



***Eastern Cheshire
Clinical Commissioning Group***



***South Cheshire
Clinical Commissioning Group***

Cheshire East Health and Wellbeing Board

Agenda

Date:	Tuesday 28th November 2017
Time:	2.00 pm
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

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

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

1. Apologies for Absence

2. Declarations of Interest

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

3. Minutes of Previous meeting (Pages 3 - 10)

To approve the minutes of the meeting held on 26 September 2017

For requests for further information

Contact: Julie North

Tel: 01270 686460

E-Mail: julie.north@cheshireeast.gov.uk with any apologies

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

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

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

5. **The Health of Cared for Children and Young People Progress Update November 2017** (Pages 11 - 22)

To consider a report on the progress made since publication of the NHS South and Eastern Cheshire Clinical Commissioning Groups Safeguarding Annual reports July 16 - 17

6. **Children's Improvement Plan Update** (Pages 23 - 82)

To consider a report on the self-assessment of progress to date against the recommendations from the Ofsted inspection

7. **Delayed Transfers of Care Progress Update** (Pages 83 - 90)

To consider a report on the current Delayed Transfers of Care performance and the implications of this for the health and social care system

8. **The Power of Place - Workshop Feedback** (Pages 91 - 96)

To consider a report on the direction of travel for the Health and Wellbeing Board, following discussion held at the informal meeting of the Board on the 27 June 2017

9. **CQC Local System Reviews** (Pages 97 - 112)

To consider a report on the newly introduced CQC Local System Reviews

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 26th September, 2017 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT**Voting**

Councillor Rachel Bailey (Chairman)
Councillor Janet Clowes, Cheshire East Council
Councillor George Hayes, Cheshire East Council
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council
Linda Couchman, Acting Strategic Director of Adult Social Care and Health,
Cheshire East Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Clare Watson, South Cheshire Clinical Commissioning Group
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group
Tracy Bullock, Independent NHS representative
Rachel Cornes, Healthwatch

Non-Voting:

Fiona Reynolds, Director of Public Health, Cheshire East Council
Mike Larking, Cheshire Fire and Rescue Service
Caroline O'Brien – CVS

Observers:

Councillor Liz Wardlaw, Cheshire East Council
Councillor Sam Corcoran, Cheshire East Council
Councillor Stewart Gardiner, Cheshire East Council

Cheshire East Officers/others in attendance:

Ceri Kay, Legal Services, Cheshire East Council
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council
Julie North, Senior Democratic Services Officer, Cheshire East Council
Anna-Marie Challinor, The End of Life Partnership
Nichola Glover-Edge, Director of Commissioning, Cheshire East Council
Nigel Moorhouse, Director of Children Social Care, Cheshire East Council
Tracy Ryan, Director of Children's Prevention & Support, Cheshire East Council
Gill Frame, LSCB Chair

Apologies

Dr Paul Bowen and Kath O'Dwyer.

22 DECLARATIONS OF INTEREST

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

23 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes be approved as a correct record.

24 PUBLIC SPEAKING TIME/OPEN SESSION

Carol Jones used public speaking time to address the Board concerning proposed bus subsidy cuts in Crewe. She was concerned that the proposed cuts would cause isolation and deprivation, as the service provided a social link for residents. She asked what the Health and Wellbeing Board had done for the citizens of Cheshire East with regard to the proposals.

The Chairman of the Board and Leader of the Council, Cllr Rachel Bailey, responded to say that the bus service review was still the subject of consultation and that Cabinet would receive details of the consultation, but that there had been no decision to date. Council Members, including the relevant Overview and Scrutiny Committee, were working to ensure that residents were best served by whatever the result of the review was. With regard to isolation, she stated that the Council had already been very innovative in rural areas and had looked at initiatives to make sure that residents were not isolated.

Cllr Janet Clowes, Adult Social Care and Integration Portfolio Holder, added that there had been a number of community initiatives where communities had set up their own transport solutions in their areas. This had primarily been in rural areas, but it was recognised that urban areas could be just as isolated. The key would be to look at what routes were being used and particularly the little bus, but she did not want to pre-empt the Cabinet decision.

25 PALLIATIVE AND END OF LIFE CARE UPDATE

Annamarie Challinor, Head of Education & Service Development, the End of Life Partnership, attended the meeting and provided a presentation updating the Board in respect of Palliative and End of Life Care. A letter had been sent to all Health and Wellbeing Boards, highlighting the Government's response to the independent review of choice in end of life care. The document set out the Government's commitment to everyone approaching the end of life and asked Health and Wellbeing Boards to consider this commitment at this important time for local areas, as Sustainability and Transformation Plans were further developed and CCGs finalised operational plans for the coming years. The six commitments were outlined - Honest discussions, Informed choices, Personalised Care

Plans, Discussion/sharing of Personalised Care Plans, Involvement of family and carers and Having a key contact any time of the day. It was noted that the key messages related to Inclusion within Sustainability and Transformation Plans; local strategies and priorities; Organisations working together across the NHS, social care and the voluntary sector; and local health leaders developing strategies for palliative and end of life care, inclusive of all providers and relevant stakeholders.

The mission was to Transform End of Life Experience and Care and it was noted that there was a lot of experience within the partnership team, including General Nurses, Specialist Palliative Care, General Practitioners, Social Workers, Allied Health Professionals and the Specialist Dementia Team, which included Admiral Nurse, Public Health Workers, Volunteers and Carers.

The “Collaborative Strategic Plan for Palliative and End of Life Care 2016-2019” had already been developed for Cheshire, engagement with partners had taken place and four strategic priorities had been identified:-

- Advance Care Planning (ACP)
- Electronic Palliative Care Communication Systems (EPaCCS)
- Care Coordination
- Community Development

Working groups had been set up to discuss these priority areas with partners.

Details of what was being done locally were outlined, including the setting up of a Pan Cheshire Steering Group. It was reported that the Local Strategy involved the four key approaches of encouraging use of the EPaCCS EMIS template, influencing wider access to the EMIS template, getting EPaCCS onto wider locality ICT agendas and obtaining a local evidence base to demonstrate impact. The priorities for 2017-18 would be to develop reporting mechanisms, carrying out a Care home pilot and the development of a roadmap to inform future priorities.

Details of what was happening locally and future priorities with regard to advance care planning, care co-ordination and community development were also reported.

RESOLVED

That the update be noted.

26 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Consideration was given to a report providing information on the work of the Local Safeguarding Children Board (LSCB) in 2016-17. The full annual report was submitted at Appendix 1 to the report. Gill Frame, the Independent Chair of the LSCB, was in attendance at the meeting and presented the report.

It was noted that the LSCB had a statutory duty to prepare and publish an Annual Report which described how partners safeguarded vulnerable children and young people in Cheshire East. The report gave an account of how the LSCB had worked over the past year to improve the safety and wellbeing of children and young people. The report described the local governance arrangements and structure of the LSCB, the linkages to other strategic partnerships across the borough and the work undertaken against the 2016-17 priorities and also set out the agreed priorities for 2017-18.

The Board welcomed the report and the continuing work of the LSCB and put on record its thanks to the LSCB, including Ian Rush, the former Independent Chair.

RESOLVED

That the report be noted.

27 SEND STRATEGY AND SEN SUFFICIENCY STATEMENT

Consideration was given to a report providing information on the work of the Local Safeguarding Children Board (LSCB) in 2016-17. The full annual report was submitted at Appendix 1 to the report. Gill Frame, the Independent Chair of the LSCB, was in attendance at the meeting and presented the report.

It was noted that the LSCB had a statutory duty to prepare and publish an Annual Report which described how partners safeguarded vulnerable children and young people in Cheshire East. The report gave an account of how the LSCB had worked over the past year to improve the safety and wellbeing of children and young people. The report described the local governance arrangements and structure of the LSCB, the linkages to other strategic partnerships across the borough and the work undertaken against the 2016-17 priorities and also set out the agreed priorities for 2017-18.

The Board welcomed the report and the continuing work of the LSCB and put on record its thanks to the LSCB, including Ian Rush, the former Independent Chair.

RESOLVED

That the report be noted.

28 SEND STRATEGY AND SEN SUFFICIENCY STATEMENT

Consideration was given to a report providing an update on progress made in relation to the development of a SEND Strategy.

The strategy set out how developments to services would be driven, so that the partnership supported children and young people with SEND to achieve the best possible outcomes and benefit from a seamless transition process, which built on high aspirations as they became adult citizens. The aim of the Strategy was also to enable the demonstration of multi-agency joined up commitment to improving outcomes for children and young people with special educational needs and/or disabilities.

The overall aim was to ensure that children and young people achieved and reached their potential and became, as far as possible, independent adults in society. The Strategy covered the 0-25 age range, so was very much in line with all of the high level Health and Wellbeing Strategy Priorities and Principles.

It was reported that, in May 2016, Ofsted and the Care Quality Commission had introduced a new type of joint inspection. Under the Local area special educational needs and disabilities inspection framework, inspectors reviewed how well local areas met their responsibilities to children and young people from birth to age 25 who had special educational needs or disabilities (or both). The effectiveness of the strategy would be judged through this process. The Board was reminded that the document was still the subject of the local area inspection and that there was still a significant amount of work to be done in respect of this.

A copy of the Sufficiency Statement of educational provision for children and young people with special educational needs, a piece of work which had been undertaken in the previous year, was also submitted to the Board for information.

The Board welcomed the report and in particular the work to be undertaken in collaboration with partners. Both South Cheshire CCG and Eastern Cheshire CCG indicated their willingness to engage and to bring any expertise they had to the process.

RESOLVED

1. That the SEND Strategy be noted and the strong emphasis on multi agency intent be supported.
2. That the Board sign up to the vision, as set out on page 3 of the Joint Strategy.
3. That the broad priorities, as set out on page 4 of the Joint Strategy, be agreed.

4. That the SEND Strategy Action Plan be agreed.
5. That an update report be submitted to a future meeting of the Board.

28 ADOPTION COUNTS

Consideration was given to a report relating to Adoption Counts, a new regional adoption agency set up under the Education and Adoption Act 2016, which was only the second regional adoption agency to become operational in the country. Adoption Counts incorporated the adoption services of Stockport (the host agency), Manchester, Trafford, Salford and Cheshire East local authorities. The agency would service the region via a Hub and Spoke model, with offices in Salford, Wythenshawe and Middlesbrough.

It was noted that by 2020, the government expected all adoption services to be delivered via regional adoption agencies. The new agency would provide a range of pre and post adoption support services in conjunction with statutory and voluntary sector providers. The Department for Education was keen for local Health and Well-Being Boards to be engaged in these developments, particularly in the support provided to adoptive families. The Board was requested to nominate a representative to the Adoption Support Sub Board of Adoption Counts.

RESOLVED

- 1 That the contents of the report be noted.
- 2 That it be agreed that at least an annual update on the development and effectiveness of the service be submitted to the Board.
- 3 That Cllr Rachel Bailey be nominated as representative to the Adoption Support Sub Board of Adoption Counts, with a pledge that she would provide regular reports to the Health and Wellbeing Board.

29 BETTER CARE FUND 2017 - 2018

Consideration was given to a report which had been submitted to the Board as a follow-up to the 'virtual Health and Wellbeing Board' exercise, which had been carried out during August 2017.

It was reported that, following a lengthy delay, NHS England had published the final guidance for Integration and Better Care Fund planning requirements for 2017-19, in July 2017. With this guidance was the requirement for each locality to author an updated Narrative Plan, with an associated annual financial plan, to provide a refreshed view of local plans to deliver Better Care between 2017-19. NHS England had provided a fixed deadline of 11th September 2017 to both prepare and present the Narrative Plans locally to Health and Wellbeing Boards, which for Cheshire

East had meant that a 'virtual Health and Wellbeing Board' process was followed in order for the plan to receive the required sign-off by the Leader, prior to submission to NHS England. Details of the timeline and process which had been followed was attached at Appendix 1 of the report. The 2017-19 plan set out in detail a comprehensive overview of all the schemes funded by both the Improved Better Care Fund, which represented the new social care fund and the core Better Care Fund. These funding streams must work together in an integrated way to reduce non-elective admissions, improve delayed transfers of care, reduce admissions to residential and nursing care and improve the effectiveness of reablement. In addition to this, schemes must also focus on improving self-care and early intervention where possible, to support residents to be able to manage their conditions and health needs. The plan also set the ambitious plan to integrate carer's services in Cheshire East, as part of an Integrated Carers Hub.

Thanks were expressed to all those who had worked to get the Plan submitted by the required deadline.

In considering the report members of the Board asked a number of questions and made a number of comments, as follows:-

- I. Whilst the recommendations were welcomed, it was felt that there should be more information about the holistic approach to reablement and reassurance was sought that residents would get reablement services. This reassurance was provided.
- II. The collaborative working between partners was welcomed and it was felt that that closer working together was a positive place to start.
- III. Reference was made to the challenge to reduce delayed transfers of care and it was suggested that the Board should have an aspiration for there to be none.
- IV. Mike Larking, from the Cheshire Fire and Rescue Service, referred to the Safe and Well Initiative, delivered by the Fire and Rescue Service, which incorporated advice on home energy, cheaper tariffs and grants to support winter pressures and help to prevent winter deaths. Details of the initiative would be circulated to the Board.
- V. The Chairman felt that it would be good to build on the contents of the BCF and working together at the next private session of the Board.

RESOLVED

That, following its submission to NHS England on the 11th of September 2017, the Cheshire East Health and Wellbeing Board endorses the Delivering Better Care in Cheshire East 2017-19 plan.

Consideration was given to a report informing the Board of national interest in its work and a request for a case study for a Local Government Association Publication.

Insight to Impact Consulting Limited had been commissioned by the Local Government Association to work on a publication highlighting good practice in relation to the mental health and wellbeing of children and young people. They had approached the Cheshire East Health and Wellbeing Board for a case study.

It was reported that this was an opportunity to reflect on progress made in relation to this issue over the last year or two and to see this shared more widely, to help other areas move forward, learning from good practice and helping to avoid pitfalls that may have hindered progress. It would also help to identify further work required and reaffirm the Board's commitment to the children and young people's mental health and wellbeing agenda.

Su Turner, of Insight to Impact Consulting Limited, would be leading the work and would be making contact with Board members in due course, to inform the case study. The Board was asked to support any request for information that might be received.

RESOLVED

That the request be noted and that partners be requested to support the work to develop the case study with appropriate provision of information if required.

The meeting commenced at 2.00 pm and concluded at 3.20 pm

Councillor Rachel Bailey (Chairman)

Progress Update to: Cheshire East Health and Wellbeing Board FOR INFORMATION

Report of: Sally Rogers, Quality and Safeguarding Director,
NHS Eastern Cheshire CCG

Shan Mcparland, Designated Nurse Looked After
Children and Care Leavers,
NHS Eastern Cheshire, South Cheshire, Vale Royal &
West Cheshire Clinical Commissioning Groups

Subject/Title: The Health of Cared for Children ¹and Young People
Progress Update November 2017

Purpose

The purpose of this report is to provide an update to the Cheshire East Health and Wellbeing Board on progress made since publication of the NHS South and Eastern Cheshire Clinical Commissioning Groups Safeguarding Annual reports July 16 - 17.
(Appendix A)

Context

Statutory guidance places a duty on CCGs to work with local authorities to promote the health and well being of Looked after Children (LAC) and to ensure that suitable arrangements are in place.

Regular surveillance is provided via quarterly updates to the Quality and Outcomes sub group of the LSCB; regular updates to the Health and Wellbeing Board and an annual report to the Cheshire East Corporate Parenting Board and South and Eastern Cheshire CCG respective Governing Bodies.

Progress Update

The CCG has reviewed its commissioning arrangements and the LAC team are now employed by Wirral Community Partnership Trust. This has improved alignment and communication with community services across Cheshire East. In parallel, an opportunity has arisen to review the role of the Designated Nurse for Cared for Children in order to maximise the available clinical time. The newly appointed Designated Nurse for LAC starts in post on 1st November 2017. We will continue to review the post to ensure the new arrangements work well for children in our care. Currently the Designated Nurse for Children is providing support to the LAC team with oversight from the Executive Nurse/Director of Quality & Safeguarding for NHS Eastern Cheshire CCG.

¹ In Cheshire East, Looked after Children (LAC) are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

Children in care show significantly higher rates of mental health issues, hyperactivity and autistic spectrum disorder conditions. The CCGs continue to work closely with CEC to deliver the Special Educational Needs and Disability (SEND) strategy ensuring that these children (approximately 25% of all those in our care), are clearly identified and supported across the age spectrum. This approach will reduce unwarranted variation and optimise available resources.

The 16+ and Transition Nurse for Looked after Children's role is to support care leavers and help prepare them for adulthood and independence. One year on from appointment, we continue to see good progress. **(Appendix B)**. The case studies **(Appendix C)** evidence the importance of strong relationships with this group of young people; the need for good quality information, shared at the right time and, critically, excellent communication between services.

More than half of the children come into care following neglect or abuse. Looked after children have the same health risks as their peers but the extent is often exacerbated due to their previous experiences. The purpose of initial health assessments is to provide a baseline for children and young people in our care. In response to poor compliance with timescales for initial health assessments (IHA) the Designated Nurses and Doctors across four Cheshire CCG areas undertook a root cause analysis **(Appendix D)**. In line with the recommendations from this piece of work, data from the first 6 months of the reporting year 2017-18 has been collected and analysed to review performance and update action plans.

Cheshire East Children requiring IHAs			
Period	Total number of IHAs	Requested within 48 hrs	IHA in 20 working days
Q1 2017-18 April-June	52	65.3%	36 (69.2%)
Q2 2017-18 July-Sept	51	45%	21 (41.17%)
IHAs for Cheshire East children originating from Eastern Cheshire CCG			
Q1 2017-18 April-June	24	58.3%	15 (62.5%)
Q2 2017-18 July-Sept	18	55.5%	5 (27.7%)
IHAs for Cheshire East children originating from South Cheshire CCG			
Q1 2017-18 April-June	28	64.2%	17 (60.7%)
Q2 2017-18 July-Sept	33	39.3%	16 (48.48%)

Performance at the end of Quarter 1 was maintained above 60%, both for requests for IHAs being made within 48 hours of the child entering care, and for IHAs being completed within 20 working days. During Quarter 2 the percentage of IHAs that were requested within 48 hours was 40% and the percentage that were completed within statutory timescale was 50.5%. This represented a reduction in performance from the previous quarter which required further investigation. The narrative provided on a monthly basis by both East Cheshire Trust and Mid Cheshire Hospital Foundation Trust includes explanations for why an IHA was not completed within statutory timescale and this continues to be monitored by the Designated Nurse for Looked After Children and Care Leavers. During Quarter 2 the following issues were reported as being responsible for statutory timescales not being achieved:

- Late notifications from Children's Services of children entering care
- Clinical capacity issues
- First appointments being cancelled by carers due to holidays or other commitments
- Children not being brought for their first, and sometimes second, appointments

It should also be noted that the number of children and young people in care has increased from 656 at the end of Quarter 1 2017-18 to 672 at the end of Quarter 2 2017-18. This increase places additional demand on resource/capacity and will require close monitoring for future service planning. Work will continue to address the issues identified above and deliver improved performance in all areas of the IHA process.

