



Eastern Cheshire
Clinical Commissioning Group



South Cheshire
Clinical Commissioning Group

Cheshire East Health and Wellbeing Board

Agenda

Date:	Tuesday, 25th September, 2018
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 - 8)

To approve the minutes of the meeting held on 24 July 2018.

Contact: Paul Mountford, Executive Democratic Services Officer
Tel: 01270 686472
E-Mail: paul.mountford@cheshireeast.gov.uk

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

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules 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. **Report on the Public Consultation on the Redesign of Adults and Older People's Specialist Mental Health Services (AOPSMHS)** (Pages 9 - 12)

To receive the report on the public consultation on the redesign of Adults and Older People's Specialist Mental Health Services.

6. **Domestic Abuse - Responding to Complexity** (Pages 13 - 18)

To consider a range of actions to address domestic abuse.

7. **BCF and iBCF 2018/19 Q1 Report** (Pages 19 - 26)

To consider a summary of the key points arising from the 2018/19 Quarter 1 Better Care Fund and Improved Better Care Fund return, and to consider next steps to improve performance within the Cheshire East Health and Social Care system.

8. **Family Focus Programme (National Troubled Families Programme)** (Pages 27 - 34)

To consider a report which seeks to ensure that all partners are fully aware of the Family Focus Programme, and that they commit to service delivery.

9. **Cheshire East Partnership Transformation Update**

To receive a verbal update (Clare Watson).

THERE ARE NO PART 2 ITEMS

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 24th July, 2018 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT**Voting Members**

Councillor Rachel Bailey, Cheshire East Council (Chairman)
Councillor Janet Clowes, Cheshire East Council
Councillor Jos Saunders, Cheshire East Council
Linda Couchman, Cheshire East Council
Mark Palethorpe, Cheshire East Council
Fleur Blakeman, Eastern Cheshire CCG
Dr Daniel Harle, Eastern Cheshire CCG
Phil Meakin, South Cheshire CCG
Louise Barry, Healthwatch
Tracy Bullock, NHS Independent Representative

Non-Voting Members

Kath O'Dwyer, Cheshire East Council
Fiona Reynolds, Cheshire East Council
Caroline Whitney, CVS

Observer

Councillor Sam Corcoran, Cheshire East Council

Cheshire East Officers/Others in Attendance

Guy Kilminster, Cheshire East Council
Rachel Graves, Cheshire East Council
Brendan Flanagan, Cheshire East Council (for minute 5)
Bernadette Bailey, NHS Eastern CCG (for minute 6)
Ian Donegani, Cheshire East Council (for minute 8)
Dr Matt Tyrer, Cheshire East Council (for minute 9)
Councillor Paul Bates (for minute 4)
Councillor Rhoda Bailey (for minute 4)
Councillor Stewart Gardner

1 APOLOGIES FOR ABSENCE

Apologies were received from Dr Andrew Wilson (South Cheshire CCG), Jerry Hawker (Eastern Cheshire CCG), Clare Watson (South Cheshire CCG), Chief Inspector Alan Fairclough (Cheshire Police), Mike Larking (Cheshire Fire and Rescue Service) and Councillor Liz Wardlaw (Cheshire East Council).

2 DECLARATIONS OF INTEREST

No declarations of interest were made.

3 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 29 May 2018 be approved as a correct record.

4 PUBLIC SPEAKING TIME/OPEN SESSION

Mr Richard Walton presented a petition opposing the current reduction in services at Congleton War Memorial Hospital and asked questions on staffing issues at Macclesfield Hospital which were affecting the Minor Injuries Unit at Congleton War Memorial Hospital. The Chairman received the petition and stated that a written response to the questions would be provided.

A statement from Councillor George Hayes was readout which raised concerns on the future of Congleton War Memorial Hospital.

Councillor Paul Bates spoke in relation to Congleton War Memorial Hospital and stated that it was the best place to provide care for the people of Congleton and asked the NHS Trust to provide services at the Hospital in accordance with their Mission Statement.

A statement from Councillor David Brown was read out which supported the services provided by Congleton War Memorial Hospital, which were of great benefit and value to the residents of Congleton.

Councillor Rhoda Bailey spoke in support of keeping open Congleton War Memorial Hospital as it provided local services for the residents of Congleton and surrounding areas so they did not have travel to Macclesfield.

Congleton Town Councillor Suzanne Akers Smith spoke in support of Congleton War Memorial Hospital and on the well-used services provided there and that having to travel to Macclesfield would cost time and money and asked that the Hospital be kept open.

5 A GREEN INFRASTRUCTURE PLAN FOR CHESHIRE EAST

The Board considered a report on how the Council intended to develop and deliver a Green Infrastructure Plan for the Borough as part of its policy development on the Environment.

Green infrastructure related to multi-functional spaces, both urban and rural, which were capable of delivering a wide range of environmental and

quality of life benefits for local communities. A Green Infrastructure Plan would also link to existing Council plans and strategies, particularly in the context of economic strategy, Health and Wellbeing and Regeneration Plans.

Board members were pleased to see a link between green infrastructure and health. It was suggested that a monetary value be put on green infrastructure that was lost/gained during the planning process.

RESOLVED:

That the report be received.

6 CHESHIRE EAST WELLBEING NETWORK

The Board received a presentation and report on the establishment of the Wellbeing Network, its work to date and plans for 2018/19.

The Cheshire East Wellbeing Network had been established in November 2017, with the purpose of working collaboratively through connecting and sharing current initiatives and developing joint campaigns to help improve wellbeing.

The Wellbeing Network had selected four campaigns to be involved with for 2018/19:

- Mental Health Week 14-20 May 2018
- Know your Numbers 10-16 September 2018
- Stay Well This Winter
- Dry January

Appendix 3 to the report detailed the events held for Mental Health Week in May and an evaluation of the collaborative approach to the campaign.

RESOLVED: That the Board

- 1 note and acknowledge the value of the collaborative approach to wellbeing campaigns across Cheshire East; and
- 2 continue to support the future campaigns with resources, including staff, venues, communications and materials where relevant, from partner organisations.

7 HEALTHWATCH CHESHIRE EAST ANNUAL REPORT

The Board received a presentation on the Annual Report 2017/18 for Healthwatch Cheshire East.

Healthwatch Cheshire East had been jointly commissioned by Cheshire East Council and Cheshire West and Chester Council to deliver

Healthwatch services and also to deliver the Independent NHS Complaints Advocacy Service across Cheshire.

The Annual Report detailed the work undertaken during 2017/18, which included visiting 165 local services and health and wellbeing events, undertaking regular A&E Watch activities, conducting 42 Enter and View visits and involvement in a number of projects on issues raised by residents in Cheshire East.

RESOLVED:

That the Healthwatch Cheshire East Annual Report 2017/18 be received.

8 SEND IMPROVEMENT PLAN

The Board considered the Written Statement of Action for Special Educational Needs and/or Disabilities (SEND).

