seen, effective mediation at an early stage resulted in young people returning to their families. When this is not achievable young people are clearly encouraged to become looked after.
113. Foyer accommodation is used as a last resort for young people who are not yet adults. At the time of the inspection four young people age 16–17 and nine care leavers aged 18–20 were living in this type of accommodation. Providers complete risk assessments on all young people under the age of 18 at the start of the placement, but do not routinely complete them on older care leavers who may be equally vulnerable. Where this is the case the local authority cannot be assured that this is a safe place to live for these young people. Assessments seen were brief. They considered known risks, but did not specifically address the potential impact of the setting on the young person. Action plans were of better quality and young people were receiving bespoke packages of support and good job and life skills training which was helping them to achieve stability. In the cases seen none of the young people were found to be at risk within the placement.
114. At the time of the inspection, six care leavers over 18 were living with former foster carers under 'staying put' arrangements. A revised 'staying put' policy

was issued in April 2015 but it is too early to evaluate whether this will be successful in increasing the numbers of young people benefiting from these placements. A larger number of care leavers (15) were living in supported lodging arrangements with host families which, while not replicating the same level of support as foster carers, provides mentoring and advice when needed. One young person spoken to by an inspector greatly valued the informal contact he had with the host family, which was sensitive to his needs.

115. Data shows that at 31 March 2014 Cheshire East had a significantly lower percentage of care leavers aged 19, 20 and 21 who were not in education, employment or training (NEET) than comparators. However, at the time of the inspection 52% of 19-, 20- and 21-year-olds and 47% of all care leavers were NEET. This performance falls short of the local authority's aspirations for a gold standard service. Of these young people, 19% are recorded as unable to participate due to disability or because they are parents or pregnant. The majority of sampled pathway plans seen did not have clear and specific targets and actions to help or encourage young people to secure employment, education or training. Managers recognise that they could do more to identify young people who could be helped through the employability scheme.
116. A legacy of poor practice has resulted in some young people leaving school without the skills required to engage in further education and training or to enter the job market. Recent sound and innovative strategies to track and re-engage young people in education have not yet resulted in a marked impact across the full age range of young people who are classed as NEET. These include close work with the virtual school and intensive support pilots to improve young people's motivation to engage in positive activities. A newly commissioned service based on learning from the pilots is due to be launched in August 2015.
117. Academic support from the virtual school to care leavers in higher education is good and the financial support they receive is far higher than many other local authorities provide, ensuring that young people are not deterred from embarking on further study due to financial pressures. At the time of the inspection 12 care leavers (8%) were at university, with a further five due to start in September 2015. This is increasing year on year but the local authority is aware that this is not yet good. In the last academic year one care leaver had graduated from university and two had dropped out. A further 11 young people are engaged in apprenticeship schemes.
118. Drop-out rates are high across the range of educational and training schemes that care leavers begin. The local authority is tenacious in securing alternatives for young people that allow them to start again. Of the 14 young people aged 16–18 years who had dropped out of education or training in the last academic year, 10 had already re-engaged in training that will lead to a qualification, and a further four were due to start in September 2015. In recognition of the need to help more care leavers to make their apprenticeships and training courses a success, local authority funding has been secured to appoint staff to 'Project

Cygnet'. The project has not yet been launched. The local authority does not currently track whether the educational and training courses care leavers complete are effective in assisting them to obtain permanent employment. It has recognised that this is a gap and intends to do so in the future in order to improve careers advice available.

119. Care leavers have access to a wide range of helpful advice and support for their health needs including for their sexual and emotional health and to reduce risk-taking behaviours such as substance misuse. The post of specialist nurse for looked after children aged 16–18 has been vacant since April 2015. While cover is provided, it is not always the same person. This creates a lack of both continuity and specialist knowledge of the particular issues faced by this age group. There is no specialist health resource for care leavers over the age of 18.
120. Recent changes in procedures, underpinned by good strategic partnerships, are showing early signs of more timely involvement of adult services with young people who will require on-going services as a result of their health needs. Consideration at a recently established transitions group of young people with disability, mental health problems or other significant vulnerability is now ensuring that disabled young people have involvement with adult services from age 14 onwards.
121. Care leavers' experience of transferring from children's to adult services, unless they have identifiable significant health needs, remains dependent on the services available where they live. However, in cases sampled of the 58 care leavers out of area they were not disadvantaged by distance.
122. Responses to care leavers vulnerable to sexual exploitation are variable. Young people under 18 who meet the threshold are given full consideration at the child sexual exploitation operational group. The transitions group now considers care leavers at risk of sexual exploitation so that those who need it continue to receive services as a vulnerable adult. However, this is a very recent development and so far only a very small number (three) of young people have benefited as a result. In a very small minority (two) of cases, emerging risk had not been identified early enough, limiting the range of responses available due to the young person's age.
123. The local authority responds well to young people's diversity and identity needs when there is a clear identified need, for example in relation to disability, sexual orientation or gender identity. The potential impact of broader issues such as body image or physical presentation on young people's self-esteem is not always recognised unless raised by the young person.
124. Care leavers receive all appropriate documentation to help them start adult life. Those spoken to by inspectors knew how to complain and how to access their records, and were aware that advocacy services were available. Written information provided to care leavers about their entitlements is outdated but

mitigated by the current good advice from personal advisers. The information care leavers receive about their health history is less well summarised or understood, reducing young people's capacity to make informed choices about their future health needs. The local authority recognises this is a gap. Plans to provide young people with better quality information tailored to their individual needs are well underway.

