

# Children and Families Overview and Scrutiny Committee

## Agenda

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**Date:** Monday, 27th June, 2016  
**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. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 4 April 2016.

3. **Declarations of Interest**

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

4. **Public Speaking Time**

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For requests for further information

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

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

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

5. **Children and Young People's Improvement Plan Update** (Pages 7 - 42)

To consider a report of the Executive Director of People & Deputy Chief Executive.

6. **Performance Monitoring** (Pages 43 - 56)

To consider a report of the Executive Director of People & Deputy Chief Executive.

7. **Work Programme** (Pages 57 - 66)

To consider a report of the Head of Corporate Resources and Stewardship.

8. **Forward Plan** (Pages 67 - 78)

To note the current forward plan, identify any new items, and to determine whether any further examination of new issues is appropriate.

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

held on Monday, 4th April, 2016 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor Rhoda Bailey (Chairman)

Councillors B Dooley, D Flude, L Jeuda, G Merry, A Moran and J Saunders

**Apologies**

Councillors L Wardlaw

**ALSO PRESENT**

Councillor L Durham – Cabinet Member for Children and Families

Councillor G Hayes – Deputy Cabinet Member for Children and Families

Councillor S Corcoran – visiting member

**OFFICERS PRESENT**

Kath O'Dwyer – Executive Director of Children Services

Nigel Moorhouse – Director of Children's Social Care

Jacky Forster – Director of Education and 14-19 Skills

Jonathon Potter – Head of Preventative Services

Andrew North – Corporate Manager for Audit, Risk and Business Improvement

James Morley – Scrutiny Officer

**18 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 25 January 2016 be confirmed as a correct record and signed by the Chairman.

**19 DECLARATION OF PARTY WHIP**

There were no declarations of party whip

**20 DECLARATIONS OF INTEREST**

There were no declarations of interest

**21 PUBLIC SPEAKING TIME**

There were 12 members of the public who wished to speak, all of whom spoke in relation to a decision by Cabinet at its meeting on 23 February 2016 regarding Children's Centre. The Chairman allowed each speaker 90 seconds.

Sue Helliwell, a Town Councillor from Alsager, suggested that funding from Section 106 Agreements might be used to supplement the funding of children's centres to remove the need to save £0.5m from the Children's budget. She suggested that the Cabinet decision should be reconsidered by Full Council.

Amelia Helliwell, a member of the Youth Parliament, spoke to suggest that there was no evidence included in the consultation, which the Council undertook in relation to children's centre, regarding the quality of mobile services compared to services delivered from a physical building. She requested that the Scrutiny Committee review the Cabinet decision and refer the matter to Full Council for reconsideration.

Several representatives of a public interest group 'Friends of Cheshire East Children's Sure Start Centres' spoke on various issues in relations to children's centres and the decision by Cabinet.

Maeve Kelly referred to building costs in relation to children's centre and suggested that if some services are removed from centre this would increase costs to other services using those buildings, including partner organisations. She suggested that increased costs may lead to partners moving services out of buildings and suggested a recent decision by NHS bodies to move midwifery services from children's centres to GP practices was an example of this.

Paula Eaton suggested that the mental health of mothers in the postnatal phase of birth was a major issue that services delivered by children's centres helped to cope with. She suggested that mother with mental health issues were often reluctant to self refer through fear of having their child taken away and that the support provided by other mothers and children's centre staff in physical locations was important and would be less effective if delivered by a mobile service.

Ted Wall suggested that there was no time line or details available in relation to the implementation of the Cabinet decision and suggested that full consideration had not been given to the issue which would risk a budget overspend.

Debbie Jamison referred to a discussion regarding children's centre consultation which had recently taken place at Knutsford Town Council. She suggested that the Cabinet decision on children's centres was not in keeping with the Council's 'Residents First' philosophy and suggested that the consultation process had not been carried out appropriately.

Carol Bulman, a teacher at Sandbach Boys School, suggested that due to the number of new homes currently being built in the area there would be a large number of new residents who were unfamiliar with the town. She suggested that Sure Start Centres played a vital role in supporting new residents' integration into the community and that there would be an increase in demand for services in future.

Carol Jones suggested that the Council had not done enough to promote Sure Start Centres and a lack of information and a low profile had led to the low footfall which she suggested the Council used as justification for some of its decision

making. She also suggested that physical centres were much better than mobile centres.

Andrew Mawhood suggested that the consultation process which the Council had undertaken was not appropriate. He also suggested that Councillors could have been better informed during the decision making process.

Sally Handley spoke regarding breastfeeding support services (Cherubs) and the importance of them to mothers. She suggested that children's centres were an important place for breastfeeding groups where mothers could socialise and support each other.

Sue Munro suggested that to help people in rural areas access services the Council should try to access EU and Rural Funding to provide more effective transport to the current children's centre locations.

Ethel Ranson suggested that the Council's strategy of redirecting funding to increase support to people living in rural areas was having a detrimental impact on services to people in urban areas and that funding needed to be rebalanced to provide equity.

During their speaking time each representative of Friends of Cheshire East Children's Sure Start Centres concluded with a request that the Committee review the Cabinet decision and refer it to Full Council for reconsideration.

## 22 WORK PROGRAMME

The Committee agreed to consider the Work Programme following Item 4 to discuss the statements made by the members of the public who had spoken during public speaking time. Members agreed that an item on Children's Centre should be added to the work programme as it was an important issue.

Members agreed to arrange an additional informal meeting of the Committee in May 2016 to request a briefing from the Executive Director of Children Services and Cabinet Member for Children and Families regarding the decision that was taken by Cabinet on 23 February 2016 in relation to Children's Centres.

It was anticipated that following the briefing, the Committee would add an item to the work programme to monitor the progress of the decision to de-designate four children's centres.

The Committee considered existing items in its work programme. The Chairman informed the Committee about a meeting she had attended with the Chairman of the Health and Adult Social Care Overview and Scrutiny Committee to consider a possible joint review of Children's Mental Health. It had been agreed that a select committee style review similar to the Ambulance Services Review which the Health and Adults Committee recently undertook would take place in the near future.

The Committee agreed to hold a formal meeting on 27 June 2016 to consider an Ofsted Inspection of Safeguarding, as well as consider an item on Corporate Parenting, and hold an informal meeting in July to meet with care leavers.

Members referred to the recent announcement from Government that all schools would become academies by 2020 and agreed to add an item to the work programme to discuss the potential implications of this policy to the Council.

### RESOLVED

- (a) That the Work Programme be updated as discussed.
- (b) That an informal meeting of the Committee be arranged in May 2016 and that the Executive Director of Children's Services be requested to provide a briefing on the Cabinet decision on 23 February in relation to Children's Centres.

## 23 EDUCATION PERFORMANCE 14/15

Jacky Forster, Director of Education and 14-19 Skills, provided an overview of the Annual Education Report 2014/15. During the presentation the following points arose:

- 92.7% of Cheshire East schools were judged as Good or Outstanding by Ofsted and the Borough was third in the country for schools judged at least Good.
- At Primary School level Cheshire East was doing well across all outcome areas in relation to its statistical neighbours.
- At Secondary School level Cheshire East was at least as good as its statistical neighbours in all areas and better in some.
- Outcomes for disadvantaged pupils and those receiving free school meals were slightly lower than the national average in most areas but higher in some.
- Special Education Needs (SEN) pupils outcomes were mostly better than national average but were lower at key stage 2.
- For pupils for whom English is not their first language (English Alternative Language [EAL]) Cheshire East was performing below the national average in all areas. It was suggested that part of the issue may be that the numbers of EAL pupils in Cheshire East were very small so statistics could vary with each individual pupil.
- Cared for Children were performing below the national average at key stage 1 and 2 but above the national average at key stage 4.

The presentation also outlined the Council's priorities and actions for 2015-2016 which included:

- Improve outcomes in Maths at secondary school
- Further close the gaps in achievement for disadvantaged learners
- Establish a dedicated programme to directly support the learning outcomes for SEN pupils.

During members questions and discussion the following points arose:

- Schools should be aiming to achieve even higher than the National average and look to the higher standards set by some European countries.
- EAL was a particular issue in Crewe where there was large inward migration of families with low English and poor education whom local schools were working hard to support.
- As well as ensuring there was a school place for every child it was suggested that the Council should ensure that there was sufficient choice

for parents. Large scale development in local towns had created some issues for parents trying to access their closet school.

- The Council had less influence over academies regarding their intake and who they accepted. However the Council could refer academies to the Secretary of State if they are not taking sufficient pupils. The Council was encouraging academies to develop Fair Access Protocols which had not been agreed yet.
- The Council needed to encourage the local academies to work together to improve services. Multi Academy Trusts (MATs) were Groups of academies that worked together or were operated by the same management. Members suggested that groups of academies worked well when they operated in the same locality but some academies were part of fragmented groups of academies from a variety of boroughs. There were lots of different models of MAT and local academies would need to consider what model worked best for the area. Officers suggested that the Council needed to bring all schools together to develop a Cheshire East families of schools vision. The Council had no direct control over academies as they did with maintained schools however they could try to influence academies.

RESOLVED – That the Annual Education Report 2014-15 be noted.

#### **24 CHILD SEXUAL EXPLOITATION (CSE) TASK AND FINISH GROUP**

Members of the Child Sexual Exploitation (CSE) Task and Finish Group provided an oral update on the progress of the Group's Review. Councillor D Flude had visited the Social Workers Team in Crewe to discuss two CSE case studies and have a briefing on how the team's systems operated. Councillor Flude stated that the team was doing some very good work with parents of children who were at risk and that the new computer systems they used were working well to help them tackle CSE. Councillor G Merry had been due to visit the Macclesfield team however was unable to attend on the date that had been scheduled and a new date needed to be arranged. The Chairman requested that officers arrange a further meeting of the Task and Finish Group

RESOLVED – That the oral update be noted

#### **25 FORWARD PLAN**

The Committee considered the Forward Plan and noted that there were three items going to Cabinet on 12 April related to the Committee's remit. The Committee agreed to monitor these for potential inclusion in the Committee's work programme in future.

RESOLVED – That the Forward Plan be noted.

The meeting commenced at 2.02 pm and concluded at 4.15 pm

Councillor Rhoda Bailey (Chairman)





## Children and Families Overview and Scrutiny Committee

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**Date of Meeting:** 27 June 2016

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

**Subject/Title:** Children and Young People's Improvement Plan – Quarter 4 Update

**Portfolio Holder:** Cllr Liz Durham

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### 1. Report Summary

- 1.1. This report updates the Children and Families Overview and Scrutiny Committee on progress against the Children and Young People's Improvement Plan to address the recommendations and areas for improvement identified by Ofsted in its inspection report of Children's Services, published in September 2015.

### 2. Recommendation

- 2.1 Scrutiny Committee is recommended to:
- a) Note the update on progress and performance against the improvement plan set out at Appendix 1 and 2, respectively; and
  - b) Endorse the next steps to sustain and embed progress, as set out in these documents.

### 3. Reasons for Recommendation

- 3.1. The Council has a statutory responsibility to co-ordinate arrangements to ensure the effectiveness of services for children in need of help and protection, children looked after and care leavers in Cheshire East and the Local Safeguarding Children Board (LSCB). The Children and Young People's Improvement Plan is a key tool to ensure that areas of improvement are addressed; Scrutiny Committee can help to provide the essential internal challenge that is needed to drive this improvement.

### 4. Background

- 4.1 The improvement action plan was endorsed by the Children and Families Overview and Scrutiny Committee in November 2015; this was subsequently approved by the Department for Education. On 16<sup>th</sup> December 2015 Cheshire East received a letter from Sam Gyimah, MP, confirming that the improvement notice, issued to Cheshire East on 12<sup>th</sup> September 2013, had been lifted. This means that the Improvement Board, that was the accountable body for the previous improvement plan, has been disbanded and this responsibility has

passed to the Health and Wellbeing Board. As the accountable body, the Health and Wellbeing Board will receive regular updates on progress against the improvement plan; the first update was received in May 2016.

- 4.2 Cabinet agreed that the Children and Families Overview and Scrutiny Committee would provide oversight of delivery against the improvement plan. It is important therefore, that the Committee is kept up to date on progress against the plan. Appendix 1 summarises activity to date and proposed next steps against each Ofsted recommendation. Appendix 2 sets out the key quantitative (how much we did) and qualitative (how well we did it) measures to assess impact of the plan.
- 4.3 Progress against the plan is set out under the four key objectives below.
- Embedding listening to and acting on the voice of children and young people throughout services
  - Ensuring frontline practice is consistently good, effective and outcome focused
  - Improving senior management oversight of the impact of services on children and young people
  - Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East
- 4.4 In summary, whilst significant activity has taken place since Ofsted's inspection of children's services to address their recommendations, further improvement is still needed in most areas to ensure services reach the 'good' level achieved by the Adoption Service.
- 4.5 Good progress continues to be made around the recruitment and retention of quality Social Workers, which is key to good practice. There are also many other examples of good practice, but the challenge is to ensure that there is consistently good practice for all children and young people. Working together as a partnership to safeguard children is a key factor. Whilst evidence suggests that it can take a significant period for inadequate authorities to get to good; of the 17 local authorities judged inadequate in the same year as Cheshire East, only one that became inadequate for the first time is currently judged as good by Ofsted (a small London borough authority).
- 4.6 There are some areas of performance where data is not currently available or less reliable due to the system and work is underway to address this or to look at alternatives.

## **5. Wards Affected and Local Ward Members**

- 5.1. The Children and Young People's Improvement Plan affects a small percentage of children and young people across all areas of Cheshire East, but these are our most vulnerable.

## **6. Implications of Recommendation**

### **6.1. Policy Implications**

- 6.1.1. The improvement plan impacts on some existing policies and procedures of the Council as a number of these will be reviewed in relation to improving practice, for example those around the recruitment and retention of Social Workers.
- 6.1.2. A focus on working in partnership around early intervention and prevention is key to reduce future need and improve outcomes for young people, in particular around reducing the number of vulnerable young people who are not in education, employment or training.

### **6.2. Legal Implications**

- 6.2.1 Cheshire East's 'notice to improve' was lifted in December 2015. This means that the Improvement Board, that was the accountable body for the previous improvement plan, has been disbanded and this responsibility has passed to the Health and Wellbeing Board.

### **6.3. Financial Implications**

- 6.3.1. The ambition to ensure that children's services deliver services which are good and outstanding requires an ongoing financial commitment from the Council. In addition, it is important to note that improvements in safeguarding practice have resulted in an increase in the number of children in care. This has significant current and future financial implications for the Council.

### **6.4. Equality Implications**

- 6.4.1. The improvement plan is expected to improve outcomes for the Borough's most vulnerable and disadvantaged children, young people and their families.

### **6.5. Rural Community Implications**

- 6.5.1. None identified at this stage.

### **6.6. Human Resources Implications**

- 6.6.1. The recruitment and retention of high quality Social Workers and managers will continue to be a challenge for the local authority and will

require the support from HR colleagues to deliver the strategy in relation to this.

#### **6.7. Public Health Implications**

6.7.1. The improvement plan will support positive public health outcomes.

#### **6.8. Other Implications**

6.8.1. None.

### **7. Risk Management**

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

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

7.2. These are regularly monitored and updated through improvement challenge sessions.

### **8. Access to Information/Bibliography**

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

### **9. Contact Information**

Contact details for this report are as follows:-

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## Cheshire East Children and Young People's Improvement Plan to meet the Ofsted Recommendations



### Improvement Action Plan Monitoring March 2016

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

*15. Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice.*

**Background to the recommendation:**

- Analysis of complaints did not consistently result in effective action to improve practice.
- Recommendations from complaints did not sufficiently explore the underlying issues, and did not result in a reduction to the number of complaints received.

**Activity, current position and impact:** A learning action plan has been developed to address the themes from complaints and is presented and agreed at Service Managers' meetings. Progress against this is tracked and monitored to ensure effective action is taken.

29 complaints to children's social care were received in quarter 4. The vast majority of formal complaints (and other more informal comments/ feedback) are from parents. Only 5 of the complaints received in quarters 3 and 4 were from children and young people. The number of complaints received has remained fairly stable over the past 2 years.

The main themes from complaints are:

- poor communication, including phone calls not being returned, minutes of meetings and copies of assessments not being sent out.
- Attitude, conduct and comments from staff
- Factual errors and inaccuracies in reports or information given
- Delays in receiving reports, assessments, or minutes, or in arranging placements
- Meetings being cancelled at short notice.

The theme from children and young people's complaints is poor communication.