It is important that, following this baseline, we continue to monitor progress and support young people and children in our care to thrive. Health Passports provide a history of the child or young person's journey through healthcare. We are accelerating this passport work to include all Cared for Children and increase the focus on the emotional wellbeing and mental health of this group of children.
(Appendix E)

Priorities for December – June 2018

In addition to completing the actions arising from the Care Quality Commission inspection, we will:

1. Work with the corporate parenting committee to improve how we listen to the 'Voice of the Child' and ensure we feedback 'You said – we did'.
2. Improve timeliness of initial health assessments and challenge providers and partners to be more flexible in their approach.
3. Ensure that all children leaving care have a health passport and that work continues across the age range.

4. Ensure that the integrated commissioning arrangements work well for Cared for Children

Finally we are delighted to welcome Shan Mcparland as the newly appointed designated Nurse for Looked After Children who came into post on 1st November 2018.

APPENDIX A

<https://www.easterncheshireccg.nhs.uk/Links/resources.htm>

APPENDIX B

Current work of the Clinical Nurse Specialist 16+ and transition role

The 16+ Nurse works with children and young people age 16-25 years in relation to the statutory guidance promoting the health of looked after children (DFE & DH, 2015). In practice this means that the role involves:

1. Active involvement and completion of statutory review health assessments for young people 16-18 yrs. This can involve tenacity and a high level of commitment in order to develop the effective working relationships which lead high quality health care plans and will progress to the provision of meaningful health information as young people leave care.
2. Working with young people, professionals, statutory agencies, providers of care and third sector organisations in order to that the inequalities in health which young people and care leavers experience are redressed.
3. Involvement with care leavers and their personal advisors up to the age of 25 years. This is usually an advisory role and is closely related to the special educational needs and disability (SEND) reforms (DfE & DH, 2015)

Since this position started in September 2017 there has been good progress. Examples include:

- alignment/streamlining of existing processes;
- additions to health assessments to include CSE specific assessment information;
- improved accessibility to drug and alcohol services by signposting to local 'drop in' services
- joint, regular meetings between the CAMHS mental health worker to share concerns, particularly around self harm, and discuss cases
- accompanying young people to their GP to support discussion around self harm
- working with 'Body Positive' to address LBGTQ and sexual health issues
- establishing links with health advisors to support those young people on medication for sexually transmitted disease to manage any issues around side effects or drug interactions.
- establishment of formal and informal networking with sexual health, CAMHS, CSE, drug and alcohol services and the wider system. Approximately 25% of the young people are now registered with or using the 'C Card' initiative where they can access condoms free of charge
- working with the SEND DCO to identify issues with the 16+ LAC cohort
- working with unaccompanied asylum seekers to support and guide them through the NHS system

Importantly, the relationships with this group of young people appear to have strengthened. Consequently we are better informed and able to prioritise and develop work plans specifically to address the issues this group of young people face and support them to develop solutions.

APPENDIX C

Below are a number of short case studies illustrating the importance of strong relationships and quality information which is shared at the right time through good communication between services. Whilst this is important for all people in our care it is critical for looked after children.

Young People's Case Studies

1. **Tom is an 18 year old young person who was residing in a HM provision** had difficulty engaging with services to support his emotional health. He had a history of not engaging at all with services and refusing Child and Adult Mental Health services (CAMHS) input. He asked for help with his medication as he wanted to talk about starting medication for his Attention Deficit Hyperactivity Disorder (ADHD) and find out more about Post Traumatic Stress Disorder (PTSD). We identified the health team where he was residing and informed them of his request. We came across some barriers as they didn't support young people with ADHD. We highlighted this with the Health Care Manager at the HM provision. (This young person has a history of sexual abuse pre-school, adoption breakdown, ADHD diagnosis, foster and residential placements)
2. **Sally is a 17 year old who has disengaged from health service provision.** Sally contacted the team in relation to her emotional health having previously disengaged from services. We supported her by registering and sending information via the secure GP contact list. She was registered with the GP and offered an appointment the next day and has started to engage with health again. It is really important that young people register with a GP particularly when they have moved placement on a number of occasions. Educating personal advisors to support the young person is an important aspect of the 16+ and transition Nurse's role. Young people engage in their own time and at their own pace. They need to feel listened to and supported at an individual level. Their personal advisors help them navigate health service provision and make them aware of the various services available.
3. **Sarah is 14 year's old with learning disability (LD) who is placed out of area.** Sarah entered care in 2015 due to crisis within her extended family related to her complex history of parental alcohol and substance misuse, learning disability, bereavement, emotional abuse (related to domestic abuse) and attachment difficulties. Her case was discussed within the complex needs panel as a number of residential placements had broken down as a result of severely challenging behaviours. Sarah's learning disability made the

complexity of her social and emotional circumstances very difficult for her to understand. This resulted in a crisis situation in which in-patient tier 4 CAMHS LD was considered. This was not felt to be ideal due to the concerns regarding the possibility that Sarah may become institutionalised. This needed to be balanced with the evident concerns for her safety. Working with social care we identified a suitable specialist residential placement and carers were supported during the transition to ensure that health background information was made available to the carers. The CAMHS LD Nurse was able to provide advice and support and work with Sarah and her carers whilst transition arrangements were finalised. Trust and a strong relationship are key. Sarah is now very settled in her placement she is supported to access community facilities such as a local café. Whilst there are still challenges, her levels of anxiety are much reduced, clear behaviour support plans are in place and contact with family members is carefully managed. By working with the CAMHS LD Nurse the Cared for Children's Nurse Specialist has been able to address physical health needs and complete review health assessments in a manner enabling Sarah's voice to be heard.

4. **John is a 16 year old young person** living in supported accommodation. Despite being a Cheshire East child placed locally, his family live many miles away. He had disengaged from services due to placement moves, drug misuse and poor emotional wellbeing. The voice of this young person was listened to and choices of where this assessment could take place were given. Following discussion, John agreed to a Health Assessment. This identified key information to further inform his care planning arrangements. CAMHS medication was sought and placement support was offered to the young person at a private provider in partnership with Cheshire East Council's care leaver's service.

APPENDIX D

Root cause analysis of compliance with Initial Health Assessments (IHA)

All children should have a statutory health assessment within 20 working days of entering care.

Cheshire East Children requiring IHA

Time frame	Request received with 48 hrs	IHA within 20 working days
Q4 2015-16	20%	12%
Q1 2016-17	69%	36%
Q2 2016-17	66%	52%
Q3 2016-17	82%	30%
Q4 2016-17	64%	58%

IHA's for Cheshire East children originating from NHS Eastern Cheshire CCG

Timeframe	Number of IHA's required	Completed in timescales
Quarter 1 2016-17	16	10
Quarter 2 2016-17	15	8
Quarter 3 2016-17	15	5
Quarter 4 2016-17	16	7

In response to poor compliance with timescales for initial health assessments (IHA) the Designated Nurses and Doctors across four Cheshire CCG areas undertook a root cause analysis. The results informed the following recommendations:

1. Clear pathway to escalate late IHA requests which is shared across Cheshire.
2. IHA integrated shared pathway and process across Cheshire.
3. Greater scrutiny of cancelled and/or DNA appointments by senior children's social care managers.
4. All the health providers have dedicated admin/secretarial support for IHA clinics.
5. Dedicated IHA clinics that have sufficient capacity to offer all children/young people an appointment for their IHA within statutory timescales i.e. 3-4 clinics per month according to need.
6. Education and training for social care staff and carers by health practitioners in order to ensure that the IHA process and pathway is understood and the IHA forms, supporting information and referral letter are completed.

Eastern Cheshire and South Cheshire CCGs agreed with their health provider organisations to establish dedicated administrative support and dedicated IHA clinics across Cheshire East. These are now in place.

Following discussion, East Cheshire Trust are exploring the possibility of a more flexible approach to locating IHAs, rather than the expectation that all children will

attend a clinic at the hospital. Similarly, Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of the Local Authority area.

A refreshed pathway for IHA has been agreed along with procedures for escalation.

The Designated Doctor has also provided bespoke training for paediatricians undertaking initial health assessments including raising awareness regarding assessing the risk of child sexual exploitation.

A draft pathway for the completion of Goodman's strengths and difficulties questionnaire as part of the initial health assessment is being developed in order to improve baseline mental health assessment.

The actions taken above have led to some improvement to children receiving their IHAs within time scale for quarter 1 of 2017/18, (Over 60%)

Quarter 1 requests for initial health assessments were received for 45 children. 27 of these children were seen within the statutory time frame and 18 were not.

Capacity issues within paediatric clinics accounted for 6 of the children not being seen within time frame. The recent employment of another community paediatric consultant is expected to ease this pressure going forward.

The remaining 12 children were late having their initial health assessments for a variety of reasons. These included late notification of placement by the Local Authority, cancellation of appointments by foster carer, child not brought to appointment, placement changes for children, absconding from placement, and clash of health appointment with LAC review meeting.

These issues highlight the need for continued close working between health professionals, social workers and foster carers to meet cared for children's health needs in a timely fashion.

APPENDIX E

Progress Report - Health Passports

In June 2017 the 16+ Nurse Specialist in the Cared for Children team, together with the Local Authority, identified that from January 2017 to December 2017 there were 47 young people who would be offered a health passport. From January 2018 **all** young people will be offered a health passport on reaching their 18th birthday [see pathway] .

Context

Statutory guidance places a duty on health providers to provide a summary of health needs for care leavers [Promoting the Health & Wellbeing of Looked After Children 2015] .

“Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments) which suggests how they can access a full copy if required. Information needs to be given to care leavers sensitively and with support, with an opportunity to discuss it with health professionals. Young people leaving care should be able to continue to obtain health advice and services, and know how to do so”.

The development of health passports was also a recommendation in the Cheshire East CQC report [Care Quality Commission 2016] **Recommendation 1.5**

Health passports are developed with cared for children with learning disabilities and this is good practice as it provides them with clear and meaningful information about their health histories and enables ease of communication during urgent care contacts. However, the passports are currently not routinely provided to all children leaving care. This is a missed opportunity to support this cohort of young people as they transition into independent living. We have been advised that plans are in place to provide this to all care leavers although this has not yet been implemented.

Progress Update

Following Statutory guidance the 16+ Nurse Specialist has developed a health passport that includes the recommended health content and has introduced a pathway that ensures young people have the opportunity to discuss their passport once completed.

To date 26 Passports have been completed .



Health Passport
Template.docx



Health Passport
Process.docx

To ensure the young person has the opportunity to access a copy in the future an agreement has been made for their current GP to hold the passport on their medical records. These records will transfer with the young person if they should re-register .

Challenges include access to health records and gaining consent from the young person, particularly where the young person has moved out of the area, despite the involvement of their personal advisors . In the future obtaining consent from the young person will be discussed at their last review health assessment to avoid unnecessary delay.

References

Promoting the Health and Wellbeing of Looked after Children [2015] DfE and DoH (2015)

<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

Care Quality Commission “Review of health services for children looked after and safeguarding” (2016) http://www.cqc.org.uk/sites/default/files/20161115_clas-cheshire_final.pdf

Report Contributor: Ruth Tucker, Named Nurse

ruth.tucker @nhs.net

CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Children's Improvement Plan Update
Date of meeting:	28 th November 2017
Written by:	Nigel Moorhouse
Contact details:	Nigel.moorhouse@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Mark Palethorpe

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	The Health and Wellbeing Board is the accountable body for the Children's Improvement Plan in relation to the recommendations from the Ofsted inspection in July 2015. This report is our annual self-assessment of progress against the recommendations, and is being brought to the board to allow the board to scrutinise progress.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input checked="" type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> • Scrutinise progress against the Ofsted recommendations • Endorse the recommendation that dedicated improvement monitoring activity is replaced by business as usual activities to reduce duplication • Endorse the recommendation that the HWBB will continue to monitor progress through six monthly progress reports on the recommendations that have not yet been met 		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The Council's Corporate Leadership Team Meeting The Local Safeguarding Children Board		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	The progress report includes evidence from our key stakeholders: children, young people, parents, carers and staff, to support our evidence of progress to date.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Children's Improvement Plan aims to improve outcomes for our most vulnerable children and young people through improving the quality of our Children's Social Care services. By scrutinising progress against the plan, challenging Children's Social Care and holding them to account, Health and Wellbeing Board members are ensuring we continue to improve how we safeguard children and young people.

1 Report Summary

- 1.1 The Health and Wellbeing Board is the accountable body for the Children's Improvement Plan in relation to the recommendations from the Ofsted inspection in July 2015.
- 1.2 This report is a self-assessment of our progress to date against the recommendations from the Ofsted inspection. A self-assessment of our progress was completed last year in July 2016. On the basis of this assessment, it was agreed that a number of the recommendations had been met but that our progress against all the recommendations would be revisited in a year's time to ensure that progress had been maintained, and also to evaluate our position relative to the other longer term quality or practice recommendations that had not yet been met.
- 1.3 We are now over two years on from the inspection period, and the quality of our practice has considerably improved in this time. We have continued to build on the progress we have achieved so far in our journey, and the amount of good quality practice continues to increase. Our quality of practice as measured through audit has shown a continued positive trajectory over the past year. Overall, audit judgements show an increase in the percentage of cases considered to be good or better (45% cases in Q1 compared to 34% in Q4, and circa 20% throughout the previous year 2016/17). This is a significant achievement; this is a massive 32% decrease in cases that are less than good since last year.
- 1.4 Adoption continues to be a real strength. There was a 40% increase in adoptions last year. The total number of children adopted by the end of September 2017-18 was 13. In addition, there are 26 individuals with an adoption plan, 6 of which are living with their adoptive family/ foster to adopt placement.
- 1.5 Although the quality of practice continues to improve, overall, the majority of our practice is not yet consistently good, and therefore not yet of the depth and quality we want for our children and young people. Plans are in place to continue to drive improvements to practice, including the adoption of **Signs of Safety** which will support us to achieve a cultural change in our practice so we are more child-centred, solution-focused, and respectful and inclusive of families. This will support us to make the step change to consistently good and outstanding practice, leading to improved outcomes for our children and young people.
- 1.5 Robust arrangements are in place to ensure managers at all levels are regularly informed on and held to account for the timeliness and quality of their service, enabling effective action to be taken in response to our areas for improvement. A

consistent finding from all inspection and peer review activity has been that we know ourselves well.

1.6 The majority of the recommendations from the inspection have now been met. Although significant progress has been achieved, the following recommendations remain outstanding:

- **Rec. 5:** Ensure that strategy meetings and decisions are informed by relevant partner agencies
- **Rec. 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.
- **Rec. 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.
- **Rec. 12:** Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales.
- **Rec. 7:** Strengthen frontline practice to ensure effective action is taken to support children who go missing
- **Rec. 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 improving the use of family group conferences so that all possible options for children are consistently explored. **Whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings, so that all possible options are explored for children and young people.**

2 Recommendations

2.1 The Health and Wellbeing Board is asked to:

1. Scrutinise progress against the Ofsted recommendations
2. Endorse the recommendation that dedicated improvement monitoring activity is replaced by business as usual activities to reduce duplication
3. Endorse the recommendation that the HWBB will continue to monitor progress through six monthly progress reports on the recommendations that have not yet been met

3 Reasons for Recommendations

3.1 The Health and Wellbeing Board is the accountable body for the Children's Improvement Plan in relation to the recommendations from the Ofsted inspection in July 2015, therefore needs to ensure progress against the recommendations is scrutinised.

3.2 Cheshire East has been on a four year improvement journey since our inadequate inspection in March 2013. Since this time, progress against the Ofsted recommendations and the quality of Children's Social Care services have been scrutinised and reported separately, and dedicated forums and scorecards have been developed to support challenge on progress in these areas. The majority of recommendations have now been met, and we are in a significantly stronger position than we were in the last inspection in July 2015. Over time, arrangements have been increasingly brought within business as usual service development activity, and this activity has appropriately moved to a focus on achieving good quality practice rather than meeting the Ofsted recommendations or measuring compliance with these. However, some dedicated improvement activity remains which is a legacy of our journey and is increasingly becoming a duplication of existing processes.

3.3 It is recommended that progress is monitored against the outstanding recommendations as these are the key areas that need to be improved.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The Children's Improvement Plan contributes to the Health and Wellbeing priority of 'starting and developing well' by improving how we safeguard our most vulnerable children and young people.

5 Background and Options

5.1 Please see the full progress report for more information. For more information on our adoption of Signs of Safety please see our [Signs of Safety Strategy](#).

6 Access to Information

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

Name: Nigel Moorhouse
Designation: Director of Children's Social Care
Tel No: 01606 271775
Email: nigel.moorhouse@cheshireeast.gov.uk

Annual Improvement Progress Report

Self-Assessment against the
Ofsted Recommendations

August 2017



Contents

Section		Page
Overview of this Report		4
Overview of the Quality of Services		4
Driving Improvements to Practice		6
Summary of Assessment against the Ofsted Recommendations		8
Proposal for Improvement Monitoring Activity		10
Self-Assessment of Progress against the Ofsted Recommendations		12
Recommendations which are being addressed through the Improvement Plan		12
Quality of Practice		12
2	Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children (paragraphs 37, 84)	12
3	Ensure that supervision is reflective, challenging and consistently focuses on continual professional development (paragraphs 33, 130)	16
4	Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help (paragraph 25)	19
5	Ensure that strategy meetings and decisions are informed by relevant partner agencies (paragraph 27)	21
6	Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107)	23
7	Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing (paragraphs 41, 42, 58, 175)	26
8	Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances (paragraphs 29, 30, 51, 54, 59, 82, 98)	30
9	Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115).	34
10	Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded (paragraph 39)	37

Recommendations that we agreed were met in July 2016		39
Quality of Practice		39
11	Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78)	39
12	Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales (paragraph 67).	40
17	Ensure later-in-life letters provide details of all known information, are written in plain English and are accessible to children so that they understand their stories (paragraph 107)	42
Listening to Children and Young People		43
15	Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142)	43
Management Oversight		45
1	Strengthen senior managers' oversight and monitoring of: <ul style="list-style-type: none"> • complex cases where there are historic drift and delay in taking decisive action (paragraph 36) • private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83) • care leavers who are homeless (paragraph 112) 	45
13	Ensure audit arrangements have a sharper focus on looked after children (paragraph 140)	49
14	Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138)	50
16	Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150) <ul style="list-style-type: none"> • reviewing the use of foyer accommodation for 16–17 year olds • ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation and review the practice of using this provision (paragraph 114) • ensuring sufficient health provision for older looked after children and care leavers (paragraphs 121, 124) • improving the use of family group conferences so that all possible options for children are consistently explored (paragraph 55) • increasing the capacity of advocacy services to support children and young people identified as in need (paragraphs 45, 85, 150). 	51
Appendix: Monitoring arrangements for recommendations that have not yet been met		54

Overview of this Report

This report is a self-assessment of our progress to date against the recommendations from the Ofsted inspection in July 2015. A self-assessment of our progress was completed last year in July 2016. On the basis of this assessment, it was agreed that a number of the recommendations had been met but that our progress against all the recommendations would be revisited in a year's time to ensure that progress had been maintained, and also to evaluate our position relative to the other longer term quality or practice recommendations that had not yet been met.

