

# Children and Families Overview and Scrutiny Committee

## Agenda

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**Date:** Monday, 28th September, 2020

**Time:** 1.30 pm

**Venue:** Virtual Meeting

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903 037 470#

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

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

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 5 - 8)

To approve the minutes of the meeting held on 5 August 2020.

3. **Declarations of Interest**

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

4. **Whipping Declarations**

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For requests for further information

**Contact** Joel Hammond-Gant

**Tel:** 01270 686468

**E-Mail:** [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk) with any apologies

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

5. **Public Speaking/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee. Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Members of the public wishing to make a statement should provide notice in writing at least three clear working days before the meeting takes place.

6. **Child or Young Person's Story**

To receive a verbal update of an anonymised child or young person's story.

7. **Spotlight Review on Children's Mental Health Services** (Pages 9 - 54)

To agree the report of the committee's spotlight review on Children's Mental Health Services, undertaken on 24 February 2020.

8. **Update on Kickstart and Apprenticeships**

To receive a verbal update.

9. **Update on Ofsted Inspections** (Pages 55 - 66)

To consider a report on the interim arrangements for Inspections of Local Authority Children's Services (ILACS) and Special Educational Needs and/or Disabilities (SEND) Inspections following a pause in inspections due to Covid-19.

10. **Vision for Children's Services** (Pages 67 - 72)

To receive an update on the future development work for Children's Services.

11. **Progress Against Ofsted Recommendations** (Pages 73 - 114)

To receive an update on progress following the Ofsted Standard Inspection of Local Authority Children's Services (ILACS) undertaken in November 2019.

12. **Update on SEND** (Pages 115 - 170)

To consider two updates in respect of SEND:

- (1) An update on progress made against the recommendations put to Cabinet in the SEND Reforms Task and Finish Group report, and
- (2) A progress update following agreement of the Written Statement of Action, in preparation for the SEND revisit.

13. **Performance Scorecard - Quarter 1, 2020/21** (Pages 171 - 180)

14. **Forward Plan** (Pages 181 - 198)

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

15. **Work Programme** (Pages 199 - 208)

To give consideration to the work programme.

**Membership:** Councillors M Addison, J Barber, M Beanland, D Brown, J Buckley, C Bulman (Vice-Chairman), P Butterill, S Handley, A Moran, J Saunders (Chairman), L Smith and N Wylie

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

held on Wednesday, 5th August, 2020 at Virtual Meeting

**PRESENT**

Councillor J Saunders (Chairman)  
Councillor C Bulman (Vice-Chairman)

Councillors M Addison, A Critchley, M Beanland, D Brown, J Buckley, D Edwardes, S Handley, A Moran and M Houston

**PORTFOLIO HOLDERS IN ATTENDANCE**

Councillor K Flavell, Portfolio for Children and Families

**OFFICERS IN ATTENDANCE**

Mark Palethorpe, Executive Director of People  
Alison Stathers-Tracey, Director of Early Help and Prevention  
Jacky Forster, Director of Education and 14-19 Skills  
Jacquie Sims, Director of Children's Social Care

**9 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors J Barber (substituted for by Councillor A Critchley), P Butterill (substituted for by Councillor D Edwardes), L Smith (substituted for by Councillor M Houston), and N Wylie (substituted for by Councillor R Bailey).

**10 MINUTES OF PREVIOUS MEETING****RESOLVED –**

- 1 That the minutes of the previous meeting held on 22 June 2020 be approved as a correct record and signed by the Chairman.
- 2 That the request by Councillor Bailey for the committee to receive an overview of how the authority looked at and managed the skillsets of pupils leaving school, be discussed with key officers and portfolio holders outside of the meeting.

**11 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**12 DECLARATION OF PARTY WHIP**

There were no declarations of a party whip.

**13 PUBLIC SPEAKING/OPEN SESSION**

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

**14 COVID-19 EDUCATION UPDATE**

Consideration was given to a report on the impacts of Covid-19 to education and schools in Cheshire East, and the work that has been undertaken in response to the public health emergency in line with the government decision to reopen schools from September.

Members asked questions and put comments in relation to;

- how the catch-up learning sessions would work operationally and be rolled out, and how the council planned to measure/benchmark the success and effectiveness of the sessions;
- whether the Government's national tutoring programme would use agency staff, or if school staff would be expected to undertake it in addition to their existing duties;
- what advice was to be given to secondary schools about pupils walking to and from the schools;
- whether public transport would be able to cope with the return of schools and a sudden jump in the numbers of people using it; and
- whether there was a backlog of Early Help and Care Plans and how this would be managed.

**RESOLVED –**

That the update be noted.

**15 REVIEW OF FOSTERING SERVICE**

The committee considered a report updating on the work that had been undertaken since January 2020 when an independent fostering review was commissioned to inform the council's strategic approach and operational practice in respect of the recommendation made to "improve the quality and consistency of support and engagement with foster carers" following the Ofsted inspection of Children's Services in November 2019.

Members asked questions and put comments in respect of;

- recruitment and retention of foster carers and what the council did to ascertain supply and demand; and
- the examination practice for to-be foster carers being shortened, and whether the council was satisfied that the changed process was still as detailed and thorough.

**RESOLVED –**

That the update be noted.

**16 REGIONAL ADOPTION AGENCY INTEGRATED SERVICES AGREEMENT**

Consideration was given to a presentation on the work of the Regional Adoption Agency against its four key objectives to:

- (1) Increase the number of children adopted
- (2) Reduce the length of time children wait to be adopted
- (3) Improve the post-adoption support services to families who have adopted
- (4) Reduce the number of adoption agencies, thereby improving efficiency and effectiveness.

**RESOLVED –**

That the update be noted.

**17 MEMBER FRONTLINE VISITS**

Consideration was given to a report on the proposed reinstatement of elected member frontline visits on a virtual basis following Covid-19.

**RESOLVED –**

That the update be noted.

**18 YOUTH ZONE UPDATE**

A verbal update was provided to the committee on the council's plans to introduce a Youth Zone in Crewe. It was noted that the council planned to work with the charity Onside to develop the proper partnership arrangements required to establish this Youth Zone, before producing a funding bid to initiate the project.

Members asked questions and put comments in relation to;

- how the ongoing revenue cost of the Youth Zone would be covered; and
- how the council could 'future proof' the project beyond the ceasing of central government Revenue Grant Funding.

**RESOLVED –**

1 That the update be received and noted.

- 2 That future reports on the proposed Youth Zone provide more detail on how the council planned to future proof the project and ensure it was sustainable.

**19 FORWARD PLAN**

The committee reviewed the council's Forward Plan of key decisions.

**RESOLVED –**

That the forward plan be noted.

**20 WORK PROGRAMME**

The committee reviewed its work programme.

**RESOLVED –**

- 1 That the item request relating to managing the skills of students leaving school be added to the work programme at an appropriate date.
- 2 That the items crossed through or noted as 'date to be determined' be resolved outside out of the meeting, and the work programme be updated accordingly.

The meeting commenced at 10.00 am and concluded at 12.39 pm

Councillor J Saunders (Chairman)



Working for a brighter future together

Version  
Number: 1.0

Key Decision: N

Date First  
Published: N/A

## Cabinet

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**Date of Meeting:** 6 October 2020

**Report Title:** Spotlight Review on Children's Mental Health Services

**Portfolio Holder:** Councillor K Flavell, Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe, Executive Director People

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### 1. Report Summary

1.1. This report introduces the findings, conclusions and recommendations made by the Children and Families Overview and Scrutiny Committee following its Spotlight Review on Children's Mental Health Services, on 24 February 2020.

1.2. The attached report was agreed and endorsed by the Children and Families Overview and Scrutiny Committee on 28 September 2020.

### 2. Recommendations

2.1. That Cabinet receives the report of the Children and Families Overview and Scrutiny Committee.

2.2. That Cabinet responds to the following recommendations:

2.2.1. That the council and partners endeavour to create a clearer pathway and screening tool for assessing the needs of children and young people presenting with mental health issues, with standardised outcome measures across services to make it easier to identify where other improvements may be made in the future.

2.2.2. That commissioners review the current service provision, and access to services, with a view to ensuring that services are commissioned for children and young people up to the age of 25.

- 2.2.3. That a review be undertaken of the Cheshire East Live Well programme, and that as part of this, the council specifically considers access and availability to wellbeing support services for children, young people and their parents/carers.
- 2.2.4. That Cabinet look to use and prioritise the Troubled Families process to improve the level and breadth of support available for parents and carers of children and young people experiencing mental health issues.
- 2.2.5. That commissioners be asked to provide a further update to the Children and Families Overview and Scrutiny Committee in January 2021, on the progress of implementing the Thrive model and an update on service accessibility.
- 2.2.6. That commissioners and providers ensure that the eligibility and accessibility criteria for services is clear and transparent for children and young people and their families/carers.
- 2.2.7. That Cheshire CCG, CAMHS and the council ensure that all staff who support both children's and adults' services, undertake transition training to secure safe and reasonable handovers of cases when young people leave children's services and enter the adult social care system.
- 2.2.8. That commissioners endeavour to ensure that services provided by Visyon are equitable and available across the whole borough of Cheshire East.
- 2.2.9. That Cabinet reviews the council's commission for the Emotionally Healthy Children Programme, with a view to ensure that there is a single commissioning strategy that is aligned to the CCG Mental Health Trailblazer project and make it easier to secure future funding.
- 2.2.10. That the Leader of the council write to the Secretary of State for Health and Social Care and the Minister for Education, to request further investment to improve the access to therapeutic support services for children and young people in Cheshire East.
- 2.2.11. That the council and NHS partners work together to review the way in which data relating to children and young people's mental health is collected, to more consistently align to national targets and measures.
- 2.2.12. That the Leader of the council write to the Department of Education to request that funding for the Adoption Counts service be continued and prioritised, and encourage each of the partner authorities receiving the Adoption Counts service to do the same, to lobby for more funding for this important service.

- 2.2.13. That full Council be asked to ensure its Budget is adjusted to accommodate the cost required to re-commission Adoption Counts, provided that the other local authorities put forward their contributions also.
- 2.2.14. That the council and partners ensure that the joined-up working arrangements relating to adoption are sustained and properly funded, to secure positive long-term outcomes for adoptive children and families in Cheshire East.
- 2.2.15. That the outcomes of the council's Bespoke Project be reviewed, and its successes be used to inform future commissions and projects.
- 2.2.16. That a review be carried out to ascertain best practice in areas where a 24/7 crisis offer is already in place, and how this type of crisis service could be provided in the most effective, joined-up way in Cheshire East.
- 2.2.17. That the council and Cheshire CCG work together to ensure that commissioning and contract management arrangements are more closely and effectively integrated.
- 2.2.18. That the council monitors the impact of alternative education service provisions to support young people and reduce rates of exclusions.
- 2.2.19. That CAMHS and commissioners urgently review the support provided to children and young people who are unable to leave their homes to attend their scheduled appointments.
- 2.2.20. That commissioners consider the commissioning of specialist health visitors to support schools in their teaching and managing of students' mental health and wellbeing.
- 2.2.21. That CAMHS, Cheshire CCG and the council work together to review and improve the way in which support is targeted and provided to young people that do not attend school, college, training or work due to their mental health struggles.
- 2.2.22. That the council and partners work together to make sure that the offer of online support services is refreshed and promoted, and that it is equitable for all young people in the borough.
- 2.2.23. That schools in Cheshire East be asked to use a consistent title for the designated Mental Health Leads.

### **3. Reasons for Recommendations**

3.1. Conversations around mental health have become increasingly prevalent in recent years, with major efforts undertaken to reduce and remove the public stigma relating to mental health and wellbeing issues.

3.2. The Children and Families Overview and Scrutiny Committee is united in its desire to try and achieve positive, sustainable change in the way mental health issues for children and young people are perceived and appreciated across Cheshire East.

### **4. Other Options Considered**

4.1. No alternative options were considered.

### **5. Background**

5.1. The Children and Families Overview and Scrutiny Committee organised to undertake this Spotlight Review on Children's Mental Health Services on 24 February 2020. The aim of the review was to carry out a 'deep dive' review on the range and effectiveness of services and support available to children and young people with mental health issues.

5.2. A number of council services and partner organisations were invited to present evidence at the Spotlight Review meeting, including:

- Young people who had been service users of young people's mental health services
- Commissioners of children's mental health services (Cheshire Clinical Commissioning Group)
- NHS providers of Children and Adolescent's Mental Health Services (Cheshire and Wirral Partnership NHS Foundation Trust)
- Cheshire East Children's Social Care
- Adoption Counts
- Services commissioned by Cheshire East Council
- Education
- Integrated Youth Support Service
- Participation Service.

### **6. Implications of the Recommendations**

## **6.1. Legal Implications**

6.1.1. There are no legal implications associated to the report and recommendations at this stage, however, there may be legal implications associated with the implication of any approved recommendations.

## **6.2. Finance Implications**

6.2.1. The full list of recommendations, which are being made to Cabinet by the Children and Families Overview and Scrutiny Committee, have not yet been financially assessed. Further work would be required to capture the financial implications of any approved recommendations.

## **6.3. Policy Implications**

6.3.1. There are no policy implications at this stage, however, the approval of any recommendations may result in policy changes.

## **6.4. Equality Implications**

6.4.1. There are no equality implications.

## **6.5. Human Resources Implications**

6.5.1. There are no human resources implications.

## **6.6. Risk Management Implications**

6.6.1. There are no risk management implications.

## **6.7. Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

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

6.8.1. The recommendations are intended to improve the range and effectiveness of services and support for children and young people with mental health issues.

## **6.9. Public Health Implications**

6.9.1. There are no direct implications for public health.

## **6.10. Climate Change Implications**

6.10.1. There are no direct climate change implications expected as a result of this report and its recommendations.

## **7. Ward Members Affected**

7.1. No ward members are directly affected.

## **8. Consultation & Engagement**

8.1. No formal consultation and engagement was required.

## **9. Access to Information**

9.1. Access to the recording of the Spotlight Review meeting can be found here:

<http://moderngov.cheshireeast.gov.uk/ieListDocuments.aspx?CId=776&MId=7849&Ver=4>

## **10. Contact Information**

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

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk)



**11. Version Control**

<This table below must be completed to show the journey that the report has taken; and should include details on the officers consulted on each version of the report. It is expected that Finance, Legal, line manager and Executive Director are consulted on every version.

Each Directorate is to have a document library to store its reports and it is the responsibility of the author to ensure that all versions are retained and stored correctly. >

Draft versions are to be categorised by meeting type.

- Directorate management team; version to begin at 1.0
- CLT; version to begin at 2.0

This section must be deleted when the report is in its final state and is being submitted to Cabinet Briefing, Cabinet, Council, PH decision or Committee. Remember to also delete the version control box on the front sheet of the report on the top left hand corner.

The version number should also be referenced on the front cover of the report

**Remember to delete the guidance wording when the report is complete.**

Date	Version	Author	Meeting report presented to	Consultees		Summary of amendments made
				Name of officers consulted	Date consulted	

# Children's Mental Health Services

## Spotlight Review – Children and Families Overview and Scrutiny Committee



February 2020

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## Chairman's Foreword

As members of the Children and Families Overview and Scrutiny Committee we had become increasingly aware of the challenges faced by children and young people in Cheshire East in terms of mental health and wellbeing services. We had heard anecdotal evidence of families becoming distressed at not being able to access services in a timely way, and that there was inequity in terms of the services provided across the borough.

This committee is committed to ensuring that our children and young people receive a service that enables them to face the many challenges that mental health issues bring, and therefore decided to hold a one-day spotlight review on Children's Mental Health Services in February 2020. Service users, providers and commissioners were all invited to present evidence to enable the committee.

Since this spotlight review took place, Cheshire East, like the rest of the country has been rocked by the public health and mental health and wellbeing challenges caused by the Covid-19 pandemic. The long-term impacts of 'lockdown' – which has involved some of our children missing up to six months of normal schooling – are not yet known, however, we already know that it has adversely affected the mental health of many of our children and young people. The recommendations made by the committee are therefore even more pertinent in light of this.

The committee would like to thank all of those who contributed to the spotlight review, especially the children and young people who shared their experiences with us.

Special thanks also go to Joel Hammond-Gant and Helen Davies for their assistance in compiling this report.

*Councillor Jos Saunders, Chairman of the Children and Families Overview and Scrutiny Committee*



## Recommendations

The committee made a total of 23 recommendations following its findings from the spotlight review. The full list of recommendations is set out below, and they are also included within the main body of the report after the end of each report section.

1. That the council and partners endeavour to create a clearer pathway and screening tool for assessing the needs of children and young people presenting with mental health issues, with standardised outcome measures across services to make it easier to identify where other improvements may be made in the future.
2. That commissioners review the current service provision, and access to services, with a view to ensuring that services are commissioned for children and young people up to the age of 25.
3. That a review be undertaken of the Cheshire East Live Well programme, and that as part of this, the council specifically considers access and availability to wellbeing support services for children, young people and their parents/carers.
4. That Cabinet look to use and prioritise the Troubled Families process to improve the level and breadth of support available for parents and carers of children and young people experiencing mental health issues.
5. That commissioners be asked to provide a further update to the Children and Families Overview and Scrutiny Committee in January 2021, on the progress of implementing the Thrive model and an update on service accessibility.
6. That commissioners and providers ensure that the eligibility and accessibility criteria for services is clear and transparent for children and young people and their families/carers.
7. That Cheshire CCG, CAMHS and the council ensure that all staff who support both children's and adults' services, undertake transition training to secure safe and reasonable handovers of cases when young people leave children's services and enter the adult social care system.
8. That commissioners endeavour to ensure that services provided by Visyon are equitable and available across the whole borough of Cheshire East.
9. That Cabinet reviews the council's commission for the Emotionally Healthy Children Programme, with a view to ensure that there is a single commissioning

strategy that is aligned to the CCG Mental Health Trailblazer project and make it easier to secure future funding.

10. That the Leader of the council write to the Secretary of State for Health and Social Care and the Minister for Education, to request further investment to improve the access to therapeutic support services for children and young people in Cheshire East.
11. That the council and NHS partners work together to review the way in which data relating to children and young people's mental health is collected, to more consistently align to national targets and measures.
12. That the Leader of the council write to the Department of Education to request that funding for the Adoption Counts service be continued and prioritised, and encourage each of the partner authorities receiving the Adoption Counts service to do the same, to lobby for more funding for this important service.
13. That full Council be asked to ensure its Budget is adjusted to accommodate the cost required to re-commission Adoption Counts, provided that the other local authorities put forward their contributions also.
14. That the council and partners ensure that the joined-up working arrangements relating to adoption are sustained and properly funded, to secure positive long-term outcomes for adoptive children and families in Cheshire East.
15. That the outcomes of the council's Bespoke Project be reviewed, and its successes be used to inform future commissions and projects.
16. That a review be carried out to ascertain best practice in areas where a 24/7 crisis offer is already in place, and how this type of crisis service could be provided in the most effective, joined-up way in Cheshire East.
17. That the council and Cheshire CCG work together to ensure that commissioning and contract management arrangements are more closely and effectively integrated.
18. That the council monitors the impact of alternative education service provisions to support young people and reduce rates of exclusions.
19. That CAMHS and commissioners urgently review the support provided to children and young people who are unable to leave their homes to attend their scheduled appointments.

20. **That commissioners consider the commissioning of specialist health visitors to support schools in their teaching and managing of students' mental health and wellbeing.**
21. **That CAMHS, Cheshire CCG and the council work together to review and improve the way in which support is targeted and provided to young people that do not attend school, college, training or work due to their mental health struggles.**
22. **That the council and partners work together to make sure that the offer of online support services is refreshed and promoted, and that it is equitable for all young people in the borough.**
23. **That schools in Cheshire East be asked to use a consistent title for the designated Mental Health Leads.**

## Committee Membership



Cllr James Barber



Cllr Michael Beanland



Cllr June Buckley



Cllr Carol Bulman



Cllr Penny Butterill  
(Vice-Chairman)



Cllr Sally Handley



Cllr Marilyn Houston



Cllr Arthur Moran



Cllr Jos Saunders  
(Chairman)



Cllr Nicky Wylie



Cllr Steve Edgar (sub)



Cllr Liz Wardlaw (sub)

## Introduction & Purpose

### Overview and Scrutiny and the Cheshire East Corporate Plan

Cheshire East Council is committed to “Working for a brighter future together” through the delivery of its Vision, Values and Corporate Plan. There are six strategic outcomes included within the Plan, outlining the vision for the borough, the priorities to focus resources on, and the approach for how these are delivered.

The Children and Families Overview and Scrutiny Committee use two of these outcomes to underpin its Work Programme:

**Outcome 3:** People have the life skills and education they need in order to thrive.

**Outcome 6:** People should live well and for longer.



The committee works with these outcomes squarely at the front of decisions and recommendations relating to the scrutiny and overview of work contained within its work programme.

### What is children and young people’s mental health?

Statistics from the Mental Health Foundation show mental health issues affect about 1 in 10 children and young people, and that up to 70% of those who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Given that approximately one third of the UK’s population is made up of children and young people up to the age of 25, it is vital that their health and wellbeing is invested in to ensure future generations of prosperity.

Children’s and adults’ services have traditionally been separated by the turning of age 18. The council operates using a social model definition, rather than this longstanding medical definition, with a view to caring more holistically for young people up to the age of 25. Many partner organisations, including the NHS, have begun to adopt this newer way of developing models of care and providing services.

## Background and Rationale

### Why are we scrutinising children and young people's mental health?

The committee had been made aware of anecdotal reports to suggest that access to CAMHS (Child and Adolescent Mental Health Services) had been difficult, and felt that this spotlight review presented a good opportunity to open dialogue across the borough to understand what the mental health offer was to Children and Young People, where they could turn to and what the data in this area reflected.

Mental health conversations have been an emerging trend within the wider public for several years. Numerous high-profile individuals across sport, television, performing arts, and even the Royal Family have led the way in campaigning to remove the stigma around mental health and treatment for people of all ages.

The Children and Families Overview and Scrutiny Committee is united in its desire to try and achieve positive, sustainable change in the way mental health issues for children and young people are perceived and appreciated across Cheshire East. It is keen to ensure that this area is appropriately resourced with effective services for our young people and that crucially appropriate funding is identified, pursued and awarded.

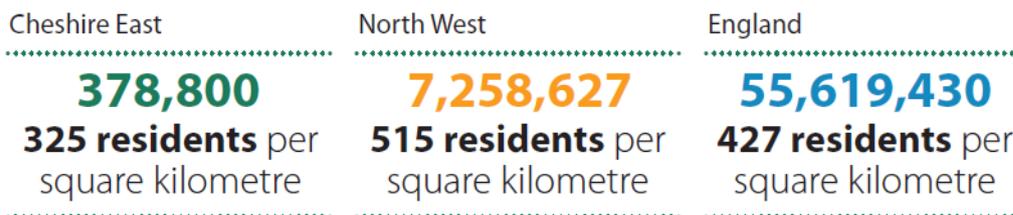
### Covid-19 – the global pandemic

This spotlight review was carried out on 24 February 2020, not long before the government instructed the UK enter 'lockdown' on 23 March, following the serious threat of Covid-19. In order to slow the spread of the virus, the whole of the UK had to operate differently; people remained in their homes and worked from home where possible, whilst nearly all other activities ceased.

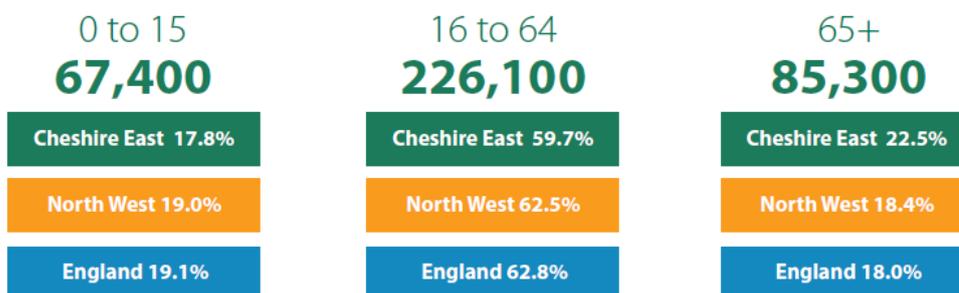
The total impacts of the global pandemic on peoples' physical and mental health are not yet truly understood. However, it has already been recognised that there will be short and long-term impacts on the mental health of people of all ages. It is anticipated that the impacts of Covid-19 on children and young people's mental health and wellbeing will be closely monitored and scrutinised in the future.

### Children and young people in Cheshire East by numbers





Age profile



Between the 2001 and 2011 Census, the median age of residents has increased from 40.6 years to 43.6 years. By 2030, the median age of residents is expected to further increase to approximately 47 years.

Population Estimates for UK, Mid-2017, ONS

The Office for National Statistics suggested that through 2027, the numbers of children and young people will only increase marginally. However, if local economic and housing policies are taken into consideration, this figure could rise to around 5,300 over the same period. This emphasises the importance of having the right models of care and support networks in place to ensure that the council and partners can sustainably care for the mental health needs of an increasing population of children and young people.

## Personal Accounts from Service Users

The committee watched a video that outlined recent feedback from the Cheshire East Youth Council on the range of mental health services in Cheshire East. The video showed questions posed to the Youth Council and their responses to them.

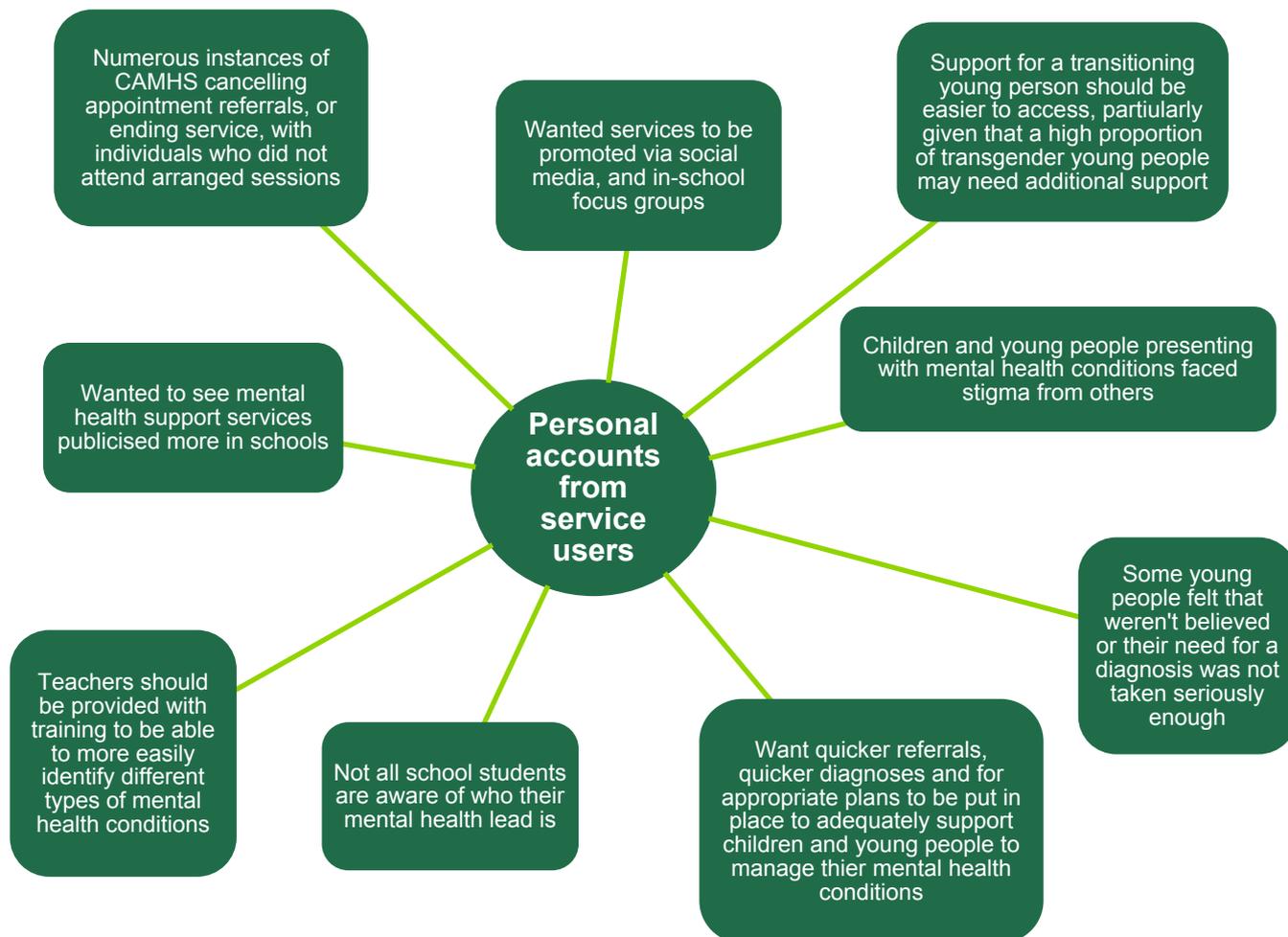


Figure 1 – a summary of the personal accounts of young people who had experienced mental health problems and had sought support from different places.

When asked specifically about what services young people may access if they did not feel they could talk to friends or family, members were advised that there was a range of support that could be accessed, including;

- youth workers;
- pastoral staff in schools (although there was a perception amongst service users that they couldn't do anything about it);
- KOOTH, the online mental wellbeing community;
- Visyon (although the drop-in services and out of hours number wasn't known about); and
- CAMHS (although a referral would most likely be needed in order to access support.)

CAMHS
It appeared to take a long time to receive initial assessments from CAMHS and diagnoses
It was evident that referrals were often complex.
A screening by CAMHS was one step in an assessment process, and it was a challenge to align measurable outcomes.
Mental health is a spectrum and it is complicated. As such, people may need a range of different services, and clinical CAMHS was not always the correct pathway for people.
The link between CAMHS and adults' services is not integrated enough to ensure the right services continue for young people entering adulthood.
Multiple issues were raised regarding CAMHS cancelling or ending services with people who did not attend arranged sessions. This is a significant issue for those whose mental health issues affect them and may prevent them from attending appointments.

Figure 2. a summary of the accounts of services users in respect of CAMHS

The responses of services users in respect of CAMHS were mixed. Whilst some were positive and advised that it had “helped me get back on track and feel more like myself again,” the majority who had taken part in this survey exercise appeared to have been put off by the negative feedback about CAMHS from their peers. These service users noted that CAMHS had not reacted quickly enough to their needs and the time to wait from referral to appointment was too long. Some service users were not aware of the negative stigma surrounding CAMHS, however, the Youth Council identified that it was important that CAMHS promoted its positive news stories and endeavoured to better promote its services through social media and communications.

It was a common thread amongst the feedback from service users that there was a desire for service providers to more regularly and effectively use social media to provide information on available services. Young people also felt that focus groups could be used within school settings to encourage healthy discussions around mental health.

Finally, one young person had noted that, as a transitioning young person, it had not been easy for them to access the basic support that they had felt was necessary and should be available, for a young, transgender person.

Other Available Help
Adults had to meet different criteria than children in order to access services, and it was noted that there was potentially less intensive help and support available for adults. This could have an impact on our young people when they reach the age of 18.
There appeared to be several expert professionals concentrated to one child without any obvious screening tools.
Services need to be joined up to reduce the number of people “falling through the cracks”.
Concern about the effectiveness of Personal, Health, Social and Economic (PHSE) lessons in schools that are currently delivered by teachers who may not have quality knowledge of mental health issues. Suggestion that schools should try to use professionals to teach students about this.
Lot of variation between schools and how they manage PHSE / pastoral support, with some doing this more effectively than others. Is there a way that good models can be replicated between schools in the borough?
Would want to see mental health being publicised more in schools and care for those with mental health needs within a school setting should be fit for purpose for the individual with a dedicated teacher for early intervention.
Ultimately need to have more resource available to provide the range and quality required to support all children and young people in the borough, and to remove the stigma surrounding mental health and accessing support.
When diagnoses are given, a long-term plan needs to be quickly put in place.
Earlier interventions needed at a younger age for children displaying behaviours that could infer mental health struggles.
Should there be an expert in teaching emotional/mental health and dealing with these issues that is in every school. Should a councillor/social worker be attached to every school to provide support and expert advice?
Need to have a better means of measuring what ‘good’ is, and better measure whether services are making children and young people feel better.

Figure 3. a summary of the accounts of service users in respect of other available support and help

The committee was advised that often there was stigma for children and young people who present with a mental health condition. Some young people who knew friends or peers with mental health diagnoses aspired or wanted to receive the same diagnosis. Many young

people had trouble opening up to people and trusting them at times, when they had done so, they hadn't been believed which created a much bigger barrier in the long run. There were issues when young people had an existing condition, such as Attention Deficit Hyperactivity Disorder (ADHD), alongside a separate mental health diagnosis and the pathway for that individual.

Often agencies would refer children and young people back to a department they knew would get support to the individual or they would find an appropriate solution to the situation, rather than spending time assessing who had responsibility for the individual which in turn masked the issue. Young people were clear in their thinking and feedback that people need a range of help and support as mental health needs can be specific to a situation in their life or be part of a long-term condition. They were also clear that preventative support that enables young people to support each other and their own wellbeing was important.

It was noted that the development of mental health issues in young people can often be caused by problems within the family unit. Twelve/six-week programmes that finish at aged 16 are not enough, they should extend to the point at which the young person is ready to finish.

The committee asked the following three key questions:

- 1) What else do you believe young people of Cheshire East need more of to help them be happy and safe?
- 2) If money was no object- what would you like to see transformed across Cheshire East in respect of service provision for Children and Young Peoples Mental Health?
- 3) What would your top two recommendations be to overview and scrutiny committee as a result of this review?

Officers present felt that there was an evident need for more targeted and stigma-free resources available to young people, alongside the offer of in-house services; and that there should be more training in schools to ensure the most effective, holistic support networks are in place for young people in Cheshire East.

Members agreed there was not enough emphasis on personal development delivered by expert services and that not all schools had a full-time counsellor or nurse to enable drop-in sessions for students.

## Conclusions

1. Service users did not consistently feel believed and/or understood when they presented with mental health issues.
2. A number of service users had had negative experiences with CAMHS, namely long waiting times to receive an appointment, and the cancellation of service appointments if they had been unable to consistently attend (even if the reason for absence related to their mental health difficulties.)

