



Essex County Council

People and Families Policy and Scrutiny Committee

10:30	Thursday, 02 August 2018	Committee Room 1, County Hall, Chelmsford, CM1 1QH
--------------	---------------------------------	---

For information about the meeting please ask for:

Gemma Bint, Democratic Services Officer

Telephone: 033301 36276

Email: gemma.bint@essex.gov.uk

Pages

Private Pre-Meeting for PAF Members Only

Please note that there will be a private pre-meeting for committee members at 9.30am in Committee Room 6, County Hall.

1 Membership, Apologies, Substitutions and Declarations of Interest 4 - 5

2 Minutes 6 - 13
To approve as a correct record the minutes of the meeting held on 06 June 2018.

3 Questions from the Public

A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting.

On arrival, and before the start of the meeting, please register with the Senior Democratic Services Officer.

- | | | |
|----------|---|------------------|
| 4 | Pre-birth to 19 Virgin Care Contract
To consider report (PAF/17/18) | 14 - 113 |
| 5 | Work Programme
To consider report (PAF/18/18) | 114 - 116 |
| 6 | Date of Next Meeting
To note that the next Committee activity day is scheduled for 13 September 2018, which may be a private Committee session, public meeting, briefing, site visit, etc. - to be confirmed nearer the time. | |
| 7 | Urgent Business
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency. | |

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

- | | |
|----------|---|
| 8 | Urgent Exempt Business
To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency. |
|----------|---|

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972. If there is exempted business, it will be clearly marked as an Exempt Item on the agenda and members of the public and any representatives of the media will be asked to leave the meeting room for that item.

The agenda is available on the Essex County Council website, <https://www.essex.gov.uk>. From the Home Page, click on 'Your Council', then on 'Meetings and Agendas'. Finally, select the relevant committee from the calendar of meetings.

Attendance at meetings

Most meetings are held at County Hall, Chelmsford, CM1 1LX. A map and directions to County Hall can be found at the following address on the Council's website:

<http://www.essex.gov.uk/Your-Council/Local-Government-Essex/Pages/Visit-County-Hall.aspx>

Access to the meeting and reasonable adjustments

County Hall is accessible via ramped access to the building for people with physical disabilities.

The Council Chamber and Committee Rooms are accessible by lift and are located on the first and second floors of County Hall.

Induction loop facilities are available in most Meeting Rooms. Specialist headsets are available from Reception.

With sufficient notice, documents can be made available in alternative formats, for further information about this or about the meeting in general please contact the named officer on the agenda pack or email democratic.services@essex.gov.uk

Audio recording of meetings

Please note that in the interests of improving access to the Council's meetings, a sound recording is made of the public parts of many of the Council's Committees. The Chairman will make an announcement at the start of the meeting if it is being recorded.

If you are unable to attend and wish to see if the recording is available you can visit this link <https://cmis.essexcc.gov.uk/Essexcmis5/CalendarofMeetings> any time after the meeting starts. Any audio available can be accessed via the 'On air now!' box in the centre of the page, or the links immediately below it.

Should you wish to record the meeting, please contact the officer shown on the agenda front page

Agenda item 1

Committee: People and Families Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

(Quorum: 4)

Councillor M Maddocks
Councillor J Baker
Councillor J Chandler
Councillor G Butland
Councillor J Deakin
Councillor M Durham
Councillor B Egan
Councillor J Henry
Councillor J Lumley
Councillor P May
Councillor M McEwen
Councillor P Reid
Councillor C Souter
Councillor A Wood

Chairman
Vice Chairman
Vice Chairman

Non-elected Members

Richard Carson
Lee Cromwell
Marian Uzzell

Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 14 June 2018

Present:

County Councillors:

M Maddocks (Chairman)

J Baker

G Butland

J Chandler

J Deakin

M Durham

B Egan

M Garnett (substitute)

J Henry

J Lumley

P May

P Reid

C Souter

R Carson, Education co-optee.

The following officer was present in support of the meeting:

Graham Hughes, Senior Democratic Services Officer

1 Membership, Apologies, Substitutions and Declarations of Interest

As a result of membership changes agreed at a recent meeting of Full Council, Councillors Erskine, Moran and Wagland no longer served on the Committee and Councillors Butland, Deakin and Durham had been appointed in their place. The report of the Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillor McEwan (for whom Councillor Garnett substituted) and Councillor Wood.

No declarations of interest were made.

2 Election of Vice Chairmen for 2018/19 municipal year

At the invitation of the Chairman, the following nominations were received to serve as Vice Chairman for the 2018/19 municipal year.

- (i) Councillor John Baker – proposed by Councillor Deakin and seconded by Councillor Chandler.
- (ii) Councillor Jenny Chandler – proposed by Councillor Egan and seconded by Councillor Henry.

With no further nominations and by general consent it was **agreed** that Councillors Baker and Chandler be appointed as Vice Chairmen for the 2018/19 municipal year.

The Chairman proposed, and it was agreed, to vary the order of business published on the agenda and to defer consideration of the minutes of the previous meeting (agenda item 3) until later in the agenda.

3. Questions from the Public

There were no questions from the public

4. Essex Education Services – call-in

The Committee considered report (PAF/13/18) comprising papers connected to a call-in of a decision made by Cabinet on 22 May 2018 to conduct a sale of Essex Education Services (EES), a traded part of the County Council which provided certain services to schools.

(a) Summary of decision being reviewed:

- EES was a profitable traded business of Essex County Council with its own recognisable brand in the market place.
- A key product of EES was Target Tracker which held a 25% market share in primary school assessment software.
- It was proposed that the following consultancy services were also disposed of as part of the transaction: Education Finance Support, Support for Governors, Clerking Agency, Schools HR.
- Whilst Joint venture arrangements had been considered, it had been decided to proceed with the complete disposal of EES with the exception of Essex Outdoors and Initial Teacher Training.

(b) The reasons for the call-in

On 25 May 2018 the decision was called-in by Councillor Baker with the support of Councillor's Deakin, Mackrory and Robinson. At the invitation of the Chairman, Councillor Baker presented his case for the call-in:

- Selling EES to a private company would undermine democratic accountability and was not in the interest of the public, schools, families and pupils.
- Schools that remained in local education authority control (rather than converting to academies) had made a decision at their governing body meetings to stay as such partly as a result of the general and professional support they get from Essex County Council. The disposal of EES would deny those schools being able to stay part of Essex County Council.

- The services provided by EES were very important to schools and were profitable and brought revenue to the County Council which should not be discarded.
- Disposal of other educational support services with Target Tracker was premised on a vague market view that it was more attractive to sell EES in totality (with the support services) but he queried whether this was consistent with the views of the commissioned management consultant who had reviewed options for EES.
- He had concerns that EES could be further sold-on by a purchaser.
- The focus on maximising the sale value of EES could overshadow proper consideration of the impact on families and pupils.
- The decision should be put on hold so that further thought could be given to the impact on key stakeholders.

(c) Cabinet Member response to the call-in

Thereafter, at the request of the Chairman, Councillor Ray Gooding, Cabinet Member for Education and Skills, responded to each of the issues raised in the call-in notice with support from the following officers:

- Jason Kitcat, Executive Director for Corporate Development.
- Richard Boughey, Director for EES for Schools.

The following key points were made in response to the call-in:

- The purpose of the Cabinet paper was essentially to explore the market for a sale.
- Organisationally, EES operated independently from the statutory Education services provided by the County Council. It was confirmed that EES did not have any special access to other areas of ECC education services. EES had no financial support from ECC.
- Statutory services were ones delivered pursuant to a legal duty. Non-statutory services were discretionary under statute but services that a Local Authority could choose to offer. None of the services in the proposed package for sale were statutory but were discretionary non-statutory services.
- Various functions of EES had been traded long before the academisation process had started. Since that time all schools (whether local education authority controlled or not) had been free to decide whether to purchase any of the EES services. The EES services in future would still be offered for purchase just as they are now and all schools (including academies) would still be free to make that purchase choice.
- The Cabinet Member contested that the issue of academisation had any bearing on the sale process. Decisions by schools whether to stay as a County Council maintained school or not were completely separate decisions to that of deciding whether to purchase EES services.

- It was considered that EES had reached a point where it now needed significant investment in order to continue to grow and meet the demands of its customers. In the case of Target Tracker, which was a significant part of the sale, specialist investment was needed to avoid losing ground to competitors and to further adapt the software for use on other appliances such as i-pads. The Cabinet Member viewed that Target Tracker was at peak of its revenue curve and ECC would see income from it declining in future without further significant investment.
- Similarly, the consultancy services needed investment and he believed that another owner would also be better placed to offer this investment.
- Retaining a shareholding would be problematic in determining an appropriate level that was acceptable to the market and would continue to involve the County Council in contributing financially towards product and service development.

(d) Issues raised by the Committee

During subsequent discussion the following clarification was given and/or issues were raised:

- Retaining EES had been considered as an option by the County Council. Investing in the development, renewal and improvement of the Target Tracker software had been estimated to cost between £4-£7 million - this was considered unviable for the Council and did not produce sufficient return at an acceptable risk;
- The Cabinet Member and officers considered that the sale disposal option was the most likely to deliver good and sustainable outcomes for the EES service and products.
- Most schools in Essex bought at least one service from EES.
- A broad range of up to 40 companies had shown informal interest in the proposed sale. A handful of those were direct competitors for Target Tracker and some were private equity companies who could look to develop the Target Tracker software, in particular, and sell it on. Members suggested that the private equity option may be something that should be resisted.
- Members queried whether the main strategic driver for the sale was solely to maximise best value highlighting that the Cabinet decision paper referred to 'maximising the return to the Council'. Yet members questioned whether there should also be a priority objective for EES to retain a strategic presence in Essex and remain as an employer in the county. Members were keen that the bid assessment process was a combination of both maximising value and ensuring an ongoing strategic presence in Essex.
- Members were keen that a future purchaser be encouraged to retain the location of the EES business within Essex. It was stressed that although it was not possible to constrain a future purchaser indefinitely the County Council had been clear during informal

discussions that there was an expectation that bidders should take this into consideration.

- The Cabinet Member reported that, perhaps, inevitably there had been some mixed initial views about the proposal when he spoke to Head Teachers after the publication of the Cabinet agenda papers. He added that the schools acknowledged that Target Tracker needed further significant development but that they did have some concerns around the disposal of some of the consultancy services.
- The Education representative present at the meeting reported that the specific areas of concern for schools had been the proposed disposal of HR services and educational visits and that they had only been given 5 days to comment prior to the Cabinet decision being taken. It was acknowledged that the need for commercial confidentiality and ensuring that staff impacted by the proposal had been informed first had constrained the time available to consult schools in advance of the decision.
- Members queried whether the County Council could justify losing the income being generated by EES if it was sold. In addition, members queried whether the commercial decision to sell EES would be undermined when incurring significant legal and consultancy fees and being charged £3m for the pension bond. It was stressed that the funds for the pension bond was not an additional cost as it would be recovered from the purchaser after sale completion.

(e) Motions proposed and the decision of the Committee

The Chairman then reminded the Committee that, in considering the call-in, the Committee had the following courses of action open to it.

- Refer the decision back to the Cabinet Member for Education;
- Refer the matter to Full Council;
- Support the decision being implemented;

Councillor Deakin moved the following motion, which was seconded by Councillor Baker:

That Decision FP/102/03/18 – Review of Essex Education Services be referred back to the Cabinet Member to further explore the opportunities to retain the service as the County Council had an obligation to retain the income and profit from the service for the betterment of the Essex population.

Upon being put to the meeting the Motion was lost by 7 votes to 4 with one declared abstention.

Then, in proposing the Committee's support for the proposed decision to be implemented, Councillor Butland stressed that the discussion had raised a number of issues for the Cabinet Member to consider further during the

procurement process and on which the Committee would need further information and reassurance after the sale had completed.

Councillor Butler moved a Motion to the effect detailed in the resolution below, which was seconded by Councillor Chandler.

Upon being put to the meeting the Motion was carried by 8 votes to 3 with one declared abstention. Accordingly it was:

Resolved:

- (i) That, the Committee supports Decision FP/102/03/18 – Review of Essex Education Services and that it should be implemented at the conclusion of the meeting;
- (ii) That after the sale transaction had been completed, a further update be provided by the Cabinet Member to illustrate how the strategic objectives stated in the decision paper had been met, provide more information on the financial payback period, and that there was a clear understanding with the purchaser to encourage EES maintaining a strategic presence in the county.

After a short adjournment the meeting then continued.

5. Minutes

The draft minutes of the meeting held on 12 April 2018 were agreed subject to the following minor typos being corrected:

Page 1 – In two places Richard Carsen being spelt Richard Carson instead.

Page 2 - Minute 4 be headed 'Healthwatch Essex' rather than 'Essex Safeguarding Children Board'.

6. Relationship Management

The Committee considered report (PAF/14/18) on supplier relationships from Steve Ede, Head of Procurement. A review of relationships with adult social care providers had been undertaken by County Council officers and a report published in November 2016. The review had been undertaken as there had been a perception that relationships between ECC and the care market were poor. ECC had recognised that it could not meet additional responsibilities imposed by the Care Act around market management and sustainability without improving relationships with the care market.

A number of actions had been taken to date including:

- (i) the establishment of a Care Provider Information Hub.

- (ii) assisting the growth of the Essex Care Association (ECA) – the County Council now attends quarterly meetings which were now being conducted in a more professional, respectful and positive atmosphere. Simon Harness had been seconded as a Development Director at the ECA to look at further developing ECA in the care market and to improve relationships with ECC
- (iii) conducting Annual Relationship Management Surveys,
- (iv) the development of a Care Market Strategy 2017-21;
- (v) a number of workforce initiatives had been developed to help alleviate the issues of recruitment and retention and raising the profile of the profession including a newspaper supplement promoting careers.
- (vi) A Strategic Provider Group for the domiciliary market had been established to discuss issues with senior officers and improve collaboration.
- (vii) A New Advisory forum would develop ideas and shape thinking between ECC and a number of key players in the market. Eight suppliers had been invited – comprising a range of national companies and small SMEs. Members queried whether membership was truly representative and whether it included a mix of contented and unhappy suppliers. It was confirmed the eight included Runwoods (the largest supplier) and a SME domiciliary care provider. Membership may change over time.
- (viii) Members queried the mechanisms for ensuring that ECC sufficiently engaged with smaller providers. The establishment of the hub and the enhanced role for the Essex Care Association would assist this. **Action:** members suggested that officers should also develop specific forums/meetings for smaller providers and it was agreed to look into this further.
- (ix) Work had begun on clearly defining roles and responsibilities of ECC officers to help suppliers more easily navigate between various departments and teams in ECC.
- (x) There were a variety of different operational accountabilities within ECC so officers were not pursuing one single person for an oversight role for all providers. However, providers were welcoming more face to face meetings with senior officers and the Cabinet Member and Deputy Cabinet Member.
- (xi) Aged debt had reduced to around £1.2m (having peaked at £5m), helped by a focus on improving processes. The amount was attributable to approximately 720 outstanding invoices with 500 of them outstanding for more than three months. The aged debt represented less than one day's spend by ECC. The reasons for the outstanding invoices could be complicated and varied ranging from invoices quoting wrong rates, not matching against details on ECC systems, lost invoices, and sometimes invoices requiring significant time to resolve issues through correspondence. It was acknowledged that processes needed to further improve. **Action:** - further information would be provided to members on the older debt and breaking down the aged debt between small and large companies.

Action: The Chairman thanked Mr Ede for attending and asked for a further update on progress being made - timing TBC.

7. Task and Finish Group – Hip fractures and falls prevention

The Committee considered and endorsed a report (HOPSC/19/18) from the Task and Finish Group established with the People and Families Policy and Scrutiny Committee to look at certain aspects of hip fractures and falls prevention in Essex. Cllr Souter outlined some of the work undertaken by the Group and the recommendations arising from the review.

With evidence indicating that most falls happen at the time and location where people spend most of their time (i.e. both private homes and residential care homes) the Group concluded that it would look at the support in place in residential care homes. As part of its initial investigations the Group agreed to focus on the effectiveness and future potential of the PROSPER programme (Promoting Safer Provision of Care for Elderly Residents and subsequently renamed promoting Safer Provision of Care for Every Resident) as the core component of its review. PROSPER was a toolkit and training programme that empowered care home staff to identify and make improvements to how they provided care and to create good practice.

The Group had been impressed by the potential of the PROSPER programme and that many care homes in Essex had embraced the methodology behind it. The Group concluded that there was significant potential to extend some, or all, of the programme into other social settings and that there needed to be certainty of future funding to facilitate that.

Agreed: to endorse the report and that the Chairman and Vice Chairmen, in consultation with the Chairman of the Health Overview and Policy and Scrutiny Committee, consider how to take the recommendations forward and follow-up work.

8. Work Programme

The Committee considered and noted report PAF/16/18.

9. Date of next meeting

The next Committee activity day had been re-scheduled for Wednesday 11 July 2018. Activity days may be a private session, meeting in public, briefing, site visit etc – to be confirmed nearer the time

There being no further business the meeting closed at 12.35am.

Chairman

		AGENDA ITEM 4
		PAF/17/18
Committee:	People and Families Policy and Scrutiny Committee	
Date:	2 August 2018	
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk	

Pre-Birth to 19 contract (now known as the Essex Child and Family Wellbeing Service)

During work planning discussions the committee agreed that it wished to review the performance of the Pre-Birth to 19 Contract placed with Virgin Care which commenced 1 April 2017.

The Committee had a private preparatory briefing from Essex County Council officers on the background, context and aspirations of the new contract on 11 July (the original Cabinet decision paper from June 2016 can be accessed here for background - [Cabinet Decision Paper](#))

The session today is intended to focus on actual performance under the contract. As a result of the private session, the Committee has instructed that it wished to restrict representation today to the following:

- Cabinet Member;
- Lead Commissioner
- Virgin Care;
- Barnardo's;

The other sub-contractors under the contract have not been invited to attend this meeting. The Committee has indicated that it anticipates engaging with them separately at a future date.

The provider has been requested to provide the following information today:

- An assessment of performance against the contractual KPIs indicating via RAG the measures where underachieving;
- To indicate what is not (to date) working under the contract;

- Evidence how outreach has been extended under the contract and how they have reached 'hard to reach' groups;
- Views on the KPIs and if some need amendment or are not achievable/appropriate;
- To indicate what is being done to engender a good staff culture for new ways of working, maintain wellbeing, mechanisms for staff engagement, training and retention;
- To indicate what mechanisms there are for user feedback.

Appendix 1 to this report is a short overview from the Cabinet Member and Lead Commissioner.

Appendix 2 to this report is the information provided by Virgin Care. This comprises:

1. Paper / report with update on Essex Child and Family Wellbeing Service (ECFWS)
2. Attachment i) ECFWS Annual Quality Account for 2017-18
3. Attachment ii) ECFWS Staff Newsletter for June 2018

Action required:

- (i) To consider the update to be provided by both the commissioner and provider and the subsequent discussion.
- (ii) To consider any further information and other witnesses required and how any further work on this issue should be structured.

Briefing for Cllr Madden on Pre-Birth to 19 commission, now known as the Essex Child and Family Wellbeing Service (ECFWS).

For People and Families Policy and Scrutiny Committee 2nd August 2018.