This report outlines for each of the Ofsted recommendations:

- The **background to the recommendation** – why the recommendation was made and the issues at the time of the inspection
- Our **strengths** – areas where our practice is strong and arrangements are robust and effective
- Any **areas for improvement** – areas where our practice still needs to improve further or we need to strengthen arrangements
- **Next steps** – our plans for how we will continue to address the area of improvement to achieve good and outstanding practice
- An **evaluation** on whether the recommendation has been met

The report is sectioned by:

- **Recommendations we are addressing through our Improvement Plan.** These are the recommendations which were not yet met in July 2016.
- **Recommendations we agreed were met in July 2016.** Some recommendations that were agreed as met were agreed to be subject to close monitoring and scrutiny to ensure progress was sustained.

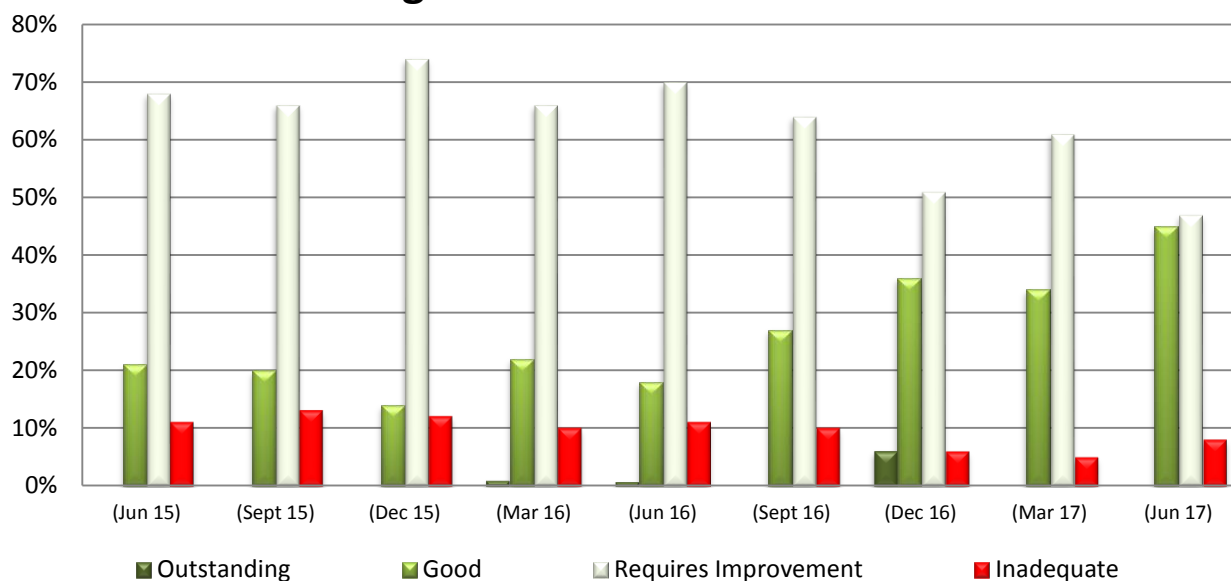
We are now over two years on from the inspection period, and the quality of our practice has considerably improved in this time. With this improvement, the focus of our improvement activity has moved from meeting the Ofsted recommendations to achieving our aspirations to achieve the best outcomes for children and young people through high quality practice. How we will achieve this is outlined in our [Improvement Plan](#).

Progress against the eight LSCB Ofsted recommendations will be evaluated and reviewed by the LSCB at the board meeting on 22 November 2017.

Overview of the Quality of Services

We have continued to build on the progress we have achieved so far in our journey, and the amount of good quality practice continues to increase. Our quality of practice as measured through audit has shown a continued positive trajectory over the past year. Overall, audit judgements show an increase in the percentage of cases considered to be good or better (45% cases in Q1 compared to 34% in Q4, and circa 20% throughout the previous year 2016/17). This is a significant achievement; this is a massive 32% decrease in cases that are less than good since last year. Adoption continues to be a real strength. There was a 40% increase in adoptions last year.

Judgements for all Audit Streams



Practice is strongest within referral and planning, with 78% referrals, 56% Child in Need Plans, 50% of Child Protection Plans, and 65% of Cared for Plans being judged as good or better in the last audit in quarter 1 (Q1).

Children and young people are continuing to receive the right service to meet their needs; in the last audit, 96% cases showed that the social worker took the right action at the right time to protect the child/ young person and their siblings, and 87% evidenced that intervention had improved outcomes for the child/ young person. A common theme that re-occurred throughout the positive judgements made in this cycle was that social workers shared information and communicated with other agencies throughout their involvement. This promoted good working relationships and a team approach to achieving the best outcomes for children based upon clear expectations of all those involved with the family.

Although the quality of practice continues to improve, overall, the majority of our practice is not yet consistently good, and therefore not yet of the depth and quality we want for our children and young people. Plans are in place to continue to drive improvements to practice, including the adoption of **Signs of Safety** which will support us to achieve a cultural change in our practice so we are more child-centred, solution-focused, and respectful and inclusive of families. This will support us to make the step change to consistently good and outstanding practice, leading to improved outcomes for our children and young people.

A wealth of research is available which shows that Signs of Safety achieves improved outcomes for children. It is widely recognised internationally as the leading approach to child protection casework, and has been commended by Ofsted. Signs of Safety is a framework for social work that supports strong risk assessment and analysis of the impact on the child/ young person, and co-production of plans with families based on the wishes and feelings of children and young people. Through developing solutions with families, Signs of Safety supports families to achieve outcomes that they can sustain in the long term.

For more information on our adoption of Signs of Safety please see our [Signs of Safety Strategy](#).

Driving Improvements to Practice

Robust arrangements are in place to ensure managers at all levels are regularly informed on and held to account for the timeliness and quality of their service, enabling effective action to be taken in response to our areas for improvement. A consistent finding from all inspection and peer review activity has been that we know ourselves well. These arrangements include:

- **A comprehensive audit programme** conducted by senior managers and all team managers across the service, which includes hearing the views and experiences of children, young people and families. Findings are collated for each quarter. Our audits have increasingly moved to focus on the quality of practice and outcomes achieved for children and young people as we have achieved increasing consistency in compliance with our practice standards and statutory requirements. This focus on quality is continuing to support learning and reflection on good practice. Audit findings are communicated to all Children and Families staff through the audit bulletin, and are scrutinised by the Children's Social Care Leadership Team, Children and Families DMT, and the partnership through the LSCB.
- **Monthly IRO Audits;** deep dive thematic audits on specific topics highlighted as areas for further exploration from our performance information as scrutinised in the Performance Challenge sessions. These audits include gaining feedback from partners on the quality of practice. The findings are shared with the LSCB Safeguarding Children Operational Group (SCOG) where there are implications for partnership working, and this group has been responsible for improving processes and practice across a number of work areas. Findings are scrutinised by the Children's Social Care Leadership Team, Children and Families DMT, and the partnership through the LSCB.
- **LSCB Multi-agency Audits;** regular thematic audits which drive improvements to partnership working and are scrutinised through the LSCB.
- **Supervision audits** review the quality of supervision. These audits are complemented by a supervision and PDP tracker which tracks compliance with regular supervision and the PDP process.
- **Performance Challenge Sessions,** supported by a full suite of performance information critical to each service down to individual level that is provided to team managers on a fortnightly basis.
- **Performance Trackers** giving managers oversight of key areas of practice and children and young people who are most at risk of drift or delay.
- **IRO Practice Alerts and Good Practice Notifications** challenge poor practice, including partnership practice, and recognise good practice.
- **Children in Need and Child Protection Feedback Survey, and Compliments, Comments and Complaints report** ensure children, young people and parents/ carers views are heard and inform service planning and development. Findings are shared at Management meetings.

- **Annual Social Work Staff Survey** ensures the views of the workforce are heard and responded to so we can effectively support, develop and retain staff. The Practice Champions Group are leading the creation of an action plan in relation to the results from the latest survey to ensure that solutions in response to practitioner issues are practitioner led.
- **The Children and Families Scorecard and Corporate Parenting Scorecard** ensure key performance information is scrutinised by elected members.
- **Regular reports to Partnership Boards and internal scrutiny.** Clear reporting structures are in place and regular updates on service quality and performance are scheduled and received by Children and Families DMT, Children and Families Overview and Scrutiny Committee, the LSCB and relevant sub groups, Corporate Parenting Operational Group and Corporate Parenting Committee, and the Health and Wellbeing Board.
- **LSCB Quality and Outcomes Sub Group Deep Dives** around partnership issues are driving improvements to partnership practice.

The majority of these have been in place prior to the inspection in July 2015, are fully embedded and have been shown to be effectively driving improvements to practice. A range of other mechanisms are in place which have also been shown to be successfully driving improvements to practice. These include:

- **Involving children and young people in service design** and development through the work of our partnership boards
- **Practice and Performance Workshops**, where professionals are involved in developing our service and good practice is shared
- **Practice Champions**, who champion good practice within their teams, develop resources for professionals and troubleshoot and respond to issues raised by professionals.
- **LSCB Safeguarding Children Operational Group (SCOG)** which has been driving developments to practice as a partnership.
- The mandatory **Core Training Offer** for social workers and managers, linked to progression
- **Masterclasses** to support specific areas of practice
- Our successful **Recruitment and Retention Strategy** and steering group which has supported us to build a stable workforce.

Summary of our Self-Assessment against the Ofsted recommendations

The evidence presented in this report demonstrates that we have now met the following recommendations:

- **Rec. 2:** Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children
- **Rec. 3:** Ensure that supervision is reflective, challenging and consistently focuses on continual professional development
- **Rec. 6:** Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded
- **Rec. 10:** Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded

The following recommendations which were agreed as met in July 2016 remain met:

- **Rec. 11:** Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays
- **Rec. 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
- **Rec. 15:** Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice
- **Rec. 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
- **Rec. 13:** Ensure audit arrangements have a sharper focus on looked after children
- **Rec. 14:** Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice

The CSE element of this recommendation has been met:

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

All elements of this recommendation have been met, except the use of family group conferences:

- **Rec. 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

Recommendation 4 will be met once timeliness is restored following recruitment to the new staffing structure in Early Help Brokerage:

- **Rec. 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.

Significant progress has been achieved for the following recommendations, although the majority of practice is not yet **consistently good** so these recommendations are not yet fully met:

- **Rec. 5:** Ensure that strategy meetings and decisions are informed by relevant partner agencies
- **Rec. 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.
- **Rec. 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.

These are key elements of social work practice and will remain a key area of focus for further development. Plans are in place to continue to drive progress in these areas, including the adoption of Signs of Safety as our way of working with families.

The following recommendations remain areas for improvement and **require dedicated focus**:

- **Rec. 12:** Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales.
- **Rec. 7:** Strengthen frontline practice to ensure effective action is taken to support children who go missing
- **Rec. 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 improving the use of family group conferences so that all possible options for children are consistently explored. **Whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings so that all possible options are explored for children and young people.**

Proposal for Improvement Monitoring Activity

Extensive activity has been undertaken which has resulted in significant and sustained progress. A range of mechanisms are in place to support service development activity which are effectively informing managers on quality and supporting them to effectively drive change. The quality of practice continues to improve.

Cheshire East has been on a four year improvement journey since our inadequate inspection in March 2013. Since this time, progress against the Ofsted recommendations and the quality of Children's Social Care services have been scrutinised and reported separately, and dedicated forums and scorecards have been developed to support challenge on progress in these areas. The majority of recommendations have now been met, and we are in a significantly stronger position than we were in the last inspection in July 2015. Over time, arrangements have been increasingly brought within business as usual service development activity, and this activity has appropriately moved to a focus on achieving good quality practice rather than meeting the Ofsted recommendations or measuring compliance with these. However, some dedicated improvement activity remains which is a legacy of our journey and is increasingly becoming a duplication of existing processes.

The quality of our practice still requires further improvement as it is not yet consistently good. There is a significant body of work devoted to ensuring this is achieved, including the adoption of Signs of Safety as our way of working, work to improve the quality and timeliness of court work, and work to ensure robust assessments of family and friends arrangements. Strong plans are in place to support this work, and there are existing arrangements for monitoring and driving progress in these key areas, for example through the Signs of Safety Project Board and Court Work Task and Finish Group. This work can and is being effectively driven through existing arrangements. There is a clear commitment to continual improvement, development and learning.

Effective oversight of the quality of Children's Social Care services is in place from team management level at the Performance Challenge Sessions, through to directorate level within the Children and Families Directorate Management Meetings. External scrutiny and challenge is provided through the Children and Families Overview and Scrutiny Committee,

LSCB and sub groups, Corporate Parenting Committee and Operational Group, Children and Young People's Trust and Health and Wellbeing Board. Audit reports and scorecards are comprehensive and demonstrate the current quality of services.

Therefore, it is recommended that improvement activity in Children's Social Care becomes fully incorporated within business as usual processes as **service development** rather than improvement (as recognition that our practice is increasingly good quality and that our aim is to continually develop this), and is no longer reported separately within improvement monitoring reports to dedicated monitoring sessions to reduce duplication. Under this proposal, dedicated activity to the meet the outstanding recommendations would be incorporated within the Children's Social Care Service Plan rather than a dedicated Improvement Plan.

The vast majority of arrangements are now within business as usual processes. Items which are additional and specific to improvement monitoring activity, and the proposed replacement arrangements under business as usual are outlined below:

Current Dedicated Improvement Monitoring	Proposed Monitoring Arrangements
Improvement Challenge sessions with the Director of People's Services	Performance Challenge Sessions for Children and Families Directorates
Improvement monitoring reports	Audit reports, scorecards, reports on service development activities
Children's Improvement Plan	Service Development Plan
Improvement Plan Scorecard	All the measures on this scorecard are already contained on other scorecards – the LSCB Scorecard and Children and Families Scorecard

The monitoring arrangements for the recommendations which have not yet been met are outlined in the appendix.

Review of the Ofsted Recommendations from the Inspection in July 2015

Recommendations we are addressing through our Improvement Plan

Quality of Practice

- | | |
|----------|--|
| 2 | Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children (paragraphs 37, 84) |
|----------|--|

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.

Strengths

The effectiveness of Child Protection (CP) IRO challenge in cases of drift and delay is scrutinised and robustly monitored through Performance Challenge Sessions. The number of children on longer plans has reduced, which shows that challenge is being effective in addressing drift; in Q1 2015-16 last year, 11% of Child Protection Plans had been open for over 15 months, compared with just 5% in June 2017. The CP IRO's are currently devising a set of measures to support them to evidence the effectiveness of their challenge.

Child protection review conferences continue to be held within timescales. Performance on this has remained consistently high since Q3 in 2015-16 when 98% of reviews were held in timescales, the current figure remains at 98%.

The format of CP Conferences has also been changed to ensure the focus is on the impact for the child. The Making Children Safer Conference model (based on Signs of Safety) is supporting more evidenced decision making and SMARTer Child Protection Plans. Evidence from audit suggests that this model is having a positive impact on the effectiveness of plans and is reducing the number of children and young people subject to repeat plans. Through using this model, Child Protection IRO's, Social Workers and partners are becoming more skilled at developing effective Child Protection plans and measuring their impact on children and young people. This demonstrates the impact that Signs of Safety practice has made to children and young people and indicates the further scope for improvements to the quality of our practice once we adopt this approach across all of our practice.

Child Protection IROs ensure that parental motivation and capacity to change is a central consideration in all Child Protection Conferences and planning, and that positive change for the child or young person, which the family can sustain, is clearly evidenced where cases are stepped down. IROs ensure that there are clear contingency plans in place when cases are stepped down from Child Protection; this supports timely and appropriate decision making for the child if their circumstances begin to deteriorate.

In the last audit in Q1, there was evidence of IRO scrutiny and oversight in 96% cases. Audit demonstrates that the quality of child protection plans have improved; they are child centred and increasingly SMART. 50% Child Protection plans were judged as good or better in the last audit in Q1. The lived experience of the child is increasingly coming alive within conference through the chairs asking 'so what' questions and through the effective use of advocates.

IROs complete themed audits every month to support learning and developments to practice. These are actively supporting improvements to practice, and themes are repeated to assess the impact of service changes on practice. For example, a follow up audit of Strategy Discussions took place during September - October 2016, which reviewed the impact of subsequent service improvements on the quality of strategy discussions, following the initial audit in January 2016. The repeat audit showed the impact of awareness raising activity around strategy discussions. Multi-agency involvement had significantly improved; 55% of cases in September/October 2016 involved participants from at least one other agency apart from the Police, whereas in January 2016 this was true in only 12.5% of cases. The significant body of work underway to improve timeliness for children and young people in public law proceedings (outlined under recommendation 6) was driven by the findings of an IRO audit on PLO.

The Practice Alert process is now embedded for social workers and multi-agency workers. During 2016/17, IROs raised and resolved 122 issues informally with social workers and their team managers through this process. The robust IRO challenge and escalation of issues to improve outcomes for children has been embedded and accepted as an integral part of the care planning and case review process.

IROs track and provide additional scrutiny for children and young people who are on a second or subsequent plan through:

- Tracking via supervision and in monthly performance challenge sessions
- Monthly themed audits to identify learning points, themes and issues
- Effective gatekeeping at the point of conference request
- Robust contingency planning
- Appropriate escalation. The IRO escalation process has been further embedded. The quarterly IRO escalation reports are shared with managers and senior leadership team, including any emerging themes.

Cared for IROs continue to actively track the progress of children's care plans, particularly when they are in care proceedings, and appropriately escalate any cases that are not progressing within the child's timescale. Timely notifications and sharing of court documents/ orders has improved following the involvement of the Cared for IRO's in the PLO/ Court Work and Proceedings Procedures Working Group.