3. There was a consistent message from service users that organisations and providers could and should make better use of social media to raise awareness of what services are available to young people experiencing mental health difficulties, as well as to try and reduce the stigma surrounding the accessing of these services.
4. Some young people felt that they were prematurely discharged from their services, and that they should be able to identify when they are ready for the support to end.
5. Young people with mental health issues needed consistency and familiarity in their service provision and felt that the relationships and support they had received during childhood should be maintained after turning 18 and transitioning to adulthood.
6. The council, schools, NHS partners and other organisations needed to work together to ensure the most effective, 'wrap-around' service was available to support Cheshire East children experiencing mental health difficulties.

## Recommendations

1. **That the council and partners endeavour to create a clearer pathway and screening tool for assessing the needs of children and young people presenting with mental health issues, with standardised outcome measures across services to make it easier to identify where other improvements may be made in the future.**

The ideal situation would be for children and young people to receive a timely diagnosis and a supportive treatment plan that continues until they feel well and able to manage their mental health and wellbeing. As young people grow older and move into adults' services, service quality should not be compromised, and allowances should be made to ensure familiarity between different consultants and services.

2. **That commissioners review the current service provision, and access to services, with a view to ensuring that services are commissioned for children and young people up to the age of 25.**

Evidence received from the entire spotlight review, particularly the feedback from service users, revealed that young people needed more consistency and familiarity from the services they receive. This could be improved by commissioning services for young people up to the age of 25.

3. **That a review be undertaken of the Cheshire East Live Well programme, and that as part of this, the council specifically considers access and availability to wellbeing support services for children, young people and their parents/carers.**

The committee felt it was important that some of the work already underway by the council through the Live Well programme be reviewed, to determine whether certain

strategies or programmes could be improved through pragmatic adaptations that would potentially better meet the needs of children, young people and parents.

4. **That Cabinet look to use and prioritise the Troubled Families process to improve the level and breadth of support available for parents and carers of children and young people experiencing mental health issues.**

The committee recognised the need to offer support to parents struggling with their mental health and as the struggle to parent their children as well as they might. The committee recommended that the Family Focus (Troubled Families) process be utilised and prioritised to improve support for parents.

## NHS Commissioners and Providers of Children's Mental Health Services in Cheshire East

The committee considered a shared presentation, provided by NHS Cheshire Clinical Commissioning Group (CCG) and Cheshire and Wirral Partnership NHS Foundation Trust. Members were informed of how Cheshire CCG and CAMHS work together to provide these services for the young people of Cheshire East, as well as the specific projects and pieces of work being undertaken to make services more resource-effective and provide better outcomes for service users.



Figure 4. Statistics relating to the mental health issues experienced by children and young people in Cheshire East

### i-Thrive

Officers explained i-Thrive, part of the new Thrive model, an integrated, person-centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in four categories: Getting Advice, Getting Help, Getting Risk Support and Getting More Help. The committee heard that commissioners had begun to move towards the Thrive model – to replace the tiered system of defining services and cases – but noted that the current provider still preferred this older system.

A number of recent developments included: an All Age Wellbeing Hub (a single point of referral and triage for both professionals and the public); a single advice line for professionals (health workers, teachers or carers) between 1-5pm for advice and information that follow the Thrive model quadrants; support for KOOTH delivery (online support; and counselling and weekend assessments for children and young people (thereby saving over 40 beds over the last 12 months).

Families with nursery aged children that presented with mental health difficulties were supported through a 12-step programme. The NHS had begun to operate on more of a needs-based approach at a wider community level, however, despite the introduction of the Thrive model, staff were still using the tiered system internally to organise referrals. This led the committee to ask how successfully the new model had been integrated from within the NHS outwards.

CAMHS
CAMHS only provides services to 35% of the children and young people with mental health issues that need support. The other 65% “can’t access” the services due to not meeting accessibility criteria.
CAMHS informed that it had noticed an increased number and proportion of complex cases, particularly of children and young people diagnosed with autistic spectrum disorder, as well as other mental health needs.
CAMHS insisted that they do not have a waiting time issue – approximately 3 weeks for appointment (this has never exceeded 8 weeks) and 7 weeks for treatment to begin. CAMHS was clear that the public concern about waiting times is caused by the eligibility criteria and children and young people not being able to access services because they are not eligible. This has gone from a 4 year wait to an 8 week wait within 18 months.
CAMHS had tried to improve wider understanding of what the service can provide, and for which types of symptoms, by sending short information sheets to GPs and other potential referrers.
One of the biggest barriers is enabling commissioners to commission mental health services that move away from mental health belonging to CAMHS. Mental health should be embedded within everything and everyone needs to own this and support this work.
CAMHS / NHS are currently looking at the whole picture of children’s and adult’s mental health services, reviewing the differences in thresholds to determine how improvements could be made to improve the ease of transition for patients.
Central funding is the biggest obstacle to NHS / CAMHS providing the services they need to, to the children that need them.

Figure 5. a summary of the key points made regarding CAMHS

## Long Waiting Times

In response to the anecdotal evidence of long waiting times, CAMHS advised that the NHS had begun to review moving away from the traditional ages 0-16 for children's support services, to a 0-25 years approach. It was noted that the eligibility criteria for accessing children's and adult's services were different, but that discussions had commenced on how to resolve this issue.

The committee was alarmed by issues raised by service users, commissioners and provider, regarding service eligibility and the low proportion of children and young people unable to meet eligibility criteria, or being stuck on waiting lists for extensive amounts of time (one particular case reported to the committee noted a child had spent two years on a waiting list before receiving an appointment.)

## Early Years

It was also recognised that young people can be on waiting lists for so long that they can fall into crisis before being able to access services. A pilot had been carried out with nursery-aged children to support the early identification and support of mental health difficulties; however, it did not receive further funding to be carried out on a wider scale.

The committee heard that there was a provision for young children aged 0-2 years, related to maternal depression and its impacts on young peoples' mental health, but that this was provided at a Cheshire and Merseyside regional level, not specifically in Cheshire East.

It was reported that there was a greater need for mental health early intervention in Crewe and parts of Macclesfield. Members were keen on the use of all-age assessments and noted that more needed to be done on the provision of early intervention for younger children.

## Trailblazer Scheme

Members heard how a 'Trailblazer' bid has been secured, which would enable the piloting of two teams working with a Clinical Lead across 11 schools in Cheshire in Ellesmere Port, Winsford and Crewe. It was anticipated that this would serve around 16,000 pupils, with selection being completed through a needs assessment analysis.

There were a number of other bids planned to be submitted to try and extend this offer across the rest of Cheshire. NHS partners had worked closely with heads of education, reviewed deprivation markers, and used data on A&E admissions to determine which areas the 'Trailblazer' schools would be placed in.

## Out of Hours and Crisis Support

An out of hours advice line was open from 5.00 to 11.00pm on weekends and 12.00 to 8.00pm on weekdays. A separate offer of a crisis support line was in development, which

would be 24/7 and provide young people with fast responses in a parallel model to the home support and home crisis service already provided for adults.

## Mental Health Leads in Schools

The Department of Health and Social Care and Department for Education (in 2018) introduced the need for schools to have a designated Mental Health Lead, whose role was set out as to:

- coordinate the school's provision for young people's mental health needs;
- build clear working links with children and young people's mental health services so that the school can refer to the NHS when appropriate;
- oversee the mental health interventions that take place in school; and
- give members of staff the knowledge and skills they need to support children with emerging mental health issues.

It was noted that in order for mental health issues to be more effectively managed by schools, general ICT systems needed to be improved to enable concerns to be flagged and referred to the appropriate persons or organisations quicker.

In order to support disengaged students that did not attend school – sometimes owing to their mental health struggles – a peer support network for parents, school nurses and teachers had been established. A peer-to-peer support network was in development to be in place around the end of 2021.

## Conclusions

7. CAMHS and the NHS has begun to consider extending its provision of mental health services for young people from up to the age of 16, to the age of 25, including a review of the differences between the accessibility criteria for children's and adult's services.
8. There has been an increased proportion of complex cases, such as children or young people diagnosed with autistic spectrum disorder, as well as other mental health needs.
9. It can often be confusing for families to manage referrals and visits to a variety of services, which was hoped to be improved and resolved by the introduction of the iThrive model.
10. Visyon provides services only in the north of the borough; the NHS is looking to extend the offer and commission equitable services across Cheshire East.

11. Although there is some provision of support services for young children aged 0-2, this is provided on a regional basis across Cheshire and Merseyside. There is need for this to be improved at a local level in Cheshire East.
12. Through Early Help and the Emotionally Healthy Children Programme, training has been undertaken to embed mental health support as a priority throughout service provision.

## Recommendations

5. **That commissioners be asked to provide a further update to the Children and Families Overview and Scrutiny Committee in January 2021, on the progress of implementing the Thrive model and an update on service accessibility.**

The committee noted that commissioners had introduced the new Thrive model to replace the previous tiered system for defining services. It supports the value of an improved needs-based approach being adopted.

6. **That commissioners and providers ensure that the eligibility and accessibility criteria for services is clear and transparent for children and young people and their families/carers.**

The committee acknowledged the widespread perception and experiences from service users of council services that CAMHS has very long waiting times for appointments in relation to the screening, assessment, diagnosis and treatment of children with complex needs. There was a reality that the longer that young people stay on waiting lists the quicker the likelihood will be they fall into crisis which can result in inappropriate attendance at A&E and admission to hospital.

The committee also noted that Cheshire and Wirral Partnership NHS Foundation Trust, who provide CAMHS locally in Cheshire East, was clear they do not have a waiting time issue and stated there was an approximate 3 week waiting time for an appointment and 7 weeks to wait before treatment begins. They stated that public concern about waiting times is caused by the eligibility criteria, and that children and young people not being able to access services is due to them not being eligible.

7. **That Cheshire CCG, CAMHS and the council ensure that all staff who support both children's and adults' services, undertake transition training to secure safe and reasonable handovers of cases when young people leave children's services and enter the adult social care system.**

The committee understood that once a care leaver is over 25 and has technically 'left' the councils children's services umbrella, teams would still try to get in contact up to twice a year (text / email etc.) to check in and see how they are doing.

The committee advocated for the need to extend care up to 25 years by recommending that any future redesign of CAMHS services for those in greatest need should extend up to age 25, rather than 19. This should particularly consider a continuous care plan for those children who are care leavers and those who have been exposed to violence, abuse and trauma as children into adulthood.

8. **That commissioners endeavour to ensure that services provided by Visyon are equitable and available across the whole borough of Cheshire East.**

As at the time of this spotlight review, Visyon was commissioned to provide services in the north of the borough. It was reported that commissioners had begun to look into extending this offer, and the committee agreed that this was important and necessary.

9. **That Cabinet reviews the council's commission for the Emotionally Healthy Children Programme, with a view to ensure that there is a single commissioning strategy that is aligned to the CCG Mental Health Trailblazer project and make it easier to secure future funding.**

The committee understood that mental wellbeing should be embedded in everything that is done through both through the Emotionally Healthy Children Programme, and the Council. One of the biggest barriers to achieving this was the funding available to commission services, with one solution to this being a shift away from CAMHS being responsible for providing all mental health services.

10. **That the Leader of the council write to the Secretary of State for Health and Social Care and the Minister for Education, to request further investment to improve the access to therapeutic support services for children and young people in Cheshire East.**

The committee heard considerable evidence that the perception and reality of service users and Council Officers that CAMHS service currently has long waiting times for screening, assessment, diagnosis and treatment of children with complex needs. CAMHS contradicted this view stating that the discussed waiting times were a myth, however; CAMHS had quoted that they currently operate a service of approximately 3 weeks for appointment and 7 weeks for treatment to begin.

Whilst it was acknowledged that there was a funding gap for CAMHS (only 35% of children with a clinical need able to access services,) the committee noted that young people can remain on service waiting lists for so long that they experience crisis, sometimes resulting in avoidable A&E presentations and hospital admissions.

11. **That the council and NHS partners work together to review the way in which data relating to children and young people's mental health is collected, to more consistently align to national targets and measures.**

The committee understood that the national target is to provide services to 35% of children and young people, however, data is not collected in the same, consistent way by all organisations and authorities. The committee recommended a change in the way data is collected to align as a consistent measure.

## Children's Social Care

The committee were given an overview of the current position on young peoples' mental wellbeing within the children's social care setting, with a focus on cared for children, care leavers, as well as the Child in Need and Child Protection services.

Several pertinent points were put to the committee, including that:

- most referrals that were made to Children's Social Care came from the police and related to domestic abuse;
- all cared for children have experienced trauma and loss – some children in care will be at higher risk of placement instability and thus, ensuring their mental health needs are identified and supported is key;
- statistics showed that there had been an increase in the number of children in need of additional support;
- As a council we do not have a high number of cared for children that end up in the justice system, however, usually when cared for children have offended, they have been high risk cases;
- the current training offer on supporting children's mental health needs for foster carers should be reviewed to ensure it is robust and fit for purpose; and
- there was a need for clearer service pathways and screening tools to be in place to more efficiently and effectively assess children.

In addition, the committee were made aware of two specific projects that had been undertaken by the council:

### Bespoke Project

A specialised children's home, operating with a new model of care that sees services come in to visit and support children, rather than them having to go out to speak to lots of different professionals.

### Mockingbird Project

Creating a network of foster carers, similar to receiving support from the extended family network, making sure that they have the right support and advice to enable them to be effective carers and provide the best possible care for the children they look after.

## Early Help

Following members' questions, it was noted that the Early Help offer could be improved by ensuring that robust plans were put in place around whole families, and that the child in need of support, their parents/carers, siblings and other close supports understand any plan put in place and how they each can support it.

Furthermore, it was suggested that a review of the eligibility criteria for accessing services be undertaken, for more young children in need to be able to receive the support they require.

## Leaving Care or Transitioning to Adult's Services

Once a care leaver turns 25, they will have technically left the council's children's services 'umbrella'. However, it was made clear that over-25s that return to the children's services teams are not turned away and will always be supported helped when in need and crisis, such as taking a person to A&E, or with advice on higher education. Children's services teams carry out welfare checks up to twice a year, usually via text or email, to check in and see how the person is managing.

It was reiterated to the committee that there was a shift in thinking towards asking children and young people what they believe the most suitable solutions would be for them, and to from there, work together to find the best solutions and outcomes.

## Gaps in Service Provision

There is a gap in service provision for children and young people with mental health issues that are at risk of committing crimes. At present, these young people will only receive fast-tracked help from CAMHS once a crime has been committed, and/or if they are in the youth justice system. This fast-tracking of services is not available for other Early Help services.

This does not help the early intervention/prevention agenda and, if it were to be revised, a greater number of children could be provided with the support and mental health services they need that could prevent them from committing crimes and ending up in the youth justice service.

## Adoption Counts

Within the wider update on Children's Social Care, the committee received information from Adoption Counts – a new, collaborative adoption agency that has brought together the professional expertise of five local authorities including Cheshire East Council – who work with adopters and ensure that adopted families have the most stable and supportive environment possible.

The key points made during this presentation to members were:

- Statistics showed that approximately one quarter to one third of all adoptive families are struggling significantly, to the extent that they require a considerable amount of support.
- Adoption Counts works with adopters before they adopt to prepare discussions around adoption and the birth family.
- Of the five local authorities that co-commissioned Adoption Counts, Cheshire East has the highest numbers of referrals, which is significant when considering that its population size (roughly 380,000) is a lot lower than that provided for by Manchester City Council (approx. 550,000 residents).
- It had been recognised in national research that CAMHS had not always been as responsive as it had needed to be to meet the specific needs of adoptive families.
- If CAMHS, Education and Children's Social Care services were integrated more effectively, the services available to adoptive families would improve.
- Adoptive children need tailored and sophisticated mental health services too, which needed to be acknowledged properly by commissioners. A lot of the time, adoptive children may not have diagnosable mental health issues, but the majority have still benefitted from some form of therapeutic intervention, and that this has helped to prevent the development of more significant mental health issues.
- Children's mental health should be at the forefront of health agendas with a view to securing long-term solutions for affected children.

Following further questioning by the committee, it was noted that the service provided by Adoption Counts was both ground-breaking and evidently effective in making sure that the needs of adoptive children and their adopters are met. With the commission for this service due to end soon, it was made clear to the committee that, were the five local authorities not to re-commission the service, it would increase the pressure and cost on other council services, and result in potentially less support available for adoptive families.

The committee heard that the Adoption Counts model had proved to be an effective invest-to-save model for each of the involved local authorities and that last summer, all five had written to the Department of Education to request an increase in funding to support the continuation of the service, but that this was rejected.

## Conclusions

13. The council has undertaken two important and innovative pieces of work through the Bespoke and Mockingbird Projects, the successes of which should be monitored and considered as to whether their models of work could be replicated on a wider scale.
14. Children and young people who are at risk of entering the youth justice system need earlier intervention and preventative support.
15. A more joined-up approach to the commissioning of children and young people's mental health services, between Cheshire CCG and the council, would help to ensure that the right type, amount and coverage of services were provided.

16. The threshold for accessing CAMHS is too high, which has resulted in too many children and young people in need of help, being without support.
17. There is a need for clearer pathways and screening tools to be implemented, to more efficiently and effectively assess and refer children to the correct services.
18. The service model used by Adoption Counts had proven to be cost effective and provided local authorities with an opportunity to invest-to-save, whilst providing a highly effective service for adoptive children and families.
19. If CAMHS, Education and Children's Social Care services were better integrated, adoptive families would likely receive a more effective, holistic service.
20. Adoptive children, even those who may not have diagnosed or suspected mental health difficulties, need tailored and sophisticated support. Many have benefitted from therapeutic interventions, and it is thought that such support can help to prevent the development of mental health issues.

## Recommendations

12. **That the Leader of the council write to the Department of Education to request that funding for the Adoption Counts service be continued and prioritised, and encourage each of the partner authorities receiving the Adoption Counts service to do the same, to lobby for more funding for this important service.**

The committee noted how important it was that adoptive children and families receive the right, timely services that they need, and that Adoption Counts had supported Cheshire East Council to do this in a cost-effective manner.

13. **That full Council be asked to ensure its Budget is adjusted to accommodate the cost required to re-commission Adoption Counts, provided that the other local authorities put forward their contributions also.**

Were additional funding not to be available to renew the Adoption Counts commission, it is important that the council, and the four other local authorities partnered in the commission, take the initiative to ensure that it is accounted for in their budgets.

14. **That the council and partners ensure that the joined-up working arrangements relating to adoption are sustained and properly funded, to secure positive long-term outcomes for adoptive children and families in Cheshire East.**

The committee agreed that adoptive parents should have the same rights as any other parents. There was a risk attached to the cessation of funding. The committee recommended writing to the Department of Education to express concerns and ask

what its plan is for continuation. Scrutiny do not want short termism, want long term outcomes.

**15. That the outcomes of the council's Bespoke Project be reviewed, and its successes be used to inform future commissions and projects.**

Through the Bespoke Project, the council had been able to trial an innovative and new approach to providing services in an efficient and effective way to children and young people. If this new model of delivery proves to be successful and create positive outcomes for service users, the committee agreed that it should be used as part of the development of future commissions and projects.

**16. That a review be carried out to ascertain best practice in areas where a 24/7 crisis offer is already in place, and how this type of crisis service could be provided in the most effective, joined-up way in Cheshire East.**

The committee understood that Street Triage was standardised across the borough and it actively worked to dissuade children and young people from being taken to custody suites by Police when suffering a mental health breakdown typically on a Friday and/or Saturday evening.

## Council-Commissioned Services

The committee was informed that the Cheshire East All Age Mental Health Strategy 2019-22 was in development; the overview and scrutiny of the strategy was undertaken around the time this review was undertaken (February 2020). The strategy was intended to provide better outcomes for all living in Cheshire East who had a functional mental health condition, i.e. one that has a predominant psychological cause, such as depression, schizophrenia, mood disorders and anxiety.

The strategy proposed a whole system approach to improve the mental health and wellbeing of children, young people, adults and their families, and was supported by integrated health and social care services, resilient communities, inclusive employers and services that maximise independence and choice.

Further scrutiny and questioning by the committee revealed that:

- statistics and performance measures needed to be analysed further to assess the gaps in funding and success of joint contract management arrangements with Cheshire CCG;
- there was a proposed offer of establishing Early Start Hubs, targeted at bringing different agencies and services together to 'wrap around' support for families; and
- the integration of commissioning and delivery needs had to be the way forward, to ensure the most effective provision and outcomes of services.

The committee also heard that the council had worked to establish a new school in Crewe, which would be opened to specifically support children and young people with mental health needs, who due to their needs, cannot be supported effectively within a mainstream school.

As a follow-up to the previous presentations it had received, the committee queried the experiences of long waiting times for children to receive appointments from CAMHS. Members heard of the case of one child who unfortunately had to wait two years for an appointment, following their referral to CAMHS.

### Conclusions

21. The voice of children, and the priorities of children and young people, were central to the commission of any service and performance review of any ongoing commission.
22. The Cheshire East All-Age Mental Health Strategy 2019-22 had been recently developed, with a view to ensuring mental health support is in place for people from birth.

## Recommendations

- 17. That the council and Cheshire CCG work together to ensure that commissioning and contract management arrangements are more closely and effectively integrated.**

It was clear from the committee's investigations that through more effective joint-arrangements and co-commissioning, the council and partners would be able to reduce the gaps in services and improve outcomes for service users.

## Education

The council has two teams under the service area of Education, which directly support children and young people with mental health difficulties:

- (1) the Medical Needs Tuition Team
- (2) Safeguarding Children in Education Settings (SCIES) Team

The committee was informed that there had been increased number of children not able to access/attend school due to mental health problems. Furthermore, there was a cohort of young people who are unengaged and potentially unknown to services, they spend their time in their bedrooms and are becoming a growing concern for the council and schools.

There was some anecdotal evidence to suggest that CAMHS will not go out and visit disengaged young people to provide them with appointments. The committee was concerned to hear that home visits were not undertaken, even if service users had missed appointments due to their mental health and wellbeing issues preventing them from leaving their homes. It was reported that if service users missed three appointments, their service with CAMHS would be ended.

### Cornerstones Project

This project was established to support primary school children on the cusp of exclusion, with a focus on understanding and resolving behaviour escalations. Since the project had been put in place, there had not been any primary school exclusions in the last year. Following its early success, the project had been extended to work with children that had struggled to adjust and adapt to moving from primary to secondary school.

### Support in Schools

Ofsted had changed some of its focus from being target and achievement focused, to prioritising the welfare and emotional support needs of children as part of the curriculum, which has influenced how schools formed their curricula.

It was noted by the committee that teachers – already under the pressure and strain of delivering more with less resources – did not always have the capacity to take on further responsibility with regards to supporting pupils' mental health and wellbeing. Too much pressure and responsibility can lead teachers to feel mentally unwell themselves and as such, the Council had begun working with trade unions to improve stress awareness and resiliency.

### Elective Home Education

The council had overhauled its systems and approach towards children who are electively home educated. After being notified of a parent(s)/carer(s) wanting to electively home

educate, the council will visit the family and provide advice on the impact of elective home education, especially if there are students with mental health conditions.

The key to effectively managing a request to electively home educate is to support a full understanding of the rationale behind the decision, for example, if this is due to issues within the school such as bullying, which could potentially be resolved.

Ultimately, the council is always supportive of families' decisions to electively home educate, however, if there are concerns that this may not be suitable or ideal for students, the council would quickly raise these with the parent(s) and if required, challenge them on their decision.

## The Lodge

The committee was informed of the Lodge – an alternative education provider that can deliver quality, short-term, alternative provision for the most vulnerable learners. Testimonials from schools that had used the Lodge noted that it offered a structured programme for attendees that facilitated personal development and focused on supporting students to ready themselves for returning to their school environment.

Placements at the Lodge had been found to be popular with both students and parents, with transition into the provision, communication, safeguarding and transition back to school being highly effective.

It was noted that the Lodge was just one alternative education provider that had been used by schools in Cheshire East. Funds had been allocated to clusters of schools from across the borough, which had then determined what alternative education provision was required on a more local level.

## Conclusions

23. The Medical Needs Team reported that approximately 80% of cases they had supported had related to mental health issues.
24. The Cornerstones Project had successfully supported primary schools to more effectively manage pupil behaviour escalation and resolve issues before the need for school exclusion arose.
25. Although CAMHS had reported undertaking home visits to disengaged young people, there was anecdotal evidence that there was resistance to undertake these.
26. The Lodge was one example of an alternative education provider that had been used to provide vulnerable pupils with short-term structured programmes for vulnerable learners that support them to return to their usual school environments.

## Recommendations

- 18. That the council monitors the impact of alternative education service provisions to support young people and reduce rates of exclusions.**

Although the council does not have capacity to put further funding into this type of provision, the committee recommended that the successes of the Lodge be considered when its annual funding review is carried out.

- 19. That CAMHS and commissioners urgently review the support provided to children and young people who are unable to leave their homes to attend their scheduled appointments.**

The committee was concerned by the evidence it had received throughout the spotlight review that had revealed that in some instances where young people had not been able to attend three service appointments – reportedly due to the impacts of their mental health and wellbeing issues preventing them from feeling able to leave their homes to attend these – CAMHS had ended their services.

The committee agreed that, in cases such as these, it was unacceptable that CAMHS should end services without a home visit.

- 20. That commissioners consider the commissioning of specialist health visitors to support schools in their teaching and managing of students' mental health and wellbeing.**

The committee stressed how important it was that schools were able to provide the right amount of information and teaching on young peoples' mental health and wellbeing, and in the most effective format. Specialist health visitors coming into schools would be able to support teachers and help to deliver lessons on this, and reduce the pressure on teaching staff to be the primary source of support for matters relating to student's mental health and wellbeing.

## Integrated Youth Support Service (IYSS)

The committee received information on the work of the Integrated Youth Support Service (IYSS), and the wide range of support (including an allocated worker) provided to young people who are not in education, employment or training (NEET) – which in Cheshire East is approximately 150 people.

Most children and young people accessing the service have complex needs (often attributed to mental health issues) and there are notably fewer requiring less intervention. The young people traditionally have low aspirations and ambitions, and do not work well within an education setting therefore creative alternatives and solutions must be found. Importantly the work being done with this cohort of young people is not just about qualifications, but also about social interactions. This is especially true for those that do not have a diagnosable mental health issue (e.g. this could be low self-esteem or, isolation), yet they are still struggling and require some type of mental health support as part of their solutions.

There had been an increase in mental health issues experienced by young people identifying as lesbian, bi-sexual, gay or transgender (LGBT+). Moreover, of the 40 young people that had attended and found support with the Utopia Group in Crewe, notably a large percentage have a mental health condition – workers are available to support these young people.

### Training Opportunities

It was reported that there was a proportion of young people each year (approximately 100) who were not able to access apprenticeship opportunities, despite there being a prevalence of such opportunities in both Crewe and Macclesfield.

This meant that different, more creative approaches were needed for young people across the borough that need more supported help, work experience with a dedicated support and/or mentoring system in the workplace. Supported Internships are effective but are only available for people with special educational needs and/or disabilities (SEND.)

In order to provide better support for young people who are NEET, there needs to be more training providers, providing a wider range of opportunities. The model of supported internships could be used to help improve the opportunities on offer and improve the positive outcomes of young people who are NEET.

### Supporting Young People Not in Education, Employment or Training

Following questions from members regarding what can be done to better support these young people, it was heard that there needed to be an improved solution for supporting disengaged young people.

The courses provided by the IYSS were available for Key Stage 4 students and those that had dropped out of school, but colleges were prepared to offer reduced-hour approaches if this would better suit a young person's needs better.

## Conclusions

27. There is a potential for young people who are NEET to feel mental health challenges as a result of their situation.
28. The cases presented to the service are often complex and require a multidisciplinary approach to find a solution and identify the correct support.
29. There is potentially a gap in the provision of services in the summer holiday period, particularly for students preparing to transition from secondary school to college.

## Recommendations

21. **That CAMHS, Cheshire CCG and the council work together to review and improve the way in which support is targeted and provided to young people that do not attend school, college, training or work due to their mental health struggles.**

The committee acknowledged that disengaged young people residing in their bedroom are becoming a growing concern for council and schools. This cohort of young people typically do not attend school, college or work due to poor mental health.

The committee accepted the anecdotal evidence that CAMHS will not go out and visit disengaged young people to give them their appointments and recommended improved access and closer links to CAMHS for disengaged young people who are struggling to attend school, training or work, as the current service design does not result in home visits being delivered by qualified nurses or therapists.

Some young people may not have a diagnosable mental health issue (e.g. they could have low self-esteem or isolate themselves,) but they still clearly require some type of mental health support as part of their solution that parents, schools and youth services are not equipped to deliver currently.

## Participation Service

The council's Participation Service is closely linked to the Integrated Youth Support Service. The committee heard that the Youth Council and young people working with the Participation Service were keen to influence the delivery of mental health support and services.

Members were advised that, whilst there was a lot on offer to young people, the feedback from the Youth Council and other groups was that the young people did not know enough about what was on offer.

It was reported that users of the Participation Service had reported a negative stigma regarding CAMHS, and that many of the personal accounts of service users (as aforementioned in this report) had also been reported to this service. For example, there was feedback from some young people that they were not aware of schools having designated Mental Health Leads. As there had been no specific direction or requirement for these posts to have a uniform title, schools named the role differently, which had made it unclear to students who to go to for mental health queries and support.

The committee heard that the service had worked with young people on the awareness and impacts of cyber bullying, and how social media posts are monitored. It was noted that better awareness of KOOTH – how to access it and what benefits young people could gain from using it – would be beneficial, and that school social media accounts and communications to students and parents could be used to promote it.

### Conclusions

30. The Participation Service had received feedback that there had been confusion regarding the designated mental health leads at schools, and that across different schools they had different titles.
31. The council and partners ensure a broad provision of effective services for children and young people, however, feedback suggested that there could be greater awareness and understanding of the offer and how to access services.

### Recommendations

22. **That the council and partners work together to make sure that the offer of online support services is refreshed and promoted, and that it is equitable for all young people in the borough.**

The committee recognised that KOOTH, and other similar services, could be better promoted. Given the inequality at present, the committee acknowledged there was a feeling of postcode lottery with KOOTH, as only two thirds of the service is commissioned by the CCG.

**23. That schools in Cheshire East be asked to use a consistent title for the designated Mental Health Leads.**

In order for young people to have the awareness and understanding of who their school's mental health lead is and what they do, it would be helpful for there to be a consistent approach to the name used by Cheshire East schools to identify this role.

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## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Update on Interim Inspection Arrangements

**Portfolio Holder:** Cllr Kathryn Flavell – Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe – Executive Director of People

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### **1. Report Summary**

- 1.1. This report sets out the interim arrangements for Inspections of Local Authority Children's Services (ILACS) and Special Educational Needs and/or Disabilities (SEND) Inspections following a pause in inspections due to Covid-19.

### **2. Recommendations**

- 2.1. Children and Families Overview and Scrutiny Committee is asked to:
  - 2.1.1. Note the contents of the report in preparation for an inspection.

### **3. Reasons for Recommendations**

- 3.1. It is important that members have an overview of inspection arrangements and the key areas that inspectors will scrutinise in order to support effective oversight and scrutiny of outcomes for children and young people in Cheshire East.
- 3.2. One of the areas inspectors will evaluate is the the impact of leaders on frontline practice and outcomes for children. The committee has a key role in contributing to this.

### **4. Other Options Considered**

- 4.1. Not applicable.

## 5. Background

- 5.1. All routine Ofsted inspections were suspended on 17 March 2020 as a result of Covid-19, although urgent inspections where specific concerns were raised were still carried out.
- 5.2. On 6 July, Ofsted announced their plans to recommence inspections, including their plans for ILACS and SEND inspections.
- 5.3. Ofsted published the guidance for the interim ILACS arrangements on 17 August.
- 5.4. Ofsted published the guidance for the interim SEND arrangements on 9 September.

## 6. Interim ILACS arrangements

- 6.1 ILACS inspections recommenced on 15 September.
- 6.2 The way inspections will be carried out has changed as an interim arrangement following the pause in inspections and taking into account the additional pressures services are under as a result of Covid-19. This interim arrangement will remain in place until December 2020 and could be extended depending on the circumstances.
- 6.3 Usually, there are three types of inspections we could receive under the ILACS framework. Under the interim arrangements, there will only be one type of inspection.

### What the ILACS inspection covers

- 6.4 ILACS are inspections of children's services across the levels of need, and cover the partnership support provided to children, young people and families within the following areas:
  - Prevention and Early Help
  - Child in Need and Child Protection
  - Cared for services and Care Leavers
  - Education for vulnerable pupils
  - Support to vulnerable groups of children and young people, for example those going missing or who are at risk from exploitation.
- 6.5 Although ILACS are local authority inspections, the effectiveness of the support we provide to children and young people is dependant on the effectiveness of our partnership arrangements. Therefore, Inspectors will

review how effectively we work together as a partnership to protect our children and young people.

- 6.6 Inspectors will also evaluate the impact of leaders within Cheshire East on frontline practice and outcomes for children.
- 6.7 Inspectors will consider how we have responded to, prioritised and met children and young people’s changing needs throughout the Covid-19 pandemic. There will be a particular focus on the quality and impact of decision making for children and young people.
- 6.8 These interim inspections have a larger focus on education due to the implications to this as a result of the pandemic. The inspection will consider how we have worked together as a partnership to promote school attendance during this time, particularly for our most vulnerable pupils.
- 6.9 Inspectors will consider the last 6 months of practice in making their evaluations. The scope of the interim inspections is attached in the appendix for further information.