These themes are consistent over time and reflect that our practice requires improvement. Practice reminders have been sent to social workers regarding the importance of good, timely communication. Action has been taken appropriately regarding professional conduct through individual supervision and line management. Service and senior managers continue to reinforce the standards expected, and challenge poor performance at Practice Challenge Sessions. Good practice is also celebrated at Practice and Performance Workshops to ensure staff recognise the hallmarks of good practice and the impact this has on children, young people and families. Action has and is being taken to improve frontline practice, such as developing a core training offer for social workers and managers, making the child's record system more user friendly and making social workers more accountable and answerable to their own performance through Performance Challenge Sessions. These actions are all discussed in more detail in later sections.

The number of compliments received this year has increased from 42 in 2014-15 to 61 in 2015-16 which is very positive. As at 8<sup>th</sup> April 2016, 20 out of 25 complaints had been resolved and closed at Stage 1, which is positive as this indicates that the

complainant was satisfied with our response and that they felt they had been listened to. Work is currently ongoing with the other 5, including meetings, to try and resolve these at Stage 1. None have yet been escalated to Stage 2 which is a positive step.

We recognise that we need to develop and embed a positive, responsive culture that puts children and young people first across all of the children's workforce. There is a plan in place on how we will put this into action, an overview of which is given in the next steps.

Themes from compliments and complaints are communicated to staff through Practice and Performance Workshops. Engagement with staff on changes to practice as a result of findings from complaints is done through these workshops or the Practice Champions Group. Changes to policy has been made in response to complaints, such as the Children with Disabilities Policy which was developed in response to parents and carers complaints that they were unclear on the process for assessments for children and young people with disabilities.

Children, young people, parents and carers' views are actively sought so that they can inform service planning. Children and young people, parents and carers are invited to take part in the children in need (CiN) and CP feedback survey, which is completed at the last core group meeting as cases are closed to children's social care to ensure a good level of responses. The results of this survey have been very positive; the survey showed that 88% families felt that the social workers' explanation for why they had got in touch with them was "very clear", and over 90% agreed or strongly agreed that the allocated social worker was easy to talk to, listen to their views and understood their situation. When asked about the reliability of their social worker, 98% were reliable or very reliable at returning calls, 95% were reliable or very reliable at doing what they said they would do and 88% were reliable or very reliable at turning up on time. The learning points from this survey were that while most families felt supported, some felt that communication could sometimes be better and that everyone should get a copy of the assessment, which echoes the feedback through comments and complaints from families.

Children, young people, and parents' views are also sought on the quality of their support through audit, and the findings from these are communicated to all staff through the audit newsletter and are explored with the individuals involved in casework through the audit process. In the last audit, children, young people and parents expressed that they wanted social workers to open and honest with them, and that this was really important to them.

Children and young people are aware of their right to complain. Cared for children receive information on how to do this in their 'Coming into Care' Pack and the interactive handbook on the website.

The Improvement Plan Quality Assurance Framework has been based on the quadrant model, which involves gaining the views of children, young people, parents and carers and using this to continually improve services. Children and young people's views are represented at the key partnership boards and drive and inform strategic planning and decision making.



**Next steps – how we will sustain and embed progress:** In order to develop a culture of putting children and young people first across all of children's services, we are:

- Developing participation training and skills development based on the views, needs and experiences of three teams from each directorate
- Developing a kite mark/ recognition scheme for good quality participation that services can apply for. This will raise the profile of good work in this area, and will be based on the Participation Standards developed by young people.
- Ensuring there is a participation champion from every service who is actively involved in the Participation Network, which will grow the network and ensure practice, skills, training, techniques and standards for participation are disseminated and championed within every department.
- Developing a participation 'toolkit' of resources to support engagement with children and young people for multi-agency workers.
- Putting children and young people first will be a key part of recruitment, selection and induction to ensure we have the right people working with us in Cheshire East who are committed to our values.

Progress against the learning action plan will continue to be tracked and themes will continue to be communicated to staff to continue to improve our service. Feedback from children, young people and parents will continue to be sought and mechanisms to do this promoted in order to enable their views to shape our development.

### Ensuring frontline practice is consistently good, effective and outcome focused

#### *2. Ensure the challenge provided by child protection chairs and independent reviewing officers (IRO) addresses drift and improves planning for children*

##### **Background to the recommendation:**

- In the inspection, a sample of the CP cases open over 15 months showed that there was drift and delay in making progress on plans for some children and young people.
- Child protection review conferences were not always held within timescale, with 11% taking place later than planned.
- Independent Reviewing Officers' (IROs') Practice Alerts were not having sufficient impact on the overall quality of assessment and planning for cared for children.

**Activity, current position and impact:** Following the inspection, all plans open over 12 months were reviewed to ensure these cases had a robust plan in place. Where there were concerns about drift or delay this was addressed directly.

Performance tracking mechanisms are in now place to prevent delays, such as Safeguarding Performance Challenge Sessions, which scrutinises the cases open over 12 months to ensure there is not drift or delay for these children and young people. The CP IRO Manager is also held to account for progress on all cases open over 12 months in her supervision.

There has been a need to improve working together between the Safeguarding Unit and Children's Social Care and a focus on developing relationships at the frontline.

These services are now aligned under the same Director, and closer working relationships are being supported and developed. Service Managers and IRO Managers are now having regular team meetings and also specific tracking meetings, which is ensuring a shared focus to prevent delays and improve planning, and is improving working relationships.

IRO's are raising issues appropriately through Practice Alerts, but the quality and consistency with which they do this still needs improvement. IROs are required to discuss the Practice Alerts they have raised that month in each supervision to embed good practice and challenge.

More good practice alerts have been made than those that challenge gaps in practice (157) which is positive, and shows that there is evidence of good practice and that this is being recognised.

CP conferences are now being held within timescales, performance was at 92% in quarter 4. This relates to initial conferences as well as CP and review conferences. All review and CP conferences were held within timescales. These initial conferences that were out of timescale were due to delayed notifications. There is some performance information that demonstrates improvement in practice in reducing delay, such as the percentage of children subject to a plan for 15 months or over, where the target is to be under 15% and our current performance is 6%. However, there needs to be evidence of improvement in practice more consistently to show sustained impact. We have launched a new model for CP conferences which should help to support and embed improved practice.

**Next steps – how we will sustain and embed progress:** The right mechanisms are in place, such as the Practice Alert Tracker, focus on challenge in supervision, and Safeguarding Performance Challenge Sessions. We will continue to focus on embedding good practice around these and developing good working relationships between the IROs and social care teams.

The impact of the IRO's is also dependent on the responsiveness of the operational service and this is still inconsistent. The improvement in planning is linked to the larger requirement to improve the quality of practice across all partners, the action which is being taken to improve both these areas is discussed elsewhere in this report under the relevant sections.

### ***3. Ensure that supervision is reflective, challenging and consistently focuses on continual professional development.***

#### **Background to the recommendation:**

- Social Workers felt supported by their Managers and received regular supervision, but they could not describe how their practice was monitored or challenged through supervision.
- Managers were not consistently using personal development plans to drive practice improvement through supervision.
- It was difficult for inspectors to see what impact training was making on improvements to practice as explicit links were not made to continual professional development needs.

**Activity, current position and impact:** Monthly supervision file audits by Service Managers have been introduced and are embedding. The last report for quarter 3 showed that for the Social Workers' supervision files audited, 57% were critically reflective, and 64% evidenced CPD. Performance in these areas needs to significantly improve, but we do now have good scrutiny of the quality of supervision which will support driving up standards in this area. In the social work staff survey in July 2015, 72% said that their manager actively supported them to address their development or training needs, so the proportion of supervisions covering CPD may in fact be higher and the supervision audits may reflect a recording issue. 69% children's services staff had a Personal Development Plan (PDP) in place at the end of the year, which is in line with the wider Council which had a 71% uptake. We will be aiming to improve on this this year.

A core training offer for Social Workers and Managers has been developed and published. This maps expectations against grades of Social Workers and is tied into the grade progression process. Effective supervision training for both supervisors and supervisees is part of the core Social Worker and Manager training offer. The Children's Social Care Practice Standards have been updated and clarify management responsibilities and expectations about supervision. These have been communicated to all staff and compliance with these standards will continue to be measured and evaluated through audit.

The practice coaching audits include reflective discussions with social workers on all the cases that have been audited (around 40 cases), with the option to discuss an additional case chosen by the Social Worker or Team Manager. The additional case could be a particularly complex one or one that would benefit from an independent view/ reflection. This audit model supports Social Workers to develop their reflective skills and their practice overall, and is highly valued by Social Workers.

**Next steps – how we will sustain and embed progress:** A workshop on PDPs will be delivered in the Practice and Performance Workshops in June 2016 to engage and support staff and managers in the PDP process. Evaluation of compliance and the quality of supervision from the supervision audits in May 2016 will inform further actions. Evaluation of the take up of the core training offer will be evaluated in July 2016, along with its impact on the quality of practice through audit.

***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.***

**Background to the recommendation:** Some contacts that were identified for early help were not progressed as quickly as they could be at the front door as cases for referral to social care were prioritised.

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

There has been a very significant increase in referrals in the North Locality and demand has outweighed our capacity within early help services. Remedial actions are underway to address the significant increase in demand in the north locality. Incoming new service requests are routinely checked (daily) and re-prioritised. All open cases have been reviewed to identify those appropriate for closure/step down to universal services and those cases that can be managed through other services.

The brokerage service has just undergone a business review, to identify opportunities for streamlining this service with Cheshire East's Consultation Service (ChECS) and complex dependencies.

**Next steps – how we will sustain and embed progress:** Early Help is now supported on the child's record system, and work is underway to build the reporting structures to support effective performance monitoring around referral to and support through early help. Performance information has just become available on the timeliness of decision making in the brokerage service, and a case sample will be undertaken to understand the child's journey, including any delays for cases which are out of timescale and inform necessary action to improve this.

Work around Cheshire East's Parenting Journey will strengthen the early help offer by providing a universal integrated early help pathway and programme of support for children under 5 and their families who live in Cheshire East.

The improvements from the business review to streamline the process for children and families are being implemented. Recommendations for improvement to the referral and allocation systems at the front door will now be implemented through a task and finish group. This group will also scope the full range of early help services across Cheshire East partners with a view to enhancing and improving the range of provision across the continuum of need.

### **5. Ensure that strategy meetings and decisions are informed by relevant partner agencies.**

#### **Background to the recommendation:**

- In the majority of cases seen, strategy discussions were telephone conversations between a practice manager and the Police, without the involvement of other agencies, such as health, so decisions did not consistently take account of all relevant information.
- Agencies were not always asked to contribute so not all the relevant information informed decisions.

**Activity, current position and impact:** Multi-agency Practice Standards have been developed and launched across all agencies in February 2016. These standards set clear expectations in relation to strategy meetings and discussion, i.e., that all agencies and professionals that have a contribution to make to strategy discussions should be invited, and that they should challenge children's social care if they are not included. Work has been completed through the Safeguarding Children Operational Group (SCOG) of partnership frontline managers to raise awareness of

this expectation. Standards for Section 47 enquires and a clear timeline to follow have been issued to support Social Workers.

An IRO themed audit on strategy discussions completed soon after referral was carried out in January 2016. This considered the case notes for 16 families relating to 26 children. The audit found that the recording of the rationale for decision making by managers needs to significantly improve as in 44% cases, based on the referral information, auditors felt that the child or young person had not or was not likely suffer significant harm.

The audit also found that in 75% (12) of the cases, the strategy discussion was held on the same day as the referral, and no significant contact was made with the family or to partner agencies prior to the discussion so referral information was not placed in any wider context. This audit showed that the decision to hold a strategy discussion was often made with too little information, and practitioners were felt to be erring on the side of caution rather than having a clear rationale for why they believed these cases might result in a s47 enquiry, which is an area for further work and development.

The audit also showed that the majority of strategy discussions taking place still only involve social care and the police, with only 1 discussion being truly multi-agency and 1 other including midwifery (13%), so there has not yet been improvement in performance in this area.

**Next steps – how we will sustain and embed progress:** An action plan has been developed in response to these audit findings. In the exceptional circumstances when a strategy discussion is held only between children's social care and the police, the reason for this is to be clearly recorded on the strategy discussion document held on the child's file. It is expected that this type of strategy discussion would only occur when a child was at imminent risk of significant harm. This will act as a prompt to Team Managers about the need to invite other agencies and will identify themes and issues for further quality assurance activity and the identification of any obstacles that need to be challenged in achieving multi-agency strategy discussions.

The Police Public Protection Unit (PPU) will gate keep requests for a strategy discussion and will challenge children's social care when they feel that the request is made without sufficient information, or when other agency information is not available, or that the team manager/Emergency Duty Team worker is erring on the side of caution without sufficient evidence to suggest risk of significant harm. The PPU will record this gatekeeping activity to allow themes and issues to be identified and for consistent thresholds to be introduced.

An audit of strategy discussions will be repeated in September 2016 to evaluate the impact of this further work and the awareness raising and Multi-agency Practice Standards.

***6. Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded.***

**Background to the recommendation:**

- Not all CAF assessments recorded children and young people's views.
- The rationale for closing CAF plans was not always clearly recorded, making it difficult to evaluate the effectiveness of the help received.
- Historical information considered in decision making on contacts was not always recorded in as much detail as it needed to be, which led to delays as Practice Managers needed to request further information to make a decision.
- There was not always a clear rationale recorded on contacts for why the decision had been made to proceed without consent for information-sharing.
- Practice Managers' oversight of casework was not clear in most of the cases seen, and there was little evidence of direction, challenge or support where plans for children had not progressed or work had not been completed in a timely way.
- Key discussions and decisions were not always fully recorded on the child or young person's record. This made it difficult to follow the child's story, to evaluate if further work could have prevented the child or young person becoming cared for, and could mean important information could be missed by new workers to the case.
- The work presented to courts was of variable quality.
- Recording was not always detailed enough to show the benefits of contact with families for cared for children and young people.
- Information recorded on return home interviews was not always comprehensive.

**Activity, current position and impact:** A core training offer for Social Workers and Managers has been developed to embed expectations around the quality of practice and ensure that the whole workforce has the skills they need to deliver this level of service.

Performance Challenge Sessions now take place on two levels; Senior Managers challenge Service Managers on their service's performance, and the sessions have also been extended to Team Managers and Social Worker Pod Teams, which are challenged by the Service Manager. IRO Managers also have Performance Challenge Sessions for their IRO Teams. This process is embedding well. These sessions focus on quality of practice, down to individual performance level, including caseloads, timeliness of assessment and plans, supervision and management oversight, and are successfully continuing to drive improvements to practice and embed accountability.

Research has been undertaken on good practice models in other authorities and options to develop one way of working/ operating model across all social work teams in Cheshire East are being explored. Project work, to inform the operating model for Children's Social Care, is about to commence.

Sharing and celebrating good practice is now established at Practice and Performance Workshops and Practice Champions meetings. Social Workers and Team Managers present examples of their own good practice to increase recognition and understanding of the features of good practice.



The quality of recording continues to be evaluated through audit and the practice coaching audits continue to support workers to reflect on the quality of their work and where they can improve and develop. 76% (57) files audited in quarter 3 met the practice standard for recording management decisions, which shows this is an area that still requires improvement.

Overall, all of the audit streams showed that the majority of practice is judged to require improvement, with some inadequate cases (although these are reducing) and some good cases. Requires improvement is a broad category in terms of the quality of work it covers, and it is positive that inadequate practice is reducing, however we are aiming that all casework is good or outstanding. This will take time to establish and embed.

Despite the quality of practice not yet being at the level of quality we want it to be, children and young people are safe in Cheshire East, and the last Practice Manager audit supports this which showed that in all cases (of 9 cases) social workers were judged to have taken the right action at the right time to protect children and young people, and in 89% (8) cases there was evidence that the work had improved outcomes for the child.

The themes for improvement that have been identified through audit are:

- Assessments need to be updated to reflect changing circumstances
- Plans need to be SMART and tailored to each child's individual needs
- Recording needs to be clear and fully reflect the work undertaken, this includes recording the rationale for management decisions
- Chronologies and family history need to be used to inform decision making and planning.

**Next steps – how we will sustain and embed progress:** We will evaluate attendance on and impact of the core training programme. The focus on standards expected and individual accountability will continue through the Performance Challenge Sessions. Practice coaching audits will continue to focus on supporting the quality of recording and case work. This, and evaluation of the impact of core training offer will inform the next steps. Whilst not a quick fix, the development of a Cheshire East model for social work does have the potential to have a significant impact on the quality of recording and decision making.

A review of the processes for centrally monitoring and tracking CAFs will take place. In addition, a performance management framework will be refreshed and a quality assurance framework developed for all early help cases.

### ***7. Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing.***

#### **Background to the recommendation:**

- The findings from return home interviews were not always being used to inform on-going work with children and young people, or to explore wider issues such as links with other missing young people.