The majority of Cared for Children's Plans are now good quality or higher (65% in the last audit in Q1). This is a considerable improvement.

The Cared for IROs have initiated a Task and Finish Group to improve key elements supporting placement stability, including assessments, matching, support, management of disruptions, and the tools and reports used within these processes.

Areas for improvement

Arranging reviews and the endorsement of final care plans at the end of the care proceedings still remains an area for further improvement. However, this has been improving and there has been a specific focus on good practice regarding planning and timescales within care proceedings. IRO's are participating in a specific work stream within the PLO/ Court work Task and Finish Group and this is helping to ensure there is sufficient time for IRO scrutiny and review/endorsement. Across the North-West region we have been achieving better outcomes on this aspect in comparison with some other IRO services.

Next Steps

The CP IRO's are currently devising a set of measures to support them to evidence the effectiveness of their challenge.

In line with Signs of Safety, CP IROs will be requiring all partners to set timescales for parents and carers on the likely duration of plans from September 2017. This will support timely planning for children and young people and makes it clear for parents and carers what we expect and when we think this should be achieved by.

For the Cared for IRO Service, service development activity will focus on:

- Understanding, addressing and reducing placement disruptions for our Cared for Children, with a strong focus on the prevention and management of placement instability.
- Working with the Virtual School on understanding trends and methods of addressing the needs of underachieving cared for children and young people,
- Closer co-operation with the teams involved with the SEND agenda, in relation to embedding consistent processes for the child between their EHCP reviews and statutory case reviews, in line with the relevant national practice guidance,
- Exploration of the impact of implementation of the joint homelessness protocol in cases of cared for young people age 16-17 who ask for support from local authority,

Evaluation

This recommendation has been met.

Child protection review conferences are consistently being held within timescale.

IRO oversight and challenge is now well embedded and accepted as an integral part of the care planning and case review process. IROs are challenging practice to ensure that plans are child-centred, good quality, and drift and delays are prevented. The quality of plans has improved; plans are increasingly child-centred and SMART, and there is now a much higher proportion of work that is good or better quality. IRO thematic audits are effectively driving improvements to practice. Developments to Child Protection conferences and IRO

involvement in service development has led to improvements to the quality and timeliness of planning for children and young people.

IROs are challenging poor practice and potential drift effectively using Practice Alerts. The number of children on longer plans has reduced, and there is a robust process in place where these cases are closely scrutinised on a monthly basis to prevent drift and delay and ensure plans are appropriate.

- | | |
|----------|---|
| 3 | Ensure that supervision is reflective, challenging and consistently focuses on continual professional development (paragraphs 33, 130). |
|----------|---|

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 (PDPs) 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.

Strengths

Bespoke management training for team managers is delivered to ensure they have the skills and knowledge they need to support, inspire and challenge their teams to always put children and young people first. A workshop on Reflective Practice for Managers took place in March 2017 which included reflective supervision and developing reflective teams. Supervision training for managers and for supervisees is part of the mandatory core training offer. Constructive challenge is modelled through the Performance Challenge Sessions.

There has been a focus on ensuring that all social workers receive regular, good quality supervision which supports reflection and learning so we can effectively support our children and young people. A Supervision Tracker is in place to track the frequency of supervisions and this is monitored and challenged in Performance Challenge Sessions. This tracker also includes PDPs to ensure and monitor compliance with this process.

Supervision audits are being completed on a regular basis to monitor and inform improvements to the quality of supervision. The last supervision audit in March 2017 found that the majority of supervision records were graded as good or better (69%). These audits demonstrate that supervisees speak positively about supervision and found it was a safe place to develop and challenge practice.

My experience of supervision has been very positive. It is regular, not rushed and very reflective. Lots of opportunity to discuss cases as well as team issues, training, more general career issues etc. I find my team manager very supportive and we can have good, open discussions. There is nothing else that I would like from it that is not already been provided.

The next supervision audit report is currently being compiled and the regular nature of these is creating a more representative picture regarding areas of supervision that are working well and areas for development. Personal development plans are now much more embedded and are being used to drive practice improvement. 81% had a PDP in place in the supervision audit.

In the Social Work staff survey, the vast majority of respondents (89%) rated the support from their line manager as a seven or higher on a scale of 0-10 where 10 is the support is excellent, they can always ask for support when they need it, and their manager cares about their development, and 0 is that they do not feel supported. 34% rated it as a 10. The comments from this survey show that social workers are receiving regular supervision which is supporting their professional development.

Supportive manager who will talk through anything, cares about progression and about ensuring I am happy. Wants to help and encourage and ensure I develop the necessary skills. Any worries, concerns or areas of improvement I have requested before has been taken on board and put into practice. Has even sat with me and looked over different areas such as assessments, care plans, chronologies etc. A terrific manager.

Support is thorough and clear guidance is provided which also encourages professional development

Fair, approachable, assists in reminding about performance, supervision, encourages development

A number of people in the survey suggested the use of group supervision as a development tool to enhance the opportunities for learning and reflection across the team. This will be introduced with Signs of Safety.

A core training offer for Social Workers and Managers has been developed which is ensuring that the training and development trajectory is clear and that these needs are being met. Specialist training in relation to key areas for practice improvement, for example court skills, has been commissioned and is being rolled out to teams. In the social work staff survey, 68% respondents rated the training and the development opportunities they receive as a seven or above with 10 being excellent and 0 being poor.

Variety of courses available to suit staff at all levels in their career

Quality of training in Cheshire East is very good

Court skills is very good.

Training and development opportunities have improved greatly over the six years I have been with the service

They are wide ranging, frequent and encouraged

I think the training pathway and opportunities are excellent

Next Steps

The Supervision Audit policy and processes will be reviewed and aligned with Signs of Safety. Signs of Safety will support the further development of reflection and challenge within supervision through the introduction of group supervision facilitating joint learning and sharing of practice. The impact of this will be monitored through future Supervision Audits.

Management training continues to be developed; from January 2018 we will be linking in with Staffordshire University to access the Aspiring Managers module.

Evaluation

This recommendation has been met.

Supervision is being carried out to a good quality which is reflective, challenging and is supporting professional development. A comprehensive training programme is in place, and the use of PDPs is now much more embedded. The introduction of Signs of Safety and the Team Manager Leadership programme will support continued improvement of supervision. The impact of this will be measured through future supervision audit reports.

- | | |
|----------|--|
| 4 | Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help (paragraph 25). |
|----------|--|

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.

Strengths

Since the inspection we have established the Early Help Brokerage Service. This service is dedicated to progressing contacts that do not meet the threshold for social work intervention. This specialist service was designed to ensure that these contacts are progressed swiftly, and the right support is identified to meet the needs of the child or young person.

A comprehensive review and restructure of the front door has taken place including mapping the pathways from referral to allocation to ensure families receive a timely service. Within the redesign, we have increased the support available to partners undertaking CAF to ensure that partners are supported to develop the confidence and skills to lead high quality work with families. This is a significant additional resource.

A work plan for the LSCB Early Help Sub Group has been developed and implemented to drive developments across the partnership and ensure we support families at the earliest possible stage. The work on the group has included the development of a new Early Help Strategy. The levels of need are currently being refreshed and are out for consultation with partners. These will be discussed in detail at the LSCB in September 2017.

The Common Assessment Framework (CAF) team has been re-established and CAF training is to be relaunched with partners. Regular CAF audits have been re-instated and are being reported to the Local Safeguarding Child Board (LSCB) to identify areas for partnership improvement. The last prevention audit in Q1 found that all CAFs audited were good or better quality.

Areas for improvement

The impact of the restructure of the Integrated Front Door has had an impact on the timescales for decisions made within Early Help Brokerage. Under the new structure, more of the triage function takes place in the Brokerage service. Additional staffing to support this increase in work is included within the new structure, but these new staff are not yet in post so this has had an impact on timescales. The standard for decisions in relation to Early Help cases is within 3 working days; for Q1 56% of cases had a decision and were passed on to services within that timeframe, which is a significant reduction from previous timescales. However 79% were within 5 working days. Timescales are expected to return to the previous consistently high levels once the new staff are in place.

Next Steps

We will continue to closely monitor the timeliness of decision making at Early Help Brokerage to ensure this returns to the previously high levels.

A review of Early Help services is underway to ensure that we meet the needs of our children and young people early and prevent escalation. Signs of Safety will be adopted across early help services to ensure we have a consistent approach for working with families.

Evaluation

Once timely performance returns, this recommendation has been met.

Structures are in place to ensure that children and young people who do not meet the threshold for social work intervention have their needs considered promptly and they are referred to the right early help service. The recent restructure in the front door has impacted on the timeliness of decision making, but performance is expected to return to previously high levels once additional staff are in post. Performance is monitored on a monthly basis.

5	Ensure that strategy meetings and decisions are informed by relevant partner agencies (paragraph 27).
---	---

Background to the recommendation

In the majority of cases seen, strategy discussions were telephone conversations between a team 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.

Strengths

An audit of strategy discussions in January 2016 showed that only 13% of discussions were multi-agency (involved at least one other agency other than the police). Considerable improvement has been achieved since then as a result of awareness raising activity and workshops.

In the last audit in Q1, 58% strategy discussions and section 47s were judged as good or better. A deep dive on strategy discussions was completed by the Head of Service in May 2017 to challenge managers on non multi-agency discussions. This deep dive found a number of good examples of multi-agency discussions, and for pre-birth strategy discussions the vulnerable families midwife was consistently involved. However it also revealed that practice is still variable in relation to multi-agency inclusion. There were 18 discussions found where strategy discussions were just discussions between the police and Children's Social Care but should have involved other agencies.

An IRO repeat audit of Strategy Discussions was undertaken during September to October 2016. This follow up audit reviewed the impact of subsequent service improvements on the quality of strategy discussions. The audit outlined the following strengths:

- Decisions to proceed to a Strategy Discussion were more considered. Improved information gathering was informing decision making, 32% cases were thought to require more information before a decision was made compared with 50% in the previous audit.
- Multi-agency involvement in Strategy Discussions had improved from 13% to 55%.
- This had resulted in improved decision making. There was decrease in follow up strategy meetings and an increase in the proportion of cases progressing to a S47 enquiry (46% compared to 38%). Very few cases proceeded to strategy discussion where this may not have been necessary. In the previous audit, auditors disagreed with the decision to proceed in 44% cases, and this had reduced to just 11%.

In response to the audit findings, the LSCB Safeguarding Children Operational Group (SCOG) established a Task and Finish Group which reviewed the current process for requesting attendance at strategy meetings, and obstacles in achieving multi-agency attendance. An action plan has been developed to address this and a new process for requesting attendance from partners when a strategy meeting is called has been put in place.

Quality assurance on strategy discussions is currently being undertaken by jointly the Service Manager for the front door and the police.

Areas for improvement

Multi-agency involvement in Strategy Discussions still requires further improvement.

Next Steps

A repeat IRO audit on Strategy Discussions will take place in October 2017.

Regular Police Liaison meetings take place and Strategy Discussions are to be a standing agenda item. We are currently reviewing the process for Strategy Discussions that take place shortly after referral to see if this could take place in the front door with the involvement of the integrated multi-agency team.

A task and finish group is currently reviewing how lack of invitation or attendance can be challenged by partners, and whether themes and trends can be collated and reported to the LSCB Executive. Work is also being undertaken to support better use of video conferencing across the partnership to enable all partners to participate.

Evaluation

This recommendation has not yet been fully met.

Multi-agency involvement in strategy discussions has significantly improved and work continues as part of our continual business improvement to enhance the quality and involvement in these discussions. Progress will be evaluated in the audit in October 2017.

- | | |
|---|--|
| 6 | Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107). |
|---|--|

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. Recording was not always detailed enough to show the benefits of contact with families for cared for children and young people.

The work presented to courts was of variable quality.

Strengths

All the cases in the last Preventative services audit in Q1 were judged as good or better which evidences that the quality of CAF has improved.

Audit demonstrates that the quality of work at referral is good, with 78% of cases being judged as good or better in the latest audit cycle in Q1. 100% consultations in the audit in Q4 (the last audit to collect performance against this measure) considered historical information. Performance on this has been consistently high since Q3 in 2015-16. Audit has also shown that management decision making within ChECS has been consistently strong over the last two years.

Measure	Q4 15/16	Q1 15/16	Q2 16/17	Q3 16/17	Q4 16/17
Standard for management decision making and recording met at ChECS	100%	100%	100%	100%	100%
History considered at ChECS	80%	100%	80%	70%	100%

Managers are scrutinising work, in the last audit in Q1 there was clear evidence of managers actively scrutinising and authorising plans in 97% cases, and the rationale for management decisions was clear in 86% cases.

The quality of practice and recording has significantly improved since the inspection. 45% cases were judged to be good or better in the last audit Q1 compared to just 21% two years

ago. Improvements in the number of cases judged to be good or better has seen a steady rise over the last year. Audits have shown that the quality of case recording met the practice standard for the vast majority of cases over the last year:

Measure	Q4 15/16	Q1 15/16	Q2 16/17	Q3 16/17
Quality of case recording - CIN/CP	78%	83%	83%	100%
Quality of case recording - Cared for	83%	90%	100%	100%

The core training offer for Social Workers and Managers has been developed to embed good quality of practice and ensure that the whole workforce has the skills they need to deliver this level of service. This includes training on producing good quality court reports for ASYEs. Specialist Court Skills training has also been commissioned to support staff to enhance the quality of their court work.

A large body of work is underway to support timely and good quality court work. A workshop on improving our processes around Public Law Proceedings has been held focusing on making our action more timely for children and young people, and an action plan has been established, which is being delivered by task and finish groups. The action plan covers the following areas:

- Care Proceedings Policy and Procedure
- Workforce development
- Working effectively with the Safeguarding Unit
- Achieving positive outcomes for children
- Assessments and permanency planning

As part of this work:

- A new policy has been developed to ensure expectations on the timescales for Legal Advice Meetings (LAMs) and the completion of parenting assessments within the Child Protection Process are clear.
- Service Managers are screening requests for LAMs to ensure they are timely and that there is a clear plan in place for the child.
- A review of the Pre-proceedings letter and contents has taken place to ensure there is consistency regarding the use of the chronology and contract of expectations.
- The timeliness of initial PLO meetings is being monitored and RAG-rated through the court tracker, this information is monitored through the legal liaison meetings and performance challenge sessions.
- Cared for IROs are overseeing the endorsement of the final care plan, and weekly updates on the court and LAM trackers are being disseminated to the whole IRO team. The Cared for IRO manager attends Permanence Tracking meetings to scrutinise the progress of court work in relation to children achieving permanence as well as when discharges of care orders are needed.
- Representatives from Legal Services and Children's Social Care have attended Team Meetings with IRO's to provide updates regarding the PLO work within Cheshire East and developments in case law.

- 'Lessons Learned' meetings between children's social care and legal services have been introduced to review key cases where the outcome we expected in court was not achieved to identify learning and any areas for improvement
- An updated Legal Advice Meetings document has been implemented regarding decisions on applications to court

Areas for improvement

Recording is now much stronger than at the time of the inspection. We still need to improve how we evidence improved outcomes for children which we will support through the adoption of Signs of Safety.

Next Steps

Work is underway to align our forms with Signs of Safety so that they support best practice, and streamline our reporting requirements.

Work on creating a new Preventative Services Case Work and Recording Standards Guidance is underway, which will clarify expectations for staff and support increased consistency in where information is recorded in EHM.

Delivery of the court work action plan will continue, including the development of a comprehensive Care Proceedings Procedure including timescales and the role of specialist teams, along with a workflow for Legal Advice Meetings, Pre-proceedings and Care Proceedings, and the review of the Pre-birth procedure to ensure it includes timescales in respect of court process.

Evaluation

This recommendation has been met.

The quality of practice and recording has improved significantly since the inspection as shown through the audit judgements. Continued improvements to the quality of practice and recording will be continued to be supported through the regular audit cycle and adoption of Signs of Safety.

- | | |
|---|---|
| 7 | Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing (paragraphs 41, 42, 58, 175). |
|---|---|

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.

Strengths

Guidance for practitioners on how to complete an effective return home interview has been completed and is available on the LSCB website.

The Missing from Care Focus Group brings together multi agency professionals from residential care, housing, health, Children's Social Care and the Integrated Missing from Home and CSE Team. The Group shares information, develops strategies and identifies key areas for future planning. During this process the group have:

- Created consultation tools for child/ young people and parent attending Trigger Missing Level 1 or 2 meetings to ensure that they are fully informed about the process and their views are captured should they choose not to attend.
- Updated relevant templates for recording actions during these meetings, processes for recording Return Interviews and Trigger Meetings on the child's ICS Record and co-designed a relevant report to monitor the trends/ figures.
- Identified gaps in Foster Carer knowledge around Missing from Care which has led to the Integrated Missing from Home and CSE Team delivering some information and awareness sessions with the fostering team and foster carers.

The impact of this work has been:

- Better awareness of Social Workers and carers which has led to more adequate support to children who go missing and the purpose of the Return Home Interview.
- A consistent approach to increasing child and parent ownership of risk management and action planning prior/ during the Level 1 and 2 meetings.
- Consistency of agenda and records for these meetings, which are available for scrutiny and audit as well as data available for reports within a dedicated ICS workflow.
- Data reports are available for analysis at challenge sessions for both fieldwork and IRO services to support enhanced planning and decrease the rates of children going missing.

All CSE Screening Tools completed in the local authority are initially screened by ChECS to ensure the child is safeguarded at the right level and then by the Integrated MFH and CSE Team to ensure that advice and guidance can be provided to professionals at an early stage. This is also used as an opportunity to feedback on the quality of the screening tool to acknowledge good practice and improve this. A good practice example of a completed screening tool is available on the LSCB website. Due to the success of the CSE Operational Group, use of the CSE screening tool is now embedded. The quality of CSE screening tools has increased across the partnership following the training and consultation provided by the CSE and MFH team.

Staffing within our social work teams is now stable and mandatory CSE and MFH training is provided through the Core Training offer. The quality and content of the LSCB CSE training has been reviewed in partnership with young people to ensure that professionals receive the right messages to influence and improve their practice in a way that engages young people. Basic, targeted and bespoke training is available through the LSCB. The CSE and MFH Team have delivered workshops on completing CSE Screening Tools based on a need-led approach through the identification of themes and trends across the local authority, and have delivered a monthly drop-in at each of the three Children's Social Care sites to improve working relationships with Social Workers and to provide ongoing support in robust planning for children at risk of MFH and CSE.