**Inspection Activity**

- 6.10 The inspection team will usually consist of four Social Care Inspectors and one Schools Inspector.
- 6.11 Inspectors will use a mix of on-site and off-site activity to inform their evaluations. Some meetings will be held virtually. Inspectors who are meeting with practitioners virtually will ask practitioners to share their screens so they can view the child’s record together as they would in a face to face meeting.
- 6.12 Interim inspections will take place over three weeks:

Day	Inspection Activity
<b>Week 1</b>	
Tuesday	The notification call will take place on a Tuesday morning. Inspectors will give us 10 working days’ notice before they arrive on-site. There will be a detailed call with the Lead Inspector on the Tuesday afternoon to discuss the inspection arrangements.
Wednesday	Off-site activity
Thursday	Off-site activity
Friday	We provide Ofsted with performance data on our

	services, lists of the cases we hold, and a list of cases that have been audited in the last 6 months. Inspectors review this information and will select the cases they want to track in detail when they arrive on-site. This will inform the key areas they want to review.
<b>Week 2</b>	
Monday	We provide Ofsted with information on our services, and our evidence and reports on the quality of practice and outcomes for children.
Tuesday	Phone interviews will take place between Tuesday and Thursday between the Lead Inspector and key leaders within the Council, such as the Lead Member, Chief Executive of the Council and Director of Children's Services, and also key leaders within the partnership including the Clinical Commissioning Group, the Police, Cafcass, and the local family judiciary.
Wednesday	
Thursday	
Friday	Off-site activity
<b>Week 3</b>	
Monday	Off-site activity
Tuesday	Inspectors are on-site and meet with practitioners.
Wednesday	Inspectors are on-site and meet with practitioners.
Thursday	Inspectors are on-site and meet with practitioners.

- 6.13 The inspection will focus on frontline practice and the difference this makes to children and families. Inspectors will spend almost all their time shadowing and speaking to workers and managers about casework when they are on-site. They will also sample and review children's case records, and will speak with children, young people, parents and carers.
- 6.14 Inspectors will look at the experiences of children and young people, and how we have made decisions in their best interests in the context of the pandemic. Inspectors are keen to look at examples of good practice as part of the inspection.

### Findings

- 6.15 At end of the inspection, a letter will be completed which outlines our strengths and our areas for development. This will be published on the Ofsted website. No judgements will be made on the quality of practice (e.g. outstanding, good).

- 6.16 Until the letter is published, we are not allowed to share the findings as these may change following moderation.

### **Timing of the Inspection**

- 6.17 We don't know when or if we will receive an interim inspection, however Ofsted have said that they are aiming to visit as many areas as they can.

## **7. Interim SEND Inspection arrangements**

- 7.1 SEND inspections are multi-agency inspections of the local area. They are carried out by two inspectorates, Ofsted and CQC.
- 7.2 There will be a phased return to SEND inspections. SEND inspections and SEND revisits will remain paused for the time being.
- 7.3 As an interim arrangement, Ofsted and CQC will undertake visits to local areas to help them improve their services to children and young people with SEND.
- 7.4 Visits will start in the autumn term 2020 and will take place across that term and spring term 2021. Participation will be voluntary.
- 7.5 Ofsted and CQC have said they will return to completing SEND inspections and revisits when it is right to do so, and that the visits will help to determine when would be the right time.
- 7.6 A new framework is being developed for continuous cycles of SEND inspections which will commence after all areas have been inspected within the current framework.

### **What the SEND Visits will cover**

- 7.7 The purpose of the visits is to:
- Support local areas to understand the impact of the pandemic on children and young people with SEND and their families
  - Find out what has worked well for them during this time, what the challenges have been, and any lessons learned
  - Work with the local area to identify opportunities for improvement that address the remaining challenges faced by children and young people with SEND.
  - Highlight positive case studies and share insights nationally to promote whole-system learning.

- 7.8 Inspectors will focus on the main theme of children and young people's access to the right support at the right time, including remotely where necessary.
- 7.9 Inspectors will consider how solutions and services have been co-produced with children, young people and families, and how well agencies have worked together to understand and meet needs during this time.
- 7.10 Local areas will also have the opportunity to put forward a specific area of focus that they would like inspectors to review with them.

### **Inspection Activity**

- 7.11 Visits will last for two days and will involve three inspectors: one Ofsted education HMI, one Ofsted social care HMI, and one children's services inspector from CQC.
- 7.12 Inspectors will select 4 to 6 children and young people with SEND to be part of case studies. Half of these will have an education, health and care plan, and half will be receiving SEND support. Families will be asked for their consent to participate in the inspection. The 4 to 6 families will meet with inspectors during the visit either face to face or virtually to give their feedback. Inspectors will also meet with the multi-agency practitioners who have supported these families.
- 7.13 Two online surveys will also be completed during the inspection to inform the findings: a parent carer survey, and a survey for young people with SEND who are over the age of 16.
- 7.14 Inspectors will also meet with the leaders from the local area.

### **Findings**

- 7.15 Learning from the visits will be shared in national reports. Ofsted and CQC will not give graded judgements or publish individual reports. Verbal feedback will be shared with the local area during the visit and the local area will receive a summary note following the visit which will not be published. The findings will be shared with the DfE and NHS England.

### **Timing of the Inspection**

- 7.16 A limited number of local areas will be invited to participate. Agreement to participate will be required from the local authority and the clinical commissioning group(s) in each local area. Visits will not be carried out to all local areas. Ofsted and CQC are aiming to cover a range of areas with different characteristics, such as geographical make-up, population characteristics and previous inspection outcomes.

## **8. Challenges**

- 8.1 As these are unprecedented circumstances, it will be more challenging to prepare for these inspections. There is no baseline for what good support should look like during lockdown and the pandemic. Learning from other authorities who receive these interim inspections will be key.

## **9. Implications of the Recommendations**

### **9.1. Legal Implications**

- 9.1.1. As part of the ILACS inspection, Inspectors will want to understand how any of the changes to regulation set out in [The Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#) have impacted on the experiences of children and families. This will include looking at management oversight.

### **9.2. Finance Implications**

- 9.2.1. There are no financial implications.

### **9.3. Policy Implications**

- 9.3.1. The findings from inspection may inform policy decisions.

### **9.4. Equality Implications**

- 9.4.1. There are no equality implications. Ofsted have said that where staff are working from home due to the risk from Covid-19 they will conduct meetings with these staff virtually.

### **9.5. Human Resources Implications**

- 9.5.1. Staff from the service areas above will be directly involved in the inspections.
- 9.5.2. A briefing on the interim arrangements for ILACS inspections has been sent to all Children and Families staff, and to senior leaders within the Safeguarding Children Partnership to circulate to their workforce.

### **9.6. Risk Management Implications**

- 9.6.1. The existing working arrangements will be taken into account when planning for inspection to ensure staff continue to be protected from the risk from Covid-19. Inspectors will be expected to comply with the existing controls within buildings.
- 9.6.2. There are reputational and financial risks of not providing good children's services. These risks are also included as risks for the Safeguarding Children's Partnership. The Council, as the lead agency,

must continue to ensure that these risks are minimised by ensuring effective plans are in place to improve where areas for development are identified.

#### **9.7. Rural Communities Implications**

9.7.1. There are no direct implications for rural communities.

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

9.8.1. The findings from inspection inform the development of our services so we can better meet the needs of our children and young people. Children and young people's views inform the inspectors' evaluations.

#### **9.9. Public Health Implications**

9.9.1. Existing controls that are in place to reduce the risk of Covid-19, for example social distancing and one-way systems within buildings, and individual risk assessments, will continue to be observed during inspection to protect staff and inspectors.

#### **9.10. Climate Change Implications**

9.10.1. Carrying out some aspects of inspections virtually will enable us to reduce our carbon footprint.

### **10. Ward Members Affected**

10.1. There are no direct implications for individual wards.

### **11. Consultation & Engagement**

11.1. We will continue to consult and engage with all our key stakeholders as we prepare for inspection.

### **12. Access to Information**

12.1. There is no additional information.

### **13. Contact Information**

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

Name: Jacquie Sims

Job Title: Director of Children's Social Care

Email: [Jacquie.Sims@cheshireeast.gov.uk](mailto:Jacquie.Sims@cheshireeast.gov.uk)

Name: Jacky Forster  
Job Title: Director of Education and Skills  
Email: [Jacky.Forster@cheshireeast.gov.uk](mailto:Jacky.Forster@cheshireeast.gov.uk)

Appendix

## **Scope of ILACS Inspections from September 2020**

These inspections will evaluate the quality and impact of key decision-making in the following practice areas:

- help and protection
- children in care and care leavers
- impact of leaders

### **Help and protection**

In the help and protection area, inspectors will evaluate:

- the effectiveness of the front door, with specific reference to any rise in and response to referrals, section 47 enquiries and strategy discussions
- the progress of children subject to child protection and child in need plans (those who have experienced abuse, neglect or exploitation)
- the progress of those recently stepped up or stepped down to early help and the exercise of thresholds

### **Children in care and care leavers**

In the children in care and care leavers area, inspectors will evaluate:

- edge of care/pre-proceedings, particularly those subject to a letter before proceedings (under the pre-proceedings stage of the Public Law Outline, local authorities are required to write to parents setting out what needs to change if they are to avoid family court proceedings).
- the focus on physical and mental health of children in care and care leavers, including how the local authority has maintained contact with the child/care leaver and how they have facilitated contact with families
- placement decisions, including the quality of matching, particularly when sufficiency is a challenge

### **Impact of leaders**

In the impact of leaders area, inspectors will evaluate:

- the quality assurance of practice and 'line of sight' to the quality and impact of practice with children and families
- management and workforce capacity, including responses to staff well-being
- the effectiveness of leaders in leading and contributing to multi-agency working that leads to effective social work practice

Inspectors will need to look at what has happened for children and families in the 6 months before the visit to understand children's experiences.

Our focus will be on child-centred practice that has been carefully risk assessed to result in the best possible decisions for children in the context of the pandemic locally.

Inspectors will want to understand how any of the changes to regulation set out in [The Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#) have impacted on the experiences of children and families. This will include looking at management oversight.

### **Role of the schools HMI**

A schools specialist will add value to our evaluation at a time when schools will have re-opened for all pupils, and will play a critical role in providing early help and identifying 'hidden harm'.

Schools HMI will evaluate:

- the educational progress of children in care
- children missing education
- electively home-schooled children
- how the local authority has promoted school attendance
- partnership working between schools and the local authority
- the effectiveness of the virtual school
- the experiences of care leavers not in education, employment or training (NEET)

To carry out their evaluation, schools HMI may speak with children and their foster carers, care leavers, the virtual school headteacher and relevant staff at a sample of schools. These conversations may be individual or in groups. They may happen through both phone and video calls.

This will not be an inspection of the schools in an area, but inspectors may comment on the effectiveness of schools' work and partnership with the local authority both during and post-lockdown. The schools HMI will triangulate their findings with the findings of the social care inspectors.

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## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Vision for children and young people in Cheshire East

**Portfolio Holder:** Cllr Kathryn Flavell – Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe – Executive Director of People

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### **1. Report Summary**

- 1.1 We have developed an overarching vision for what we want to achieve for children and young people in Cheshire East. This will be used to ensure all practitioners working with children and young people have a shared aim and are clear on the expectation that all work should be done **together** with children, young people and families.

### **2. Recommendations**

2.1 The Children and Families Overview and Scrutiny Committee is asked to:

- Endorse and adopt the vision for children and young people in Cheshire East
- Promote the vision widely
- Provide support and challenge to ensure these outcomes for children are achieved and decisions are made in children and young people's best interests.

### **3. Reasons for Recommendations**

- 3.1. Children and Families Overview and Scrutiny Committee has a key role in ensuring that, as a Council, we achieve strong outcomes for all our children, young people and families, particularly those that are more vulnerable to poorer outcomes and need additional help and support.

- 3.2. We believe establishing a shared vision will help to support us to achieve strong outcomes for children across the partnership.

#### **4. Other Options Considered**

- 4.1 Not applicable.

#### **5. Background Information**

- 5.1 When Ofsted carried out their inspection in November 2019, inspectors felt that although the voice of the child was embedded within services and was a strength, and partnerships were mature and responsive, that practitioners would benefit from a clear overarching vision which set out what we wanted to achieve for children and young people.
- 5.2 A considerable amount of work has already taken place with our children, young people, families, communities and partnerships to establish our existing effective partnership plans and strategies, such as the Corporate Parenting Strategy, Children and Young People's Plan, Early Help Together Strategy, SEND Strategy, and Safeguarding Children's Partnership Business Plan. This work has informed the development of the vision, which pulls together the different elements of all of these plans into one place.
- 5.3 The vision is based on what children, young people, parents, carers and practitioners have told us is important to them. This will be used to ensure all practitioners working with children and young people are really ambitious for our children, and have a shared aim and are clear on the expectation that all work should be done **together** with children, young people and families.
- 5.4 Our vision is included within the Appendix. The content has been shared with children, young people, parents, carers and staff across the partnership, and their feedback has been incorporated into the final version.

#### **6. Implications of the Recommendations**

##### **6.1 Legal Implications**

- 6.1.1 There are no legal implications of this report.

##### **6.2 Finance Implications**

- 6.2.1 The design work on the promotional materials for the vision are being funded from the Troubled Families budget.

##### **6.3 Policy Implications**

- 6.3.1 There are no policy implications.

#### **6.4 Equality Implications**

6.4.1 Part of our vision is achieving respectful and inclusive communities.

#### **6.5 Human Resources Implications**

6.5.1 There are no additional human resource implications.

#### **6.6 Risk Management Implications**

6.6.1 Establishing a shared vision and the expectation that all work is carried out together with children, young people and families will help us to achieve better outcomes for children and young people.

#### **6.7 Rural Communities Implications**

6.7.1 There are no implications for rural communities.

#### **6.8 Implications for Children & Young People/Cared for Children**

6.8.1 Establishing a shared vision and the expectation that all work is carried out together with children, young people and families will help us to achieve better outcomes for children and young people.

#### **6.9 Public Health Implications**

6.9.1 The vision includes promoting healthy lifestyles and positive choices for children and young people.

#### **6.10 Climate Change Implications**

6.10.1 There are no climate change implications.

### **7 Ward Members Affected**

7.1 All ward members.

### **8 Consultation & Engagement**

8.1 Children and young people have been consulted and their views have informed the development of the vision.

## 9 Access to Information

9.1 Further background information relating to this report can be obtained by contacting the officer below.

## 10 Contact Information

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

Name: Lauren Conway

Job Title: Interim Head of Service, Children's Development and Partnerships

Email: [lauren.conway@cheshireeast.gov.uk](mailto:lauren.conway@cheshireeast.gov.uk)



## What we want to achieve

### Our Vision

Through working **together** we will make Cheshire East a great place to be young.

We will make our families and communities strong, welcoming and supportive, where differences are respected and celebrated

All our children and young people deserve to be happy, healthy and safe, and to enjoy a life which is filled with fun and opportunities to learn and develop.

We will be hugely ambitious for all our children and young people, supporting them to succeed and grow as individuals. Their interests will be at the heart of everything we do.

We will support children and young people to build on their strengths, develop resilience, and achieve to their full potential. We will celebrate their successes!

We will fully prepare our children for their transition into adulthood, so they have the skills to thrive now and in the future.



### We believe that...

- Children are best supported within their families and their communities.
- All children should enjoy the best education which prepares them to thrive in adulthood.
- Families and communities are strong and resilient, with the right help, by the right people, at the right time.



## Outcomes for children and young people

We will do all we can to ensure that:

1. Children and young people we care for are happy and given every opportunity to achieve their full potential.
2. Children and young people **feel and are safe**.
3. Children and young people are **happy** and experience **good mental health and wellbeing**.
4. Children and young people are **healthy and make positive choices**.
5. Children and young people leave school with the **best skills and qualifications** they can achieve and the life skills they need to thrive into adulthood.
6. Children, young people and young adults with **additional needs have better chances in life**.



## How we'll do this

### Working TOGETHER

We will work together with children, young people, parents, carers, services and communities, as equal partners towards a common goal:

- T**eamwork when designing, delivering and evaluating individual support and services
- O**pen minded ideas and discussions
- G**enuine communication for all parties involved
- E**qual partners help to shape and improve support for all
- T**rust each other to make the right decisions
- H**onest
- E**ngage and empower children, young people, adults and families
- R**espect for everyone's views and opinions



### Our focus

We will work to deliver

- Fairer and more resilient communities
- The best start in life for all children
- Enjoyable education that supports children achieve to their full potential
- The right support at the right time from the right people
- A stronger offer to improve social, emotional and mental health and wellbeing
- Excellence in social work and support
- Our ambition to be the best corporate parents
- Effective support for children and young people with special educational needs and/or disabilities



## How we'll know if we've made a difference

- Children, young people and families will tell us we have made a difference.
- Children, young people and families will be supported at the earliest opportunity.
- We will get it right first time and we will help families to be resilient.
- Children and young people will live safely in their families and communities.
- Children will be cared for if they need to be and will have a permanent home as soon as possible.
- We will improve outcomes for pupils at risk of poor educational outcomes
- All young people, including our most vulnerable, will have choices in their education, employment and training.



### Our behaviours

- We will work with children, young people and their families to understand what life is like for them, recognising their strengths and aspirations.
- We will work together as one team, building strength within our relationships – we will make decisions jointly.
- We will celebrate the achievements of the whole network and learn from the actions that we all take.

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*Working for a brighter future together*

## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Progress update following the November 2019 Cheshire East Ofsted Standard Inspection of Local Authority Children's Services (ILACS)

**Portfolio Holder:** Cllr Kathryn Flavell, Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe, Executive Director of People

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### **1. Report Summary**

- 1.1. This report updates the Children and Families Overview and Scrutiny Committee on progress following the Ofsted Standard Inspection of Local Authority Children's Services (ILACS) undertaken in November 2019, with the report being published by Ofsted on the 9 January 2020.

### **2. Recommendations**

- 2.1. Children and Families Overview and Scrutiny Committee is recommended to:
  - Scrutinise progress on the development plan, and the impact for children, against the Ofsted recommendations within the Ofsted published report.

### **3. Reasons for Recommendations**

- 3.1. The Council, working with partner organisations and agencies, has specific duties to safeguard and promote the welfare of all children in Cheshire East. It is important that Children and Families Overview and Scrutiny Committee is appraised of the strengths and challenges of the quality of practice in Children's Services and is assured that arrangements are in place to deliver the plan to ensure children are safe and have improved outcomes.

#### **4. Other Options Considered**

- 4.1. Not applicable

#### **5. Background**

- 5.1. All Children's Services are subject to regular inspection by Ofsted. Cheshire East were inspected under the "new" ILACS framework in November 2019, this framework, once again "raised the bar" of what Ofsted expects to see as consistently good practice across all services. Cheshire East Children's Services were judged as "Requires Improvement to be Good" although it was recognised that significant progress had been made in a number of areas since the last inspection in 2015.
- 5.2. Following on from the Ofsted inspection, a development plan was implemented. A phased approach has been used with the plan being updated quarterly. This ensures that progress can be closely monitored and there is a clear focus on areas of improvement for each three-month period.
- 5.3. Covid-19 has had some impact on progress due to the urgent response required for emergency planning and completion of risk assessments for individual children, particularly during March and April 2020. However, this was also an opportunity for reflection and to reshape some of our initial development work, and to strengthen progress following the initial response to Covid-19. During phase two of the plan we have been able to access external support from the Local Government Agency (LGA) children's lead.

##### **What has worked well?**

- 5.4. There has been whole Council support to prioritise the required developments in Children's Social Care. Corporate Parenting Committee and Children and Families Overview and Scrutiny Committee have held Children's Social Care to account. This will ensure that social work practice is consistently good and there is a positive impact on children's outcomes. The recommendations from the Ofsted ILACS report now form key priorities within our development plan. There has been an additional investment of £2.3 million to ensure Children's Social Care has the required resources to improve.
- 5.5. There has been strong leadership to drive developments in a timely way, this means that children and families will experience improvements in the consistency of social work practice more quickly.

- 5.6. A series of communication events, following publication of the report, meant that children, young people, foster carers, practitioners, managers and the wider partnership understood the strengths and areas of development for Children's Social Care following the inspection.
- 5.7. The Ofsted development plan was co-produced with children and young people, front line practitioners and managers. Engagement with members, Safeguarding Children's Partnership and Local Family Justice Board also informed the plan.
- 5.8. We have developed our vision "Together for Children and Young People" and will be formally launching this within the service, wider Council and with partners during Autumn 2020.
- 5.9. There has been increased management oversight and individual review of the following vulnerable cohorts of children: children suffering from chronic neglect, 16/17 year olds who are homeless, and children living in private fostering arrangements, to ensure that timely and robust planning is in place.
- 5.10. We are in the process of re-commissioning our 16+ supported accommodation offer for cared for children and care leavers. We have worked in partnership with a small number of care leavers to ensure that we will have a robust offer that meets their needs.
- 5.11. The governance structure within Children's Social Care has been reviewed and new arrangements established. This will mean that there are stronger measures in place to support and challenge practice and improvements in outcomes for children.
- 5.12. The independent fostering review has been completed and there are early signs that our communication and engagement with foster carers has led to an improvement in our relationships. This means that carers are starting to feel more valued and better supported to care for our children. We have made good progress in our work with foster carers and are implementing all of the recommendations from the independent fostering review. Foster carers are involved in the development work and there has been positive feedback regarding the actions we have taken. Recruitment has increased significantly with 7 carers approved since April 20 and 12 currently being assessed.
- 5.13. The Public Law Outline (PLO) process has been refreshed in partnership with legal services. An audit provided an early indication that this has led to a reduction in the risk of drift for children at risk of chronic neglect. Ensuring that basic social work practice is consistently good is a priority within the

plan. Significant work has taken place with team managers and front line practitioners so there is a common understanding of what a good assessment looks like across the service.

- 5.14. Following feedback from our frontline practitioners and managers, our Principal Social Worker has developed a comprehensive training package, initially focusing on assessments, this includes a training video and examples of good practice. We will use feedback from these sessions inform our development work around plans for children and young people, but are confident that this is the right approach for our teams.
- 5.15. We have launched our leadership program for team managers; this has a clear focus on ensuring all frontline managers understand what good practice looks like and are supported to be leaders in practice.
- 5.16. The service has responded with creativity and flexibility to ensure that vulnerable children have remained as safe as possible during the Covid-19 lockdown. There have been rapid advancements in the use of virtual visits and review meetings. This has led to every effort being made to minimise drift and delay for vulnerable children and their families in this unprecedented situation.

**What do we need to improve?**

- 5.17. Covid-19 and the required emergency planning response has provided some challenges to progressing as planned. Every effort is being made to minimise delay to the actions required to improve practice. We are experiencing increasing concerns regarding capacity and are planning for the increase in referrals that is likely to occur as children return to school in September 2020.
- 5.18. We have benefited from external support provided by our LGA advisor and an external quality assurance consultant. This has helped us to focus on improving the quality of our social work practice. We have clear priorities in place, with a focus on “doing the basics well” to support our ambition of excellence in social work practice. Our frontline practice continues to be variable and we expect to see evidence of improvements over the next three months.
- 5.19. The focus of the next three months will continue with “doing the basics well”. This includes development and delivery of training to all frontline practitioners on completing good quality assessments, plans and chronologies. Improving the quality of our PLO work will continue to be an area of significant attention. Early improvements in pre-proceedings have

been hindered by the impact of Covid-19, and feedback from the court has challenged us to increase the pace of our improvement work in this area.

**What we will do?**

- 5.20. In the next phase of the Ofsted development plan we will refine our “one plan” for the development of the service. This will ensure that there is a focused approach to our development work that is clearly linked to our priorities and we can measure impact of our work to drive improved outcomes for children and their families.
- 5.21. We will ensure that the improvements required continue to be a priority for the service, Council, and Safeguarding Partnership as we move to the recovery phase of the Covid-19 emergency planning, ensuring that they understand the impact of the Covid-19 situation on vulnerable children and their families, with clear plans to minimise risk, strengthen safety and reduce the impact of drift and delay.
- 5.22. We will continue to focus on doing the basics well, through a comprehensive training program for frontline practitioners and managers to ensure we are delivering consistently good social work practice. We are investing in three lead practitioners who will be supervised by the Principal Social Worker and will not casehold. Their role will be to strengthen social work practice and support practitioners to deliver good quality assessments and planning for children to improve their outcomes.
- 5.23. Progress against the plan will be evaluated in a number of ways and will ultimately be judged against the difference in outcomes and experiences for children, young people and families, as shown through our performance information, audits and service reports, feedback from families, and feedback from professionals. Activity against the action plan will be driven and tracked by the relevant sub groups, reporting to a central Board for scrutiny. The Corporate Parenting Committee will hold senior leaders responsible for the swift progression of the plan. There will be quarterly check and challenge sessions held with young people through “My Voice” Children in Care Council. Frontline practitioners and managers will also be involved in the evaluation of progress throughout the delivery of the plan.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. The Local Authority has a statutory duty to keep children within its area safe. Equally, there is a duty to promote a child being raised within the family where it is safe and appropriate to do so.

### **6.2. Finance Implications**

- 6.2.1. The ambition to ensure that children's services deliver services which are good and outstanding requires an ongoing financial commitment from the Council. Nationally there are budget pressures around cared for children's placements, this has been worsened as a direct impact of Covid-19. This is due to the rising costs of children's homes and insufficient foster placements to meet the rising numbers of children in care.
- 6.2.2. In Cheshire East we are facing similar challenges, however some of the rising costs will be mitigated through the work planned to increase the number of Cheshire East foster carers, driving individual permanency plans for children, and mobilisation of our commissioned children's homes.

### **6.3. Policy Implications**

- 6.3.1. Cheshire East is ambitious and committed to ensuring it is a great place to be young and every child has the best start in life. This is demonstrated through the Council's core priorities that people live well and for longer and have the life skills and education they need to thrive. These priorities are supported and driven through the Children and Young People's Plan and the Health and Wellbeing Strategic Plan.

### **6.4. Equality Implications**

- 6.4.1. The proposals within this report are intended to improve equality for children and families.

### **6.5. Human Resources Implications**

- 6.5.1. Ensuring the ongoing recruitment and retention of social workers and managers will continue to be a priority for the local authority and will require the support from HR colleagues to deliver the strategy in relation to this. The support package for our newly qualified social workers has been reviewed to ensure we are strongly placed to attract the very best student social workers.

## **6.6. Risk Management Implications**

6.6.1. There are reputational and financial risks of not providing good children's services. These risks are also included as risks for the Safeguarding Children's Partnership. The Council, as the lead agency, must continue to ensure that these risks are minimised by ensuring effective plans are in place to improve where areas for development are identified.

## **6.7. Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

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

6.8.1. Our plans intend to improve the experiences and outcomes for children and young people across the borough, in particular those who are most vulnerable.

## **6.9. Public Health Implications**

6.9.1. There are no direct implications for public health.

## **6.10. Climate Change Implications**

6.10.1 There is a commitment to ensure that Cheshire East cared for children live as close to their home community as possible, wherever this is safe to do so. This will ensure that children can continue to feel connected to their families and local community. It also reduces the geographical footprint of children, families and staff as travel is reduced.

## **7. Ward Members Affected**

7.1. The recommendations will affect children and young people across all areas of Cheshire East, mostly our most vulnerable.

## **8. Consultation & Engagement**

8.1. We will continue to consult and engage with all our key stakeholders as we develop and implement our plans for improvement.

## **9. Access to Information**

9.1. The published Ofsted inspection report can be found on the following Ofsted page:

<https://reports.ofsted.gov.uk/provider/44/80447>

## 10. Contact Information

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

Name: Mark Palethorpe

Job Title: Executive Director of People

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# Children's Social Care Development Plan

Phase 2: 18<sup>th</sup> May - 7<sup>th</sup> August 2020



## What are we here to do?

We believe that children are best supported to live in their families and communities. We will work in partnership with children, families and the wider network, using our strength based, Signs of Safety practice model, to help us build safety and stability for children.

We will be the best corporate parents for our cared for children and care leavers. This means that achieving permanency at the earliest opportunity is our priority. Our Cared for Children and Care Leavers will be living in their local communities in Cheshire East so that we can ensure the very best support.

We will deliver excellent social work practice, through doing the basics well! On every child's file there will be a good quality assessment, plan, review, chronology and effective management oversight that drives improvements in the lives of our children.

## What has worked well?

There has been whole Council support to prioritise the required developments in Children's Social Care. Corporate Parenting Committee and Children and Families Overview and Scrutiny Committee have held Children's Social Care to account. This will ensure that social work practice is consistently good and there is a positive impact on children's outcomes. The recommendations from the Ofsted ILACS report now form key priorities within the development plan. There has been an additional investment of £2.3 million to ensure Children's Social Care has the required resources to improve.

There has been strong leadership to drive developments in a timely way, this means that children and families will experience improvements in the consistency of social work practice more quickly.

A series of communication events mean that children, young people, foster carers, practitioners, managers and the wider partnership understand the strengths and areas of development for Children's Social Care following the inspection.

The Ofsted development plan was co-produced with children and young people, front line practitioners and managers. Engagement with members, Safeguarding Children's Partnership and Local Family Justice Board informed the development plan.

There has been increased management oversight and individual review of the following vulnerable cohorts of children; children suffering from chronic neglect, 16/17 year olds who are homeless and children living in private fostering arrangements to ensure that timely and robust planning is in place. In phase 2 of the Ofsted Development Plan there will be an audit to scrutinise progress for this small but very vulnerable group of children.

The governance structure within Children's Social Care has been reviewed and new arrangements established. This will mean that there are stronger arrangements in place to support and challenge practice and improvements in outcomes for children.

The independent fostering review is completed and there are early signs that our communication and engagement with foster carers has led to an improvement in our relationships. This means that carers are starting to feel more valued and better supported to care for our children.

The PLO process has been refreshed in partnership with legal services and an audit has provided an early indication that this has led to a reduction in the risk of drift for children at risk of chronic neglect.

Ensuring that basic social work practice is consistently good is a priority within the plan. Significant work has taken place with team managers and frontline practitioners so there is a common understanding of what a good assessment looks like across the service.

The service has responded with creativity and flexibility to ensure that vulnerable children have remained as safe as possible during the COVID-19 lockdown. There have been rapid advancements in the use of virtual visits and review meetings. This has led to every effort being made to minimise drift and delay for vulnerable children and their families in this unprecedented situation.

## What do we need to improve?

COVID-19 and the required emergency planning response has provided some challenges to progressing phase 1 as planned. Phase 2 of the plan will take place alongside our recovery planning. Every effort is being made to minimise delay to actions

required to improve practice.

The focus of the next three months will be 'getting back to basics', with the development and delivery of training to all frontline practitioners on completing good quality assessments, plans and chronologies. A recent external audit indicates that social work practice continues to be variable. This focus will ensure that all practitioners and managers throughout the service have a clear understanding of **how to do the basics well**.

Management oversight and supervision continues to be an area of attention in the next phase of the development plan. The leadership role of frontline managers will be strengthened to ensure they are supporting and challenging front line practitioners to deliver consistently good social work practice.

The planned improvements to our quality assurance and auditing arrangements have experienced some delay as a direct result of the COVID-19 emergency planning response. This included the postponement of Practice Week due to lockdown, and a temporary pause in auditing allowing managers to prioritise our emergency response. The next phase of the development plan will have quality assurance as a central pillar. This includes improvement in the reliability of auditing judgments and the use of audits to provide assurance regarding the impact of the first phase of the development plan.

We will build on the achievements of the work completed in phase 1 with foster carers to ensure they feel valued, supported and engaged.

## What we will do?

In the second phase of the Ofsted development plan we will move to having one plan for the development of the service. This will ensure that there is a focused approach to our development work that is clearly linked to our priorities and we can measure impact of our work to drive improved outcomes for children and their families.

We will ensure that the improvements required continue to be a priority for the service, Council and Safeguarding Partnership as we move to the recovery phase of the COVID-19 emergency planning, ensuring that they understand the impact of COVID-19 situation on vulnerable children and their families, with clear plans to minimise risk, strengthen safety and reduce the impact of drift and delay.

We will focus on doing the basics well, through a comprehensive training program for frontline practitioners and managers to ensure we are delivering consistently good social work practice.

Progress against the plan will be evaluated in a number of ways and will ultimately be judged against the difference in outcomes and experiences for children, young people and families, as shown through our performance information, audits and service reports, feedback from families, and feedback from professionals. Activity against the action plan will be driven and tracked by the relevant sub groups, reporting to a central Board for scrutiny. The Corporate Parenting Committee will hold senior leaders responsible for the swift progression of the plan. There will be

quarterly check and challenge sessions held with young people through "My Voice" Children in Care Council. Frontline practitioners and managers will also be involved in the evaluation of progress throughout the delivery of the plan.

## Our priorities

- **Do the basics well.** We will develop and deliver a training programme for all frontline practitioners. This will ensure that all social workers have the knowledge and skills they need to deliver consistently good social work practice. There will be a good one of each: assessment, plan, review and management oversight on every child's case file
- **Be leaders in practice** We will develop and deliver a Team Manager development program that ensures the role of the Team Manager is strengthened.
- **Strengthen our Quality Assurance and Auditing arrangements** The focus of our quality assurance (QA) will be on the experiences, progress and outcomes of children on their journey through our social work and safeguarding systems. QA will be characterised by high support and high challenge. Findings will be designed to promote reflective practice and shared learning.
- **Ensure children experiencing from chronic neglect have the right support and decisions to safeguard them.** We will work in partnership with children, their family and wider network to build safety and stability in child-friendly timescales. We will use

our strength-based Signs of Safety practice model as a foundation for creative and imaginative practice.

- **Support our children to achieve permanency at the earliest opportunity.** We are reviewing how we deliver our permanency forum so we are effectively tracking children who may not be achieving permanency in a child-friendly timescale. We will have a spotlight on children subject to the PLO process and children on a Care Order at home.
- **Create stability for our cared for children.** We will launch Bespoke to ensure cared for children and their carers have the right level of support needed to create stability for children and young people. We will open our final two commissioned children's homes so our children with the most complex needs are living and supported in Cheshire East. We will plan for more children to step out of residential care to live with family or be supported into independence.
- **Recruit, retain and support our foster carers.** We will develop a strengthened offer of recruitment, development, engagement and support. We will ensure that there is a whole Council awareness and commitment to this.
- **Establish check and challenge sessions.** We will establish quarterly check and challenge session to understand how well we are doing in improving our practice and achieving better outcomes for children. These will involve children, front line practitioners and team managers.