- What we commissioned is different from what we've had before; this is because the Early Years' review which we undertook, prior to the procurement, showed us that we needed something different.
- Families wanted something different, people who were working in the system to whom we spoke wanted something different, and we needed to do something different to do a better job of meeting the aspirations that we want for Essex children and families.
- Key things that we needed to do differently are more joined up services, through professionals and practitioners working closer together, having less static buildings to allow services to be taken out to where the families already are in their communities, rather than relying on them to attend centre based services and support, using the considerable strengths and assets that exist within families to make outcomes sustainable, and better outcomes for those families worst off in Essex
- A core part of this join up, of which we are very proud, is the joint contracting with West Essex Clinical Commissioning Group, on their children's therapy services. Such services are the commissioning responsibility of CCGs, but families are not interested in who commissions what part of the service pathway, they just want it all to join up. So the joint contract with West Essex CCG is a considerable benefit to families and we're already seeing some of the green shoots of this. We should shout about the fact that this is a national first for Essex – no other Local Authority has done this. Despite our best efforts in ECC, the other 4 CCGs were not in a position to jointly contract with us at the start of this contract, in April 2017. This was due to their own contractual arrangements with their existing service providers. But the contract has been written so that all the other CCGs, or any other organisation that could usefully partner with us to improve families seamless experience, could join us if they're able during the remainder of this 7 plus 3 year contract.
- We set Virgin Care and Barnardos a very challenging task and they've spent the first year reviewing what they inherited and how it could best be configured to deliver the new outcomes which we've commissioned. We now have, across Essex, 12 Family Hubs (one per district) with 29 new integrated Healthy Family Teams to support families achieving positive outcomes. Importantly, these teams are multidisciplinary, are more centred around the needs of families than professional staff boundaries. There has also been significant investment in

developing a single information technology system so that all staff, regardless of their professional background, can see the same information about families. This is a real achievement in the first year, given the significantly different IT systems that the provider inherited from previous providers covering different parts of Essex, and previously separate ECC contracts. It goes a long way to families telling their story only once, rather than lots of times to different staff – a problem which came out strongly in the Early Years review we undertook before the procurement. There is also a lot of good work being undertaken with community capacity building and emerging examples of some local communities are being supported to develop and run their own services

- Performance - Richard will talk through the performance of the service so far. The point I'd like to make is that the service has been tasked, in the first year, with keeping the ship afloat, whilst undertaking substantial staff and service transformation in line with the innovative, outcomes based specification that we've commissioned.

**Essex Child and Family Wellbeing Service: An update for Essex County Council's
People and Families Policy Scrutiny Committee, 2nd August 2018**

1. Background and purpose

- 1.1 Prior to April 2017 there were four separate 'health' and six 'family support' provider agencies delivering different elements of care, including but not limited to: Children's Centres, School Nursing, Health Visiting, Family Nurse Partnership, Healthy Schools and the National Child Measuring Programme.
- 1.2 The Early Years Review conducted by Essex County Council in 2015-16 found that families felt that they did not require more services but that those existing services needed to be more joined up so that they were easier to access and navigate and so that the families didn't need to repeat their story to every professional they met.
- 1.3 In April 2017, following a public tender exercise, Essex County Council began commissioning Virgin Care Services Limited, in partnership with Barnardo's, to integrate and deliver the collective range of services to meet the needs of children and families (pre-birth to 19) across the county, excluding Thurrock and Southend unitary authorities.
- 1.4 In West Essex, Essex County Council, in partnership with NHS West Essex CCG co-commissioned Virgin Care and Barnardo's to deliver pre-birth to 19 services, alongside and operationally integrated with, the children's community health provision, which includes but is not limited to: Paediatricians, Children's Community Nurses, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Allergy Specialists, Dieticians, Continence Nurses and Paediatric Liaison Nurses at Princess Alexander Hospital. It was anticipated that such integration would provide considerable benefits to children and families whilst also serving to reduce the burden on primary care and West Essex-serving acute hospitals.
- 1.5 Between July 2017 and October 2017 Virgin Care and Barnardo's undertook a large-scale service redesign and transformation exercise resulting in the delivery of the new integrated Essex Child and Family Wellbeing Service (ECFWS).
- 1.6 A key feature of this contract, and one that distinguishes it from many current national contracts, is the introduction of innovative outcome measures-based key performance indicators (KPIs). ECFWS is commissioned to deliver a positive impact for children, young people and families as measured against 22 Essex County Council and 5 NHS West Essex CCG outcomes. These include outcomes related to, for example, loneliness, child safety, school readiness, emotional wellbeing and confidence in managing health related conditions.
- 1.7 A large scale transformation project was undertaken in the first year of the contract to specifically make the changes necessary to move to an outcomes-based model of service delivery and to introduce processes for recording and reporting against these new KPIs. In this, the second year of the contract, ECFWS is undertaking a pilot exercise to test the outcome measures and to benchmark results to establish targets. ECFWS will be performance managed against these outcome measures from 1st April 2019.
- 1.8 The purpose of this paper is to provide elected members with an update on the performance of this new service, detail the positive impact Virgin Care and

Barnardo's work is having across Essex and to prepare members in advance of the People and Families Policy Scrutiny Committee scheduled to take place on 2nd August 2018.

2. How services are arranged and delivered

- 2.1 Essex County Council has commissioned Virgin Care in partnership with Barnardo's to deliver a 'service without walls' that engages with and reaches into local communities, particularly those vulnerable families who are most in need.
- 2.2 ECFWS is operationally divided into four quadrants each with two or three local authority districts: Mid Quadrant (Braintree, Chelmsford and Maldon), North East Quadrant (Colchester and Tendring), South Quadrant (Castle Point & Rochford and Brentwood & Basildon) and West Quadrant (Epping Forest, Harlow and Uttlesford).
- 2.3 Each quadrant has a Quadrant Manager, Health Visitor Clinical Practice Teacher, Quadrant Administrator and centralised administration team, who are supported by an Essex-wide senior management team made up of Virgin Care and Barnardo's staff and by the national Virgin Care and Barnardo's support functions. There is also an Essex-wide School Nurse Clinical Practice Teacher.
- 2.4 Each district is home to one main Family Hub (formerly known as a children's centre) with affiliated satellite Delivery Sites. There are 12 Family Hubs and 26 Delivery Sites county-wide, from which Essex County Council has mandated ECFWS to provide services.
- 2.5 Each quadrant has between five and nine multidisciplinary Healthy Family Teams (29 in total) who work from their respective Family Hubs and / or Delivery Sites in serving their local communities. They also 'out-reach' into family homes, schools and in other community spaces such as libraries and village halls.
- 2.6 Each Healthy Family Team consists of a Team Leader, Health Visitors, School Nurses, Healthy Family Support Workers, Healthy Family Support Assistants and Administrators.
- 2.7 Healthy Family Teams in each Quadrant are supported by a dedicated Safeguarding Children Team and Looked-After Children Team made up of Named Nurses, Advisors and Administrators.
- 2.8 Each Quadrant has a Family Hub Coordinator, Deputy Family Hub Coordinator and Volunteer Coordinator who engage with families, partners and stakeholders to use Family Hubs and Delivery Sites for providing family support interventions and activities. For example, the partnership with Safer Places has enabled the service to offer a rolling programme of Domestic Violence support to women and the partnership with Family Solutions has enabled the offer of non-violent resistance training to parents experiencing aggression from their teenagers. Furthermore, Midwives from local maternity units and psychiatric staff from the Emotional Wellbeing and Mental Health Service (EWMHS) are routinely providing appointments from these sites.
- 2.9 Each quadrant has a Volunteer Coordinator who is responsible for recruiting, supporting and supervising volunteers in Family Hubs and Delivery Sites as well as in other community sites where groups are run. As of June 2018, there are currently 67 registered volunteers who deliver a combined total of 728 hours per month.

- 2.10 Across Essex there is a Healthy Schools and Public Health Specialist Team who are largely devoted to supporting schools achieve foundation or enhanced Healthy School status. This team is led by a newly appointed Team Manager, who will work closely with the School Nurse Clinical Practice Teacher, and is made up of Healthy Schools Engagement Workers and Public Health Specialists who promote and support the Personal, Health, Social, and Economic (PHSE) education agenda.
- 2.11 A key feature of ECFWS as compared with traditional models is that the multidisciplinary teams have the ability to provide a continuous service from pre-birth to 19, which effectively means the same Healthy Family Team supports children and their families as they pass through the milestones of life. There is a particular emphasis for providing the right assessment and support at key development phases such as: antenatal support for women from 28 weeks pregnancy, development and school readiness checks for children aged two and a half to three and transition support for 11 year olds preparing to go to secondary school.

3. How services are governed

- 3.1 Each Family Hub (for each district) has an independent Advisory Board made up of stakeholders and interested members of the local community and who convene between two and four times per year. Advisory Boards review and make recommendations about the activities that take place in and around the Family Hubs and Delivery Sites. Each of the twelve Family Hubs has had an Advisory Board within the last 6-months.
- 3.2 ECFWS facilitates Citizens' Panels in each Family Hub (and district) to enable families and members of the local community to provide direct feedback and make suggestions about the services they receive. Citizens' Panels remain relatively new and are still developing their membership locally. It is intended for Family Hub Coordinators and the Family Engagement Manager to undertake a thematic summary of the feedback received which is to be presented to the corresponding Advisory Board for consideration. Each of the twelve Family Hubs has held a Citizens' Panel meeting in 2018 except for Chelmsford Central Family Hub, which was postponed due to severe weather earlier in the year.
- 3.3 Essex County Council's Community Partnerships Coordinators and Children's Community Development Offices work closely alongside ECFWS Quadrant Managers, Family Hub Coordinators and Community Development Workers and meet formally every two months.
- 3.4 ECFWS provides representation at each quadrant's Children and Young People's Partnership committees and the corresponding Essex-wide Children and Young People's Strategic Partnership Board.
- 3.5 Essex County Council and West Essex CCG hold a monthly Service Performance and Quality Review contract meeting with Virgin Care and Barnardo's.
- 3.6 ECFWS is registered with the Care Quality Commission and is also subject to Ofsted inspections.

4. What has gone well

- 4.1 Over and above the enormous and highly complex service redesign exercise and logistical change that has been successfully delivered, a significant amount of

positive change occurred in the first year of the contract to improve services for children and families across Essex. Examples include:

- 1) The integration of provision and co-location of professionals has meant that children and families experience a more streamlined and accessible service.
- 2) Centralised administration hubs in each quadrant act as single points of contact and families and stakeholders are immediately responded to and sign-posted to the right support for their query.
- 3) Availability of Duty Practitioners (Health Visitors and School Nurses) for each area has improved as all of the professionals are now part of a single organisation.
- 4) The service now delivers immediate, robust and consistent response to Safeguarding issues by quadrant-based Safeguarding Teams. In addition, the huge gains from delivering training to the collective mix of multidisciplinary team members with the same training package.
- 5) There is less duplication during interactions with professionals. For example, the first appointment (antenatal) with a Health Visitor includes questions and support that would have been asked / offered during the first visit to a Children's Centre.
- 6) The roll-out of SystmOne electronic recording system to capture activities carried out by all staff, Virgin Care and Barnardo's, has resulted in there being one single record for each child and parent.
- 7) The launch of a new website in March 2018 which is dedicated exclusively to children and families in Essex. It includes postcode search functionality that directs families to services in their local vicinity. Each Family Hub has a 'live' activities calendar and a well maintained Facebook page, which has proven very popular. The application of this technology for engaging and support families has progressed further in Mid Essex where there is a 'real-time' topic-based conversation ('chat') referred to as Talk Back Tuesday.
- 8) The development of consistent set of governance systems across Essex, including: standard operating procedures; consolidation of incident reporting and management; complaints handling; and consistency of quality and safety measures including risk management and audit programmes.
- 9) The successful turnaround and improvement of the Braintree Central Healthy Family Team that had longstanding cultural and performance issues.
- 10) The integration and partnership working with sub-contracted partners - namely Home-Start Essex, Home-Start North East Essex and Youth Enquiry Service Colchester – who primarily provide volunteer help and peer mentorship.
- 11) The successful growth and development of individuals working in newly defined roles: Quadrant Managers, Healthy Family Team Leaders, Healthy Family Support Workers and Assistants, Family Hub Coordinators.
- 12) The ability of the combined workforce to sensitively balance the obligations, and public expectations, to deliver proportionate universalism of provision to all whilst increasing targeted provision to families most in need.
- 13) The integration of the pre-birth to 19 provision with children's community health provision in West Essex, that has seen significantly improved child and family experiences and outcomes in areas such as allergy, neurodevelopmental conditions and speech and language.

5. Challenges encountered along the way

- 5.1 Invariably, a change programme of the size and complexity required to develop such an innovative service is always expected to encounter challenges and obstacles on its journey, particularly in the early stages. The challenges of note, encountered and broadly addressed in the first year of the contract (April 2017 – March 2019) were:

- 1) Introducing a single reporting dashboard that was accurate, reliable and meaningful to staff and Commissioners. This was particularly difficult as previous providers developed different reporting templates and different interpretation of the definitions of the same KPIs, including denominators and numerators.
- 2) Creating a single workforce culture when bringing together staff from ten previous provider organisations and the transfer of employment to either a charity (Barnardo's) or a private organisation (Virgin Care) was not an easy adjustment for some staff initially.
- 3) Defining job roles and introducing multidisciplinary working when many staff had previously worked in single professional teams.
- 4) Retaining and recruiting staff in areas such as Basildon and Epping, where turn-over is typically higher than other parts of Essex, while undergoing a change programme which naturally precipitates increased attrition.
- 5) Logistical challenges such as IT networking in Family Hubs and the shortage of office space in Family Hubs, which limits co-location of multidisciplinary workers and team work.
- 6) The belief by some staff that in implementing the newly commissioned model they have reduced their personal offer to families who only require universal provision and do not require additional support. This work has meant that they can prioritise and target families from vulnerable groups.

6. How the service is performing now

- 6.1 Essex has an overall estimated population of 1.6 million people. There were 16,178 babies born in 2017-18 (approximately 1,348 per month). Mid Essex averaged 349 (26%), North East averaged 295 (21%), South averaged 403 (30%) and West averaged 301 (22%) per month.
- 6.2 As there were four previous health providers, each with their own contracts and individual interpretation of KPI definitions, the process of centralising data systems highlighted vast inconsistencies in the true performance of services in different parts of Essex. Therefore, it has been particularly difficult to establish a true baseline of performance from the previous provider organisations.
- 6.3 ECFWS is contracted to deliver against more than 100 KPIs - sometimes referred to as 'surveillance measures' – and to maintain the same level of activity as the previous providers until the new KPI outcome measures are reported on in April 2019.
- 6.4 Of the vast number of KPI surveillance measures being delivered those presented in this report provide a summary temperature check on how ECFWS is performing as they are deemed to be the most meaningful.
- 6.5 At June 2018, 64% (target 80%) of antenatal checks were conducted after 28-weeks pregnant. (KPI 2.01). This has proven to be a particularly challenging target for the following reasons: historically, many of the previous providers only undertook antenatal checks on 'targeted' families, which accounted for approximately 10% of the overall cohort; acute hospitals have not always notified ECFWS of verified pregnancies or when they do they might be too early or too late in the pregnancy to make contact. A number of actions have been put in place to prioritise this KPI.

- 6.6 At June 2018, 98% (target of 96%) of checks, including emotional wellbeing of mothers were undertaken when baby is 10-14 days old with exceptions removed. (KPI 2.02)
- 6.7 At June 2018, 97% (target of 96%) of checks undertaken when baby is 6-8 weeks old with exceptions removed. (KPI 2.33)
- 6.8 At June 2018, 81% (target of 90%) of 1-year review assessments were conducted once exceptions were removed; North East and Mid Essex Quadrants exceeded the target but West Essex and South Essex failed to achieve the target. Low staffing numbers in these quadrants have contributed to under achievement. (KPI 2.34)
- 6.9 At June 2018, 89% (target is 90%) of children have received a 2-2.5 year check. (KPI 2.35)
- 6.10 As from July 2018, across Essex there are 85,355 children aged between zero and 4 years old and 233,439 aged between 5 and nineteen. Of these there are 124,238 primary school-aged children and 78,867 secondary school-aged children registered with ECFWS.
- 6.11 In 2017-18, across the 450 primary schools in Essex, there 16,499 primary school in Reception and 15,860 in Year 6 (32,359 total). As part of the National Child Measuring Programme (NCMP) ECFWS undertook height and weight measurements of 31,602 (97.7%) with 8,201 (97.9%) from Mid, 6,897 (97.5%) from North East, 9,656 (98.1%) South and 6,848 (96.9%) from West Quadrants. Please note that these figures are subject to change as they were gathered before the school year ended.
- 6.12 In West Essex, all waiting times targets relating to children's community health provision have been met since January 2018. This includes, for example: paediatrics, speech and language, continence, physiotherapy.

7. Infant feeding

- 7.1 Breastfeeding is not only a source of nutrition it has lifelong health benefits for mothers and babies. Research has proven that breastfeeding can protect long term health, reduces the risk of diabetes and obesity in children and for mother reduces the risk of breast and ovarian cancer and reduces the risk of osteoporosis.
- 7.2 ECFWS has committed to instilling Unicef's Baby Friendly Initiative across Essex, by protecting, promoting and supporting breastfeeding and close, loving parent-infant relationships.
- 7.3 In 2017-18, 41% new mothers were contacted and offered breastfeeding support within 2 days of giving birth. ECFWS is dependent on the acute hospitals' providing notification of the new birth within the 2-day target period. Of the 41%, 31% were exclusively breastfeeding and 10% partial breastfeeding. (KPI 2.30)
- 7.4 In 2017-18, 51% of new mothers were breastfeeding at 2 weeks from giving birth. 38% were exclusively breastfeeding and 13% were partial breastfeeding. In June 2018 this increased to 63% and is above target (KPI 2.23)
- 7.5 In 2017-18, 38% were breastfeeding at 6-8 weeks with 27% exclusively breastfeeding and 11% partially breastfeeding. In June 2018 the number of mothers exclusively breastfeeding increased to 34% and is above target. (KPI 2.25)

- 7.6 Breastfeeding rates across Essex are above target and slightly higher than national averages, however South Essex is below the national average and is an area specifically targeted for improvement.
- 7.7 A number of initiatives have been launched to improve breastfeeding rates, including: training Breastfeeding Champions in each quadrant, roll-out of the 'Breastfeeding Welcome' initiative for businesses, development of the 'Baby Beginnings' social media campaigns on Facebook and Twitter.

8. Family support interventions (Registration and Reach)

- 8.1 The performance of Children's Centre providers was historically measured by the number of families 'registered' with a particular Children's Centre and the number 'reached' for particular support interventions, either in the centre or outreached to their home. There were targets set for the number of families to be registered and the number to be reached, with specific targets for families fulfilling certain vulnerability categories.
- 8.2 During 2017-18, whilst transforming and developing ECFWS, it was necessary to dual-run eStart and SystmOne for recording the number of families registered and support interventions provided (reach).
- 8.3 The Essex County Council-run eStart system has been the primary source of information used for performance management in relation to family support interventions by Children's Centre providers. The absence of activity from eStart, which staff had begun to report on the SystmOne provider-managed system, negatively skewed the overall performance of the new integrated service and in December 2017 Commissioners issued Virgin Care and Barnardo's with a formal Contract Performance Notice.
- 8.4 In subsequent contract-related meetings an agreement was reached between the parties to allow Virgin Care and Barnardo's to integrate data from the two reporting systems to provide a full and accurate picture of performance across 2017-18.
- 8.5 In February and March 2018 Virgin Care and Barnardo's undertook a complex piece of work to merge data from the two systems to reflect the performance of the whole service.
- 8.6 Overall, in 2017-18 the new service oversaw a 7% decrease in family support interventions across Essex compared against 2016-17 figures.
- 8.7 Virgin Care and Barnardo's have attributed the small reduction in performance down to the significant service transformation undertaken in 2017-18. This includes entire workforce change consultation and restructure, change in model of delivery, closure of 12 children centre sites immediately before the contract commenced in April 2017 and staff vacancies following the change process.
- 8.8 An action plan that is in place to improve performance is reported to Commissioners at the monthly Service Performance and Quality Review meeting. All Registration and Reach data is expected to be reported from SystmOne from April 2018, thus removing the need for data merging in future. However, due to a delay in ratifying the associated contract variation between Essex County Council and Virgin Care staff are behind in uploading data into SystmOne. This has artificially reduced reach figures for the first quarter but this is improving, particularly as historic data is

uploaded and new users of SystmOne become more adept at using the program. A further piece of work is underway to agree a new definition of reach to capture the activities of the new integrated service and is expected to be completed by September 2018.