125. There is an active care leavers' forum that has been central to planning current and future improvements. For example, membership of a credit union for care leavers was set up as a direct result of lobbying by the group. Care leavers spoken to expressed frustration at the pace of change to date but all felt their views were valued and respected.

Leadership, management and governance	Requires improvement
<p><b>Summary</b></p> <p>Since the last Ofsted inspection of 2013, senior and political leaders have worked closely and effectively with the Cheshire East Improvement Board (CEIB) to improve the quality and effectiveness of services for children and their families. Senior and political leaders understand their strengths and weaknesses well. They have taken decisive steps to identify, tackle and systematically address the barriers to providing good services.</p> <p>This inspection has identified key strengths and improvements. The stronger 'front door' ensures that children who are at risk receive a service that meets their needs. Children in need receive more coordinated and targeted help. Managers have ensured sufficient good quality adoptive and foster families. As a result children are happy where they live and their outcomes improve. However, senior managers need to strengthen some areas of practice before children and families can be confident in receiving a consistently good service. A few areas require further attention to meet minimum standards, for example managers have not ensured consistency in 'step-down' decisions. Effective permanence planning arrangements are not yet in place. Managers have not implemented good processes for assessing placements for children who live with friends and family members.</p> <p>Achieving workforce stability is a significant challenge, due in part to leaders setting and applying clear practice standards. There is strong political support for recruitment and retention initiatives. Stability within social work teams is improving but there is more work to be done to ensure this improves in all teams and is sustained. Training is comprehensive and social workers feel well supported. They are engaged in the improvement journey and can articulate achievements. The majority of social work caseloads are at an acceptable level but some remain too high. Supervision, although regular, does not always effectively drive plans for children. Personal development plans are not consistently used to strengthen practice.</p> <p>A well-established and comprehensive audit programme enables managers to effectively analyse practice and drive improvement. Some learning is lost because of the scale of audit work undertaken, and because not all findings and actions are recorded in one place. There needs to be a closer focus on children looked after in this work. Performance information is used well by managers at all levels to track progress against targets. Some forums, such as the Corporate Parenting Board, do not receive comprehensive enough information about looked after children, for example through an annual performance report.</p> <p>A new electronic recording system has been introduced, strengthening case recording and the availability of management information. The conversion to the new</p>	

system has led to some data being inaccurate or unreliable.

Engagement is a real strength, with young people exerting influence at a strategic level in all the key decision-making forums. Actions arising from complaints are not always tracked and used to identify learning needs.

Joint commissioning decisions and arrangements are sound and closely linked to shared priorities, but there are some gaps in service provision for children in need of help and protection and children looked after.

### Inspection findings

126. Elected members and senior managers fully understand that establishing a stable and skilled group of first-line managers is fundamental to providing consistently good support to children and families. They are taking appropriate steps to strengthen management skills through a comprehensive management development strategy. Supervision training is mandatory, and an 'aspirant managers' programme has been introduced to help more experienced social workers to take the step up to first-line management. At the time of this inspection some challenges remain; 10 of 22 practice managers in social work teams are employed by an agency, although two further permanent appointments were made during the inspection.
127. The sharp focus on the effectiveness of safeguarding arrangements has meant that some areas of practice, particularly relating to children looked after, have not been sufficiently progressed. Management decision-making and challenge are not robust enough and plans for permanence are not yet assertively progressed for all children looked after, particularly older children. Where decisiveness and rigour are lacking, children experience delays in their needs being met. Senior managers' oversight of arrangements for children looked after to live with connected adults lacks clarity and consistency.
128. Formal and case supervision are regular and social workers report that managers at all levels are available, visible and take a direct interest in individual children and families. However, managers are not consistently using personal development plans to drive practice improvement through supervision and it is difficult to see what difference training is making because explicit links are not made to continual professional development. Strong challenge of frontline practitioners is not yet embedded.
129. Senior managers introduced a comprehensive practice standards document 18 months ago. These standards describe what good social work looks like and have been a useful tool in holding staff at all levels to account for the quality of their practice. Senior managers have consciously lowered their tolerance of poor practice, resulting in some social workers and managers changing roles or leaving the local authority. While this purposeful strategy has contributed to

high staff turnover, it has also led to improvement in the experiences of children and families.