## Development Plan: Phase 2

18<sup>th</sup> May -7<sup>th</sup> August 2020

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
<b>Effective Leadership, Structure and Support to Drive Improved Outcomes for Children</b>						
1A	Develop and launch an identity for Children's Services, including a set of beliefs and outcomes to be achieved, that is recognised and understood across the service, wider partnership and by children and families.	There will be a coherent narrative regarding the values and beliefs of Children's Services, supporting a joined up approach to helping and protecting children and families.	Children and Families will have an improved understanding of the role of Children's Services and how we intend to support them to thrive.	Director of Children's Services	Action will carry over into phase 3 of the Plan	<p>The vision has now been created, informed by participation work with children and families. Consultation and engagement session took place with Heads of Service on the 6<sup>th</sup> July.</p> <p>Engagement is currently underway with key stakeholders – children and young people, practitioners and partnerships. The vision will be formally launched in October following the development of branding materials, however is currently being communicated widely within the service.</p>
1B	Develop a cared for children strategy that supports the safe reduction of children in our care through effective interventions that align with our belief that children are best supported to live in their families and communities.	<p>There will be a clear belief across the service that children are best supported within their children and families.</p> <p>Interventions will be realigned to enable this approach through investment in edge of care support.</p>	Fewer children will need to become cared for as they can be effectively safeguarded within their family and community.	Director of Children's Social Care	Action will carry over into phase 3 of the Plan	Work is underway on this. A number of sessions have been held with a Consultant from the LGA to develop our thinking in this area and establish the groundwork for this strategy.

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
1C	Develop and plan delivery of a team manager development program that provides them with the knowledge and skills to be leaders in practice.	The leadership role of Team Managers will be strengthened and managers will understand what excellence in social work practice looks like.	Children's needs are identified in a timely way and they benefit from child focussed plans that lead to improved outcomes.	Head of Service Cared for Children  Principal Social Worker	23 <sup>rd</sup> July 2020	<p>The external audits completed in May 2020 identified variability in social work practice. The development program will focus on a combination of back to basics for social work practice so all team managers have the knowledge and skills to understand what good practice looks like as well as strengthening of their leadership skills. This will ensure that they are identifying best practice and challenging poor practice consistently to enable and support consistently good social work practice.</p> <p>The launch of the leadership program took place in July 2020, starting with assessments, and a full program of training is planned over the next six months.</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
1D	Review the role of the Principal Social Worker (PSW).	The Principal Social Worker role will lead the development of consistently good practice across the service and will be closely linked to quality assurance work within the service and workforce development to ensure there is a learning loop. This role will ensure our areas for development identified through quality assurance inform our workforce development, and the impact of workforce development is then evaluated through QA.	Children and families will experience strength based, good quality social work practice that supports and challenges them to improve safety and stability for children.	Director of Children's Social Care	7 <sup>th</sup> August 2020	<p>The role has been reviewed and it has been agreed that this role will now work more closely with the Safeguarding and Quality Assurance Unit to support the important independent support and challenge function of the PSW.</p> <p>The PSW is involved in all development work regarding the quality of social work practice.</p>
<b>Evaluating Outcomes for Children</b>						
2A	Develop monthly performance information that provides data relating to individual teams. This should include performance data relating to business and people.	Emerging concerns regarding social work practice are identified quickly and the required support and challenge is mobilised effectively to address potential areas of weakness.	Children and young people will be effectively supported and any emerging needs are quickly identified.	Director of Children's Social Care	<p>3<sup>rd</sup> August 2020</p> <p>Further work will be completed in the next phase – action to be carried over</p>	<p>A review of performance information has taken place. A number of workshops have taken place with team managers and service managers to establish what performance information they need to understand the quality of practice and impact for children within their teams and service areas.</p> <p>A new reporting system, Power BI, is being developed to ensure the</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						reporting provides clarity regarding areas of strength and emerging areas of concern. A quarterly report is being developed for the Director of Children's Social Care and the Director of Children's Service to provide assurance and support effective oversight and challenge. This will be aligned with the children's vision and our priorities.
2B	External review of quality assurance and auditing arrangements within Children's Social Care.	Strengthened quality assurance and auditing arrangements are in place so there is an accurate understanding of the quality of social work practice.	Children and young people will be effectively supported.	Head of Service Safeguarding and Quality Assurance	6 <sup>th</sup> July 2020	An external auditor has carried out a case file audit. The report of the findings has been fed back to all levels of management and have informed the priorities for business for the next year including the team managers development programme.  Future whole case file audits will be carried out by the independent auditor for the next 3 quarters to evidence any changes. The audit programme has been altered during COVID-19 and a different model employed with Team Managers to support learning against judgements.
2C	Complete 25 external audits of children's cases, looking at	To ensure there is an accurate understanding of social work	Children and families will be effectively supported.	Head of Service Safeguarding	4 <sup>th</sup> June 2020	An external auditor has carried out a case file audit. The summary report

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
	the last 6 months of practice.	practice and the impact this has on outcomes for children.		and Quality Assurance		<p>identified that there continued to be variability in social work practice across the service and some children were at risk of drift and delay. There continued to be examples of good social work practice, including strong assessments, partnership working and care planning. However, this was not consistent across the service. The findings of the audit were shared and discussed with Service Managers and Team Managers.</p> <p>A training plan of getting "back to basics" for all frontline practitioners was planned in response to these findings. The initial training planned was not delivered due to COVID-19 and the emergency planning response, however further training was subsequently planned and delivered to establish good social work practice so we can build from strong foundations.</p>
2D	Undertake auditing with front line managers to understand progress in improving the quality of assessments and to inform next steps.	Children and Families assessments are of a consistently good quality.	Children have good quality assessments that ensure we understand their lived experience, needs and risks.	Head of Service for Safeguarding and Quality Assurance	13 <sup>th</sup> July 2020	<p>The programme of auditing assessments alongside team managers has been completed and involved all operational managers.</p> <p>The final report was received by the Social Care Leadership Team (SCLT) with the learning. It was agreed that a further</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						round of auditing focussed on assessments would take place to ensure the understanding and recognition of good quality assessments is understood and embedded. Following this the auditing sessions will move onto children's plans.
2E	Implement regular themed audits focusing on vulnerable cohorts, mirroring the approach inspectors used during the inspection to identify any areas for development	Regular audits of vulnerable cohorts are undertaken which identify any areas where further development is needed and drive improved outcomes for children.	Children in need of care and support will be safeguarded in a timescale that meets their needs and helps them achieve improved outcomes.	Head of Service for Safeguarding and Quality Assurance	3 <sup>rd</sup> August 2020	<p>The programme of audits resumed during May and June and an audit timetable was agreed at SCLT. The audit leads will be responsible for reporting the findings into SCLT to inform learning and next steps.</p> <p>Joint performance meetings with the CiN/CP team continue to use data to identify areas of practice for further in depth evaluation through audit. The audit timetable is reviewed at each monthly meeting and the next priority agreed. This follows the 'last 10 that...' Approach used during the inspection. For example, a focus of one of the audits was the last 10 children who came into care.</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
2F	Develop a process to support managers to complete supervision audits and effectively report the findings to senior leaders.	Supervision audits demonstrate that all supervisions within Children's Social Care include discussion and reflection on the quality of social work practice, which is driving improvements to the quality of work within teams and services.	Children in need of care and support will be safeguarded in a timescale that meets their needs and achieve improved outcomes.	Audit and Quality Assurance Officer	3 <sup>rd</sup> August 2020	The supervision audit process has been agreed in SCLT and the supervision audits have now commenced.
2G	Establish check and challenge sessions to take place quarterly with frontline practitioners and team managers to test progress of the development plan.	Impact of improvements in social work practice driven through the development plan will be reviewed, and challenge will be provided by frontline practitioners and managers to ensure that actions are resulting in a real difference to practice.	Children will receive the help and protection they require to achieve good outcomes.	Director of Children's Social Care	3 <sup>rd</sup> August 2020 Establishing team manager sessions to be included in the next phase of the plan	Regular meetings are now established with frontline practitioners. Arrangements will be put in place for a similar approach with frontline managers.  Frontline practitioners have provided valuable input into the plan. They agree with the priorities and have been clear that further support is required to ensure everyone understands what a good assessment and plan looks like. They welcomed the training blog we have introduced as part of this work and the anonymised examples of good assessments.  The group are also keen for audits to be part of a learning approach to practice and for managers to consistently

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						feedback findings in audits.
2H	Establish quarterly challenge sessions with 'My Voice' Cared for Children Council to test and evaluate the progress of the development plan.	Impact of improvements in social work practice driven through the development plan will be reviewed and challenge provided members of My Voice Cared for Children Council to ensure that actions are resulting in a real difference to children and young people.	Children will receive the help and protection they require to achieve good outcomes.	Head of Service, Cared for Children and Care Leavers	3 <sup>rd</sup> August 2020 To be included within the next phase of the plan	Due to COVID-19, establishment of the check and challenge sessions, which were due to commence in March, was delayed. The Cheshire East Cared for Survey will be launched to gain young people's views, and there is an 'Animoto' video to accompany this. My Voice is now meeting virtually on a weekly basis and their feedback supported the discussion at Corporate Parenting Committee on the 14 <sup>th</sup> July. A participation worker will be located with the Cared for Children's team 2 days per week and recruitment activity for this position is currently underway.
<b>Excellence in Social Work Practice</b>						
3A	Develop and deliver a back to basics training programme for all frontline practitioners. This will be underpinned by the SOS practice model. Practice should be strength-based with a focus on	All frontline social workers will have the knowledge and skills they require to undertake good quality assessment and planning.	Children's needs are identified in a timely way and they benefit from child focussed plans that lead to improved outcomes.	Director of Children's Social Care	3 <sup>rd</sup> August 2020	A package of resources for assessments has now been compiled and launched, this includes a training video based on a conversation between a frontline practitioner and manager in the service. A feedback survey accompanies this, so we can monitor the impact of the

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
	working in partnership with children and families.					training blog. A suite of anonymised good assessments has also been compiled.  The next focus of this training will be children's plans in phase 3 of the development plan.
3B	Develop and launch the refreshed supervision policy.	Good quality supervision which includes reflective, supportive and challenging conversations regarding social work practice, driving improvements to the quality of work within teams and services.	Children in need of care and support will be safeguarded in a timescale that meets their needs and achieve improved outcomes.	Head of Service Child in Need / Child Protection  Principal Social Worker	15 <sup>th</sup> July 2020	The supervision policy has been agreed and launched to all staff. Training for managers will be delivered as part of the leadership programme.
3C	Refresh the management oversight guidance for key points in the child's journey.	Management oversight will clearly evidence the reason for decisions at key points in the child's journey.	Children will be effectively helped and protected through evidence-based decisions. They will also clearly understand the reasons that key decisions were made in their lives as these will be clearly recorded in their case file.	Head of Service Child in Need / Child Protection	15 <sup>th</sup> July 2020	This has been completed and shared with Team Managers, management oversight and supervision training is included within the leadership programme.
3D	The use of chronologies for children and young people to be embedded across the	All frontline workers will be clear in the expectation that an up to date chronology is	Children will understand the important events in their lives and the	Head of Service Child in Need / Child	1 <sup>st</sup> Sept 2020	Guidance and anonymised examples have been prepared and there is a plan in place to deliver training. Following

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
	service.	required for all children and have the skills and knowledge to ensure this is completed to a consistently food standard.	significance of these.	Protection		<p>the initial external audits, alongside the work around strengthening our quality assurance, it was agreed that this action should be moved to phase three. It was agreed that our initial focus needed to remain on establishing consistently good assessments and plans, ensuring that the history of the family and child is understood to inform risks and needs.</p> <p>Once this is established we will then agree a launch date for chronologies with training sitting alongside this and a clear expectation that every child should have an updated chronology on their case record.</p>
3E	<p>Recruit a permanent Signs of Safety Practice Lead to embed the practice model with a specific focus on:</p> <ul style="list-style-type: none"> <li>• Strength-based practice</li> <li>• Working in partnership with children, families and their network</li> <li>• Doing the basics well.</li> </ul>	The Signs of safety practice model will be fully embedded.	Children and families will experience social work practice that is strength based. Children and families will be fully involved in the development of assessments and plans leading to strong outcomes for children and young people.	Head of Service Cared for Children/ Care Leavers	25 <sup>th</sup> May 2020	<p>There has been further investment in frontline practice through the decision to recruit three lead practitioners. They will sit under the PSW and their role will be to support practitioners to ensure their practice is strength based, focuses on relationships and is consistently good. This will be a wider and more inclusive focus than originally envisaged.</p> <p>Recruitment is currently underway and the first practitioner will be in role from</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						September 2020.
<b>Caring for Children in their Families and Communities</b>						
4A	Recruit a permanent family network lead.	Frontline practitioners will ensure that the wider network is used effectively.	Children will be effectively supported within their own families and communities.	Head of Service Child in Need/ Child Protection	3 <sup>rd</sup> August 2020	<p>We want to strengthen the role of the extended family in supporting children in need of help and protection, particularly children on the edge of care. If a child does become cared for the aim is to increase the number of children placed with family members. This will allow children and young people to be placed with people who already have a connection to them and care about them, and will reduce the need for high cost placements.</p> <p>Two Practice Lead Practitioners will be recruited to join the one already appointed as a small team, to promote the highest standard of social work practice by supporting and developing frontline practitioners to achieve the very best outcomes for children and their families by working in a strengths based framework. These new roles are focused on supporting a culture and environment where excellent social work practice can truly flourish.</p> <p>The role will coordinate and contribute</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						<p>to workforce planning and delivery of learning and development that will support positive outcomes for children. The role will provide a blended approach to learning and development through role modelling excellent practice.</p> <p>This small team will take messages from frontline practitioners into strategic planning meetings as well and collating messages from internal and external audit to support as targeted approach to achieving excellence in Social Work practice. This will include seeing Family Networking embedded in every day Social Work practice.</p>
4B	Develop a trajectory plan for the implementation of Bespoke	There will be effective plans in place to support placement stability and timely transitions from residential care for children.	Cared for children will experience improved stability in their families and homes.	Head of Service Cared for Children and Care Leavers	25 <sup>th</sup> May 2020	<p>A trajectory plan has been developed and was reviewed at the SCLT Caring for Children in Communities meeting on the 10<sup>th</sup> June.</p> <p>All four homes have now been registered and are caring for six children currently.</p> <p>Trajectory planning for the right support at the right time for each child and developing exit strategies will be</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						developed in the next phase of the plan.
4C	Mobilise the final two commissioned children's homes	There will be high quality residential provision in Cheshire East for cared for children	Cared for children with the most complex level of need will be supported in their communities in Cheshire East	Head of Service Cared for Children and Care Leavers	4 <sup>th</sup> July 2020	The final two children's homes have now been mobilised.
4D	Review of permanence forum and performance challenge meetings	Effective management oversight drives good quality permanency planning for all children subject to the Private Law Outline (PLO) process and cared for.	Children will be living permanent care arrangements as early as possible.	Head of Service Child in Need/ Child Protection  Head of Service Cared for Children	23 <sup>rd</sup> September 2020  To be carried forward to the next plan	Both Heads of Service for CIN/CP and Care Planning have met to discuss Permanence Forums, their current function and effectiveness in achieving positive outcomes for children. As we have also developed our thinking in SCLT on the demand management strategy, this has also added to how we seek to shape our senior management oversight of permanence planning and how this can also be linked to the current RAP Panel and allocation of resource. We plan to bring proposals to SCLT in September 2020
4E	Review and revise the Private Fostering Policy.	All professionals understand how to effectively support children and young people in private fostering arrangements.	Children and young people in private fostering arrangements get the support they need to achieve good outcomes.	Head of Service Child in Need and Child Protection	23 <sup>rd</sup> September 2020  To be carried forward to	There has been an audit completed of all children who are currently in a privately fostered arrangement. This audit found that all children were correctly identified as being Privately Fostered and that they are safe within this arrangement. Legal advice had been

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
					the next plan	correctly sought to support and confirm decision making.  The Private Fostering Policy is currently being updated to support practice with this group of young people. The audit findings will also support the development of Practice Guidance. The Private Fostering Policy will be completed for September 2020.
4F	Share the findings of the fostering review with all key stakeholders and develop a detailed development plan.	There will be an increase in the number of cared for children living with foster carers in Cheshire East.  Foster carers feel listened to and supported and better relationships between professionals and foster carers will lead to better outcomes for children.	Better outcomes for children in foster care, and more options for children and young people to be cared for within their communities.	Head of Service, Fostering and Children with Disabilities	22 <sup>nd</sup> June 2020  Completed on 5 <sup>th</sup> August 2020	The Review outcomes have been shared with Foster Carers and the Service. A response report has been completed relating to each of the findings and recommendations have been made in relation to each recommendation. This has been approved at SCLT and DMT. An update report was presented to Children and Families Overview and Scrutiny Committee on 5 <sup>th</sup> August 2020.
4G	Improve communication and engagement with foster carers and develop a communication and engagement strategy.	Foster carers state that they feel valued and part of the team around the child.  There will be an improvement in foster carers satisfaction rates evidenced through the	Better outcomes for children in foster care, and more options for children and young people to be cared for within their communities	Head of Service Fostering and Children with Disabilities	3 <sup>rd</sup> August 2020  To be carried over to the next plan	We have had to suspend our diary of Fostering Forums due to the COVID-19 safety measures. We have however increased our communication with Foster Carers through a weekly updating email.

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
		completion of an annual foster carer survey. Foster carers feel listened to and supported and better relationships between professionals and foster carers will lead to better outcomes for children.				<p>As a result of COVID-19 we have increased financial and direct support to Foster carers which has been received positively.</p> <p>Virtual options for delivering a fostering forum are now being explored with plan to pilot with a small group of foster carers in August 2020.</p>
4H	Update fostering policies and procedures.	Policies and procedures are up to date and easily accessible by carers.	Cared for children receive high quality and consistent care that ensures they are safe and have the opportunity to thrive.	Fostering Service Manager	Action to carry over into next phase of the plan	<p>The Policy Development Group has met on two occasions and has co-produced two specific policies (Medication and Delegated Authority) with foster carers.</p> <p>A SharePoint site for foster carers has also been developed so all foster carers can easily access our policies and procedures.</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
4I	<p>Improve recruitment and retention of foster carers through launch of a Cheshire East recruitment service.</p> <ul style="list-style-type: none"> <li>- Review fostering allowances</li> <li>- Develop a recruitment strategy</li> <li>- Ensure regular performance monitoring and scrutiny is in place</li> </ul>	<p>There will be an increase in the number of cared for children living with foster carers in Cheshire East.</p> <p>Foster carers feel listened to and supported and better relationships between professionals and foster carers will lead to better outcomes for children.</p>	<p>Better outcomes for children in foster care, and more options for children and young people to be cared for within their communities.</p>	<p>Head of Service, Fostering and Children with Disabilities</p>	<p>Action to carry over into next phase of plan</p>	<p>We have provided additional financial support to all mainstream and family and friends carers in reflection of the additional costs attached to children and young people not being in school during lockdown.</p> <p>We have completed a consultation on the fee uplift.</p> <p>The latest data set provided as part of Foster 4 and the data that we collect ourselves has shown an improvement in recruitment over the past quarter. It is still too early to determine whether this improvement is an indication of an improving picture.</p> <p>We will continue to support the marketing strategy within Foster 4 until the point that we leave the collaboration in September 2020.</p>
4J	<p>All children at risk of not achieving a timely permanence plan will be closely tracked to ensure a permanence plan is achieved within timescales.</p>	<p>There will be an increase in the percentage of children with a plan of permanence at the second review.</p> <p>There will be a reduction in the average length of care</p>	<p>Permanence plans are achieved for children within their timescales.</p>	<p>Head of Service for Child in Need and Child Protection</p>	<p>15<sup>th</sup> July 2020</p>	<p>We are closely tracking children, however, due to the COVID-19 pandemic we are concerned about the progress of permanency planning for children and young people. This is being closely monitored and reviews are taking place every three weeks in</p>

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
		proceedings cases.				<p>respect of children with a plan of adoption.</p> <p>Four weekly strategic tracking meetings take place where all children who either have a potential plan or confirmed plan of adoption are discussed individually and actions are taken out to move these forward. Risk assessments of those at high risk of not achieving permanence are undertaken and any transitions to adoption are authorised by the agency decision maker.</p> <p>Regular meetings also arranged with Cheshire and Merseyside Court to ensure minimal drift and delay for children during this period.</p> <p>The Permanence Forum continues to focus on children who are subject to PLO and Court Proceedings and individual cases are being escalated to the Court where Social Care believe we are able to progress finalising permanence planning fairly despite the current COVID-19 restrictions.</p>
4K	Ensure timely discharge of Children living on a Care Order at home	Children on a Care Order at home will have their permanence plan closely	Children and families will not be subject to intrusive Court Orders for longer	Head of Service for cared for children and	29 <sup>th</sup> June 2020	A trajectory has now been completed for all children on a Care Order at home. Progress will be scrutinised in the Caring

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
		tracked to ensure timely discharge of Care Orders at home.	than necessary.	care leavers		for Children in Communities SCLT meeting.
<b>Actions currently on hold due to impact of Covid 19 Emergency Planning Response</b>						
5A	Hold a (COVID secure) Practice Week to celebrate good social work practice. This will include training and development opportunities, and showcasing good practice, to continue to develop the quality of practice across the service. Senior managers, including the DCS, will also complete audits and observations of practice during the week.	Practitioners and managers at all levels understand the quality of practice and what makes good quality practice. Practitioners and managers are inspired to deliver good quality practice and feel valued and recognised by the organisation.	Children in need of care and support will be safeguarded in a timescale that meets their needs and achieve improved outcomes.	Principal Social Worker	Action to be carried forward to next plan	Practice Week will be rearranged for Autumn 2020
5B	Recommission the accommodation offer for care leavers, in partnership with our cared for children and care leavers.	All care leavers are provided with appropriate accommodation where they feel safe and secure.	All care leavers are provided with appropriate accommodation where they feel safe and secure.	Head of Service Children's Commissioning	Action to be carried forward to next plan	There have been regular virtual meetings with Mark Riddell, Care Leavers Ambassador, and other LAs to share best practice and identify challenges for care leavers during the current pandemic. The local offer has been adjusted to ensure it is meeting the needs of our care leavers during this

Ref	Action	Anticipated impact on the quality of practice	Outcome for Children and Families	Accountable Person	Complete by	Update on Progress to Date
						<p>time.</p> <p>The recommission of supported accommodation has been delayed as a result of the COVID-19 pandemic; it will now take place December 2020.</p> <p>The recommission of the 16+ supported accommodation offer is on hold pending the government exit strategy around COVID-19.</p>
5C	Review of the Local Offer for Care Leavers	All practitioners will be ambitious for our care leavers and there will be a strong offer in place to support this.	Care Leavers have a strong local offer that supports them to achieve good outcomes and reduce the level of disadvantage that they experience	Head of Service Cared for Children	Action to be carried forward to next plan	The care leavers local offer is a continual and evolving process that requires engagement with internal services, commissioned services and the broader community. To do this engagement virtually would dilute the opportunities to build new relationships and get the very best offer for care leavers. It is therefore more appropriate to delay the review until January 2021 when the position regarding Covid-19 will be a improved picture.

## Appendix 1

### Progress against the Ofsted Areas for Improvement

Planned Response	Progress at the end of the 12 week period (7 <sup>th</sup> August 2020)
<b>The quality, consistency and analysis of assessments and the child focus of plans</b>	
<p>Over the last 18 months, Cheshire East has been introducing a new evidence based social work model, 'Signs of Safety'. In the short term this has led to some inconsistency in the quality of assessments and plans as early help workers, social workers and managers begin to use the new approach. Significant progress has been made in embedding the model, particularly in building trusting relationships and the quality of direct work with children and families. Implementing Signs of Safety is a journey of 4-5 years to fully embed the approach, however this will provide the foundations of a good social work service for vulnerable children.</p> <p>Further work is required to improve the consistency and quality of social work assessments and plans, which will take place across Children's Social Care and Early Help Services. We aim to improve consistency across the whole service. Over the last six months there has been a focus on improving practice. We have invested in training additional practice leads to support individual teams. We have also delivered additional training and support to frontline practitioners.</p>	<p><b>Progress at the end of Phase 1</b></p> <p>Over the last 12 weeks there has been a focus on ensuring frontline practitioners and managers understand what a good quality assessment and plan look like. A series of team manager development events were facilitated, including individual coaching sessions delivered by senior leaders. Signs of Safety practice lead sessions have also taken place to drive improvements. This ensures a strong foundation for developing consistently good social work practice.</p> <p>Frontline managers have a clear understanding and expectation that only assessments and plans of the required quality will be authorised.</p> <p>Due to the unexpected impact of the COVID-19 emergency planning, the anticipated auditing to track progress did not take place as planned. Phase 2 of the development plan will ensure that there is a clear auditing plan in place.</p> <p><b>Progress at the end of Phase 2</b></p> <p>The external audit of children's case records took place as planned. This indicated that there continued to be inconsistency in the quality of</p>

<b>Planned Response</b>	<b>Progress at the end of the 12 week period (7<sup>th</sup> August 2020)</b>
<p>In 2019, we launched our quality assurance framework, but this was not yet fully embedded at the time of the inspection, and our audits were overly optimistic. We have refreshed our audit process, redesigning the audit tool and strengthening moderation. We plan to increase the frequency of reporting to the Senior Leadership team to ensure that audits are completed and the moderation process leading to increasing accuracy in audit judgements. To support this process, we have provided additional training to our frontline team managers around completing audits. We will also be providing individual coaching sessions with each team manager on ensuring consistent and high quality practice in their teams during February and March 2020.</p> <p>Over the next 6 months we expect to see improvements in the consistency and quality of our assessments and plans for children, driven by a strengthened quality assurance process.</p>	<p>assessments and plans. External LGA support has been provided and we have also worked closely with the external auditor to ensure we have a focus on improving the quality of practice. One of our priorities is “doing the basics well” with a good assessment and plan on every child’s record. Frontline practitioners and managers fed back that they wanted additional training and examples of good practice. We have now launched specific resources around assessments, taking their views into account. We will be developing training materials for plans in the next phase of this plan. The Principal Social Worker is leading the development of these materials.</p> <p>Team Managers have been auditing assessments and completing a plenary session with the QA and auditing officer. This is giving us increasing confidence that Team Managers are clear about what a good quality assessment looks like.</p> <p>We are investing in 3 lead practitioners who will be supervised by the Principal Social Worker and will not case hold. Their role will be to strengthen social work practice and support practitioners to deliver good quality assessments and planning for children to improve their outcomes.</p> <p>During phase 3 we expect to see a gradual improvement in the quality of assessments, followed by improvements to plans, once the additional training and support has been delivered.</p>

**Planned Response**

**Progress at the end of the 12 week period (7<sup>th</sup> August 2020)**

**Management oversight of cases in pre-proceedings to avoid drift and delay for children**

A small number of children suffering chronic neglect experienced delay in ensuring they were protected from the cumulative impact of neglect. During the inspection a review of each child took place and senior managers agreed actions to ensure timely progress was achieved. Tracking for the individual children identified as being at risk of not achieving a timely permanency plan that ensures they are safeguarded from neglect will be led by Head of Service for Child in Need and Child Protection. A joint evaluation with legal services will take place by February 2020 to determine what further work is required. This evaluation will include understanding good practice in other Local Authority areas and seeking feedback from the Courts, Family Justice Board and Cafcass to inform our plans.

**Progress at the end of Phase 1**

The PLO process has been refreshed in partnership with legal services. Management oversight by frontline managers is visible and an audit in May 2020 has provided an early indication that this has led to a reduction in the risk of drift for children at risk of chronic neglect.

**Progress at the end of Phase 2**

COVID-19 continues to have a significant impact on our ability to achieve plans of permanence for our children within their timescales. Some Care Proceedings are delayed due to remote hearings not always being appropriate and the availability of the Court being a challenge. In these cases, we are pushing and prioritising where possible, in order to achieve permanency where there would be the highest level of impact for children and young people, such as a child who has a plan for Adoption, where delay of a significant nature could lead to us needing to change the preferred plan longer term to one of fostering. There are children placed with family members on an interim Order who we will begin to prioritise as the Court hearings become more fluid as Court availability improves.

Some children have been in Pre-Proceedings for longer than we would have usually anticipated. Applications to the Court will still be required

Planned Response	Progress at the end of the 12 week period (7 <sup>th</sup> August 2020)
	<p>for these children in order to achieve permanence however there is consent and engagement in Pre-Proceedings from those with parental responsibility to allow the current situation to temporarily remain. Although not ideal as we would want to secure permanency for these children, they are already living with the identified family member with whom we are seeking a permanence order so the impact on them is not as great.</p> <p>During COVID-19, we have continued to issue Care Proceedings where necessary and appropriate to secure the immediate safety of our children following an emergency situation such as the use of police protection powers or significant non-accidental injury. For these children, they are now in a place of safety and the majority are placed with extended family and friends. There is a risk of early drift for some of these children due to the Courts and external experts not operating as 'business as usual' however their immediate safety demanded the need to seek such urgent intervention.</p> <p>Some children with a plan of Adoption could not commence introductions to their adoptive family during lockdown. Following risk assessment, introductions have commenced and all children matched with their adoptive family pre and during the COVID lockdown have now moved.</p> <p>Adoption Order applications which are awaiting Court hearing dates are impacting on legal permanence being achieved for the children concerned. These children are already placed with their adoptive</p>

Planned Response	Progress at the end of the 12 week period (7 <sup>th</sup> August 2020)
	<p>families but there will be a delay of approximately six months in achieving their legal permanency through the making of an Adoption Order.</p> <p>We are starting to have an increased number of hearings provided for the planned application to the Court to discharge Care Orders for children who live at home with their parents. This is positive for those children as they no longer require such intervention to keep them safe.</p>
<p>The response to children in private fostering arrangements, children who are homeless aged 16 and 17 years old and care leavers who need emergency accommodation</p>	
<p>All children and young people within this small but significant cohort have been reviewed by senior managers and we are confident that appropriate plans are in place. The quality assurance process for 16/17 year olds presenting as homeless will be strengthened through revision of the audit tool by February 2020. The accommodation offer for care leavers will be recommissioned, with the new services in place from July 2020. The specification has been amended to reflect the findings from the recent inspection.</p>	<p><b>Progress at the end of Phase 1</b></p> <p>There has been increased management oversight and individual review of the following vulnerable cohorts of children; children suffering from chronic neglect, 16/17 year olds who are homeless and children living in private fostering arrangements to ensure that timely and robust planning is in place. In the next phase of the Ofsted Development Plan there will be an audit to scrutinise progress for this small but very vulnerable group of children.</p> <p><b>Progress at the end of Phase 2</b></p> <p>There has been an audit completed of all children currently in a privately fostered arrangement. This audit found that all children were correctly identified as being Privately Fostered and that they are safe</p>

Planned Response	Progress at the end of the 12 week period (7 <sup>th</sup> August 2020)
	<p>within this arrangement. Legal advice has been correctly sought to support and confirm decision making. The Private Fostering Policy is currently being updated to support the excellent practice being achieved with this group of young people. The audit findings will also support the development of Practice Guidance. The Private Fostering Policy will be completed for September 2020.</p> <p>There has been an audit completed of 16/17 year olds who have presented as homeless. The audit reassured us that children who present as homeless are appropriately referred to Children's Services in all cases and that management oversight is evident on all children's records. There is an identified need to revisit the guidance with frontline practitioners to ensure they fully understand what a 'homeless' interview consists of, inclusive of seeing the child alone and providing information about becoming a cared for child and then evidencing this clearly on the child's record. This will be delivered to frontline practitioners throughout September in master classes.</p>

**The quality and consistency of support and engagement with foster carers**

<p>An independent review regarding the recruitment, retention, development and support of foster carers will be completed by the end of January 2020. The recommendations from this review will then be overseen and progressed by the recently established Fostering Review Board. The review and development work will be co-produced with foster carers and progress reported to the</p>	<p><b>Progress at the end of Phase 1</b></p> <p>The independent fostering review has been completed and there are early signs that our communication and engagement with foster carers has led to an improvement in our relationships. This means that carers are starting to feel more valued and better supported to care for our</p>
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<b>Planned Response</b>	<b>Progress at the end of the 12 week period (7<sup>th</sup> August 2020)</b>
<p>Corporate Parenting Committee. Work has already commenced to improve our engagement and communications with our current foster carers. This includes the first newsletter being sent in December 2019 and a Foster Carers' Forum, attended by senior managers on the 13<sup>th</sup> January 2020, where views were sought from carers to inform the review.</p>	<p>children.</p> <p><b>Progress at the end of Phase 2</b></p> <p>We have established a series of working groups that include representation for across our group of foster carers. This includes the Communication and Engagement Workstream, Mockingbird Implementation Working Group and Policies and the Procedures Workstream. We are also developing a foster carers' charter.</p> <p>We have co-produced a SharePoint site with a group of foster carers to share information, including policies and procedures, which has now gone live.</p> <p>We have completed a consultation exercise with all foster carers concerning increases in our current foster carer fee structure and implemented an increase in the skills fee for all carers.</p> <p>We have continued to publish regular newsletters, which have been positively received and are currently working on developing an online Foster Carers Forum due to the ongoing COVID-19 restrictions.</p> <p>We have also undertaken a review into our Local Authority Designated Officer process, this is used when an allegation is made against a foster carer. This followed concerns raised by foster carers regarding the time taken to complete the investigation and subsequent reviews. The report identified that delays were linked to the timeliness of the subsequent foster carer review and panel. A series of recommendations</p>

Planned Response	Progress at the end of the 12 week period (7 <sup>th</sup> August 2020)
	<p>have been made and the findings will also be shared with foster carers.</p> <p>During phase 2 of the development plan we have seen an increase in foster carer households approved at panel (7) and foster carers in assessment (11), this has included foster carers who have transferred from an IFA as they had received positive feedback about fostering for Cheshire East.</p>

Consistent management oversight and supervision in the organisation to ensure that consistent good-quality social work practice is in place

<p>A review of how performance management information is scrutinised and understood has taken place. An evaluation of supervision arrangements, following the introduction of Signs of Safety has also been completed. A revised supervision policy has been developed together with practitioners and managers, which ensure what good reflective supervision looks like, and the expectations on delivery and quality of supervision are clear. The new policy includes audits of supervision to support improved quality of supervision, and therefore an improved impact on practice. This will be launched through the management forum to ensure managers are clear on the expectations for practice.</p> <p>There is a plan in place to fully embed our revised quality assurance framework. This includes additional training and support for managers at all levels. The review of pre-proceedings will also</p>	<p><b>Progress at the end of Phase 1</b></p> <p>The governance structure within Children’s Social Care has been reviewed and new arrangements established. This will mean that there are stronger provisions in place to support and challenge practice and improvements in outcomes for children.</p> <p>The new supervision policy was reviewed and it was agreed it needed further work to ensure it would drive effective supervision across the organisation. This work is now underway.</p> <p>Senior leaders are developing a clear vision for Children’s Services so there is a clear identity and coherent narrative for the outcomes we believe children and families should achieve. The next phase of the development plan will focus on this and getting the basics of social work practice right.</p>
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<b>Planned Response</b>	<b>Progress at the end of the 12 week period (7<sup>th</sup> August 2020)</b>
<p>include a specific focus on the role of team managers and service managers in timely progress for children, whilst ensuring all help and support has been offered to families to care safely for their children.</p>	<p>The leadership role of frontline managers has begun to strengthen and the next phase of the plan will focus on this further, ensuring there is a management development plan in place to deliver support required to facilitate change.</p> <p><b>Progress at the end of Phase 2</b></p> <p>The Supervision Policy has been fully updated and launched. Practitioners across all services have been consulted and contributed toward a much clearer policy and separate practice guidance. The workforce are positive about the changes and adaptations made and feel confident this will support improved quality of supervision provided to frontline staff. There has also been a 'One Minute Guide' produced in consultation with Service Managers, to support consistency in the recording of a 'Managers Decision' on a child's record. This recording should demonstrate rationale for decisions made and assist the child in understanding why and when decisions were made about their life.</p> <p>Both the Supervision Policy and the One Minute Guide on Managers Decisions have been ratified through SCLT and the Policies and Procedures Group.</p> <p>The Team Manager development programme has been designed with an emphasis on leadership and supporting excellence in social work practice. This will ensure that as leaders in practice, our Team Managers</p>

<b>Planned Response</b>	<b>Progress at the end of the 12 week period (7<sup>th</sup> August 2020)</b>
	<p>are driving improved outcomes for children. This has been launched with all Team Managers and was well received.</p> <p>The Development Programme continues to provide facilitated audit sessions for Team Managers in the drive to achieving consistently good quality practice across all services within Children's Social Care. These sessions are in their second phase, compliance is excellent and the messages from this will support team managers to support and challenge social work practice and establish a strong foundation of doing the basics well.</p>



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## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Progress update on SEND 16–25 Spotlight Review

**Portfolio Holder:** Cllr Kathryn Flavell, Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe, Executive Director of People

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### **1. Report Summary**

- 1.1. The purpose of this report is to provide the Children and Families Overview and Scrutiny Committee with an update on the recommendations in the Special Educational Needs and/or Disabilities (SEND) 16-25 Spotlight Review report dated September 2019 as agreed by Cabinet.
- 1.2. Good progress has been made on the recommendations with most now embedded into practice.