- 8.9 Essex County Council has placed a high expectation on ECFWS to help communities to take ownership and become more active in addressing health and social care issues. This is loosely referred to as community 'asset building' or 'resilience building'. Whilst all staff working in ECFWS are actively promoting community resilience during individual and group contacts it is Community Engagement Workers who are strategically developing a range of community-owned and community-led activities at a district level. It needs to be recognised that the increasing success of such schemes will conversely result in a reduction in reach activity figures.
- 8.10 For the spring term (2018) there were 4,383 children eligible for Free Early Education Entitlement for 2-year olds (FEEE"). 2,905 (66%) were registered with the service on Essex County Council's e-Start system, 1,673 (38%) had been 'reached' and a total of 3,139 (72%) took a placement.
- 8.11 100% of under 5s of the under 5 population living in the reach area now registered due to a single record being used. The target is 80%. (KPI 2.45)

9. Safeguarding and Looked After Children

- 9.1 ECFWS has heavily invested in Safeguarding and Looked After Children (LAC) provision across Essex with dedicated teams of each specialty in each quadrant that is resourced in accordance with The Royal College of Paediatrics and Child Health's Safeguarding and Looked After Children Intercollegiate Documents.
- 9.2 The Safeguarding and LAC provision and delivery model significantly differs from that which existed before April 2017, by offering a consistent and equitable service across Essex, that is accessible for all staff at all times due to the removal of organisational, contractual and geographical boundaries.
- 9.3 100% of staff have completed Level 1 Safeguarding Children Awareness training, 93% have completed Level 2 training and 93% have completed Level 3 (This would be 99% by removing those who are exempted such as on maternity leave). Training on Workshop to Raise Awareness of Prevent (WRAP), which aims to address all forms of terrorism and non-violent extremism in young people is at 77%. A new e-learning programme was launched in May and it is anticipated completion rates will increase significantly over the summer.
- 9.4 Year-to-date, 99% of Section 17 and 49 requests were responded to within the targeted time (2 working days and 1 working day respectively). (KPI 2.12)
- 9.5 Year-to-date, 100% of case conferences requested by Essex County Council's Social Care Team was attended by a staff member from ECFWS. (KPI 2.13)
- 9.6 Year-to-date, 97% of Looked After Children aged 0-5 years have had a 6-month Review Health Assessment. (KPI 2.19)
- 9.7 Year-to-date, 99% of Looked After Children have immunisation. (KPI 2.20)

10. How service users are engaged, listened to and responded to

- 10.1 ECFWS formally engages with, listens to and learns from service users using a range of different methods, including; Citizens' Panels, 'You Said, We Did', NHS Friends and Family Test and responses to Complaints & Compliments.
- 10.2 A campaign for actively seeking and responding to feedback from individual service users – known as You Said, We Did – has resulted in service improvements. For example, in December 2017 new mothers said they needed more breastfeeding advice in the maternity unit at Colchester Hospital. Seven Healthy Family Support Workers were subsequently given breastfeeding support training and provide immediate assistance to new mothers, which has had a considerable impact and received positive media coverage. In March 2018, parents attending Brambles Family Hub in Epping suggested it provide a community notice board to advertise jobs, services and activities to share information. This has encouraged connectivity amongst parents and their communities.
- 10.3 ECFWS applies the NHS Friends and Family Test whereby service users are encouraged to complete the main question and add optional comments. The main question is: How likely are you to recommend this service to a family member or friend? The options are: Extremely Likely, Likely, Neither Likely or Unlikely, Unlikely, Extremely Unlikely, Null or Not Given. Responses can be made on paper returns, by logging onto an online response tool, or by SMS text. The majority of responses for the ECFWS are on paper. Responses are anonymous unless the person giving feedback chooses to include identifiable information. Each month a quality report is submitted to Commissioners which includes scores and comments. Between October 2017 and June 2018 there was an average of 700 responses per month for the pre-birth to 19 component of ECFWS. In June 2018 there was a record high 940 response with 785 Extremely Likely, 135 Likely, 9 Neither Likely or Unlikely and 5 Unlikely to recommend the service to a family member or friend. An example of one of the many comments received from a parent in Mid Essex Quadrant in June 2018 stated: *My experience so far is I've had great continuity meeting the same professionals in the home and at Heybridge drop in session. The ability to contact these professionals via text is a great service as well as the ability to contact the main office for advice.*
- 10.4 From April to December 2017 there were 5 formal complaints relating to the Essex County Council-commissioned part of ECFWS (4 in Chelmsford and 1 in Colchester). From January to June 2018 there have been 4 formal complaints (1 in Chelmsford, 1 in Chigwell, 1 in Colchester and 1 in Thundersley). General themes to emerge related to poor communication and professionalism from Health Visitors and requests for children to be excluded from the National Child Measuring Programme not being actioned.
- 10.5 Since taking on the contract, Virgin Care and Barnardo's have received a number of pieces of positive feedback from service users about the good services they have received. Often these are by way of letters or emails to local managers or to the Customer Services desk. A large proportion of compliments received relate to the care and attention provided to families by individual members of staff who have gone over and above their call of duty. The following example received in June 2018 from a mother in Braintree illustrates the type of feedback:

I would like to praise the wonderful support and care myself and my young family have received from our amazing Health Visitor, XXXX.

She has gone out of her way to visit us frequently, supported me through my post natal anxiety, provided a listening ear and she strives to solve

any problems we have encountered along the way following the birth of our second son in April. She is caring, approachable, completely professional and always come equipped with everything we could possibly need during her visit. For example, just in one visit today, XXXX was able to provide me with a contact for referring myself for assistance with my anxiety, completed an anxiety questionnaire for me, offered to contact my GP to request medication for an ongoing breastfeeding infection, demonstrated to me how the plates of a newborn's skull come together to ease my worries about an anomaly I thought I'd discovered with my son (and show me pictures on her laptop). In addition she measured and weighed my son and provided comfort and reassurance throughout her visit. I really feel like I'm talking to a family member! She is absolutely one in a million, and has made the transition into having two children so so much easier for me. I am beyond thankful for her, and just wanted to express my thanks and appreciation.

In addition, my firstborn son adores her!

Many thanks and best wishes,

- 10.6 Virgin Care provides all staff working with ECFWS with the opportunity to apply for grants from its *Feel the Difference* fund to address particular need in a given area. The Feel the Difference Fund is a £100,000 ring-fenced fund reserved for empowering staff to deliver improvements they have identified locally. Small or big, applications to the fund can be made by anyone at any level within the organisation. This has extended to Barnardo's employees working in ECFWS. Applications are considered by a panel of peers and Citizens' Panel members from across Virgin Care. Examples include; a School Nurse in Basildon received £400 to procure the National Behaviour Support Service's *Why Try* programme for a targeted group of young people to address areas of truancy, behaviour, and academic commitment. A Children and Young People Practitioner working in Braintree received £3,000 to run a cookery club focusing on the health gains from basic nutritious ingredients for local families on small budget.

11. Workforce

- 11.1 There are approximately 800 paid employees and 67 volunteers working in ECFWS.
- 11.2 As part of the integrated pre-birth to 19 (Essex County Council-commissioned) part of the service, 420 staff are employed by Virgin Care in roles such as School Nurses and Health Visitors, and 265 staff are employed by Barnardo's in roles such as Healthy Family Support Workers and Assistants, Family Hub Coordinators, Volunteer Coordinators, School Engagement Workers and Community Engagement Workers.
- 11.3 As part of the children's community health (West Essex CCG-commissioned) element of the service, there are approximately 100 staff working in roles such as Paediatricians, Community Children's Nurses, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Dieticians and Allergy specialists.
- 11.4 By working closely with Essex County Council's Leaving and After Care Employability Officers, ECFWS has begun to recruit young people who are preparing to leave the Looked After Care system into apprenticeship administrator roles. Two are expected to be in post by August 2018.

- 11.5 By transforming the service the majority of staff have had to adjust to considerable changes since October 2017, including job title, job role, office location, team membership, line manager, computer systems and an overall shift in the service delivery model they are working in. Most Healthy Family Teams have worked through these changes and have evolved and stabilised. A small number of teams that have found the transition difficult have been given additional management support and time to help move them into a steady state.
- 11.6 Critical to the success of the service has been the investment made to develop first-line senior leaders, many of whom were new to management positions. A seven module leadership programme was rolled out in October 2017 that aims to equip them with the skills and competencies required for their roles.
- 11.7 A comprehensive Training Needs Analysis has been undertaken to ensure the workforce are invested in to remain abreast of current practice. For example; ABCD (Assets Based Community Development) training was specifically funded for Community Engagement Workers and Volunteer Coordinators.
- 11.8 Virgin Care and Barnardo's hold quarterly Workforce Partnership Forums with elected staff members and union representatives to listen and address issues that are raised and to provide early sight of proposed changes and service developments.
- 11.9 ECFWS held a series of pre-service redesign staff consultation exercise and post launch Listening Weeks and Away Days to hear the views of staff and to adjust the service delivery model accordingly. The Away Days have been used as opportunities to thank and celebrate the achievements of all staff involved in the development of the ECFWS and to recognise certain individuals who have displayed leadership characteristics and innovative approaches in developing the service. The Listening Week conducted in October 2017 resulted in formal Whistleblowing investigation into Health Visitor staffing levels across the service. A report was published and findings were communicated to staff.
- 11.10 The main concerns raised by staff since the new integrated service was launched are: a) the number of School Nurses and / or Health Visitors allocated to specific areas, b) the change in job title of Nursery Nurses to Healthy Family Support Workers, c) the maintaining and protection of professional identity, d) the user-friendliness of IT clinical templates, and e) the space and suitability of estates in particular areas. ECFWS is addressing these points where it can and has, for example, established an Estates Improvement Group, ran a School Nurses conference on 11th June 2018 and flexibly reassigned vacancies to differed roles to address identified shortfalls.
- 11.11 To help develop the unique identity of ECFWS, staff fed-back that it should have bespoke branding, which has been developed. For example, a new badge lanyard was issued to staff in late July that has replaced Virgin Care and Barnardo's branded ones.
- 11.12 Health Visitor vacancies in Basildon and Epping are adversely impacting on the ability of ECFWS to meet local need. Both areas border London, which means the staff turn-over rate tends to be higher in these areas as staff seek London Weighting pay supplements by choosing to work in London boroughs. ECFWS (Virgin Care) have introduced pay incentives in these areas and in the week commencing 9th July eleven new Health Visitors were appointed. It is of particular interest that a number of Health Visitors who resigned before the service was redesigned have re-applied to return. Nevertheless, to pre-empt further turn-over, ECFWS has accepted 5 Health

Visitor students funded by Health Education England and a further 5 funded by Virgin Care. They will complete their training and be ready for employment in August 2019.

- 11.13 Team meetings, joint training activities and team building activities have strengthened relationships between professionals in Healthy Family Teams.
- 11.14 A monthly newsletter is circulated to staff sharing good news stories, recognising individual and team achievements and informing staff of new developments.
- 11.15 In June 2018 Virgin Care and Barnardo's conducted their respective confidential staff surveys and the results have just been circulated by the independent survey companies and are still to be analysed.

12. What is planned for the year ahead

- 12.1 ECFWS intends for year two of this contract to be a period of stability and consolidation. Staff working in their respective teams are still adjusting to the change and the new ways of delivering care, as defined in the respective new standard operating procedures. There will be a particular emphasis on building togetherness and team working culture in the respective Healthy Family Teams.
- 12.2 A particular area of focus will be for the delivery of the 27 outcome measure KPIs, in this the pilot year. Significant staff development is underway to imbed new ways of working to achieve these outcomes and in doing so make a distinguishable improvement to the lives of children and families in Essex.
- 12.3 The unique opportunity this contract provides specifically in West Essex will lead to further service developments, particularly in relation to the added benefits derived from the development of the Journey to Autism Diagnosis and Early Support (JADES) pathway as well as for dietetics, continence and allergy clinics.
- 12.4 ECFWS will continue working with partners across Essex to design a system-wide response to current and emerging issues facing young people such as the criminal exploitation of children, including drug trafficking and sexual exploitation of children, and the emotional wellbeing of school-aged children.

END

ATTACHMENTS

- 2017-18 Annual Quality Account (submitted to the Department of Health and Social Care)
- June 2018 Staff Newsletter

Virgin Care

Essex Child and Family Wellbeing Service Quality Account

Services delivered in Essex by Virgin Care Services Limited

Contents

4 PART ONE

Essex Child and Family Wellbeing Service Quality Account

Important note about this document

Executive Summary

Review of the services provided

Managing Director's Introduction

Director of Children's Services Introduction

Clinical Director's Introduction

About Virgin Care

Key successes and innovations delivered in 2017-18

18 PART TWO

Achievement of priorities for improvement in 2017-18

Priority 1: Ensuring service quality, safety and enhancing user experience:
Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

Priority 2: Robust governance: fostering Safeguarding and quality assurance processes which are standardised across the business.

Priority 3: Continue to be recognised as an outstanding employer

Priorities going forward in 2018-19

How Virgin Care identified its priorities for 2018-19

Priority 1: Ensuring service quality, safety and enhancing user experience:
Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

Priority 2: Robust governance: fostering Safeguarding and quality assurance processes which are standardised across the business.

Priority 3: Continue to be recognised as an outstanding employer

Taking part in national, local and clinical audits

National Clinical Audit Participation: Community Services

National Safeguarding Audit

Other clinical audit programmes

Virgin Care Research Statement

Current research activity

- Publications
- Learning from deaths
- Statements from CQC
- Internal Service Reviews (ISR)
- Safeguarding Statement
- Statement on the accuracy of our patient data
- Errors introduced into patient notes
- Local initiatives to improve data quality
- Information Governance Toolkit Attainment Levels
- Duty of Candour Statement
- 'Sign up to Safety' Statement
- NHS Staff Survey
- Delivering high quality services
- Star of the Year awards
- External awards
- Training and Development by The Learning Enterprise (TLE)
- The BETTER Map
- Feel the difference
- Customer Experience Team
- NHS Friends and Family Test
- Indicators of quality performance

57 PART THREE

- Community Services Performance
- Report.....
- Medicines Optimisation Statement
- Comments by co-ordinating Clinical Commissioning Group

64 APPENDICIES

- Glossary of terms

Part one

Important note about this document

Within this document we proudly present our inaugural Quality Account relating to the services we deliver as part of the Essex Child and Family Wellbeing Service (Essex C&FWS). Virgin Care Services Limited (Virgin Care) commenced delivery of this service in April 2017 and is the prime provider meaning we provide some services but also sub-contract with other organisations to provide specific services or roles, mainly with Barnardo's, the provider arm of the children's charity.

It is important to note when reading this document that we would not have been able to deliver many of the services changes and improvements without the support of our commissioners, the hard work and dedication of our staff and the commitment to partnership working by our sub-contractors and other providers in our community.

This Quality Account is published by and is the responsibility of Virgin Care. Throughout this document however, services to which it applies may be referred to as the **Essex Child and Family Wellbeing Service (Essex C&FWS)**, which includes integrated activities carried out by Virgin Care and Barnardo's colleagues as well as the children's community health services delivered only by Virgin Care and only in West Essex.

Barnardo's is not an independently registered NHS healthcare provider and is therefore not required to provide a Quality Account.

Executive Summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This Quality Account covers the services provided by Virgin Care.

Virgin Care delivers services on behalf of our Commissioners Essex County Council and West Essex CCG in Essex - and is one of a number of providers of health and care services locally. This document is a demonstration of Virgin Care's commitment to providing the best quality community healthcare services to children, young people and families in Essex. Quality Accounts are an opportunity for the organisation to reflect and take stock of what has been achieved and to plan for the coming year. It also provides the opportunity to recognise and appreciate the achievements from our dedicated and hard-working colleagues who deliver services every day, in continuing to improve services.

This document contains a great deal of information on the quality of Virgin Care services, and the information has been arranged into the three specific areas as defined by the Department of Health and Social Care: safety, clinical effectiveness and patient experience. Virgin Care has used information gathered for this report to examine its performance and to set priorities for the coming year and in doing so, making sure our priorities reflect the needs of the children and families of Essex who use and need our services. Virgin Care has involved different groups to help compile this report, including people who use services and community representatives, commissioners, partners and frontline colleagues.

If you would like:

- A hard copy of this quality account, or a copy in another language please contact our Customer Experience Team on **0300 303 9509*** or email **customerservices@virgincare.co.uk**
- To talk to someone about your experience of our services or would like to know how to find one of our services, our 'Here to help' team will speak with you in confidence on **0300 303 9509*** or by email: **customerservices@virgincare.co.uk**
- To give us feedback on any aspect of this document – please email **communications@virgincare.co.uk**, or speak to our Customer Experience Team on **0300 303 9509***

*030 numbers are charged at the same rate as 01 and 02 numbers and are usually included in free minutes bundles. If you would prefer, please send us an email or a text and we will call you back.

Review of the services provided

The services provided within the Essex C&FWS include:

Essex County Council (ECC) commissioned services

ECC commission the delivery of pre-birth to 19 years integrated child and family services which are made up of services previously known as: 0-5 Healthy Child Programme; Healthy Schools Programme; 5-19 Healthy Child Programme and management of Children's Centres (now known as district Family Hubs and satellite Healthy Family Delivery Sites).

All of these activities are now collectively known as the Essex Child & Family Wellbeing service and are delivered across the whole of Essex (with the exception of unitary authority areas such as Southend-on-Sea and Thurrock).

Services are delivered and managed within four Essex quadrants:

- Mid (Braintree, Chelmsford, Maldon)
- North East (Colchester, Tendring)
- South (Basildon, Brentwood, Rochford, Castle Point)
- West (Harlow, Epping Forest, Uttlesford)

Children and young people can access the services up to the age of 19 years or up to the age of 25 years if they have Special Educational Needs and Disabilities (SEND).

All services are provided by integrated, geographically based Healthy Family Teams which include colleagues from both Virgin Care and Barnardo's.

Services delivered in the ECC commissioned PB-19 service include:

Health Visiting

- Largely home or Family Hubs and satellite Healthy Family Delivery Sites based mandated checks e.g. ante-natal contact, new birth and six to eight week assessment, one and two and a half year checks
- Health Visitors work with children and families from notification of antenatal at 28 weeks (or earlier if vulnerable).
- Additional care may include support around, for example, Sudden Infant Death Syndrome, or maternal mental mood assessment
- Ante-natal to 8 years support, advice, and signposting, including around safeguarding issues

School Nursing

- Largely school-based support, advice and signposting for children and young people aged 8-19 years, including around Safeguarding issues, mental health and PSHE (personal, social and health education).
- Continued support to young people up to 25 years who have Special Educational Needs and Disabilities (SEND), ensuring a smooth transition to adult services

Family support interventions

- Delivered from district-based Family Hubs and satellite Healthy Family Delivery Sites as well as in families' homes.
- Available to all families but with a particular focus on vulnerable children and families (priority groups), including those under 5 years who need early support and help to be 'school ready'.
- Largely delivered by Healthy Family Support Workers and colleagues from partner agencies who are hosted to deliver services from Family Hubs and Healthy Family Delivery Sites.
- Includes a range of activities including one-to-one and child and/or parent-centred groups.