- The response to children going missing from care was variable, the recording of return home interviews was not always comprehensive, and there were delays in these being sent to Social Workers.
- Tools to assess the risk of child sexual exploitation were being used, however there was not enough skilled, sensitive work completed with children and young people to understand their individual vulnerability and risk.
- Some Social Workers had not had training in recognising and responding to the signs of child sexual exploitation due to the high turnover of staff.

**Activity, current position and impact:** A Missing from Home Team was established in 2012. This was extended to include CSE in April 2014. Other agencies; police and health, have become part of this team during this period. This service supports workers on an individual case by case basis through consultation, guidance, resources and case direction/ supervision. This specialist service should improve the quality and coordination of CSE and missing from home and care (MFH&C) work. An active CSE Champions Group is in place and this is driving improvements to practice through feedback from frontline practitioners and children and young people.

The relationship between the CSE and Missing from Home and Care Service and the new Early Help Brokerage service has continued to grow. Sharing of information has been extremely beneficial in making decisions on what service will best meet the needs of children and families. The service has also been able to draw on the expertise and provide consultations and resources for those children who are already involved with some of Catch22's other services in Cheshire East, including the Family Focus (Troubled Families) workers, Project Crewe Child in Need Team and the services for those not in education, employment and training (NEET) and Drug services. The service has worked closely with the workers involved with these services to ensure appropriate planning and support around Missing from Home is included in their ongoing plans for children and families.

The Integrated Team were joined by a MFH/CSE Nurse Specialist during this quarter and this has provided wider consideration for young people who are high risk Missing From Home individuals, and has widened the amount of immediate information and joint working within the local authority. It is hoped that going forward, health services will become more involved in planning for these children.

The Missing From Home Case Workers continue to be part of the CHAPS (Care Homes and Police) Operational Group and these meetings have been key in establishing links between young people from different care homes and sharing information between police and care homes. Importantly, all children and young people supported through this service reported that they felt safer following this support.

A multi-agency audit of the quality of the use of the CSE screening tool in February 2016 by the CSE Champions Group found that 63% (10) were good, 25% (4) required improvement, and 13% (2) were inadequate. However, this audit also showed that the quality of work recording the views of children and young people was variable, and this was an area that was identified for improvement.

The forums through which practice with children who are at risk of CSE are monitored, and the recent multi-agency CSE audit, shows that children are not yet



always being identified early enough and the quality of assessment planning and intervention can still be improved.

Tools and training to support social workers with direct work have been developed and delivered through Practice and Performance workshops. A range of training around CSE has been provided, and CSE and Missing from Home and Care is a mandatory training course for all Social Workers. A session on CSE and MFH&C was also given at the Practice and Performance workshops in December 2015 to social workers and managers. The CSE/MFH team have offered a number of sessions to provide every social worker with the opportunity to have basic CSE training. The new core training offer was launched in March 2016 and take-up and impact of training will be closely monitored this year. A considerable number of social work staff are now registered to attend this training. An e-learning module on CSE is also available.

71% return home interviews were completed following an incident of missing from home or care this quarter. Return home interviews are sent to social workers and the timescales for this are performance managed. Social workers also get a follow-up call to ensure they are aware of the issues, and where there are high level concerns, these children are discussed first and the recording is prioritised. There has been an improvement in return home interviews being placed on the child's file by social workers, but this still needs further improvement.

There is inconsistency in the use of return home interviews to inform the understanding, assessment and plan for the child. This is linked to the wider need to improve the quality of practice. To assist and support improvement in this, the return home template has been changed so that it clearly identifies the immediate risks to children and young people in a separate section which social workers can use to inform assessment and planning.

**Next steps – how we will sustain and embed progress:** The Missing from Home and CSE Team will be visiting social work teams to identify specific issues that workers have and how best to support best practice. This will also form a key element of the business plan for this service.

Work is underway to develop best practice standards for CSE conferences, including good practice examples of the use of screening tools, reports, meetings and interventions. This will ensure that it is clear what a good standard of service looks like and will make expectations clear for practitioners.

The multi-agency audit of CSE work will be repeated in 6 months to evaluate impact on practice. Evaluation of the uptake and impact of the core training offer will be completed in 6 months time.

***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.***

**Background to the recommendation:**

- Not all assessments were of a sufficient quality

- Not all assessments demonstrated that the risks to children and young people from domestic abuse, parental mental health problems or substance misuse were fully considered and understood and Adult Social Care was not routinely involved in assessments where factors for adults were present.
- The specific needs of each child or young person within the family were not always differentiated.
- Issues of diversity and cultural needs were not consistently well explored or responded to. Assessments did not fully explore issues of race and gender and how they impact on children and young people's experiences within their own family.
- Assessments were not consistently updated in response to a change in circumstances.
- When children and young people returned home from care an updated assessment was not always undertaken to inform this decision and identify the appropriate level of support needed.
- In some cases, contact with families for children and young people was not always rigorously risk assessed.
- Where children were living with friends or relatives, assessment of those connected persons was not always sufficiently robust.
- Timescales for completion of assessments were not always adhered to.

**Activity, current position and impact:** As detailed above work is underway to develop a single operating model for Children's Social Care in Cheshire East. The assessment framework and practice standards have been reissued to ensure the standards for assessment are clear to all staff. This includes what constitutes a good assessment. A range of activity is taking place to support the development of good quality practice, as detailed under section 6. Improvements to the quality of supervision will also impact on practice, and this is detailed under section 3.

However, currently, the majority of practice still requires improvement, and ensuring assessments are routinely updated and consider the full range of children's needs remains an area we need to improve which has been shown through the audit findings from quarter 3.

**Next steps – how we will sustain and embed progress:** We will continue with our focus on the supporting the quality of assessments through audit, and will continue to drive improvements to timeliness through the Performance Challenge Sessions.

Exemplars for social workers will be produced through the Practice Champions Group to demonstrate what a good assessment and plan looks like and how children's views and lived experience should be captured.

Recent audit and performance has revealed the need to review the workflow for combined assessments, care plans and pathway plans, to make the process and requirements clearer for social workers. The workflow will be reviewed to ensure that this supports effective practice and is easy and intuitive to use.

**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.*

### **Background to the recommendation:**

- Child Protection Plans and Child in Need Plans were not always specific to individual children, and not always of a good enough quality.
- Plans lacked timescales and contingencies.
- Plans were not consistently underpinned by a full understanding of whether changes were sustainable.
- Direct work with children and young people was not always informed by the assessment or the plan so lacked focus.
- Some Social Workers were too slow to respond to the lack of progress against plans for children and young people; some Child Protection Plans showed delays and drift and some children experienced delays with their permanence plans. Some cases took too long to step up to Child Protection.
- Not all partners were as involved in planning as they could be. Adult service Social Workers and Housing Providers were less involved, and this meant that there was not always a coordinated multi-agency response.
- The quality of Personal Education Plans (PEPs) has improved, but some were not detailed enough and did not contain precise enough targets.
- The majority of pathway plans did not have clear and specific targets and actions to help or encourage young people to secure employment, education or training.

**Activity, current position and impact:** A new model for Child Protection Conferences has been introduced which focuses on ways to include the family in planning, and focuses on the strengths of the family as well as the areas that need to improve, which helps to engage children, young people and families in the planning process. It also helps families to understand why the plan is in place and what needs to happen to achieve it. Improved understanding and engagement with the plan and agencies delivering it should lead to improved outcomes for children, young people and families. We are in the process of carrying out a mid-point review of the model. Anecdotally, it appears that the model has been well received as an improvement in addressing the issue of drift and improving planning.

The core training offer for Social Workers and Managers will support workers to develop the skills to produce and support strong assessments and plans. Training on delivering direct work with children and young people has been delivered to ensure that this is of a good quality and is informed by assessment, analysis and planning. The impact of this will be reviewed in 6 months time.

The Practice Champions Group have designed and developed tools to support direct work, and these were produced into a 'tool kit' which was given to all social workers, and there is an area in each of the social work offices which features these tools. Training on direct work has also been delivered through the Practice and Performance Workshops.

A new quality assurance process for Personal Education Plans has been developed, which includes local Head teachers providing external scrutiny on the quality and challenge to schools. This will help to embed standards and drive up the quality of practice. Best Practice examples of PEPs are on the Cheshire East Virtual School

website, and this has been communicated to schools. These best practice examples are shown to new Designated Teachers as examples of effective PEPs as part of their induction.

A new post of designated Service Manager for Care Leavers has been created and appointed to, which will provide additional capacity, management oversight and focus on improving outcomes for Care Leavers. This specialist care leavers' service allows specialist support, expertise and focus on the particular needs of these young people as a group.

Performance on the timeliness of plans has improved, the last audit found 67% CIN plans were completed within 35 days, but this is still an area requiring further improvement. As discussed in previous sections, the quality of practice requires improvement and planning is still a key area that we need to improve.

The number of children and young people subject to a plan for emotional abuse has risen. A recent dip sample in January 2016 of child protection plans for the category of emotional abuse showed that this category is sometimes incorrectly used, and that deeper analysis needs to be made and evidenced in conference discussions to ensure that the reason the plan is needed and the impact on the child or young person is correctly identified. Without this it is difficult for parents to understand why professionals are concerned and what they need to do to reduce these concerns.

This audit highlighted that we need to ensure planning is more solution based and family focused; plans need to cover how parents will be supported differently to achieve the aims in the plan that they were unable to achieve at CAF or CIN level. This will be addressed through the new conference model, but at this point in time it is too early to evaluate the model's impact.

**Next steps – how we will sustain and embed progress:** Work is underway to develop a multi-agency framework to support professionals working with substance misusing parents. We will continue with our focus on supporting the quality of plans through audit, and will continue to drive improvements to timeliness through the Performance Challenge Sessions. A mid review of the child protection conference model will be carried out in June 2016.

A model for IRO's systematically auditing child in need cases has been introduced in April 2016. The first quarter will focus on auditing all plans over 12 months. The model also encompasses some observation of CIN meetings. The model will focus on auditing a sample of CIN cases open over 6 months to assess the quality of this work. A repeat audit of new plans under the category of emotional abuse will be undertaken in August 2016 to evaluate improvements in practice in this area.

### ***10. Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded.***

**Background to the recommendation:** Inspectors saw a number of cases that had been closed to children's social care and stepped down too soon, where not

enough progress had been made, and change had not been sustained to secure improved outcomes.

**Activity, current position and impact:** The policy on Step Up and Step Down has been reviewed, updated and relaunched. Managers chair Step Down meetings so that they have oversight of the case and ensure the arrangements around step down are robust. Training on Chairing Meetings effectively is part of the core mandatory training programme for managers to ensure they have the skills to chair more complex meetings. All actions to address the recommendations from the LSCB multi-agency audit on Step Down have been completed.

In the last audit, only one case audited was stepped down. However this case showed that there are still issues with robust arrangements for stepping down, as this case was closed from CIN and the decision was made that support at CAF level was not needed. The auditors queried this decision and it was accepted that support should be given at CAF to ensure continued support was offered. However, the auditors did agree that this was the right time to close the case at CIN.

**Next steps – how we will sustain and embed progress:** We will continue to monitor progress through audit that the decision to step down or close cases is appropriate and the management rationale for this is clearly recorded. Step down of cases is proposed to be a thematic area for the LSCB to revisit in its audit programme in 2016-17 which will give an in-depth picture of progress in this area.

### ***11. Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays.***

**Background to the recommendation:** All foster carers spoken to in the inspection were aware of the delegated decision making process, but they felt that Social Workers still have to complete too many forms for decisions foster carers could make.

**Activity, current position and impact:** The Foster Carers' Handbook has been reviewed and revised along with the policy on delegated authority to ensure the guidance is clear and consistent for Social Workers and Foster Carers. A simple checklist has been produced on delegated authority, setting out what areas carers can make decisions on, which Social Workers make decisions on, and which need to be agreed and specified in the plan; this is included within the Foster Carers' Handbook. Awareness raising of delegated authority has been carried out at the Practice and Performance Workshops, Foster Carers' Forum and through the Foster Carers' newsletter.

**Next steps – how we will sustain and embed progress:** Work is necessary to improve the forms on the child's record system to support improved practice. This involves a potential new Care Plan document which puts delegated authority in a clearer format. Work is underway reviewing this. The Foster Carer's survey will be carried out this year and will assess whether carers are clear on delegated decisions.

***12. Improve the timeliness of initial health assessments so that children who become looked after have their own health needs assessed within the expected timescales.***

**Background to the recommendation:**

- Most cared for children had an assessment of their health needs, but there were delays in some initial health assessments taking place.
- Only 30% of initial health assessments for cared for children and young people in were completed within timescale in 2014-15 due to delays in Social Workers requesting assessments.
- Review health assessments were timely.

**Activity, current position and impact:** The process for requesting initial health assessments has been streamlined and a new pathway has been developed and is in place. The process is now prompted in the child's record system to support timely requests and completion. The impact of these changes have not yet been realised in the performance measure and this area continues to be under scrutiny by the Corporate Parenting Board and the LSCB, both having received detailed reports around the issues. A case example was also presented to the Corporate Parenting Board in March 2016 for detailed analysis. The Health and Wellbeing Board has also received a report on the health of cared for children, which highlighted this issue.

For performance to improve, it is critical that there is an early and timely request for the initial health assessment from the social worker, as the assessment needs to be completed within 20 working days to be within timescale.

During quarter 4, 20% requests for initial health assessments were received within 48 hours of the child or young person coming into care, which needs significant improvement. As a result, there has not yet been an improvement in the number of initial health assessments that were completed within 20 days.

All Social Workers and Team Managers have been reminded of the pathway and procedure for requesting these, and the expectation that requests for these assessments are made within 2 working days of the child or young person coming into care. A new process has been put into place to ensure timely referrals are made and this becomes embedded. The placements service are notifying the Head of Service when a child or young person comes into care, and the Head of Service will track compliance with the standard and will report any exception to the Director of Children's Social Care. The Cared for Nurses have attended the Practice and Performance workshops to raise awareness of the health assessment pathway, and the Designated Doctor will raise this issue again with the relevant paediatricians.

A Health app for cared for children and young people has been developed and launched to support them to get advice about health issues and where to go and what to do to meet their health needs.

**Next steps – how we will sustain and embed progress:** Performance to remain under scrutiny by the Head of Service and key partnership Boards until improvement in performance is sustained. The Director of Children's Social Care will challenge requests out of timescale to embed timeliness.



Work is underway to look at the current processes to see if health professionals can be involved earlier in the process to provide up to date and relevant health information to inform assessments and plans.

**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.**

**Background to the recommendation:** Later in life letters were variable in quality.

**Activity, current position and impact:** The production of later-in-life letters has been allocated to the Adoption Team, to ensure consistency of approach. All later-in-life letters are quality assured by Team Managers, and this is overseen by the Service Manager for Adoption. This has established a good quality standard and letters are being produced to a good standard. Consultation with care leavers has taken place on what constitutes a good later-in-life letter and this has informed the production of good practice exemplars.

**Next steps – how we will sustain and embed progress:** Team Managers will continue to monitor the quality of the letters, and there is a tracker in place to ensure the timeliness of these.

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

#### **1. Strengthen senior managers' oversight and monitoring of:**

- **complex cases where there are historic drift and delay in taking decisive action**
- **private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations**
- **care leavers who are homeless**

**Background to the recommendation:**

#### **High Risk cases:**

- In the inspection, inspectors saw two cases where drift and delay (across CIN/CP and cared for) had impacted on the child or young person's safety and progress, but this had not been alerted to senior managers. Inspectors suggested one of example of how this might be addressed through a high risk panel.

#### **Private Fostering and Connected Persons Arrangements:**

- Service Manager's oversight of private fostering and connected person arrangements needed to be strengthened. Private Fostering cases sampled during the inspection showed delays in responding to notifications, disclosure and barring (DBS) checks, visits and decision-making. There was no evidence of management oversight identifying or challenging these delays.
- Where cared for children or young people live with relatives or friends, assessments of connected persons were not always sufficiently robust, timescales for completion were not always adhered to, and it was not clear in all cases if assessments had been signed off by Group Managers.

**Care Leavers who are Homeless:**

- Group Manager's oversight of care leavers who are homeless needed to be strengthened. At the time of the inspection 6 care leavers were refusing appropriate accommodation, all of them had multiple problems, including drug and alcohol misuse, risk of or actual offending behaviour, and emotional health problems. Personal Advisors were making concerted efforts to engage them with services and reduce the risks, however outcomes for these care leavers were uncertain due to the complexity of the needs. Senior managers did not have sufficient oversight of these care leavers who are homeless, and did not routinely monitor the individual circumstances for these highly vulnerable young people.