130. The local authority is actively addressing workforce instability and this is a key challenge in providing consistently good services for children and families. The local authority has introduced an ambitious and thoughtful range of recruitment and retention initiatives. Elected members are fully supporting this approach and sustainability is secured through increased funding for the children's social care workforce, such as the provision of supernumerary social workers to minimise the impact of less experienced staff. The involvement of senior managers, including the Director of Children's Services (DCS), in shortlisting and interviewing social workers and managers at all levels demonstrates the strong commitment of leaders to ensuring the right staff are in place. As a result of these efforts agency appointments are declining and permanent appointments are steadily rising. In the 15 months preceding this inspection there were 59 new permanent appointments in children's social care as opposed to just eight in the preceding two years. In 2013–14, 49 agency staff were appointed. This reduced to 39 in 2014–15, and just three agency staff have been appointed so far in 2015–16, demonstrating improving stability. Social work caseloads are rigorously tracked and average caseloads are within target range at 22. However some remain too high at 33–35.
131. The local authority continues to invest in the Step-up to Social Work programme and also sponsors high-calibre students from local universities. The professional capabilities framework has been applied creatively to enable social workers to progress their careers as they increase their skills. The appointment of a group of social worker practice champions, with direct links to the DCS and the Head of Service, is contributing to improvements in frontline practice. For example, these social workers are helping to add depth and analysis to case recording through the introduction of laminated prompt cards.
132. The workforce development strategy lays out the local authority's aspiration for the workforce with a coherent plan to achieve this. Training needs analyses, complaints and case audits are used well and are helping the workforce development team to identify priorities. Targeted training focuses on practice skills through, for example, the use of a specialist theatre company to increase social work confidence and skill in engaging with challenging families. Gaps remain, such as in ensuring all staff understand and comply with the Care Planning Regulations 2010.
133. Staff are issued with high quality equipment, such as smart phones and laptops, and the DCS personally oversees this to make sure that all new starters have the right tools to carry out their roles. Daily ring-fenced time enables social workers to maintain their case records but this is not yet being consistently well used to ensure clarity in all case records. The programme handbook for social workers in their assessed year in practice (ASYE) is comprehensive. A large number of social workers (23) are in the current ASYE cohort and the level of support for these staff, such as supervision, mentoring,



training and personal study, is appropriate. Most ASYE social workers spoken to say they are well supported and that their caseloads are protected. They find reflective sessions helpful in developing their practice skills. Social workers value the on-going support of the ASYE coordinator in their second year of employment.

134. Detailed and comprehensive performance information ensures managers at all levels have a clear and realistic understanding of the strengths and weaknesses in services for children. Where commentary and analysis are included this is particularly useful, such as the 'performance book' used by the Improvement Board. Management information reports used in team 'challenge meetings' are helpful to first-line managers. These meetings, described by one practice manager as 'uncomfortable but necessary', are contributing to improvements such as assessment and visiting timescales. However, learning from this approach is not yet being consistently translated into effective challenge between frontline managers and social workers.
135. There is no annual performance report to outline and explain the local authority's progress compared with previous years and against national performance and statistical neighbours. This would assist political leaders, partners and staff to understand and follow the improvement journey, to be clearer about which data is important and what this performance actually means for children.
136. Senior managers have taken appropriate steps to replace the previous electronic recording system, launching a new system in October 2014. The migration of data has led to some anomalies. As a result managers are not always confident about what some of the data is telling them. Where it is known to be wrong, managers are unable to identify readily the right data without checking individual children's records or undertaking themed audits to fully explore the issue. This is inefficient and not leading to a consistently coherent overview of frontline practice.
137. The quality assurance framework is comprehensive and includes a strong emphasis on case auditing. The employment of a team of independent auditors ensures the on-going prioritisation of this work. The audit programme is closely aligned with that of the Cheshire East Safeguarding Children Board (CESCB). Children, parents and multi-agency partners are involved, adding depth to audit findings. Improvements and areas of weakness are identified well and this was reflected also in the audits undertaken for the cases tracked for this inspection. Managers take appropriate steps to improve practice, for example commissioning mandatory training for staff undertaking child protection enquiries. Managers communicate findings from audits to staff via a newsletter. The inclusion of parents' and children's own words in this newsletter strengthens these key messages. Social workers reflect on and challenge audit findings and find this process helpful.

138. It is difficult for senior managers to evidence progress in all areas identified from audits because actions and learning are not all recorded in one place. The audit programme is not sufficiently focused on the experiences of children looked after. Careful thought needs to be given to what, how much and how often practice is analysed in this way. Senior managers also need to ensure they achieve the right balance between examining practice and driving and modelling improvements.
139. The participation of children and young people is a real strength in Cheshire East. Political and senior leaders create meaningful opportunities for young people to join them in strategic thinking and planning. Young people from the youth council, which includes children looked after and care leavers, are consistently represented and exert influence at most key forums such as Corporate Parenting Board, Children's Trust Board and the Local Safeguarding Children Board. A young person's version of the children and young people's plan has been 'youth proofed' and two young people co-chair the Children's Trust board with the interim DCS. They feel listened to and that they have significant influence in this forum. They describe the Lead Member for children as 'passionate' about young people's issues and they appreciated the Chief Executive listening to their views in the recent DCS appointment. Young people themselves say that the Leader of the Council, through his active interest and engagement in the youth council's focus on emotional health and well-being, is a 'massive force behind young people's mental health'.
140. Although the participation of young people is strong, the local authority is not making the most of all opportunities to learn about the effectiveness of its services. Analysis of complaints does not consistently result in effective action to improve practice. Recommendations from complaints do not sufficiently explore underlying issues and do not result in a reduction in the number of complaints received.
141. The key priorities within the children's improvement plan, the LSCB business plan, the children and young people's plan and the health and wellbeing plan are appropriate and aligned. They relate to improving the quality of frontline practice, listening to and acting on the voice of children and young people and effective partnership as ingredients for delivering good outcomes for children and families. Respective responsibilities for delivery against the priorities are clear.
142. Clear and appropriate governance arrangements are in place between key strategic bodies, including the CEIB, Overview and Scrutiny and the LSCB. This promotes the sharing of priorities, enables political and strategic leaders to hold each other to account and facilitates helpful communication. Duplication is minimised. Strategic, senior and political leaders such as the DCS, Chief Executive, Lead Member, Chair of the Improvement Board and Chair of LSCB, meet regularly. They use these meetings appropriately to challenge, scrutinise improvements, consider professional development issues and share information.