The Written Statement had been produced by 0-25 SEND Partnership in response to outcomes of the Ofsted inspection in March 2018. Six work streams had been created, with each having a specific, dedicated focus on the priority areas for SEND. An Action Plan had been developed by all partners to address the findings of the review and the work already underway, which would be monitored and scrutinised by the 0-25 SEND Partnership Board. The Health and Wellbeing Board would, however, have an oversight role from a whole system perspective and would receive quarterly updates.

A final review of progress dates and RAG ratings would be carried out prior to submission to Ofsted by 15 August 2018.

RESOLVED:

That the Written Statement of Action for Special Educational Needs and/or Disabilities (SEND) be approved for submission, subject to any final review of progress dates and RAG ratings.

9 CHESHIRE EAST COUNCIL INFLUENZA REPORT 2017-2018

The Board considered the Annual Influenza Report 2017/18.

The report set out the actions taken during the influenza season, the impact on health and wellbeing strategy priorities, actions taken by Cheshire East Council to increase flu vaccine uptake by staff and across the wider health economy, and made recommendations for the 2018/19 influenza season.

RESOLVED: That

- 1 a Bid for funding from NHS England be made for influenza communications ahead of the 2018/19 influenza season so that the scope and range of television adverts, radio adverts and social media communications can be increased;
- 2 the vaccination programmes be repeated and extended, with influenza vaccination clinics and voucher schemes, and support for managers to encourage front line staff within their teams to access flu vaccinations, either through clinics or the voucher scheme. Funding would be required to ensure that the vaccines were provided at no cost to eligible staff; and
- 3 undertake broader health and hygiene work throughout the organisation linking in with work plans around winter wellness to emphasise measure such as hand hygiene, but also evaluate the investment in measures to improve hygiene and reduce the spread of minor illnesses.

10 CHESHIRE CLINICAL COMMISSIONING GROUPS AND A CHESHIRE EAST PARTNERSHIP TRANSFORMATION UPDATE

The Board considered an update on the proposals to merge the four Cheshire Clinical Commissioning Groups (CCGs) into a single strategic commissioner.

It was reported that all the Governing Bodies for the four CCGs had met and agreed the five recommendations to create a single Cheshire CCG from 1 April 2020.

The next stage was to take the proposals to the membership bodies of each CCG for discussion, with the outcomes of these discussions being taken back to each Governing Body.

The Board welcomed the inclusion of the local authorities in the process of establishing the Executive Team and it was noted that CVS should also be considered for inclusion in this.

RESOLVED:

That the update report be noted.

The meeting commenced at 2.03 pm and concluded at 4.00 pm

Councillor Rachel Bailey (Chairman)

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CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Report on the Public Consultation on the Redesign of Adults and Older People's Specialist Mental Health Services (AOPSMHS)
Date of meeting:	25 th September 2018
Written by:	Jacki Wilkes
Contact details:	jackiwilkes@nhs.net
Health & Wellbeing Board Lead:	CCG Chairs

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?	<ul style="list-style-type: none"> provide an opportunity for health and social care partners to receive the report on the public consultation on AOPSMHS redesign receive a summary on the plans and timelines for the development of the decision making business case (DCMB) provide assurance to the Board that the duty to consult on a Substantial development or variation (SDV) has been followed in line with CCG statutory duties 		
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 checked="" 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 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.	The Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> note the findings from the public consultation note the feedback following conscientious consideration from commissioners confirm that due process has been followed and Gunning Principles upheld 		

<p>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</p>	<p>A workshop was held on 15th August where representatives from South, Eastern Cheshire and Vale Royal CCGs came together to receive the report on findings and determine what additional work was then required.</p> <p>The report will be considered at the following meetings:</p> <table border="1" data-bbox="443 349 1490 898"> <tr> <td>Wednesday 26 September</td><td>NHS Eastern Cheshire CCG Governing Body</td></tr> <tr> <td>Thursday 27 September</td><td>Cheshire East Council Health, Adult Social Care and Communities Overview and Scrutiny Committee</td></tr> <tr> <td>Friday 28 September</td><td>Cheshire CCGs' Joint Commissioning Committee</td></tr> <tr> <td>Thursday – 04 October</td><td>NHS South Cheshire CCG & NHS Vale Royal CCG Governing Bodies' meeting</td></tr> <tr> <td>Monday 15 October</td><td>Cheshire West & Chester Council People's Scrutiny Meeting</td></tr> </table>	Wednesday 26 September	NHS Eastern Cheshire CCG Governing Body	Thursday 27 September	Cheshire East Council Health, Adult Social Care and Communities Overview and Scrutiny Committee	Friday 28 September	Cheshire CCGs' Joint Commissioning Committee	Thursday – 04 October	NHS South Cheshire CCG & NHS Vale Royal CCG Governing Bodies' meeting	Monday 15 October	Cheshire West & Chester Council People's Scrutiny Meeting
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<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<p>Yes. There has been a full 12 week formal consultation on proposals to redesign AOPSMHS. The findings from this consultation have been given conscientious consideration and will shape the decision making business case due for completion in November 2018</p>										
<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<p>Whilst no decision has yet been made, the redesign proposals describe a new model of care which will deliver improved outcomes for people with specialist mental health needs through improved access to early intervention and prevention care, greater choice in crisis and support to stay at home</p>										

1 Report Summary

- 1.1 This report and appendices which can be found [here](#) describes the process followed and findings from the public consultation on Adults and Older Peoples Specialist Mental Health for the population of Eastern Cheshire, South Cheshire and Vale Royal CCGs.
- 1.2 The process followed an open and transparent process, overseen by consultation and legal experts, aimed at ensuring as many people as possible were encouraged and enabled to comment on proposals and 'have their say'
- 1.3 The report shows that overall, option 2 is the preferred option with 'improving outcomes for people with specialist mental health needs', being the most important priority, followed by access to crisis services and able to visit easily people in hospital, easily

- 1.4 Commissioners have given conscientious consideration to the findings and have determined the work programme required to develop the decision making business case (DMBC) expected in November this year where it will be considered by all three CCGs during a 'Committees in Common' meeting

2 Recommendations

- 2.1 note the findings from the public consultation
- 2.2 note the feedback following conscientious consideration from commissioners
- 2.3 confirm that due process has been followed and the Gunning Principles upheld

3 Reasons for Recommendations

- 3.1 brief members on the main findings from the public consultation
- 3.2 outline the next steps and give the board a further opportunity to comment
- 3.3 provide assurance that the correct process has been followed

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The redesign proposals relate to Outcome two: 'Improving the mental health and wellbeing of people living and working in Cheshire East' and Outcome three: "Enable more people to Live well for Longer" of the Joint Health and Wellbeing Strategy 2018 – 2021 by supporting more emphasis on early intervention and prevention as part of a new model of integrated care. In addition proposals are for a wider range of services for those patients in, or at risk of, mental health crisis, looking at alternatives to hospital settings and tailoring care to individual needs