Safeguarding Children Team

- Work within a standalone team that is embedded in each of the four quadrants, providing specialist support, advice, training and supervision to colleagues in Essex C&FWS in relation to Safeguarding and child and family protection.
- Oversee the attainment and maintaining of improved quality in service provision in relation to Safeguarding from assessment of findings in serious case reviews and local investigations.

Looked After Children Team

- Work within a standalone team that is embedded in each of the four quadrants and provide pathways of care for Looked-after Children and Young People and Care Leavers up to 19 years of age, including Looked After Children Initial Health Assessment (IHA).

Healthy Family Team Colleagues

Any or all of the above colleagues may offer support to families, including working with them on, for example:

- Parenting Support: e.g. breastfeeding support, school entry review, childcare confidence support, support for expectant mother and father
- Family Health: e.g. substance misuse (parents), contraception advice, nutrition support, mental health (maternal & infant), smoking cessation
- Resilience and Development: School readiness and preparing children for learning (including support for FEEE2 children), Domestic Abuse support, returning to work, accessing Education, Training and Employment (ETE), Safeguarding.

West Essex CCG commissioned services

In addition to the ECC commissioned services as listed above, West Essex CCG commissions the following services which are delivered within the West Essex (WE) Quadrant only, these services are also offered to young people up to 25 years who have Special Educational Needs and Disabilities (SEND), ensuring a smooth transition to adult services :

Community Paediatrics	<ul style="list-style-type: none"> Community developmental medical advice delivered by Consultant Paediatricians, Specialty Doctors and a Clinical Psychologist Primary focus on developmental diagnostics, advice and treatment, including those related to Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). SEND Designated Medical Officer Named Doctor for Safeguarding
Children's Community Speech and Language Therapy and Dysphagia Service	The Paediatric Speech and Language Therapy service provides assessment, diagnosis, treatment, support and advice for children and young people with speech, language, communication and swallowing difficulties
Community Paediatric Physiotherapy and Occupational Therapy	The Community Paediatric Physiotherapy and Occupational Therapy services provide assessment, diagnosis, treatment, support and advice for children and young people with physical, neurological, perceptual or sensory difficulties
Children's Community Nursing Service	<p>The Children's Community Nursing service provides community paediatric nursing support to children, young people and their families who have a range of health and medical needs, including providing:</p> <ul style="list-style-type: none"> Domiciliary nursing procedures to children with acute or long-term health conditions or end of life care being managed at home
Specialist Paediatric A& E Liaison Service	Specialist Paediatric A&E Liaison nurse collects information regarding children, young people and their families who have had an attendance at A&E for a medical health need. This information is shared with the relevant health professionals in EC&FWS to offer additional support and care.
Specialist School Nursing Service	Specialist school nursing delivered to children with health or medical needs attending the three special schools in West Essex.
Children's Community Continence Service	The Paediatric Continence Advisory Service provides assessment, support and advice for children and young people with health related continence issues.
Children's Community Dietetics	The Paediatric Dietetics Service provides assessment, treatment, support and advice for children and young people with a range of eating, drinking, nutrition and dietary related health needs.
Children's Community Allergy Clinic	The Paediatric Allergy Advice Clinic is a newly commissioned service which provides assessment, treatment, support and advice for children and young people with a range of needs relating to allergy.

Essex Healthy Family Team Service Delivery Model



Managing Director's Introduction

We began providing children's services across Essex in April 2017 and we have worked incredibly hard since then to lay the foundations and put in place the infrastructure required to deliver our integrated operating structure for our Essex Child and Family Wellbeing Service model, which launched on 01 October 2017.

We have already achieved much in the short time we've been providing these services and in this document we will present projects we've worked on so far and outline what we'll be working on in the year to come.

Over the past year I am particularly proud of the achievements we've made across our Essex Child and Family Wellbeing Service.

Over the next 12 months we move to a period of consolidation with our operational teams to focus on driving up quality and achieving the contracted outcomes for our families. We will continue to commit to ongoing service development in such programmes as the Autism assessment pathway in West Essex, CHAT Health school nursing texting advice line, community development plans particularly focussing on the needs of priority groups and in supporting eligible families take up free early education funding for 2-year olds, amongst others.

I would like to thank our colleagues who have demonstrated in this document the work we've done and for the work they will do over the coming year.

In putting together this publication we have sought feedback from staff and people who use services and I would like to take this opportunity to thank them for their input into the process.

I can confirm that, to the best of my knowledge, the data and information in Parts Two and Three of this report reflect both success and the areas that we have identified for improvement over the next 12 months.

Richard Comerford

Managing Director – Essex C&FWS
Virgin Care Services Limited

Director of Children's Services Introduction

I want to take this opportunity to thank and congratulate all staff and volunteers across this Essex partnership, who have contributed to the successes that have been achieved to date. The scale of change and innovation which has been brought about through this contract and the partnership between Virgin Care and Barnardo's is impressive.

I am delighted that this report represents and reflects the hard work that has taken place and demonstrates the positive impact of these changes. We are still in the early days of this contract and we know that there are further changes, tweaks and adjustments that will be made in the coming months and years. As we continue to evolve, we seek at all times to remain child centred in our approach, ensuring that all our activity is with the sole purpose of providing better outcomes for more children.

We look forward to the challenges ahead, fully aware that many authorities around the country are carefully watching our progress and holding us as a standard by which they themselves will be measured and compared.

Jonathan Whalley

Director of Children's Services
Barnardo's

Clinical Director's introduction

As Clinical Director for Virgin Care I am responsible for ensuring that the care we provide is safe, high quality and continuously improving and over the last year I am pleased that we have continued to make such a wide range of improvements for our patients, not just in their experience but also in continuing to improve the safety and quality of our services.

We achieve continuous improvement by having a well-defined and working clinical governance system in place. This means that we have strong clinical leaders working in partnership with managers and holding clear responsibilities, processes and systems to ensure we operate safely and that we monitor the quality of care delivered to our patients.

I would like to thank members of my Clinical Directorate, the local Clinical and Quality Leads and the Heads of Services for their involvement in providing the information which makes up this report. It contains many examples which show how we place an emphasis on quality and safe care, and react to patient and customer feedback.

We continue to work closely with our partners, the Care Quality Commission and other health organisations including the voluntary and faith sectors to demonstrate high standards.

We have further improvements planned for the next year, and I trust you will both enjoy reading this publication and provide us with your feedback on the changes we have planned.

Peter Taylor

Clinical Director, Virgin Care

About Virgin Care

Since 2006, Virgin Care has been on a journey to improve health and care services in England. Focused on delivering high quality care, good value and the fantastic customer service you'd expect from Virgin.

Virgin Care only provides services where it believes it can make a difference, with the vast majority of its services funded by the tax payer and free-to-use for local people.

Using innovative technology and investing in new models of care, Virgin Care delivers improvements and innovations to community and primary care services all across England.

Part of the Virgin Group and ultimately owned by Sir Richard Branson, Virgin Care has saved the NHS millions of pounds and improved services all across the country. 93% of people rating services run by the company say they'd recommend them to someone else needing a similar service.

Virgin Group has invested more than £30m in Virgin Care since 2010 and in January 2018, Sir Richard Branson confirmed that as and when Virgin Care makes a profit (over and above his original investment) all of that money will be re-invested back into NHS and Local Authority health and care services.

Virgin Care Services Limited and Virgin Care Limited are both rated 'good' by the CQC for community services they deliver, following inspections in 2017.

Which part of Virgin Care does this document cover?

Throughout this document the term 'Virgin Care' refers to services operated by Virgin Care Limited or a subsidiary company providing the Essex C&FW Service – in this case Virgin Care Services Limited (VCSL). As a national company, Virgin Care operates services in many areas and each area produces its own Quality Account. National achievements, where relevant, are included within the Quality Account for each area.

Find out more about Virgin Care at www.virgincare.co.uk.

Key successes and innovations delivered in 2017-18

Virgin Care Services Limited has achieved much over the last twelve months and colleagues have reported a great deal of pride in what has been achieved.

Overview of Essex Child and Family Wellbeing Service

In order to create and operationalise the new service model delivered as part of the Essex C&FWS, Virgin Care and our partners Barnardo's have undertaken a root and branch programme of transformation over the past 12 months. The overall objectives we achieved within our transformation plan were based on those found within our Commissioner's published service specification and are reflective of the ambitions laid down in our successful bid.

The transformation plan included the following projects:

1. A service restructure and workforce redesign programme which incorporated the merging of staff groups and teams from ten previous provider organisations and the integration of management functions and service delivery teams from Virgin Care and Barnardo's.
2. A large scale consolidation of estates incorporating a greater use of local delivery sites, partnership with communities to build resilience, and sessional events for hard to reach groups and rural communities.
3. The merging and updating of IMT hardware and software systems, with colleagues from the 10 legacy organisations now using the same electronic records which improves safety and removes repetition for services users.
4. The development, merging and delivery of new and existing systems, policies and processes, including caseload management, incident reporting, complaints, risk management, performance reporting and a review of overarching clinical governance, safety and quality monitoring.
5. Complete review of Safeguarding as little provision transferred into the EC&FWS in April 17 – looking to ensure that the staffing levels for Safeguarding and Looked After Children to meet the relevant national requirements
6. Community Development Plans, looking at the needs of each district and how the service can build local community involvement to provide the resilience for local people
7. Community Engagement Strategy to detail how to engage with each local area and increase the level of volunteers supporting a community and development of Citizens Panels for each district
8. The Allergy service in West Essex providing clinical advice, guidance and support to families and local GPs
9. Establishing the underlying activities to achieve the 27 commissioned outcome measures from year 3 (2019-20) of the contract.
10. Implementing new district-level Citizen's Panels and relaunching Family Hub (children's centre) Advisory Boards.

Many of these major changes are now in place and are running as 'business as usual', while others are nearing final sign-off and implementation.

The service has met with Commissioners to review, update and agree our overarching transformation strategy for 2018-19. A smaller, second round of workforce development is planned for the summer ahead as we continue to improve quality and meet national objectives such as the delivery of the Healthy Child Programme and the implementation of our commissioned Outcome Measures.

Essex C&FWS will continue working to improve pathways for accessibility to services. For example, we will be launching a Single Point of Access hub, introduce the Journey to Autism Diagnosis and Early Support ('JADES') pathway and open our 'Chat Health' support lines for school age young people.

Essex C&FWS will continue to strive to meet and exceed all CQC and OFSTED standards of care and quality by learning through regular self-assessment inspections, audits, and reviews of complaints / compliments, risks and incidents. We will develop improved processes to better monitor and meet national guidelines from NICE and current recommendations of professional bodies.

Essex C&FWS is planning to step up our current programme of child and family engagement, involvement and pursuit of feedback that includes Citizen's Panels, the recent re-launch of Family Hub (Children's Centre) Advisory Boards, Friends and Family Test, 'You Said, We Did' and our complaints system.

This section of the document includes highlights identified by Virgin Care's National Quality Team and colleagues working in the Essex C&FWS. These items have been split into the three key areas identified by the Department of Health and Social Care for all providers to focus on.

1. Safety/ensuring consistency in care
2. Clinical effectiveness
3. Experience of people who use services

Safety/Ensuring consistency in care

Introduction of the newly formed Safeguarding and Looked After Children operational structure, bringing together for the first time Safeguarding and LAC for children and families within the Pre-birth to 19 years services across Essex under one management structure, thereby allowing for closer working with partners across the County e.g. MARAC and Social Care.

Clinical Effectiveness

In our first year of operating all staff working in Essex Child and Family Wellbeing Service were able to use a single electronic patient information recording system (SystemOne). Before this point there were 10 different provider organisations with a mixture of electronic and paper recording systems, which meant families often needed to tell their story more than once. The ability to record and share information fluently amongst multidisciplinary professionals improves the speed, quality and safety of clinical decision-making, which is better for children and families and minimises clinical risk and reduces inefficiency and waste.

Experience of people who use services

We have introduced Citizen's Panels in each of our four Quadrants across Essex whereby families and the wider community have the opportunity to voice their opinions to shape the way in which services are delivered. Themes are collated for consideration by Quadrant-based management meetings and district-wide Family Hub Advisory Board.

Part two

Achievement of priorities for improvement in 2017-18

Virgin Care's core objective is to be the best community-based provider of care in England, with its stated purpose being *Everyone feels the difference*.

Each year, Virgin Care also identifies themes and goals for specific improvements to services. The below achievements reflect the work Virgin Care has completed against both its local objectives identified in last year's Quality Account and the work towards Virgin Care's overall objectives.

Priority 1: Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

The following activities and achievements demonstrate the Essex C&FWS's commitment to innovation and service developments which are aimed at improving the quality and safety of the services delivered to the children, young people and their families across Essex.

- One of the greatest, if most challenging achievements has been the bringing together of colleagues from a diverse and culturally distinct group of legacy provider organisations to create one coherent integrated service, the Essex Child and Family Wellbeing Service. Throughout 2017-18 Virgin Care and their partner organisations, principally Barnardo's, have worked hard to create an entity which has a clear common purpose, shared values and the highest standards and expectations of care for the people who use the services. This is an ongoing process but the Essex C&FWS is proud of the transformation that has been achieved to date.
- An example of a practical improvement to support the above integration is the development of joint communications which now links every Healthy Family Support Worker with a Health Visitor. This has led to more robust, safer communication processes and means that every family only has to say their story once, which is better for everyone involved.

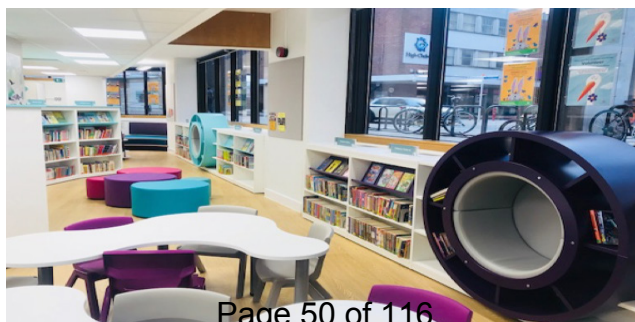
- The VCSL contract in Essex includes the delivery of measurable outcome based services. Essex County Council and West Essex CCG have commissioned 27 outcome measures which are due to be implemented with agreed Key Performance Indicators (KPIs) in April 2019. During 2017-18 a large amount of planning, negotiation and background work has taken place in order to create strong foundations on which the outcome measures and associated interventions will be built. This has included working closely with:
 - o A range of colleagues to research the outcome measures and produce Standard Operating Procedures (SOPs) and process maps for each outcome
 - o Children, young people and families to test the validity of proposed assessment tools for outcome measurement (baseline and progress following interventions)
 - o ECC and West Essex CCG commissioners to agree and sign off refinements to the wording and parameters of each outcome. As a result of these negotiations two outcomes measures are in the process of being merged to create a suite of 27 outcome measures from the original 28
 - o Systems analysts to set up the appropriate electronic reporting and recording processes

This work will continue throughout the coming year.

- In several geographical areas the Essex C&FWS has established an administration hub and instigated duty Health Visiting in each of family hubs, providing up to 50 hours a week in each district for support and advice when it's needed, thereby improving access and creating greater responsiveness and flexibility for families in moments of crisis, uncertainty or simply general enquiry.
- In order to improve the experience for families with young infants, Essex C&FWS have set up self-weigh baby sessions. These have reduced waiting times and freed up Health Visitors and Healthy Family Support Workers to conduct more meaningful discussions with people who need it. Some of the self-weigh sessions also have associated stay and play events, thereby increasing the choice of activities which offer opportunities for socialising with other families which helps to reduce isolation and provide peer support
- The Essex C&FWS has introduced Multi-Disciplinary Team (MDT) Supervision for complex cases to improve working integration and role awareness, alongside improved assessment and support for families. This has also led to greater opportunities for joint working and shared learning which will ultimately improve the rates of safety for the children, young people and families who use the services and who have Safeguarding needs.
- The Essex C&FWS has supported the development of a new Multi-Agency Risk Assessment Conference (MARAC) process. This has resulted in excellent feedback from the MARAC membership and improved overarching processes across several teams.
- The Essex C&FWS is engaging with and encouraging participation from people who use the services, stakeholders and the public. A role promoting 'Family Voice' – recording of experiences related directly by people who use the services – has been appointed to.

- In addition, Citizen Panel activities have taken place in all four quadrants. The Citizen Panel is described as A group of residents who help shape services by offering their views and insight into what matters to them, and what their priorities are
- The Essex C&FWS is committed to increase the number of volunteers and develop their skills to provide support for their local area
- Virgin Care has recently set up an Essex C&FWS website which includes a wealth of information about the services on offer and signposting to related services. It has received a large number of 'hits' which are continuing to grow. It allows services users to search for services close to them by using their postcode or key words
- The Essex C&FWS has organised the Healthy Schools Awards System, including hosting two very successful awards events in March 2018
- As part of the Virgin Care commitment to providing accessible and high quality locations that benefit children, young people and families, a programme of estates consolidation has taken place for both office bases and service delivery sites. Health services have been moved away from health care settings into the local community delivered from Family Hubs and delivery sites to help support integrated and multi-agency working, increase footfall, reducing duplication of work and always ensuring the most appropriate EC&FWS is working with the family and available when and where services users need them

As the new locations become established, some have been refurbished and others will undertake improvement over the coming year. An example of this, as well as of Virgin Care working together with other agencies and stakeholders, is the remodelling of Chelmsford Library. This was the result of a joint bid with the library to improve the children's area and to make it a joint hub including a sensory area (which is ASD friendly), and a dedicated space for confidential one-to-one consultations and clinical delivery. Together we have created a space that enables staff to work together to ensure that the community have access to a full range of services which support children's learning, health, wellbeing and cultural enrichment



- Essex C&FWS has been working with Home Start and is successfully delivering wellbeing groups in rural districts which include a counsellor available for 1-1 sessions; and Elpitha help and support for mums with PND (post-natal depression) – this is an effective, evidence based programme which includes CBT(cognitive behaviour therapy). Homestart work across Mid / West / South Quadrants; (Homestart NE covers the NE and offers similar services)

In the West Essex CCG commissioned specialist services:

- The Community Children's Nursing service has been working on high impact areas with an aim of reducing GP visits and admission to A&E/or hospital. The service is also rolling out the information to the PB-19 workforce in order for them to be able to work with families who use the services in supporting them in managing their children's healthcare needs at home when appropriate and how to identify when recourse to the GP or A&E would be recommended
- The service has improved the paediatrician waiting times and put in a clear policy for DNA's to reduce waste (DNAs cost £120 each on average)
- Paediatric therapy waiting times have also been reduced
- A process of peer review and observation has been set up in paediatric therapies
- Working with commissioners, Virgin Care has managed the introduction of a community based paediatric allergy service. This supports the avoidance of unnecessary attendance at acute settings when it can be managed locally under the guidance of a dietician. Virgin Care have also introduced community children's services allergy champions in West Essex so that PB-19 services colleagues are able to offer front line advice which helps to prevent tier two testing
- There has been a complete service review of the West Essex Paediatric Liaison Service, which is now working to improve communications between the acute hospital and the community services, ultimately to support parents/carers in the healthcare management of their children who have experienced a visit to hospital

FAMILY VOICE –

Received by the West Essex Paediatric Physiotherapy Manager February 2018

When my son J was 1 he was diagnosed with muscular dystrophy and we were warned he probably would never walk: may not be able to eat solid food and we could lose him anytime from when he was 15 and there was nothing that could be done to help him – this is very difficult news for a loving parent to hear but we never gave up on J. All the physio he received and his hard work paid off because when he was 5, he took his first step and even now is still able to walk, albeit only approx 15 metres, but he is still on his feet and working hard to keep his independence and mobility.