143. The joint strategic needs analysis now includes an appropriate range and level of detail about children, including vulnerable children. This was an area for improvement from the last inspection. The Health and Wellbeing Board was established in April 2013. It takes an active interest in some key areas such as commissioning of domestic abuse services and child sexual exploitation, but its overall focus on children, including cared for children, is less well developed. Leaders are aware of this and the Lead Member for Children now has a defined role to ensure vulnerable children are prioritised, although it is too soon to see the impact of this.
144. The local authority is ambitious for the children in its care and care leavers. The Corporate Parenting Board reviews progress against actions from the corporate parenting strategy, most of which are on track. It considers key documents such as fostering and adoption reports but does not receive comprehensive enough information, for example relating to how often looked after children see their social workers. The Corporate Parenting Board, which is well-attended by elected members, needs to increase its confidence and challenge in improving the quality of services for children looked after. It does not yet include a foster carer or supported housing provider. Although ambition is high, this has not always been translated into decisive action. Some important changes have taken too long, such as the review of the Pledge and ensuring that all care leavers have access to a comprehensive summary of their health histories.
145. Children looked after and care leavers routinely attend Corporate Parenting Board meetings and use creative games and tools to help attendees understand the issues affecting them. Young people are designing and running the next awards ceremony, because they would like it to be a more inclusive and positive event.
146. Positively, any business submitting a competitive tender for council work must make a commitment to providing apprenticeships or employment opportunities to care leavers. Additional council funding has been secured to run 'Project Cygnet', a new initiative where support workers will help care leavers to make their apprenticeships a success. It is too early to judge the impact of this project. Care leavers are well-supported to attend university and numbers of care leavers choosing this path are increasing each year. The corporate parenting strategy is clear that more care leavers need to be helped to take this step.
147. The Lead Member for Children attends the LSCB, the CEIB and Children's Scrutiny Committee, and this ensures good oversight and understanding of what needs to improve. The Children's Scrutiny Committee has been instrumental in improving working conditions for staff, and elected members undertake regular visits to frontline teams. Through the child sexual exploitation task and finish group elected members analysed the effectiveness of partnership arrangements through visits to the missing from home service, police, taxi licensing and social workers. This highlighted challenges relating to cross-border working. Child sexual exploitation remains a priority for Children's

Scrutiny for 2015–16. The committee does not yet receive broad enough performance information to ensure it can take an overview of patterns and trends in performance. A programme of safeguarding training is in place for newly elected members, with refresher courses for those who have already attended.

148. There are clear lines of governance between the recently formed Joint Commissioning Group, the Health and Wellbeing Board, Children's Trust Board and the LSCB. This new group has brought a more coherent approach to commissioning arrangements. Most commissioning decisions evidence good insight into local need, such as increasing the capacity of the missing from home service and strengthening the range of voluntary sector domestic abuse services. The advocacy service is sufficient to offer a service to all looked after children and children subject to child protection plans but does not yet support children in need. Sustained investment in a good range of in-house services such as @CT and Visyon, which uses practical and therapeutic approaches to help families maintain stable and healthy relationships, is leading to positive outcomes for children and young people. Families themselves say that these services are improving their lives. The local authority has ensured that there are sufficient foster carers and adopters to meet the needs of Cheshire East children looked after.
149. Some commissioning gaps remain, such as the 16+ looked after nurse vacancy and delays in the clinical commissioning group committing sufficient funding to extend this provision to 18–25 year olds. Some children looked after have waited too long to be linked with an independent visitor. There is no joint commissioning strategy in place. This means that there is no shared document stating partners' collective and individual responsibilities to ensure children's need are met, both now and in the future.
150. Multi-agency partnerships have been strengthened since the last inspection in 2013. Senior managers work openly and effectively with the Local Family Justice Board and Cafcass. The co-location of police, the missing from home service and voluntary domestic abuse services with the ChECS 'front door' team has been achieved through close collaboration, in particular with the police. The caring and proactive approach taken by local schools is an important protective factor for many of the vulnerable children considered as part of this inspection.

## The Local Safeguarding Children Board (LSCB)

### The Local Safeguarding Children Board requires improvement

The arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children require improvement.

### Executive summary

There is a clear commitment from the independent chair, the local authority and partner agencies to improve the effectiveness of the Cheshire East Safeguarding Children Board (CESCB). Significant progress has been made, particularly over the last year. Improvements are still needed to further the Board's oversight of practice and coordination of multi-agency safeguarding functions.

The CESCB is independently chaired and appropriately constituted. It is well supported by partner agencies, which are at the right level of seniority to be able to make decisions and commit resources. The inclusion of young people in the Board's membership ensures the child's voice is central to its work and is a significant strength.

There are clear governance arrangements between the Children's Improvement Board, Children's Trust and the CESCB with shared objectives and strong ambition to improve partnership working. Strategic links with the Health and Wellbeing Board (HWB) are not explicit and the children's agenda within this body is not sufficiently developed.

The focus of the CESCB's work has been on the priorities of the Improvement Board. The Board has undertaken a great deal of development, challenge and audit work to support practice improvements in line with the work of the Children's Improvement Board. Other vulnerable groups of children, including those who are looked after, have not benefited from the same level of scrutiny and challenge. The Board has no oversight or connection to the Local Family Justice Board. Therefore it cannot assure itself that children's needs are being met in relation to public and private proceedings.