5 Background and Options

- 5.1 A pre consultation business case was developed by South, Eastern Cheshire and Vale Royal CCGs in partnership with CWP for the redesign of AOPSMHS. This was signed off by governing bodies, strategic partners and NHSE in April 2018 and permission given to proceed to public consultation. The process has been overseen by both legal and consultation experts and this oversight will continue through to completion of the DMBC.
- 5.2 The public consultation ran from 6th March to 29th May 2018 and took three options forward to the population for consideration. Externally facilitated by Midlands and Lancashire Commissioning Support Unit, the consultation partners issued 10,000 copies of the consultation document and questionnaire, held seven public meetings, attended 26 additional meetings and used a variety of media channels to publicise the consultation and encourage people to 'have their say'.
- 5.3 It was stated unequivocally during pre-consultation engagement, within consultation literature and throughout the consultation period at public engagement events that no decision has been made and invited members of the public to comment on proposals and suggest alternative ideas to address the challenges described in the case for change.
- 5.4 In addition to the consultation document supporting information was made available to those requiring more detail about the process followed, all eight initial options considered,

needs analysis work force plans and travel analysis . The approach taken to ensure as many people as possible had a chance to contribute to the consultation process is outlined in the communications and engagement plan

- 5.5 The findings of the public consultation shows that option two has the highest number of strongly agree/agree responses, it was also the option that was considered most likely to deliver on the top two outcomes people said were important:
- Improving outcomes for people with mental ill health
 - 24 hour access to crisis services
- 5.6 It is however important to note that the 3rd most important outcome was 'being able to visit hospital easily' and this was not considered possible under option two or three for some people, but could be achieved for many with option one.
- 5.7 On 15th August representatives from the three Governing Bodies met to receive and discuss the independent analysis of the public consultation and give 'conscientious consideration to the consultation findings.
- 5.8 Taking account of the information within the pre consultation business case alongside the findings from the public consultation, commissioners fed back on what additional work is required to support the development of the Decision Making Business Case which they will consider at a Committee's in Common meeting later in November 2018
- 5.9 The project group will now undertake further work in relation to:
- re visiting activity data to reconfirm the impact of a new model of care on admissions to hospital length of stay and clinical outcomes
 - further understanding the impact of options 2 & 3 on travel time for visitors and develop robust proposals for supporting people to stay in touch
 - re-examine the potential to utilise existing CWP estate to accommodate more inpatient activity within the local foot print
 - revisit the workforce model and recruitment and retention plans to provide assurance that proposals are achievable
 - explore with health and social care partners the unintended consequences of each of the options and develop mitigation plans where required
 - review financial profiles against each of the options and provide more detail in relation to both capital and revenue investment

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by following the link contained above or by contacting the report writer:

Name: Jacki Wilkes

Designation: Associate Director of Commissioning

Tel No: 01625 663473

Email: jackiwilkes@nhs.net

Title of Report:	Domestic Abuse – Responding to Complexity
Date of meeting:	25 th September 2018
Written by:	Judith Gibson and Saskia Ritchie
Contact details:	Judith.gibson@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?	Domestic abuse affects the achievement of all HWBB priorities and improving multi-agency responses to complexity in particular is a concern to all organisations represented on 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 type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		

<p>Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.</p>	<ol style="list-style-type: none"> 1. Consider ways in which the HWBB can engage with the 'Open the Door' campaign enabling communities to be proactive in earlier intervention 2. Consider how the HWBB can work together with other strategic Boards (LSCB, LSAB, CEDSAP) to embed a collective responsibility for identifying and working more proactively to engage with those individuals who face the most complex barriers to engaging in our local community. 3. Consider how the HWBB can effectively engage survivors of domestic abuse in the co-design and delivery of services for those on the edges of our community. E.g. Survivors want more flexible and informal peer support around mental health issues to be available in the community, and easier access to mental health support for their children. 4. Consider how the HWBB can support improved crisis responses of mental health services to those whose needs cross multiple issues and are long term/complex. 5. Consider how the influence and resources of the HWBB can promote, celebrate and sustain this work
<p>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</p>	<p>The report has been considered at all stages of Cheshire East Council People Directorate Managerial Structure</p> <p>This report arises from the work of Cheshire East Domestic and Sexual Abuse Partnership Board which is accountable to Safer Cheshire East Partnership and works collaboratively with the sub regional DA Strategic Board.</p> <p>The specific intervention which is detailed in this report is part of a sub regional project, funding for which was spearheaded by Ali Stathers-Tracey (former Complex Dependency lead and now CE Director of Transformation).</p>
<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<p>CEDSAP's work and priorities stem from ongoing dialogue, consultation and co-production with services users.</p> <p>Over 300 survivors of domestic abuse have been involved in the co-design, development and delivery of local domestic abuse services in Cheshire East through a broad range of engagement activities. There are currently 33 survivors actively engaged in specific areas of consultation and delivery and 17 people with specific interest and involvement in the development of complex needs work.</p>

<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<ol style="list-style-type: none"> 1. Domestic abuse and its impact on individuals, families and communities will be identified and addressed earlier, reducing harm and the cost of addressing that damage throughout people's lives 2. Those who are supported will be empowered to live happier, healthier and more independent lives, and will develop greater resilience to cope with future challenges. 3. Reducing isolation and loneliness is a key factor in enabling recovery and empowering survivors with complex barriers to engagement and multiple vulnerabilities to become more active and involved in the local community.
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1 Report Summary

- 1.1 Cheshire East has a comprehensive strategy for addressing domestic abuse <https://www.cheshireeast.gov.uk/livewell/staying-safe/domestic-abuse-and-sexual-violence/cheshire-east-domestic-abuse-and-sexual-violence-partnership.aspx>
- 1.2 The Strategy's 5 key work streams and action plan reflect and contribute to the HWBB's achievement of its own strategy and priorities
- 1.3 Improved community awareness and easier access to support has resulted in a reduction in high risk cases and effective earlier intervention for a greater number of families. A forthcoming community campaign (www.openthedoorcheshire.org.uk) has the potential to reach more families, and those who are concerned about them, at an even earlier stage
- 1.4 At the same time we note an increased number of people with highly complex lives. Addressing complexity earlier and better together is a strategy objective
- 1.5 A successful sub regional bid has enabled a local service, Cheshire Without Abuse (CWA), to scale up their existing work to address complexity, to share good practice across Cheshire and to learn from others' approaches
- 1.6 Individuals who are affected by multiple and complex vulnerabilities have the poorest life outcomes and offer the most significant financial and practical challenges to Health and Social Care provision. Across the sub-region these challenges are particularly apparent in those individuals whose problems are exacerbated or caused by domestic abuse. When additional issues of substance misuse, chaotic lifestyle and unstable mental illness co-present, people are left in vulnerable housing need, without intervention and having engaged and/or disengaged with multiple services
- 1.7 The sub-regional Complex Needs Accommodation was developed in recognition of the challenges faced by existing services in providing appropriate emergency domestic abuse accommodation to the survivors with the most significant vulnerabilities. In Cheshire East the services provided by CWA had developed expertise in supporting people with a range of needs and the provision of flexible, dispersed accommodation lent itself to supporting more people who were facing barriers to engagement. The additional funding from the DCLG enabled this work to be further developed and to offer the intensive support to a larger cohort as well as offering all four local authorities to innovate and share learning