Sadly, he also developed scoliosis and his curve progressed to 89 degrees, so in August 2015 he had spinal fusion from T2-L4. We were warned of the many possible complications but J's lungs were being compromised, so we had little choice but to go ahead with the operation, which thankfully was a massive success. Since the surgery, he has made slow progress with his mobility which we are thankful for – however there are two things that have really helped James - the first being the hydro sessions held at St Margaret's Hospital where the physios at the pool were excellent! They were so professional, encouraging and attentive to J and the other children in the pool, giving them advice and encouraging them to beat THEIR OWN reps/exercise time from the weeks before – the children could see their individual progress and J especially took this challenge really seriously. The hydro sessions were invaluable – thank you.

The second time we noticed a real improvement in J was when H [physiotherapist] first assessed him in January 2018. We had been following the same program for over 18 months with no progress but we thought this was because of the MD and the surgery, however, H gave us a very different set of exercises to implement with J and the difference is incredible. She kindly came back just 3 weeks later and was pleased with his progress and gave us further exercises to add to his program – she also offered to attend a gym with J to build a program that he could take forward to build his stamina as well as his strength. J's older sister, who is almost 22, has the same condition so we have had very many physios but there are three that have really made a difference to my children – A, J and H. We are so incredibly grateful that H has taken over as J's physio, she is incredibly knowledgeable, progressive, professional and kind and the improvement we have seen in our son in such a short time is simply amazing.

I have personally thanked H but the difference in my son is so immediately noticeable I would like to highlight this but not sure how to go about it. Please pass our personal thanks on to H and please recognise this unique commitment and achievement as J was static for over an 18 months but her input has made such an improvement to my son.

Priority 2: Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.

Virgin Care Nationally

- Virgin Care's Medicines Management team have completed their five year strategy and have refined their national audit (see 'Medicines management statement' in Part 3).

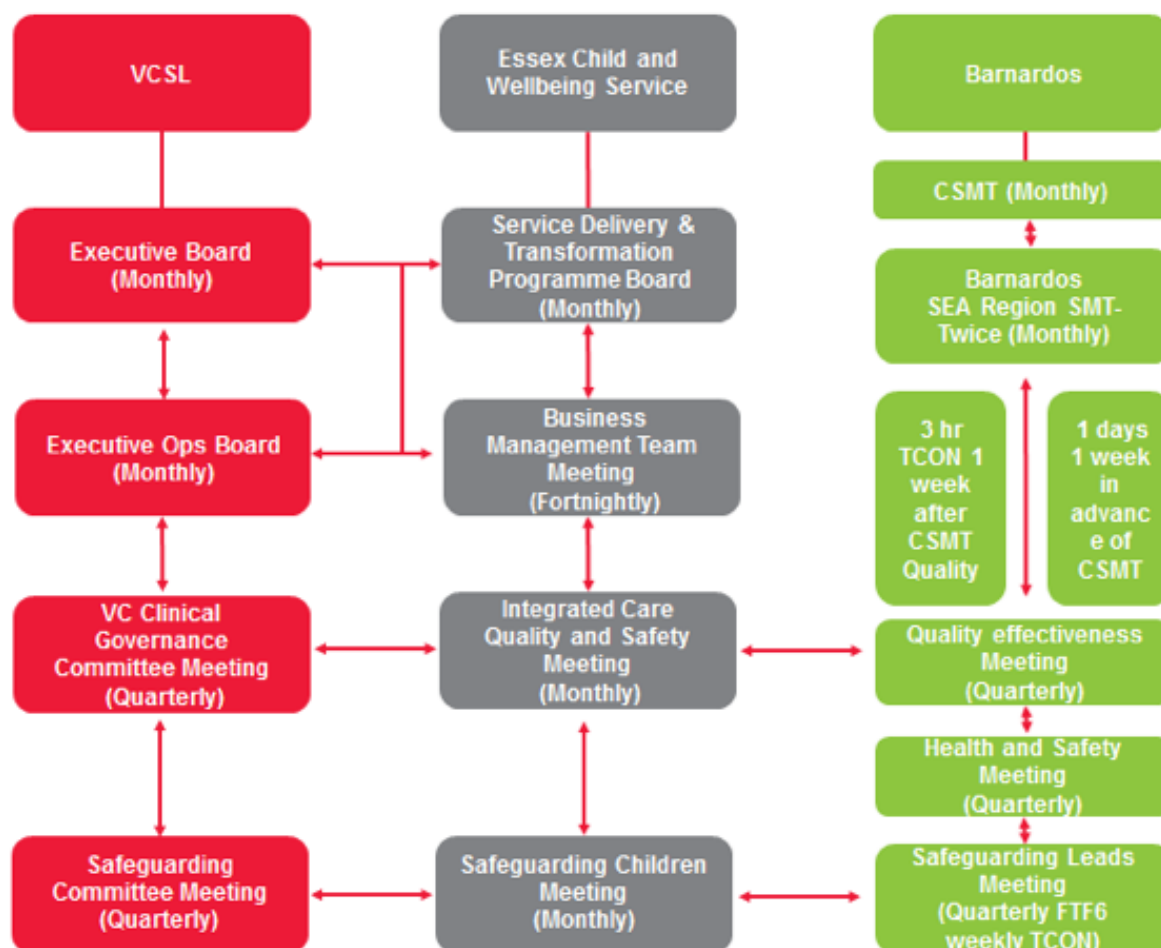
Essex Child and Family Wellbeing Service

- A priority for the Essex C&FWS at the point of mobilisation was to swiftly put clinical governance processes and pathways into place for reporting, monitoring, escalating and cascading issues and sharing learning. As part of the quality assurance framework, a monthly Essex-Wide Care Quality and Safety meeting was set up, followed by similar meetings within each of the quadrants in order to disseminate information effectively and robustly in both directions. The Essex-wide Care Quality and Safety group links with the Virgin Care Clinical Governance Committee where any issues can be escalated and support offered as appropriate by the national clinical governance and quality team. This includes the Clinical Director, Chief Nurse, and national leads for Safeguarding Children, Safeguarding Adults, Medicines Management, Quality, Regulation Compliance, and Health and Safety.
- There has been a review of the governance arrangements and procedures from both Virgin Care and Barnardo's and we have introduced a governance checklist for all new users of SystmOne who have come into the organisation.
- An Integration Handbook was created to support colleagues who were navigating different processes from two historically different providers. Included in this process was a 'buddy system' for Virgin Care and Barnardo's colleagues, which comprised arrangements whereby team leaders and other colleagues could pair with a colleague employed by the other organisation and who could help access to systems in order to aid processes such as ordering supplies, reporting incidents and complaints, and following HR processes such as recruitment and sickness management on behalf of their teams
- The service is in the process of bringing together policies and procedures from both Virgin Care and Barnardo's by completing joint Standard Operating Procedures (SOPs) and process maps which meet the requirements of CQC and OFSTED as well as the governance arrangements for both provider organisations. This has included the antenatal and new birth procedures and process maps detailing SystmOne user guides (for electronic record keeping and caseload management). By agreeing and consolidating the best practice policies and guidelines, and creating local underlying SOPs, the Essex C&FWS is committed to promoting a consistent and standardised approach to care quality and safety regardless of which team or location the people who use the services are accessing. Within this system it is acknowledged that there may be the need for some local differences in order to be responsive to specific areas of need, and this will be possible provided it is agreed by the senior team and all the governance requirements continue to be met.

- Alongside policies and SOPs, the Essex C&FWS has been working on allowing access to systems for both Virgin Care and Barnardo's colleagues in order to manage training, incident reporting and investigations and the management of complaints and risks
- Essex C&FWS has introduced a joint electronic record system (SystemOne) that enables all staff to safely share information both internally and externally
- Safeguarding children colleagues in the Essex C&FWS have overseen the development of a comprehensive and standardised Safeguarding supervision process with an improved model of reviewing themes to allow the identification of training needs within service and to support both the Barnardo's and Virgin Care workforce to ensure that all colleagues receive this in a timely manner.
- The services have undertaken Virgin Care national audits in Safeguarding, record keeping, medicines management, infection prevention and control, information governance data flow mapping and health and safety. We are also rolling out the Virgin Care Internal CQC Service Review – see later section in this document.
- Virgin Care business units are required to complete a monthly Clinical Governance Scorecard which includes items on incidents, Safeguarding, audit and peer review. The Essex C&FW services are now set up to record these processes and the results are monitored by the Virgin Care Clinical Governance committee on a quarterly basis.
- Virgin Care colleagues in the Essex C&FWS have been working with their counterparts in Barnardo's to ensure that all members of both organisations are familiar with the requirements of CQC and OFSTED, and training is underway to ensure all colleagues understand the imperative for compliance with the standards from the regulatory bodies.
- The Essex C&FWS Safeguarding leads have been working with central Virgin Care Safeguarding team on the development of a Looked After Children (LAC) policy which meets the needs of a range of service who work with LAC or care leavers.
- In some areas there has been the introduction of duty school nurses and the co-location of Safeguarding and LAC nurse. This means that representatives from management, clerical / administration, School Nursing, Health Visiting and healthy Family Support Workers are together in the same location. As a result, sections 47 or 17 or any other Safeguarding issues are dealt with speedily and have helped liaison with Safeguarding which considerably cuts down on the time frame for action. Social Care colleagues have praised the model because of the improvement in responsiveness and effectiveness.
- A new role of Essex C&FWS Lead Pharmacist has been appointed to and is currently working on many new initiatives, including creating new standard operating procedures related to medicines management, coordinating the flow of CAS alerts, overseeing action plans arising from the medicines safety audit and looking at revising the pathways for non-medical prescribing

Our aim as an integrated service is to ensure free flow of transformation, care governance

and quality across all three elements of Virgin Care, Barnardo's and the integrated Essex C&FWS. To this end we have a meetings structure as illustrated below in which escalation and cascade can take place regularly and transparently.



FAMILY VOICE –

Received by members of a Healthy Family Team December 2017 [sic]

Hi, hope everything's going well for you and you're looking forward to your Christmas break! The girls have been doing so well this year. K is doing amazing with her school work and has managed to catch up with a whole year's worth of school work; she is doing fantastic in maths! Her behaviour has improved so much too. T is doing well in school, staying to the school standard grades and making lots of friends. She also plays her boccia a lot with the school and loves that. We are starting to see her condition start to deteriorate now but she's still that happy go lucky little monkey. This is all thanks to the support you set in place all them years ago. Thank you for all you have done for my family. Don't forget you're always welcome here and the kettle's always ready to be put on x

Merry Christmas, love from us all xxx

Priority 3: Continue to be recognised as an outstanding employer

Virgin Care Nationally

- During 2017-18, Virgin Care has focused on engaging all new colleagues joining directly or via a service transfer so that they had a great induction and are clear about what values-driven leadership looks like within the organisation. The events equip colleagues with the knowledge and tools they need to hit the ground running from day one.

The project which Virgin Care ran has reviewed the arrivals events process (induction event process), the induction platform, welcome packs, line manager guidance and a new blueprint for the induction process when bringing new services on board.

- Virgin Care's Leadership Development programme Leading the VC Way has produced a suite of leadership learning tools, supporting colleagues to make their next move at each level in the organisation. Linked to the 'behaviours framework' and focused on Level 3 Apprenticeship in Team Leadership, the content is delivered as an apprenticeship with the first cohort due to join the modules in 2018-19.
- As an organisation grown through acquisition, taking on large numbers of new colleagues overnight at the point of transfer, a focus for the year was to move to a simplified payroll and people system and Virgin Care is very pleased that this work has been completed. All colleagues are now using a single payroll solution, providing a single source of trusted 'people' data on which projects in 2018-19 (below) will be based. This solution, using the iTrent People Portal, allows managers easy access to annual leave and sickness administration and does away with insecure paper-based systems for tracking. The new system will go live on 31 March 2018, as the organisation progresses into the new financial year.
- Virgin Care has refreshed its Employer Brand during the year, producing a suite of materials which support efficient recruitment to our services in Essex. Including a suite of videos, paper and online materials as well as a new Careers Portal, the Feel the Difference branding has been incorporated into the new employer brand.
- Virgin Care has extended its Feel the Difference awards (see Part 3) with colleagues, people who use services and others now able to nominate colleagues for three awards each month linked to the organisation's values
- The organisation made the difficult decision not to hold Big Thanks parties for our colleagues in December and to prioritise investment elsewhere within the organisation. Virgin Care instead launched 'Little Big Thanks' for Christmas, with each team receiving vouchers for food and activities for a team party.
- Virgin Care has introduced the 'BETTER Map' (see part 3) as promised in Quality Account 2016-17 with new tools and resources for colleagues.

Essex Child and Family Wellbeing Service

- With the integration of Virgin Care and Barnardo's colleagues and several newly appointed team leaders, it was felt to be a valuable and timely exercise in 2017-18 to offer a joint training package where colleagues from both organisations would together receive a leadership foundations course. This has been provided by The Learning Enterprise (TLE) with the aim to help improve and develop management skills, increase confidence and provide a joint forum where organisational cultural differences could be aired and shared, and a new common purpose be celebrated and promoted. Modules include:
 - Understanding Yourself as a Manager
 - Managing People
 - Managing Performance
 - Managing your Contract
 - Managing Quality
 - Managing Change
 - Coaching and Mentoring
- EC&FWS colleagues are offered monthly one-to-ones, usually with their direct line manager where they have an opportunity to discuss any achievements, concerns or issues. When colleagues have been asked whether they feel supported, there has been excellent feedback from these one-to-one meetings.
- An external package of training, including Root Cause Analysis has been offered to all managers and Safeguarding colleagues, which has been extremely well received
- Training has also been offered to colleagues on Disguised Compliance
- The workforce reorganisation mentioned in the introduction to this document has meant that opportunities have opened up for higher level roles and several colleagues are being trained into their new development roles. Examples of this include: following a successful secondment with IT a member of the admin staff has secured a permanent promotion within the IT team; several health visitors have secured successful promotion within the Safeguarding team and our lead for Citizens Panels started as a secondment for an administrator with the communications team and has resulted in a permanent position too!
- We are offering staff the opportunity to apply for apprenticeships and have had a large amount of interest in this. To date a number of colleagues have shown an interest in or applied for a place on the scheme:
 - Business Admin Level 3 - 3 applications received
 - Team Leader / Supervisor - 5 applications received plus 7 expressions of interest (not yet submitted application)
 - Assistant Practitioner - 14 applications received plus 5 expressions of interest (not yet submitted application)
 - Health Care Support Worker - 3 applications received plus 1 expression of interest (not yet submitted application)

- The Essex C&FWS now has a dedicated Virgin Care People Business Partner who is able to support managers and other colleagues with a range of HR issues
- Introduction of Mindfulness training and identification of Mindfulness champions across the quadrant, providing emotional support for colleagues during the significant change processes that have been undertaken across the services.
- Introduction of the Wellness platform for all staff in EC&FWS which offers advice, support and guidance on all aspects of health and wellbeing.

CASE STUDY of a much appreciated service

C is a Healthy Family Support Worker within a multidisciplinary Healthy Family in the South Essex Quadrant. Healthy Family Support Workers regularly support local families to manage sleep problems in children, introducing new routines and adapting the advice and information given around each family's individual needs. C talks about this being a tailored service that listens to the whole family, setting plans together. Once parents feel confident to move forward then a continued support is offered as it can be a long journey to happy sleeping. This service is valuable to families and recently C was given a thank you gift from a Rochford family that now has a baby that sleeps through the night, achieving better outcomes for the whole family.

Priorities going forward in 2018-19

Continuing to demonstrate service quality and safety remains a top priority for Virgin Care over the coming year. Virgin Care has also identified other areas where improvements can be made to the services it delivers to ensure everyone feels the difference.

How Virgin Care identified its priorities for 2018-19

Virgin Care's national priorities were identified by its board as part of an annual process, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year in a variety of methods.

Individual business units, including Essex C&FWS were then able to set their own priorities.

The Essex C&FWS has worked closely with our commissioners, Essex County Council and West Essex CCG at every step in order to agree priorities. Part of this has been the negotiated changes to the Outcome Measures, originally 23 from ECC and 5 from West Essex CCG. There has been several changes in wording to ensure that the positive changes made to the outcomes of the children, young people and families as a result of our care and intervention are captured in the most effective way. Two ECC outcome measures have been combined so that there are now 22 (plus 5 specifically for the West Essex CCG services).

The Essex C&FWS is also committed to engaging with service users and the public to help set our goals based on their needs and priorities. To this end we have a process of recording 'You Said, We Did' as outlined elsewhere in this document.

Essex has also started a series of Citizens' Panels where participants have been invited to reflect on their experiences of the services so far and outline their views on the direction of the services going forward. These views have been incorporated into the priorities for the coming year and beyond.

Summary of Essex Citizen's Panel

- There are currently 51 members of the panel in Essex and this number is continuing to grow
- There have been four Citizen's Panel held so far across the county
- Twelve Citizen Panel / Transformation Events are planned to take place between May and December 2018 in various family hubs across Essex (three in each district). The aim of these public events is to raise the profile of the Citizen Panel and our transformation projects and to gather the views of participants and encourage co-design where possible. A copy of the planned events is available upon request and all are welcome to attend.
- By hosting these events and encouraging both existing and new members to be involved this will help to keep momentum.
- We will monitor and review all of the events.

- A further newsletter will be sent in May to our current panel members.
- Proposed themes from the events around transformation projects are:
 - o Early Years: School Readiness
 - o School Age: Healthy Schools
 - o Early Years: Baby Friendly
- A report reviewing the outcomes of the Citizens' Panel meetings that were held between January and March was written and distributed to management. A copy of this report is available upon request.
- A further report of the outcomes for each quarter of 2018 will be produced and distributed through various channels.
- We have produced a marketing strategy, budget and implementation plan for these events in order to raise optimum awareness and attendance from our residents. The design team are putting together graphics for posters, leaflets, postcards and banners and a distribution list has been created. A press release has been sent to the Communications and Contents Specialist. Deputy Quadrant Managers and other colleagues are being encouraged to be "Citizen Panel Champions" and to get actively involved.

Priority 1: Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

- As mentioned in the section on 2017-18 priorities above, the VCSL contract in Essex includes the delivery of measurable outcome based services. Essex County Council and West Essex CCG commissioned 28 (revised to 27 in March 2018) outcome measures which are due to be implemented with agreed Key Performance Indicators (KPIs) in April 2019. Following the planning stage in 2017-18, 2018-19 will focus on training colleagues, rolling out pilots for each of the outcomes, including identification, assessments processes and thresholds for interventions, in order to identify baselines on which to build achievable and meaningful KPIs which will be agreed with the commissioners.
- The Essex C&FWS will embed the newly launched Safeguarding supervision process and start reviewing gathered data to influence training requirements
- The Essex C&FWS will be delivering internal training for all Healthy Family Support Workers to enable them to deliver the Ages and Stages Developmental assessments. This will support the timely rollout of the outcome measures and provide a more flexible and responsive service to families.
- The Essex C&FWS in West Essex will be introducing the Virgin Care 'Jades pathway' aimed at improving access to a consistent and timely approach to the diagnosis of autistic spectrum disorders (ASD)

- The Essex C&FWS in West Essex will be looking to extend the very successful continence service to increase the capacity and alleviate the attendances at A&E or GP surgeries
- The Essex C&FWS School Nursing services will be developing and implementing the use of 'Chat Health', a means of children and young people being able to contact the school nurse with concerns or questions directly through text messaging. The contact can be anonymous if the child wishes and has been shown in other areas to be a highly effective method of supporting children and young people with range of issues
- There are plans to implement a 'second round' of workforce consolidation and to improve ways to delegate and promote shared responsibilities and ownership of, for example care governance and quality among colleagues. The Essex C&FWS is in a unique position to access a wealth of experience and knowledge from two provider organisations that have traditionally worked in very different ways.
- There are plans to work with libraries on ensuring complementary universal activities related to children and families by developing greater integration between our colleagues and library staff: and look at how Essex libraries could be optimally used to support an integrated PB19 offer.
- The Essex C&FWS aim to review and update out SEND offer and publish it on our website so that families can access the support and care they need

Priority 2: Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.