Consideration and scrutiny of early help are not sufficiently embedded in the strategic oversight and work of the CESCB. The focus has been on increasing the number and quality of CAFs and the thresholds for referral to social care. The Board has not sufficiently considered inconsistencies in the stepping down of cases to lower levels of intervention. Escalation processes are underused.

There have been no serious case reviews (SCR) commissioned in the last four years and those cases considered at the case review sub-group have not been referred to

the National Panel. Therefore, external monitoring of the threshold for undertaking a SCR has not happened. There is some evidence that learning from other case reviews is impacting on practice but this is not widespread, for example the development of a pre-birth assessment process so that agencies coordinate work to safeguard children at the earliest opportunity.

Ofsted has not received any serious incident notifications since 2012. The Board is planning to audit cases that have involved serious harm to a child to see if the newly reviewed pathway process is working. Use of performance data within the CESC B is not yet sufficiently developed. The Board acknowledges that the data set does not yet fully reflect the work of the partnership. More work is needed to reach an agreement about which multi-agency data should be included in order to ensure robust oversight and scrutiny of safeguarding practice.

Although there is a lot of work being undertaken across the partnership in relation to female genital mutilation, such as an awareness-raising campaign about the 'cutting season', it is, at this stage, uncoordinated.

In response to high numbers of children subject to child protection plans due to neglect, the CESC B launched a neglect strategy in January 2015. Plans are in place to undertake further work to embed use of the tools before auditing to assess the impact early in 2016.

## Recommendations

151. Complete work to develop the performance management framework so that service effectiveness can be evaluated rigorously across all agencies
152. Provide regular scrutiny of services for looked after children. Monitor and review the application by partner agencies of the threshold framework and take appropriate action where necessary.
153. Evaluate the impact of the neglect strategy and disseminate the findings to help agencies improve their practice.
154. Develop links with the Local Family Justice Board so that CESC B can monitor how well the needs of children in public and private law proceedings are met.
155. Review the arrangements for monitoring the quality of private fostering work.
156. Improve the influence of CESC B in the work of the Health and Wellbeing Board to ensure that safeguarding is embedded within its priorities.

157. Develop and implement a coordinated strategy in relation to female genital mutilation so that the impact of multi-agency work within Cheshire East can be evaluated and understood.
158. Implement a protocol that outlines when the National Panel should be notified about SCRs and incidents in order to strengthen scrutiny of decision-making.

### **Inspection findings – the Local Safeguarding Children Board**

159. The CESCIB has an independent chair, is appropriately constituted and is supported by the commitment of partner agencies represented at the right level of seniority who commit resources to the Board and to the provision of safeguarding services. The sub-groups have recently been reviewed and each has an action plan to progress the work of the Board. Two lay members are involved at Board and sub-group level and are taking part in work to raise awareness of safeguarding within local communities. This is in its early stages.
160. The independent chair has been in post for two years and his contract has recently been extended for a further year. He has led significant development work and is a strong and credible chair who has assisted partner agencies to take joint ownership and accountability for safeguarding across Cheshire East. For example, board members undertake visits to frontline services to improve understanding of partner agencies' involvement in delivering safeguarding services. This has included visits to Cheshire East Consultation Service (ChECS) health visiting services and the Accident and Emergency Department. There are plans to develop multi-agency frontline practice standards to ensure consistency of practice across the partnership.
161. There are clear governance arrangements between the Children's Improvement Board, Children's Trust and the Safeguarding Board with shared objectives and priorities. The Chief Executive and the Director of Children's Services (DCS) meet regularly with the independent chair, although the minutes of these meetings do not evidence that the chair is being held to account for the effectiveness of the Board.
162. CESCIB have signed up to the Pan-Cheshire Learning and Improvement Framework, which has been localised for Cheshire East. The Board has a clear learning culture using external scrutiny and challenge well to help its development. This has included a recent peer challenge, the use of reflective reviews and the introduction of 'True for Us' reviews. Through these reviews national SCRs are considered against practice within Cheshire East to see whether there are any potential local lessons or development areas.
163. The Board offers a comprehensive range of training and take-up is good with 87% of places filled. This success is due in part to the introduction of a charging policy when professionals fail to attend. Online training to increase participation further is planned but not yet implemented. The learning and development sub-group has recently broadened its focus to ensure it

incorporates more than just training. It appropriately uses learning from case reviews and child deaths to influence the subject and content of training and also to inform local initiatives such as the recent safe sleeping campaign. The training is very well received by professionals and the annual impact evaluation shows that the vast majority of respondents feel it has influenced their practice. The Board is strengthening its approach to ensure a better understanding of how training and development is improving practice.