A health assessment tool and referral pathway has been developed to ensure all Children and Young People in Cheshire East who are flagged due to a risk of CSE have a robust assessment of all of their holistic health needs. A process is in place for ensuring that young people with vulnerabilities in respect of CSE are transitioned between Children's and Adult's Social Care and there is a strengthened relationship with Adult's Social Care.

The Children and Families Overview and Scrutiny Committee appointed a Task and Finish Group to investigate the adequacy of the Council's arrangements to protect young people in Cheshire East from sexual exploitation. The group undertook different stages of work, including visits to services and observations of meetings. The group met regularly during 2016 and presented their final report and recommendations to Cabinet in January 2017 where the recommendations were accepted. An action plan is in place in response to the findings.

New links with the CSE team and Education Welfare Support have been established to ensure that accurate and timely education attendance information is made available on the CSE tracker. Although this link is new, early indications of a positive impact are evident. This will however need to be embedded to provide accurate feedback.

Within Local Policing Units (8 across Cheshire) Child Sexual Exploitation is prioritised and considered together with priority threat risk and harm matters at "Fast tac" meetings every two weeks. During these meetings intelligence is shared and gaps are identified to ensure that the threats can be addressed and minimised. Police Community Support Officers act as the eyes and ears of local policing and a key role within each of the LPUs following this process is the deployment of PCSOs. Where locations and individuals are identified as having potential for involvement in CSE activity, PCSOs are deployed to those areas at the relevant times to gather and report local intelligence enabling safeguarding activity to be taken.

There is closer partnership working between the Integrated Team and Police Local Units through close working with CSE SPOCS in each policing area. Links are being considered

between children who go missing and their wider networks. A Greater Manchester Police Operation took place due to intelligence shared by the CSE and MFH Team following disclosures made during return home interviews.

The CSE and MFH Team have worked closely with partners including police, Youth Prevention Service, Youth Offending Service, Youth Support Service, Health, Housing, Probation and Children's Services to map out areas and people who are of concern to groups of vulnerable children and young people in Cheshire East to ensure robust multi-agency responses to reduce ongoing risk.

Disruption activities are a key area of focus of the team in order to prevent offences taking place and to keep children safer in the local authority. One key disruption tool that is utilised in Cheshire East is the issuing of Child Abduction Warning Notices (CAWNs) where a person of concern is having regular contact with a child without parental permission, particularly when a child is frequently missing from home or care. Disruption techniques do appear to be being used at an earlier stage by police and partner agencies which are key in ensuring that concerns do not escalate to the point of requiring Child Abduction Notices (CANs). In addition to CAWNs, other disruption tactic used by police in this period included strict police bail conditions, restraining orders and direct partnership working with licensing.

Areas for improvement

A recent audit in April 2017 of cases where a return home interview from the CSE and MFH team had been declined by the young person showed that for only 22% (4) of these cases the interview had been carried out and recorded by the social worker. However only two of these cases used the Pan Cheshire Return Home Interview form. Notification of Decline forms sent by the CSE and MFH team to Children's Social Care were being recorded as return home interviews which indicates that the information within these is not carefully considered. Therefore use, recording and completion of return home interviews still requires improvement. Missing from Home Risk Assessments were also not consistently evident on the child's record.

Next Steps

The CSE and MFH team will deliver workshops around analysis of risk, developing SMART plans and the MFH Protocol for Social Workers to support completion of high quality return interviews and ensure that information from these interviews informs planning. The CSE and MFH team will inform Team Managers of Service Declines at regular intervals and for those in care this will also be sent to the Safeguarding Unit for additional IRO oversight to support improvements to practice. Activity to support improvements to the quality of assessment and planning are outlined under recommendations 8 and 9.

Evaluation

The CSE element of the recommendation has been met.

The quality of practice has improved since the inspection, and the CSE and MFH team, LSCB Training and the core training offer is effectively supporting the workforce to develop their skills in relation to working with young people at risk of CSE. CSE is being recognised and responded to across the partnership.

Links between children and young people are being explored and appropriate action is being taken.

Ensuring return home interviews inform planning remains a key area for improvement.

Findings from return home interviews are not always consistently used to inform planning. Return home interviews are not consistently completed by social workers when young people decline an interview from the CSE and MFH service.

- | | |
|----------|---|
| 8 | Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances (paragraphs 29, 30, 51, 54, 59, 82, 98). |
|----------|---|

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. Timescales for completion of assessments were not always adhered to.

Assessments were not consistently updated in response to a change in circumstances. When children and young people returned home from care an updated assessment was not always undertaken to inform this decision and identify the appropriate level of support needed.

In some cases, contact with families for cared for children and young people was not always rigorously risk assessed. Where cared for children were living with friends or relatives, assessment of those connected persons was not always sufficiently robust.

Strengths

There has been considerable activity within Children's Social Care to increase the quality of Social Work assessment including:

- **Masterclasses**, which continue to be offered on a regular basis, these have been well attended so far. Masterclass workshops have been held on:
 - Assessing Parental Capacity to Change
 - Exercising Professional Judgement
 - Parenting Assessments
 - Engaging with Birth Fathers
- **Workshops** focussing specifically on the use of change models in assessment.
- The appointment of **temporary Independent Parenting Assessors** (IPA's) to provide modelling and support to Social Workers to improve practice.
- CP IRO's have placed an increased **emphasis on change theory** within conference discussion and decision making in order to support understanding of parental capacity to change.
- A **review of the parenting assessment template and tools** has been completed. The Parenting Assessments Masterclass is now embedded as part of the routine training offer for Social Workers. This is to ensure parenting assessments are timely, good quality and used to inform decision making regarding the child and parents' capacity to change.

In order to consider the impact of focused activity in relation to parenting assessments, an IRO Thematic Audit on Parenting Assessments, specifically regarding parental motivation and capacity to make sustained positive change, was undertaken during January – March 2017. The auditors specifically looked for evidence of change models being used. Compared with previous themed audits completed by the CP IRO's during 2016, which identified that parenting assessments were rarely completed on cases prior to care proceedings and that parental motivation and capacity to make sustained positive change was in most cases not considered either within parenting assessments or child protection reports, this audit had positive findings:

- 55% of assessments clearly identified parental ability to change, 60% considered sustainability and 70% of assessments considered motivation.
- 55% of assessments explored all three of the above elements of change.
- 45% were good or outstanding.

These findings indicate that there has been significant improvement in social workers understanding of change theory and their use of this in assessment; this can be used to support more timely and effective planning for children.

The audit on assessments which resulted in no further action found that over two-thirds of the assessments were good quality, and a number of good practice examples were identified. The majority of assessments (82%) reflected the child's voice and lived experience and there were again a number of good practice examples of direct work with children in which the child's lived experience was clearly explored and recorded.

The children's social care audits in Q1 found that 34% combined assessments were good or better, and 37% of cared for assessments. This is a significantly improved picture from the time of the inspection. Assessments are regularly updated within timescales and this is monitored through Performance Challenge sessions.

A Child Risk and Needs Assessment on domestic abuse was developed jointly by the Specialist Domestic Abuse Sector and Children's Services and promoted through Practice and Performance Workshops, Safeguarding Children from Domestic Abuse Training provided by the LSCB and through Children's Services Managers Meeting. It forms part of the suite of tools presented in Toxic Trio training which covers the impact of domestic abuse, substance misuse and mental ill health and is also provided through the LSCB. This course has been extremely highly rated by the workforce for its quality. This is supporting understanding of the impact of these issues on children and young people. A multi-agency audit on domestic abuse in November 2016 showed that the risks from domestic abuse are appropriately and swiftly identified and responded to, and that risk assessment tools are consistently used to assess the level of risk.

The Council employs the Independent Domestic Violence Advocacy (IDVA) team who now have access to the Children's database, Liquid Logic, to improve partnership work to safeguard children. IDVAs and commissioned domestic abuse services are also co-located 3 days per week with each CiN/CIP team and attend all Initial Child Protection Conferences where domestic abuse is a factor in order to improve multi-agency safeguarding responses. Independent Reviewing Officers and specialist domestic abuse staff confirm these measures are improving planning and decision making for children and their families.

The IDVA team also leads on a 24/7 access point for domestic abuse services sited alongside Cheshire East Consultation Service and the Police Public Protection Unit ensuring that key information regarding risks to children from domestic abuse are shared at the earliest point in assessment. There are plans to enhance this work through fast tracking the Multi-Agency Risk Assessment Conference (MARAC) process which will review incoming cases on a daily basis.

Awareness raising around connected persons arrangements has been carried out and there is now a much greater understanding of this throughout the workforce; Reg. 24 assessments are being completed when appropriate. The Service Manager has oversight of assessments. Work is underway to improve our processes and support around family and friends arrangements as outlined in recommendation 8. A Family and Friends Court Work Task and Finish Group has been established, which is working on:

- Policies and procedures in need of review or development
- Ensuring templates are compliant with good practice
- Special Guardianship Support Plans
- Improving Practice through key liaison meetings and joint working across CIN/CP, Fostering and Legal Services.
- Improving Quality Assurance through the development of a crib sheet for Team Managers so expectations are clear and managers have the knowledge and understanding of good practice when signing off specialist assessments, such as Parenting Assessments, Sibling Assessments and Connected Person's Assessments.

The contact policy is currently being reviewed. We have reviewed how contact is supported and this is now a much more robust and managed process.

Areas for improvement

Despite significant progress achieved, the majority of our assessments still require improvement. Adopting Signs of Safety will support continued improvements to the quality of our practice.

Assessments of connected persons still need to be improved to ensure they are robust. Timeliness of submission of Reg. 24 assessments to panel still needs improvement.

An audit on pre-birth assessments in July 2017 showed that inclusion of the birth father and the extended family in the assessment and planning is an area which we need to improve.

Next Steps

Adopting Signs of Safety will support continued improvements to the quality of our assessments and practice. Work is currently underway aligning Liquidlogic with the approach. Good practice examples of assessments using Signs of Safety will be developed to support good practice.

The process for the completion of Viability Assessments will be reviewed alongside expectations around joint working between fostering and CIN/CP, and good practice guidance on the completion of viability assessments will be shared at the Service Managers meetings.

The contact policy is currently being reviewed.

Evaluation

Significant progress has been made, but as the majority of practice is not yet good, this recommendation has not been met.

Assessments are now timely and regularly updated. The quality of assessments has significantly improved, although the majority do still require improvement. As a core element of social work practice, improving the quality of assessments is a consistent focus of all children's social care services, and therefore will be continued and maintained effectively through service development activity and support through audit. Progress will continue to be monitored by Children's Services, the LSCB and other partnership boards through audit. A body of work is in place to drive improvements to assessments of connected persons and family and friends arrangements.

- | | |
|----------|--|
| 9 | Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115). |
|----------|--|

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.

Strengths

The quality of plans has significantly improved. Plans are current, individualised, child centred and increasingly SMART. In the last audit in Q1:

- 56% CIN Plans were good or better
- 50% CP Plans were good or better
- 65% Cared for Children's Plans were good or better
- 94% evidenced that the social worker had appropriately identified and challenged the safeguarding concerns
- 96% evidenced that the social worker took the right action at the right time to protect the child and their siblings
- 87% evidenced that intervention had improved outcomes for the child/ young person

This is a significant improvement since the inspection. As outlined under recommendation 8, a considerable body of work has taken place to support assessment of parental capacity to change which has resulted in increased understanding of sustainability.

A recent themed audit was undertaken in June 2017 by the CiN/CP Service to quality assure decision making around cases where children had been on a Child in Need Plan for more than six months. Some of the findings included:

- 65% of cases were judged to be good or better

- There were a number of examples where the social worker had made an additional effort in ensuring that birth fathers were included in the plan.
- There was evidence of social workers building positive and meaningful relationships with the children and young people they were working with.

A reflective session also took place with Team Managers to consider the learning from the audit and a proposed action plan has been developed to address the objectives and areas for improvement identified.

A pre-birth audit has recently been completed which showed the contribution of partner agencies in planning and assessment was evident in nearly 90% of cases.

Increased scrutiny has been put in place to drive improved outcomes for children who are at risk of drift and delay. All children who have been on Child Protection Plans for over 9 months, are subject to repeat CP planning, or have been involved in the pre-proceedings process for over 6 months are reviewed by a Service Manager or Head of Service on a monthly basis.

The core training offer for Social Workers and Managers supports 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.

Child Protection IROs have developed strategies to better prepare children, young people and parents for initial and review conferences and increase their understanding of the child protection process prior to their first conference. Conference processes have been changed to make them more 'child accessible' and we are co-producing a video with children and young people to explain the conference process. IROs ensure that there are clear contingency plans in place when cases are stepped down from Child Protection to ensure that the right action is taken immediately if outcomes for the child or young person start to deteriorate.

Good quality Pathway Plans have been developed and embedded to ensure the best outcomes for care leavers. Regular team audits and team learning events take place to share learning and good practice.

Cheshire East is now part of a Regional Adoption Agency called 'Adoption Counts'; we are working to ensure that this move realises best outcomes for our children in care by effective and prompt planning for adoption including best practice for concurrency planning and foster to adopt.

In the last PEP audit in summer 2017, over 70% PEPs were good quality. The summer network event for Designated Teachers focussed on making sure that teachers understood their responsibilities regarding cared for children and how the Virtual School can assist in these. There was a focus on the quality of target setting within personal education plans (PEPs) and the group produced a revised framework for assessing the level of support needed and the rating of the PEP quality. Schools have also been supported with bespoke training and this has taken place in more than ten schools or colleges with individual teachers or groups of staff who support particular children.

Areas for improvement

A recent audit regarding children who had been on Child in Need Plans over six months found there are some improvements needed with regards to evidencing the child's lived experience and contingency planning. Despite the significant improvements achieved, plans still need to be SMARTer and more outcome focused.

Next Steps

We will adopt Signs of Safety as our way of working across Children's Services, which will support a continual questioning approach to explore and understand the strengths and risks within families. The approach includes capturing the child or young person's thoughts, worries and wishes, and this underpins and drives all the work with the family. A core aspect of the Signs of Safety approach is identifying the timescale for when change should be achieved for every plan, which makes plans more timely. The risk for the child or young person is scored at every planning meeting which requires that all professionals and the family reflect on the progress achieved so far.

Letters before proceedings and the contract of expectations are being revised in line with Signs of Safety so they are clear for parents.

Evaluation

Significant progress has been made, but as the majority of practice is not yet good, this recommendation has not been met.

The quality of plans has significantly improved, and for the most part the majority of these are now good or better. As a core element of social work practice, improving the quality of plans is a consistent focus of all children's social care services, and therefore will be continued and maintained effectively through service development activity and support through audit. Progress will continue to be monitored by Children's Services, the LSCB and other partnership boards through audit.

10	Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded (paragraph 39).
-----------	--

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.

Strengths

Children are continuing to receive the right service to meet their needs; the Q1 audit showed that step up and step down is appropriate for the vast majority of cases (95%). Performance has been consistently high on this measure. The July 2017 prevention audit also found that step up and step down decisions were taken appropriately.

A deep dive analysis of assessments that resulted in no further action (NFA) showed that:

- In most cases (87%) auditors found that it was the right decision for the assessment to conclude as NFA and for it to then close or step down to CAF.
- A rationale to support decision making was found in 93% cases.

There is a clear process in place for when cases are stepped down, with Child in Need Team Managers chairing final Child in Need meetings and Step Down meetings so that they have oversight of the case and ensure the arrangements around step down are robust.

The percentage of children and young people subject to a CP plan for a second or subsequent time and the percentage of repeat referrals remain low which indicates that intervention is effective.

Areas for improvement

In the audit of assessments resulting in NFA, step down to CAF did not always appear to be actively considered and, of the cases that did not step down, 25.5% would have benefited from CAF support to offer co-ordination of services and to monitor and measure effectiveness of interventions.

A deep dive audit of re-referrals showed that 55% of cases sampled which were re-referred did not have a CAF in place on step down which potentially could have prevented re-referral.

Ensuring the change achieved is sustainable is a key focus for the service. Signs of Safety will support developments to practice in this area through the development of Safety Networks and coproduction of plans with families.

Next Steps

The step down process is being reviewed and revised and will be relaunched across teams. Signs of Safety will support robust step down arrangements through the involvement of family networks throughout planning. The family network continue to support the family once services withdraw.

A work plan for the LSCB Early Help Sub Group has been developed and implemented to drive developments across the partnership and ensure we support families at the earliest possible stage. The work on the group has included the development of a new Early Help

Strategy. The levels of need are currently being refreshed and are out for consultation with partners. These will be discussed in detail at the LSCB in September 2017.

We will continue to improve reporting around step down and CAF take up in order to drive effective challenge within the LSCB on partnership working. An Early Help Performance Management Framework is to be established. Within the redesign of the front door, we have increased the support available to partners undertaking CAF to ensure that partners are supported to develop the confidence and skills to lead high quality work with families. This is a significant additional resource. The CAF training programme will be relaunched to support partners to lead and contribute to high quality CAFs. The CAF multi-agency audit programme has just been relaunched.

A review of Early Help services is underway to ensure that we meet the needs of our children and young people early and prevent escalation. Signs of Safety will be adopted across early help services to ensure we have a consistent approach for working with families.

Evaluation

This recommendation has been met.

Step down is happening at the appropriate time for children and young people, and the rationale for management decision making is evident, therefore this recommendation has been met. When this is within CIN/CP, the process is robust. The next step is strengthening step down to CAF to support families to sustain change. This is a key focus for the service; the step down process is being reviewed and revised and will be relaunched across teams and Signs of Safety will support robust step down arrangements through the involvement of family networks throughout planning.

Recommendations we agreed were met in July 2016

Quality of Practice

- | | |
|-----------|---|
| 11 | Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78). |
|-----------|---|

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 had to complete too many forms for decisions foster carers could make.

Strengths

The Foster Carers' Handbook was 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 is available 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. The Foster Carers' Annual Survey in 2016 showed that the vast majority of foster carers are aware of delegated authority and feel they are supported to make reasonable and appropriate decisions through this process

The forms on the child's record system were improved to support practice. This included a new Care Plan document which puts delegated authority in a clearer format, this has further strengthened practice in this area; young people's aspirations and financial entitlements are being captured and we are seeing improved outcomes.

Evaluation

This recommendation remains met.

Clear guidance on the policy has been developed, which has resulted in clarity for social workers and foster carers. The forms have been revised and streamlined.

12	Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales (paragraph 67).
-----------	---

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.

Strengths

Marked improvement has been achieved and sustained over the past year to the timeliness of initial health assessments requested within 48 hours of the child or young person coming into care, from 16% in Q1 2015-16 to 78% this quarter (Q1 2017-18).

A root cause analysis has been undertaken during this time by both Clinical Commissioning Groups and as a result:

- dedicated IHA clinics have been established in both South and Eastern CCG's,
- the pathways for initial health assessments and escalation have been updated.
- the Designated Doctor has provided bespoke training for paediatricians undertaking initial health assessments including raising awareness regarding assessing the risk of child sexual exploitation.