**Activity, current position and impact:** The multi-agency professional dispute resolution (escalation) process has been reviewed, revised and relaunched to ensure it is explicit about the criteria for raising concerns where drift or delay are impacting on the child's safety or progress. The resolution workflow has been incorporated into the child's record system to ensure that the process is systematic and the pace of resolution can be tracked and monitored. This is currently in the final stage of testing. Drift and delays are being challenged by IROs through the Practice Alert process. Criteria for a protocol on notifying all tiers of management on high risks cases is being developed.

A tracking system for all privately fostered cases has been established and is managed by the lead IRO. The Placement Service seeks confirmation at the time of referral about the exact arrangements for the child's placement, and where relevant, the allocated IRO ensures that issues pertinent to connected person's assessment, particularly any identified risks, as well as the support package, are scrutinised during the preparation for the first (20 days) review. 93% (14 of 15) private fostering visits were completed within timescale in quarter 4, and the one which was outside of timescales could not have been foreseen, so this is very good performance and is a considerable improvement on performance during the inspection in quarter 2 which was 67%.

This year we have nearly doubled the number of privately fostered children and young people we are aware of in Cheshire East, from 6 to 11 new arrangements and 3 carried forward from 2014-2015. We can attribute this to the awareness raising efforts of the LSCB Private Fostering Sub Group who have ensured that Private Fostering Recognition is on the agenda in Cheshire East. In particular we have seen an increase in education referrals regarding Private Fostering. In September 2016 a Private Fostering Refresher presentation was delivered at the quarterly Practice and Performance Workshop which impacted on the new referrals in Quarter 3. In addition to this, lots of work has been completed to improve the links and communication between the Safeguarding and Quality Assurance Unit and the CIN/CP Teams which has resulted in regular informal discussions regarding potential private fostering arrangements and requests for information and support on existing cases. All the reg. 24 assessments were presented to the fostering panel within statutory timescales in quarter 4.

A monthly permanence case tracking meeting, chaired by the Head of Service for Cared for Children, has been introduced to ensure clear senior management oversight and drive for permanence. The tracker for care leavers who are homeless



has been strengthened and is being used to effectively track and monitor these young people, and this is overseen by the Service Manager.

**Next steps – how we will sustain and embed progress:** A protocol that sets out when and how all tiers of management up to the Director of Children's Services will be informed about a case based on the risks to the child or young person will be developed. Mechanisms to track these young people and ensure senior management oversight are now in place and we will continue to evaluate the impact of these measures on outcomes for children and young people. A multi-agency stocktake of private fostering cases will be carried out in June 2016.

### ***13. Ensure audit arrangements have a sharper focus on looked after children.***

**Background to the recommendation:** Some of the audit programme was focused around the performance and quality of services for child in need and child protection, as these services had been inadequate. Plans were in place to extend the current audit programme to cared for children but this had not taken place at the time of the inspection.

**Activity, current position and impact:** The audit programme for children in need and child protection has been extended to cover cared for children's services, so this now reviews the quality of casework across the whole service; from contact at the front door to leaving care. Audits are completed and reported on a quarterly basis, and cover 57 cases.

The main themes from audit are given under section 6.

The impact that the findings are having on practice is not yet evident across all areas for our cared for children, but there are indications that some areas show improvement e.g. recording of management decisions being recorded on the child's record, and statutory visits in timescales. However, practice for cared for children generally requires improvement.

**Next steps – how we will sustain and embed progress:** The audits will continue to reflect and report on the compliance and quality of practice for Cared for Children in Cheshire East, to supplement other performance information to managers. The improvement in practice will be reflected as other areas for action make progress.

### ***14. Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of the information provided through the electronic recording system so that managers have effective oversight of frontline practice.***

**Background to the recommendation:**

- There was no annual performance report for children's services to outline and explain our progress compared with previous years against national performance and statistical neighbours, which would assist political leaders, partners and staff

to understand and follow the improvement journey and demonstrate what performance means for children and young people.

- The electronic recording system for Children's Social Care was replaced with a modern case management system to support effective social work practice.
- The migration of data from the old system to the new one resulted in some anomalies and unreliable data. As a result, managers were not always confident about what the data was telling them, and managers were unable to readily identify the right data without a time consuming check of individual records or audits of casefiles. This made it difficult for managers to understand and manage performance in their services and teams.

**Activity, current position and impact:** A performance scorecard for the whole of children's services has been developed, the annual version of this will be received by Children and Families Scrutiny Committee to support them to determine the areas of focus for the year.

Work has been completed to develop performance monitoring across teams and to ensure a range of reporting suites are available on children in need and child protection, cared for children and care leavers. As at the end of March 2016, there are 61 live reports in the live reporting environment that can be run by Managers and staff to complement the reports that are readily available from the live electronic recording system. Live performance profiles are also available for each team manager to run which shows their team's performance against the key areas, such as timeliness.

An additional 5 reports are currently in development. The key areas for development are adoption and fostering reporting suites, and the implementation of the Early Help module and the supporting reporting infrastructure.

Training has been provided to all managers around running and extracting reports to support performance management. In addition, requests are received by the Business Intelligence teams to provide reports to support performance monitoring. Use of these by managers is still not routine but this is improving substantially.

Performance Challenge data is produced and sent to managers on a fortnightly basis to supplement readily available reports. Performance Challenge Sessions now take place on two levels; Senior Managers challenge Service Managers on their service's performance, and the sessions have also been extended to Team Managers and Social Worker Pod Teams, which are challenged by the Service Manager. All performance, including individual performance is scrutinised through the performance challenge sessions, which is helping to embed accountability and the expectations on practice. These sessions are also supporting development of a culture of performance monitoring and challenge from team managers.

The Performance Challenge sessions have substantially improved the timeliness and accuracy of data loaded into the system. Any areas of concern are highlighted at challenge sessions or with specific managers.

Specific performance areas are also explored through various monthly tracking meetings, such as cared leavers in unsuitable accommodation, and a range of trackers are kept to facilitate detailed scrutiny on performance in these areas.

It has been 18 months since the launch of the new child's record system, and the quality of data due to migration is no longer a significant issue as it was at the time of the inspection. The quality of the data is becoming better and better as time progresses and new records are loaded onto the system. Monthly case management development sessions are held with LiquidLogic to support developments to the system.

**Next steps – how we will sustain and embed progress:** We will continue to develop the suite of live reports available and support good frontline practice and recording to ensure the quality and integrity of the data. The Business Intelligence Team has a list of reports requested and those currently in development, and these are discussed at the monthly case management systems meeting in terms of priority for development. Performance will continue to be closely monitored to drive improvements through the Performance Challenge Sessions.

**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:**

- *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*
- *Ensuring sufficient health provision for older looked after children and care leavers*
- *Improving the use of family group conferences so that all possible options for children are consistently explored*
- *Increasing the capacity of advocacy services to support children and young people identified as in need.*

**Background to the recommendation:**

- There was no joint commissioning strategy in place.
- Foyer accommodation was used as a last resort for young people who are not yet adults. Providers of this accommodation completed risk assessments on all young people under the age of 18 at the start of the placement, but did not routinely complete them on older care leavers who could be equally vulnerable.
- Assessments for these young people were not detailed enough, and did not specifically address the potential impact of the setting on the young person.
- The 16+ Cared for Young People's Nurse post had been vacant since April 2015, and although this post was covered, it was not always provided by the same person which reduced consistency.
- There was no specialist health resource for care leavers over the age of 18.
- Family Group Conferencing was not used well and its impact was not known.
- Not all children in need were offered advocacy.
- Some cared for children experienced delays in being matched with an independent visitor.

**Activity, current position and impact:** A Children's Joint Commissioning Strategy has been drafted. This was discussed at Children's Senior Leadership Team in February 2016 and will be considered by the Health and Wellbeing Board in May.

Cheshire East is adopting the ignition approach, which is based on the voice of individual young people directly influencing decisions about their 16+ accommodation and support. The approach assesses the full range of accommodation offer (including Foyer) to ensure the most appropriate placement decisions. A robust risk assessment tool is now in place for use with YMCA/ foyer accommodation.

The 16+ and transition nurse post has been advertised to cover Cheshire East's 16-25 year old young people. Interviews are planned for April 2016. A Nurse Specialist for Cared for Children has taken up this post working 2 days alongside the Designated Nurse for Cared for Children. The CCGs are reviewing the provision of cared for children's health services to ensure that this is effective across all service areas.

The use of Family Group conferencing has been reviewed. Family Group Conferencing will be brought in house and will be integrated as part of the new model for children's social care to improve consistency and support for families.

The take up of advocacy and independent visiting services has been reviewed and target priorities have been set through negotiation with commissioned provider, The Children's Society. The contract has been amended to ensure the advocacy service is offered to children and young people on a CSE plan, and all children subject to a plan prior to their first review.

71 children and young people were accessing advocacy in quarter 4. 94% young people were pleased with the service they received. The Independent Visiting Coordinator and the Service Coordinator have promoted the service to social workers at the Practice and Performance workshops in June 2015. New leaflets have been produced to promote the service, which social workers share with children and young people. Young people have developed a short animation for young people to explain the role of an advocate and an independent visitor which will also be used to promote the service to children and young people.

**Next steps – how we will sustain and embed progress:** We will continue to work with Crewe YMCA to improve the foyer offer. We will continue to track and monitor all care leavers deemed to be in unsuitable accommodation to actively seek alternatives that meet their needs. We will inform the review of the provision for cared for children's health services. We will continue to monitor the up take and quality of advocacy and independent visiting. We will develop one model of working within children's social care which includes Family Group Conferencing.

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

**151: Complete work to develop the performance management framework so that service effectiveness can be evaluated rigorously across all agencies**

**Background to the recommendation:** Use of performance data to analyse and scrutinise partnership performance was not fully developed. More work was needed in order to reach an agreement on which data should be included within the LSCB

performance scorecard in order to ensure robust oversight and scrutiny of safeguarding practice.

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

A range of quality assurance activity supports performance monitoring. Arrangements for this are robust, and support and supplement partnership performance monitoring. This includes the LSCB multi-agency audit programme, LSCB frontline visits, and the annual LSCB Children and Young People's Challenge and Evidence Panel. The Challenge and Evidence Panel is run by young people, who challenge LSCB members on the key safeguarding issues that are important to children and young people in Cheshire East. This is informed by the themes highlighted in the Children and Young People's Safeguarding Survey.

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

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

LSCB frontline visits have shown that there is commitment to engage children and young people in service planning across the partnership, and some good examples of this were found such as children and young people's participation in developing the new child protection conference model. Frontline staff welcomed the feedback from LSCB audits through the staff newsletter and said they used this to improve their practice. Most organisations provided examples of how they have learned from SCRs and this was cascaded well throughout the teams via team meetings and bulletins. Most staff felt confident in raising a challenge and some have experienced their service challenging another agency or partner agency challenging them. However, staff were unclear on the policy and procedure for resolving professional disagreements. This policy and procedure has now been reviewed and strengthened, and the resolution process has been incorporated within the child's record system. Awareness raising of the new policy and procedure has been completed with frontline managers through the Safeguarding Children Operational Group (SCOG) and through the Multi-agency Practice Standards.

**Next steps – how we will sustain and embed progress:** The LSCB quality assurance framework will be revised in April/ May 2016 in line with the production of the LSCB annual report and the review of the LSCB Business Plan priorities. The LSCB multi-agency audit process will be reviewed as part of this process to align with the business plan priorities and key areas for partnership improvement in the Ofsted inspection report. A multi-agency audit on the toxic trio will take place in May 2016 to complete the current LSCB audit cycle. The findings from this will be used to drive improvements and to evaluate progress.

The LSCB frontline visits and LSCB Challenge Sessions are both effective, established methods of scrutinising partnership practice. These two methods will be dovetailed to allow evidence from service managers and the frontline to be triangulated with performance information around the LSCB's key priority areas.

IROs will attend the GP level 3 safeguarding training in April 2016 to cover what makes a high quality conference report and to remind GPs of the process for case conference. The named GP is currently undertaking targeted practice visits to those practices that appear to not be submitting reports consistently to ensure they have robust processes in place. Reports on progress in this area will continue to be received by the LSCB Quality and Outcomes Sub Group.

**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.**

**Background to the recommendation:**

- The focus of the LSCB's work and scrutiny had been on child in need and child protection services, as these had been inadequate.
- Cared for children's services had not received the same level of scrutiny and challenge on the quality of their service provision.
- Consideration and scrutiny of early help services was not sufficiently embedded in the strategic oversight and work of the LSCB.
- There were inconsistencies in stepping down to lower levels of intervention.
- Escalation processes were underused.

**Activity, current position and impact:** The business support functions for the LSCB and the Corporate Parenting Board have been aligned within the same team which is ensuring that both boards are sighted on the key issues and are informed of the activity of one another. Key reports on the quality of cared for children's services have already been received by the LSCB, Executive and relevant subgroups and further reports are scheduled for receipt by the LSCB over the year. The LSCB also receives regular updates on progress against the Improvement Plan, including areas relating to cared for children.

An Early Help Challenge session was carried out in November 2015 where the LSCB scrutinised and challenged the quality of early help provision across the partnership. This session found that early help services need to be more joined up, including with adult services, and that monitoring and evaluation of the quality of work needs to be strengthened. Since this session, a LSCB Early Help Sub Group has been established to drive improvements to the quality of early help services, and this sub group reports to the LSCB Executive.

Reports on the application of the threshold framework are received and reviewed by the LSCB to ensure this is applied consistently across the partnership and this is considered through the LSCB audits and LSCB frontline visits. The LSCB frontline visits completed in quarter 3 found that most practitioners had a clear understanding of thresholds and that this is supported through training and advice available.

The professional dispute process has been revised and relaunched to make it clearer in response to staff feedback received through the LSCB audit and frontline visits as outlined above.

**Next steps – how we will sustain and embed progress:** Reports on the quality of cared for children's services and the Improvement Plan will continue to be received regularly by the LSCB.

Evaluation of the application of thresholds will be included within the revised LSCB multi-agency audit process. The application of thresholds will be a key focus at the LSCB's Leadership Summit in May.

The Early Help Sub Group will continue to drive and coordinate improvements to early help services across the partnership and this will be monitored by the LSCB and LSCB Executive to ensure that the recommendations from the Early Help Challenge are met. The CAF audit process is currently being reviewed and revised to strengthen this as a form of evaluation, and these audits will be reported to the Sub Group.

The application and use of the professional disagreement and resolution policy will be evaluated and reviewed to ensure it is resulting in the desired impact.

**153. Evaluate the impact of the neglect strategy and disseminate the findings to help agencies improve their practice.**

**Background to the recommendation:**



- In response to high numbers of children and young people subject to child protection plans due to neglect, the LSCB launched a neglect strategy in January 2015.
- The graded care profile was not being used consistently to assess neglect cases.
- Plans were in place to undertake further work to embed use of the tools, and then to audit to assess the impact of the strategy early in 2016, but this had not taken place at the time of the inspection.

**Activity, current position and impact:** A new LSCB multi-agency training programme on neglect was launched in January 2015, and 235 practitioners have received the training so far. This is not yet having sufficient impact on practice, as graded care profiles are still not being used routinely to assess and evaluate the extent of neglect.

In order to address this, the Neglect Strategy Task and Finish Group has been reinstated, led by Nigel Moorhouse Director for Children's Social Care, to drive the relaunch of the strategy and use of the graded care profile. A neglect scorecard has been developed that contains the key measures set out in the strategy and is being used to inform the LSCB on impact of the strategy. Graded care profile training is now a mandatory training course for all ASYEs (Social Workers in their assisted and supported year of employment).

Key strategic managers from children's social care are attending all the Ofsted 'Getting to Good' seminars on neglect to learn from best practice and share with relevant staff. All partners will report on progress against the LSCB business plan priorities in their annual reports, including progress against reducing and tackling neglect.

**Next steps – how we will sustain and embed progress:** The Task and Finish Group will review the impact of the strategy through the reporting mechanisms that have now been developed and will drive the actions to embed use of the graded care profile, including a relaunch of the strategy and tools.

A multi-agency audit will be conducted to evaluate the impact of this on frontline practice as part of the LSCB audit programme.

**154. Develop links with the Local Family Justice Board so that CESCIB can monitor how well the needs of children in public and private law proceedings are met.**

**Background to the recommendation:** The LSCB had no oversight of or connection to the Local Family Justice Board, so it could not assure itself that young people's needs were being met in relation to public and private proceedings.

**Activity, current position and impact:** A report from CAFCASS was given to the LSCB Board in January 2016, and the Board agreed focussed areas for scrutiny in terms of performance. Performance measures are included on the LSCB performance scorecard which are scrutinised every quarter. CAFCASS performance will be reviewed in the LSCB Business Plan and Annual Report.