- 1.8 We are currently in the second year of the two-year funding and there are some critical insights to consider:
- 1.8.1 To be effective, this work has to be responsive and flexible, meeting people where they are, understanding their immediate needs and future goals
 - 1.8.2 The chaotic lives of our target individuals are changeable day by day and they may experience crisis multiple times within a short period of time, the capacity to respond 24/7 needs to be available
 - 1.8.3 100% of the people we have supported have significant and unstable mental health issues. Only 20% have any current mental health engagement, missing appointments and lack of engagement often leading to discharge
 - 1.8.4 Relationship building is critical – agency mistrust, life experience and alienation mean that survivors with complex needs do not engage with services and do not attend appointments. It takes time, persistence and commitment to build a relationship based on trust.
 - 1.8.5 This makes it important to identify the people who have the most complex needs, the most significant levels of chaos and disengagement and at highest risk of homelessness. Caseworkers carry small caseloads and are pro-active, creative and tenacious in their communication efforts.
 - 1.8.6 Multi-agency relationships are critical and we have excellent relationships with the housing and homelessness team, working seamlessly to ensure that none of the people we have worked with have returned to/begun rough sleeping. Work with Cheshire Police, hospital and community IDVAs and the community drugs team are well embedded and joint working with children's social care, family support and local community organisations is effective. We have established direct referral pathways into health and mental health services although crisis support for individuals with complex needs who experience self-harm and suicidal ideation. It continues to be a challenge to find those with high-demand conditions such as personality disorders the right support and intervention, with case workers struggling to get practical help for these issues and having to resort to police welfare checks and the ambulance service.
 - 1.8.7 CWA has worked with over 140 individuals who have complex and co-presenting barriers to support. The Complex Needs Worker has advised on 28 cases and this sharing of expertise and consultation is an important part of embedding the approach locally.
 - 1.8.8 17 individuals and families were identified as a priority using the Chaos Index. These are the people receiving the additional intervention. All 17 people are survivors of domestic abuse, faced homelessness and scored high on the chaos index meaning they were not engaging with services at the point of referral to the project. All 17 adults were female and 8 are mothers with 17 children
 - 1.8.9 5 children have been adopted, 7 are subject to care orders (2 interim), 2 children are on CAFs. Just three women have their children living with them. The status of these children is another indicator of the levels of complexity faced by the people supported and the potential for generational adverse impact.
 - 1.8.10 At the point of referral 3 women were in private rented accommodation about to be evicted, one was sofa surfing and 13 were homeless.
 - 1.8.11 13 of the women had high ACES scores, having experienced domestic abuse and other trauma during childhood. This is confirmation of the impact of adverse childhood experiences and indicates the urgent need for earlier intervention.
 - 1.8.12 The majority of women were aged between 20-29 or 40-49, most were White British with one Muslim woman fleeing Honour Based Violence.
 - 1.8.13 Case Study: MK – Many years of on-off support from substance misuse and mental health services, daughter removed by CSC, chaotic, offending background. One engagement with CWA refuge in 2016, discharged from CWP for failure to attend, IDAT (Cheshire Police) involvement as both victim and perpetrator. Heard at

MARAC in 2017 with no agency involvement. At the direction of MARAC chair complex case worker pro-actively reached out to MK with persistent low level communication and supported a return to refuge accommodation. Agreed an 'open door', MK can return to refuge as long as space available. Very difficult to engage, returning to perpetrator repeatedly, multiple incidents and police involvement leading to arrest and conviction. Prison visiting by case worker to develop plan for release. On release returns to refuge accommodation. Now attending behaviour change programme, wellbeing group and peer support group.

- 1.9 The early findings from this work are worthy of consideration for how we develop and embed a partnership approach to benefit more victim/survivors and their families. In particular how agencies can work together effectively to pro-actively 'wrap-around' services to tackle the complex range of issues, how we focus on the quality of relationships developed with those people at the edges of our community to bring them back into functional participation and engagement with services.
- 1.10 Ali Stathers-Tracy has submitted a second bid to DCLG to extend this work. We may know by the time the HWBB meets whether this has been successful. If not the initiative will continue in a limited way but further joint resourcing would enable Cheshire East to invest in and evidence the effectiveness of this collaborative way of addressing chaotic and complex behaviours that result in both human and service cost

2 Recommendations

- 2.1 Consider ways in which the HWBB can engage with the 'Open the Door' campaign enabling communities to be proactive in earlier intervention.
- 2.2 Consider how the HWBB can work together with other strategic Boards (LSCB, LSAB, CEDSAP) to embed a collective responsibility for identifying and working more proactively to engage with those individuals who face the most complex barriers to engaging in our local community.
- 2.3 Consider how the HWBB can effectively engage survivors of domestic abuse in the co-design and delivery of services for those on the edges of our community. E.g. Survivors want more flexible and informal peer support around mental health issues to be available in the community, and easier access to mental health support for their children.
- 2.4 Consider how the HWBB can support improved crisis responses of mental health services to those whose needs cross multiple issues and are long term/complex.
- 2.5 Consider how the influence and resources of the HWBB can promote, celebrate and sustain this work

3 Reasons for Recommendations

- 3.1 The work to 'Open the Door' on hidden abuse is everyone's responsibility and will contribute to the achievement of HWBB priorities. Giving confidence to communities to start a conversation that may lead to self help, early help or to professional support for complex needs will support neighbourliness, independence, wellbeing and harm prevention.
- 3.2 Childhood trauma has a lasting and significant impact on life outcomes. The issues facing the people who live chaotic lives and experience multiple vulnerabilities, disengaged from

the wider community and social interaction are costly and complex. Stretched services struggle to support these individuals and it is clear from our project that another generation of children have already been affected. Investment in this work creates savings to other services, improves life outcomes, reducing isolation and loneliness and increases participation and involvement in the wider community.

3.3 The HWBB has a strategic and tactical overview of interventions and initiatives that can positively impact the success and longevity of the specialist complex needs work outlined above. Although located in one sector the learning and challenges highlight the effectiveness or otherwise of our 'system' and we are all investors in using the resources and influence within our ambit for the benefit of service users

4 Impact on Health and Wellbeing Strategy Priorities

Outcome 1 Create a place that supports health and wellbeing for everyone living in Cheshire East

Outcome 2 Improving the mental health and wellbeing of people living and working in Cheshire East

Outcome 3 Enable more people to Live Well for Longer includes

As outlined above the focus of both the community awareness and empowerment work as well as the intervention to help those with the most complex and chaotic lifestyles results in individuals, families and communities being able to live happier and more productive lives and to take responsibility for their and their children's health and wellbeing.

5 Background and Options

5.1

The need for a specialist multi-agency response to victims within this cohort was identified by specialist DA services. The opportunity to provide an innovative response was created through the provision of central government innovation grant funding. There are no alternative provisions that meet this need but a sustainable response will be needed if a return to poor outcomes for these victims is to be prevented.