- The Essex C&FWS will develop and introduce the training passport to assure the attainment of the mandated 16 hours of Safeguarding training for all Level 3 staff in a 3 year period.
- For the first twelve months of the contract, Virgin care and Barnardo's colleagues have accessed different statutory and mandatory training according to their organisation's training schedules and modules. In 2018 The Essex C&FWS will be implementing joint training for all staff, including the level 3 Safeguarding training delivered by The Learning Enterprise (Virgin Care's training arm).
- There will be a continuation of work on the development and integration of governance processes across the services and organisations that make up the healthy family teams. This will include further rollout of Virgin Care's (CQC) Internal Service Review process and Barnardo's (Ofsted) Service Evaluation Form process; implementation of the Virgin Care peer review policy and introduction of a NICE guidance tracker to better monitor compliance with NICE guidelines and conduct NICE audits within clinical teams.
- Virgin Care will be working with the CQC and OFSTED in exploring the possibility of a joint inspection process that encompasses all aspects of the integrated Essex C&FWS.

- The Integration Handbook mentioned in the previous year's priorities will be updated to incorporate developments that have taken place over the past year.
- As a result of the partnership with Barnardo's we are looking to develop our workforce integration through joint training and development of staff. The training and development will cover common skills, behaviours and values, for all colleagues when liaising with families.
- We will look to identify system-wide opportunities to reduce attendance at and the prescribing burden on GPs and Acute Hospitals by scoping specific health conditions that are identified or assessed by school nursing, health visiting and specialist services in the West Essex Quadrant who can provide an alternative solution.
- We will further look to promote the use of over the counter medicines for common illnesses by Health Visitors and school nurses.

Priority 3: Continue to be recognised as an outstanding employer

In addition to a continuation of all the initiatives mentioned in the 2017-18 sections above designed to support colleagues in the workplace:

- The Essex C&FWS will utilise the newly developed training needs assessment from the recently introduced supervision process to inform the training to be delivered in the 2018-19 period.
- In addition to the statutory and mandatory training mentioned above, the Essex C&FWS are exploring the delivery of foundation training for all staff (eg solution focussed interactions).
- Virgin Care will continue to offer further apprenticeships opportunities and support internal promotion wherever possible, as well as offering opportunities for staff to develop in areas of interest in relation to their personal development plans to support succession planning.
- We will promote the Virgin Care Wellness Platform which provides an assessment tool and advice for all aspects of our colleagues' lives from work, personal relationship, finances and general health.
- We will identify Mindfulness champions across each service to support staff and allow them a confidential space to focus on their emotional wellbeing.

Creating a clear workforce plan

During 2017-18 Virgin Care developed and implemented a new toolkit to enable all of its services to create a comprehensive Workforce plan, ensuring people's needs for the services were met.

The plan is based on five pillars:

- Leaders who lead
- Great people in the right place at the right time
- Best selves
- Happy People
- Future Read

These are underpinned by the CQC domains and the Workforce Plans allow Virgin Care's services to translate local people issues into tangible action plans and ensure recruitment activity is target-driven building high performing, highly engaged teams to deliver exceptional services to people who use services.

Virgin Care's Workforce Plans remain live and working documents, adapting and evolving as services do. Over the coming year, Virgin Care will review its workforce plan and make tactical recruitment decisions but in the coming years Virgin Care expects the plans to support transformation and provide long-term people solutions.

The plans feed into Virgin Care's organisational people strategy. Virgin Care considers this action to be industry-leading and the approach has been praised by our partners at the Royal College of Nursing who consider this level of Workforce Planning to be best practice.

Taking part in national, local and clinical audits

National Clinical Audit Participation: Community Services

National Safeguarding Audit

The 2017 Safeguarding annual audit was based on a combined Children's Section 11 and Adult Safeguarding Self- Assessment Tool (Best Practice). The audit focused on seven areas relating to safeguarding governance for example; safer recruitment and selection of colleagues and the management of complaints, allegations and whistleblowing. Additions were made this year to include a further six questions to gauge application of the Mental Capacity Act to practice.

The annual national safeguarding audit evidences that Virgin Care continues to manage safeguarding well across services. The areas that require improvement overall include access to safeguarding supervision and knowledge of the Mental Capacity Act, and the safeguarding sub-committee are taking steps to address these.

Other clinical audit programmes

Across all its services Virgin Care runs a core audit programme, including the following core audit programmes:

- Medicines Safety Audit (see Part 3)
- Record Keeping
- Infection Prevention and Control (environmental)
- Information Governance – confidentiality and data flow mapping
- Health and Safety

In addition The Essex C&FWS took part in several localised audits, including:

- Initial Child Protection Conference cross referencing – to assess the accuracy of our ICPC caseloads in comparison to ECC Social Care team (North initially – roll out across all 3 remaining patches)
- Audit of level of follow-up required to graded interventions in unplanned care in Mid and South Essex (In progress)
- Internal audit looking at triage of A&E notifications.
- Audit of Duty Health Visiting and School Nursing task notifications.
- Internal Quadrant Audit looking at the receipt and number of Domestic Abuse Notifications leading to the development of revised Standard Operating Procedure

In 2018-19, having introduced several new Standard Operating Procedures related to Essex C&FW service delivery during 2017-18, the services will aim to carry out a range of audits to ensure safe and good quality operational delivery that meets the requirements of the SOPs and where appropriate, NICE guidelines.

Virgin Care Research Statement

Participation in clinical research demonstrates an organisation's commitment to improving the quality of care it offers and represents part of its contribution to wider health improvement in the United Kingdom.

Virgin Care's clinical staff are kept up-to-date with the latest treatment possibilities and by taking part in research. Virgin Care believes it can improve outcomes for people who use services it provides as well as services operated by other providers.

Virgin Care is a proud participant in research to help improve care for people who use NHS and Local Authority services and the organisation plans to continue to develop this area over the coming year.

Current research activity

The organisation currently has a number of programmes on its research database which are in progress or due to commence within a few weeks of the publication of this document.

Essex Child and Family Wellbeing Service Research Statement

Proper research governance is essential to ensure that customers, colleagues and members of the public can have confidence in, and benefit from, quality research in health and social care. We support high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements. The dignity, rights, safety and wellbeing of participants must be the primary consideration in any research study.

A core standard for health care organisations is that they have systems to ensure the principles and requirements of the research governance framework are consistently applied. Virgin Care achieves this through our Research Governance Committee that meets quarterly and has a membership made up of range of clinical expertise.

Current research activity

The Essex C&FWS currently has one active project included on the Virgin Care Research Database, which remains in progress with regular updates provided by the lead researchers, namely:

The Role of the School Health Nurse in Safeguarding Children and Young People

This project will be an exploratory study into the role of the school health nurse in child protection and Safeguarding practice in the UK. The study will be conducted across four study sites and focus on the identification and response by school health nurses to cases of child abuse.

There are also a number of staff engaged in research projects of various types, as part of postgraduate studies. Our partners in these studies include Oxford Brookes University.

Publications

The Essex C&FWS has not been involved in any publications over the last twelve months.

Learning from deaths

Virgin Care responded to the 'National Guidance on Learning from Deaths' issued by the National Quality Board in March 2017 by developing an annual mortality report that is presented at the Virgin Care Clinical Governance Committee and to the Board of Directors. Virgin Care complies with the Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care where applicable.

The death of a child or young person is always a tragic scenario regardless of the circumstances. All infant and child deaths that Virgin Care are made aware of in Essex are reported on our incident investigation system, CIRIS and will be followed up with an initial investigation and 72 hour report. The investigation and report is usually conducted by a member of the Safeguarding team and will include a chronology, and where appropriate, liaison with local colleagues who have been involved in the family.

Should the death be unexpected and the Essex C&FWS has been recently active with the family, and if there is any indication that the service as a whole or individual colleagues have acted in any way, or omitted to act in any way, that could have changed the outcome, the information will be escalated through the Serious Incident (SI) route to the Virgin Care Clinical Governance team, the local CCG and other commissioners, and to CQC and will be investigated and reported on using the Root Cause Analysis (RCA) process.

Where there is any learning from deaths this will be shared with colleagues through the Virgin Care and Essex C&FWS Care Quality and Safety framework and may also be cascaded through newsletters or bulletins if appropriate to ensure all colleagues are aware and any recommendations are quickly adopted and embedded in practice.

In 2017 a series of child suicides across Essex resulted in the instigation of a thematic review led by the Essex Safeguarding Children's Board (ESCB). The Essex C&FWS Safeguarding team has participated in the review by sharing information on the service's involvement with the children, young people and their families. Once the review has been completed and the findings shared by ESCB, the Essex C&FWS and other health providers across Essex will ensure that any learning is shared and any potential or recommended changes in practice resulting from the review are acted upon at the earliest opportunity.

Statements from CQC

Some services operated by Virgin Care, including the Essex C&FWS, are required to register with the Care Quality Commission (CQC).

As part of this document, it can be confirmed that VCSL is registered with the CQC and has no conditions attached to its registration.

VCSL's Essex C&FW services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports Virgin Care services are available on the CQC's website at www.cqc.org.uk.

Internal Service Reviews (ISR)

Virgin Care operates a programme of 'Internal Service Review' (ISR), with each of its clinical services being required to complete such assessment twice during each calendar year, (starting after it has been operating as a new contract for a period of 6 months) with no longer than 6 months elapsing between subsequent reviews.

Each ISR is completed by a manager, sometimes of another Virgin Care service, and results are logged, analysed and reported using our internal reporting platform 'Tableau'.

The ISR programme covers the same areas as a CQC inspection, produces a rating based on the same scale as the CQC's reports and an action plan is created to be completed within a set timeframe.

In the Essex C&FWS, Virgin Care undertook one completed ISR during the reporting period and three others are currently in progress. The review identified the areas of differences in historic practice prior to Virgin Care managing the service. The learning is being shared across all services in Essex.

Safeguarding Statement

Virgin Care is committed to Safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm. To achieve this Virgin Care has dedicated National and Local Safeguarding Adults and Children's Leads and polices, guidance and practices which reflect statutory and national Safeguarding requirements.

- National Safeguarding Assurance function working across localities and partnership boundaries to respond to national developments, legislative changes leading to continuous improvement and learning across the organisation
- Virgin Care's Clinical Governance and Safeguarding Committees provide Board assurance that services meet statutory requirements
- Named professionals are clear about their roles and have sufficient time and support to undertake them
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self- Assessment audit tool
- Action plans are monitored across the organisation at committee and board level
- Safeguarding policies and systems for children and vulnerable adults at risk are up to date and robust.
- Safeguarding training is included in induction and integral to the organisation's training policy
- Virgin Care's sexual health services now keep a Safeguarding activity log relating to Safeguarding children, when the child is already known to Social Care and their case is open (and if a new referral not required). A tool was developed and is in-situ to identify if an adult is at risk of harm and may need referring to external agencies.

Virgin Care continues to deliver on the recommendations from the CQC, "Not seen, not heard" report (July 2016) to ensure that services new to Virgin Care are included. The implementation and a planned roll out of the Child Protection Information- Sharing project (CP-IS) has started across Virgin Care's scheduled care services and ensure that the Mental Capacity Act, DoLs (Deprivation of Liberty) and Prevent are fully embedded within Safeguarding processes across all services within Virgin Care.

Essex Child and Family Wellbeing Service – Safeguarding

At the start of our contract only staff working in West Essex in the field of Safeguarding Looked After Children (LAC) transferred to Virgin Care. Therefore, one of the first actions was to quickly resource and staff a Safeguarding and LAC provision to cover all of Essex and that met the requirements of the respective intercollegiate documents. This was immediately put in place with a dedicated line manager.

Much work has been carried out over the last 12-months to ensure that the integration of children's services across Essex has included Virgin Care's robust and effective Safeguarding processes.

Developments during 2017-18 include: (some of these have also been mentioned in the sections on achieving priorities for improvement earlier in the document):

- Recruitment to a range of Safeguarding children's roles across the four quadrants to ensure adequate staffing levels to cover all the services' Safeguarding needs
- Embedding Safeguarding colleagues in the quadrants' team so that they are accessible and visible to colleagues on the ground and have a good understanding of the specific needs of local teams and the people who use the services in their area
- Appointing to a new role of Safeguarding and Looked After Children (LAC) Manager to have an Essex-wide overview of all Safeguarding and LAC colleagues and to ensure that even though there may be local differences on the ground, there is a robust and consistent adherence and approach to national and Essex-wide policies, guidelines and standard operating procedures
- The introduction of Multi-Disciplinary Team (MDT) Supervision for complex cases to improve working integration and role awareness, alongside improved assessment and support for families. This has also led to greater opportunities for joint working and shared learning which will ultimately improve the rates of safety for the children, young people and families who use the services and who have Safeguarding needs
- Supporting the development of a new Multi-Agency Risk Assessment Conference (MARAC) process. This has resulted in excellent feedback from the MARAC membership and improved overarching processes across several teams
- Developing up to date and responsive Safeguarding Children and Looked After Children (LAC) Level 3 training delivery; this has received very positive feedback from colleagues who have attended
- Safeguarding children colleagues in the Essex C&FWS have overseen the development of a comprehensive supervision process with an improved model of reviewing themes to allow the identification of training needs within service. The development of multi-disciplinary Safeguarding supervision has supported cross-team working and shared learning
- The tracking of Section 17s and 47s as part of the newly agreed KPI's
- EC&FWS colleagues are offered monthly one-to-ones where they have an opportunity to discuss any achievements, concerns or issues. There has been excellent feedback from these one-to-ones when colleagues have all been asked whether they feel supported.
- An external package of training, including Root Cause Analysis has been offered to all managers and Safeguarding colleagues, which has been extremely well received
- Training has also been offered to colleagues on Disguised Compliance

- Participation in the Essex Safeguarding Children's Board thematic review of the large number of child and young people suicides in the county during 2017
- Completion of the first Section 11 self-assessment for the new service

CASE STUDY

Example of opportunistic good practice and the benefits of having an accessible Duty Health Visitor

B, (a VCSL administrator) was in the front office when a pregnant lady and her partner came into the centre to use the community café. B noticed that the lady was pregnant and engaged her in conversation about this and asked if she'd met her health visitor yet. Mum she hadn't heard from us and had no detail of the services available to her.

B explained the service and introduced her to the duty Health Visitor, who undertook the full Antenatal assessment with her and her partner there and then, identifying that two previous children had been removed from the couple. A referral was made to social care (with Mum and Dad's full involvement) and the parents have been engaged in the MECSH programme and the centre based antenatal programme.

This is a good outcome for this family and hopefully with the right support they will go on to be great parents.

Statement on the accuracy of our patient data

Virgin Care submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

The percentage of records in the published data which included the patient's valid NHS number was not applicable to the Essex C&FWS (figures required are for admitted patient care; for outpatient care; and accident and emergency care)

The percentage of records in the published data which included the patient's valid General Practitioners' Registration Code was also not applicable to the Essex C&FWS (figures required are for admitted patient care; and for outpatient care)

Errors introduced into patient notes

Any occurrence of errors introduced into service user's notes are reported as incidents on CIRIS and due process is followed using Caldicott and data protection guidelines, and where appropriate, duty of candour would be triggered.

Local initiatives to improve data quality

ONLY PROJECTS LINKED WITH NHS NUMBER / GMC PRACTICE are required here and are not applicable to the Essex C&FWS, however, it is noted that the following activities have taken place in the Essex C&FWS to improve the quality of data:

- Appointment of an Information Governance specialist (shared with another services) to oversee and advice on IG, data and confidentiality issues
- Completion of a KPI reporting and data cleansing exercise
- Caseload management – Improved management of diaries to help with workload allocation.
- Setting of KPI trajectories
- Review of SystemOne templates
- Aligning back end and front end reporting
- Ceasing the use of Essex County Council's Capita One E-start programme and upgrading SystemOne functionality to capture the required family support activity

Information Governance Toolkit Attainment Levels

Virgin Care's Information Governance Assessment report for this year was graded Satisfactory.

More than 98% of Virgin Care colleagues in the Essex C&FWS completed their induction or annual refresher IG modules during the year.

Virgin Care has an action plan in place to improve compliance and toolkit scores during 2018/19 and further the IG agenda.

This includes the continual review of IG policies and procedures (rolling programme of review).

Duty of Candour Statement

Virgin Care is committed to being open and transparent with people who use services and, (taking into account confidentiality), their representatives. The organisation encourages its colleagues to be open and honest from the first time people who use services come into contact with services.

Where a notifiable safety incident is recognised, colleagues are advised to report this via the organisation's incident reporting system (CIRIS) and follow the Duty of Candour policy. This includes following the Staff Guide on Duty of Candour.

Template letters have been designed to assist colleagues to write to the person using the service or their representatives to apologise and to advise that an investigation into the incident is underway [within 10 days of the notifiable safety incident occurring].

An appropriate colleague will conduct an investigation to establish the facts of the notifiable safety incident in line with the Management of Incidents policy, in line with timescales for external reporting including STEIS. For incidents relating to Safeguarding, the relevant Safeguarding Policy and Safeguarding lead will also be consulted before any disclosure is made to the person using the service or their representative.

Once the investigation has been concluded, a further letter is sent to the person who uses the service advising of the outcome, lessons learnt and how the Organisation will share such lessons and knowledge to reduce the likelihood of a similar incident occurring in the future. A meeting will also be offered as well as any other support that may be required.

Compliance is monitored through the local Root Cause Analysis panel action plans.

'Sign up to Safety' Statement

Last year, Virgin Care committed to the 'Sign-up to Safety' statement during 2017-18. This has been investigated at a national level this year and individual business units provided with a framework in order to sign-up. This approach, rather than a national approach, was seen by the group as the most appropriate way to reflect the varied range of services which Virgin Care operates across the country.

The Essex C&FWS joined the 'Sign up to Safety' framework earlier this year. As part of five Sign up to Safety pledges we have committed to:

1. Putting safety first. Commit to helping people work safely. **We will:**

- Look to improve the working lives of our colleagues through activities such as our Wellness Platform, identifying and training mindfulness champions in each service
- Promote 'Love Your Lunch' events to encourage colleagues to take a lunch break
- Promote our Carers Clubs
- Ensure all our working environments have been audited and health and safety checked
- Ensure the lone working policy is widely understood and put in to practice
- Ensure all of our colleagues have access to the relevant training and development to undertake their roles effectively and safely

2. Continually learning. Listen and act on what we are hearing in our conversations with our staff, patients and families. **We will:**

- Use the feedback from clients through our 'You Say We Did' practice to improve services
- Look to take the learning from complaints and incidents and use it to further develop service, educate and train colleagues and change practice where required
- Use our Citizen Panel events to listen to our clients and share with them our work and activities
- Look at promoting our 'Family Voice' messages across our colleagues as well as with our commissioners

3. Being honest. Create an environment where staff, patients, families can have open and honest conversations about what went wrong and what went well, free from judgement and be treated with kindness. **We will:**

- Follow the Duty of Candour Process and policy ensuring that any learning is shared
- Using the Duty of Candour principles will we support colleagues to be open and transparent in their communications and dealings with families in a non-judgemental and supportive manner
- Continue to promote our 'Speaking Out' (Whistle Blowing Policy) for all colleagues

4. Collaborating. Create opportunities for conversations where all staff, regardless of their role or position can share what they know about working safely to help others learn. **We will:**

Though our partnership with Barnardo's we have developed an integrated team of NHS and third sector colleagues which promotes opportunities for sharing expertise, experience and knowledge to maximise the care to clients

Promote multidisciplinary / multiagency working across all of our services

5. Being supportive. Really listen to each other when support is needed and act on what has been said. Create opportunities to celebrate success and spread joy. **We will:**

- Continue to lead the Healthy Schools events across Essex to promote the benefits of Healthy Schools Enrolment
- Though a range of activities ie 121, learning sets, supervision and meetings we will continue to listen to colleagues and act on their concerns and celebrate their successes.
- Take seriously any allegations of bullying, harassment or discrimination and pledge to investigate thoroughly and act on all findings

NHS Staff Survey

Virgin Care runs its colleague survey 'Have Your Say' on a bi-annual basis with regular 'pulse checks' covering a random sample of colleagues. In 2017-18 62% of our colleagues across England took part and we saw significant improvements in feedback from colleagues based on tracking data from previous years.