### **2. Recommendations**

- 2.1. Children and Families Overview and Scrutiny Committee is asked to:
  - Note the progress against the recommendations from the SEND 16-25 Spotlight Review.

### **3. Reasons for Recommendations**

- 3.1. This is an annual progress report in response to the recommendations as requested by the Committee. Members have a key role in ensuring we achieve good outcomes for children and young people with SEND.

### **4. Other Options Considered**

- 4.1. Not applicable.

## **5. Background**

- 5.1. The Children's and Families Act 2014 introduced a wide range of reforms to the organisation of Special Education Needs and Disability (SEND) Provision. These reforms were aimed at improving the quality and reliability of SEND provision by providing a joined-up approach between the relevant agencies and by giving parents and young people more influence over the provision they received.
- 5.2. The Act extended the reach to people up to age 25 and also placed a requirement on Further Education settings to work to Education Health and Care (EHC) Plans rather than learning disability assessments.
- 5.3. Children and Families Overview and Scrutiny Committee undertook a review on the 16-25 SEND offer and made series of recommendations.
- 3.4 The appendix shows the progress made against these recommendations.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. The Local Authority is required to comply with legislation relating to the delivery of SEND provision as set out in the Children's and Families Act 2014.

### **6.2. Finance Implications**

- 6.2.1. The Council has invested in the SEND service in response to the increased demand on the service over the last two years and keeps this under review to ensure the service can meet its legal requirements.

### **6.3. Policy Implications**

- 6.3.1. There are no policy implications for this report.

### **6.4. Equality Implications**

- 6.4.1. The recommendations in this report are intended to address some of the inequalities that 16–25 year olds potentially face as they progress to adulthood.

### **6.5. Human Resources Implications**

- 6.5.1. There are no human resource implications for this report.

**6.6. Risk Management Implications**

6.6.1. There are no risk management implications for this report.

**6.7. Rural Communities Implications**

6.7.1. There are no rural implications for this report.

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

6.8.1. It is important that children and young people with additional needs receive a good quality provision to meet their identified needs and progress to adulthood.

**6.9. Public Health Implications**

6.9.1. There are no public health implications for this report.

**6.10. Climate Change Implications**

6.10.1. There are no climate change implications for this report.

**7. Ward Members Affected**

7.1. There is the potential for all ward members to be affected by this report.

**8. Consultation & Engagement**

8.1. The report was the outcome of scrutiny of the service which included partners, parents, young people and providers.

**9. Access to Information**

9.1. There is no additional information.

**10. Contact Information**

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

Name: Jacky Forster

Job Title: Director of Education and Skills

Email: [Jacky.forster@cheshireeast.gov.uk](mailto:Jacky.forster@cheshireeast.gov.uk)

## Progress on the Recommendations from the SEND 16–25 Spotlight Review

Ref	Recommendations	Update	Status
1.	It is recommended that further work is undertaken to continue to develop and embed the following actions relating to current improvement work in the service and recommendations from the previous OSC report, as follows:		
	<ul style="list-style-type: none"> <li>Continue to ensure that the co-production of Education and Health Care Plans is embedded.</li> </ul>	<p>Co-production with schools, parents, young people and partners continues to be embedded in the way the partnership operates. For example, over the last 12 months we have co-produced:</p> <ul style="list-style-type: none"> <li>The quality assurance framework</li> <li>A review of the annual review process</li> <li>Development of temporary provision plans.</li> </ul> <p>In addition, throughout Covid-19 we have engaged with the Parent Carer Forum to sense check our response.</p> <p>We are increasingly embedding co-production into the writing of Education, Health and Care Plans but continue to reflect, learn and develop these arrangements which can become constrained by the legal timeframes the service has to operate within.</p> <p>Moving forward we have commissioned the Council for Disabled Children to lead a piece of work with the SEND service and Parent Carer Forum to ensure we have a shared strategic understanding of co-production and shape this into a Charter.</p> <p>We also plan to relaunch our TOGETHER co-production principles through the 0-25 SEND Partnership Board and hold all agencies to account for how they have implemented these into working practice.</p>	Complete

	<ul style="list-style-type: none"> <li>• Implement the new locality structure within the service ensuring capacity and expertise for 16-25 provision.</li> </ul>	<p>The new SEND locality structure is now embedded, and we have recruited to specific post-16 Key Worker Posts.</p>	<p>Complete</p>
	<ul style="list-style-type: none"> <li>• Continue to ensure the transition across 16-25 provision is seamless and continue to ensure the annual reviews are co-produced with all relevant partners, parents and carers to better prepare young people for adulthood and furthermore to ensure the right services are in place in a timely manner.</li> </ul>	<p>There has been a comprehensive overhaul of the Annual Review process which ensures the views of all partners are considered. This was launched in June 2020 and is now being implemented. We will continue to review how this is operating in practice.</p> <p>We will be launching an online training module that can be used by staff, partners, parents and young people this term. The Youth Support Service lead on our Pathways to Adulthood and we are reviewing how the Youth Support Service and the SEND service ensure seamless support.</p> <p>We have delivered a number of SEND ignition programmes and we be undertaking an evaluation to assess if this resulted in the bespoke provision that was intended.</p> <p>We have set up and run for 3 months the Post-16 SEND Panel, which meets each fortnight and is multi-agency, ensuring close links with other professionals and aiding timely decisions.</p> <p>The Preparing for Adulthood Operational Forum has also been set up to identify, track and monitor those young people in transition. This multi-agency forum has set up a data dashboard to show those in transition and those who are assessed by social care and have education placements secured. The panel meets each month and are currently completing additional tracking on 52 cases.</p>	<p>Ongoing</p>

2.	In relation to health services which support SEND it is recommended that services align with the development of one CCG to ensure consistent offer for the following:		
	<ul style="list-style-type: none"> <li>• Ensure that there are no gaps in services, particularly in relation to mental health and speech and language and that these services are fit for purpose.</li> </ul>	<p>The Mental Health Spotlight review has been undertaken and more detailed recommendations have been made which will support implementation of this recommendation.</p> <p>An all age mental health integrated commissioning pilot between Cheshire CCG and Cheshire East Council commenced July 2020 and one element of the pilot is to compile a comprehensive service directory, thereby identifying any gaps in service. This has formed part of the joint commissioning pilot work and is forming part of the Mental Health all age 24/7 support line.</p> <p>Our planning for mental health support to pupils on their return to school after Covid-19 will also utilise the service directory. We have also been successful in wave 3/4 of the mental health in schools bid and implementation plans are in place.</p> <p>Additional MHIS is being invested to support young people in crisis, enabling more young people to be supported to remain at home rather than admitted into inpatient care. In addition, we are committed to early intervention support and have further invested in community services such as Visyon and Health Box.</p> <p>We have delivered a Speech and Language and Sensory Occupational Therapy pilot. This is being evaluated to inform the next steps. The Local Authority commission speech and language provision via a Memorandum of Understanding with the CCG in order to meet the provision identified in Education, Health and Care Plans of children and young people. Following a review of the service further speech and language therapy has been commissioned to support children and young people in particular within South</p>	Completed (To be taken forward through the Mental Health Spotlight Review Recommendations)

		Cheshire.	
	<ul style="list-style-type: none"> <li>Ensure continued partnership oversight of the newly developed single pathway for autism, promoting the consistent offer across the borough and monitoring performance to ensure improved outcomes for children and young people.</li> </ul>	<p>The 0-25 SEND Partnership Board has a multi-agency workstream that continues to have an overview of the single pathway for Autism. This area will be considered in the SEND inspection revisit and is under regular scrutiny from DfE and NHSE.</p> <p>Pre and post diagnostic support is also in place across Cheshire East support the single pathway approach based on THRIVE principals.</p>	Complete
	<ul style="list-style-type: none"> <li>That the Council encourages voluntary groups to provide activities which allow supported young people to develop their skills and interests.</li> </ul>	Where this is appropriate, as part of the provision in a child's Education Health and Care Plan to meet the child or young person's outcomes, voluntary groups are considered. This may be commissioned by the LA or by the school.	Complete
3.	It is recommended that the following specific actions in relation to the 16-25 offer be addressed by all partners:		
	<ul style="list-style-type: none"> <li>That Cheshire East Council continues to coordinate, drive, develop and promote supported internships and support local businesses in the employment of those with disabilities.</li> </ul>	Internships are now an established part of our Local Offer and we have increased the number of supported internship opportunities 6-fold over the last year. Our Supported Employment Service and Supported Internship co-ordinator work effectively to generate employment opportunities for those with disabilities through direct contact with employers, welfare to work partnership and targeted events.	Complete
	<ul style="list-style-type: none"> <li>To undertake a sufficiency review of supported accommodation to ensure sufficient quality accommodation which is fit for purpose where it is appropriate.</li> </ul>	Where supported living is in the best interests of the individual and is appropriate to their needs this is considered through needs assessment and through our SEND Ignition Programme. In January 2019 the Council established a complex needs accommodation and support framework for those aged 16+ and have complemented this by market shaping with property developers and support providers to broaden the local offer in our local communities.	Complete

	<ul style="list-style-type: none"> <li>• Review the financial procedures and processes for post-16 payments and ensure these are made efficient.</li> </ul>	<p>Post-16 payments have now moved to be paid through Controc. In addition, a specific post has been created in commissioning to lead on commissioning and payments for SEND. The post will ensure that appropriate challenge is part of the system of agreeing and paying fees to out of borough schools, colleges and commissioned providers.</p>	Complete
	<ul style="list-style-type: none"> <li>• Monitor the new locality structure within the service ensuring capacity and expertise for 16-25 provision.</li> </ul>	<p>The structure continues to be reviewed, especially as SEND demand continues to increase.</p> <p>The management group meets each fortnight for post-16 operational working and ensuring process are the same in both SEND and YSS so young people and parents are not disadvantaged.</p> <p>Locality meetings with the south team have been trialled for workers to meet and discuss via organised group supervision to ensure timely decisions, process and outcomes for young people – this initially met before Covid-19 in February but has been on hold since and is due to start again.</p>	Ongoing



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## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Progress Against the SEND Written Statement of Action

**Portfolio Holder:** Cllr Kathryn Flavell, Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe, Executive Director of People

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### **1. Report Summary**

- 1.1. This report provides an update to the Children and Families Overview and Scrutiny Committee on progress against the areas in our Written Statement of Action (WSOA) from the SEND Inspection in March 2018.
- 1.2. Good progress continues to be made against the WSOA.

### **2. Recommendations**

- 2.1. Children and Families Overview and Scrutiny Committee is asked to:
  - Note the progress to date against the SEND Written Statement of Action (WSOA) as described in the accompanying SEND progress reports.

### **3. Reasons for Recommendations**

- 3.1. This report ensures that the Committee are updated on SEND improvement work and have the opportunity to provide relevant support and challenge around improvements relating to SEND, in line with the SEND Written Statement of Action.

### **4. Other Options Considered**

- 4.1. Not applicable – delivery of our SEND Written Statement of Action was a requirement of the local area following the previous Ofsted and CQC SEND Local Area Inspection in March 2018.

## 5. Background

- 5.1 In March 2018, Ofsted and the Care Quality Commission (CQC) carried out a joint local area inspection of Special Educational Needs and Disabilities (SEND) in Cheshire East. This inspection looked at how effectively partners in Cheshire East work together to identify, assess and meet the needs of children and young people aged 0-25 with SEND to improve their outcomes.
- 5.2 The inspection highlighted strengths and areas for development in the local area's arrangements in relation to children and young people with SEND in Cheshire East.
- 5.3 Highlighted strengths included well-established and strong relationships between leaders that facilitate joint working, and a shared vision to improve outcomes for children and young people in Cheshire East. The Cheshire East Toolkit for SEND and a number of local services, such as the Early Years Complex Care Team, the Children with Disabilities Team and the Cheshire East Autism Team, were also identified as strengths.
- 5.4 However, the inspection outcome letter stated that while there are significant strengths in Cheshire East, there were also two areas of weakness. As a result, the area of Cheshire East was required to produce and submit a Written Statement of Action (WSOA) to Ofsted that explains what the local area is doing to address the following areas of significant weakness:
- Area 1 - the timeliness, process and quality of education, health and care (EHC) plans
  - Area 2 - the lack of an effective autism spectrum disorder (ASD) pathway and unreasonable waiting times.
- 5.5 The Written Statement of Action was considered by the Health and Wellbeing Board in July 2018 and was subsequently deemed fit for purpose by Ofsted in October 2018. Members of the 0-25 SEND Partnership have since focused on delivery of the WSOA Action Plan through a number of focused workstreams.
- 5.6 Progress against the Written Statement of Action has been monitored by the Department for Education (DfE) and NHS England and Improvement (NHSE/I) on a quarterly basis since September 2018.
- 5.7 Updates on SEND developments arising from the 0-25 SEND Partnership are regularly provided through our 'SENDing you the news' webpage [www.cheshireeast.gov.uk/sendingyouthenews](http://www.cheshireeast.gov.uk/sendingyouthenews)

- 5.8 Significant progress has been made in improving SEND services since the inspection. The reports included within the appendices detail the progress made to date against the WSOA.

## **6 Implications of the Recommendations**

### **6.1 Legal Implications**

- 6.1.1 Delivery of our SEND Written Statement of Action was a requirement of the local area following the previous Ofsted and CQC SEND Local Area Inspection in March 2018.

### **6.2 Finance Implications**

- 6.2.1 The Council has invested in the SEND service in response to the increased demand on the service over the last two years and keeps this under review to ensure the service can meet its legal requirements.

### **6.3 Policy Implications**

- 6.3.1 There are no policy implications for this report.

### **6.4 Equality Implications**

- 6.4.1 The actions outlined within our WSOA for SEND are focused on improving experiences and outcomes for Cheshire East children and young people with SEND, and their families.

### **6.5 Human Resources Implications**

- 6.5.1 The changes to the SEND service and increase in management capacity to support improvements are detailed within the progress reports.

### **6.6 Risk Management Implications**

- 6.6.1 There are no risk management implications for this report.

### **6.7 Rural Communities Implications**

- 6.7.1 There are no rural implications for this report.

### **6.8 Implications for Children & Young People/Cared for Children**

- 6.8.1 The actions outlined within our WSOA for SEND are focused on improving experiences and outcomes for Cheshire East children and young people with SEND.

## **6.9 Public Health Implications**

6.9.1 There are no public health implications for this report.

## **6.10 Climate Change Implications**

6.10.1 There are no climate change implications for this report.

## **7 Ward Members Affected**

7.1 The improvement actions described in our WSOA for SEND apply equally to all children and young people with SEND in Cheshire East, and their families, and therefore any impact is borough wide.

## **8 Consultation & Engagement**

8.1 Feedback from a wide range of professionals across education, health and care and members of the public (including parent carers) contributed to the development of the SEND Written Statement of Action and the Action Plan within it.

8.2 We are continuing to use both data and feedback as a measure of the impact of our improvement actions.

8.3 There are numerous consultation and engagement activities with parent carers, young people and professionals throughout the year in relation to SEND improvements, and the SEND Partnership's Communication and Engagement Working Group manages a calendar of all ongoing consultation and engagement events and activities.

## **9 Access to Information**

9.1 Four supporting reports which provide an update of progress against the SEND WSOA have been included alongside this report.

9.2 The Local Area Inspection Report from March 2018, along with the WSOA, is published on the Council's website at:

<https://www.cheshireeast.gov.uk/livewell/local-offer-for-children-with-sen-and-disabilities/send-developments/cheshire-east-local-area-send-inspection.aspx>

## **10 Contact Information**

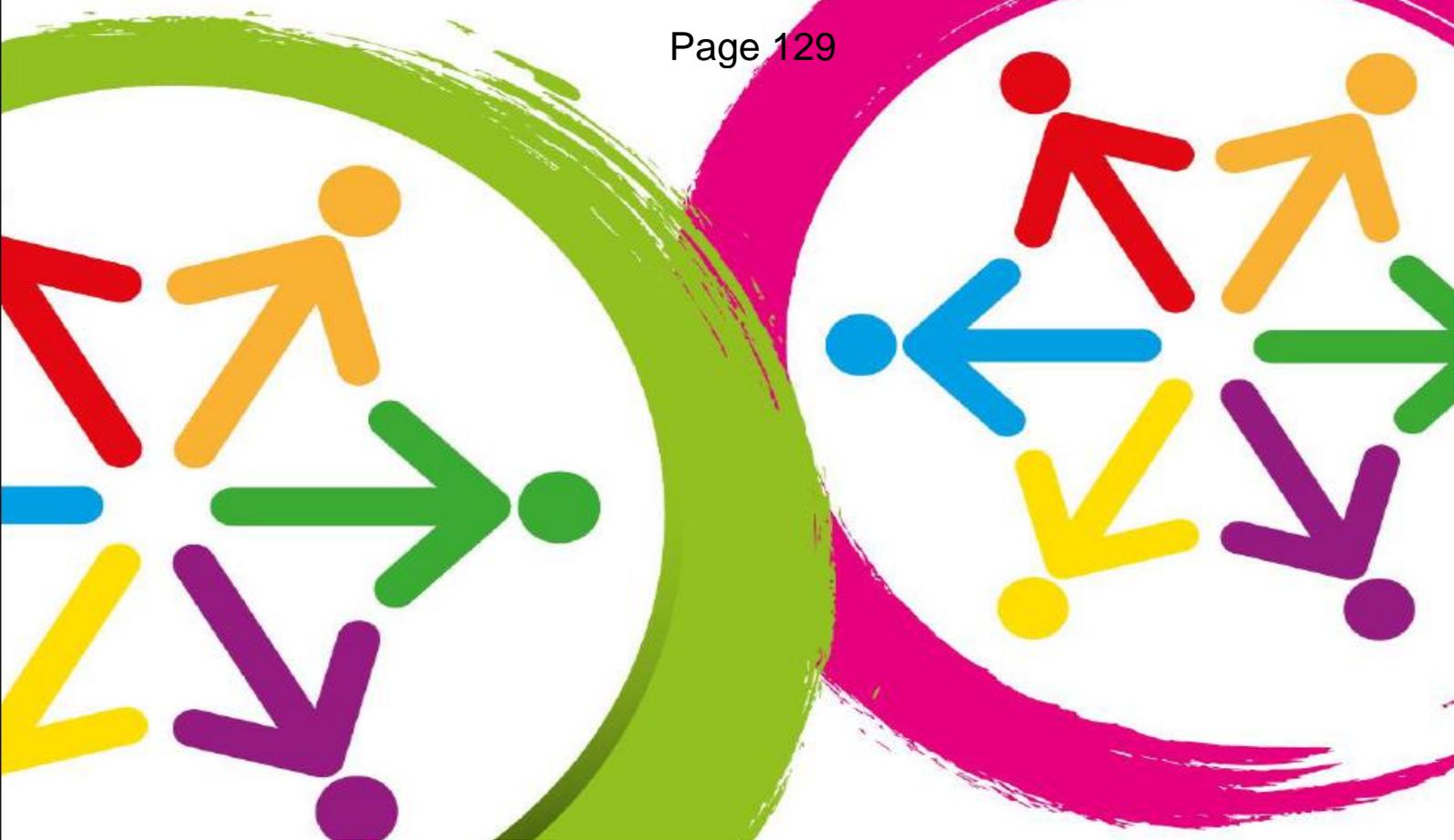
10.1 Any questions relating to this report should be directed to the following officer:

Name: Jacky Forster

Job Title: Director of Education and Skills

Email: [Jacky.forster@cheshireeast.gov.uk](mailto:Jacky.forster@cheshireeast.gov.uk)

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# Cheshire East Overview of progress against our SEND WSoA

August 2020

## 1. Introduction

The SEND Inspection of Cheshire East in March 2018 identified a number of strengths in our arrangements but these were undermined by **two key areas of significant weakness** (the timeliness, process and quality of EHC plans; and the lack of an effective ASD pathway and unreasonable waiting times). Cheshire East was therefore required to submit a Written Statement of Action (WSOA) in relation to these two areas. Cheshire East's **WSOA was deemed to be fit for purpose by Ofsted on 23rd October 2018**.

This document provides an overview of the progress we have made and is supported by themed reports on the areas of significant weakness.

## 2. Senior Leaders' Statement

In Cheshire East we are proud of the **significant improvements we have made since 2018** for children and young people who have special educational needs and/or disabilities (SEND). Our Written Statement of Action (WSOA) has been an effective **driver in improving the experiences of children, young people and their parent/carers** in the two areas of significant weaknesses set out in the inspection report.

As a partnership, we have worked tirelessly over the past two years against a **backdrop of significant increased demand and budget pressures**, and now the challenges of a global pandemic. However, we are confident that the energy and enthusiasm of leaders at a strategic level to improve provision, observed in our inspection, is now resulting in positive change for children, young people and their families. **Children and young people with SEN now have their needs met earlier**; we have significantly decreased the number of ongoing EHC needs assessments over 20 weeks, and **no children and young people in the Eastern Cheshire area now wait more than 12 weeks for an autism assessment**.

These improvements would not have been possible without the **continued commitment of our parent carers**. Co-production has been essential to understand the experiences of parent carers and their children and how these can be improved. We are not complacent, and we know that there is much more we need to do in Cheshire East. However, we are confident that **we have the right culture, staff and resources to develop and sustain quality services** that children and young people with SEND in the borough need and deserve.

## 3. Impact

A highlight of actions from the WSOA within key milestone periods is set out at Appendix 1.

The impact we have achieved across the two areas within the WSOA since May 2018 (September 2018 for autism) is set out in detail in our themed reports, but includes:

- ✓ A significant and sustained improvement (decrease) in the number of ongoing EHC needs assessments over 20 weeks, with a reduction from **180 assessments on 17/12/2018** to **2 assessments on 29/07/2019**.
- ✓ The number of assessments over 20 weeks **was sustained in single figures for 4 months** until 25/11/2019 (when it reached 12 assessments). This number peaked at 91 during the initial Covid-19 restrictions in April 2020 but, despite the impact of the pandemic, this was

managed to ensure that it did not reach levels that were seen in 2018 prior to our improvements. It has since been reduced by a third (with 63 assessments on 21/08/2020) and continues to decrease.

- ✓ An **increase in percentage of health advice for EHC needs assessment submitted within 6 weeks** (performance for individual months for advice due in that month) from **37%** to **91%** in July 2020. This has remained **above 83% throughout 2020**, despite the ongoing impact of the Covid-19 pandemic on our health services.
- ✓ **ASD diagnostic pathways** across Cheshire East were **consistent and compliant with NICE guidance** before lockdown as of 6<sup>th</sup> March 2020.
- ✓ A **reduction in the number of children and young people in the Eastern Cheshire area awaiting the start of autism assessment** for more than 12 weeks from **210** to **0** children and young people **which we have sustained since December 2019**. Numbers in the South Cheshire area remain very low (and have not risen above 1 or 2 children each month during 2020).
- ✓ A **reduction in the average length** of wait in weeks between referral and first appointment from **56 weeks** to **8 weeks** as of 6<sup>th</sup> June 2020.
- ✓ **A consistent MTD assessment 0-4 pathway** is now available across Cheshire East.
- ✓ **There has been an increase in parental satisfaction** – whilst we are still working to improve in this area, our latest survey of plans completed shows improved parental satisfaction, particularly for those parents where plans have been completed in the past 6 months. A telephone survey (10% of those completed) shows that 65% of parents were satisfied with the EHC needs assessment process overall.

#### 4. Leadership Commitment

Strong leadership across all agencies has ensured a focus on making sure that **the WSoA actions have been completed** and **performance has significantly improved in the target measures**.

**Strategic Leadership and management in Cheshire East is visible and well established.** The Leader of the Council, Chief Executives in the Council and Health, and Portfolio Holder, recognise and prioritise the needs of children and this is reflected through increased budget allocation, decision-making and membership at meetings and boards. Whilst the Director with lead responsibility for SEND has experienced some change over the past couple of years, the existing experienced Director has worked closely with the Deputy Director for Strategy and Partnerships within in the CCG to **significantly increase the pace of change** over the past 18 months. We have strengthened the senior management with two Heads of Service for SEND and additional DCO support which will provide sustainability to our improvements, giving equal priority to timeliness and quality of EHC plans.

**Management oversight at all levels** has been strengthened through the development of better performance information, trackers, weekly and monthly meetings. Regular audits by senior managers has improved the quality of plans, reports and information through effective challenge. A **new health governance structure** for management oversight of SEND improvements and performance has increased the scrutiny in this area. The 0-25 SEND Partnership **Executive Management Group**, established in May 2019, has provided a formalised agreement of how leaders in education, health and care work together. The group provides strategic oversight of the

progress, outcomes and impact of the work carried out by the 0-25 SEND Partnership and progress against the WSoA.

The Council's **Children and Families Overview and Scrutiny Committee** has received updates on the progress of the WSoA and provide scrutiny and challenge around key SEND performance measures, which are included in a quarterly scorecard to the Committee.

A number of **services have been restructured to better meet the needs of children and young people and their families**, including the SEND and Specialist Teams within the Council, to strengthen management oversight. The previous Head of Service, Service Manager and Team Manager have left Cheshire East which enabled **strengthening of leadership and management** by increasing capacity at a senior level (Head of Service). This has further strengthened management oversight of the timeliness and quality of SEND services from the Locality Manager and Quality Manager. **A secondment from Health** to a Head of Service position has supported integrated working across education, health and care partners. The Educational Psychology Service has moved to sit with our Head of Service for Pupil Support and Participation and has undergone significant restructuring and review of working practices.

Both the local authority and health have **commissioned additional capacity to address the backlog** in EHC needs assessments and waiting lists for autism assessments. This has resulted in significant improvements in timeliness and compliance with NICE guidance. The Local Authority and CCG have ensured that additional funding into the services will remain to ensure longer term sustainability. Whilst temporary and agency staff have enabled us to meet some of our short-term issues around timeliness, developing our workforce is key; our **priority is to ensure that we have the right permanent workforce, with the right support and development in place** to enable them to carry out their roles effectively. Ongoing recruitment exercises are in place across Cheshire and Wirral Partnership (CWP) to ensure the right workforce is in place.

## 5. Covid-19

The Covid-19 pandemic has had an impact on our planned improvement journey creating some delays on our pace of improvement. However, we can demonstrate that we have remained focused on the aim to ensure a **quality service with good timeliness**.

The main challenges of the Covid-19 pandemic have been:

- Delays in receiving advice – as services had to adapt to gathering their information remotely – this has impacted on our timeliness and the quality of advice.
- The challenge of additional work, as we ensured risk assessments and temporary provision plans were in place to support children during this period.
- Some parents not wanting to complete plans within the timeframe as they have not been able to visit schools and have felt uncertain.
- Our ability to continue the induction and training of new staff and therefore the time it has taken for them to be fully effective has taken longer.
- Some families have been reluctant to attend hospital/outpatient clinics for a face-to-face appointment. Children on the Autism Assessment pathway by nature of their difficulties find it challenging to cope with the different experience that a trip to out-patients brings with the PPE and distancing requirements. PPE makes assessment of communication and social

interaction skills very challenging. However, all patients have been tracked and future appointments provided where required.

- Assessments by the Specialist Speech and Language Therapist (SALT) on the Autism Assessment pathway have been difficult to complete during this time for similar reasons.
- Children have been out of school for a significant length of time so getting up to date feedback and information from staff has been difficult.

During Covid-19, the CCG with partners have supported families and young people to **access ASD assessments and pre and post diagnostic support online**. Space 4 Autism and ChAPS increased access to support the waiting list. Many parents have been able to have their assessment completed online, however there are times when appropriate diagnosis can only take place on a face-to-face basis which has caused some delays. As a partnership we are ensuring that the impact of any delays is limited. Where required, face-to-face assessments have been booked dependant on Covid-19 guidance. We are continuing to use a mix of video, telephone clinics and face-to-face support as deemed appropriate by the clinician. Services are using alternate ways to virtually assess children, including Video Consultations, to see if that helps the overall pathway, as it is a multi-disciplinary assessment, so therefore relies heavily on receiving information from all various sources.

Additional hours are being worked over the summer to undertake more CCICP SALT assessments (part of the ASD Diagnostic pathway) to catch up on the delay in assessments as a result of the pandemic. Additional administrative support is also being secured to assist with appointment booking.

We have provided lots of support remotely and **services have been creative and adapted their offer** to ensure that families have continued to be supported during this time. During school shutdown we provided learning resources tailored to different types of needs to support children, along with a helpline for parents with children with Autism and support via video conferencing for children with sensory impairments. Support and equipment were provided for families where needed to enable them to support remote education. We have maintained regular contact with the Parent Carer Forum and have worked with them to develop our approach to reopening schools. As part of an early intervention mental health offer, Cheshire CCG has increased funding into online services through Visyon and Healthbox.

In general, the feedback received from parents during the lockdown period has been positive. Teams have continued to keep in contact with families who have understood that face-to-face visits/assessment could not be completed during this time and that virtual appointments would not necessarily be appropriate to complete a more formal assessment.

Despite the challenges brought on by the Covid-19 pandemic, we have made some excellent improvements over the last 6 months, as detailed in the appendix.

## 6. Strong Partnerships

Since its establishment, Cheshire East's **0-25 SEND Partnership has been committed to improving outcomes for children and young people with SEND**. The partnership has **parent carers at the heart** of decision making and at all levels of governance. It has very good representation and engagement from all key stakeholders and continues to focus on making a difference for children and young people with SEND.

We **revised and streamlined all workstreams and governance** of the SEND Partnership Board in order to ensure delivery and focus in relation to the Written Statement of Action (WSOA). Our practice and procedures are becoming increasingly integrated across agencies and we now **jointly commission** a number of services, including a Speech and Language Therapy and Occupational Therapy provision. A Children's Joint Commissioning Strategy and Commissioners meeting ensures that partners work together across the range of children's services, and clear action plans are in place to ensure we commission seamless services.

Ensuring that children, young people and young adults with additional needs have better chances in life is **Outcome 6 of our new Children and Young People's Plan, 2019-21**, co-produced with children and young people.

We have **strengthened our partnership with schools**. This includes regular Headteacher and Governor Briefings, along with termly SENCO conferences, which provide both local and national updates and development opportunities. SENCO conference attendee numbers rose from 35 to 235 at our last conference before Covid-19.

Improving **communication and engagement** has been an area of focus. The introduction of *SENDing you the News*, aims to provide regular updates to all stakeholders, supported by increased and improved information on our Local Offer. A Communication and Engagement Strategy has been co-produced with our Parent Carer Forum which sets the framework for all future communication and engagement.

## 7. Developing our services TOGETHER

Building our relationships with parent carers and young people has been a priority. Co-production has been at the heart of our improvement journey and our Parent Carer Forum and SEND Youth Forum are central to this. As a partnership we developed and signed up to TOGETHER in Cheshire East (see overleaf) as our shared definition of co-production as it is inclusive to all. This work has been endorsed and adopted by key partnerships and agencies across children and adult services in Cheshire East in addition to the SEND Partnership.

**Examples of some of the areas we have produced TOGETHER** include information about how to request an EHC needs assessment, Standards for EHC Plans, a single delivery model across Cheshire to align the diagnostic process for ASD, an All Age Autism Strategy and our Quality Assurance Framework for SEND.