6 Access to Information

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

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Working for a brighter future together

Cheshire East Health and Wellbeing Board

Date of Meeting: 25 September 2018

Report Title: BCF and iBCF 2018/19 Q1 Report

Portfolio Holder: Cllr. Janet Clowes (Adults Social Care and Integration)

Senior Officer: Linda Couchman, Interim Director of Adult Social Care and Health

1. Report Summary

- 1.1. On the 20th July 2018, Cheshire East submitted the 2018/19 quarter 1 Better Care Fund and Improved Better Care Fund return. The return was signed-off by Linda Couchman, Interim Director of Adult Social Care and Health.
- 1.2. The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a summary of the key points arising from the return, and to recommend next steps to improve performance within the Cheshire East Health and Social Care system.
- 1.3. The paper will look at the following in turn:
 - National conditions & s75 Pooled Budget
 - National Metrics
 - High Impact Change Model
 - Narrative
 - iBCF Part 1
 - Next steps

2. Recommendation/s

- 2.1. The following recommendations are made, Health and Wellbeing Board is asked:
- 2.2. To note the contents of the Quarter 1 Better Care Fund and Improved Better Care Fund return contained within the following report.
- 2.3. Note the areas of improvement/ to note the areas where performance has not improved and commitment from all partners to collectively address this in the coming months.
- 2.4. To support the recommended next steps to improve performance where needed:

3. National conditions & s75 Pooled Budget

3.1. At the end of the quarter1 2018/19, the following national conditions were fully met in Cheshire East:

- Plans were jointly agreed
- There was a planned contribution to social care from the CCG minimum contribution; it has been agreed in line with the planning requirements.
- There is agreement to invest in NHS commissioned out of hospital services
- There is agreement on managing transfers of care
- Funds have been pooled via a s.75 pooled budget

4. National Metrics

4.1. The following table contains an update on the four national metrics under the Better Care Fund:

Metric	Comments	RAG rating
1. NEA - Reduction in non-elective admissions:	The plan for Q1 is 9487; the actual was 655 above this trajectory with a total of 10,142.	Red
2. Residential admissions - Rate of permanent admissions to residential care per 100,000 populations (65+):	The plan trajectory for Q1 in 2018/19 was 245.6, the actual was 151.8.	Green
3. Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services:	Total number of people discharged into intermediate care Q1 was 302, of these following 91 days the total number who were still at home was 213. This is a percentage of 70.5% against a target of 89.8%. If you discount the total number of people who couldn't be traced or who were deceased this figure increases to 81.3%	Red
4. Delayed Transfers of Care (delayed days):	Against a trajectory of 974 days of DTOCs the actual average performance in Q1 was 941	Green

5. High Impact Change Model

5.1. The high impact change model offers an approach to manage transfers of care. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge. The following is an assessment of progress against the eight system changes.

System change	Maturity assessment Q1 18/19	Rationale to support assessment if 'Mature'
1. Early discharge planning	Mature	Home First/Discharge to Assess model: short term action group set up to implement model working jointly across health and social care with joint procurement of associated assessment beds. BCF partners have implemented the Discharge to Assess model working not only to change the way staff assess in the hospital but also ensuring the right support is available to discharge to in particular focussing on patients returning home.
2. Systems to monitor patient flow	Established	n/a
3. Multi-disciplinary /multi-agency discharge teams	Mature	Well established health and social care integrated discharge team (IDT). Work with care homes commenced to introduce the trusted assessor concept so IDT can place directly.
4. Home first/discharge to assess	Mature	Referrals from wards using single assessment forms into integrated discharge team. Single Point of Access Continuing healthcare scheme in place. Frailty approach working on a 'Support to Assess' model which avoids admissions 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.
5. Seven-day service	Mature	Frailty work across 7 days, including single point of access. Current services provided over 7 days include community nursing, intermediate care, community rehab to support falls, hospital at home, GP out of hours. People with existing care packages that are admitted to acute care, have the packages held for 7 days, Care Home Assessments at the Weekend: KPI discharge 2 patients each day Sat/Sun
6. Trusted assessors	Established	n/a
7. Focus on choice	Mature	Patients and relatives planning for discharge from point of admission. All staff understand choice and can discuss discharge proactively Voluntary sector fully integrated as part of health and social care team in acute and community
8. Enhancing health in care homes	Established	n/a

6. Narrative

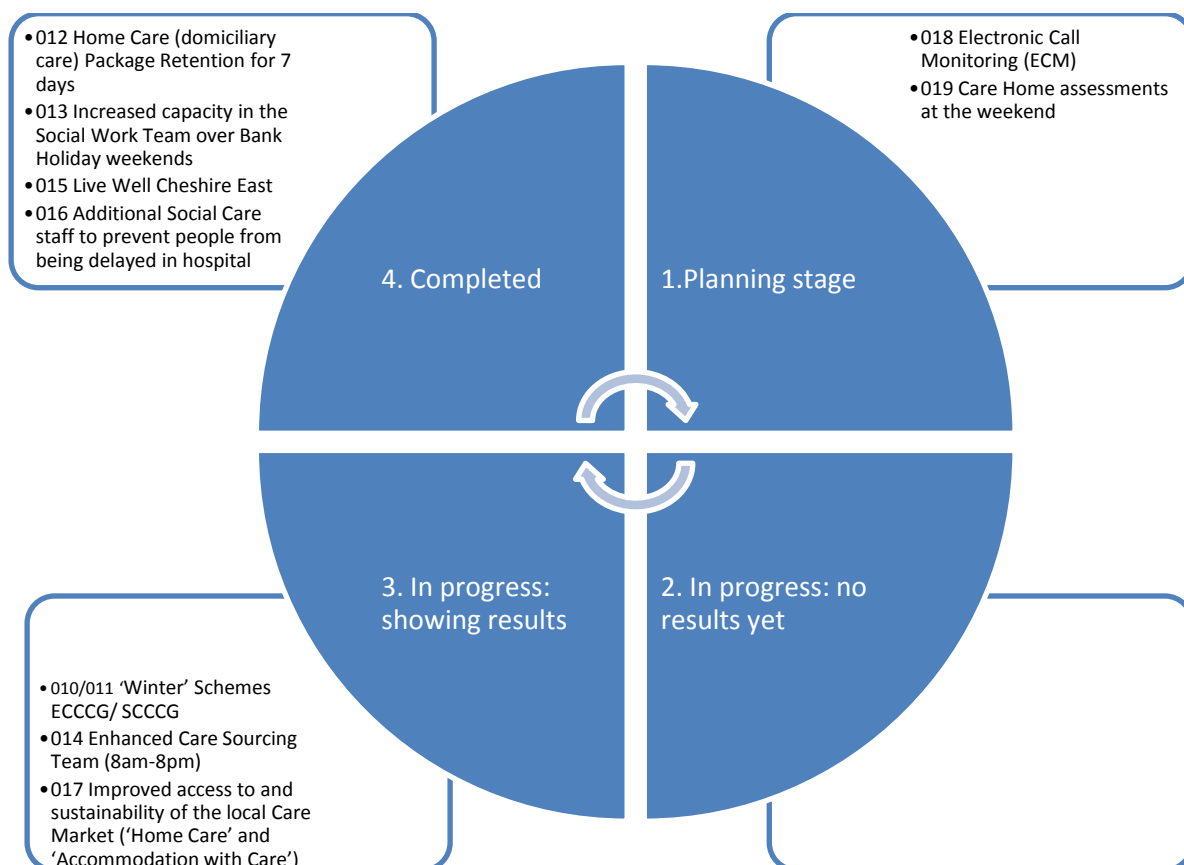
6.1. The following table shows the schemes funded by the Better Care Fund and the Improved Better Care Fund and the number of people supported:

Scheme number	Scheme name	Fund	The number of people supported
001	Assistive Technology (AT)	Better Care Fund	2358
002	British Red Cross 'Support at Home Service'	Better Care Fund	700
003	Combined Reablement Service	Better Care Fund	4468
004	Safeguarding Adults Board	Better Care Fund	n/a
005	Disabled Facilities Grant (DFG)	Better Care Fund	350
006	Carers hub	Better Care Fund	1,100
007	'Home First' Schemes ECCG	Better Care Fund	n/a
008	'Home First' Schemes SCCC	Better Care Fund	n/a
009	Programme Management and Infrastructure	Better Care Fund	n/a
010	'Winter' Schemes ECCG	Better Care Fund & Improved Better Care Fund	n/a
011	'Winter' Schemes SCCC	Better Care Fund & Improved Better Care Fund	n/a
012	Home Care (domiciliary care) Package Retention for 7 days	Improved Better Care Fund	394
013	Increased capacity in the Social Work Team over Bank Holiday weekends	Improved Better Care Fund	n/a
014	Enhanced Care Sourcing Team (8am-8pm)	Improved Better Care Fund	2100
015	Live Well Cheshire East	Improved Better Care Fund	48,000
016	Additional Social Care staff to prevent people from being delayed in hospital	Improved Better Care Fund	n/a
017	Improved access to and sustainability of the local Care Market ('Home Care' and 'Accommodation with Care')	Improved Better Care Fund	n/a
018	Electronic Call Monitoring (ECM)	Improved Better Care Fund	n/a
019	Care Home assessments at the weekend	Improved Better Care Fund	n/a

7. iBCF Part 1

The following diagram shows the progress to date of the schemes which are funded through the Improved Better Care Fund. The diagram is comprised of four stages:

1. Planning stage
2. In progress: no results yet
3. In progress: showing results
4. Completed



8. Next steps

8.1. Performance against the national metrics is variable with two metrics performing as Green (Residential admissions and Delayed Transfers of Care) and two metrics as red (Non-Elective admissions and Reablement). The following actions are recommended:

Metric	Action
1. NEA - Reduction in non-elective admissions:	A review of NEA CCG Operating Plans to take place.
2. Residential admissions - Rate of permanent admissions to residential care per 100,000 populations (65+):	In line with Care at Home, for work to be carried out with operations to validate the position with respect to the growth over the last 12 months.
3. Reablement - Proportion of older people (65 and over) who	A review of operating practice to be completed. With a regular meeting to consider data quality

were still at home 91 days after discharge from hospital into reablement / rehabilitation services:	issues.
4. Delayed Transfers of Care (delayed days):	An up-to-date self-assessment of 7 day working and the High Impact Change Model to assess current performance and areas for improvement.

9. Reasons for Recommendation/s

- 9.1. In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it which includes this Quarterly Performance Report.

10. Background

- 10.1. Following requests from local areas to combine quarterly reporting templates for the Better Care Fund (BCF) and Improved Better Care Fund (iBCF), the Ministry of Housing, Communities and Local Government (MHCLG) and the BCF's national partners have agreed to merge them into one template.
- 10.2. The primary purpose of the Better Care Fund quarterly reporting is to provide national partners with a clear and accurate account of compliance with the key requirements and conditions of the fund as set out in the Policy and the Planning Requirements. The secondary purpose is to inform policy making and the national support offer by providing a fuller insight, based on narrative feedback from systems, on local progress, issues and highlights on implementation of the BCF plans
- 10.3. In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it.

11. Implications of the Recommendations

11.1. Legal Implications

- 11.1.1. If an area is not compliant with any of the standard conditions of the BCF, or if the funds are not being spent in accordance with the agreed plan resulting in a risk to meeting the national conditions, the BCST, in consultation with national partners, may make a recommendation to NHS England to initiate an escalation process. Any intervention will be appropriate to the risk or issue identified. Further detail regarding this were set out in the report received by the Board on 22nd May and approved at the Cheshire East Cabinet Meeting on 12th June 2018.

11.2. Finance Implications

- 11.2.1. Section 151 Officers (Chief Finance Officers) in local authorities are required to certify that the additional iBCF (the 2017 Spring Budget money) is being used

exclusively on adult social care in 2018-19. The BCF funding allocations from the CCGs to the BCF will pass from NHS England to CCGs through 2017-19 allocations, and then from CCGs to pooled budgets (via s.75 agreements). Further detail regarding this were set out in the report received by the Board on 22nd May and approved at the Cheshire East Cabinet Meeting on 12th June 2018.

11.3. Policy Implications

11.4. Recent Better Care Fund guidance published 18th July 2018 stated the requirement to achieve a reduction in long stay in hospitals. The ambition is for long stays in hospital to be reduced by 25%. This is to be achieved in part through the continuing focus on delivery of the local DTOC expectations; this could have a policy implication on how resources are targeted to meet this ambition.

11.5. Equality Implications

11.6. All BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

11.7. Human Resources Implications

11.8. Poor performance against national metrics could see intervention and escalation process implemented which in turn could see funds directed differently, which in turn could bring with it human resource implications.

11.9. Risk Management Implications

11.10. Ongoing performance monitoring and management to ensure improving performance against the national metrics.

11.11. Rural Communities Implications

11.12. Where possible the national metrics are reported across Cheshire East Council footprint as well as Eastern Cheshire CCG footprint and Southern Cheshire CCG footprint. No specific impact across rural communities has been found across the national metrics.

11.13. Implications for Children & Young People

11.14. Some children and young people are classed as carers, and it is important that these individuals are recognised and supported through the existing better care fund

11.15. Public Health Implications

11.15.1. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

- 11.15.2. Health and care that supports better health and wellbeing for all, and a closing of health inequalities. There are no direct implications for public health.

12. Ward Members Affected

- 12.1. The implications will be borough wide.