A summary of key results as required by Department of Health are included below.

It should be noted that the results below are for Virgin Care as a whole from the NHS staff survey that was conducted in May 2017. Colleagues from services that were mobilised in April 2017, including Essex C&FWS, were not included in this survey but will be taking part in the forthcoming May 2018 survey.

KF26

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)

6% of colleagues said they had experienced harassment, bullying or abuse at work from staff.

(White colleagues 5%, BME 9%)

KF21

(Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)

67% of colleagues believe that the organisation provides equal opportunities for career progression.

(White colleagues 66%, BME 67%)

Delivering high quality services

Virgin Care's teams and its services are recognised for their hard work and excellence throughout the year, both internally and externally. This is a summary of some of those awards.

Star of the Year awards

Virgin's Star of the Year Awards are the national recognition programme for colleagues in Virgin companies. Each year we have several hundred nominations with two national winners invited to dinner with Sir Richard Branson at the award ceremony.

Feel the Difference Awards

Virgin Care's primary recognition programme for colleagues is the 'Feel the Difference' awards, with colleagues eligible for an award in three categories: Strive for better, Heartfelt service, Team spirit, based around the values of Virgin Care.

Colleagues and the public can nominate Virgin Care staff for an award online at any point throughout the year online, with monthly winners and a yearly award ceremony in West London.

More information about the awards is at www.virgincare.co.uk/awards/

Joyce Wells (Health Visitor in Mid Essex) has been working in partnership with the staff at the Community Café at St Peters and together they have been supporting vulnerable families by supplying food parcels on a weekly basis. The food has been donated by the community café and the local Tesco Foodshare scheme that Joyce collects on her day off. Julie is a strong role model and she has built positive relationships up with these families.



Nikki Smith, Health Family Support Worker received the Feel the Difference Award for the extensive support she provided to her team during and post transferred to Virgin Care. Throughout the significant period of change Nikki was a massive support to her team, upskilling staff in National Child Measurement Programme and assisting with Information Technology. Nikki is always cheerful and willing to help, and has gone above and beyond to support full integration.



External awards

Hadeel Lufti is a volunteer in North Essex who won the Marsh Trust award 2017, for her work with the EC&FW service (under our partnership with Barnardo's).

Training and Development by The Learning Enterprise (TLE)

The Learning Enterprise is the training and development arm of Virgin Care, and has been awarded the Skills for Health Quality Mark for delivery of face-to-face training and education for the health and care sector.

The Learning Enterprise provides a mixture of clinical training for Continued Professional Development, eLearning (both clinical and non-clinical) and vocational training including Business Administration, Health and Social Care, and providing training for parents/carers of children with continuing care and complex needs and in schools where we deliver training on Asthma, Diabetes and Epi-pen use.

During the past year, The Learning Enterprise has:

- Implemented a Nurse Revalidation platform, providing a central point for Virgin Care's nurses to collate their data for revalidation and provide a convenient way of uploading the information to the Nursing and Midwifery Council
- Been accredited to provide the Leadership ILM Apprenticeship for first time Team Leaders and where appropriate experienced leaders can participate to support their role
- Launched a new Appraisal platform for Virgin Care, designed around the Behaviours Framework and ensuring all colleagues received a mid-year and end year appraisal which is pertinent to them and relevant to the organisation.
- Launched an external-facing training platform, allowing volunteers to access additional training funded by Virgin Care.
- Access on JAM (Virgin Care's intranet) to the Assessed and Support First Year of Employment (ASYE) Framework for Newly Qualified Social Workers (NQSW) to ensure delivery for all NQSW within VC

- TLE have developed and Launched 12 month a Preceptorship programme for all new registrants in Virgin Care
- E- Learning Packages for Mental Capacity Act & Deprivation of Liberty Safeguards have now been developed in-house for all staff and launched on MyLearning
- Reviewed internal Quality Assurance process within TLE to ensure all training packages are quality assured and signed off at senior level. Ensuring all Training packages are standardised across Virgin Care nationally
- Embedded Governance structure across TLE ensuring all areas of the business have robust reporting mechanisms and clear accountability
- The Learning Enterprise won the Student Nursing Times Award for student placement of the year: community 2017, for its work with Virgin Care.
- Virgin care has been delivering a Foundation Degree in Health and Social care leading to the qualification of assistant practitioner. The first cohort started in Surrey with 20 students in June 2017. The award is accredited and delivered in partnership with the University of Derby. Recruitment to the course is jointly shared between the University and TLE.

Over the coming year, The Learning Enterprise will:

- Re-launch Virgin Care's Arrivals process for new starters
- Launch the Level 3 Apprenticeship for Team Leaders
- Receive Royal College of Nursing approval of its Preceptorship programme
- Develop an in-house Looked after Children eLearning Programme

In the Essex C&FWS

- All Healthy Family Team Leads & Hub Coordinators are currently undertaking internal leadership / management training provided by TLE.
- Essex C&FWS is currently training 4 Student Health Visitors (SCPHN)
- A Health Visitor is undertaking the Health Visitor to School Nurse 3 month conversion course.
- Several colleagues have been offered apprenticeships (see above for details)
- Colleagues have been offered 'acting up' and 'secondment' opportunities e.g. Healthy Family Team Lead positions.
- All Healthy Family Support Workers are undertaking Ages and Stages Training.
- Internal NCMP training is ongoing (the National Child Measurement Programme)
- All qualified colleagues are to undertake a mentorship qualification.

Highlights of initiatives to improve the experience of using services

Across our services we have a number of national initiatives to improve experience. This includes our *You Said, We Did* programme which sees us make more than 1,300 changes a year to our services as a direct result of feedback from people using services.

Some examples of the many improvements made in Essex include:

YOU SAID	WE DID
Client came to Hub; she had received a lot of family support previously and wanted to give something back to her community to let other people know about the EC&FWS	Client organised an event with support from the Hub. The event was well attended by about 30 people; feedback all positive and parents have returned to centre since.
The new self-weighing clinic has been helpful and a good way to meet other parents however sitting on the floor to change & weigh my baby was slightly uncomfortable as I have a bad back	We ensured weighing scales were available at different levels to ensure that parents are now able to weigh their infants and children in comfort and safety when attending the self-weigh clinic. This change has been welcomed by those families attending the clinic.
Parents have identified the need for more information and guidance relating to healthier eating for their children attending the Special School.	The Special School Nurse is now organising workshops in school to provide this support starting in Spring 2018
<p>Fun with Under Ones Group</p> <p>Families approached the group facilitator and said</p> <ol style="list-style-type: none"> 1. Some of the babies would be 1year old soon and parents felt that there was no other group suitable from 1 year upwards in their locality. The parents didn't want to leave the group as they had started making friends with other service users. The Families had personally invested into the group and wanted to continue to be a part of it. 2. The parents asked if the start time could be changed from 10:00am to 10:30 am as this would fit in better with school/nursery runs and babies sleep time. 3. The parents asked that the group be extended by half an hour so that the session started at 10:30 am and finished at 12 noon. They said that that would fit in to lunch and nap times. 	<p>The families' views were discussed with the HFT team (including health colleagues). We changed the times of the group to suit the parents and also extended the age range of the group to up to 2yrs old to meet the need within the locality.</p> <p>The group is now called Fun with Under Twos</p> <p>The session is age appropriate and offers support to those children in their early stages. The group facilitator is still able to support with breast feeding and continues to signpost to our timetable and other community groups</p> <p>We continue to register new parents every week and the numbers of service users attending is constant.</p> <p>The feedback from the parents is that this session is a great opportunity to continue meeting up with friends they have made - they have their own what's app group - and now socialise outside the group.</p>
Responding to the national and local news regarding health and lifestyles especially dental hygiene, clients at a group showed an interest in finding out more and learning what to do with their children and families	A 'Healthy Lifestyles' event at the children's hub, to include dental care, healthy eating, lunch etc have been organised to be run during the schools' half term

YOU SAID	WE DID
Health Visitors required more sessional spaces in order to provide services that respond more effectively to the needs of their clients	We approached a local primary school, who have provided these for free.
We find it difficult to get to a SLT drop-in clinic if we live in Ongar, where public transport is limited	We set up SLT drop-in assessment clinics once a term in Ongar.
Clients were asking, 'How can I help my child to eat more variety of food?'	We provided messy food play therapy at home to demonstrate strategies to families
A community flagged up that all services in their area had disappeared.	A healthy family drop-in in the library and a buggy walking group has been set up.
Parents asked for baby massage. There is a high level of deprivation and isolation in the area so a group was appropriate	A baby massage group was organised specifically for them to reduce isolation and help create friendships
A need was identified by care leavers that there was little support.	The LAC team are working to improve our service for the vulnerable leaving and after care for young people. As part of this outreach work we attended a tenants meeting in the evening at one of the larger supported accommodation premises in the area. We met with the young people to explore how we could provide additional support and as a result will be implementing a monthly early evening drop in session.
We received information from parents asking if we could provide a session specifically for children aged 2 years and up. The parents explained that they were sometimes concerned about attending sessions with babies as their children were very energetic and enjoy running around	A session has been commenced which provides children with a range of different physical activities and group games. The focus of the group is Physical development, Language and Communication and supporting healthy lifestyles. It is a popular session with 19 plus children attending. The parents have given lovely feedback on how much their children are enjoying the session.
We would like to receive text messages to remind us of appointments	We have re-established text message reminders for appointments with community paediatricians, OT, physiotherapy, psychology and continence services.
Clients were having trouble contacting the different areas of the quadrant by telephone	A single telephone number was set up, with options to select the area required. An automatic answerphone has been added; voice messages are automatically emailed to admin to action.

The BETTER map

Over the course of the year, Virgin Care introduced the BETTER principles to support a high quality experience in the journey through its services (see over). This map provides a focus for services, managers, colleagues and Virgin Care's Service Design Team when reviewing the performance of services and the experience of people who use services when something goes wrong.

The *Feel the difference* experience is all about making things **BETTER**



The Booking

The Environment/setting

The Welcome

The Consultation/your stay

The Goodbye

The Result/follow up

Worries you may have

- Will I get through?
- Will I have to explain everything twice?
- What if I can't get an appointment?
- Will they understand?
- What if I cry?
- What should I have with me?

Our commitment to you

- We'll give you options on how to book
- We'll make it quick and easy to get an appointment
- We'll make you feel like we're here to help you and to listen to you

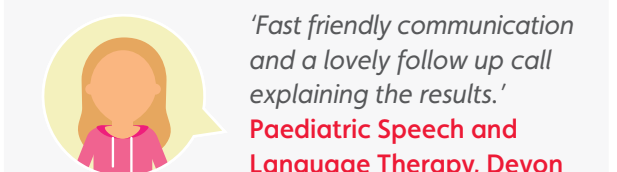
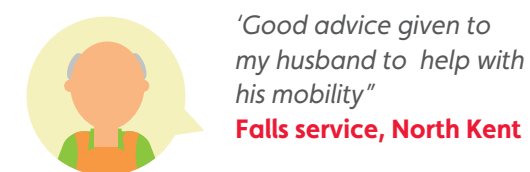
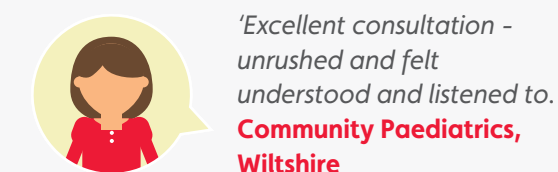
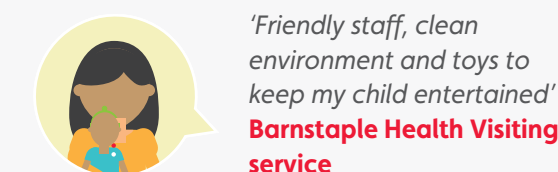
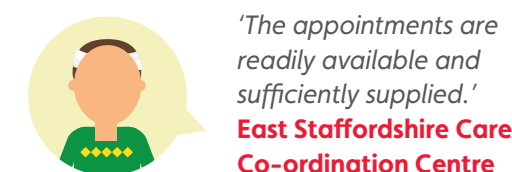
Your commitment to us

- You let us know if you can't turn up to an appointment in good time

So you feel... [the difference]

- We're efficient and competent
- We've removed barriers to help you
- Nothing's too much trouble
- You are being listened to
- Your needs are being met

And say...



Feel the difference

Aligned with our purpose, Virgin Care are giving all of our colleagues in Essex the opportunity to pledge how they will support people using services to feel the difference. The Feel the Difference fund is a £100,000 centrally held ring-fenced fund dedicated to supporting projects which improve the experience of people who use services.

Applications can be made by all colleagues in the country and submissions are considered by a monthly peer panel each with funding being made immediately after approval.

This year, the following projects received funding to help transform and improve services in Essex:

Service

Summary of improvement project

**School Nursing Team,
Basildon**
May 2017

The team successfully applied for funding to deliver the 'Why Try' programme which is a programme for children and young people to help improve their resilience, behaviour, school engagement and self-esteem. The team are already using the programme with positive results and the funding will allow them to continue to use the programme and also train other colleagues who may be able to use some of the techniques with their service users.

**Child Healthy Weight
clinics - Child and
Family Wellbeing
service, Essex**
December 2017

The School Nursing team in Essex were successful in their application to fund healthy weight clinics across the county. The proposed healthy weight clinics will be run in partnership with Barnardo's colleagues and aim to help families learn more about the benefits of balanced diets and regular exercise. Parents will have the opportunity to seek advice from dedicated health professionals who will be able to arrange support programmes for families. The healthy weight clinics will help in the fight against childhood obesity in Essex as well as promote the good work the child and family can provide to the community.

**Universal cookery
clubs that focus
on basic nutritious
ingredients – Mid Essex
Quadrant**
February 2018

Families surviving on small food budgets as well as those who often source food from food banks and reduced items in supermarkets may not have the skills or confidence to utilise basic ingredients wisely. The team requested funding to run cookery sessions to demonstrate and educate families, as well as producing menus and recipe cards that can be taken away or accessed online.

**Florence Nightingale
Child Development
Centre Harlow –
Community Paediatrics**

Working in partnership with Lexacom, the Florence Nightingale Child Development Centre in Harlow are now benefiting from Lexacom's digital dictation and speech recognition systems, allowing for speedier and more accurate referrals and documentation.

Each service has also set a 'feel the difference goal' to improve one further aspect of service. In the past year, 100% of services had an audited, valid 'feel the difference goal' in place.

Customer Experience Team

Since 2014-15, Virgin Care has operated a central Customer Experience Team working with people who use services across England and handling all queries, concerns and formal complaints on behalf of all services across England. This year, Virgin Care improved and refreshed its complaints policy to enhance the experience of those people who wish to complain and seek an early resolution.

As well as providing training for anyone across the organisation who meets with people who use services, the team are responsible for providing insight into complaints and themes to operational managers, regional managers, and the executive team and to Board on a monthly basis.

Across the organisation, everyone with internet access is able to see reporting on the number of complaints, their current status, and the themes they cover – as well as viewing whether an action plan is yet to be completed or where improvements have got to. This year, Virgin Care improved its Tableau reporting of complaints allowing colleagues to see the stages of the journey (according to the BETTER Map) where the improvement could be made. In 2017-2018 Virgin care received 9 formal complaints for services within East Staffordshire. All complaints are investigated and action plans put in place. The complaints received were across a range of clinical services, which have not identified any emerging themes.

The organisations approach is to encourage people who use services and colleagues to attempt to resolve complaints 'on the spot' but offer our 'Here to help' service as service-independent option to resolve concerns and as a signposting service for the fastest and most appropriate resolution of issues.

The Customer Experience Team also regularly manages face to face meetings between complainants and operational managers and ensures that complaints are handled in line with the NHS constitution.

Improvements in 2018-19

During the coming year, Virgin Care will:

- Develop learning and development to support colleagues to be their best selves and provide the best customer service
- Focus on action plans following complaints and better understand the complaints and lessons learned across the whole of the organisation
- Improve the exportable versions of reports in Tableau, allowing easier 'offline' access to complaint reporting
- Map You Said, We Did to the BETTER map allowing these to feed more efficiently into transformation plans

NHS Friends and Family Test

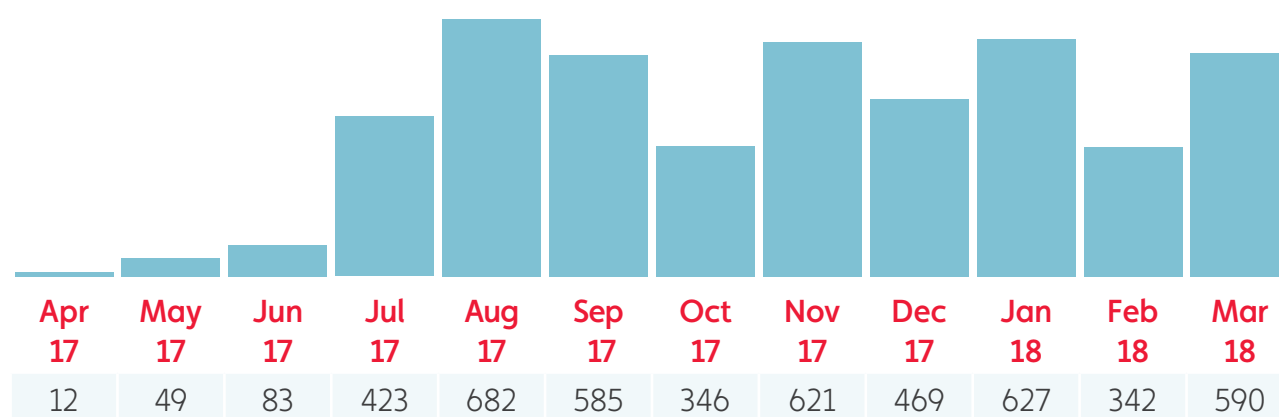
The Friends and Family Test (FFT) is mandated by NHS England for all providers of NHS services and is now fully in place across all services. Everyone who uses Virgin Care's services has the opportunity to provide anonymous feedback on their experience and a chance to provide comments on how their experience could've been improved.

Comments are collected from people who use services using paper and SMS systems provided by Optimum Healthcare and using the Meridian Technology Platform. This system allows us to capture comments by SMS, online using a feedback survey or via paper in one of our services but also allows us to introduce tablet computers or kiosks and other collection methods where this best suits a service or will enable more people who use services to give us their comments.