Nigel Moorhouse, Director of Children's Social Care, is the named link with the Family Justice Board and identifies any issues that need to be brought to the attention of



the LSCB. Update from the Family Justice Board is a standing item on the LSCB Executive and LSCB Board agendas. Regular meetings taking place between area managers and CAFCASS, and there is established and regular communication between CAFCASS and IRO managers.

**Next steps – how we will sustain and embed progress:** Reports from CAFCASS are on the forward plan for scrutiny from the LSCB Board and LSCB Quality and Outcomes Sub Group.

### **155: Review the arrangements for monitoring the quality of private fostering work.**

**Background to the recommendation:** The arrangements for case management of private fostering were not sufficiently robust. Private Fostering cases sampled showed delays in responding to notifications, DBS checks, visits and decision making.

**Activity, current position and impact:** Awareness raising is now routinely carried out and recorded. Materials and posters have been used to support a publicity campaign and are included in a pack which is provided to all social work teams.

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

This year we have nearly doubled the number of privately fostered children and young people we are aware of in Cheshire East, from 6 to 11 new arrangements and 3 carried forward from 2014-2015. We can attribute this to the awareness raising efforts of the LSCB Private Fostering Sub Group who have ensured that Private Fostering Recognition is on the agenda in Cheshire East. In particular we have seen an increase in education referrals regarding Private Fostering. In September 2016 a Private Fostering Refresher presentation was delivered at the quarterly Practice and Performance Workshop which impacted on the new referrals in Quarter 3. In addition to this, lots of work has been completed to improve the links and communication between the Safeguarding and Quality Assurance Unit and the CIN/CP Teams which has resulted in regular informal discussions regarding potential private fostering arrangements and requests for information and support on existing cases.

The LSCB Private Fostering Sub Group has sought previously privately fostered young people's views on service to inform service evaluation and development. The three young people interviewed were very positive about the support they had received from their social workers "They wanted to know what was going on for me, I felt listened to", and reported that they felt cared about and safe. They were all visited very quickly following the initial referral, however the first visit was not used to full effect in that a lot of information sharing and gathering at that point was missed out. All three young people felt this was important they wanted to know they could stay as quickly as possible. Two of the young people expressed concerns about the financial implications their care had on their carers, and said that they didn't like to ask for things like toiletries and make-up and this caused them stress. The young

people felt that process for receiving additional monetary support needed to be dealt with far quicker and advice in this area should be improved. An action plan to improve services based on this feedback has been developed to address these areas.

Performance on Private Fostering is monitored through the LSCB scorecard and a progress report from the Chair of the Sub Group is received by the LSCB Executive.

**Next steps – how we will sustain and embed progress:** A multi-agency stocktake of private fostering arrangements will be carried out, which will inform the development of a focused Private Fostering Strategy. A multi-agency audit of the quality of casework will be carried out in June and this will inform further service development.

The LSCB Private Fostering Sub Group will respond to any areas for development identified through the multi-agency audits. The private fostering annual report will be scrutinised by the Quality and Outcomes Group and areas for further development will be identified.

### ***156: Improve the influence of CESC in the work of the Health and Wellbeing Board to ensure that safeguarding is embedded within its priorities.***

**Background to the recommendation:** Strategic links between the LSCB and the Health and Wellbeing Board were not explicit. As a joint adults and children's Board, the children's agenda within the Health and Wellbeing Board was not given sufficient priority.

**Activity, current position and impact:** The Health and Wellbeing Board (HWBB) is the accountable body for the Children and Young People's Improvement Plan and have received a number of reports on the outcome of the Ofsted inspection and the improvement plan. They have also received a presentation on the LSCB Annual report 2014-15 and business plan for 2015-16.

Key updates from Children's services have been scheduled on the forward plan for the Health and Wellbeing Board to ensure they have strategic oversight and scrutiny of the quality of children's services and the key issues for children and young people in Cheshire East. Other reports around children's issues, including a report on the health of cared for children have been considered by the HWBB.

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

A development plan for Health and Wellbeing Board Members has been developed, which includes observing and meeting with key teams and groups. Members of the Board have been canvassed for their training and development needs relating to children's services and responses are currently being collated and will inform the training and development offer to the Board to ensure all members have the necessary knowledge and context to effectively scrutinise the quality of children's services and whether they are meeting the needs of children and young people in Cheshire East.

**Next steps – how we will sustain and embed progress:** The HWBB will continue to receive regular updates on progress against the improvement plan. The LSCB Annual Report for 2015-16 and Business Plan for 2016-17 is on the forward plan to be discussed at the Health and Wellbeing Board in July. Other reports relating to children's issues are scheduled to go to the board in 2016-17. This will ensure that children's issues continue to be championed at the HWBB and that they are informed and scrutinise key issues in relation to children's services.

**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.**

**Background to the recommendation:** The work in relation to female genital mutilation was not yet coordinated. Health agencies recorded the prevalence of incidents but this was not formally reported to the Board.

**Activity, current position and impact:** It was agreed that this work would be best progressed on a pan-Cheshire basis. A LSCB task and finish group, led by the Named GP, working in partnership with local hospital trusts, has been established to agree and monitor a FGM pathway as part of a Pan Cheshire co-ordinated strategy. The procedure for FGM is currently out for consultation.

**Next steps – how we will sustain and embed progress:** Launch the FGM strategy across the pan-Cheshire area and evaluate its impact after 6 months.

**158: Implement a protocol that outlines when the National Panel should be notified about SCR's and incidents in order to strengthen scrutiny of decision-making.**

**Background to the recommendation:** There were no serious case reviews (SCRs) commissioned in the last four years; those cases considered for SCR had not been referred to the National Panel. This meant that there had not been any external monitoring of the thresholds to undertake a SCR.

**Activity, current position and impact:** A notification process for when the National Panel should be notified about SCR's and incidents has been developed and launched and is on the LSCB website. The online procedures for SCR's are currently under review on a pan-Cheshire basis.

**Next steps – how we will sustain and embed progress:** Revision of the online procedures for SCR's to ensure these are clear for practitioners. Plans are underway to commission an independent review of the application of the threshold for cases in Cheshire East and the notification process to critically assess its effectiveness, however this may be subject to change following the Government's review of the LSCB functions including Serious Case Reviews; this is expected in April 2016.

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## Children and Families Overview and Scrutiny Committee

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**Date of Meeting:** 27 June 2016

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

**Subject/Title:** Children and Families Performance Scorecard – Quarter 4, 2015-16

**Portfolio Holder:** Cllr Liz Durham

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### 1. Report Summary

- 1.1. This report and the attached performance scorecard provide an overview of performance across the Children and Families Service for quarter 4 of 2015-16.

### 2. Recommendation

- 2.1. Scrutiny is recommended to:

- a) Note the contents of the report and scorecard; and
- b) Scrutinise areas where expected levels of performance are not being met.

### 3. Other Options Considered

- 3.1. Scrutiny may want to consider the performance of the Service on a six-monthly or annual basis.

### 4. Reasons for Recommendation

- 4.1 One of the key areas of focus for the Children and Families Overview and Scrutiny Committee is to highlight areas of poor performance and investigate methods of improving that performance. Overview and Scrutiny has an important role to play in the performance management systems of the local authority. The performance scorecard provides essential data, along with qualitative information, to measure the effectiveness of services within children's services. This report and scorecard will be provided to Scrutiny on a quarterly basis to enable the Committee to maintain an overview of performance across the Service.

### 5. Background

- 5.1. Ofsted inspected the local authority in July 2015. In their report, published in September 2015, Inspectors highlighted the need for Scrutiny Committee to receive a broader overview of information to ensure it can take an overview of patterns and trends in performance.
- 5.2. An outline report was brought to Scrutiny in February 2016 setting out the scorecard template and performance relating to quarter 3. The format and

content for future reporting were agreed and the scorecard at Appendix 1 reflects changes agreed. This report and scorecard sets out the performance against the agreed indicators across the Children and Families Directorate for quarter 4, 1<sup>st</sup> January – 31<sup>st</sup> March 2016.

5.3. The performance scorecard details the following:

- Measure – details of each performance measure
- Polarity – whether it is good to have the measure high or low
- Statistical neighbour average – gives a comparator against local authorities with similar characteristics to Cheshire East. Cheshire East's statistical neighbours in rank order are:
  - Cheshire West and Chester
  - Warwickshire
  - Central Bedfordshire
  - Warrington
  - Hampshire
  - North Yorkshire
  - East Riding of Yorkshire
  - Solihull
  - North Somerset
  - West Berkshire
- National average – gives a national comparator figure
- Target – this is either a national target, eg, adoption timeliness, or a local one set by the service to provide a 'good/outstanding' service
- Year end 2014-15 – enables Members to compare existing performance to that in the previous year
- Quarterly performance – enables Members to compare performance from quarter to quarter
- Year end 2015-16 – as this is a quarter 4 report, this provides a year end figure
- RAG – this is a rating of red, amber, green based on current performance against the expected level of performance
- Direction of travel – this provides the direction of travel this quarter and whether this is positively or negatively in an upward/downward trajectory or static
- Comments – this provides a general commentary on the information presented
- C&YP Plan Priority – links the measure to the relevant priority within the Children and Young People's Plan
- Corporate Priority – links the measure to the relevant priority within the Council's Corporate Plan

5.4. More detailed performance information is monitored and scrutinised at a team and service level within Children and Families; this will also be presented to Scrutiny in line with the agreed work programme.

## 6. Performance Overview

- 6.1. The performance scorecard at Appendix 1 includes 69 separate measures covering all areas of the service. Some of these measures are non-performance related, eg those that relate to population cohorts. In total, 51 of these measures relate to performance and have been RAG rated. A breakdown summary is as follows:

Performance Measures	Red	Amber	Green	n/a	Total
Quarter 4 2015-16	10	16	25	18	69

- 6.2. Actions are underway to address all of the red RAG rated measures. Two of these red relate to the number of cared for children. Whilst the number of cared for children has increased by over 8% in the past year, Cheshire East remains lower than most of its statistical neighbours including, locally, Warrington and Cheshire West and Chester. Measures in relation to the initial health assessments and health checks of cared for children have been subject to considerable scrutiny by the Local Safeguarding Children Board, Corporate Parenting Board and have been reported to the Health and Wellbeing Board. This has resulted in some improvements, in particular in relation to initial health assessments requested. A new Cared for Nurse is expected in post in July 2016 to drive these developments.

- 6.3. A summary of the direction of travel of performance across the service is detailed below.

Direction of Travel	Red	Amber	Green	n/a	Total
Quarter 4 2015-16	7	19	39	4	69

- 6.4. This shows broadly that most measures of performance are on a positive trajectory. In 7 areas, under-performance has not improved or dipped. In all of these areas, work is underway to improve, for example, four new members of staff have been recruited to address the transfers from statements of educational needs/learning difficulty assessments to education, health and care plans; performance in this area is therefore expected to see an improvement in quarter 1 of 2016-17.

## 7. Wards Affected and Local Ward Members

- 7.1. The performance measures relate to all ward areas.

## **8. Implications of Recommendation**

### **8.1. Policy Implications**

7.1.1 There are no direct policy implications, although low or high performance in a certain area may lead to suggest changes in policy to address them.

### **8.2. Legal Implications**

7.2.1 There are a no direct legal implications.

### **8.3. Financial Implications**

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

### **7.4 Equality Implications**

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

## **9. Access to Information**

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

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Quarterly Improvement Performance Scorecard - March 2016

No	Rec	Rec Summary	Measure	What it Shows	Thresholds			Q1	Q2	Q3	Q4	Comment/Additional Information
					Requires Improvement	Good	Outstanding					
Listening to and acting on the voice of children and young people												
1	15	Learning from complaints	Percentage of complaints resolved at stage 1	If complaints are resolved at stage 1 this shows that we have listened to the complainant and that they have been responded to appropriately.	75-84	85-93	95-99	80%	94%	100%	80%	Q4 - As at 8 April 2016, 20 out of 25 complaints had been resolved and closed at Stage 1, equalling 80%. Work is ongoing with the other 5 - including meetings - to try and resolve these at Stage 1. None have yet been escalated to Stage 2.
Frontline practice is consistently good, effective and outcome focused												
2	2	CP Chairs and IROs address drift and improve planning	Number of Practice Alerts made	Practice Alerts being raised demonstrates that IROs are challenging practice				58	60	28	11	This data is taken currently from the safeguarding sharepoint which is incomplete for February and March as it is compiled from manual reports from the IROs. An accurate figure will only be available at the end of the month.
3			Percentage of Practice Alerts addressing drift	This demonstrates that IROs are challenging and addressing drift				3%	7%	4%	2%	There are issues with the accuracy of the reporting. These figures represent formal alerts where concerns about drift have not been responded to and issues could not be resolved at an informal level. It is difficult to make a judgement about the figure other than there are still children where drift is needing to be addressed. You would expect fluctuation dependent on the children reviewed that quarter.
4			Percentage of cases alerted due to drift where this was addressed before escalation beyond formal stage 1	This indicates if drift is addressed promptly in response to Practice Alerts	75-84	85-94	95-100		75%			This is a new measure - data is currently being collected to report on this
5			Percentage of Practice Alerts resolved at formal stage 1 or before	Response to Practice Alerts within timescale shows that challenge is being acted on to improve practice.	75-80	81-85	86-90	100%	100%	100%	100%	All practice alerts were resolved before formal stage 1 which is positive.
6			Percentage of Child Protection Conferences held within timescale	Child Protection Conferences should be held within timescale to ensure progress is made against the plan, and that there aren't delays for children and young people.	85-89	90-94	95-100	82%	92%	98%	92%	Whilst every effort is taken to ensure that all CP conferences are held within timescales occasionally delays are unavoidable. There is a weekly report that sets out the delays, the reasons why and which team these were from. 100% of CP and review conferences were held within timescale for quarter 4. The initial case conferences that were out of timescale were due to late notification from social workers.
7			Percentage of Child Protection Plans open for more than 15 months	Child Protection Plans should not remain open for more than 15 months in the majority of cases.	16-20	10-15	Below 10	11%	6%	6%	6%	All CP plans open over 12 months are scrutinised closely by Safeguarding and frontline teams to ensure plans are appropriate and are achieving their aims in a timely fashion. 16 children and young people (from 7 families) have currently been on a plan for 15 months or more. All these cases have been scrutinised to ensure there is not delay for these children and young people
8			Percentage of children and young people's views that are heard at Child Protection Conferences	Children and young people's views are represented at child protection conferences to ensure these are considered by all professionals.	70-80	81-90	91-100	87%	94%	95%	90%	Children and young people's views are presented at conference in a variety of ways either through attendance, evidence from visits and reports presented at conference. Whilst every effort is made to obtain the views of individuals there will be times when they refuse to speak to Social Workers. there is an advocacy service at first review for all children subject to a plan but the commissioned service is struggling to provide this. this is being addressed with them.
9	4	Timely Early Help	Percentage of decisions made within 1 working day	Timeliness of decision making	70-80	81-90	91-100					System reporting has just been established for this service, but is not yet reliable for reporting performance. We will be sampling from cases to understand the child's journey and to assess the quality of the data reporting.
10			Maximum time taken from contact to referral to Early Help Services	The greatest time taken for a decision on what service is right for the child/ young person.	5 working days	3 working days	1 working day					
11			Maximum time taken from referral to receiving Early Help Services	The longest time is has taken for a family to receive a service	7 working days	5 working days	2 working days					Currently we have no way to report on this measure, we are looking at ways to build this into the reporting system so that we can clearly identify how swiftly families receive services and consider how we can improve their experience. We are aware that demand is currently outweighing our capacity so some families do wait to receive a service.
12	7	Strengthen frontline practice for CSE and MFH	Percentage of cases where return interviews have been completed following missing from home or care (Individuals)	Return home interviews are important to ensure the risks and reasons for the young person going missing are understood, however these are voluntary. A high percentage shows good engagement with young people.	70-75	76-80	81-90		71%	69%	71%	The agreement for the independent service to conduct an return interview is voluntary. Some individuals have declined to completed a return interview. The decline can be from the parent or carer or from the child or young person. All declines are scrutinised via the MFH/CSE Sub group and performance reviews of the commissioned service. Where the young person or parents have declined a return interview from the independent service and they have a social worker or lead professional via a CAF, contact is made with these professionals and Social Workers are made aware of their duty to complete the return interview in line with the Pan Cheshire Protocol; while the statistics don't reflect this, there may have been a higher number completed.
13	8	Quality of assessments	Percentage of children and young people seen within 10 days of the combined assessment start date	Children and young people's views and experiences are considered from the start of the assessment.	75-84	85-94	95-100	29%	54%	59%	65%	Although improving there still remains some issues with recording and linking in the correct visit date to assessments, which means this measure is under-reporting activity. In Q4 from reviewing cases there was clear evidence in 90% of cases that children were seen as part of the assessment. This recording issue has been raised at Practice and Performance sessions and performance is improving.
14	9	Quality of plans	Percentage of children and young people subject to a child protection plan for a second or subsequent time (cumulative)	The amount of children which have had support from children's social care were there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	15-20	10-14	5-9	23%	21%	21%	19%	This measure considers repeat plans from any time period, eg if a child had a plan when they were 3 years old and then has one again at 15. If we limit repeat plans to within the last 2 years (so more likely to be due to similar circumstances and issues), then performance is at 10%.
15	10	Appropriate step down or closure	Percentage of repeat referrals (cumulative over a 12 Month Period)	The amount of children which have had support from children's social care, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	25-30	20-24	Below 20	25%	22%	22%	22%	There is robust audit activity around both repeat referrals and contact activity to ensure that risk assessment and decision making is appropriate. This is also used to inform multi-agency training around information required at referral stage.
Senior management oversight of the impact of services on children and young people												
16	1	Senior managers' oversight of connected persons	Percentage of Reg 24 assessments presented to the fostering panel in statutory timescales	The correct process is being followed within timescale for connected persons	80-89	90-94	95-100	NA	100%	66%	100%	There is a small number in this cohort. There is increased confidence that all Reg 24 assessments are presented to panel, although some timescales need to be tightened around extensions.
17			Percentage of Private Fostering cases visited in timescales	Visits for Private Fostering cases are timely	80-89	90-94	95-100	100%	67%	83%	93%	There were six private fostering arrangements open during this period, so this figure is based on 15 potential private fostering visits within this quarter, 14 were completed within timescales - the one visit missed was unforeseeable as young person had left country to return home for funeral, so this is good performance