13. Consultation & Engagement

- 13.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

14. Access to Information

- 14.1. The Integration and Better Care Fund Operating Guidance For 2017-19
Published 18 July 2018

15. Contact Information

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

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Job Title: BCF Programme Manager

Email: Alex.T.Jones@cheshireeast.gov.uk



CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Family Focus Programme (National Troubled Families Programme)
Date of meeting:	25 th September 2018
Written by:	Lindsay Thompson (Service Manager – Family Focus)
Contact details:	01606 271511 Lindsay.thompson@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Mark Palethorpe

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?	<p>Cheshire East Council has been taking part in the second phase of the national Troubled Families since April 2015. This programme is led by the Ministry for Housing, Communities and Local Government (MHCLG). Although target driven (this a Payment by Results (PbR) programme), its ambition is not only about improving outcomes for families, but importantly, service transformation in terms of service delivery and partnership working between the Local Authority and its partners.</p> <p>The MHCLG have expressed some concern about progress on the programme, this is particularly with regards to the number of claims submitted and also with regards to engagement from Partners. In a letter to the Chief Executive in March 2018, Joe Tuke, the Director of the national Troubled Families Programme, advised that ongoing funding may not be confirmed until a recovery plan had been submitted. This was submitted and agreed in April 2018.</p> <p>Bringing this report to the Health and Well Being Board is part of that recovery plan in relation to seeking seek commitment and agreeing an action plan</p> <p>This report therefore seeks to ensure that all partners are fully aware of this programme which is known locally as Family Focus, and that they commit to service delivery by each organisation/service area that will support the programmes ethos and contribute to its success as described in the recommendations.</p>		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	<p>Starting and Developing Well <input type="checkbox"/></p> <p>Living and Working Well <input type="checkbox"/></p> <p>Ageing Well <input type="checkbox"/></p> <p>All of the above <input checked="" type="checkbox"/> x</p>		

<p>Please detail which, if any, of the Health & Wellbeing Principles this report relates to?</p>	<p>Equality and Fairness <input type="checkbox"/></p> <p>Accessibility <input type="checkbox"/></p> <p>Integration <input type="checkbox"/></p> <p>Quality <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Safeguarding <input type="checkbox"/></p> <p>All of the above <input checked="" type="checkbox"/></p>
<p>Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.</p>	<p>1) To identify how each service/partner will contribute to service transformation as described in Section2 below - thus ensuring the partnership across Cheshire East is considered to be 'mature' by March 2020.</p> <p>2) To agree a series of actions to be taken forward within each service/area which will include commissioning opportunities and contract reviews as well as other service developments and workforce development opportunities that will ensure the ethos of the programme and the Lead professional role is embedded across the partnership.</p>
<p>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</p>	<p>Childrens DMT, Corporate Leadership Team , Informal Cabinet</p>
<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<p>No</p>

<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<p>The aim of the national Troubled Families programme is to help to break long term, intergenerational patterns of behaviour that impact on the health and well being of families and individuals within them; and that partners should work together to that end.</p> <p><i>“The programme pulls together cross-government funding and support to provide a catalyst for local services to transform and work together in a more effective and cost efficient way to achieve better outcomes for families” p4 – Financial Framework for the Troubled Families programme Dec. 2017 DCLG.</i></p> <p>The programme is focused on improving outcomes for families who have multiple and often complex needs and who draw on a range of services across the partnership.</p> <p>The six headline criteria are shown below – families need to meet 2 of these to be eligible for the programme. Each are broken down into a series of sub sections - making 34 criteria in total:</p> <ul style="list-style-type: none"> ○ Parents or children involved in crime or anti-social behaviour, ○ Children who have not been attending school regularly, ○ Children who need help, children of all ages who need help, are identified as in need or are subject to a child protection plan, ○ Adults out of work or at risk of financial exclusion or young people at risk of worklessness, ○ Families affected by violence against women and girls, (Domestic Abuse which includes men) , ○ Parents or children with a range of health problems. <p>The programme seeks to ensure that improvements made can be sustained, so ensuring there is less recourse to the public purse. In order to help achieve this the programme requires providers of services to review how they work together to ensure that a mature model of partnerships at both strategic and operational levels can be sustained beyond the end of the programme - thus ensuring the programmes’ principles are sustained and associated benefits continue as follows:</p> <ul style="list-style-type: none"> • Whole family working will be in place across the partnership – families will find using services easier as communication will improve between agencies providing support to them. • Commissioning process and future contract will require that Partners will take the lead in cases where appropriate. Other strategic partners such as RSLs as well as service areas in the LA will also be expected to take lead roles. • Families will have needs identified earlier with service delivery being more focussed and led by a range of partners. • There will be less risk of duplication of services. • Professionals will understand each others work better. • Families will have their needs met more efficiently and effectively. • Gaps in service provision will be clearly identified to support informed joint commissioning.
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1 Report Summary

1.1 This report informs Board members about the Family Focus Programme that has been in place since April 2015 and ends in March 2020.

1.2 It advises the Board about the progress the Cheshire East partnership is making in relation to the targets set by the Ministry of Housing, Communities and Local Government (MHCLG), and the steps being taken to deliver the Recovery Plan.

- 1.3 To ensure that partners acknowledge that this programme is not the sole responsibility of the Local Authority children services and that each organisation must contribute to service transformation.
- 1.4 It also asks the Board members to commit to ensure the services they represent are committed to supporting the ethos and work of the programme and to make the changes necessary to deliver their services accordingly.
- 1.5 To ask Board members to take responsibility to ensure the programme's philosophy and ambition is embedded into their organisation and will be sustained as described beyond March 2020.

2 Recommendations

- 2.1 Board members to agree to a refresh of a multi-agency early help assessment in coming months including measures of shared responsibility for leading the assessment process for families. This is vital to support service transformation in each organisation/service area that will ensure the partnership is considered to be 'mature' by March 2020.
- 2.2 This will include commissioning opportunities and contract reviews as well as other service developments /training opportunities that will ensure the ethos of the programme to ensure that the lead professional role is embedded across the partnership.
- 2.3 To agree a timetable for the above actions.
- 2.4 These will support activity already identified and being carried out as part of the recovery plan (see below)

3 Reasons for Recommendations

- 3.1 This programme is led by the MHCLG and funding is received by three means:
 - 3.1.1 A service transformation grant received annually
 - 3.1.2 Attachment fees to a level stated by MHCLG annually, and
 - 3.1.3 Payment by Results (PbR).
- 3.2 The Cheshire East Partnership needs to evidence to MHCLG significant progress in relation to payments by results and evidence partnership working at a strategic and operational level. If we can clearly evidence this 50% of the attachment fees (£172,000) for 2018/19 will be released.
- 3.3 Progress in both areas needs to be evidenced before the remaining funding can be released. Should the recommendations in this report be agreed we anticipate that this can be achieved by October 2018.
- 3.4 Cheshire East partners are working to a recovery plan agreed with MHCLG that has been in place since May 2018.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The work of the Family Focus programme directly impacts on the Health and well being strategy published in 2018.