## TOGETHER in Cheshire East

**TOGETHER is our shared definition of coproduction in Cheshire East because it is inclusive to all.**

**T**eamwork when designing, delivering and evaluating individual support and services

**O**pen-minded ideas and discussions

**G**enuine communication for all parties involved

**E**qual partners help to shape and improve support for all

**T**rust each other to make the right decisions

**H**onest

**E**ngage and empower children, young people, adults and families

**R**espect for everyone's views and opinions

**Working TOGETHER as equal partners towards a common goal for all of our children, young people, adults living in Cheshire East.**

### Our TOGETHER Values and Commitment

We will...	We won't...
• Listen to your views	• Use jargon or acronyms
• Communicate honestly	• Give too much information
• Trust each other	• Rush meetings
• Be person centred	• Take too long to complete our actions
• Adapt to people's needs	• Be judgemental
• Respect and value all opinions	
• Do what we say we will	

**Here is some further information about our four key principles of TOGETHER going forward, and who is involved in delivering that.**

**Co-Involvement**

We will involve and engage with you from the very start to make you aware of changes to services and policy. Your needs will be identified and views are welcomed at every stage.

**Co-Design**

We will work closely with you to plan and design your individual support, services, and policy making sure that children, young people, adults and families are at the centre of those services.

**Co-Delivery**

We will plan and deliver services together ensuring your voice is heard and acted on at every stage.

**Co-Evaluation**

We offer opportunities for feedback so that we can improve your experience.

## 8. Using our Learning to Sustain Improvements

As a learning partnership, we intend to use the experiences of our services and those who have used them over the past two years to ensure we sustain these improvements in the future. This includes the **importance of putting parent carers and children and young people at the heart of decision making**; they know how services can best meet their needs.

We are also much **clearer about peaks and troughs in demand** and, through challenge and support, we have a much better understanding and systems in place to manage these. Our **management oversight and monitoring** now provide us with the tools we need to manage demand. **Getting the right staff with the right culture and commitment** is also key to building confidence and trust with our parents and carers. We will continue to learn from good practice in other areas, to embrace peer challenge.

We are currently revising our 0-25 SEND Partnership Strategy. This will be informed by our self-evaluation, but priorities are likely to include:

- The **quality of EHC Plans**
- **Satisfaction of parent carers** through refreshed communication and engagement strategy
- The quality and effectiveness of **annual reviews** of EHC Plans and transitions
- Preparing for **adulthood and transitions earlier**
- **Better access to health services**
- Improvements in the **time between completion of an autism assessment and feedback** of a diagnosis to ensure hidden waits do not develop

## 9. Any finally....

From those who have had a positive experience of our services....

*"Improvements related to SEND are palpable. x High had noticed a transformation in the effectiveness of the service provided by the SEND Team over the last 6+ months. There appears to be better join up between officers, greater resource becoming available to support the frontline and some very motivated team members who appear to be making things happen. For example, [staff member] had been excellent and [staff member] has quickly impressed. Similarly Education Psychologist reports have been more useful, helping to lead to improved provision."*

[Cheshire East School]

*"The commitment, effort and energy by everyone involved is very much appreciated - if I could rate this on a scale of 1 - 5 it would be 100."*

[Parent/carer in telephone survey, Feb 2020]

*"The Education Psychologist's report was superb and a 'game change' in our house. We had not had one of these before and everything was documented so well."*

[Parent/carer in telephone survey, Feb 2020]

*"My reading has improved significantly due to the plan."*

[Young person]

*"I would also just like to say how supportive and valuable your seconded SENCOs are. Other than at the networking meetings, I have only had contact with [IQ Officer] but she has been extremely helpful to not only me as a covering SENCO but to our school, staff and parents. The support from someone who works in a SENCO role, is always available to give advice, visit and even attend meetings is very much appreciated".*

[Cheshire East School]

*"I said what works well for me and my worker listened."*

*"It is a plan that has all my needs and helps others understand my needs."*

[Young people]

## WSOA Progress

### 6 months post-WSOA approval (by April 2019)

- ✓ **Weekly support** and training workshop sessions established to focus on improving the quality of EHC Plans.
- ✓ **Weekly reports** created (using data from comprehensive live trackers) to provide detailed information on the number and timeliness of EP advice requests and ongoing EHC needs assessment requests.
- ✓ Established **weekly operational meetings** for SEND Team managers focused on timeliness of EHC needs assessments, which provide management oversight and challenge around timeliness of EP advice and EHC Plans using the detailed trackers.
- ✓ **Access in place** for settings to share information from annual review meetings directly within the **local authority's case management system**. Health professionals in all provider trusts were also provided access to the case management system.
- ✓ **Additional capacity** secured through an external provider (Enhance EHC Ltd.) who completed work to assist with short term review processes for current EHC plans.
- ✓ Published revised, co-produced details about **how to request an EHC needs assessment**.
- ✓ **New clear pathway and paperwork** for bringing children and young people with SEN to the attention of the local authority published.
- ✓ Content of all **standard letters** within the EHC needs assessment process **reviewed and revised**.
- ✓ **Multi-agency Quality Assurance Task and Finish Group** in place monthly to drive forward improvements relating to the quality of EHC needs assessments and EHC Plans.
- ✓ **Quality Assurance Framework**, calendar of quality assurance activities and our co-produced standards for EHC Plans in place.
- ✓ **New 'Ignition' process** to improve person-centred transition planning within the EHC needs assessment process introduced.
- ✓ A set of **'non-negotiables'**, and more detailed quality standards in place for EHC Plans.
- ✓ **Waiting List Initiative** (WLI) to increase the assessment capacity for Autism and 'Dual' Autism and ADHD assessments in place.
- ✓ **0-4 years Autism Assessment Pathway established**.
- ✓ Multi-disciplinary team of healthcare and education **experts set up to assess the needs of 0 to 4 year olds** in the Eastern Cheshire part of Cheshire East.
- ✓ **Clinical care co-ordinators** to ensure that children and young people get all the help they need during the ASD assessment process in place as a result of additional health funding secured.
- ✓ **New post diagnostic support pack** developed, along with a bespoke post diagnostic 3-hour training course.
- ✓ Launched **'TOGETHER'**, co-produced shared definition of co-production.

- ✓ **SEND Youth Forum** in place.
- ✓ **Termly conferences** to provide local, regional and national updates, continuing professional development and networking opportunities for Cheshire East **SENCOs** established.

### One year post-WSOA approval (by October 2019)

- ✓ **Recurrent £500,000 investment to increase capacity** across the SEND service agreed by the Council.
- ✓ Newly established multi-agency 0-25 SEND Partnership **Executive Management Group** in place.
- ✓ **Finalised, and consulted on, a new structure** for the SEND team and the Educational Psychology (EP) Service.
- ✓ Multi-agency **workshop focusing on 'Defining Excellence across SEND'** with a wide range of representatives from across education, health and care services, along with parent carers, to input into our refreshed Quality Assurance (QA) Framework for SEND by considering what 'good' looks like in Cheshire East.
- ✓ Additional **£300k investment into health services** to ensure consistency of offer across Cheshire East in regard to diagnosis and pre and post diagnostic support.
- ✓ **The waiting list initiative** for children and young people (CYP) age 4-19 years **extended** in Eastern Cheshire until February 2020 (**£80k new investment**).
- ✓ **Updated Autism JSNA** published.
- ✓ **Two seconded part-time Health Visitors** in place (one for Eastern Cheshire and one for South Cheshire) to act as specialist HVs for SEND.
- ✓ **Health scorecard developed** so that there is now consistent information gathered by both CCGs from all provider trusts in order to track performance.
- ✓ Increased **engagement with the Parent Carer Forum**, including through their Annual General Meeting and Preparing for Adulthood event.
- ✓ **Additional SALT therapists recruited.**

### 18 months post-WSOA approval (by April 2020)

- ✓ Developed **new advice templates** co-produced with parents.
- ✓ Interim **dedicated team to focus on timeliness and quality of annual reviews** in place.
- ✓ New **SEND Service structure in place**, including three Locality Manager roles and two Interim Head of Service posts to ensure that we can move the improvement of the service forward with greater pace.
- ✓ **Service offer and processes** within the **Cheshire East Autism Team, Sensory Inclusion** service and **Educational Psychology** service **reviewed**.
- ✓ **Experienced Head of Service** leads on driving forward changes in the **Educational Psychology** service
- ✓ **Autism Strategy** published.

- ✓ Director for Education and Skills/Chair of SEND Partnership attends **termly meetings with Parent Carer Forum.**
- ✓ Key Health officers attend Parent Carer Forum meetings to update on health and social care integrated process as well as work with the Forum to develop integrated co-produced approaches.
- ✓ **Additional recurrent £500,000 investment to increase capacity** across the SEND service agreed by the Council.
- ✓ **Recurrent investment by Cheshire CCG** to support the maintenance of the NICE Autism timescales.
- ✓ **Adapted services to offer support online** in response to Covid-19 and lockdown.

### Two years post-WSOA approval (by October 2020)

- ✓ Co-produced **new temporary provision plans** with services and parents.
- ✓ Established a **Quality Managers group** across the partnership which has led to significant improvement of plans.
- ✓ Introduced a **Practice Champions Forum** which brings all key services together and ensures they take accountability for improvement in their part of the service.
- ✓ Put in place **guidance on undertaking remote annual reviews.**
- ✓ Introduced a **full review of the annual review process and paperwork**, co-developed with the Parent Carer Forum, and published up-to-date information on our Local Offer.
- ✓ Developed a **demand management process** for EHC needs assessments.
- ✓ **Further reviewed and developed EHC Panel arrangements**, particularly with a review of post-16 panel to ensure more effective decision making.
- ✓ **Recruitment to plan writers post** to bring in additional capacity to ensure we can meet potential increase demand in September 2020 when schools return.
- ✓ **Undertaken a full review of Educational Psychology service and recruited Assistant Educational Psychologists.**
- ✓ Developed a **quality management system** to ensure sustainability and moved away from quality assuring 100% of EHC Plans with confidence.
- ✓ Developed a **comprehensive training plan.**
- ✓ **Single agreed Autism diagnosis pathway in place.**
- ✓ Implementation of the **THRIVE model.**
- ✓ **Pre and post diagnostic support for Autism** in place across Cheshire East.
- ✓ **Online consultations** now available where applicable.
- ✓ Dynamic **risk register** in place for children and young people with ASC and/or learning difficulties who are at risk of being admitted to a tier 4 bed in order to monitor and prevent admission. Risks to individual children are reviewed on a multi-agency basis to ensure there is an accurate understanding of their needs.
- ✓ **Updated Care Education and Treatment Review (CETR) processes** – the DCO now attends all CETR to facilitate good working relationships between partners.

- ✓ **Reduced inpatient admissions** demonstrating we are successfully avoiding escalation and are meeting children and young people's needs in the community.
- ✓ **Autism intensive care support** in place through Cheshire and Wirral Partnership.



# Cheshire East Overview of progress against our SEND WSOA

## Area A - The timeliness of Education, Health and Care (EHC) Plans

August 2020



## 1. The issues identified within this weakness

- EHC plans are not being completed in a timely manner. This delays children and young people's needs being met and sets them and their families back.
- Capacity within the education psychologists' team has severely affected the delays.

## 2. Summary

Following our previous inspection and the introduction of improvements relating to our Written Statement of Action (WSOA), we have improved timeliness for EHC needs assessments, and thereby have improved the time within which we assess and meet the needs of local children and young people with Special Educational Needs (SEN).

Our detailed performance data demonstrates the significant improvements that were made to decrease the number of ongoing EHC needs assessments over 20 weeks, and to increase the timeliness of advice and the number of EHC needs assessments that were completed within the 20 week timescale. There have been some recent delays in timeliness of EHC needs assessments, but this is not on the same scale of the delays that previously seen at the time of drafting our Written Statement of Action. Recent delays have been due to a combination of factors:

1. The implementation of a permanent structure which resulted in an approximately 80% change in staffing. The introduction of the permanent structure resulted in agency staff leaving earlier than we would have liked, as we had planned to retain them until the new staff were in post and trained as required.
2. The impact of the Covid-19 pandemic and the need to complete risk assessments, create temporary provision plans and seek creative ways to meet the needs of pupils not in school. In addition, there was a need for staff to adapt to working remotely, including adapting to undertaking assessments and meetings via video calls.
3. We listened to the voice of our local parent carers, who told us that they preferred to have an EHC Plan that was late but of better quality. Quality aspects were not improving as quickly as we had planned, and we needed to invest heavily in this area (see separate themed report on process and quality of EHC Plans for more information on this area).
4. There has been a continued increase in the number of requests for EHC needs assessments, and a number of significant peaks in requests.
5. There has also been a need to consider and improve the timeliness and quality of our annual reviews of EHC Plans.

An improved interactive tracker is now in place and we are confident that the timeliness and quality of EHC plans will both be significantly improved by the end of October 2020. New leadership and management arrangements in place from December 2019, along with further investment in the service, will ensure that timeliness continues to improve and is sustained.

### 3. The impact of our changes

- ✓ There has been a significant and sustained improvement (decrease) in the number of ongoing EHC needs assessments over 20 weeks, with a reduction from **180 assessments on 17/12/2018** to **2 assessments on 29/07/2019**.
- ✓ The number of assessments over 20 weeks was sustained in single figures for 4 months until 25/11/2019 (when it reached 12 assessments). This number peaked at 91 during the initial Covid-19 restrictions in April 2020 but, despite the impact of the pandemic, this was managed to ensure that it did not reach levels that were seen in 2018 prior to our improvements. It has since been reduced by a third (with 63 assessments on 21/08/2020) and continues to decrease.
- ✓ There has also been a continued increase in the number of new EHC Plans issued within 20 weeks each month. During the period January – September 2019, this rose steadily from **11% of EHC Plans in January 2019** to **96% of EHC Plans issued in both September and October 2019**. Indeed, timeliness was sustained at over 75% for 4 consecutive months between July and October 2019.
- ✓ Between January and August 2019, there was a substantial decrease in the number of EHC needs assessments awaiting advice for more than 6 weeks – with a reduction from the highest figure of **159 assessments on 21/01/2019** to **2 assessments on 05/08/2019**. This figure did rise and reach a peak of 93 during the Covid-19 restrictions in June 2020; however, this was again managed so that it did not reach levels seen prior to improvements and has since been reducing steadily with 54 assessments on 21/08/2020.
- ✓ There was also a significant decrease in the number of EHC needs assessments awaiting advice from the Educational Psychology service for over 6 weeks between January and August 2019 - with a reduction from **135 assessments on 28/01/2019** to **1 assessment on 05/08/2019**. There has been peaks in the number of assessments since then, but these have been well managed and the number of assessments has reduced once more. The most recent peak, resulting from the impact of the Covid-19 pandemic, led to a sharp increase up to 71 assessments on 29/05/2020, but we managed this over June and July and the number of advice requests over 6 weeks has now significantly decreased again (to 18 assessments on 21/08/2020) and continues to do so.
- ✓ There has been a significant and sustained increase in the percentage of health advice submitted within 6 weeks, going from **37% in our WSoA (May 2018)** to **91% in July 2020**. This has remained **above 83% throughout 2020**, despite the ongoing impact of the Covid-19 pandemic on our health services.
- ✓ There has also been a significant decrease in the average time to complete an EHC needs assessment. This reduced from **35.8 weeks in our WSoA (May 2018)** to **15.0 weeks in August 2019**. As a result of the recent delays, our current performance stands at 25.0 weeks in July 2020 (however with an average of 17.8 weeks for completed EHC Plans that were due in July 2020); this still represents an improvement in our performance but we are confident that we will be able to return this to expected levels by the end of October 2020.

## 4. The key changes we have made

### 4.1. SEND Team staffing and culture

We finalised and consulted on a new structure for the SEND team and the Educational Psychology (EP) Service. As part of the new structure, the Council committed an additional £500,000 to increase capacity across the SEND service in April 2019 and a further £500,000 in April 2020. We have appointed individuals to a significant number of posts within the new structure and, as of January 2020, the majority of posts in the new structure for the SEND team are filled.

We have significantly reduced reliance on agency staff for EHCP writing as this has been leading to lack of pace in quality improvement in EHC plans. There have also been significant changes in leadership of our SEND team. The previous Service Manager left in August 2019, the previous Team Manager in December 2019 and the previous Head of Service in January 2020. Two Interim Head of Service posts have been appointed in order to ensure that we can move the improvement of the service forward with greater pace. A new Head of Service with responsibility for the SEND Assessment and Monitoring started in December 2019 and the Head of Service for Quality Development and Specialist Services started in February 2020. The Three Locality Managers started in December 2019 and an Interim Quality Manager, seconded from another LA team who has made significant impact in a school improvement role, started in January 2020. Officers are also now in post for the three Locality Manager roles within the SEND service. In the last month, we have also recruited 3 additional Key Workers and are currently interviewing for additional EHC Plan Writers, with an intention for all new staff members to join us in September for a joint induction and training programme.

### 4.2. Educational Psychology Service staffing and culture

In addition to the two new SEND Heads of Service outlined above, further Head of Service support was introduced in order to increase management oversight of our Educational Psychology (EP) service. Responsibility for the EP service was moved to our Head of Service for Education Participation and Pupil Support. Our Principal EP is currently on long-term sickness absence; however, the two Senior EPs in the service are working with the Head of Service to move the service forward and are supported with supervision from the Principal EP in Solihull.

We launched a recruitment campaign for our Educational Psychology (EP) service and have new Trainee EPs and Assistant EPs starting with us in September 2020. As an interim measure whilst new staff join the service, we are also continuing to fund a high level of additional agency staff for EP assessments in order to provide consistent levels of service. We have also recently changed the contracting arrangements for Locum EPs. We are currently finalising our strategy to redesign the EP Service and will be launching this in the Autumn.

### 4.3. Scorecards and Tracking

At the time of the original SEND Inspection in March 2018, a monthly operational SEND scorecard covering the EHC needs assessment process and local authority SEND services was already well established and was being routinely shared and scrutinised at SEND management meetings and the 0-25 SEND Partnership Board. During the first half of 2018, the measures within the scorecard were reviewed and amended to ensure relevant information was being shared, and a number of significant new measures relating to timeliness were added. This scorecard was then updated again to include the WSoA Key Performance Indicators relating to EHC needs assessments and Plans. This scorecard is a standing item on the SEND Partnership Board where appropriate challenge and support takes place.

We also developed a health scorecard so that consistent information is gathered from all provider trusts in order to track performance. Performance data within both health and the local authority continues to be refined, and the Local Authority and CCGs each have an identified Business Intelligence officer with a focus on SEND.

In addition to the monthly scorecards, we have created weekly reports (using data from comprehensive live trackers) which provide detailed information on the number and timeliness of EP advice requests and ongoing EHC needs assessment requests. A further detailed tracker is also in place to monitor Annual Reviews of EHC Plans.

We established weekly operational meetings for SEND Team managers focused on timeliness of EHC needs assessments; these meetings provide management oversight and challenge around timeliness of EP advice and EHC Plans using the EP and EHCP reports and trackers described above.

The Designated Clinical Officer continues to provide close monitoring and oversight of the timeliness of all EHC needs assessment health advice and any themes or specific causes for concern are fed back to providers, the CCG and Local Authority.

## 5. The steps to ensure timeliness continues to improve and is sustainable

As discussed above, there has been a recent increase in the number of ongoing EHC needs assessments over 20 weeks. As at 21/08/2020, 25% of ongoing EHC needs assessments (63 cases) were over 20 weeks. This has also resulted in a recent dip in the percentage of EHC Plans issued within 20 weeks in each month (going from 96% in September 2019 to 67% in January 2020 to 37% in July 2020, excluding exceptions). The current decrease in performance in timeliness of advice and overall EHC needs assessments is due to a number of factors, including:

- A very significant increase in the number of EHC needs assessment requests received in July 2019 (105 requests). The average number of requests in each month in the period January – June 2019 was 47. There was also a peak in the number of requests in December 2019 (67 requests). We have completed a deep-dive analysis of all of the requests and have been working with

educational settings and parent/carers to understand the factors leading to increased requests towards the end of academic terms and are taking steps to improve this in the future.

- Extended school holidays over the summer period and then over the Christmas and New Year period, which impacted upon the ability of Educational Psychologists (EPs) to meet with pupils and their educational setting. The majority of the assessments that were awaiting advice for more than 6 weeks from our EPs following these periods were subject to exceptions to the 20 week timescales, in line with The Special Educational Needs and Disability Regulations 2014. However, we continually monitor all assessments awaiting advice from the EP service carefully in order to minimise the impact on overall timeliness as far as possible. In addition, we have made a number of new appointments in the EP service which are now being made sustainable through the redesign of how the service operates. The EP service has also moved to an experienced Head of Service who has introduced weekly allocations meetings and prioritised the EP service to focus on statutory service. There is a focus on changing the culture within the EP service. This has had an immediate impact.
- There has been a lot of change within the SEND service due to moving to the new structure which has caused some delays. We previously identified this as a risk and had put in measures to allow agency and permanent posts to overlap, but some agency staff members chose to leave early as they had new assignments and this caused some gaps. Following a significant influx of permanent staff over December 2019 and early 2020, officers are now in place in almost all posts within the new structure. The Covid-19 pandemic has impacted and delayed further service changes by causing challenges in the induction and training of new staff. We continue to invest additional staff in the service in a managed way, so that we can support new starters, and the service is now predominately permanent staff.
- As part of our drive around quality, we reintroduced the 2 'working TOGETHER' (co-production) meetings held during the EHC needs assessment process. This puts pressure on the timeline; however parents tell us they prefer EHC Plans to be late and have a co-production meeting and improved quality, over a drive to achieve timeliness.
- The need to ensure transitions were confirmed for transfers in September 2020 created pressure at the point where we were also addressing timeliness. Further planning around transitions has been prioritised and will be built into the tracker so that we can learn from experience and mitigate future impact.
- Most recently, the impact of the Covid-19 pandemic and the need to complete risk assessments, create temporary provision plans and seek creative ways to meet the needs of pupils not in school has had a large impact on staff capacity. In addition, there was a need for staff to adapt to working remotely, including adapting to undertaking assessments and meetings via video calls.

Despite the recent dip in performance, there has still been a significant improvement in timeliness of EHC Plans since our Written Statement of Action (WSOA) was drafted, as shown in section 3 of this report. We are confident that our timeliness will improve again by the end of October 2020. The

following steps have been taken to meet this target, and we have ensured that all steps put in place are sustainable:

- Weekly Director and Head of Service review of timeliness and to confirm priority areas for Keyworkers.
- Weekly Operational Managers' Meetings to ensure workloads are managed and staff supported.
- Additional support for complaints to enable us to simultaneously support families who remain dissatisfied whilst keeping Keyworkers free to support new assessments and plans
- We have created an annual review team to take pressure from the locality teams; this supports the locality teams to ensure timeliness of new assessments. This capacity will be retained from April 2020.
- We recruited additional temporary plan writers and built this post into the structure from April 2020 on a permanent basis. This will support addressing any ongoing peaks and troughs in demand.
- The structure from April 2020 also includes additional capacity to support transitions so that Keyworkers can remain focused on new assessments
- Delays in EP advice have been addressed and the Head of Service will ensure that further capacity is brought in along with the new allocations methodology and prioritisation of statutory advice.

In addition, we have put in place arrangements to ensure that there are improvements in the timeliness of annual reviews for EHC Plans. A multi-agency working group is in place, with crucial input and representation from our Parent Carer Forum. This group co-produced a wide variety of detailed information on processes, timings and responsibilities for annual reviews, and this was published on a dedicated section of our Local Offer in July 2020. Letters on the new expectations and timeliness have been issued to all schools and all parents of children and young people with EHC Plans. Significant work has also been taking place on the development of trackers for annual reviews (which mirror those for new assessments), along with data cleansing exercises to ensure that all annual review information within our case management system is accurate.

## **6. Listening to feedback**

In January 2020, we introduced a new online parent carer survey; we plan to run this annually, with the same questions on EHC needs assessments, as one method of measuring our progress and any changes in parental satisfaction. During the initial January 2020 survey, when asked whether their child's EHC needs assessment was completed in 20 weeks or less – 36% of parent carers whose child's EHC Plan had been completed in 2019 said yes, compared to only 27% of parent carers whose child's EHC Plan had been completed in 2018 or earlier. Whilst this shows an improvement, we hope to see this figure increase further in the next survey (planned for January 2021).

Further to the online survey, a telephone survey was carried out in February 2020 with a dip sample of parent carers whose child had recently had a new EHC Plan finalised. Over half of the respondents

of this survey (65%) were satisfied with the overall EHC needs assessment process, with some specifically appreciating the timeliness of the process (e.g. *'it has been a quick process for me'*). However, we appreciate that this was not the case for all respondents and know that there is further work to be done. Furthermore, whilst we did not specifically ask about timeliness in this survey, this is something we would look to include in future telephone surveys.

In addition to wider surveys, we recognise the importance of gathering routine feedback for all new EHC needs assessments wherever possible, and are now collecting satisfaction information when finalising EHC plans so that we have regular feedback from our parent carers about what is and isn't working well during the process. SEND team members also carry a link to a short satisfaction survey in their email signatures, which can be completed by anybody (young person, parent carer or professional) in order to give feedback on their interaction with the SEND team – some responses to this survey are shown below:

*"A swift process on this occasion which is different from our experiences in earlier years. So a positive improvement."*

[Anonymous response, July 2019]

*"Two of my EHCPs have been finalised recently, both within the time allocated. The draft documents have been well written and the parents have been very happy with them. We feel that the hours allocated reflect the level of need appropriately. This is partly due to fantastic support from our link EP [X] who has captured the needs of each child and provided helpful advice that is then reflected in the quality of the final EHCP"*

[SENCO, September 2019]

*"Communicating with the SEND EHCP Interim Annual Review team re updating the EHCP's for my sons following their Annual Reviews. [SEND Keyworker] and [SEND team admin] were very efficient in keeping me informed on progress. [SEND Keyworker]'s professional input and friendly manner were much appreciated and we managed to sort out finalising the Amended EHCP's in quick turnaround."*

[Parent Carer, June 2020]

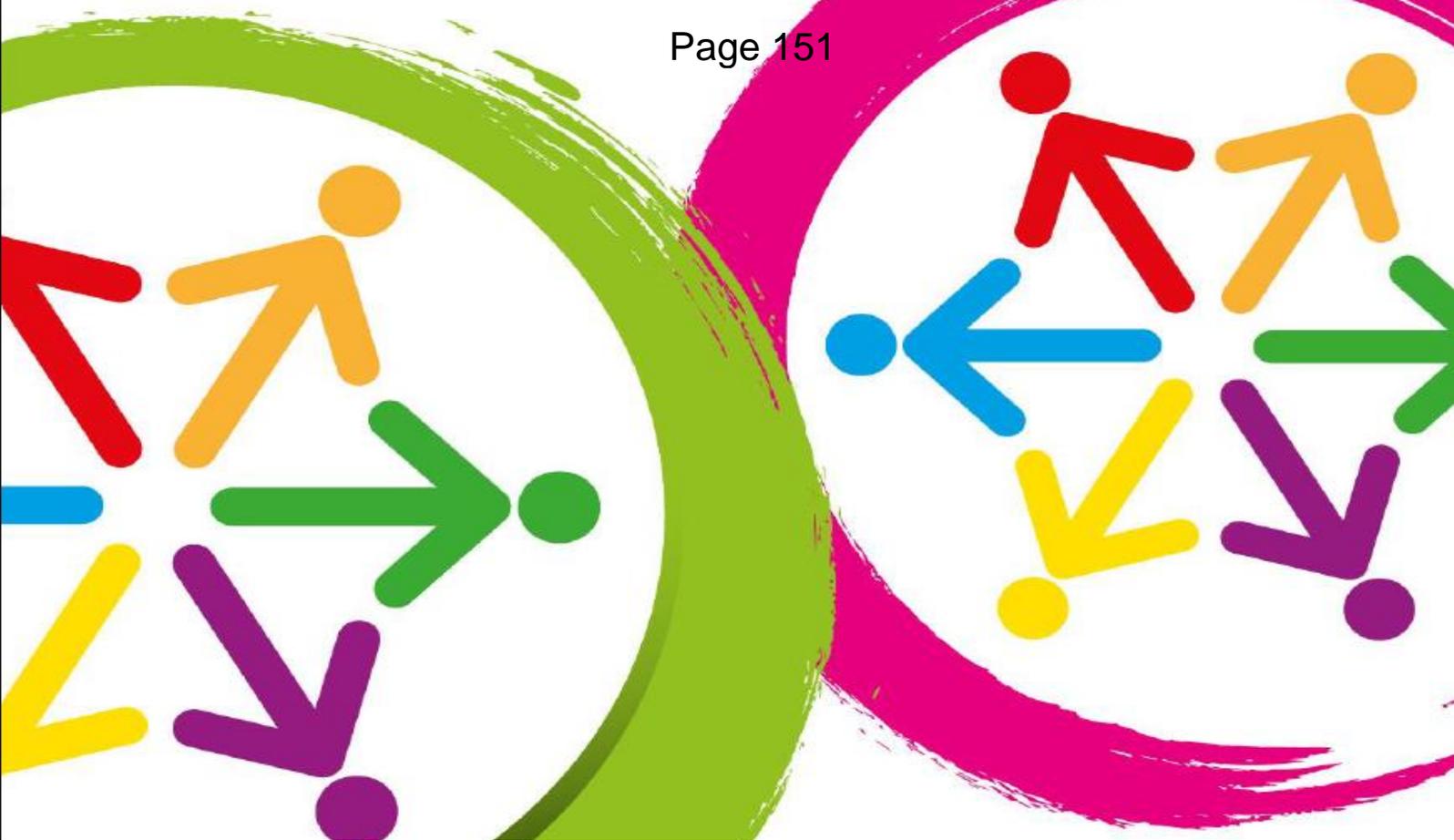
*"Impressive EP report  
Clear and useable EHCP  
Excellent time frame  
Always a pleasure to deal with all professionals"*

[High School staff member, June 2020]

## 7. Learning and next steps

- The main learning has been around managing peaks in EHC needs assessments and ensuring that we have capacity to respond to these. In particular, the EP service need to ensure they maintain advice in 6 weeks; delays in EP advice has resulted in EHC needs assessments being over timescale by the time advice is provided. We have carried out a detailed piece of work on demand management and will use the learning from this to plan for anticipated peaks in demand going forward.
- Further development and integration of the health scorecard will be carried out in order to include more data and link in more closely with the Local Authority SEND scorecard. Health and local authority scorecards are shared at SEND Partnership Board meetings to allow scrutiny and challenge as needed.
- An interim Annual Review Team is in place until October 2020. Additional capacity is being recruited into the locality teams so that this work can be embedded sustainably into the teams.

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# Cheshire East Overview of progress against our SEND WSOA

## Area A - The process and quality of Education, Health and Care (EHC) Plans

August 2020



## 1. The issues identified within this weakness

The following significant weaknesses were identified in our previous SEND Local Area Inspection in March 2018:

- The process of requesting an EHC plan is not universally well understood. There is the widespread perception that only educational professionals can request an assessment for an EHC plan. Most parents reported that the responsibility to gather evidence was left to them. Other professionals agreed with this. The process is not clear for parents or some professionals and the parents feel 'abandoned' in the process.
- The quality of EHC plans are inadequate. The plans are, at best, statements of educational need. Despite other professionals making good contributions to the plans, this information does not always translate into meaningful outcomes. Inspectors saw far too many examples of children who have significant health and/or social care needs yet their EHC plans state 'none identified'. This failing on the part of leaders has a detrimental effect on the lives of children, young people and their families.

## 2. Summary

In the first 12 months of implementing our Written Statement of Action (WSOA), emphasis was given to reviewing all processes and documents through external support; this allowed for a focus on addressing timeliness of EHC needs assessments (see themed report on EHC timeliness for further information). To ensure that EHC Plans were improving in quality, a set of non-negotiables were put in place, which outline our basic expectations for quality EHC Plans. There were challenges in introducing these due to a high volume of agency staff and consequential staff turnover. The real drive for quality started in Autumn 2019 with our Quality Assurance Framework for SEND being reviewed in October 2019. The revised Framework that is now in place was co-produced and sets out what good looks like in Cheshire East and our aspirations, with a clear action plan which will be developed further and driven through the SEND Quality Assurance working group to ensure progress is made at pace and is sustained.

## 3. The impact of our changes

- ✓ Requests for EHC needs assessments are **now regularly received from parent carers (21%** of requests over the past 12 months) and professionals (1% of requests over the past 12 months), in addition to requests from schools and settings (78% of requests over the past 12 months). At the time of our WSoA (May 2018), 91% of requests were from schools and settings, and only 9% of requests were from parent carers.
- ✓ In a parent carer survey carried out in January 2020:
  - **57%** of parent carers that took part said they **felt involved in making decisions** about the EHC Plan and about how best to support their child/young person.

- When asked how satisfied or dissatisfied they were that **their views and those of their child/young person were taken into account** during the last review of their EHC Plan, **67%** of parent carer participants said they were very or fairly satisfied.
- **56%** of parents were very or fairly satisfied that their child/young person's EHC Plan **accurately describes their needs** and how their needs should be met. For more recent plans (where the EHC plan was finalised in 2019) this increased to **67%**.
- ✓ In February 2020, a telephone survey was carried out with a sample of parent carers whose child had recently had a new EHC Plan finalised:
  - over half of respondents (**65%**) **were satisfied** with the EHC needs assessment process overall.
  - **88%** agreed that the EHC Plan included **all the relevant information**, including strengths and needs
  - **88%** agreed that the EHC Plan was **easy to understand**
  - **82%** agreed that they could **see themselves and the child in the EHC Plan**
  - **76%** agreed that **we explained the needs assessment process clearly**
  - **76%** agreed that the **process was child centred**
  - **71%** agreed that their **views and opinions** were considered
- ✓ In the last health professionals survey (October 2019), one health professional commented: 'Parents can make an application themselves and the information needed is on the Local Offer'. Another said 'the DCO has taken the time to meet with other professionals to explain the process of EHCP'.
- ✓ In a survey carried out with young people in June 2019, **73%** of young people had a **good awareness** of what an EHC plan is.
- ✓ The last meeting of the multi-agency Quality Audit group in July 2020 rated **75%** of the reviewed EHC Plans as '**good with elements of outstanding**'.
- ✓ Our 'TOGETHER' co-production definition and principles are used beyond the Council's SEND Team and have been embedded across children and adult services, and across partner agencies within the Cheshire East Children's Trust.