Timeliness of initial health assessments has been closely monitored by the LSCB Quality and Outcomes Sub Group and Corporate Parenting Operational Group.

Areas for Improvement

The percentage of initial health assessments being completed by paediatricians within 20 days has remained at a low level.

Capacity issues within paediatric clinics accounted for 6 of the children not being seen within time frame in Q1. The recent employment of another community paediatric consultant is expected to ease this pressure going forward.

The remaining children were late having their initial health assessments for a variety of reasons. These included late notification of placement by the Local Authority, cancellation of appointments by foster carer, child not brought to appointment, placement changes for children, abscondment from placement, and clash of health appointment with Cared for review meeting. These issues highlight the need for continued close working between health professionals, social workers and foster carers to meet cared for children's health needs in a timely fashion.

Next Steps

East Cheshire Trust are exploring the possibility of a more flexible approach to where IHAs take place, rather than the expectation that all children will attend a clinic at the hospital.

Similarly, Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of Cheshire East.

A draft pathway for the completion of Goodman's strengths and difficulties questionnaire as part of the initial health assessment is being developed in order to improve baseline mental health assessment.

Evaluation

This recommendation is not met.

In July 2016, performance information was showing a positive trajectory for both elements of the process, so this recommendation was agreed as met, as performance would be closely monitored to ensure this increase in timeliness continued. However, the timeliness of the completion of initial health assessments still requires significant improvement, despite the majority of requests now being made within 48 hours. Work continues to be underway within health and social care to improve processes around this. Close scrutiny arrangements are in place through the LSCB Quality and Outcomes Group and the Corporate Parenting Committee and Operational Group.

17	Ensure later-in-life letters provide details of all known information, are written in plain English and are accessible to children so that they understand their stories (paragraph 107).
----	---

Background to the recommendation

Later in life letters were variable in quality.

Strengths

Later-in-life letters are produced by the Social Workers within the Permanence and Through Care Team who are working with the children concerned, with quality assurance advice provided by Adoption Counts Social Workers. The Service Manager for Permanence and Through Care and the Service Manager who links with Adoption Counts dip sample letters to ensure quality. A tracker is in place to monitor and ensure the timely production of later in life letters. All later-in-life letters are quality assured by Team Managers, and this is overseen by the Service Manager for Adoption. 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.

A good quality standard has been established and letters are being produced to a good standard. Team Managers continue to monitor the quality of the letters and track timely production.

Evaluation

This recommendation remains met.

Later-in-life letters continue to be produced to a good standard and processes are in place to quality assure these and support consistency.

Listening to Children and Young People

15	Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142).
----	---

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.

Strengths

A learning action plan has been developed to address the themes from complaints and is presented and agreed at Service Managers' meetings. This is also regularly taken to the Children's Social Care Leadership Team meetings for scrutiny. Progress against this is tracked and monitored to ensure effective action is taken.

The number of complaints received from children and young people and parents this year remains consistent with performance in 2015/16; nine complaints were received in both years from children and young people, or from an advocate on their behalf, and this year 92 complaints were received from parents, compared with 89 last year. **A total of 42 compliments were received this year.**

Compared to the number of referrals received and assessments completed (3438 and 4113 respectively) complaints represented only 3.5% of referrals received, and over 50% of those complaints were either 'Not Upheld' or 'Not Pursued/Withdrawn'. Although themes such as communication and delays continue, a decrease has been noted in the number of complaints mentioning these issues, and the service continues to improve in managing complaints at the local level despite continuing pressures.

The vast majority of complaints (over 90%) continue to be resolved at Stage 1 of the complaints process, and of those resolved over 40% are 'Not Upheld'.

No complaints received since 1 October 2016 have been escalated to Stage 2 so far, which is positive. Only two complaints received in 2016/2017 have been escalated to Stage 2, along with a further 2 received prior to 1 April 2016. The percentage of complaints escalated has decreased this year with only 2% escalated to Stage 2 in 2016/17 compared with 6% in 2015/16.

Themes from compliments and complaints to children's social care services 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 and the Practice Champions Group. Good practice is 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.

A report on complaints, compliments and comments, FOIs, data protection, MP Letters and education complaints is presented to the Children's Services Directorate Management Team to ensure they have oversight of all feedback and requests for information and can identify

and address any themes. The learning from complaints is also considered in the audit reports to identify if there are any shared issues or learning.

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 and child protection feedback survey, which is completed at the last core group meeting as cases are closed to children's social care. The results of this survey show that families feel supported and listened to by their social workers;

- 100% said their Social Worker was easy to talk to
- 96% felt their Social Worker understood their situation
- 96% said that their Social Worker listened to their views
- 93% felt their Social Worker was reliable and did what they said they would do

Evaluation:

This recommendation remains met.

Analysis of complaints is resulting in action to improve practice, the number of complaints is low in relation to the volume of work, and compliments are also received on the service.

Management Oversight

- | | |
|----------|--|
| 1 | <p>Strengthen senior managers' oversight and monitoring of:</p> <ul style="list-style-type: none"> a) complex cases where there are historic drift and delay in taking decisive action (paragraph 36) b) private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83) c) care leavers who are homeless (paragraph 112). |
|----------|--|

a) Complex cases

Background to the recommendation

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.

Strengths

Robust processes are in place to ensure there is effective management oversight at all levels across the service and drift and delay is addressed and prevented. This includes:

- **Critical case reports** which are sent to the Director of Children's Services to ensure senior leaders have oversight of high risk cases.
- **Performance Challenge Sessions**, which have been reviewed to ensure they focus on the **quality** of our services, and the **impact on the child or young person**, rather than compliance. Performance Challenge Sessions are held for every service and include individual performance data for workers. The Service Manager challenges Team Managers on their team's performance, and separate Challenge Sessions are held between Heads of Service and Service Managers, where they are held to account for their service's performance.
- **Performance reports and a tracker for court work** which monitors the timeliness for pre-proceedings and Legal Advice Meetings. These are scrutinised monthly at legal liaison meetings. Cared for IROs actively track the progress of children where there is a court timetable and escalate where there is any delay so this can be addressed swiftly.
- The **Permanence Tracker** continues to support the timeliness of placement planning.
- **Increased scrutiny has been put in place to drive improved outcomes for children who are at risk of drift and delay.** All children who have been on Child Protection Plans for over 9 months, are subject to repeat CP planning, or have been involved in the pre-proceedings process for over 6 months are reviewed by a Service Manager or Head of Service on a monthly basis.

Work is underway to ensure we take timely action for our children and young people. A workshop on improving our processes around Public Law Proceedings has been held focusing on making our action more timely for children and young people, and an action

plan has been established, which is being delivered by task and finish groups. More detail on this is covered under recommendation 6.

Next Steps

Joint safeguarding and CiN/CP Performance Challenge meetings are to commence to ensure there is joint ownership and accountability for outcomes for children and young people, and to develop strong working relationships and increased understanding between teams.

Evaluation

This element of the recommendation remains met.

Robust monitoring arrangements are in place, which are supporting effective management oversight from senior management level to team managers. Performance is scrutinised regularly and in detail down to individual level. A considerable body of work is taking place to improve the timeliness around the court process to prevent children and young people experiencing drift and delay.

b) Private Fostering and Connected Persons Arrangements

Background to the recommendation

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 Service Managers.

Strengths

Significant improvements have been achieved in respect of frontline responses to new private fostering arrangements. Potential arrangements are being recognised quickly and appropriately responded to, and children and young people are being seen within seven days as per statutory guidance. Management oversight is in place; regular meetings are held between the Head of Service for CIN/CP and the lead IRO for private fostering which focus on achieving permanency for children and young people, reviewing progress and timeliness of assessments. A performance report is produced monthly on privately fostered children and young people to enable monitoring and scrutiny. Assessments are being completed in a timely manner.

At the time of the inspection, there were just three privately fostered young people known to the authority. As a result of awareness raising activity across the partnership, this number has considerably increased. In 2016/17 we were notified of 10 new private fostering arrangements.

The Private Fostering Policy and Procedure has been updated to ensure the process and expectations on timescales are clear. The process within the child's record system for private fostering has also been streamlined to ensure the system supports efficient and timely practice. Timescales for Privately Fostered children and young people are also monitored through Performance Challenge Sessions.

The Children's Safeguarding and Quality Assurance Unit (SQUA) also offers independent oversight of the private fostering arrangement; they are notified each month of any new notifications and data is cross-referenced to ensure the correct pathway has been followed and to enable the early monitoring of cases. Each privately fostered child or young person has an allocated Child Protection IRO who will arrange a combined CIN/private fostering review to ensure there is independent oversight of the plan.

Awareness raising around connected persons arrangements has been carried out and there is now a much greater understanding of this throughout the workforce; Reg. 24 assessments are being completed when appropriate. The Service Manager has oversight of assessments and there is a tracker in place to support effective scrutiny and oversight. Work is underway to improve our processes and support around family and friends arrangements as outlined in recommendation 8.

Areas for improvement

Timescales in relation to the DBS process still require some improvement as there is at times delay caused by carers not providing required information/identification promptly. Strategies are currently being identified to address this as part of service development work for 2017/18.

Next Steps

Strategies will be developed to improve the timeliness of DBS checks.

The work of the Family and Friends Court Work Task and Finish Group will strengthen processes and support for connected persons arrangements.

Evaluation

This recommendation remains met.

Management oversight is in place for private fostering and connected persons arrangements. Significant improvements have been achieved in respect of frontline responses to new private fostering arrangements and these cases are effectively overseen by managers through the Performance Challenge Sessions. The timeliness of DBS checks still requires some improvement which is being addressed through the development of internal action plans. The work of the Family and Friends Court Work Task and Finish Group will strengthen processes and support for connected persons arrangements.

c) Care leavers who are homeless

Background to the recommendation

Service Manager's oversight of care leavers who are homeless needed to be strengthened. At the time of the inspection six 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.

Strengths

There are robust arrangements in place to ensure that there is effective oversight of care leavers in unsuitable accommodation or who are homeless, which includes:

- Monthly **permanence case tracking meetings**, chaired by the Head of Service, take place to ensure there is clear senior management oversight and drive for permanence.
- A **tracker for care leavers who are homeless** which is used to effectively track and monitor these young people, and this is overseen by the Service Manager on a monthly basis. Data on unsuitable accommodation is also monitored and tracked, and there is a detailed spreadsheet to track all 'eligible' care leavers and their transition plans, contingency plans and next steps. These Care Leavers are tracked and monitored via the Ignition Panel and monthly challenge meetings.
- **The Corporate Parenting Committee and Corporate Parenting Operational Group provide oversight in this area and a scorecard is regularly updated and scrutinised.** The scorecard is produced quarterly and on an annual basis the Corporate Parenting Committee looks in more depth at outcomes for care leavers, including their accommodation.

Areas for improvement

Data sharing between housing and children's social care needs to be strengthened. This will be improved through the Corporate Parenting Strategy.

Next Steps

The Corporate Parenting Committee will be undertaking specific deep dive analysis of particular themes to scrutinise and drive improvement and the development of the new Corporate Parenting Strategy.

Evaluation

This element of the recommendation has been met.

There are robust arrangements in place to ensure that there is effective oversight of care leavers in unsuitable accommodation, or who are homeless.

- | | |
|-----------|--|
| 13 | Ensure audit arrangements have a sharper focus on looked after children (paragraph 140). |
|-----------|--|

Background to the recommendation

The audit programme was focused around the performance and quality of services for child in need and child protection, as these services had been inadequate. 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.

Strengths

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. Audits are completed and reported on a quarterly basis to the Children's Social Care Leadership Team and the Children and Families Directorate Management Team. Audits are reported to the LSCB to ensure partnership scrutiny. The findings are communicated to the whole children's services workforce through the audit newsletter.

The audit process has been redesigned to focus on the quality of the outcomes achieved for the child or young person rather than compliance; this has driven improvement and enabled the workforce to recognise and embed good practice. Audit has now been aligned with Signs of Safety. Detail on the performance from audits, including performance on the Permanence and Through Care Team, is included within the comprehensive audit scorecard.

Regular themed Pathway Plan Audits for young people aged 16+ are undertaken by the Service Manager for Permanence and Through Care and there are improvements evident in the quality of practice. Audits have so far taken place on the following themes:

- Emotional Well-being and Mental Health
- Substance Misuse
- 16/17 year olds in semi-supported accommodation

Next Steps

The Care Leavers Service will be completing a Peer Audit of Pathway Plans in September 2017.

Evaluation

This recommendation remains met.

The quality of our cared for services is effectively scrutinised through audits and this is reported through the appropriate routes to ensure senior managers, service and team managers, staff and partners are aware of how our cared for service is performing and the areas for improvement.

- | | |
|-----------|--|
| 14 | Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138). |
|-----------|--|

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.

Prior to the inspection, the electronic recording system for Children's Social Care (Paris) was replaced with a modern case management system (Liquidlogic) 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.

Strengths

A scorecard for children's services is received on a quarterly basis by Children and Families Scrutiny Committee to ensure they have oversight and can scrutinise and challenge performance in children's services.

A range of reporting suites are available on children in need and child protection, cared for children and care leavers. 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.

Performance Challenge data is produced and sent to managers on a fortnightly basis to supplement readily available reports. All performance, including individual performance is scrutinised through the performance challenge sessions. The Performance Challenge sessions have substantially improved the timeliness and accuracy of data loaded into the system. 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.

Liquid Logic was launched almost three years ago, and the quality of data due to migration is no longer an issue as it was at the time of the inspection. Issues with migration of data from the old case management system to our current system are now resolved and data reporting is reliable.

Evaluation

This recommendation remains met.

Effective performance monitoring arrangements are in place and are driving improvements to practice.

16	<p>Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150)</p> <ul style="list-style-type: none"> • reviewing the use of foyer accommodation for 16–17 year olds • ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation and review the practice of using this provision (paragraph 114) • ensuring sufficient health provision for older looked after children and care leavers (paragraphs 121, 124) • improving the use of family group conferences so that all possible options for children are consistently explored (paragraph 55) • increasing the capacity of advocacy services to support children and young people identified as in need (paragraphs 45, 85, 150).
-----------	--

Background to the recommendation

There was no joint commissioning strategy in place.

Foyer accommodation was used as a last resort for young people who were 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.

Strengths

A joint commissioning strategy is in place which was endorsed by the Children and Young People's Trust and the Health and Wellbeing Board.

A robust risk assessment tool in place for use with YMCA / foyer accommodation. Every young person in semi-supported accommodation (e.g. Watermill House, MoCoCo House, the YMCA) is risk assessed as per the recommendation. A dedicated support worker for 16-17 year olds will be put in place within Crewe YMCA.

We now have improved knowledge of our data, better oversight and understanding of our service and a 16/17 year old tracker to support planning on next steps accommodation options for young people. Data tracking is in place for young people in staying put arrangements, semi-independent provisions and forum housing. The trackers are reviewed in monthly Performance Challenge sessions.

We have improved our 16+ options with ring fenced properties. We have a tenancy readiness programme which offers care leavers the opportunity to think about the merits of having their own property and the responsibilities that may come with this. Four programmes were set up over 2016 and 13 young people engaged in this work over a 4-6 week period, with 4-6 care leavers participating at any one time. Seven of these have successfully moved to independent living, two have moved into supported lodgings, three have taken part in a trial at a taster flat and one has a moving on plan for semi independence from residential care in the coming months.

The 'Ignition panel' has been established which is an innovative project to support young people to have the best, most appropriate transition for when they leave care. Ignition is for young people aged 15½ plus who are thinking about where and how they would like to live when they leave care. Making sure our young people start independence at the right time and in the right place provides the best chance for a positive journey to adulthood and will support the best possible life chances. The panel shares ideas, suggestions, and good practice to develop an action plan that will support each young person to achieve their future living goals. This may be accessing a taster house, supported lodging or being supported through a semi-independent setting with a phased transition to young people being in their own property. The Ignition panel has been shortlisted for the Children and Young People Now Awards in 2017.

The post for the 16+ and Transition Cared for Young People's Nurse has been filled for over a year.

The take up of advocacy and independent visiting services was reviewed and target priorities have been set through negotiation with commissioned provider, The Children's Society. The advocacy service has been amended to be available for children with complex needs e.g. children with a disability. Automatic referral has been introduced to advocacy for children and young people at child protection. Young people have developed a short animation for young people to explain the role of an advocate and an independent visitor which is used to promote the service to children and young people.

Over the past year, IROs and The Children's Society have been working closely together in ensuring that young people are being offered an advocate to not only represent their views but to robustly challenge on the young person's behalf as well, further ensuring that their wishes and feelings were incorporated within the work that IROs and social workers undertook. Awareness raising with staff continues through attendance by The Children's Society at Practice and Performance Workshops and Team Meetings. The Head of Service for Safeguarding Children and Families has led a review of current advocacy provision, and following this there are changes planned for the way we deliver advocacy in the future which ensures this is also part of all frontline workers' roles with children and young people.

The use of Family Group conferencing has been reviewed and we are now using the Connected Persons model instead, which involves our Fostering Teams.

Areas for Improvement

We need to improve our practice with regards to Connected Persons Meetings and the procedures around this are being reviewed at present.

Evaluation

This recommendation remains met, and whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings so that all possible options are explored for children and young people.

All young people in foyer or hostel accommodation have a risk assessment in place. Young people who are in unsuitable accommodation or are homeless are closely monitored by the Service Manager. Health support for cared for children and care leavers is in place. Automatic referral to independent advocacy for children and young people at child protection is in place.

We need to improve our practice with regards to Connected Persons Meetings and the procedures around this are being reviewed at present.