- Create a place that supports health and wellbeing for everyone living in Cheshire East
 - The programme has a focus on employment for those aged 16 -64yrs including those young people who are, or at risk of becoming not in employment or training (NEET). 'Continuous employment' is one of the main reasons for claiming a successful outcome on the programme; it is well documented that employment contributes to health and well being, helps to take people out of poverty and is considered to be a safety factor in the care of children. Links also with everybody sport and recreation in respect of the health outcomes encourage those participants to use a range of appropriate activities that may include use of outdoor space if appropriate. The programme also contributes to the improvement in school attendance and subsequent educational outcomes, ensuring they receive the education they need in order to thrive and live independently.
- Improving the mental health and wellbeing of people living and working in Cheshire East
 - The Health criteria for the programme include the mental health and well being of both children and adults in household. Through the programme links are made with relevant services to support those issues and addressed through the assessment and planning process. The lives of those on the cohort are affected by multiple issues, and for example we know that many who meet the domestic abuse criteria also have issues with health and well being as well as substance misuse for example. Through this programme services for both children and adults can be delivered through a model of whole family, integrated and coordinated, multi-agency working.
- Enable more people to live well for longer
 - As above the work done with families through the health criteria, contributes to this outcome and will impact of those individuals throughout their lives.

5 Background and Options

5.1 The Cheshire East partnership has been taking part in the second phase of the national Troubled Families since April 2015. The programme is led by the Ministry for Housing, Communities and Local Government (MHCLG). Each year of the programme MCHLG set targets for our area to identify and start to work with an agreed number of families for which funding is received (£1,000 per family and a further £800 when successful outcomes are shown via the Payment by results process).

5.2 Our target for 2018/19 is 344 families to be attached which would take our overall families attached target to 1805, and should mean £344,000 being received in attachment fees. As at 1st August 2018 there are 2061 attached families – these have been identified as meeting the criteria and worked with in the required way having had an assessment followed by an action plan and supported by a Lead Professional.

5.3 An outcomes plan has been agreed and updated on two occasions that sets out the basis

on which PbR claims can be made. This has been agreed with relevant partners and each version has received MHCLG approval. Each of the 34 criteria has a relevant outcome.

- 5.4 MHCLG published an annual report at the end of March 2018 describing progress for all LAs taking part in the programme and at that point Cheshire East had submitted 311 claims (16.3%). Reports are now going to be published quarterly but at the time of writing (1/8/18) the Q1 update is not yet available. However as at the end July 2018 we have submitted 526 claims (27.6%).
- 5.5 Claims to date relate to Significant and Sustained Progress – 486, Continuous Employment – 40.

5.6 How are families identified:

- 5.7 Identification of and support to families under the programme is embedded into children's services assessment and planning processes. Families start to be identified at the point of referral at the Children's services Integrated Front Door. Potential Lead professionals are advised of the initial FF criteria likely to be met at the point of referral and undertake the assessment to confirm criteria met. Action plans are then created led by a key worker /lead professional involving the family and other practitioners as relevant to address all the issues identified. These are reviewed and updated regularly.

- 5.8 Clear assessment processes are in place:

- For early help cases the model used currently is the common assessment framework within the children's case management system – Liquid Logic.
- For cases led by children's social care the children and families assessment and planning process is used.

These assessments/plans allow for information sharing between agencies and additional services may be involved as required if further issues arise.

- 5.9 Cases will remain open for as long as necessary to allow the agreed outcomes to be met. Should the need arise a case will be stepped up to social care if the situation deteriorates or if additional information come to light. Cases initially managed by social care may be stepped down to early help if the situation improves sufficiently and support is required to sustain improvements made.
- 5.10 Progress is monitored on a day to day basis by the lead professionals and other practitioners involved. From the Family Focus (FF) data perspective progress is monitored using a data warehouse facility developed for the purposes of this programme.
- 5.11 The data warehouse to support the tracking and monitoring of families on the programme is now complete and able to support validation, as well as tracking and monitoring families' progress.
- 5.12 Potential lead professionals are advised of the initial FF criteria likely to be met at the point of referral and undertake the assessment to confirm criteria met. Action plans are then created led by a key worker /lead professional involving the family and other practitioners

as relevant to address all the issues identified. These are reviewed and updated regularly.

- 5.13 One of the ways of measuring partner engagement at operational level is to look at the sector the lead professional is from. As at 1st August 2018 the families on the programme had the following services as Lead professionals:

Cheshire East Prevention services – 43%

Children's Social Care – 42%

Education professionals – 12.5%

Health professionals - 2%

Others – <1%

- 5.14 In terms of partners taking the lead, numbers are not high; initially Cheshire East took the decision to use Prevention service cases only, when it became apparent that this was not producing the volume of cases required cases from children's social care were included. We are able to use some partner led early help assessments and are now bringing more in to the cohort. Whist this will increase the cohort and percentages, strategic commitment and actions is required to really embed the model.

- 5.15 A multi-agency Executive Board has been established since 2015 and has met regularly, but commitment to it from partners has needed to be reviewed and a decision to merge this with the Local Safeguarding Children Board, Early Help subgroup was agreed in June. It is intended that this will help to mainstream this work and ensure it is embedded by March 2020. The first meeting of the merged group took place in August 2018.

5.16 Recovery Plan

- 5.17 The Ministry for Housing, Communities and Local Government require evidence of greater progress on the programme – this is two fold:

- the number of claims submitted and
- engagement from Partners.

- 5.18 In a letter to the Chief Executive in March 2018, Joe Tuke, the Director of the national Troubled Families Programme advised that ongoing funding would not be confirmed until a recovery plan had been submitted.

- 5.19 A recovery plan was submitted and approved in April 2018. This enabled some funding to be released at the end of May 2018 i.e. a service transformation grant (STG) of £200,000 has been released along with 50% of the attachment fees. The remainder will be released upon milestones in the recovery plan being completed. This will be assessed during a visit from MHCLG on 20th September 2018.

- 5.20 The recovery plan focusses on the need for greater partner engagement strategically and operationally, to improve family outcomes for the purpose of the programme but also crucially beyond that to bring sustainability to the model, thus associated cost benefits, reducing impact on the public purse long term.

5.21 – Maturity Model

- 20 MCHLG is aiming for services to be transformed during the five year life of the programme and expects that this can be sustained once the programme ends in March 2020. To this end all LAs have had to undertake a self assessment exercise with regard to their maturity of service transformation.
- 5.21 This is a model that asks Partnerships to self assess across a range of issues in the following areas: Leadership, Workforce Development, Delivery Structures, Delivery Processes and Strategy, latterly a separate Data maturity model has been added to this.
- 5.22 The Cheshire East partnership completed the process over a 12 month period in consultation with the Family Focus Executive Board, the Childrens Extended leadership team and Peoples DMT and submitted this to MHCLG in December 2017. We identified that we were somewhere between developing and maturing. We are due a visit from MHCLG to test our progress towards becoming a mature partnership. The implementation of the recommendations in this report should allow us to demonstrate the required progress.

6 Access to Information

- 6.1 Financial Framework for the Troubled Families Programme (Jan 2018)
- 6.2 Cheshire East Outcomes plan (Feb 2018)
- 6.3 MHCLG Service transformation model
- 6.4 Cheshire East Service transformation report (January 2018)
- 6.5 Recovery plan agreed with MHCLG (April 2018)
- 6.6 Recovery and service transformation - detailed action plan (update July 2018)

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

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