164. There is significant evidence of the Board holding partner agencies to account. An independent panel of Board members and young people undertake sector-specific challenge sessions with partners to help identify where they need to improve their safeguarding arrangements and oversight. The recommendations are formalised into an action plan and agencies are required to report on progress. All board members spoken to were able to provide examples of effective challenge and how this had changed their practice. For example, the police improved their process for completing vulnerable person's alerts, and public health has extended the remit of their school nursing service to include children who are not in education. In addition, Board members identified that as a result of the challenge, safeguarding within their own agencies has been given greater focus and resource allocation.
165. The Board has a well-used and up-to-date challenge log that identifies challenges raised and their outcomes. Accountability would be further strengthened if the Board considered the continued impact of these challenges when signing off the action plans as complete.
166. The voice of the child is an area of real strength within the work of the board. Engagement with young people is innovative and influential, and there are clear examples of where this has had an impact on policy development and service delivery. For example, a 'Takeover Day' in November 2014 led to two young people being appointed to the Board and all agencies being challenged to demonstrate how they ensure true involvement of young people in the services they provide. These two highly motivated and knowledgeable young people are fully engaged with the Board and work effectively with other young people to influence and shape safeguarding priorities. They feel they are listened to and that their contribution to safeguarding is important.
167. The Board undertook an effective section 11 audit in 2014 and the reach of this was extensive, involving leisure services, housing and regulatory services. Partners were required to submit supporting evidence and the analysis of the audit led to agencies developing action plans which the Board monitors to ensure progress.
168. The Board is well resourced and contributions are made by all agencies supported by the local authority business unit that works across the CESC and the Improvement Board. The role of the manager within this service has ensured that the two agendas are aligned. The Board has recently appointed a



performance officer in order to promote the development of the delayed performance framework and further strengthen this work.

169. The Pan-Cheshire Child Death Overview Panel (CDOP) has recently appointed a new chairperson. The 2013–14 annual report identified a number of areas for development, which the chair followed up. These include writing to Public Health to ensure the smoking in pregnancy campaign continued and the development of the safe sleeping programme. However, there is currently no suitably trained health professional to undertake a home visit following the death of a child. This is despite the chair writing to health commissioners to ask that this was prioritised. This is to be followed up as part of the work plan for the coming year. There is a lack of data specific to Cheshire East available but firm plans are in place for this to be part of the work the Board will be undertaking, as well as introducing an action log to capture areas for development.
170. Child sexual exploitation arrangements are coordinated and delivered well at a local and pan-Cheshire level through the CESC and the community strategic partnership. A range of strategic and operational forums effectively deliver the multi-agency strategy, including the pan-Cheshire and CESC child sexual exploitation and missing from home sub-groups. The sub-group structure reflects how well this area of safeguarding is prioritised within Cheshire East with a multi-agency champions group and an operational group collectively demonstrating determination to ensure young people are safeguarded.
171. Intelligence is shared and appropriate plans are developed for individual children and young people. The police and local authority work together well, for example in the development of a consistent pan-Cheshire communication strategy and the development and implementation of a screening tool across the four local authorities. Partners and senior and political leaders understand the prevalence of child sexual exploitation and continue to work together to oversee and reduce risk and ensure the provision of appropriate support.
172. The Board receives a comprehensive child sexual exploitation report twice yearly which details prevalence, work undertaken and planned strategic development. The Board has been influential in the decision to appoint further dedicated child sexual exploitation staff at the front door, which is leading to more timely identification and provision of services for those children at risk of going missing or being sexually exploited.
173. On a casework level, social workers are not yet consistently making links between what happens when children go missing from home and care, and potential child sexual exploitation risks. The evaluation of return interviews is not embedded and social workers are not using the information from return interviews to influence direct work with young people. CESC has not sufficiently scrutinised or challenged partners about this aspect of frontline practice.

174. The CESCIB website is accessible, easy to navigate and well used, especially for details about training. It has a comprehensive, up-to-date set of procedures which are interactive. They offer process advice as well as research information, legislation and practice guidance. The website highlights latest news and updates to ensure that those accessing the site can see any changes on the front page. It also has a Twitter account with regular tweets for updating staff.
175. The annual report for 2014–15 is in draft and a report detailing the priorities for the coming year was agreed by the Board in June. The 2013–14 report provides an evaluation of safeguarding work and sets out priorities and a work plan that are linked to the Improvement Board work. A joint session of the Children's Trust, the Improvement Board and the CESCIB has been held and young people have helped to inform and influence the priorities for this year but the outcome of this cannot be evaluated as yet.
176. The work in relation to female genital mutilation is not yet coordinated. There is an agreed CESCIB procedure in place and individual agencies are developing their response. The police have specialist female genital mutilation officers in place. The Board has assisted with raising awareness by sending out letters to partner agencies and this has led to a recent referral from a school. Health agencies record the prevalence of incidents but this is not formally reported to the Board. There is no dedicated training programme, although there have been well-received pan-Cheshire events. The reach of these has been limited to 80–100 professionals but there are plans to address this with additional sessions in the autumn.
177. The Prevent agenda is coordinated via the Community Safety Partnership (CSP). The police have led the work to date. They have a dedicated coordinator in place for Prevent, the initiative to prevent people becoming terrorists, and one for Channel, a mechanism to support people who may be vulnerable to extremism. There has not been a Channel Panel held as yet but referrals have been made to children's social care. Joint work has also taken place with the police and a multi-agency group of professionals to produce an action plan to reduce risk. There is currently one open case and four which have been closed in the last five months. The oversight of this work is in its very early stages but will be monitored via the CSP on a quarterly basis.

## Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people who it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of 10 of Her Majesty's Inspectors (HMI) from Ofsted and one associate inspector (AI).