18	1/155	Senior managers' oversight of private fostering	Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	Private Fostering cases are appropriately overseen within timescale.	80-89	90-94	95-100	0%	0%	0%	0%	Two private fostering arrangements should have been signed off in February 2016, these were not seen by ADM within timescales. Both were delayed by the completion and receipt of DBS checks. There were three other private fostering arrangements in Quarter 4 however these all ended prior to the 45 days. In the current process, the ADM does not review case until DBS, PFAAR and the CIN Plan are in place. Practice standards and current procedures for Private Fostering will be review and updated in April 2016 to improve performance in this area.
19	1	Senior managers' oversight of YP in unsuitable accomodation	Number of care leavers recorded as homeless	Number of care leavers who are homeless or in unsuitable accommodation						3	3	Out of 184 care leavers within the 18th, 19th, 20th & 21st birthday cohorts, there are 3 in unsuitable accommodation. Two of these are considered unsuitable as they are in custody/prison and one is unknown, but not engaging
20	16	Strengthen commissioning arrangements	Number of children and young people using advocacy	Advocacy is being offered and used				41	39	46	71	Of the 71 cases, 51 are Child Protection cases
21			Number of children and young people using advocacy that are at risk of CSE	Advocacy is being offered and used by young people at risk of child sexual exploitation				0	1	1	3	7 referrals for Child Protection Advocacy with CSE risk came in during this quarter. 1 opted out, 3 have been offered the advocacy service but have not confirmed as of yet as to whether they wish to use the service and 3 are using the service this quarter
22			Number of children who agreed to access advocacy services who did not receive the service prior to the first Child Protection review.	Children and young people are being encouraged to access advocacy services to get their voice heard				0	3	1	0	All children who agreed they wanted the service received a service prior to their first Child Protection review .
23			Average time young people wait to be matched with an independent visitor	The delay children and young people experience in being matched with independent visitors				5-6 months	4-7 months	3 months	2 months	There were 3 referrals in Q4. Of these three, two were matched within 2 months, and 1 other is still awaiting a match.
The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.												
24	153	Impact of the neglect strategy	Percentage of children and young people on child protection plans due to neglect	The prevalence of neglect in Cheshire East	2% reduction	5% reduction	10% reduction	56%	48%	47%	44%	The latest IRO sample audit on CP plans for emotional abuse shows that the correct category of plans is not also used so this percentage may not be reflective.
25			Percentage of plans for neglect which have had a previous plan for neglect	The proportion of children and young people who need more support from children's social care, following intervention where changes were made.	20% - 16%	15%-10%	Below 10%	11%	16%	13%	17%	As at 31/3/2016 there were 35 individuals on a plan for neglect that had been subject to a plan previously. Of these, 20 has been subject to a previous plan for neglect.

# Audit Improvement Scorecard - March 2016

*NB: Measures relate to audits that commenced prior to the improvement plan (Q3 includes cared for audit findings, where appropriate)*

No.	Audit Measure	Q1	Q2	Q3	Q4	Direction of Travel	Comment/Additional Information
1	% of case files meeting the standard for management decision making and recording	78%	66%	76%		↑	In this last cohort, auditors requested a management review in 13 cases, which shows that management decision making and recording is still an area that requires improvement.
2	% of children seen within 24 hrs of a Section 47 decision	42%	62%	67%		↑	9 cases in the last audit were appropriately the subject of S47 enquiries. Of those, 6 (67%) were seen within 24 hours. Of the 3 cases where the children were not seen within 24 hours two children were seen within 3 days. Neither constituted an immediate risk to the child. The third child was seen 7 days after the strategy meeting. The allegation was made by an older sibling who was seen in school within the 24 hour timescale, however all of the children within the family should have been seen within the 24 hour timescale.
3	% of Child in need (CIN) cases where there should have been a Section 47	100%	97%	100%		↑	There were no missed S47s in the last cycle.
4	% of CIN reviews with an appropriate recommendation for a change of plan including those reviewed by the Independent Reviewing Officer.	100%	88%	80%		↓	There were 5 cases where there was a change of plan - 1 was step down and 4 were step up. Of the 5 changes of plan, the Auditors queried 1 of the decisions. The Auditor did not disagree with the decision for Children's Social Care to close the case, but considered that a CAF should be put into place to provide continued support for the family. Following a discussion with the relevant Manager, a CAF was subsequently put into place.
5	% of CIN and child protection (CP) cases which meet the practice standard for incorporating and recording the views and wishes of children and young people.	77%	79%	86%		↑	Of the 22 cases audited, 19 (86%) evidenced children's wishes and feelings being incorporated, but the recordings of this were of a variable standard.
6	% of children who have a CIN plan after 35 days	42%	59%	67%		↑	This standard applied to 18 cases. 12 (67%) had a plan within 35 days, leaving 6 (33%) with a plan outside of the 35 day standard.
7	% of cases in which practice standard is met for regularity of visits by a social worker	79%	78%	67%		↓	Analysis of the data shows that the performance for CIN cases has improved, whilst there has been a dip in relation performance in CP cases. Performance challenge sessions are addressing individual and team practice in this area

Annual Improvement Performance Scorecard - March 2016

No	Rec	Rec Summary	Measure	What it Shows	Thresholds			Annual Figure 2015-2016	Additional Information
					Requires Improvement	Good	Outstanding		
Listening to and acting on the voice of children and young people									
1	15	Learning from complaints	Number of compliments received to Children's Social Care	The number of compliments should increase as we improve services	High is good			61	The number of compliments received this year has exceeded last year's figure of 42.
2			Number of complaints around particular themes.	The number of complaints on specific themes should reduce as these themes are addressed.				99	The number of complaints received last year in 2014-15 was 98, therefore the amount of complaints has stayed more or less the same.
Frontline practice is consistently good, effective and outcome focused									
3	2	CP Chairs and IROs address drift and improve planning	Number of good Practice Alerts made	Good Practice Alerts show that there is good practice and this is being recognised by IROs.				195	More good practice alerts have been made than those that challenge bad practice (157) which is positive, and shows that there is evidence of good practice and that this is being recognised.
4	3	Supervision is reflective, challenging and focused on CPD	Percentage of PDPs in place (ensuring gaps in practice identified through supervision are addressed)	All staff in post over 6 months should have a personal development plan (PDP) in place.	70-79	80-89	90-100	69%	This is in line with the wider Council's performance which overall has 71% of plans in place. However, this does also include a large proportion of new starters, who would not have a PDP until they had completed their 6 month probation period, so performance on this measure is higher than this figure suggests. We will be working to increase our performance in this area and a workshop will be given to social work staff and managers at the Practice and Performance workshops in June on PDPs to improve engagement with process and the quality and continued use and evaluation of development plans.
5	7	Strengthen frontline practice for CSE and MFH	Percentage of Social Workers who have been trained in using the CSE tools for assessment and intervention	The amount of Social Workers who have had the training to support them to work effectively with children and young people at risk of child sexual exploitation.					The core training offer for social workers has been launched in March 2016, which includes CSE training. The takeup of this offer will be closely monitored and evaluated over the next 6 months, and reporting will be available against this measure. Sessions on CSE have been provided to social work staff through the Practice and Performance workshops in December 2015. CSE training is also available through e-learning.
6			Percentage of children and young people reporting that they feel safer at the end of the intervention for CSE	Children and young people feel safer as a result of the work that was completed to address the CSE risks	70-79	80-89	90-100	100%	This quarter saw an increase in engagement from teenage boys aged between 13 and 16. Prior to this quarter it was largely girls being worked with in this age bracket. The girls coming to the attention of the service have been largely very young or in the 17-18 year old bracket with a smaller percentage being in the 13-16 age range. The service has further strengthened partnerships with other agencies and service in this quarter which has had an impact on the offer of support available to young people and more seamless safeguarding.
7	8	Quality of assessments	Percentage of assessments completed within 15 days <i>*Threshold only up to 50% as any higher would not be considered outstanding</i>	The amount of assessments completed within the target of 15 days to drive improvement to timeliness for assessments.	20-24	25-29	30-50*	28%	This measure is used to drive progress and ensure there is not unnecessary delay for children and young people. Performance on this measure is good, but we know from audit that the quality of assessments still require improvement overall.
8			Percentage of assessments completed within 35 days	The amount of assessments that are completed in line with Cheshire East's practice guidance.	65-70	71-75	76-100	78%	This shows that assessments are being completed in a more timely fashion and that the majority of children and young people don't experience delays, however we know that the quality of assessments are not at the level we want them to be.
9	11	Implementation of delegated authority	Percentage of Foster Carers that are clear on what decisions are delegated to them (Foster carer annual survey)	Foster carers are clear on the decisions they can make so this does not cause delays for children and young people	70-79	80-89	90-100		The Annual Foster Carer's survey has not been carried out yet but is planned to take place this year before July 2016.
Senior management oversight of the impact of services on children and young people									
10	1/155	Strengthen senior managers' oversight of private fostering	Number of open Private Fostering cases	Private Fostering is identified				14	The Annual Figure last year 2014 - 2015 was 6, this year we have nearly doubled this figure with eleven new arrangements and 3 carried forward from 2014-2015. We can attribute this to the awareness raising efforts of the LSCB Private Fostering Sub Group who have ensured that Private Fostering Recognition is on the agenda in Cheshire East. In particular we have seen an increase in education referrals regarding Private Fostering. In September 2016 a Private Fostering Refresher presentation was delivered at the quarterly Practice and Performance Workshop which impacted on the new referrals in Quarter 3. In addition to this, lots of work has been completed to improve the links and communication between the Safeguarding and Quality Assurance Unit and the CIN/CP Teams which has resulted in regular informal discussions regarding potential private fostering arrangements and requests for information and support on existing cases.
11	1	Strengthen senior managers' oversight of YP in unsuitable accomodation	Percentage of care leavers in homeless accommodation that have an appropriate risk assessment which references the risk presented by older residents	Risk assessments are being completed which consider the risks from other residents in order to protect young people	80-89	90-94	95-100		A newly revised risk assessment tool is being implemented from April 2016, as this has just been implemented reporting is not yet available for this measure. The new risk assessmenr tool has been sent out to every Personal Advisor and Social Worker working with these young people, and we are in the progress of re-assessing them using this new tool. Outcomes for all of these young people are being monitored by the Service Manager.
12	16	Strengthen commissioning arrangements	Number of young people placed in foyer accommodation	Young people in foyer accommodation are identified and monitored				11	We know how many young people are placed at Foyer accomodation. As of the first week of April this was 11, 5 of which are care leavers. Those that are care leavers have personal advisors who are risk assessing their placements using the new risk assessment tool. This risk assessment tool is also being rolled out to other parts of the service to ensure consistency of risk assessments for all young people placed in Foyer accomodation. A tracker reviews all young people placed at the Foyer on a monthly basis.
13			Percentage of children and young people that were pleased with the advocacy or independent visiting service they received	Children and young people felt that the service met their needs and their views were represented	75-79	80-89	90-100	94	We carried out 39 Outcome wheels with children and young people and under Having my Say there was an increase in score in 37 of them. We also carried out a National Service User satisfaction survey in December, we had 30 returns 21 were very happy and 9 were happy. We are looking at doing this every quarter rather than twice a year and splitting it into Issue based Advocacy, CP Advocacy and Independent Visitor to give more accurate results
The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.									
14			Number of FGM cases identified in any age group that are recorded on the FGM enhanced dataset	Evidence that healthcare professionals are identifying and recording FGM					This information is being collated from GP practices and hospitals and will not be available until the end of April

15		FGM Strategy	Number of FGM cases identified in young people undr 18 reported to Cheshire Police via 101	Professionals are reporting FGM in accordance with the Serious Criome Act (2015)			This information will be available later in April.
16			Number of Police investigations following reported cases of FGM	Female Genital Mutilation is responded to and investigated			This information will be available later in April.
17	158	National Panel is notified about SCRs	Number of cases referred to Ofsted	Cases are referred to Ofsted		0	There have been 0 cases referred to Ofsted this year.
18			Number of cases referred for consideration for a case review	Cases are considered for case reviews		3	3 referrals were received but not met the criteria for a SCR
19			Number of single agency case reviews held	Number of cases meeting this level of review		1	1 case (SAR001) was reviewed this year on a single agency basis.
20			Number of reflective reviews held	Number of cases meeting this level of review		3	3 reflective reviews have been held and lessons learnt have been disseminated through LSCB communications and the Sfaeguarding Children Operational Group (SCOG)
21			Number of serious case reviews held	Number of cases meeting this level of review		0	There have been no serious case reviews held as no cases this year met the criteria.
22			Number of 'True for Us' reviews held	Number of opportunities for learning we have used to develop services in Cheshire East		1	City and Hackney true for us exercise completed and reviewed for learning
23			Number of cases referred to the National Panel	Compliance with the protocol and that cases are referred to the National Panel		1	1 case which did not meet the criteria for SCR was notified to the NPE for verification by LSCB Chair.