Whilst we recognise that there is more work to do to further increase satisfaction rates, progress since the 2018 SEND Local Area Inspection is demonstrable when the January 2020 online parent carer survey results are compared with the results from the 2018 inspection webinar - where only 20% of parent carers felt that their child's needs had been identified, only 12% felt their child's needs were being met and only 34% of parent carers felt involved in the assessment.

## 4. The key changes we have made

### 4.1. Quality Assurance Framework

An initial Quality Assurance (QA) Framework for SEND was developed and in place by December 2018. However, on reflection, the initial framework was not as aspirational as we would have liked and did not set out the SEND Partnership's ambitions. Therefore, a fundamental review of this document took place in October 2019. A multi-agency workshop focusing on 'Defining Excellence across SEND' took place with a wide range of representatives from across education, health and care services, along with parent carers, to co-produce our refreshed Quality Assurance (QA) Framework for SEND by considering what 'good' looks like in Cheshire East. This was then supported by input from our SEND Youth Forum and, following consultation and final feedback, our refreshed Framework was finalised in February 2020.

Multi-agency Quality Assurance Task and Finish Groups have been used since 2018 to drive forward improvements relating to the quality of EHC needs assessments and EHC Plans, such as developing our standards for EHC Plans, initiating our Quality Assurance Framework for SEND and refreshing advice templates. The current Quality Assurance Task and Finish group is overseeing the implementation of our refreshed Quality Assurance Framework for SEND and accompanying action plan. Additional capacity has been put in place to ensure this gains momentum and pace. This includes leadership through a seconded post from Health and management from a seconded school improvement Project Manager, both of which are supported by SENCOs within the Inclusion Quality Team.

Proposals for the longer-term quality assurance function will be consulted on in the Autumn term, based on our experience over the last 6 months, in order to ensure that we have a sustainable structure which makes impact.

### 4.2. Co-production

We worked with young people, parent carers and professionals to co-produce a shared definition of co-production in Cheshire East called 'TOGETHER', along with a suite of materials to explain our 'TOGETHER' concept, including a video produced by our young people (the video and all supporting information is available online at [www.cheshireeast.gov.uk/together](http://www.cheshireeast.gov.uk/together)). This work has been endorsed by, and is being adopted by, key partnerships and agencies across children and adult services in Cheshire East in addition to the SEND Partnership.

We have introduced 2 co-production points within our EHC needs assessment process. Following a recommendation from the Parent Carer Forum in October 2019, these are now called 'Working TOGETHER' meetings. In order to ensure that we could address backlogs relating to timeliness, full implementation of these meetings was paused. We started to implement the meetings again from September 2019; however, learning has resulted in these being more flexible and they may take

place by telephone (though face to face meetings may still be preferable where children and young people have more complex needs).

Further work is currently taking place to embed working TOGETHER and co-production as a continual way of working with parent carers throughout the EHC needs assessment process, in order to change mindsets and move away from a prior focus on co-production taking place only in 2 designated meetings. The aim of this work is to further enhance communication throughout the process, and involve, talk and listen to parent carers at all times. This work is currently being undertaken by SENCOs within our Inclusion Quality Team, in conjunction with our Information and Advice Service and SEND Locality Managers.

### **4.3. Staffing and culture**

There has been a complete change in leadership for SEND within the Council since our WSoA was signed off in 2018; this includes a change in Director, 2 New Heads of Service, 3 New Locality leads, and a high proportion of SEND key workers. In addition, the Educational Psychology service has moved to an experienced Head of Service who is rapidly securing changes in working practice in the service through motivational leadership. This has led to a change in culture and commitment which will enable greater pace in improvements and ensure sustainability of changes. It has taken longer than we would have liked to achieve this position due to the need to follow appropriate HR processes.

To further enhance specialist SEND support and knowledge within our Early Start Team, 2 seconded part-time Health Visitors (one for the Eastern Cheshire area and one for the South Cheshire area) have been put in place to act as specialists for Health Visitors around SEND.

### **4.4. Processes**

**Revised request information** - We have published revised, co-produced information about how to request an EHC needs assessment, which includes clear, targeted information for educational settings, young people, parent carers, and for other individuals wishing to bring a child or young person to the attention of the local authority, along with dedicated paperwork such as: checklists for specific groups, a notification form, a clear pathway for notifications, a knowledge and agreement form and a consistent provision map template.

A greater proportion of EHC needs assessments initiated in each month now originate from parental requests and notifications from professionals, when compared to data from our WSoA in May 2018. Detailed monthly data shows a peak of 38% for parental requests in one month last year, and several months where notifications from professionals accounted for 5-6% of initiated EHC needs assessments. We do also receive requests directly from young people, although these do remain rare.

Overall, we have seen a significant increase in the number of requests for EHC needs assessments and we have developed a demand management strategy that we plan to further develop over the Autumn term in conjunction with schools/educational settings and our Parent Carer Forum.

**Advice Champions** – We have established a number of advice champions who are responsible for ensuring the quality of advice from their services and for establishing and embedding any service-specific advice standards. This network meets regularly and have contributed to the development of new advice templates, which were developed in coproduction with the Parent Carer Forum.

**Improvements to panel** - Since the previous inspection, we have made various improvements to the multi-agency panel used during EHC needs assessments in order to improve its efficacy, including: amalgamating 3 separate panels for different age groups into a single panel with different timeslots; saving time by automating many aspects of the panel process; expanding the panel membership to enhance the professional input involved; plus reviewing and amending guidance for panel members, and providing training for all panel members (new and existing) to ensure processes were both effective and consistent.

A subsequent review of panel was jointly undertaken by a Quality Assurance Consultant and a Consultant Principle Education Psychologist during 2019 to evaluate the improvements made to panel. Based upon this and the initial experience of the new Head of Service as Chair of the panel, further improvements are now scheduled. This includes re-considering the use of age-specific panels.

The introduction of a triage process has also had a positive effect on the panel as it removed the need for 6 to 8 people to read through all of the paperwork relating to children (which could take at least 4-5 hours per panel member depending on the size of the agenda) where the need to assess was very obvious and this decision could be made by 2 SEND Keyworkers. Triage is currently being undertaken by the SEND Locality Managers and the interim Manager of the Annual Review Team. This reduces the number of cases going to Panel and allows more time for the Panel to properly consider cases that are presented, thereby improving decision making. In addition, all requests are triaged within 1 week of receipt – this previously took up to 3 weeks to reach the Panel decision point.

**Improved letter formats** - During 2019, we worked with a range of representatives to review and amend all letters used during the EHC needs assessment process. Following a suggestion from parent carer representatives, the letters were re-structured under clear headings describing different aspects such as: what the letter is about, what parent/carers need to do, what will happen next and where to go for further information. Further changes were also made to the letters earlier this year following feedback from SEND managers and other services, and changes will continue to be made to the letters as needed.

**IT developments** - We have provided over 135 settings with access to share information from annual review meetings directly within the local authority's case management system, and have also enabled health professionals in all provider trusts to access this case management system. We are

also working with the supplier of our case management system and our Parent Carer Forum on the development of a parental portal to enable parent carers to access their child's EHC Plan electronically.

**Streamlined consultation process** - We have taken significant steps to streamline processes relating to consultations with educational settings and strengthen decision making. This includes the development of a flowchart for decision making in line with the ladder of support (which includes an authorisation step and clear indication of when commissioning should be involved) and a consultation form to record the consultation steps that have been taken in the Local Authority's case management system (Liquid Logic), including fields to formally record when communication has occurred with parents and settings. The new Consultation form and processes also link with the electronic Annual Review process to enable schools to complete it for change of placement requests. Training on the revised Consultation processes and form was carried out with all Local Authority SEND Staff, local SENCOs and with Cheshire East Information, Advice and Support. A Locality Manager with oversight of all consultations has also been identified and a comprehensive report has been developed to enable all consultations to be monitored at the SEND weekly planning meetings. Data from reports in early February 2020 showed that the new process and form was starting to be used for consultations for both new EHC needs assessments and change of placement requests.

**Service reviews** - External Peer reviews were undertaken in October and November 2018 for our Educational Psychology (EP) Service, the Cheshire East Autism Team and our Sensory Inclusion Service; however the outcome of these reviews was not as useful as we would have liked in terms of supporting change. Therefore, independent local authority officers (outside of the SEND service) undertook a further review of the service offer and processes within each of these teams. The internal reviews have provided some clearer outcomes and recommendations that will support the Head of Service for Quality Development and Specialist Services, and the Team Managers, to move forward with improvements to team processes and ways of working.

We have appointed new Team Managers for the Sensory Inclusion Service and the Cheshire East Autism Team, and have also worked on a redesign of the working practice of our EP Service, which will move to trading with schools. This will be piloted during the 2020 Autumn term and then implemented on a phased basis from January 2021. The Cheshire East Autism Team have revised their offer to schools from January 2020 and this will be reviewed after 12 months.

#### **4.5. Quality of EHC plans**

We developed a comprehensive checklist for assessing the quality of EHC Plans but this was too detailed to implement from our starting point. We therefore developed a set of 'non-negotiables' for EHC Plans, along with more detailed quality standards, in order to drive up quality and consistency of plans and provided training on these for officers within the SEND team.

As we have had a range of agency staff and staff turnover it has taken longer than we would have liked to embed use of our EHC Plan non-negotiables and quality standards. From January 2020 the service has been staffed by permanent staff, and these quality tools are now fully embraced and embedded in practice with much clearer management oversight.

We have worked with services providing advice to agree quality standards and assurance processes for EHC needs assessments and EHC Plans; this includes publishing guidance for health and social care professionals on writing advice for EHC needs assessments and establishing a monthly multi-agency Quality Audit Group to assess quality of EHC Plans.

The Designated Clinical Officer continues to provide close monitoring and oversight of the quality of all health advice for EHC needs assessments and any themes or specific causes for concern are fed back to the providers, CCG and Local Authority.

A SEND QA Consultant was brought in on an interim basis in 2019; this consultant undertook a review of the stages that lead to the writing of an EHC Plan in order to make recommendations for ensuring that each step is robust and delivers a quality outcome.

We re-enforced additional quality assurance steps during the EHC needs assessment process. SEND Keyworkers undertake peer-to-peer moderation and check drafted EHC Plans against the non-negotiables, with additional oversight by team managers. However, based upon our learning to date, we are now piloting replacing peer to peer reviews, and are planning the implementation of a new process for quality assurance by SEND team staff during the EHC needs assessment process.

We have had various iterations of a quality assurance panel since the previous SEND inspection. A revised panel (referred to as 'our multi-agency Quality Audit Group') was established in December 2019 and is chaired by the Designated Clinical Officer (DCO). This has resulted in a sustainable arrangement which is impacting on the quality of EHC Plans. The group meets on a monthly basis, with a focus on a different locality each time, and reviews a sample of new and revised (following Annual Review) EHC Plans. Detailed meeting notes record overall gradings, and section-by-section gradings, for each audited plan, along with actions to be undertaken and clear feedback on the quality of each Plan. This information is used to feedback to individual keyworkers and inform learning and development plans for professionals going forward.

In order to drive improvement in the quality of EHC Plans, a number of officers across the various services involved in SEND were identified to quality assure all draft EHC Plans using the agreed quality standards. This has been sustained for 6 months and has led to improvements. The officers shared feedback with the individuals writing the EHC Plans, and common themes from all officers were also collated. Now we have established improved quality, we are moving to a sampling system for quality assurance of EHC Plans and to a sustainable quality management system rather than the current quality control system.

## 4.6. Annual Reviews

We recognise that annual reviews provide an ideal opportunity to review and improve the content of EHC Plans, and they are therefore a key part of our drive to improve the quality of our existing EHC Plans (in addition to improving the quality of new EHC Plans). We have undertaken substantial work to improve the timeliness, processes and quality of our Annual Reviews for EHC Plans, for example:

- Following sign off of our WSOA in 2018, we utilised additional capacity through an external provider (Enhance EHC Ltd.) to assist the SEND team with short term review processes for current EHC plans. Enhance EHC Ltd. completed their work at the end of July 2019.
- Following this, we put in place an interim dedicated team to focus on timeliness and quality of annual reviews.
- In order to remove inefficient paper-based systems, we worked to extend the digital annual review processes to settings, and to date, we have provided over 135 settings with access to share information from annual review meetings directly within the local authority's case management system. We are continuing to roll this out and will be extending this to early years and independent/out of borough settings in the Autumn term.
- We also established a multi-agency Annual Review Working Group, which includes representation from our Parent Carer Forum. This group co-produced a wide variety of detailed information on processes, timings and responsibilities for annual reviews, which was published on a dedicated section of our Local Offer in July 2020. Letters on the new expectations and timeliness have been issued to all schools and all parents of children and young people with EHC Plans. Significant work has also been taking place on the development of trackers for annual reviews (which mirror those for new assessments), along with data cleansing exercises to ensure that all annual review information within our case management system is accurate.
- EHC Plans that are revised following annual reviews are subject to the same quality assurance tools described above, and revised plans are also regularly sampled for quality checks by the multi-agency Quality Audit Group.

## 4.7. Training

A variety of training and development opportunities have been undertaken with SEND professionals across all agencies since the introduction of our WSoA in 2018. This began with the following training in 2018:

- the Council for Disabled Children delivered 2 multi-agency training sessions focused on producing holistic, outcome-focused EHC Plans.
- the Service Manager for Children with Disabilities and colleagues delivered training on the EHC needs assessment process and input into EHC needs assessments and EHC Plans to early help and social care professionals across children's and adults' services. We are currently refreshing the content of this training in order to embark on another round of training sessions.

- NDTi delivered targeted training to health professionals on a) EHC Plans – aspirations, outcomes and provision and b) joint working and holistic planning

Since then, we have commissioned additional training, such as training on SEN and the Law for SEND Team officers. This has been recommissioned to deliver with all SEND staff and across the SEND Partnership.

In 2019, SEND training with a focus on early identification for Health Visitors (HVs) was rolled out and reached over 100 staff through a series of locality-based training sessions. In the same year, we also utilised weekly support and training workshop sessions for SEND Keyworkers and other stakeholders, such as the EP service and Inclusion Quality Team, which were focused on improving the quality of EHC Plans.

More recently, a number of workshops have been held for SEND Keyworkers. These included an outcomes workshop in November 2019 and an Advice Writers workshop in December 2019. This was followed up by a Plan Writing workshop in February 2020. A bespoke SEND induction and training plan is being devised based on learning needs and in line with the Council's corporate workforce development plans. This will be implemented from September 2020 and will then be embedded into ongoing practice with regular CPD and training. The Parent Carer Forum will be designing and delivering a session on parental perspectives.

We have also scheduled further workshop sessions with the CDC on holistic outcomes in EHC Plans for September 2020. This will be a refresher for staff that attended the 2018 sessions and ensure that new staff have had the same training, whilst also acting as a means of checking our progress against improving the quality of EHC Plans and our processes over the last 2 years. The sessions also include facilitated work on action planning around our priority areas.

In addition to training sessions, we have contacted and worked with other local authorities and CCGs for support and guidance around the quality of EHC Plans, quality of advice and EP good practice, with one local authority acting as a critical friend to provide external quality oversight and contributions to staff development sessions.

We have delivered a number of termly conferences for Cheshire East SENCOs to provide local, regional and national updates, continuing professional development and networking opportunities for all professionals involved in SEND in schools and settings. The number of attendees has risen from 35 to 235 (including 156 SENCOs) at the last conference on 7th February 2020.

## 5. Listening to Feedback

**Health professionals survey** – Annual surveys are carried out with health professionals to gather views on their confidence around SEND processes and knowledge, and to gather their feedback on current SEND practices. To date, surveys have been carried out in October 2018 and October 2019. Results from the surveys inform future training and development from the Designated Clinical Officer (DCO) and inform the agendas of future health provider reference groups.

**SEND Team Survey** – We have recently conducted a survey of SEND Keyworkers and Business Support Officers to ensure that we have a clear picture of their skills and can tailor support and development appropriately. The results of this survey are currently being used to inform a training needs analysis and to plan future training and development opportunities for the team.

**Parent Carer Forum** – We have worked hard to improve relationships and engagement with the Parent Carer Forum. The Forum have worked with us to develop a SEND Communication and Engagement strategy (which includes an action plan). Parent Carer Forum representatives participate actively in all levels of the SEND Partnership (from working groups and workstreams to the SEND Partnership Board) and Heads of Service and other key professionals regularly attend their meetings. The Director of Education has established informal meetings with Parent Carer Forum representatives so that she can hear first-hand from them about how things are feeling for parents and focus improvements appropriately. These have continued throughout the Covid-19 pandemic via video calls. The SEND Locality Teams are working with the Parent Carer Forum to establish regular locality Coffee Mornings so that parents can meet their Locality team informally. We have worked together on a number of joint events and representatives are regularly invited to our SENCO conferences. Parent Carers have been heavily involved in the development of our refreshed Quality Assurance Framework, and have made significant contributions to the content and action plan in order to ensure that it accurately describes their view of 'what good looks like in Cheshire East'.

**Wider Parent Carer Feedback** - In January 2020, we introduced a new online parent carer survey; we plan to run this annually, with the same questions on EHC needs assessments, as one method of measuring our progress and any changes in parental satisfaction. Headline results from this survey relating to the EHC needs assessment process and quality of EHC Plans have been included in section 3 of this report. We hope to see satisfaction figures increase further in the next survey (planned for January 2021).

Further to the online survey, a telephone survey was carried out in February 2020 with a dip sample of parent carers whose child had recently had a new EHC Plan finalised. Again, some headline results from this survey have been included in section 3 of this report. Over half of the respondents of this survey (65%) were satisfied with the overall EHC needs assessment process. However, we appreciate that this was not the case for all respondents and know that there is further work to be done. Direct comments from this survey included the following:

- *Communication was good, and the plan took all their child's needs into consideration.*
- *The assessor was excellent, she kept me informed throughout the process and was always approachable. Her communication was great and it was really helpful to have a named contact during the process.*
- *Kept really well informed – we met the assessor who spelt out all the steps and what to expect for us. Very pleased with the outcome as X's needs were identified. Pleased we could comment on the plan. Could tell that the assessor had a very good relationship with the school which worked well. This is our 1st experience and was very good overall.*

In addition to scheduled surveys, we recognise the importance of gathering routine feedback for all new EHC needs assessments wherever possible, and are now collecting satisfaction information when finalising EHC plans so that we have regular feedback from our parent carers about what is and isn't working well during the process.

**Youth Forum** - The SEND Youth Forum allows children and young people with SEND or any additional needs to come together to influence change in wider SEND services. Additionally there are termly events for 5-11 year olds and 11-16 year olds where commissioners and other colleagues can capture the voice of SEND children and young people. The Participation team also deliver activity days with early years children with SEND and parents/carers to capture their voice through interactive workshops and sessions. Children and young people were involved in the development of the Cheshire East SEND Quality Assurance Framework and they have a section in this document dedicated to their views.

**Complaints** - The number of complaints received relating to EHC needs assessments and EHC Plans within 12 month periods has shown an overall reduction when compared to our performance at the time of our WSoA – with a reduction from 110 complaints in the 12 months up to 1<sup>st</sup> May 2018 to 74 complaints in the 12 months up to 1<sup>st</sup> July 2020. This indicates some increase in satisfaction amongst parent carers with the EHC needs assessment process, however we acknowledge that there is still further work to do to.

Ongoing analysis of SEND complaints has shown a shift in complaint themes since our previous inspection – initially, a large majority of complaints related to timeliness, but as this has improved, complaint themes are now spread across a number of areas such as communication, staffing and provision/placements. We anticipate that improvements relating to co-production (as described above) and staff recruitment and training will begin to have a positive impact on further reducing the number of complaints going forward. Complaints relating to SEND are a standing item on SEND management meetings and additional management meetings led by the Director of Education and 14-19 Skills to ensure that learning is taken forward and agreed actions implemented.

**Monitoring** – in order to drive up the overall quality of support for children and young people with SEND, we have also undertaken work to monitor support received in settings. During 2018 and 2019 our Inclusion Quality Team (IQ Team) conducted SEND Reviews of all Cheshire East schools (a separate review was undertaken for settings with resource provisions, which is outlined below). The purpose of the SEND reviews was to make contact and build relationships with professionals supporting SEND in schools, quality assure and support settings in using the Cheshire East Toolkit for SEND and associated paperwork, and to capture information on overall SEND needs and provision (number of pupils at first concerns and SEN Support levels, plus number of pupils with EHC Plans). SEN Support Plans were also monitored as part of the SEND Review, and where quality issues are identified in outcomes or provision, the IQ Team either advise on how to improve these, book in and deliver training, or organise a further meeting for a more detailed discussion. The IQ Team also captured how provision to support SEND was being delivered in settings including the

interventions, Teaching Assistant support, use of the SEND budget and where further advice and support was provided from. The output from the SEND review for each school was a 'School SEND Action Plan' and a report summarising identified themes from the reviews has also been produced and will be used to inform future training activities. In January 2020 contact was made with all settings who had received a review before December 2019, beginning the SEND evaluation cycle.

During the 2019 Autumn Term, detailed quality assurance reviews were undertaken in all 13 current Resource Provisions to generate a valuable insight into everyday practice in supporting some of our most vulnerable young people. A detailed report of findings was generated, along with a series of comprehensive recommendations, which are being used to create an action plan to further improve provision.

**Gathering general feedback on the SEND team** - In addition to scheduled surveys for specific audiences, SEND team members also carry a link to a short satisfaction survey in their email signatures, which can be completed by anybody (young person, parent carer or professional) in order to give feedback on their interaction with the SEND team. The Council's Compliance and Customer Relations Team also collates compliments that are received regarding members of the SEND team – again, these can be originate from anywhere, including from other professionals, settings or residents. A small selection of compliments and short survey responses are shown below:

*"I feel compelled to write to you thank you so much for the tremendous service we as a family have received from Cheshire East Council... [X]'s school applied for an EHCP as sadly they were unable to meets his complex needs. I have to praise your SEN Team, in particular [Y], who continually updated me regarding the progress of the application. The process was extremely efficient and dealt with very quickly from start to finish (probably only a matter of weeks)."*

[Parent Carer, June 2019]

*"Two of my EHCPs have been finalised recently, both within the time allocated. The draft documents have been well written and the parents have been very happy with them. We feel that the hours allocated reflect the level of need appropriately. This is partly due to fantastic support from our link EP [X] who has captured the needs of each child and provided helpful advice that is then reflected in the quality of the final EHCP"*

[SENCO, Cheshire East School, September 2019]

*"It's great to be able to talk openly and with shared understanding with us parents, my son, teachers and professionals at the EHCP reviews to ensure my son is getting the help he needs."*

[Parent Carer, July 2019]

*"It was only a pleasure to deal with such a wonderful keyworker [X] and her knowledge. She went out of the way to assist me and communicate with me each step of the process what an asset you have a jewel to have in your team. The whole process is daunting and she made me feel at ease and comfortable and take the fear out of the process."*

[Anonymous, November 2019]

*“Everybody we have had contact with has been extremely supportive throughout the process. In addition, even though we have all faced some challenges with the current circumstances we have not felt that has in anyway hindered the process at all. [SEND Keyworker] has kept us constantly updated and we could not have asked for any more.”*

[Parent Carer, June 2020]

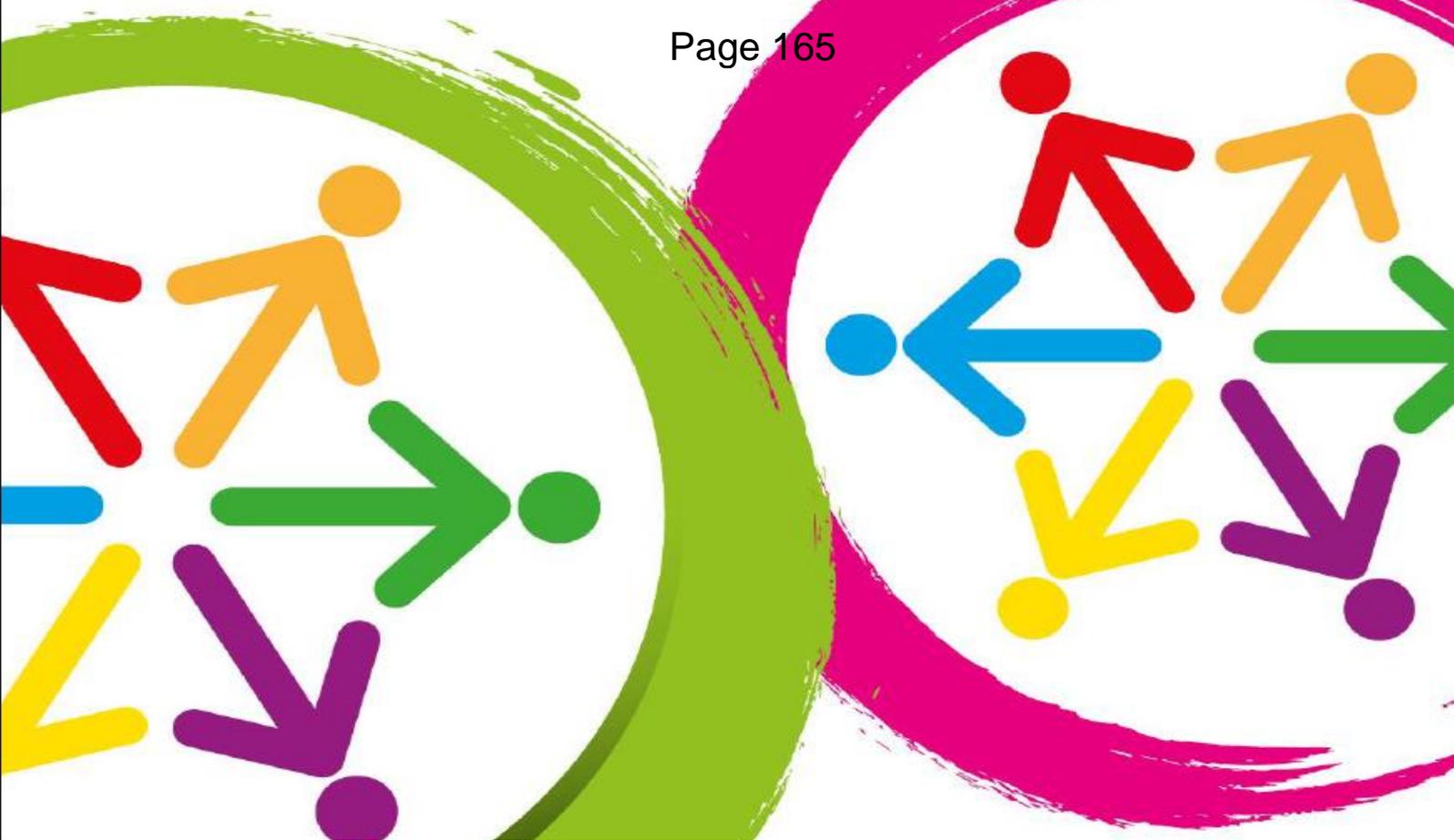
## 6. Learning and next steps

Although quality assurance checks of both new and amended EHC Plans have shown some improvements in EHC Plan quality since the previous inspection, in line with our agreed standards, we recognise that additional action is required to further improve EHC Plan quality and work is therefore in progress to implement an improved and sustainable quality assurance system based on our learning to date. We are also undertaking further review work on our EHC Plan template to see whether further changes would assist with our drive to improve the quality of final EHC Plans, in conjunction with our wider quality assurance system.

We will also be working to implement our Quality Assurance Framework for SEND, and its associated action plan, in order to drive up quality for SEND in all areas of our Partnership.

Improving parental satisfaction and co-production is an ongoing priority. We are working with parent carers to implement our Communication and Engagement Strategy in order to further strengthen ongoing communication with parent carers. In addition to the ongoing work to strengthen and embed co-production outlined in previous sections, plans are in place to develop preparation templates for parents and to develop videos of a good 'Working TOGETHER' meeting in order to ensure that parents are supported in what to expect – this again is a recommendation from our Parent Carer Forum. We will also be allocating specific Keyworkers to our most dissatisfied parent carers in order to focus on building improved relationships with them.

Multi-agency discussions are continuing regarding the Cheshire East Dynamic Support Database for children and there are further improvements to make to ensure this is clear and joined up efficiently across agencies whilst also linking in with the EHC needs assessment process and developments around Autism. This is being progressed on a regional footprint in line with the Transforming Care programme.



# Cheshire East Overview of progress against our SEND WSOA

## Area B – Autism timeliness and pathways

August 2020



## 1. The issues identified within this weakness

Lack of an effective autism spectrum disorder (ASD) pathway and unreasonable waiting times.

## 2. Summary

Over the past two years, work has been undertaken to improve services so that waiting times are reduced, and we have worked collectively with partners, young people and families to ensure a single equitable offer across Cheshire East.

## 3. The impact of our changes

- ✓ By December 2019, no children or young people within Eastern Cheshire were waiting for more than 12 weeks for an assessment.
- ✓ We can demonstrate positive outcomes for children, young people and their parents/families through the completion and monitoring of satisfaction questionnaires following the assessment process and diagnostic feedback. The Speech and Language Therapists have also received verbal feedback from parents that they have appreciated the new ways of working as their child has started their Autism assessment.
- ✓ We have worked with local charities to bring in more specialist support and training for children, young people and their families. Two staff members in the assessment team have been nominated by parents for the Autism Professionals Award 2020.
- ✓ Feedback from parents and families who have attended the training programme is very positive (questionnaires are completed pre and post training).

## 4. The key changes we have made

There has been significant work to redesign and increase capacity across the 4-19 age pathway, including a new clinical triage process and Multi-Disciplinary Team (MDT) Panels being implemented, with Educational Psychologists and Specialist Teachers from the Cheshire East Autism Team (CEAT) working alongside the Consultant Psychiatrist, Specialist Nurses and Speech and Language Therapists to assess children's needs.

### JSNA and Strategy

A revised All Age Autism Joint Strategic Needs Assessment (JSNA) has been developed which has informed the new All Age Autism Strategy for Cheshire East. Autism Workstream B is in place to ensure effective delivery and monitoring of the Strategy through an agreed delivery plan which is updated annually. There is Parent Carer Forum representation on the Workstream and supporting Working Groups. Two task and finish groups sit below the Workstream meeting to ensure continued development of services and consistency of offer across all providers.

### Assessment Services and Timeliness

We have invested in our assessment services to bring waiting times in line with the three-month guideline recommended by the National Institute for Health and Care Excellence. As a result, waiting times for diagnosis fell by 80% in one year despite a large rise in referrals.

In October 2018 there were 478 children and young people waiting for an Autism assessment across Cheshire East with the longest wait being 104 weeks (almost 2 years). On 6<sup>th</sup> June 2020 there were a total of 59 children and young people waiting less than 12-weeks in the Eastern Cheshire area. Where there are individual concerns about waiting times, we are working with families to address them and to give an individual response about their child.

The challenges presented due to Covid-19 have been mitigated by clinical staff offering virtual and telephone contact with families where appropriate or possible; however there has been some impact on waiting times. There has been an increase in both the number of children waiting for ASD assessment and the length of time from referral to initial assessment. This has been as a direct consequence of the Covid-19 pandemic restrictions that have been in place. Providers have looked at alternatives to ADOS and are about to trial BOSA that is a shortened version of ADOS. ADOS is not validated as an assessment when wearing masks, therefore alternatives are being sourced.

The challenges facing the services during this unprecedented time have included the following:

- Some families have been reluctant to attend hospital for a face to face appointment. Children on this pathway by nature of their difficulties find it challenging to cope with the different experience that a trip to out-patients brings with the PPE and distancing requirements. PPE makes assessment of communication and social interaction skills very challenging.
- Children have been out of school for a significant length of time so getting up to date feedback and information from staff has been difficult.

In general, the verbal feedback from parents during the lockdown period has been positive. Teams have continued to keep in contact with families who have understood that face-to-face visits or assessments could not be completed during this time and that virtual appointments would not necessarily be appropriate to complete a more formal assessment.

Additional clinical staff and Speech and Language Therapists appointed in the previous period are now established in post and are developing their roles in line with the needs of the service. A single Clinical Care Coordination function across all providers in Cheshire East is being planned to ensure greater consistency across the Cheshire East area. We have recently recommenced 'in person' appointments to complete speech and language therapy (SALT) Assessments, and the Specialist Speech and Language Therapist and another member of staff are completing additional hours over the Summer in order to complete more assessments in order to catch up on the delay in completing assessments due to the challenges of not being able to complete these in person.

A multi-disciplinary team of healthcare and education experts has been commissioned on a recurring basis to assess the needs of pre-school children, aged 0 to 4 years, in the Eastern Cheshire area to ensure there is a consistent offer across Cheshire East and early identification and intervention is promoted.

### **Pre and Post diagnostic support**

We are offering consistent early intervention support as part of both a family-centred and settings approach with specialist support being offered in all Children's Centres, including peer-led groups and workshops through our Early Start Team and seconded Health Visitors.

The local charities commissioned to provide additional pre and post diagnosis support and training for the parents or carers of children diagnosed with autism or on the autism assessment pathway continue to operate successfully. These community-based programmes offer practical help and strategies on issues such as sleep management, sensory advice, anxiety management and positive behavioural support.

When Covid-19 restrictions were put in place, both community providers (Space 4 Autism and ChAPS) swiftly moved to an online offer and they have continued to support families virtually through this time. It has been vital to continue to support these parents, as once the schools closed, some of them will have found the circumstances very stressful and challenging as all the social clubs also stopped in line with government requirements over social distancing.

These programmes of support link with NHS and local authority services such as the Cheshire East Autism Team (CEAT) as well as with the valuable support provided by schools and other education settings in Cheshire East. We have recently evaluated, reviewed and widened the programme to ensure there are more courses available for children, young people and adults with autism (including widening social groups where attendance has doubled since the programme began). All the training can be accessed by people who are on the waiting list as well as people who have already received a diagnosis (pre and post diagnostic support).

Communications are being maintained through regular engagement with parents, carers, families and adults with Autism through attendance and presentations at the Parent Carer Forum. There is parent carer representation on all work relating to Autism.