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## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 20<sup>th</sup> October, 2015  
**Report of:** Simon Whitehouse, Chief Executive, NHS South  
Cheshire CCG  
**Subject/Title:** Cancer Pathway Review Project

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### 1 Purpose of the Report

- 1.1 This report provides the Health and Wellbeing Board with an update on the review of the gynaecological cancer pathway. The overall aim of which is to achieve the best outcomes and experience for cancer patients in South Cheshire and Vale Royal. This review has been a joint programme of work between NHS England (which commissions specialised services) and NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) (which commission services for their local populations).
- 1.2 The report also provides the Health and Wellbeing Board with an update on the re-focus of the work plan for the Cancer Commissioning Board. We know that cancer is the main cause of premature death (under 75) across South Cheshire and that variation in health outcomes from cancers exist across towns. NHS South Cheshire CCG has the fourth lowest 1 year survival for lung, breast and colorectal cancer across England in 2012. Therefore our greatest need for cancer is earlier detection to reduce our health inequalities.

### 2 Commissioning for improved outcomes and reducing health inequalities

- 2.1 A health needs assessment of the South Cheshire population shows that cancer is a significant growing long term condition and is a major cause of death, with noted health inequalities. The high incidence and mortality (death) rates of cancer is due to a range of factors including increased life expectancy and lifestyle factors. Other key points to note include:
  - Ageing population aligned with increases in cancer incidence
  - Around 42% of people across South Cheshire are at risk of developing cancer during their lifetime
  - This risk is forecast to increase to 44% over the next ten years
  - Cancer is the main cause of premature death (under 75) across South Cheshire.
  - Variations in health outcomes from cancers evidenced across towns - Crewe has particular inequalities with Lung and Upper GI cancer which are associated with poor survival if they are not diagnosed early.

- Lung and upper gastrointestinal cancers are more common in our deprived areas. People who live in our more affluent areas have higher rates of diagnosis of breast and prostate cancer.
- 1 in 5 of all cancers in Cheshire East is found after an emergency presentation to hospital. Many of these cancers will be late stage cancers with poorer outcomes.
- The premature death rate due to cancer in females in Crewe is 20% higher than the national average.
- NHS South Cheshire CCG has the fourth lowest 1 year survival for lung, breast and colorectal cancer across England in 2012.

2.2 To meet these challenges we need to make sure that the cancer services we commission deliver best outcomes and experience for patients through the delivery of safe, sustainable and efficient services. We also aim to ensure that patients can access as much care as possible in their local area to avoid the need to travel; therefore commissioning services that are 'centralised where necessary, local where possible' with excellent links between teams that provide local and specialised care to ensure best outcomes and experience for patients.

### **3 Gynaecology Cancer Pathway Review**

- 3.1 The gynaecology cancer pathway review has been a joint programme of work between NHS England (which commissions specialised services) and NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group (which commission services for their local populations).
- 3.2 The review has been focussed on specialised cancer services only and has not impacted on local cancer care which will remain unchanged. Patients with suspected cancer will continue to be referred to Mid Cheshire Hospitals NHS Foundation Trust (Leighton Hospital) by their GP for further investigation, diagnosis and local treatment.
- 3.3 The number of patients across both South Cheshire and Vale Royal who receive specialised gynaecological cancer care and whose pathway may change is relatively small. In 2014/15, 23 patients were referred for specialised surgery and 48 patients were referred for chemotherapy or radiotherapy.
- 3.4 Currently patients who require specialised treatment are referred to The Christie for their surgery, chemotherapy and radiotherapy. In response to the potential for further collaboration between Mid Cheshire Hospitals NHS Foundation Trust and the University Hospitals of North Midlands, we have completed a comparative assessment to objectively assess which provider is able to provide best outcomes and/or better access to services for women who are diagnosed locally.
- 3.5 A Cancer Commissioning Board was established to oversee this work, comprising NHS South Cheshire CCG, NHS Vale Royal CCG, NHS England

(Specialised Commissioning), GP Cancer Leads, Healthwatch, other local CCGs and Public Health representatives. Expert clinical advice was also been provided from the National Cancer Intelligence Network.

- 3.6 In reviewing the NHS Procurement, Patient Choice and Competition Regulations 2013, alongside NHS Shared Business Services Procurement specialists, the most appropriate assessment process for this review was a comparative assessment process. The current and potential pathways were assessed against a set of criteria, which included:
- Clinical Service and quality
  - Patient access and experience
  - Clinical outcomes
- 3.7 A multi-disciplinary panel with expert clinical input and Healthwatch support met in September to assess each submission. Following the assessment a recommendation was made to the Cancer Commissioning Board and the North Specialised Commissioning Team Regional Leadership Group for formal approval.
- 3.8 At the time of writing this report we are in a period of confidentiality regarding the outcomes of the evaluation process, but anticipate being able to publically confirm the decision in due course.

## **4 Consultation and Engagement**

- 4.1 Throughout the review, we have been working closely with the local providers, including Mid Cheshire Hospitals NHS Foundation Trust. We held a Provider Engagement Event in early July by way of ensuring transparency of the process and timescales and to give providers the opportunity to seek clarification at that point.
- 4.2 We have also been engaging with patients to help inform the work. A patient focus group was held with women currently on the gynaecological cancer pathway to gain an insight into their experience of care. In addition, engagement events were held with members of the public. These have provided valuable feedback regarding travel, access and support to carers along the pathway of care and have informed the assessment criteria.