Appendix:

Monitoring arrangements for recommendations that have not yet been met

Recommendation	Monitored through	Supported by	Planned Actions
Rec. 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. <u>Will be met once timeliness is restored</u>	<ul style="list-style-type: none"> • Performance Challenge Sessions 	<ul style="list-style-type: none"> • ChECS Performance Dashboard 	<p>Staff are being recruited to the new posts to meet the additional demands in the new structure. We will continue to closely monitor the timeliness of decision making at Early Help Brokerage to ensure this returns to the previously high levels.</p>
	<ul style="list-style-type: none"> • Children and Families DMT 	<ul style="list-style-type: none"> • Prevention Scorecard 	<p>A review of Early Help services is underway to ensure that we meet the needs of our children and young people early and prevent escalation. Signs of Safety will be adopted across early help services to ensure we have a consistent approach for working with families.</p>
Rec. 5: Ensure that strategy meetings and decisions are informed by relevant partner agencies	<ul style="list-style-type: none"> • LSCB Safeguarding Children Operational Group • LSCB Quality and Outcomes Group 	<ul style="list-style-type: none"> • IRO thematic audit 	<p>A repeat IRO audit on Strategy Discussions will take place in October 2017.</p> <p>Regular Police Liaison meetings take place and Strategy Discussions are to be a standing agenda item. We are currently reviewing the process for Strategy Discussions that take place shortly after referral to see if this could take place in the front door with the involvement of the integrated multi-agency team.</p> <p>A task and finish group is currently reviewing how lack of invitation or attendance can be challenged by partners, and whether themes and trends can be collated and reported to the LSCB Executive. Work is also being undertaken to support better use of video conferencing across the partnership to enable all partners to participate.</p>
Rec. 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	<ul style="list-style-type: none"> • LSCB Board and sub groups • Corporate Parenting Board and Operational Group • Children and Families 	<ul style="list-style-type: none"> • CSC Audit reports • IRO Thematic Audits • LSCB Multi-agency Audits • Children and Families Scorecard • LSCB Scorecard 	<p>Adopting Signs of Safety will support continued improvements to the quality of our assessments and practice. Work is currently underway aligning Liquidlogic with the approach. Good practice examples of assessments using Signs of Safety will be developed to support good practice.</p>

reflect changes in circumstances.	DMT <ul style="list-style-type: none"> Children and Families Overview and Scrutiny Committee 		<p>The process for the completion of Viability Assessments will be reviewed alongside expectations around joint working between fostering and CIN/CP, and good practice guidance on the completion of viability assessments will be shared at the Service Managers meetings.</p> <p>The contact policy is currently being reviewed.</p>
Rec. 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.	<ul style="list-style-type: none"> LSCB Board and sub groups Corporate Parenting Board and Operational Group Children and Families DMT Children and Families Overview and Scrutiny Committee 	<ul style="list-style-type: none"> CSC Audit reports IRO Thematic Audits LSCB Multi-agency Audits Children and Families Scorecard LSCB Scorecard 	<p>We will adopt Signs of Safety as our way of working across Children's Services, which will support a continual questioning approach to explore and understand the strengths and risks within families. The approach includes capturing the child or young person's thoughts, worries and wishes, and this underpins and drives all the work with the family. A core aspect of the Signs of Safety approach is identifying the timescale for when change should be achieved for every plan, which makes plans more timely. The risk for the child or young person is scored at every planning meeting which requires that all professionals and the family reflect on the progress achieved so far.</p> <p>Letters before proceedings and the contract of expectations are being revised in line with Signs of Safety so they are clear for parents.</p>
Rec. 12: Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales.	<ul style="list-style-type: none"> LSCB Quality and Outcomes Sub Group Corporate Parenting Board and Operational Group Children and Families Overview and Scrutiny Committee 	<ul style="list-style-type: none"> Corporate Parenting Scorecard Children and Families Scorecard LSCB Scorecard Reports on IHAs 	<p>East Cheshire Trust are exploring the possibility of a more flexible approach to where IHAs take place, rather than the expectation that all children will attend a clinic at the hospital. Similarly, Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of Cheshire East.</p> <p>A draft pathway for the completion of Goodman's strengths and difficulties questionnaire as part of the initial health assessment is being developed in order to improve baseline mental health assessment.</p>

<p>Rec. 7: Strengthen frontline practice to ensure effective action is taken to support children who go missing</p>	<ul style="list-style-type: none"> • LSCB CSE, Missing from home and care and child trafficking Sub Group 	<ul style="list-style-type: none"> • Missing from Home and Care Audits • Missing from Home and Care and CSE Reports • Missing from home and care Tracker 	<p>The CSE and MFH team will deliver workshops around analysis of risk, developing SMART plans and the MFH Protocol for Social Workers to support completion of high quality return interviews and ensure that information from these interviews informs planning. The CSE and MFH team will inform Team Managers of Service Declines at regular intervals and for those in care this will also be sent to the Safeguarding Unit for additional IRO oversight to support improvements to practice. Activity to support improvements to the quality of assessment and planning are outlined under recommendations 8 and 9.</p>
	<ul style="list-style-type: none"> • LSCB Board 	<ul style="list-style-type: none"> • LSCB Scorecard • Missing from home and care annual report • Sub Group reports 	
<p>Rec. 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 improving the use of family group conferences so that all possible options for children are consistently explored</p>	<ul style="list-style-type: none"> • Children and Families DMT 	<ul style="list-style-type: none"> • Service reports 	<p>Whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings so that all possible options are explored for children and young people.</p>

CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	DTOC Progress Update
Date of meeting:	28 th November 2017
Written by:	Emma Leigh, Better Care Fund Manager
Contact details:	Emma.leigh@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr. Janet Clowes

Executive Summary

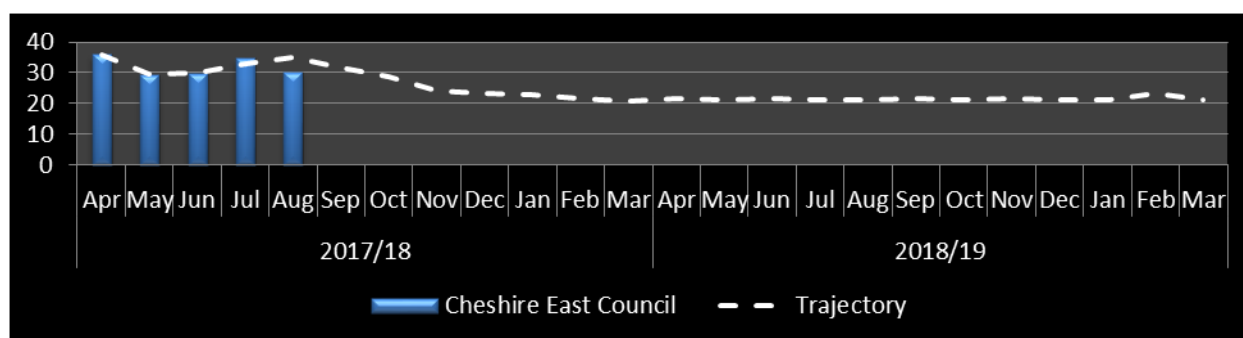
Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	The purpose of this report is to provide the Cheshire East Health and Wellbeing Board with a progress update into the current Delayed Transfers of Care (DTOC) performance and the implications of this for the health and social care system locally.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	There are no key actions for the Health and Wellbeing Board, this report is presented for information only.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	This report has been considered at the Adult Social Care DMT The report has also been presented to the Better Care Fund Governance Meeting		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A the content of this report is based upon the data reporting and the wider implications that it has for the health and social care system in Cheshire East.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>The recommendations are based on recognition of the current DTOC progress update for Cheshire East.</p> <p>Continued delivery of the DTOC trajectory and targets if a reflection of the health and social care system on its journey towards integration.</p>

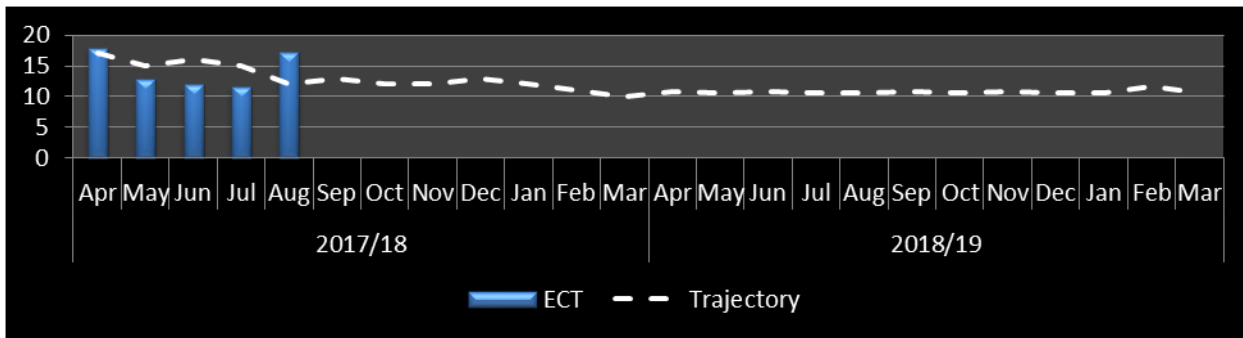
1 Report Summary

- 1.1 The Cheshire East position in terms of DTOC remains one of challenge to both health and social care, especially as we enter the winter period between October and March 2018.
- 1.2 The reporting requirements for DTOC has been placed under increased scrutiny by both the Local Government Association and NHS England, with greater emphasis on seeking an equitable split between delays due to health and social care.
- 1.3 Activity across East and South Cheshire has seen the introduction and extension of a number of additional schemes which are starting to have an impact on the ability to deliver extremely challenging targets.
- 1.4 As shown by the graphs below, the delivery of DTOC against the agreed trajectory is being maintained.

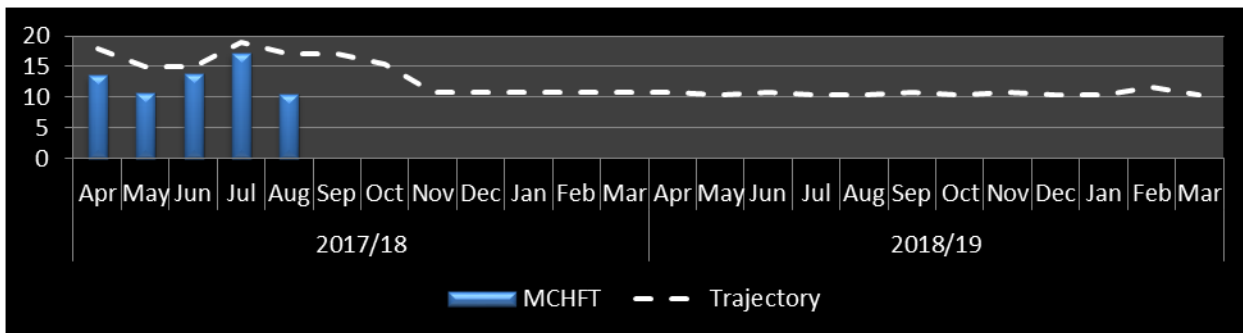
Cheshire East Council footprint



Cheshire East Council DTOC's per day are 3 below trajectory which is 1.65% for year to date 2017/18

East Cheshire Trust footprint

ECT DTOC's per day are 4 below trajectory which is 4.8% for year to date 2017/18

Mid-Cheshire Hospitals Foundation Trust Footprint

MCHFT DTOC's per day are 18 below trajectory which is 21.4% for year to date 2017/18

- 1.5 The Department of Health has been closely reviewing DTOC performance nationally, in order to benchmark those areas that are not marking sufficient progress against their agreed trajectories.
- 1.6 On the 10th of October 2017, Cheshire East Council received correspondence from Sajid David and Jeremy Hunt confirming that the Cheshire East DTOC performance is not within the 32 poorest performers nationally. The data takes into account performance up to and including August 2017, where Cheshire East has performed well against the trajectory

2 Recommendations

- 2.1 The Health and Wellbeing Board acknowledge the significant efforts made by those working in the health and social care system to achieve the current targets set within the challenging trajectory set by NHS England.
- 2.2 The Health and Wellbeing Board acknowledges the work being undertaken as part of 'Delivering the Better Fund Plan in Cheshire East 2017-19' Better Care Fund plan, which provides the overarching strategy for health and social care transformation, of which DTOC is one of the four nationally mandated metrics.
- 2.3 The Health and Wellbeing Board acknowledges how the new approach to data management adopted by Cheshire East Council, NHS Eastern Cheshire and NHS South

Cheshire CCGs has provided the pivotal shift in the interpretation and use of information to create accurate trajectories.

- 2.4 The Health and Wellbeing Board acknowledge the correspondence from Sajid David and Jeremy Hunt that Cheshire East is not within the group whose DTOC performance identifies them as the poorest performers nationally.

3 Reasons for Recommendations

- 3.1 NHS England has set a challenging national metric to reduce DTOCs nationally to 3.5%. (NHS Eastern Cheshire CCG has separately agreed at figure of 5.2% to be achieved by February 2018, which has been calculated into the wider Cheshire East trajectory). Cheshire East is undertaking a considerable programme of activity to meet this target.
- 3.2 The Delivering Better Care Fund Plan in Cheshire East 2017-19 was submitted to NHS England in September 2017, who have formally accepted the proposed DTOC trajectories, 3.5% for NHS South Cheshire CCG and 5.2% for NHS Eastern Cheshire CCG, proposed, recognising the scale of ambition across the Cheshire East health and social care economy.
- 3.3 The approach to data management and use within Cheshire East is an emerging area of best practice within the Cheshire and Merseyside Better Care Fund Network.
- 3.4 The Cheshire East DTOC performance has ensured that Cheshire East has not been selected for a scrutiny visit by NHS England. *(NB: Cheshire West and Liverpool are areas locally where performance has triggered a visit)*

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The work to reduce DTOC has direct links to the Health and Wellbeing Strategy priorities in Cheshire East.
- 4.2 Linked to Outcome two - Working and living well (*Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough*) targeted work to support the unmet wellbeing needs of carers are being supported via a Better Care Funded scheme which will focus on preventing 'carer crisis' which ultimately reduces the likelihood of their cared for needing a hospital stay (non-elective admission and potential DTOC).
- 4.3 Linked to Outcome three - Ageing well (*Enabling older people to live healthier and more active lives for longer*) a significant proportion of the Better Care Fund schemes are centred around the principle of 'improving the co-ordination of care around older people'. In both South and East Cheshire the Home First principles are being to support both admission avoidance and early discharge. Phase 1 (In South Cheshire) is in place through the introductions of Community Matrons and First Contact Practitioners. Through this service there has been a noticeable reduction in A&E attendances for older people.

5 Background and Options

- 5.1 The Delayed Discharge Act of 2003 was replaced by the Care Act 2014. One of the aims of the Care Act is to ensure that people do not remain in hospital when they no longer require care that can only be provided in an acute trust. The arrangements for discharging patients who are likely to have on-going care and support needs have been designed to encourage acute trusts to plan for discharge in advance of the patient no longer requiring acute care.
- 5.2 The delayed transfer information by code is input via UNIFY onto a central national report. The requirement is to return this monthly and it must include all health, joint and social care delays. This information is used to generate the monthly data which local data is compiled from.
- 5.3 2017 has seen the introduction of DTOC target reductions comprising reductions in NHS attributed DTOCs (agreed between CCGs and NHS England) and reductions in Social Care attributed DTOCs (issued by the Department of Health and Department for Communities and Local Government).
- 5.4 The Improved Better Care Fund was announced in the Spring Budget as a social care grant to £4.7m. However, government will consider in November, reviewing 2018/19 allocations of the adult social care for councils that are performing poorly in relation to DTOC performance. The funding will remain with local government, to be used for adult social care. For those with the worst performance, the government reserves the right to direct how this money is spent.
- 5.6 The Better Care Fund Governance Board in Cheshire East continues to provide oversight over the 16 schemes which provide the underpinning strategic approach towards health and social care integration in order to deliver the four national metrics,
- 5.7 The following schemes are funded by the Better Care Fund to support improving DTOC:
- Home First: Quality markers to be agreed, however the ethos of the Home First approach is being rolled out to care communities to ensure all staff support patients to remain at home rather than creating DTOC
 - Hospital Discharge Services
 - Care Home Assessments at the Weekend: KPI discharge 2 patients each day Sat/Sun
 - Care Package Retention of 7 Days
 - Innovation and Transformation Fund
 - Funding of additional social care staff to support 'Discharge to Assess' initiatives: Social workers to support three week discharge out of community beds to ensure flow.
 - Increasing capacity in the Care Sourcing team and Social Work Team over Bank Holiday Weekends
 - Sustain the capacity, capability and quality within the social care market place
 - The use of 'Live Well' Online information and advice resource
 - Innovation schemes which are due to commence from November 2017
- 5.8 The following areas of work are currently being delivered by NHS Eastern Cheshire CCG to support improving DTOC:

- Implement a new Primary Care streaming model
- Delivery of Frailty Approach from emergency portals as part of the Home First model
- Expand the existing Single Point of Access
- Delivery of Frailty training across the health and social care economy
- Additional OT presence in Integrated Discharge Team
- Independent clinical review of DTOC leading to key actions (2017)

5.9 The following areas of work are currently being delivered by NHS South Cheshire CCG to support improving DTOC:

- Ambulatory Emergency Care: 50% reduction of admissions on to ACU. 1 hour medical review to ensure timely discharge and 3 hour consultant review where required.
- Redesign of health and social care services that support rapid response to those in need of urgent care close to home. Reablement redesign underway, proposed service delivery agreed joint paper to CCG Executive Committee and CEC Cabinet.
- Implementation of a health and social care integrated discharge team. Triage now in place. Documentation agreed as form 1-2. Trusted assessor resource agreed. Work with care home commenced to introduce the trusted assessor concept. Key KPI to reduce DTOC to 3.5% reduction in 80% CHC out of hospital 30% increase in the number of patients returning home not long term care

6.1 The following points, **6.2 – 6.9** provide a detailed interpretation of the latest published data for Cheshire East, August 2017. This is to provide the Health and Wellbeing Board with a detailed analysis of activity against reportable metrics.

6.2 Building on the positive performance in July 2017, the trajectory for August total delayed days was projected as being 1,622, the actual was 1,361 which represents 261 days under target which equates to approx. 8 beds per day **better** than target. Compared to the projected target, the total for August was 52 beds per day, the actual was 44. However, early indications for the September 2017 data are that performance has reduced.

6.3 The health/social care split on the trajectory for August for NHS attributable days was 1,085 the actual was 942 (total delayed days for the month). This shows better performance than trajectory.

For social care, the plan was 528 and the actual was 403 (total delayed days for the month). This shows better performance than trajectory.

There were also 16 days attributed **jointly** to the NHS and social care.

6.4 For social care the main two (coded) reasons for delays in August were '**Awaiting Care Package in Own Home**' (36%) and '**Awaiting Nursing Home Placement or Availability**' (36%).

Approximately 18% of delayed days were due to '**Awaiting residential home placements or Availability**'.

6.5 For NHS delays the data the main reason appears to be '**Waiting Further NHS Non-Acute Care**' (31%). The other main causes of delayed days are '**Completion of Assessment**' (18%) and '**Awaiting Care Package in Own Home**' (14%).