Training support for staff (health, education and social care sector) has also been reviewed. More work needs to be done to review the offers available across Cheshire and align the offers, where it makes sense to do so.

### **Single Integrated Autism Assessment Model**

We have developed a single Integrated Autism Assessment Model/Pathway across Cheshire East. Joining up services in this way means that children, young people and their families can access appropriate help and support according to their level of need based on four connected pathways, which are based on the child and family centred 'Thrive Multi-agency Framework':

- **Getting advice** - first concerns/early identification
- **Getting help** - local offer/specialist Autism assessment
- **Getting more help** - post-diagnostic support
- **Getting risk support** - prevention of crisis/specialist risk support.

The implementation of a single assessment model/pathway has ensured that the Autism assessment process is aligned and consistent across the whole of the Cheshire East area, regardless of the providers used, to deliver equality of assessment and consistent delivery of service.

We have developed and implemented a single Integrated Service Specification that has been written and agreed by all partners including feedback from young people and parents. The purpose of this specification is to provide a clear, single commissioning agreement and approach across four commissioning organisations and four statutory providers, to describe how health, education and care will work together to deliver a single, accessible, streamlined, consistent and cost effective Autism assessment pathway, alongside evidence-based and innovative interventions and support.

A review has also been completed on the range of Autism training for staff across Cheshire East. We have commissioned a two-day accredited training course for 15 professionals from across Cheshire East in standardised autism assessment (ADOS) including the 'toddler module' to ensure that we have enough staff trained to deliver the new assessment pathway both now and in the future. A summary of schools that receive training from CEAT has been compiled and a register will be maintained. The recently published 'Right to be Heard' document – the government's response to the consultation on Autism and Learning Difficulty (LD) training for healthcare staff - is being reviewed. It presents a tiered approach (linked to the amount of contact staff have with people):

- Tier 1 – general awareness
- Tier 2 – staff routinely caring for people with LD or Autism
- Tier 3 – those with high degree of autonomy providing care in complex situations.

## 5. Learning and next steps

As a result of the response to Covid-19, we have been looking at how best to address recovery of the waiting times and numbers waiting for ASD assessment, which include the following:

- Exploring new ways of working, looking at what can be done virtually, or through video software
- Allocating additional clinic and administrative hours to be allocated over the summer period where required
- Learning from the adapted ways of working and feedback from parents, carers, children and young people to utilise good ideas to take forward
- Progressing with the prevention of crisis pathway and links between the Dynamic Support Database
- Learning and embedding revised CETR process following a regional review
- Ensuring sustainable pre and post diagnostic support.

Cheshire and Wirral Partnership (CWP) is undertaking an evaluation of staff, patient and family experiences of service delivery during the Covid-19 period. The patient and family element of the evaluation commenced 27th August 2020.

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*Working for a brighter future together*

## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Performance Update – Quarter 1 2020-21

**Portfolio Holder:** Cllr Kathryn Flavell – Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe – Executive Director of People

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### **1. Report Summary**

- 1.1. This report sets out the impact of Covid-19 on performance, and the arrangements that have been in place during this time, and gives an overview of performance across the Children and Families service for quarter 1 of 2020-21.

### **2. Recommendations**

- 2.1. Children and Families Overview and Scrutiny Committee is asked to:
  - 2.1.1. Note the performance of children's services for quarter 1.
  - 2.1.2. Provide support and challenge in relation to performance for children and young people.

### **3. Reasons for Recommendations**

- 3.1. One of the key areas of focus for the Children and Families Overview and Scrutiny Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. Overview and Scrutiny has an important role to play in the performance management systems of the local authority.

### **4. Other Options Considered**

- 4.1. Not applicable.

## 5. Background

5.1. This quarterly report provides the Committee with an overview of performance across Children's Services. This report relates to quarter 1 of 2020-21 (1 April 2020 – 30 June 2020).

5.2. It also sets out the impact of the Covid-19 pandemic on performance and the arrangements that have been in place during this time. As a result of the pandemic, the ability to deliver the standard Children and Families scorecard and indicators has been heavily impacted for a number of reasons including:

- Contacts and referrals to the front door have shown some unusual trends due to school closures which makes quarter on quarter analysis more complex
- Delivery of frontline services, especially in terms of face to face visiting and routine reviews, have been adapted to reflect the various isolation requirements to protect both workers and the families we work with
- School attendance data in the previous reportable format was suspended due to school closures
- Attendance at Childrens Centres and Youth Support work been has severely impacted in the previously reportable format
- Work around Education and Health Care Plans – especially when assessing children in their “school environment” and “routine” has been increasingly complex and difficult.

5.3 However, senior leaders and managers have remained sighted on service performance and impact on children and young people through the following:

- A weekly core data set provided to CEMART which includes key measures for Children's Services
- A weekly social care and safeguarding data set from the beginning of February 2020 comparing core data sets with the same week in 2019/20
- Weekly attendance at early years settings Department for Education (DfE) dashboard
- Northwest regional core social care data set submitted on a weekly basis on a Monday with a dashboard available for summary
- National local authority data set submitted to the DfE on a fortnightly basis commencing in May 2020
- Daily dashboard data around school attendance with weekly national comparator data and summary

- More recently a National SEND local authority data set submitted to the DfE.

5.4 This report contains the indicator set and summary commentary around any areas of concern together with highlighting any different provision/support that has been put in place during this time.

### Children's Social Care

Measure	Year end 2019/20	Quarter 4 2019/20	Quarter 1 2020/21	Quarter 1 2019/20
Number of referrals	2546	562	539	633
Percentage of repeat referrals	16%	15%	18%	17%
Percentage of assessments completed within 45 days	86%	80%	77%	83%
Percentage of children with a second or subsequent child protection (CP) plan (rolling yr)	21.7%	22%	21%	23%
Number of children in need	1689	1689	1830	1774
Number of children with a child protection plan	253	253	274	275
% of children on CP plans reviewed within timescales	89.6%	93%	100%	93%
Number of cared for children	534	534	544	481
% of cared for children reviewed within timescales	88%	94%	99%	93%
% of cared for children in internal foster care (including friends and family placements)	37%	37%	30%	38%
% of children living in external foster homes	28%	28%	28%	29%
% of children living in residential homes	8%	8%	7%	8%
% of cared for children placed over 20 miles from home address (Cheshire East and out of borough)	29%	29%	29%	27%
% of care leavers who are not in education, employment or training (NEET)	55%	55%	48%	47%
% of care leavers who are in suitable accommodation	95%	95%	97%	96%
Total number of children with a court endorsed plan of adoption (snapshot figure)	38	38	53	32
Number of children adopted (YTD)	17	17	0	5
Average caseload of social workers	25	25	24	23

5.5 Compared to quarter 1 (Q1) last year we are approximately 15% down on referrals to the front door with, unsurprisingly, a notable decline in those received from schools - accounting for only 4% of referrals in Q1 this year compared to 20% last year. Throughout this period Health and Police referrals have remained constant. This level of reduction has equally been seen nationally and regionally and our conversation rate from contact to

referral has remained favourable, suggesting that services are recognising safeguarding issues and referring in despite the change in circumstances.

- 5.6 Whilst there has been national news around potential increases in contacts around cases with Domestic Violence as a factor, levels in Cheshire East have remained consistent with the picture seen throughout the same period last year.
- 5.7 Of concern however is the fact we have seen a substantial increase in contacts to the front door where concerns include the mental health of a child or adult in the household. Compared to Q1 in 2019/20 this is up by almost 50% in this quarter alone. Discussions are already taking place across services and partner agencies with regards to the services in place to support this, especially regarding the needs of children as they transition back to schools.
- 5.8 Contacting, visiting and reviews for children throughout this period has remained consistently high with a range of virtual and socially distancing meetings taking place as appropriate. The data from the DfE return suggests that we are consistently higher than national and statistical neighbours in maintaining a minimum of 4 weekly contact by case holding team with all families (however there is a note of caution in the consistency of how this is captured). Positively, a number of young people have welcomed the flexibility of utilising a range of technologies for service delivery and contacts and this feedback is being used to develop new ways of working. Likewise there has been considerable positive feedback around Personal Advisors meeting young people for socially distancing walks and the benefits this has had.
- 5.9 Due to a number of staffing pressures, together with the difficulties in being able to consistently meet face to face, there is however, delays emerging in the timeliness of assessments. The service are closely monitoring this and the message has been very clear to all teams that, regardless of timeliness, if the quality of assessment isn't to standard then management challenge will be provided to workers and assessments will be returned for further work.
- 5.10 Within Q1 we were reporting that, along with approximately 70% of Local authorities, we were experiencing a 0-10% increase in the cost of foster care placements, and with 65% of local authorities a 0-10% increase in residential costs.
- 5.11 Whilst overall numbers in residential placements haven't increased, we have experienced an increase in having to place in residential during this

period due to a shortage in foster care provision and this is now having an increasing impact on overall costs

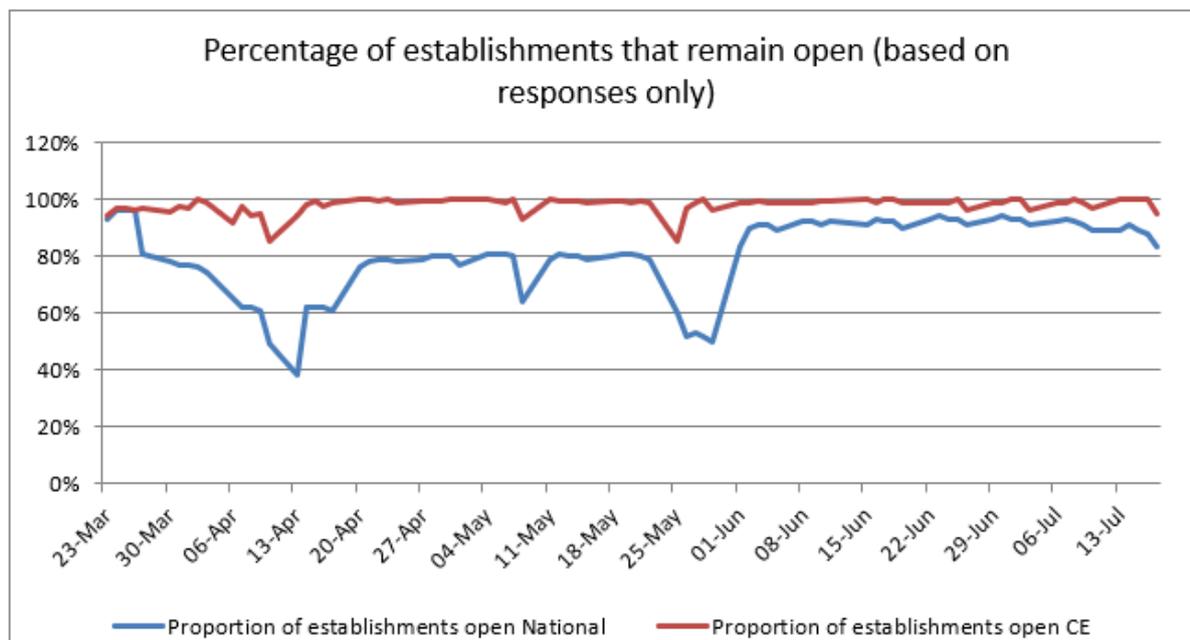
- 5.12 This has been compounded with delays in care proceedings due to court delays which in Q1 peaked at 54% of all cases being out of timescales. This of course has therefore also had an adverse impact on Adoption completions and children moving to long-term stable homes.

## Education and Skills

Measure	Quarter 4 2019/20	Quarter 1 2020/21	Quarter 1 2019/20
Percentage good or outstanding primary schools	93%	Not available	92%
Percentage good or outstanding secondary schools	80%	Not available	76%
Percentage good or outstanding special schools	80%	Not available	80%
Percentage attendance for primary pupils year to date	96%	Not available	96%
Percentage attendance for secondary pupils year to date	94%	Not available	94%
Percentage attendance for special school pupils year to date	91%	Not available	90%
Number of permanent exclusions from Cheshire East Schools (latest half term available)	15	Not available	2
Current Number of pupils educated at home	386	345	380
Current number of children missing from education.	38	25	28
Percentage of Good/ Outstanding PEPs	87%	76%	78%
Total number with an education, health and care plan (EHCP)	2533	2722	2335
% of requests for Educational Psychologists (EP) advice completed within 6 weeks	25%	Not available	53%
Special Educational Needs – Education, Health and Care Plans completion within 20 weeks including exceptions (cumulative yr)	42%	37%	30%
Average number of weeks for EHC Plans to be issued (snap shot at quarter end to which it relates)	21.6	23.5	27.5
% EHCP annual review completed in timescales	72%	65%	72%

- 5.13 At the start of lockdown the DfE announced the cessation of all inspections and as such there is not updated data available. This will be the same for Q2.
- 5.14 Likewise, comparable percentage attendance data sets will not be available as a differing mechanism for reporting attendance at school has been in place since the end of March 2020.

- 5.15 Throughout Q1 we remained consistently higher than the national picture for schools that responded to the DfE request to remain open and available for attendance. The dips relate to the Easter Bank holiday weekend and the May Bank holiday weekends.



- 5.16 Education teams contacted all schools, initially on a daily basis which then moved to weekly as we progressed through lockdown, to identify any key issues, emerging trends and in the latter stages of May and early June to prepare for re-opening. In total throughout Q1 approximately 2,000 calls were made to the 171 schools in CE.
- 5.17 It is important to note that the elected home education (EHE) figure only relates to those individuals that meet the formal definition of EHE and does not reflect the current Covid-19 situation. The elective home education team have continued to support this specific cohort. In addition however the education team provided support to all schools in their approach to providing suitable online education for all pupils that were educated at home during this time.
- 5.18 Likewise, the number of individuals missing from education are those meeting the formal definition of missing from education. Those vulnerable pupils who are eligible to attend school throughout the Covid-19 pandemic but are not attending an establishment are being regularly contacted either by school or support workers as appropriate.
- 5.19 As at the end of June approximately 20% of the total pupil cohort were back in the 151 schools that responded to the DfE with over 50% of expected pupils back in the open primary school years.

- 5.20 In addition regular contact was maintained with all SEND pupils educated out of the authority with the schools routinely updated and contacted regarding support available and updates on plans and progress.
- 5.21 Education, health and care (EHC) plans continued to be completed despite the difficulties in being able to assess pupils in a classroom environment and it is extremely positive that the percentage completed in timescales in Q1 was higher than those completed in Q1 the previous year, with the average number of weeks for completion reduced from 27.5 in Q1 19/20 to 23.5 in Q1 20/21.

### Prevention and Early Help

Measure	Quarter 4 2019/20	Quarter 1 2020/21	Quarter 1 2019/20
Current number of open Early Help Assessments/ plans	1100	1070	1016
% of all open Early Help Assessments led by Cheshire East Prevention service staff	61%	61%	73%
% 0-2 yrs engaged at children centres (most vulnerable i.e. CIN/CP/LAC that have attended 3 or more times in the last 12 months)	28%	Not available	28%
% eligible children taking up 2 year old offer (termly figure only)	79%	Not available	68%
% children taking up 3 and 4 year old offer (termly figure only)	97%-98%	Not available	97%-99%
Number of Families meeting the family focus criteria where outcomes have been successfully concluded (quarterly fig)	97 (1900 cumulative)	80	182 (1382 cumulative)
Number of young people accessing the youth support service	1228	Not available	1,576
Number of young people not in education, employment or training (NEET) individuals [yr. 12-13]	199	210	165
% of young people not in education, employment or training (NEET) individuals [yr. 12-13]	2.8%	2.9%	2.3%

- 5.22 Once again a number of the core indicators normally provided are unavailable due to schools and settings closing together with some regular activities being provided by Children Centres and Youth Support required to cancel. The offer may not have been the same as pre-Covid but a number of key activities have continued or started including contacting all families open to social care with an under 2 year old, contacting all new parents, delivering garden, home and virtual video visits and undertaking the summer activity programme in outdoor spaces across the full age range.

- 5.23 As with the Education data there has been a weekly submission to the DfE to monitor all Early Years settings that were open and attendance by the vulnerable cohorts to ensure that all those that needed support had a suitable service in place. This required weekly contacting over 400 settings, compiling all the data and submitting this in a timely fashion.
- 5.24 As at the end of June 53% of all early years settings were open, with this ranging from 74% of the schools settings, 60% of PVI's and 41% of childminders. 75% of vulnerable children (i.e those with a social worker or and EHC plan) were accessing a setting.
- 5.25 Early Help Assessments and work has continued throughout the quarter with family support workers undertaking a vital role in ensuring regular contact and support has been maintained with all our families and the number open and supported was higher than Q1 last year. Importantly partners continued to play a vital role in leading where possible.
- 5.26 The Family Focus work has continued following a further 12 month extension to the programme with a 2020/21 target of 318 payment by results. As at Q1 we were on target with successful outcomes for 80 families achieved.
- 5.27 As at the end of June there were 1267 individuals being helped within the Prevention and Early Help Directorate through the "People helping People" scheme with support packages to prevent child neglect and escalation of cases in to Social Care.
- 5.28 Despite the Youth Service being unable to complete a range of planned activities the service has quickly gone virtual including remote youth clubs, quizzes and bake-off's.
- 5.29 958 young people attended sessions, albeit virtually over the first quarter.
- 5.30 The not in education, employment or training (NEET) figures are increasing and showing at 2.9%. This is in line with other authorities and is compounded by training providers having difficulty finding work placements.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. There are no direct legal implications.

## **6.2. Finance Implications**

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

## **6.3. Policy Implications**

6.3.1. There are no direct policy implications.

## **6.4. Equality Implications**

6.4.1. Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable children and young people.

## **6.5. Human Resources Implications**

6.5.1. There are no direct human resource implications.

## **6.6. Risk Management Implications**

6.6.1. There are risks associated with some performance measures, e.g. increases in demand and timeliness of services.

## **6.7. Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

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

6.8.1. Performance reports enable members to identify areas of good performance and areas for improvement in relation to children and young people, including cared for children.

## **6.9. Public Health Implications**

6.9.1. There are no direct implications for public health.

## **6.10. Climate Change Implications**

6.10.1. This report does not impact on climate change.

## **7. Ward Members Affected**

7.1. The performance measures relate to all ward areas.

## **8. Consultation & Engagement**

8.1. Not applicable.

**9. Access to Information**

9.1. There is no additional information.

**10. Contact Information**

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

Name: Mark Palethorpe

Job Title: Executive Director of People

Email: [Mark.Palethorpe@cheshireeast.gov.uk](mailto:Mark.Palethorpe@cheshireeast.gov.uk)



## **FORWARD PLAN FOR THE PERIOD ENDING 31<sup>ST</sup> DECEMBER 2020**

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

“an executive decision which is likely –

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Forward Plan

<b>Key Decision and Private Non-Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	September 2020		David Malcolm	N/A
CE 19/20-55 Houses in Multiple Occupation Supplementary Planning Document	To seek approval to consult on the first draft supplementary planning document for houses in multiple occupation.	Portfolio Holder for Planning	September 2020		Jeremy Owens	

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 19/20-31 Proposed Expansion of Wilmslow High School	Subject to the School Organisation Sub-Committee approving the proposed expansion of Wilmslow High School at a meeting to be held on 6 <sup>th</sup> April 2020, Cabinet will be asked to authorise the Executive Director People to enter into a construction contract to facilitate the provision of additional places at Wilmslow High School.	Cabinet	8 Sep 2020		Val Simons	N/A
CE 19/20-52 Regional Adoption Agency Integrated Services Agreement	To approve that the Council enter into an integrated service agreement and associated support agreement with its partners.	Cabinet	8 Sep 2020			N/A
CE 19/20-57 Draft Brooks Lane (Middlewich) Masterplan SPD	To seek approval to adopt the Brooks Lane (Middlewich) Masterplan SPD following consultation in January to March 2020.	Cabinet	8 Sep 2020		Jeremy Owens	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 20/21-1 Digital Cheshire	To continue and extend the Connecting Cheshire rollout of broadband technologies and digital business support via Digital 2020 and a £6.3m programme (to be known as 'Digital Cheshire'), by approving that the Council enter into an ERDF grant agreement with MHCLG to accept approximately £3m of grant funding; delegating authority to enter into a contract with a supplier for main delivery (over £1m); and authorising officers to take all necessary actions to implement the new programme.	Cabinet	8 Sep 2020		Peter Skates	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 20/21- 4 Microsoft Licence Agreements	Authorise officers to take all necessary actions to implement the proposal to consolidate all current Microsoft licenses into one overarching agreement to secure license discounts for the organisation.	Cabinet	8 Sep 2020		Gareth Pawlett, ICT Manager	
CE 20/21-7 Covid-19 - Update on Response and Recovery	<p>To receive an update report on the Council's response to Covid-19 and the Recovery Plan.</p> <p>To note the financial effects of Covid-19 on the Council, as regards additional expenditure and loss of income, and to consider the potential options for managing residual financial implications within the Council's Medium-Term Financial Strategy.</p> <p>An update report will be presented to each successive Cabinet meeting up to and including 4<sup>th</sup> May 2021.</p>	Cabinet	6 Oct 2020		Jane Burns, Executive Director of Corporate Services	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 19/20-21 Site Allocations and Development Policies Document	To decide the next steps in progressing the Site Allocations and Development Policies Document to public examination.	Cabinet	6 Oct 2020		Jeremy Owens	N/A
CE 19/20-58 Flood and Water Management Act 2010 Section 19 Flood Investigation - Poynton 2019	To authorise officers to take all necessary actions to implement the findings, actions and recommendations of the formal Flood Investigation Report.	Cabinet	6 Oct 2020			N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 19/20-59 Youth Zone Partnership for Crewe	To authorise officers, in consultation with the Cabinet Member for Children and Families, to take forward the establishment of a formal Partnership with the National Charity Onside to develop a Youth Zone for young people based in Crewe. The Council will make an agreed capital contribution to the Partnership and Council land /buildings will be earmarked, developed and leased to the Partnership to provide the Youth Zone facilities.	Cabinet	6 Oct 2020		Alison Stathers-Tracey, Director of Early Help and Prevention	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 20/21-5 Tenancy Strategy 2020	To seek approval to consult on the draft Tenancy Strategy for a period of 12 weeks; and to delegate authority to the Director of Growth and Enterprise in consultation with the Portfolio Holder for Environment and Regeneration to consider the results of the consultation and to approve the final version of the strategy.	Cabinet	6 Oct 2020		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 20/21-10 Social Value Policy	The review and refresh of the Council's Social Value Policy. The new policy will be underpinned by a new set of supportive resources to facilitate the implementation of the policy and the delivery of effective social value and corporate social responsibility.	Cabinet	6 Oct 2020		Shelley Brough	N/A
CE 20/21-12 Case Management Procurement	To seek approval to enter into a contract for an Adults and Children's Case Management ICT System at an estimated cost of £1.2m over a 4-year contract.	Cabinet	6 Oct 2020			N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 20/21-13 Public Space Protection Order Consultation	To approve the extension of Public Space Protection Orders for a further 3-year period relating to Dog Fouling and Dog Control and Gating Orders following consultation with Cheshire East residents.	Cabinet	6 Oct 2020		Jill Broomhall, Director of Adult Social Care	N/A
CE 19/20-42 Congleton Leisure Centre Redevelopment Project	To seek authority to enter into the construction contract with Rock Merchating (T/A Pulse Fitness) for the redevelopment of Congleton Leisure Centre.	Portfolio Holder for Communities	October 2020		Paul Bayley	Fully exempt - para 3

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-53 - Crewe Regeneration and Investment Programme	<ol style="list-style-type: none"> <li data-bbox="360 395 680 863">1. <u>Towns Fund / Town Investment Plan / Crewe Town Board</u> To authorise officers in consultation with relevant Portfolio Holders to facilitate arrangements for the Council to act as Accountable Body for the Crewe Town Board; to delegate authority on economic development and regeneration matters to the Portfolio Holder for Environment and Regeneration; and to authorise the development and submission of a Crewe Town Investment Plan.</li> <li data-bbox="360 887 680 1082">2. <u>Future High Streets Fund</u> To authorise officers in consultation with relevant Portfolio Holders to accept a government grant to support the regeneration of Crewe town centre, with associated financial approvals.</li> <li data-bbox="360 1106 680 1350">3. <u>Crewe HS2 Hub</u> To consider an update on the HS2 programme including the Covid Impact Assessment for the Crewe hub station scheme and business case; and to approve the further development of the revised (post-Covid) scheme.</li> </ol>	Cabinet	10 Nov 2020		Jez Goodman	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 20/21-6 Development of a Gypsy and Traveller Transit Site	To approve the progression of the project, subject to planning approval, to enable the scheme to be developed in line with the capital budget outlined within the report; and to authorise the Executive Director of Place, in consultation with the Portfolio Holder for Environment and Regeneration and the Portfolio Holder for Communities, to enter into a construction contract with the preferred bidder and make related decisions to deliver the Cledford Hall project.	Cabinet	10 Nov 2020		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 20/21-9 Household Waste Recycling Centre New Contract Service Provision	The household waste recycling centre contract is due for renewal in 2023 and the open procurement process will start in 2021. The report will present a review of the current contract and options available for how the service could be run in the future.	Cabinet	10 Nov 2020		Ralph Kemp, Corporate Manager for Commissioning	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 20/21-3 Flowerpot Junction Improvement Scheme	To approve procurement of works to improve Flowerpot Junction, utilising the NPIF allocation from DfT and local funding contributions from s106 contributions and council match funding. Authorise the preparation and making of a CPO relating to land required for the junction improvements where this cannot be acquired through negotiation, and delegate authority to the Director of Infrastructure and Highways, in consultation with the Portfolio Holder for Strategic Transport to finalise the scheme details and enter into an agreement with the Council's appointed Highways Term Services to deliver the scheme.	Cabinet	1 Dec 2020			N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 20/21-11 Procurement of Facilities Management Service and the Council's Energy Supply	To approve the re-procurement of facilities management services, to include maintenance, statutory compliance and energy supply management and to authorise officers to take all necessary actions to implement the proposal.	Cabinet	1 Dec 2020		Denise Griffiths	N/A
CE 19/20-49 Council Tax Base 2021-22	For Cabinet to consider the Council Tax Base for Cheshire East and identify any changes to the calculation of the tax base for 2021-22 with a view to recommending the amount calculated to Council.	Council	16 Dec 2020		Paul Manning	N/A
CE 20/21-8 Carbon Action Plan Key Decisions	To authorise Officers to take all necessary actions relating to land allocation and procurements for initial projects contributing to sustainable energy generation and green sequestration.	Cabinet	2 Feb 2021		Ralph Kemp, Corporate Manager for Commissioning	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 19/20-50 Medium Term Financial Strategy 2021-25	To approve the Medium Term Financial Strategy 2021-25 incorporating the Council's priorities, budget, policy proposals and capital programme. The report will include the capital, treasury management, investment and reserves strategies.	Council	17 Feb 2021			N/A

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*Working for a brighter future together*

## **Children and Families Overview and Scrutiny Committee**

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**Date of Meeting:** 28 September 2020

**Report Title:** Work Programme

**Senior Officer:** Mark Palethorpe, Executive Director of People

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### **1. Report Summary**

- 1.1. To review items in the work programme listed in the schedule attached, together with any other items suggested by committee members.

### **2. Recommendation**

- 2.1. To approve the work programme, subject to the agreement to add new items or delete items that no longer require any scrutiny activity.

### **3. Reason for Recommendation**

- 3.1. It is good practice to regularly review the work programme and update it as required.

### **4. Background**

- 4.1. The committee has responsibility for updating and approving its own work programme. Scrutiny liaison meetings – held between the Chairman and Vice-Chairman of the committee, alongside the portfolio holders and key senior officers – ensure that there is continued awareness and discussion of upcoming policies, strategies and decisions within the committee's remit area.

### **5. Determining Which Items Should be Added to the Work Programme**

- 5.1. When selecting potential topics, members should have regard to the Council's three year plan and to the criteria listed below, which should be considered to determine whether scrutiny activity is appropriate.

5.2. The following questions should be considered by the committee when determining whether to add new work programme items, or delete existing items:

- Does the issue fall within a corporate priority?
- Is the issue of key interest to the public?
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation?
- Is there a pattern of budgetary overspends or underspends?
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service?

5.3. The committee should not add any items to its work programme (and should delete any existing items) that fall under any one of the following:

- The topic is already being addressed elsewhere by another body (i.e. this committee would be duplicating work)
- The matter is sub-judice
- Scrutiny would not add value to the matter
- The committee is unlikely to be able to conclude an investigation within a specified or required timescale

## **6. Implications of the Recommendations**

6.1. There are no implications to legal or financial matters, equality, human resources, risk management, or for rural communities, children and young people or public health.

## **7. Ward Members Affected**

7.1. All.

## **8. Access to Information**

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

## **9. Contact Information**

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

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk)

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Date: <b>28.09.20</b> Time: 1.30pm Venue: Microsoft Teams Meeting	Date: <b>23.11.20</b> Time: 1.30pm Venue: Committee Suite, Westfields	Date: <b>25.01.21</b> Time: 1.30pm Venue: Committee Suite, Westfields	Date: <b>22.03.21</b> Time: 1.30pm Venue: Committee Suite, Westfields
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The Committee considers a young persons story at the start of every meeting

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
Spotlight Review on Children’s Mental Health Services	To receive the final report following the spotlight review on Children and Young People’s Mental Health.	Chairman	Children and Families	Committee	Scrutiny	People live well and for longer	28.09.20
Update on Kickstart and Apprenticeships	To receive a short verbal update on the September NEET Summit, apprenticeships and Kickstart.	Director of Prevention and Early Help	Children and Families	Chairman	Overview	People live well and for longer	28.09.20
Update on SEND	To consider two updates in respect of SEND:  (1) an update on progress made against the recommendations put to Cabinet in the SEND Reforms Task and Finish Review report  (2) to receive a progress update following agreement of the Written Statement of Action in preparation for the SEND revisit	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	28.09.20

<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead Officer</u></b>	<b><u>Portfolios</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
Vision for Children’s Services	To receive an update on the development and future development work for Children’s Services	Director of Prevention and Early Help	Children and Families	Director of Prevention and Early Help	Overview	A responsible effective and efficient organisation.	28.09.20
Update on Ofsted Inspections	To receive a report on the new arrangements for Ofsted ILACS inspection and SEND Revisit/Inspection.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	28.09.20
Update on Ofsted Development Plan	To receive a progress update on the ILACS Action Plan	Director of Children’s Social Care	Children and Families	Director of Children’s Social Care	Overview	A responsible effective and efficient organisation.	28.09.20
Children’s Services Performance Scorecard – Quarter 1 (2020/21)	To give consideration to the Children & Families quarterly performance scorecard from the first quarterly reporting period of 2020/21.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	28.09.20
Corporate Parenting Annual Report 2020/21	To review the Corporate Parenting Annual Report for 2020/21.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	Agreed to be received via electronic circulation (Nov 2020)
Annual Adoption Report	To give consideration to the Annual Adoption Report 2020/21.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and	Agreed to be received

<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead Officer</u></b>	<b><u>Portfolios</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
						efficient organisation.	via electronic circulation (Nov 2020)
Domestic Abuse	To receive a report on the current impact of Domestic Abuse and Hidden Harm during the Covid-19 Lockdown Pandemic.	Executive Director of People	Children and Families	Committee	Pre-decision scrutiny	People live well and for longer	23.11.20
Pre-Budget 2021/22 Consultation	To give consideration to the budget proposals that fall within the remit of the Committee.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	23.11.20
High Needs Funding	To update the committee on progress towards a new model for how high needs funding to schools is allocated.	Executive Director of People	Children and Families	Committee	Pre decision scrutiny	A responsible effective and efficient organisation	23.11.20
Local Authority Designated Officer (LADO) Annual Report	To give consideration to the Local Authority Designated Officer (LADO) Annual Report.	Executive Director of People	Children and Families	Committee	Scrutiny	People have the life skills and education they need in order to thrive.	Agreed to be received via electronic circulation (Jan 2021)
Refresh of the Self Evaluation Framework	To provide the Committee with a service performance position post-lockdown ahead of any potential Ofsted Inspection.	Director of Prevention and Early Help	Children and Families	Director of Prevention and Early Help	Overview	A responsible effective and efficient organisation	25.01.21

<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead Officer</u></b>	<b><u>Portfolios</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
Early Help Strategy	To update the committee on the strategy post Cabinet decision.	Executive Director of People	Children and Families	Portfolio Holder	Pre-decision scrutiny	People live well and for longer	25.01.21
Lifelong Learning	Overview of the impact of lifelong learning.	Executive Director of People	Children and Families	Liaison meeting	Performance monitoring	People live well and for longer	25.01.21
Six-Monthly report of Member Frontline Visits	To review the Member Frontline Visits Report covering a six-month period.	Executive Director of People	Children and Families	Committee	Scrutiny	People have the life skills and education they need in order to thrive	25.01.21
Cheshire East Safeguarding Children's Partnership Annual Report	To consider the Cheshire East Safeguarding Children's Partnership (CESCP) Annual Report 2020/21.	Executive Director of People	Children and Families	Committee	Scrutiny	People have the life skills and education they need in order to thrive	25.01.21
Integrated Front Door Update	To receive an update on progress relating to the Integrated Front Door.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	22.03.21
Annual Education Report	To give consideration to the Annual Education Report	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	22.03.21
Virtual School Headteacher Report	To consider the report	Executive Director of People	Children and Families	Committee	Scrutiny	People have the life skills and education they need in	22.03.21

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
						order to thrive.	
Update on School Organisation and School Capital	To consider an update on School Organisation and School Capital in Cheshire East.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	22.03.21
Update on SEND	To receive a six-monthly update on SEND.	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	22.03.21
Children's Services Performance Scorecard – Quarter 2 (2020/21)	To give consideration to the Children & Families quarterly performance scorecard	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	TBD
Children's Services Performance Scorecard – Quarter 3 (2020/21)	To give consideration to the Children & Families quarterly performance scorecard	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	TBD
Children's Services Performance Scorecard – Quarter 4 (2020/21)	To give consideration to the Children & Families quarterly performance scorecard	Executive Director of People	Children and Families	Committee	Scrutiny	A responsible effective and efficient organisation.	TBD

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