## **5 Re-Focus on Early Detection**

- 5.1 Reflecting on the health needs of the population and the recent All Party Parliamentary Group Report on Cancer, there is an opportunity to re-focus on the work plan of the Cancer Commissioning Board to prioritise early detection.
- 5.2 NHS South Cheshire CCG and NHS Vale Royal CCG have the fourth and third lowest 1 year survival for lung, breast and colorectal cancer across



England in 2012. Therefore our greatest need for cancer is earlier detection in order to reduce our health inequalities.

- 5.3 Achieving improvements in survival will require a combination of earlier detection and diagnosis, better treatment and access to treatment and improved access to data and intelligence.
- 5.4 More than 4 in 10 cases of cancer are caused by aspects of our lifestyles which we have the ability to change. The main risk factors include tobacco, weight, diet, alcohol consumption, UV exposure and lack of sufficient physical activity. These are supplemented by other exposures, such as air pollution, occupational risks, infections (including Human Papilloma Virus and viral hepatitis B and C) and radiation.
- 5.5 Our population needs to be aware of the impact risk factors have on their health, especially in selected populations, and we need to support people to make changes.
- 5.6 With increasing numbers of people surviving their primary cancer, we need also to focus on preventing secondary cancers.
- 5.7 The health of the population across South Cheshire is not solely the responsibility of NHS organisations; we need to harness efforts across local government, employers and the wider community to tackle prevention. Our local Health and Wellbeing Board plays a valuable role as a facilitator to this with a local strategy, taking a cross-disease approach, to address major social and environmental determinants of ill health with health promotion initiatives to raise awareness and help individuals make healthier choices around risk factors including smoking, alcohol, diet and physical activity.
- 5.8 In response to this the CCG are considering ways in which it can take decisive action to improve things for our population. A re-focus on the work plan of the Cancer Commissioning Board to prioritise early detection, supported by a Cancer Action Group.
- 5.9 Some areas that could be included in the work plan include:
  - Understanding our data
  - Prevention
  - Promoting earlier diagnosis
  - Cancer screening
  - Streamlining pathways
  - Diagnostics
  - Education and training
  - Audit and research

## **6 Early Detection - Lung Cancer Project – ‘Every Breath You Take’**

- 6.1 An good example of a project that is supporting early detection is the Lung Cancer Project, ‘Every Breath You Take’. The project has been funded

through the Public Health Transformation Fund in order to support Community engagement and awareness in order to effect real improvements in early detection of lung cancer and people receiving treatment.

- 6.2 Lung Cancer rates are significantly high in both men and women in Crewe compared to other towns within the CCG. Lung cancer survival rates remain low compared to other tumour groups, which in part is due to the proportion of lung cancers that are only detected once the disease is relatively advance.
- 6.3 In 2013, more than half of the cancers at MCHFT were diagnosed at stage 3 or later. We want more people who have symptoms that may indicate lung cancer to access a chest x-ray to help rule out cancer or diagnose cancer at an earlier stage.
- 6.4 The 'Every Breath You Take' project has been established to support the following outcomes:
  - Reduce the % of people diagnosed with lung cancer following emergency admission from 21% to 16% by March 2016
  - Increase the proportion of people receiving active treatment for lung cancer rather than best supportive care (End of Life Care) from 67% to 75% by December 2015
  - Increase awareness of the signs of symptoms of lung cancer among the population living in the target areas
- 6.5 The project has been working in a partnership approach in order to achieve these outcomes, including:
  - Partnership and innovation with CCG's, MCHFT, Primary Care, Public Health, Macmillan, 'ACE' (Accelerate, Coordinate, Evaluate) Programme, which is a national programme looking at various projects around the country that are focused on early diagnosis of lung cancer.
  - Partnerships with local community organisations (businesses, charities, local interest groups, non-profit sector etc.)
  - Public Health Transformation Funding to support Community engagement and 'ACE' funding to support evaluation
  - Primary care education –GPs, practice nurses, pharmacies, community teams
  - Lung Cancer Clinical Nurse Specialist community clinics
  - Pathway redesign including rapid access diagnostic pathway (GP or self-referral for chest x-ray)
  - Public Awareness Campaign
  - Developing Community Champions (51 recruited and trained to date)
- 6.6 The project has also been focussed on pathway redesign so that:
  - Any chest x-ray report that is suspicious of lung cancer is fast tracked to CT and a suspected cancer referral triggered. Patients will be seen in clinic with a reported x-ray and CT within 14 days of x-ray report

- Patients in Crewe with symptoms able to directly access chest x-ray (Pilot at this stage. Evaluation will review further expansion into towns with high incidence / mortality from lung cancer)

## 7 Impact on Health and Wellbeing Strategy Priorities

7.1 The re-focus of the work plan on early detection of cancer supports the health and wellbeing priorities as follows:

- **Outcome two - *Working and living well* - Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough.** Our work will specifically work towards reducing the incidence of cancer across South Cheshire.
- **Outcome three - *Ageing well* - Enabling older people to live healthier and more active lives for longer.** Cancer is considered a significant growing long term condition (with noted health inequalities and a major cause of death) and as more people are living longer they are more likely to develop a long term condition. An ageing population is therefore aligned with increases in cancer incidence (set to increase from 42% to 44% over the next ten years).

## 8 Recommendation

8.1 The Health and Wellbeing Board are asked to note the report which is provided as an update and to gain the support and commitment of the HWBB to focus and contribute to the earlier detection of cancer, which is evidenced to be the greatest need in South Cheshire.

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

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