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PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 14-15	Qu 3	Qu 4	Yr. end 15-16	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
Safeguarding														
1.1	Number of contacts					7497	2707	2710	9842		➡	There has been a 31% rise in contacts to Cheshire East Consultation Service (ChECS) this year, but the rate passed to referral remains static. This suggests that, although there has been an increase in demand for information, advice and specialist support, the levels of need remain broadly the same. Quarter 4 represents the first full quarter since the early help brokerage service was launched to ensure that early help cases are dealt with in a timely and appropriate way.	2 Feel & Be Safe	Outcome 5
1.2	Number of referrals					3096	895	970	3687		⬆	There has been a 32% increase in referrals from last year, a pattern which is also being reflected across the north west region. Cheshire East rate of referral per 10,000 remains comparable with our closest statistical neighbour, Cheshire West and Chester (CWAC).	2 Feel & Be Safe	Outcome 5
1.3	% contacts to referrals					41%	33%	36%	37%		⬆	This percentage has remained steady between around 35%- 40%.	2 Feel & Be Safe	Outcome 5
1.4	Number of repeat referrals					544	194	225	829		⬆	There has been a significant increase in in re-referrals in the last 12 months; up 52% from this time last year. This is within the context of an increase in referrals overall, together with the now embedded new electronic social care record which can provide much more accurate data. There are some examples where children have been 'stepped down' too soon and this is being addressed, but generally there is a need to develop better early help for complex families and to support agencies in continuing their lead role with the family.	2 Feel & Be Safe	Outcome 5
1.5	% repeat referrals	Low is good	22.5%	24.0%	<20%	17.6%	22%	23%	22%		➡	This is slightly higher than previously, but is in line with our statistical neighbours. Repeat referrals are considered as part of the audit cycle to quality assure decision making.	2 Feel & Be Safe	Outcome 5
1.6	Number of children that went missing 5 times or more from home (monthly figure is 5 or more times in the month)	Low is good				24	supressed	supressed	13		⬇	There are 6 individuals who had more than 5 missing episodes in any given single month and 13 individuals who went missing more than 5 times in the 12 months. All individuals are tracked and have a multi-agency plan that is regularly reviewed to manage and reduce risk associated with missing episodes. There has been a 45% reduction in the number of individuals with multiple missing episodes from home.	2 Feel & Be Safe	Outcome 5
1.7	% of assessments completed within 45 days	High is good	81%	81%	85%	70%	89%	85%	87%		➡	Timeliness of assessments has improved substantially in the last 12 months and is monitored at fortnightly performance challenge sessions, together with audit activity to assure quality of practice. More recent regional information suggests that Cheshire East is performing better than close neighbours CWAC and Warrington.	2 Feel & Be Safe	Outcome 5
1.8	Number of children in need (CIN) - local definition					1184	1215	1133	1133		⬇	The local position has remained consistent across the last 12 months and is broadly in line with the expected levels of CIN based on Cheshire East's demographic profile.	2 Feel & Be Safe	Outcome 5
1.9	Rate of children in need (CIN) per 10,000 - local definition					157.7	161.8	150.9	150.9		⬇	Rate of children is calculated using the population figure of 75,100. The local position has remained consistent across the last 12 months and is broadly in line with the expected levels of CIN based on Cheshire East's demographic profile.	2 Feel & Be Safe	Outcome 5
1.10	% initial child protection conference (ICPC) within 15 days of Section 47 enquiry (S47)	High is good	81%	61%	100%	42%	89%	67%	65.0%		⬇	Although the percentage of initial child protection conferences within 15 days is below the target, this rises to 82% completion within 20 working days. The Safeguarding Unit reports weekly on ICPC out of timescales to ensure performance is tracked and understood. The Unit's local data suggests this figure could be higher and an exercise is currently underway as part of the year end returns to verify this data. The most common issue is late notification, which is being addressed.	2 Feel & Be Safe	Outcome 5
1.11	Number of children subject to child protection (CP) plan [includes child sex exploitation (CSE) Plans ]					312	271	273	273		➡	Whilst at the lower end of our statistical neighbour cohort, audits suggest that the right individuals are on a plan and that this is a number reflective of our demographic profile.	2 Feel & Be Safe	Outcome 5
1.12	Rate of children subject to child protection (CP) plan per 10,000		38.7	42.9		41.6	36.1	36.3	36.3		➡	Whilst at the lower end of our statistical neighbour cohort, audits suggest that the right individuals are on a plan and that this is a number reflective of our demographic profile.	2 Feel & Be Safe	Outcome 5
1.13	% children becoming subject to a child protection (CP) plan for 2 <sup>nd</sup> / subsequent time	Low is good	18.7%	16.6%	<15%	13.7%	11.1%	22.4%	19%		⬆	Although the number of children subject to a child protection plan for a second or subsequent time has increased, Cheshire East is in line with the averages from statistical neighbours. Reasons for repeat plans have been the subject of audit and are scrutinised at safeguarding challenge sessions to inform practice, case planning and timeliness of decision making.	2 Feel & Be Safe	Outcome 5
1.14	Number of child protection (CP) plans over 2yrs	Low is good	supressed	2.3%	0%	0%	0%	0%	0%		➡	All children subject of a plan for 12 months+ are actively tracked. This current performance is positive and indicates that these vulnerable children do not experience drift.	2 Feel & Be Safe	Outcome 5
1.15	Number of children on a child sexual exploitation (CSE) plan					12	6	8	8		➡	This relates only to the latest number of open CSE plans. A more detailed scorecard around CSE is reported to the Local Safeguarding Children Board. This number represents those most at risk and therefore with a focused multi-agency plan.	2 Feel & Be Safe	Outcome 5
1.16	% child protection (CP) children reviewed in timescales (year to date fig)	High is good	93%	94%	100%	89%	90%	100%	92%		⬆	There has been substantial improvement in the final quarter and the overall position for the year is improved on last year's outturn	1 Having A Voice	Outcome 5
Cared for Children														

PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 14-15	Qu 3	Qu 4	Yr. end 15-16	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
2.1	Number of cared for children				300	357	394	387	387		↓	It is being reported nationally and locally that numbers of cared for children are increasing. Cheshire East remains at the lower end of our statistical neighbour group, with latest figures from CWAC and Warrington showing much higher rates. As part of Cheshire East's demand strategy we will be reviewing the target for this measure.	2 Feel & Be Safe	Outcome 5
2.2	Rate per 10,000 cared for children		59.8	60	39.9	47.5	52.5	51.5	51.5		↓	It is being reported nationally and locally that numbers of cared for children are increasing. Cheshire East remains at the lower end of our statistical neighbour group, with latest figures from CWAC and Warrington showing much higher rates.	2 Feel & Be Safe	Outcome 5
2.3	% cared for children with 3 or more placements in year	Low is good	data not yet released		<10%	8.2%	13.9%	12.2%	12.2%		↓	Although this only relates to a small cohort of children, this figure is higher than expected. An exercise is currently underway to understand the reasons behind this.	2 Feel & Be Safe	Outcome 5
2.4	% cared for children in long term stability placement	High is good	data not yet released		80%	64.7%	73.0%	66.7%	66.7%		↓	Whilst not at target, this is an improved picture from the previous year end position. Action to ensure children are in the right placements has led to planned moves of some children placed long term from residential care into family placements.	2 Feel & Be Safe	Outcome 5
2.5	% cared for children reviews in timescales	High is good				88%	97%	97%	96%		→	This is a substantial improvement on last year's outturn and reflects an ongoing commitment to ensure all cared for children receive timely support and that their voices are heard.	1 Having A Voice	Outcome 5
2.6	Number of cared for children in internal foster care (including friends and family placements)	High is good				197	199	210	210		↑	Currently almost 80% of internal foster care beds are occupied. There will always be a percentage of unoccupied beds due to the need for respite places, sickness/unavailability of Foster Carers at certain times and the need to match placements to the requirements of individual children and young	2 Feel & Be Safe	Outcome 5
2.7	Number of cared for children in external foster care	Low is good				69	88	89	89		→	This growth is as a result of increased demand and the targeted move of children from residential care.	2 Feel & Be Safe	Outcome 5
2.8	Number cared for children placed over 20 miles from home address (Cheshire East and out of borough)	Low is good				59	74	69	69		↓	This is an improving picture with 7 of these placements being adoption placements	2 Feel & Be Safe	Outcome 5
2.9	Number of cared for children that went missing 5 times or more (monthly figure is 5 or more times in the month)	Low is good				20	7	8	16		→	As at year end, there were a total of 16 individuals who have had more than 5 missing episodes in any given single month and 24 individuals who went missing more than 5 times in the 12 months. All individuals are offered interviews following missing episodes and the information is used to inform the cared for plan to manage and reduce the risk associated with going	2 Feel & Be Safe	Outcome 5
2.10	% of initial health assessments requested within 48 hours of coming into care	High is good				33%	4%	20%	11%		↑	Performance around initial health assessments is under scrutiny from the LSCB, corporate parenting and has been reported to the Health and Wellbeing Board. Though quarter 4's improvement is encouraging, this is still unsatisfactory. The Director of Children's Social Care wrote to all Social Workers during March to set out expectations. A new admin process is in place from May 2016, which is expected to result in further improvements.	4 Being Healthy	Outcome 5
2.11	% of initial health assessments completed by paediatricians within 20 days	High is good				30%	29%	12%	34%		↓	The reduced performance in completion of initial health assessments has been highlighted to the designated doctor, the paediatricians at Leighton and at Macclesfield hospitals and to the Health and Wellbeing Board. The improved admin process from May should support improvement in this	4 Being Healthy	Outcome 5
2.12	% of children in care over 12 months with a health check in the last year	High is good	84%	90%		95.9%	73.7%	73.9%	73.9%		→	There is ongoing work to ensure that all cared for children and young people get sufficient support and advice around their health and wellbeing. A new Cared for Nurse is expected in post in July 2016 to drive this.	4 Being Healthy	Outcome 5
Care Leavers														
3.1	Number of care leavers					232	219	225	225		→	All care leavers are supported with access to a personal assistant to offer help and guidance as they move to independence together with financial support as appropriate to individual needs	5 Best Skills & Quals	Outcome 3
3.2	% not In education, employment or training (EET)	Low is good				57%	43%	42%	42%		→	There is a targeted piece of work to ensure the latest employment/education status of all care leavers is accurately recorded and the appropriate support in place.	5 Best Skills & Quals	Outcome 3
3.3	% in suitable accommodation	High is good				94%	66%	95%	96%		↑	There are 5 care leavers aged between 18 and 21 who are known to be in unsuitable accommodation. This includes those in custody.	2 Feel & Be Safe	Outcome 5
Adoption														
4.1	% of children ceased to be looked after due to adoption - year to date fig	High is good				16.5%	10.6%	12.8%	12.8%		↑	Although there were less children leaving due to adoption at year end compared to last year, there are a further 20 placed with adoptive parents and 6 children in foster to adopt placements. In addition 78% of children moved in with their adopters within 16 months of entering care, which is an improvement on last year.	2 Feel & Be Safe	Outcome 5
4.2	% of children ceased to be looked after due to granting of special guardianship order (SGO) - year to date fig	High is good				15.0%	17.3%	18.4%	18.4%		↑	This is monitored to ensure that individuals are supported in the most effective way for their personal wellbeing and development and this provides a secure and appropriate level of support	2 Feel & Be Safe	Outcome 5
4.3	Number of children adopted in period	High is good			30	21	supressed	7	18		↑	As at year end, there were an additional 20 placed children and young people with adoptive families and 6 in foster to adopt placements	2 Feel & Be Safe	Outcome 5
4.4	% children who wait less than 16 months between entering care and moving in with adoptive family	High is good				68%	79%	78%	83%		→	This is an improving picture from last year and reflects timely decision making to ensure children and young people are in a permanent placement as quickly as possible.	2 Feel & Be Safe	Outcome 5
4.5	Average number of days between entering care and moving in with adoptive family (A1 national indicator)	Low is good			426	507	592	545	545		↓	One individual can have a substantial impact on this figure, so it is important to view this number within the context of ensuring that individuals have the right plan of care and any breakdowns in placement are managed.	2 Feel & Be Safe	Outcome 5



PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 14-15	Qu 3	Qu 4	Yr. end 15-16	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
4.6	Average number of days between placement order and match with adoptive family (A2 national indicator)	Low is good			121	247	97	99	99		➡	This illustrates that one we have the placement order agreed we are acting in a timely fashion to ensure children are found the right permanent placement to meet their individual needs	2 Feel & Be Safe	Outcome 5
4.7	Average number of days between entering care and moving in with adoptive family/ foster carer who becomes adoptive family	Low is good			426	323	592	477	477		⬇	This is a similar measure to 4.6 above, but includes those children and young people who end up being adopted by their Foster Carers, which results in a more favourable picture re their stability within a family.	2 Feel & Be Safe	Outcome 5

Education and 14-19 Skills

Virtual School														
5.1	% attendance of children in care (monthly figure is all cared for children rather than those in care for 12mths which are published figs)	High is good	95.9%	96.1%	95%	94%	94%	94%	94%		➡	This is based on all school aged children currently in care. Published data is for a smaller cohort based on length of time in care and the type of school attended. Actions taken to improve attendance include increased contact with carers and Social Workers.	5 Best Skills & Quals	Outcome 3
5.2	% persistent absence of children in care (monthly figure is all cared 4 rather than those in care for 12mths which are published figs)	Low is good	5.7%	4.9%	4.5%	4%	14%	15%	15%		➡	This is based on all school aged children currently in care. Published data is for a smaller cohort based on length of time in care and the type of school attended. Persistent absence continues to be an area of focus and these cases receive additional support; multi-organisational plans are put in place to address the absence.	5 Best Skills & Quals	Outcome 3
5.3	% personal education plans (PEPs) less than 6 months old	High is good					52.2%	88.4%	88.4%		⬆	The system for the preparation and collection of PEPs and data has been revised and is now more effective. Work has been completed with systems development to ensure that PEPs are uploaded onto the records of children and young people.	5 Best Skills & Quals	Outcome 3

Schools														
6.1	% good or outstanding secondary schools	High is good				76.2%	86.3%	86.4%	86.4%		➡	The profile for secondary school Ofsted outcomes remains strong. Over the last 12 months, there has been a reduction in schools judged inadequate, as well as an increase in outstanding schools. In addition, several schools have been inspected recently and retained their good grading.	5 Best Skills & Quals	Outcome 3
6.2	% good or outstanding primary schools	High is good				88.7%	93.6%	92.7%	92.7%		➡	The profile for primary schools remains very strong, which is positive considering the high number of primary schools across the borough.	5 Best Skills & Quals	Outcome 3
6.3	% good or outstanding special school	High is good				100%	80%	80%	80%		➡	The only reason that the data shows a reduction from 100% is due to the additional special school at Church Lawton which as yet has not been inspected.	5 Best Skills & Quals	Outcome 3
6.4	Number of fixed term exclusions starting in month	Low is good				1598	593	441	1235		⬇	The year to date figure reflects the 7 months from Sept 15 - Mar 16, ie two terms. Statistically the summer term figures are significantly smaller due to Y11 only being in for a short time.	5 Best Skills & Quals	Outcome 3
6.5	Number of permanent exclusions starting in month	Low is good				33	12	13	28		➡	The year to date figure reflects the 7 months from Sept 15 - Mar 16, ie two terms. Statistically the summer term figures tend to be significantly smaller due to Y11 only being in for a short time.	5 Best Skills & Quals	Outcome 3
6.6	Number of fixed penalty notices issued	Low is good				1282	421	298	719			The year to date figure reflects the 7 months from September 2015 to March 2016. During quarter 4 fewer penalty notices have been issued as a result of the High Court judgement over the Isle of Wight v J Platt case, which found in favour of the parent. Since 13th May Cheshire East has stopped issuing penalty notices for leave of absence, requesting that schools to not send through any further paperwork. Irregular absence penalty notices have continued to be issued.	5 Best Skills & Quals	Outcome 3
6.7	Number of prosecutions	Low is good				111	26	55	81			The year to date figure reflects the 7 months from September 2015 to March 2016. Prosecutions follow where parents do not pay the fine. The same ruling as detailed in 6.6 above applies. Leave of absence prosecutions are on hold.	5 Best Skills & Quals	Outcome 3
6.8	% of pupils with less than 90% attendance in the month	Low is good				19%	12%	12%	11%		➡	Current data for 2015-16 shows a positive trend compared to the outturn from the previous year.	5 Best Skills & Quals	Outcome 3
6.9	% of pupils with less than 90% attendance year to date	Low is good				20%	9%	11%	11%		➡	Current data for 2015-16 shows a positive trend compared to the outturn from the previous year.	5 Best Skills & Quals	Outcome 3
6.10	Current number of pupils being educated at home (year fig is total number of unique individuals)					199	252	276	286		➡	A variety of factors account for the increase in EHE cases. These include challenges to achieve school places in schools which are full, responding to curriculum and assessment changes and expectations within schools and family/cultural preferences. However, year on year there is an upward trend.	5 Best Skills & Quals	Outcome 3

Prevention and Support

Prevention and Early Intervention														
7.1	% 0-5 registered at children centres (current individuals meeting the most vulnerable threshold i.e. CIN/CP/Cared for children)	High is good				78%	76%	79%	79%		➡	This is a slight improvement from last year. Work continues to ensure that Social Workers highlight the advantages of the children's centre offer to all vulnerable families.	2 Feel & Be Safe	Outcome 5
7.2	% 0-5 engaged at children centres (most vulnerable as above that have attended 3 or more times in the last 3 months)	High is good				34%	35%	35%	35%		➡	This is a slight improvement from last year. Work continues to ensure that Social Workers highlight the advantages of the children's centre offer to all vulnerable families.	2 Feel & Be Safe	Outcome 5
7.3	% eligible children taking up 2 year old offer (termly figure only)	High is good		72%		71%	77%	77%	77%		➡	The take up of the two year old offer has steadily improved from last year; Cheshire East now out-performs the national average.	5 Best Skills & Quals	Outcome 3

PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 14-15	Qu 3	Qu 4	Yr. end 15-16	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
7.4	Number of contacts passed to early help brokerage service (service commenced 19th October 2015)						954	1107	2061		↑	Early help brokerage (EHB) is in an early stage of development, becoming operational on 19th October 2015. The figures shown reflect the number of referrals passed from ChECS through to the brokerage service. Initially these accounted for approx. 30% of ChECS outcomes, but some months have shown this to be between 45% and 49% of ChECS outcomes. A business analysis of the front door process has shown that this requires further investigation when comprehensive figures about outcomes from EHB are	2 Feel & Be Safe	Outcome 5
7.5	Number of families turned around (family focus) - claims made at agreed points in the year	High is good				406	supressed	19	21		→	There were 2 opportunities to make claims in September 2015 and January 2016. Whilst substantially lower than last year, this is in line with regional neighbours. This is due to national changes on when and how a Payment by Results claim can be made.	2 Feel & Be Safe	Outcome 6
Youth Support														
8.1	Number of interventions with young people engaged with the Youth Support Service						2891	2115			→	An accurate unique individual figure for full year is not available as detailed collation of data is only available from Sept 2015 in the current reporting format.	5 Best Skills & Quals	Outcome 2
8.2	Number of young people not in education, employment or training (NEET) individuals [yr. 12-14]	Low is good				329	310	323	323		→	The continuing excellent performance is representative of the proactive youth service support.	5 Best Skills & Quals	Outcome 2
8.3	% of young people not in education, employment or training (NEET) individuals [yr. 12-14]	Low is good				2.9%	2.7%	2.8%	2.8%		→	We continue to have outstanding performance in this area compared to our statistical neighbours	5 Best Skills & Quals	Outcome 2
8.4	Number of individuals where education, employment or training (EET) status not known	Low is good				128	65	45	45		↓	Every effort is undertaken to ensure that we know the status of all individuals. There will always be a small cohort who we will be unable to contact as they reach age 18 /19 and are travelling overseas etc.	5 Best Skills & Quals	Outcome 2
Youth Engagement Service														
9.1	Number of young people sentenced to custody (quarterly fig)	Low is good				6	supressed	supressed	7		→	The use of custody remains lower than the target rate of 8%	4 Being Healthy & Making Positive Choices	Outcome 1
9.2	Number of young people remanded to custody (quarterly fig)	Low is good				supressed	0	supressed	supressed		→	The use of custody remains lower than the target rate of 8%	4 Being Healthy & Making Positive Choices	Outcome 1
9.3	Number of first time entrants - rolling 12 month figure (data from police national computer)	Low is good				125	111	94	94		↓	Figures for the number of first time entrants has continued to reduce over the last 12 months. It is envisaged that this number will fall following the implementation of the 'Divert scheme', however given that the data published by the Youth Justice Board is historical, it will not show results for	4 Being Healthy & Making Positive Choices	Outcome 1
9.4	Rate of first time entrants - rolling 12 month figure (data from police national computer)	Low is good		369		373	331	281	281		↓	Cheshire East has a lower rate per 100,000 when compared with either the North West at 336 or national figures at 369.	4 Being Healthy & Making Positive Choices	Outcome 1
Special Educational Need (SEN)														
10.1	Number of new education, health and care needs assessments requests in month						74	79	268			Work is underway with partners to ensure that requests for assessment are received in a timely fashion with the appropriate supporting information.	6 Additional Needs Additional Chances	Outcome 3
10.2	% of new education, health and care plans (EHCP) completed with 20 weeks	High is good					49.7%	61.2%	44.8%		↑	Work is underway with partners to ensure that requests for assessment are received in a timely fashion with the appropriate supporting information. There is ongoing work to ensure that staffing levels are appropriate within the team to accommodate demand. There has been a steady increase in the percentage of plans completed within timeframe as the year has progressed. A total of 134 plans have been completed. Performance will be scrutinised at the monthly 0-25 SEND Partnership Board.	6 Additional Needs Additional Chances	Outcome 3
10.3	Number of ongoing transfers from statements of educational need/learning difficulty assessments (LDA) to education, health and care plans (EHCP)						273	184	184		↓	An additional 4 staff have been recruited to the SEND team dedicated to transfer work. Early indications suggest that the rate of review and transfer from statement to EHCP is increasing.	6 Additional Needs Additional Chances	Outcome 3
10.4	Total number with an education, health and care plan (EHCP) [accumulative]					supressed	554	794	794		↑	45% of the eligible individuals now have a new EHCP in place.	6 Additional Needs Additional Chances	Outcome 3
10.5	Total number with an education, health and care plan (EHCP) or statement of educational need					1640	1689	1775	1775			Whilst this number is increasing, the priority is to ensure the appropriate individuals are being referred and assessed in a timely fashion. Ensuring schools are clear about eligibility criteria and managing expectations will be the focus of the Assessment and Planning workstream of the new governance around the 0-25 SEND service.	6 Additional Needs Additional Chances	Outcome 3

## **.CHESHIRE EAST COUNCIL**

### **REPORT TO: CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY COMMITTEE**

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<b>Date of Meeting:</b>	27 June 2016
<b>Report of:</b>	Head of Corporate Resources and Stewardship
<b>Subject/Title:</b>	Work Programme update

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#### **1.0 Report Summary**

- 1.1 To review items in the 2016/2017 Work Programme listed in the schedule attached, together with any other items suggested by Committee Members.

#### **2.0 Recommendations**

That the 2016/2017 work programme be reviewed.

#### **3.0 Reasons for Recommendations**

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

#### **4.0 Wards Affected**

- 4.1 All

#### **5.0 Local Ward Members**

- 5.1 Not applicable.

#### **6.0 Policy Implications including - Carbon reduction - Health**

- 6.1 Not known at this stage.

#### **7.0 Financial Implications**

- 7.1 Not known at this stage.

#### **8.0 Legal Implications**

- 8.1 None.

## **9.0 Risk Management**

- 9.1 There are no identifiable risks.

## **10.0 Background and Options**

- 10.1 The schedule attached has been updated following the meeting of the committee held on 4 April 2016.
- 10.2 Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity. When selecting potential topics, Members should have regard to the Council's new three year plan and also to the general criteria listed below, which should be applied to all potential items when considering whether any Scrutiny activity is appropriate.

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

- Does the issue fall within a corporate priority;
  - Is the issue of key interest to the public;
  - Does the matter relate to a poor or declining performing service for which there is no obvious explanation;
  - Is there a pattern of budgetary overspends;
  - Is it a matter raised by external audit management letters and or audit reports?
  - Is there a high level of dissatisfaction with the service;
- 10.3 If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
  - The matter is subjudice
  - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

## **11 Access to Information**

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

Name: Mark Nedderman  
Designation: Senior Scrutiny Officer  
Tel No: 01270 686459  
Email: mark.nedderman@cheshireeast.gov.uk

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## Children and Families Overview and Scrutiny Committee 2016/17 Amended June 2016

Formal meeting	Informal meeting	Formal meeting	Informal meeting	Formal meeting
Date: 27 June 2016 Time: 2.00pm Venue: Committee Suite, Westfields	Date: 25 July 2016 Time: 2.00pm Venue: Committee Suite, Westfields	Date: 26 September 2016 Time: 2.00pm Venue: Committee Suite, Westfields	Date: 31 October 2016 Time: 2.00pm Venue: Committee suite, Westfields	Date: 28 November 2016 Time: 2.00pm Venue: Committee suite, Westfields

### Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Child Sexual Exploitation	Task and Finish group set up in December 2014 which produced Interim report on 10 February 2015 following informal workshop held with partner organisations in Autumn 2014 to ascertain the current situation in Cheshire East.	Our local communities are strong and supportive	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	The Committee	Task and Finish Group in final stages of the review	Final Report expected 26 September
Emotional Health and Wellbeing	To review mental health arrangements in Cheshire East for young people.	People live well and for longer	Deputy Chief Executive and Executive Director	The Committee	Possible joint item with Health and Adult Social care with CWAC	Special meeting to be arranged September 2016

## Children and Families Overview and Scrutiny Committee 2016/17 Amended June 2016

			People , Director of Public Health Children and Families Portfolio Holder and Adults health and Leisure Portfolio Holder			
Schools moving to Academy status	To have a discussion about the implications for the Council of the increasing numbers of schools becoming academies.	People have the life skills and education they need in order to thrive	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	The Committee		TBA

### Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/ organisation/ Portfolio Holder	Suggested by	Current position	Key Dates/ Deadlines
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## Children and Families Overview and Scrutiny Committee 2016/17 Amended June 2016

Performance Monitoring	Quarterly performance reports	A responsible effective and efficient organisation	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	Ofsted	Quarterly	27 June 2016
Ofsted Inspection/ Safeguarding – update/ Recruitment & retention of Staff. Social Workers/Review of HR Policies	Involvement in the action plan to respond to the 2015 Ofsted report	Our local communities are strong and supportive	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	Chairman	New arrangements to flow from the inspection report on the July 2015 unannounced inspection	Update on improvement plan 27 June 2016 And December 2016
School Improvement/ School capacity		People have the life skills and education they need in order to thrive	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	The Committee	Validated results 2016.	Autumn 2016
Local Children's Safeguarding Board (LSCB) Annual report	To consider the annual report of the Chair of the LSCB as part of measures in place to strengthen the relationship between the	Our local communities are strong and	Deputy Chief Executive and Executive Director	The Committee		26 September 2016

## Children and Families Overview and Scrutiny Committee 2016/17 Amended June 2016

	Committee and Board	supportive	People Children and Families Portfolio Holder			
Independent Review Officer annual report	To consider the annual report.	Our local communities are strong and supportive	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	Director of Children's Services		September/Octob er 2016
Public Health – responsibility for 0- 19 year olds	Presentation received on 1 December 2014 relating to how the Council implements public health responsibilities and influences children's lifestyles. This came out of Corporate Scrutiny's review of the Ofsted inspection report in March 2013	People live well and for longer	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	Corporate Scrutiny Committee	Further progress report required in 2016	28 November 2016
Special Education Needs and Disabilities (SEND)	To review of the work of the Schools Forum working group and national funding formula	People have the life skills and education they need in order to thrive	Deputy Chief Executive and Executive Director People Children and Families	Director of Children's Services	Periodic progress reports	19 December 2016

## Children and Families Overview and Scrutiny Committee 2016/17 Amended June 2016

			Portfolio Holder			
Children's Centres	To review the February 2016 Council decision to de-designate 4 children's centres, following an informal briefing on 23 June 2016	People have the life skills and education they need in order to thrive	Deputy Chief Executive and Executive Director People Children and Families Portfolio Holder	The Committee		March 2017
Corporate Parenting	To review the annual report of the newly established Corporate Parenting Committee		Deputy Chief Executive and Executive Director People, Children and Families Portfolio Holder	The Committee		June 2017

### **Possible Future/ desirable items**

Neglect/Innovation Fund (project Crewe) (Jan 2017) and potential Review of Neglect (possibly through a task and finish group)  
 Update on SEND reforms  
 Care Leavers

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## **FORWARD PLAN FOR THE PERIOD ENDING 30<sup>TH</sup> SEPTEMBER 2016**

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

"an executive decision which is likely –

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

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

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

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

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

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

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the

meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

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

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

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

Paul Mountford, Democratic Services Officer [paul.mountford@cheshireeast.gov.uk](mailto:paul.mountford@cheshireeast.gov.uk)

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

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

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

Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 15/16-7 Congleton Link Road - Approval to Proceed with the Compulsory Purchase of Land and Agreement to the Procurement Strategy	To authorise officers to proceed with the steps required to compulsorily purchase land for Congleton Link Road, and to seek approval of the procurement strategy.	Cabinet	14 Jun 2016		Paul Griffiths	No
CE 15/16-10 Cheshire East Playing Pitch Strategy	The primary purpose of the Playing Pitch Strategy (PPS) is to provide a strategic framework which ensures that the provision of outdoor playing pitches meet the local needs of existing and future residents within Cheshire East. The required decision is for the Strategy to be adopted by the Council and to authorise Officers to take all necessary actions to implement the strategy.	Cabinet	14 Jun 2016		George Broughton	No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 15/16-39 Provision of Consultancy Services	To authorise officers to take all necessary actions to implement the proposed new, longer term contract with NEPRO Ltd for consultancy services.	Cabinet	14 Jun 2016		Janet Ellison-Jones	No
CE 15/16-41 Cheshire East Council Community Equipment Service - Leading the Region	To approve that a number of other named local authorities and public organisations can join the community equipment framework; and that authority be delegated to the Chief Operating Officer to approve the total value of spend on this procurement to be a maximum of £20M-£25M over four years.	Cabinet	14 Jun 2016		Peter Bates, Chief Operating Officer	No
CE 15/16-44 Congleton Link Road - Funding Strategy and Approval in Principle to Underwrite the Costs of Delivering the Scheme	To approve the in principle underwriting of the funding gap for the link road and to advise on the delivery strategy to maximise developer funding for the scheme.	Cabinet	14 Jun 2016		Paul Griffiths	No



<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 15/16-46 Procurement of Strategic Partner to develop Modular Build and Funding Framework Agreements for Cheshire East Council	To prepare and implement the procurement of a Strategic Procurement Partner, through the OJEU process, to develop a Modular Build and Funding Framework for Cheshire East Council.	Cabinet	14 Jun 2016		Peter Bates, Chief Operating Officer	No
CE 15/16-48 Tatton Park Vision	To consider and approve invest-to-save proposals in respect of furthering the Tatton Park Vision, and to authorise officers to take all necessary actions to implement the proposals.	Cabinet	14 Jun 2016		Brendan Flanagan	No
CE 15/16-49 Review of Available Walking Routes to School	To review all available walking routes to school linked to Home to School Transport; and to ensure that equitable and appropriate arrangements are in place for all Home to School Transport.	Cabinet	14 Jun 2016		Kath O'Dwyer, Direct of of Children's Services	No

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 15/16-50 ERP Replacement Programme - Business Case	<p>Approval of the business case submitted in support of the programme of work to replace the Council's existing Enterprise Resource Planning (ERP) system.</p> <p>Approval to proceed with a formal public procurement exercise.</p> <p>Authority for the S151 Officer to take all necessary actions to implement the proposal.</p>	Cabinet	14 Jun 2016		Dominic Oakeshott	No
CE 14/15-42 Cheshire East Indoor Facility Strategy	To adopt the Indoor Facility Strategy in support of the Council's Local Plan.	Cabinet	12 Jul 2016		Mark Wheelton	No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 15/16-40 Crewe Green Roundabout Pinch-point Scheme	To accept a favoured option following negotiations with the Duchy of Lancaster; authorise officers to conduct a public consultation exercise on that option and alternatives; authorise officers to embark on the detailed scheme development process; and formally allocate the budget.	Cabinet	12 Jul 2016		Andrew Ross	No
CE 15/16-42 Big Mill, Congleton	To update on the Council's position with regard to Big Mill, a Grade II listed building in Congleton town centre, following the serving of an Urgent Works Notice in October 2015. The report will outline the next steps with regard to the site.	Cabinet	12 Jul 2016		Andrew Round, Interim Executive Director of Growth and Prosperity	No
CE 15/16-47 Prevent Duty and Channel Duty Progress Report	To receive a report on the Council's responsibilities under the Prevent Duty Guidance (2015), the Channel Duty Guidance (2015) and report progress with this work to date.	Cabinet	12 Jul 2016		Stephanie Cordon, Head of Communities	No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 16/17-1 Water Procurement	To approve the procurement of water services via the Public Sector Water Strategy Group framework from 2017; and to approve the Council entering into individual agreements with schools and academies via a memorandum of understanding.	Cabinet	12 Jul 2016		Peter Bates, Chief Operating Officer	No
CE 16/17-2 Housing Related Support: Procurement Approval 2017/18	To provide formal approval for officers to commence the procurement process of the Housing Related Support Programme as from 2017/18.	Cabinet	12 Jul 2016		Karen Carsberg	No
CE 16/17-3 The Development of a Sub-regional Gypsy and Traveller Unit	To authorise officers to take all necessary actions to implement the proposal to enter into the development of a sub-regional gypsy and traveller unit.	Cabinet	12 Jul 2016		Stephanie Cordon, Head of Communities	No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 15/16-45 Planning for SVPR Programme Delivery - A Phased Approach	To provide a further report on the Council's work with partners to provide support for asylum seeker dispersal, Syrian refugees and unaccompanied Syrian children, and information on a phased approach to Syrian Vulnerable Person Relocation programme delivery.	Cabinet	13 Sep 2016		Stephanie Cordon, Head of Communities	No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 15/16-8 Poynton Relief Road - Procurement Strategy	The Poynton Relief Road forms an important part of the Council's strategy of enabling job creation, delivering housing growth and addressing long standing traffic congestion and environmental issues in the town, as well as delivering an important part of the wider SEMMMS Strategy. The report will outline the work undertaken to identify the procurement process to appoint a contractor in order to construct the scheme. The report will also seek authority for the officers to undertake all necessary actions to implement the proposal.	Cabinet	11 Oct 2016		Paul Griffiths	No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 15/16-18 Bentley Development Framework	To approve the development framework as a consultation draft document; and to agree to review the development framework following public consultation with a view to considering endorsing the final version of the document as a material consideration when determining future planning applications on the site.	Cabinet	11 Oct 2016		Caroline Simpson, Executive Director of Economic Growth and Prosperity	No
CE 16/17-4 Medium Term Financial Strategy 2017-20	To approve the Medium Term Financial Strategy for 2017-20, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	23 Feb 2017		Alex Thompson	No

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