6.6 For NHS attributable delays in August:

124 delayed days	Cheshire East patients in East Cheshire NHS Trust
33 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6.7 For delays attributable to social care in August:

187 delayed days	Cheshire East patients in East Cheshire NHS Trust
163 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6.8 For delays attributable to social care in August, for the reason of 'awaiting nursing home placements or availability':

34 delayed days	Cheshire East patients in East Cheshire NHS Trust
87 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6.9 For delays attributable to social care in August, the reason of 'awaiting care package in their own home':

89 delayed days	Cheshire East patients in East Cheshire NHS Trust
29 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6 Access to Information

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

Name: Emma Leigh

Designation: Better Care Fund Manager

Tel No: Via email please.

Email: emma.leigh@cheshireeast.gov.uk

This page is intentionally left blank

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	The Power of Place – Workshop Feedback
Date of meeting:	24.10.2017
Written by:	Fiona Reynolds
Contact details:	Fiona.Reynolds2@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Fiona Reynolds

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	This paper provides a summary of the discussion that was held at the informal meeting of the Health and Wellbeing Board on the 27 th June 2017. It identifies the direction of travel for the Board .		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment. Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board. Strengthen links with sub-regional working via expanded membership to include the Cheshire East Council Executive Director of Place. Revisit the Stakeholder mapping to identify actions taking place across the Borough. Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).		
	No		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The intention is that the Board will strengthen its effectiveness in improving health and wellbeing across Cheshire East through taking a place-based approach.

1 Report Summary

- 1.1 The Local Government Association (LGA) review the progress of Health and Wellbeing Boards (HWBBs) on an annual basis.
- 1.2 The key finding from the 2017 report “*The Power of Place*” is that HWBBs undertake an annual self-assessment review to examine the progress that they have made; and that this should focus on: place (i.e. linking wider determinants and health improvement); leadership; collaborative working and making the geography work.
- 1.3 This workshop was held at the June informal meeting of the Board and this report presents the results of the discussions.

2 Recommendations

- 2.1 Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.
- 2.2 Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.
- 2.3 Strengthen links with subregional working via expanded membership to include the Cheshire East Council Executive Director of Place.
- 2.4 Revisit the Stakeholder mapping to identify actions taking place across the Borough.
- 2.5 Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).

3 Reasons for Recommendations

- 3.1 These recommendations were made during the workshop – identified and endorsed by members. These actions will strengthen the effectiveness of the Health and Wellbeing Board and reframing action in terms of Place/Geography will support improvements in health and wellbeing in the Borough.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 As stated, the workshop will inform the refresh of the Health and Wellbeing Strategy.

5 Background

5.1 *Committed Leadership: “We’re committed but what are we actually leading?”*

The members of the Board all highlighted a commitment to the Board – attendance is regular and sustained – but a question was raised about how the commitment has translated into action: **“We’re all in it – have we used the HWBB as well as we could?”** This point was expanded to highlight strategic and process concerns.

5.1.1 Strategic: **“Do we have a shared vision? Have we identified what is a win for the system?”** This lack of clarity is affecting the processes of the Board.

5.1.2 Processes: Once items have been discussed, the Board has been poor at following up issues. Some of this is linked to uncertainty that the Board is focusing on the right issues and whether there are too many priorities being raised. The remit can be too broad and with twelve hours of formal meeting time, and ten hours of informal development time, what can realistically be achieved by the Board?

5.1.3 There was a strong view that the Board is a passive entity rather than a strategic force – it receives reports rather than directing action.

5.1.4 Next Steps:

- **Reduced and focused number of priorities to be captured in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.**
- **Place Directorate to be engaged in drafting of Strategy.**
- **Partners to ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.**

5.2. *Collaborative Working – “Competing regulatory requirements (i.e. NHS and Local Government) prevents the Board being a driver.”*

Board members have good relationships, on an individual level rather than at an organisational level as a results of regulatory and/or legislative constraints. There was also a sense that the Board is **“joining the dots, but not as well as we could be.”** Examples highlighted were the need to connect with subregional work such as the Public Services Transformation Board.

5.2.1 Regulatory requirements and their corresponding architecture were also viewed as unhelpful – e.g. annual planning cycles. However, the Health and Wellbeing Strategy is a five year document.

5.2.2 Bringing more members on board – to expand the focus from health and social care and enable a more place based and wellbeing approach was viewed as a helpful measure. For

example, there had been a missed opportunity in shaping the Cheshire Fire and Rescue Service's Safe and Well Checks because of the previously limited membership.

5.2.3 Expanded membership will also strengthen the skills, knowledge and insight available to the Board.

5.2.4 Next steps:

- **Strengthen links with subregional working via expanded membership to include the Cheshire East Council Executive Director of Place.**

5.3 *A Geography that Works* – “Connection should happen here. We're joint but we're not joined up.”

There was a strong acknowledgement that while the geography may not be “**neat and tidy**” (“it's not coterminous for all members”), “**there are levers**” within other Boards/Partnerships and linked geographies, e.g. the Local Enterprise Partnership and the Subregion. The key driver for the Board is that we are “**working in the interests of a single population.**”

5.3.1 A key issue highlighted was the difficulty for the Board to connect to all of the groups/partnerships/networks operating the Borough and that it is difficult for the Board members to know everything that is happening. However, it was felt that the Board has **the** role in setting the direction of travel and that this should be through the Health and Wellbeing Strategy i.e. establish the principles.

5.3.2 There was a sense that organisational/regulatory boundaries hinder the operation of the Board (continuing the theme of the previous discussion); but that members should speak with one voice and “**leave their organisational hat at the door**”. The risk of operating as spate organisations was highlighted again but it was also highlighted that we do have a history of collaborating on wider footprints, i.e. Pioneer so coterminosity is not a barrier to collaboration.

5.3.4 Next Steps:

- **Revisit the Stakeholder mapping to identify actions taking place across the Borough.**
- As stated earlier:**
- **Reduced and focused number of priorities to be captured in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.**
 - **Partners to ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.**

5.4 *A Focus on Place* “There have been limited discussions to date and they have been disjointed.”

The discussions highlighted that the Board members viewed framing the Board's action around Place would create greater opportunities to improve health and, particularly, wellbeing, for people living in the Borough: **“Quality of Place is a key tool for expanding health and wellbeing opportunities – the areas are intrinsically linked.”**

- 5.4.1 There was a view that many people would not view themselves as Cheshire East residents – the identities of individual places (i.e. Congleton, Crewe, Nantwich, Macclesfield etc) offer much stronger geographical connections. There is also a great deal of local action taking place in specific places, as highlighted in the previous discussion.
- 5.4.2 The value of focusing on Place has not been clearly articulated through the business of the Board. The Local Plan work has not been built upon and the Health and Wellbeing Strategy refresh creates the opportunity to do so. This also directs the work to address inequalities in specific areas, such as Crewe and Macclesfield; and address wider determinant issues that are affecting, shaping and influencing health and wellbeing – i.e. housing.

Next Steps:

- **Broaden the membership to include experts on the Place agenda (e.g. Executive Director of Place).**
- **Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).**

6 Access to Information

6.1 LGA: *The Power of Place* (2017)

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

Name: Fiona Reynolds
Designation: Director of Public Health
Tel No: 07773048172
Email: Fiona.Reynolds2@cheshireeast.gov.uk

This page is intentionally left blank

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	CQC Local System Reviews
Date of meeting:	28 th November 2017
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Mark Palethorpe

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To raise the awareness of the Board of the Review process as the Board will be accountable for any recommendations that come out of a Review should it take place in Cheshire East.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To note the report and support the work being undertaken to prepare for a review.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	No		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Not applicable
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Not applicable

1 Report Summary

- 1.1 The report outlines the newly introduced CQC Local System Reviews.

2 Recommendations

- 2.1 That the Board note the report and support the plans being developed to prepare for a Review

3 Reasons for Recommendations

- 3.1 To ensure that the Cheshire East health and care system is able to demonstrate the improvements it has made and the plans in place to ensure a transformed and sustainable system for the future.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 None specifically.

5 Background and Options

- 5.1 The Care Quality Commission are reviewing health and social care systems in 20 local areas to find out how services are working together to care for people aged 65 and older. The Secretaries of State for Health and for Communities and Local Government commissioned the CQC to carry out a series of targeted reviews of local health and social care systems. These reviews, exercised under the Secretaries of State's Section 48 powers, will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources. They will focus on how services meet people's needs and how care providers work together. For example:

- Are older people supported to stay well and to continue to live in their home?
- What happens when someone needs more care, for example, they need to go to hospital?
- Are they supported either to return home safely, or to move somewhere new that meets their needs?

An example of pre-Review questionnaire is attached as Appendix One.

5.2 The reviews ask how well people move through the health and social care system, and what improvements could be made. They include services such as:

- NHS hospitals
- NHS community services
- Ambulance services
- GP practices
- Care homes
- Residential care services

5.3 To carry out this work, in each area the CQC will:

- Listen to older people who use services, their families, carers and communities;
- Listen to people who commission and provide health and social care for older people;
- Analyse data about the quality of care services and outcomes for people.

5.4 This methodology in co-production with:

- Individuals and groups representing people who use services;
- representatives of care providers and commissioners;
- Partners, including NHS England, NHS Improvement and the Local Government Association.

5.5 The first 12 reviews are underway and will complete these by early 2018:

- Birmingham
- Bracknell Forest
- Coventry
- East Sussex
- Halton
- Hartlepool
- Manchester
- Oxfordshire
- Plymouth
- Stoke
- Trafford
- York

The results from the Halton and Bracknell Forest reviews are now published. Eight more area reviews will be conducted but these areas have not yet been identified.

5.6 Each local area review will highlight:

- What is working well;
- Where there are opportunities for improving how the system works for people using services.

The CQC will report to the local authority area's health and wellbeing board and publish the findings on its website.

- 5.7 The Cheshire East Council and health partners have started to prepare plans in case a review into the Cheshire East Health and Care system is announced. The Health and Wellbeing Board will be kept advised as they are developed.

6 Access to Information

- 6.1 CQC Website <http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

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

Name: Guy Kilminster

Designation: Corporate Manager Health Improvement

Tel No: 01270 686560

Email: guy.kilminster@cheshireeast.gov.uk



CQC Local System Reviews

Local System Overview

Information Request

Introduction

Following the budget announcement of additional funding for adult social care, CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focused on the interface of health and social care.

The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review will not include Mental Health Services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

The purpose of the reviews is to provide a bespoke response to support those areas facing the greatest challenges to secure improvement.

Our intention is that these reviews will provide a useful reflection for each of the local areas highlighting what is working well and where there are opportunities for improving how the system works for people using services.

Once we have completed all of the reviews, we will also be producing a national report of our findings, which will identify key themes and recommendations.

As outlined in the letter to the Chief Executive of Halton Borough Council of 10 July 2017, your area has been selected for a local system review, commencing on 21 August 2017.

Local System Overview Information Request

In preparation for your review we are asking for a representative in your area to complete this Local System Overview Information Request. It contains 15 questions and provides an opportunity for you to introduce your area to us, and tell us in your own words how Halton works as a system for older people moving between health and social care.

The aim is to help us understand:

- How health and social care is organised across your local authority area
- What you are trying to achieve as an integrated system and the impact this is having for people who use services
- The challenges and constraints you face

Accompanying the information request is a 'System Contact Form' document (see question 1 for details). This will need to be completed and returned ahead of the main document.

How the information will be used

The Local System Overview Information Request is a vital part of the review process. The information you provide will help the review team understand your local system, inform the planning and delivery of review activities, and help the team develop the findings of the review.

The Local System Overview Information Request will also be shared with the analytical team and will be used to inform the national report of our key findings and recommendations, which will be published after all of the reviews are completed.

The information you provide in response to this request will be treated in accordance with CQC's information governance policy. As a public body we are obliged to consider requests for disclosure of information under the Freedom for Information Act 2000. In the event of a request for any information you have provided we will consult with you before deciding whether to release or withhold the information.

Who should complete the Local System Overview Information Request?

We expect an individual to hold the responsibility for completing the Local System Overview Information Request on behalf of your area. It is up to each area to decide who takes on responsibility for this, but we recommend that it is a person with strong contacts across health and social care, as the questions will need to be answered from a whole-system perspective. You may wish to use your Health and Wellbeing Board as a forum for completing and/or signing off the document, however this is not mandatory.

How to complete the Local System Overview Information Request

We have a very limited timeframe to review submitted information before we visit your area. We want to ensure that we are able to make the best use of all the information you provide. To help us do this we ask that you follow these guiding principles when answering the questions:

- **Answer concisely** and within the question word limit. Prioritise the reporting of exceptions- what is going particularly well/ less well. We welcome the use of diagrams and charts where appropriate.
- **Answer candidly**; reflecting openly on the challenges you face as a system, as well as your successes. The review is intended to provide a useful reflection for your area highlighting what is working well, and where there are opportunities for improvement and this can only happen if your responses are accurate, honest and transparent.

- **Answer specifically;** directly address each question and avoid copying large chunks of more general text from existing documents. If you refer to supporting documents or data in your answer, include a page or tab reference and attach the document/file. We can only review attached documents/files where it is clearly explained how they address the question and where there is a page/tab reference.
- Be mindful of the scope of the local system review programme, described at the beginning of this introduction.

Deadline for completion

The Local System Overview Information Request is vital to our planning for your review. We therefore ask that you please send your completed document to health&socialcarereviews@cqc.org.uk no later than **Tuesday 8 August 2017**.

Please note that the accompanying 'System Contacts Form' document should be completed and returned ahead of the main document by **Friday 21 July**. See question 1 for more detail.

Further information

If you have any questions about completing the Local System Overview Information Request or would like further information about the local system reviews programme, please email health&socialcarereviews@cqc.org.uk and a member of the team will get back to you.

Thank you for your support in completing the Local System Overview – we look forward to working with you and colleagues in your area over the coming weeks.

Lead contact details

Please provide the contact details of the lead person completing the Local System Overview Information Return.

Name:

Role:

Organisation:

Email:

Telephone:

Section 1: Background to your local system

1. In the accompanying document (System Contacts Form) please identify the key organisations and the system leaders within them that drive the commissioning, planning and delivery of services for older people at the interfaces of health and social care.

Please note the System Contacts Form needs to be completed and returned ahead of this main document, by Friday 21 July.

2. How are health and social care services organised to serve the population within your local authority area, in particular for people aged 65 and over? [max 500 words]

[Tip: This is an opportunity to articulate what the health and social care system(s) looks like in your local authority area. We recognise that there may be more than one system operating across your local authority boundary]

[Tip: You may wish to use a diagram or chart here to illustrate how your health and social care system(s) are organised]

3. What key partnership, commissioning and governance arrangements are in place across the system(s) to support the planning and delivery of joined up care for older people at the interfaces of health and social care? [max 500 words]

[For example, Better Care Fund plan; Local A&E Delivery Board; integrated care programme work streams; joint or aligned commissioning and provider arrangements]

4. What is the history of NHS and local government collaboration in your local authority area? [max 500 words]

[Tip: To what extent is there a track record of partners working together at the system level in your area? What are your successes and where have you historically faced difficulties in collaborating?]

5. How effective are local relationships in delivering integrated health and social care for people in your area*? [max 500 words]

[Tip: Please add any comments that would give further information to how different parts of the system work together to deliver health and social care to older people in your geographical area, focussing on quality of relationships in the system.]

* Please note we will ask system contacts (question 1) to complete a short anonymised survey that will form part of an audit on system relationships.

- 6. What significant pressures and challenges are you currently facing as a system(s) that impact on the delivery of joined up care for older people? [max 500 words]**

[For example, financial; health and care workforce; provider market. Please provide any data or financial detail in support of your answer.]

[Tip: Are there any contextual factors that are specific to your area e.g. geography]

- 7. How have you managed changes to your system spend for older people and/or changes in demand for services since 2010/11 [max 500 words]**

[Tip: Describe how your system spend for older people has changed since 2010/11. This information may be collected by your STP or you may wish to draw on your Better Care Fund detail. Please provide data or financial detail in support of your answer.]

Section 2: People who use services, their families and carers

8. How does your system(s) engage with older people their families and carers in how it designs, commissions and delivers services at the interface of health and social care? [max 500 words]

[For example, co-production; consultation; service user and carer representation]

[Tip: Describe any gaps in your engagement activities and explain how engagement is evaluated]

9. How are you assured that older people are currently experiencing person-centred, coordinated and appropriate care as they move across different parts of the health and social care system(s)? [max 500 words]

[Tip: What feedback mechanisms are in place and how do you use this feedback to improve service user experience?]

[Tip: Describe where there are areas for improvement]

Section 3: Market shaping

- 10. How are you collectively working as a system(s) to shape a high quality, diverse and sustainable health and care provider market that will enable older people to get the right care, in the right place, and at the right time? [max 600 words]**

[For example, collaborative working around provider fees; measures to avoid competition amongst commissioning bodies; adopting a consistent approach to quality assurance]

How do partners work together to ensure capacity is available to meet demand?

[Tip: What systems are in place to predict demand and how can existing capacity be flexed to meet spikes in demand?]

- 11. What is your approach to system-wide workforce planning to make sure you have the workforce you need so that older people receive the right care, in the right place at the right time? [max 500 words]**

[For example, system-wide workforce analysis; succession planning; working with local education providers]

What progress have you made against these plans?

Section 4: Integrated service delivery

- 12. How does your system(s) enable person-centred, coordinated local service delivery that supports the safe and smooth movement of older people through the health and social care system? [max 1000 words]**

[Tip: beneath each heading, provide examples of innovative/good practice, evidence of success and impact, and describe gaps and challenges]

Offering alternatives to/avoiding older people entering acute hospital care as a result of a changing need or crisis

Ensuring smooth discharge planning and access to ongoing health and social care for older people

Ensuring older people in reablement reach their maximum goals/ have a timely return to their normal place of residence or a new place of residence that meets their needs

Section 5: Monitoring performance and progress

- 13. What is the vision and strategic aims for the next five years to improve quality and outcomes for older people at the interface of health and social care? [max 500 words]**

[Tip: This question is asking you to think beyond the day-to-day operational plans and to outline the bigger strategic shifts and new care models planned for your area]

What practical arrangements are in place to deliver this?

How do you assure yourselves that you have the capacity and resilience to achieve this?

- 14. Do you have a strategy for person-centred, coordinated care and support that all partners are signed up to? [max 1500 words]**

[Tip: Please provide an overview to this strategy and attach any relevant strategic framework(s) referenced in this answer]

What operational planning framework(s) do you use that converts the strategic framework into deliverable and measurable objectives?

What shared measures are in place to monitor performance against these plans?

[Tip: Please tell us about any shared Key Performance Indicators (KPIs) that system partners have agreed. For example, KPIs from Urgent and Emergency Care plans and Better Care Fund plans.]

How are you currently performing against these plans? [Please provide a recent KPI performance report as an attachment]

15. What strategic and operational plans are in place to facilitate information sharing across the health and social care system(s)? [max 500 words]

What progress have you made against these plans?