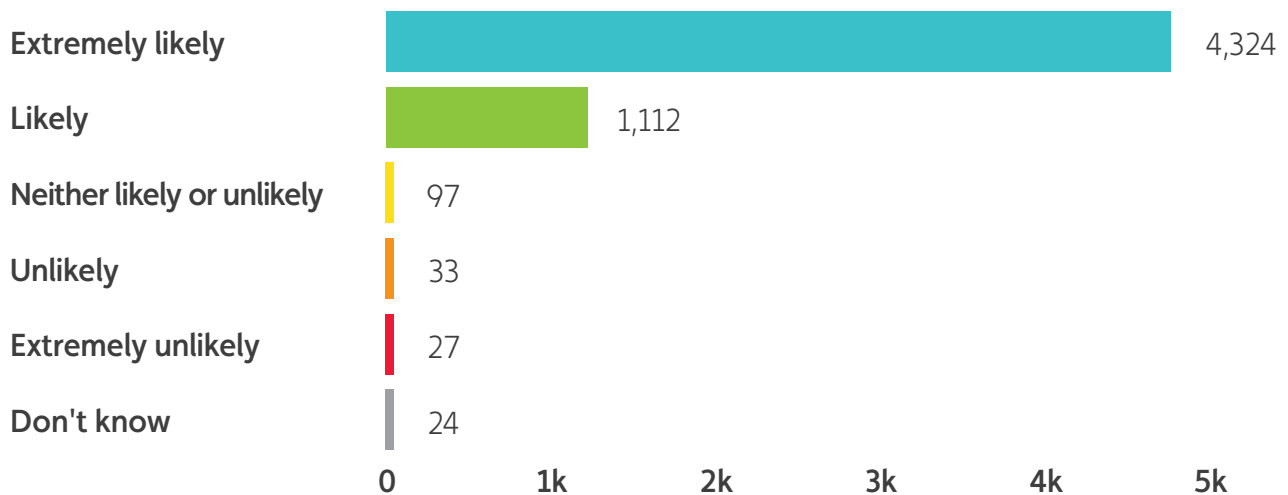
Virgin Care's teams can access information about their service using our in-house data reporting system powered by Tableau. This powerful reporting tool allows actionable insights for managers. Virgin Care encourages staff to discuss their FFT and other feedback, accessible through Tableau, at team meetings and to make actionable change in response to the feedback provided by the people who use services.

FFT statistics for Essex C&FWS

Questionnaires completed



Feedback response to main question



Submission of FFT data to NHS England

Our Information Management Team submits FFT response data to NHS England each month, and services receive a copy of the data submitted by people who use services at this point. This is important not only to see how their services will be reflected when published on the NHS England website, but is also a chance to pick up key themes from the feedback that can be used to identify changes that can be introduced to improve the experience of people who use services.

Part three

Indicators of quality performance

Prescribed information

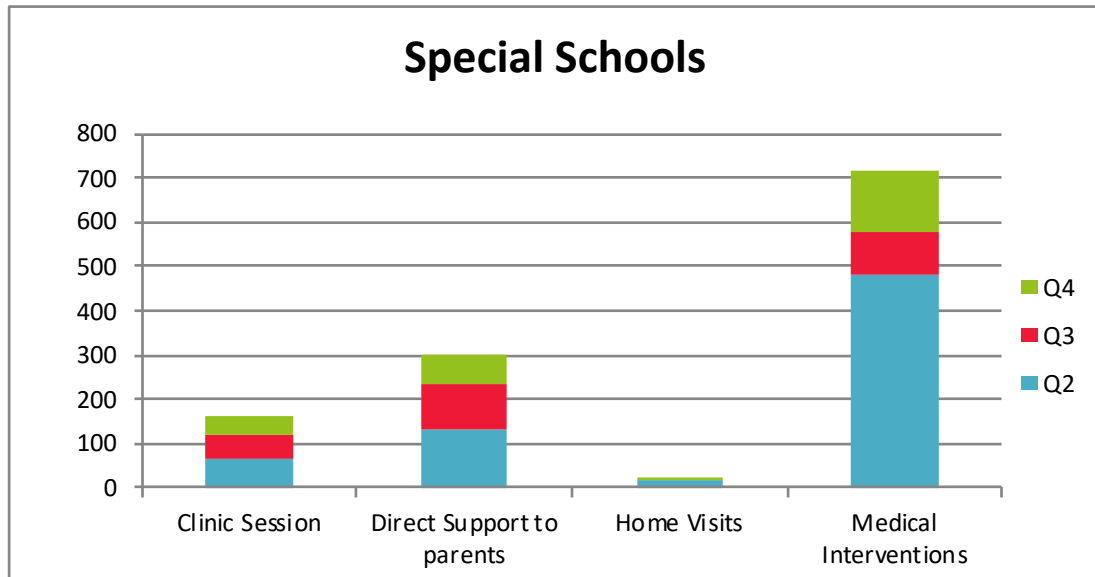
12	(a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	Not applicable
13	The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	
14	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	Not applicable
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	Not applicable
15	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	Not applicable
16	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Not applicable
17	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	Not applicable
18	The trust's patient reported outcome measures scores for: (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	Not applicable

19	The percentage of patients aged: (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	Not applicable
20	The trust's responsiveness to the personal needs of its patients during the reporting period.	Not applicable
21	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Not applicable
21.1	This indicator is not a statutory requirement. The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	Not applicable
22	The trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	Not applicable
23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Not applicable
24	The rate per 100,000 bed days of cases of C. Difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Not applicable
25	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	

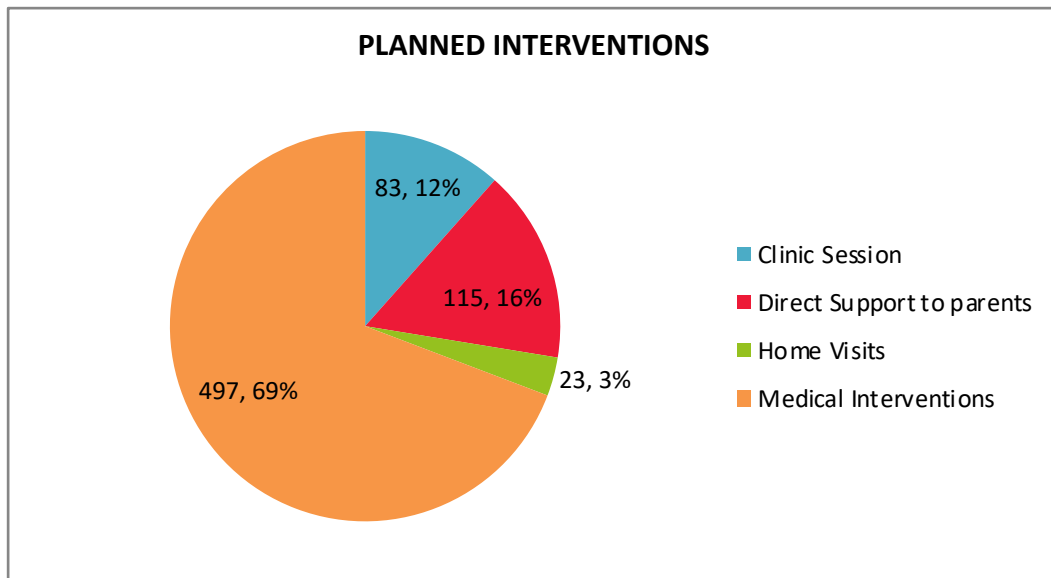
Virgin Care works with its commissioners and other local providers to support the delivery of CQUIN targets. Essex C&FWS did not have any CQUINs for the first year of the contract.

Community Services Performance Report

1. West Special Schools Tables (a)

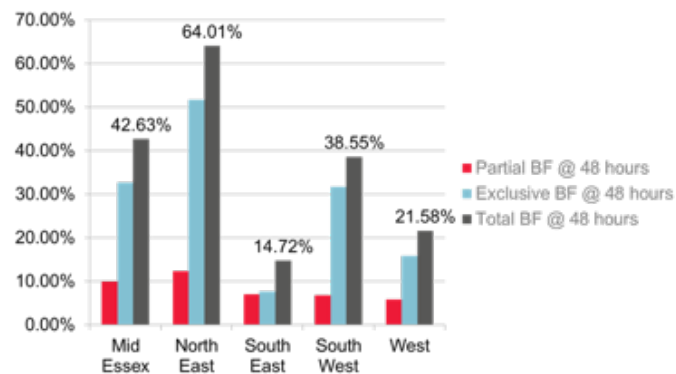


West Special Schools Planned Interventions Table (b)

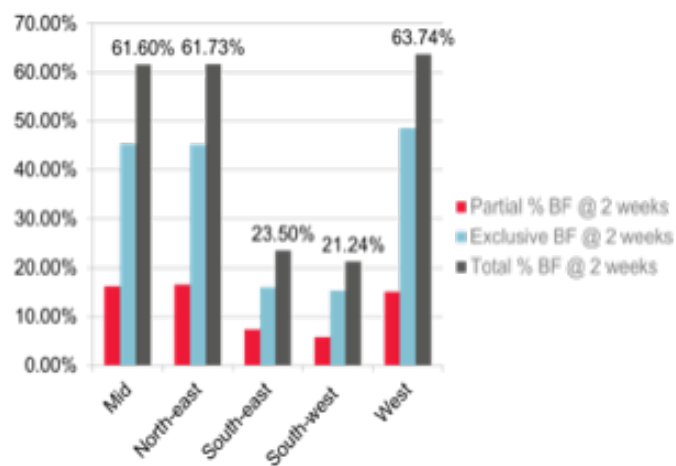


2. Infant Feeding

Quadrant-by-quadrant infant feeding at 48 hours of birth (a)

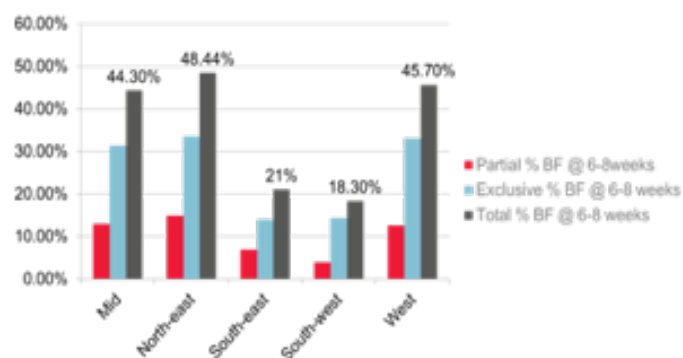


Quadrant-by-quadrant infant feeding at 2 weeks post birth data Table (b)



Quadrant-by-quadrant infant feeding at 6-8 weeks post birth data Table (c)

2. Infant Feeding



3 Safeguarding and Looked After Children

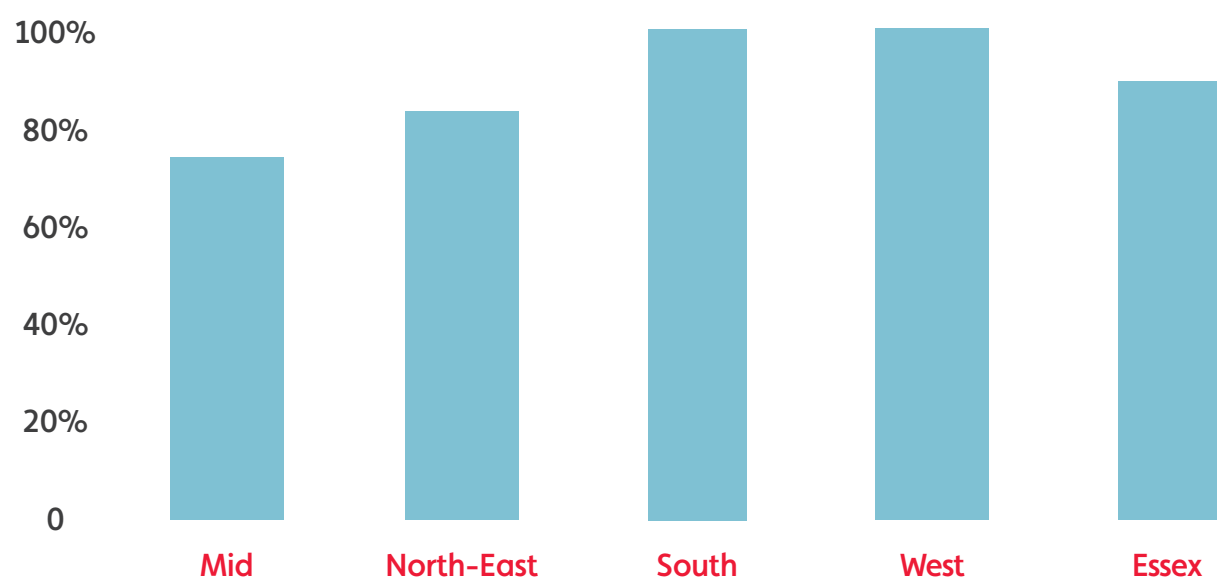
No. and percentage of Section 17 and 47 requests that are responded to within 2 working days and 1 working day respectively by the Essex C&FWS

KPI 2.12



Percentage of Looked After Children (LAC) aged 0-5yrs who receive their six-monthly Review Healthcare Assessment

KPI 2.19



Medicines Optimisation Statement

Quality Account: national statement for medicines optimisation (2017-18)

Within Virgin Care we have a medicines optimisation strategy. Launched in 2017, this is a five-year forward view to improve medicines optimisation across six principles. Principle 3 of this strategy is to have robust systems and processes in place for the safe handling and use of medicines throughout Virgin Care. One implementation tool is the annual comprehensive organisation-wide 'medicines safety audit', completed by all services down to delivery level (e.g. ward, clinic or department).

The audit has over 200 questions and collected data is used to develop individualised action plans for each respondent, and identify key organisation-level and regional-level improvement plans.

In 2017-18 the audit achieved transparency in medicines safety metrics across established services through the development of a real-time on-line dashboard. This enabled identification of, and direct action on, the top areas for improvement at service, regional and national level. This will be rolled out to all services during 2018. Subsequent internal benchmarking between services and regions has driven the sharing of best practice and resources.

This audit is updated each year to include user feedback and we are working with our IT development team to convert it from web-based to an app for 2018-19.

Comments by co-ordinating Clinical Commissioning Group

The draft quality account was submitted to the West Essex Clinical Commissioning Group and Essex County Council 29th May 2018 and their comments were used to improve the document prior to publication.

Below is the feedback from Essex County Council

"Commissioners have worked closely with Virgin Care and Barnardo's over the past eighteen months to develop a shared expectation of the changes and improvements we wanted to see for children and family outcomes, beyond historically commissioned and mandated activity. I am pleased with the considerable progress to date on developing integrated teams, infrastructure, governance and assurance which put the service on a firm footing with which to approach challenging new outcomes going forward."

Adrian Coggins

Head of Public Health and Wellbeing Commissioning
Essex County Council

Appendices

1: Glossary of terms

Care Quality Commission

Also known as CQC

Independent regulator of health and social care in England.

Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.

Clinical audit

Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.

Clinical Commissioning Group

Local organisations which seek and buy healthcare on behalf of local populations, led by GPs.

Commissioning for Quality and innovation

Also known as CQUIN

System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

Community Services

Health services provided in the community (not in an acute hospital)

Includes health visiting, school nursing, district nursing, special dental services and others

CP-IS

Child Protection Information System

A computerised way of sharing data about child protection securely between organisations.

Did Not Attend

Also known as DNA

An appointment which is not attended without prior warning by a patient

Healthcare

Care relating to physical or mental health

Healthcare Quality Improvement Partnership

Also known as HQIP

Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice

National Institute for Health and Clinical Excellence

Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

Net Promoter Score	Also known as NPS A customer loyalty metric often used for customer experience. Records a score for each respondent between 0 and 10, and returns an overall score in the range -100 to +100.
NHS Outcomes Framework	Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.
Patient-reported outcome measures	Self-reporting by patients on outcomes following treatment and satisfaction with treatment received
Here to help/PALS	Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services
You Said, We did	Feedback system used for making changes to services directly in relation to feedback from patients.
Emotion Gym	Workshop intended to appeal predominantly to males, run anonymously and without registration by First Steps in Surrey

Virgin Care delivers more than 400 NHS and social care services with a difference across England. For more information on our services or to find out more about the difference we've made visit www.virgincare.co.uk.

Virgin Care
Lynton House
7-12 Tavistock Square
London WC1H 9LT



June 2018

ESSEX CHILD AND FAMILY
WELLBEING SERVICES

NEWSLETTER

I hope you enjoy another great newsletter jam-packed with terrific developments and stories from across our service. I would like to take this opportunity to thank everyone who has contributed to this edition and previous editions of this important newsletter, which serves to share good news stories, spread information and promote greater understanding and a sense of belonging for all of us working in Essex Child and Family Wellbeing Service. If you have got anything you would like included I would urge you to send it in.

You will have received a document from me in mid May about some changes we are making to the workforce structure that will bring greater

clarity to the line-management of colleagues within teams and that will assign certain job roles to the most appropriate managers. I am pleased to say that all the feedback I have received about this has been overwhelmingly positive and many of you have asked why this new structure wasn't put in place in October 2017 when the new integrated service was launched. It is a good question but I genuinely don't believe we were in a position to make this change at that point in time given the level and complexity of transformation that we have had to go through. Sometimes incremental change is necessary to keep stability and I feel we are now set in terms of our structure and job roles to help us go from strength to strength going forward.

Only a few weeks ago our own Lisa Farrell (Deputy Quadrant Manager in Mid Essex) was invited to 10 Downing Street to talk about our service, which demonstrates that the integrated model we are delivering for children and families is of national interest. We do need to keep reminding ourselves of the great stuff we're doing in Essex and that we are doing something that is of national interest. I feel privileged to be a part of it and enthused by the weekly correspondence I receive from families who are complimentary about the staff they have seen and the service they've received.

It goes without saying that not everything is running smoothly everywhere. We're critically short of health visitors in the Basildon area of the South Quadrant and we are doing everything to recruit, even offering a substantial 'golden hello' for new appointments as well as the 'introduce a friend' bonus for colleagues. I'm incredibly grateful to the team leaders and colleagues in the Basildon teams for their perseverance and resilience at this difficult time. I have been amazed by the team work and flexibility shown by everyone there throughout this difficult period and I hope there will be some respite for them in the very near future.

Richard Comerford
Managing Director



Send us your news

If you want to share some news, social stories or shout-outs in the next newsletter send them over, ideally with a nice photo, to: news@virgincare.co.uk

Some of what's in this edition

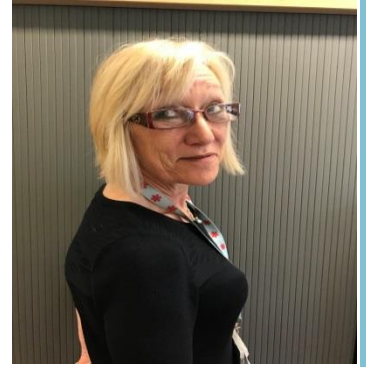
Page 2 Star of the Month
Page 2 Outcomes Launch
Page 3 WOW Week Transformations
Page 4 MECOSH Relaunch
Page 4 Our day at No. 10

OUR STAR OF THE MONTH! Bronwyn Mepham

Bronwyn has been working within the Braintree district for nine years as an administrator for Health Visiting and School Nursing teams.

Since the integration of services, Bronwyn who is now the Healthy Family Team Administrator for the Braintree Central team and works from the Carousel Family Hub where she has face to face contact with our clients.

Bronwyn's experience, knowledge and skills within the services has supported better outcomes for our children and families.



Bronwyn was recently able to identify a vulnerable pregnant lady who dropped in to the centre to enquire about groups. Bronwyn exercised professional curiosity, immediately reviewing the records and in discussion with the lady she signposted them to the duty health visitor who was able to undertake a health needs assessment and book follow-up care. This lady is now being seen in line with the Maternal Early Childhood Sustained Home-visiting (MECSH) programme and without Bronwyn's forward thinking and intervention she may have missed or had delayed access to the support she needed.

Bronwyn is a real asset to the Braintree Healthy Family Team, providing a friendly face within the hub, her hard work and dedication is appreciated by all who come through the door here and her support to her colleagues and managers has been invaluable.

Congratulations Bronwyn!

Outcomes Launch!

After months of preparation we have finally launched our Outcomes Measures.

The new functions on S1 (SystmOne) may take some time to get used to, but please keep in mind these outcomes are here to evidence the amazing work we do across our service.

Unfortunately, we are still struggling to get the training on TLE, therefore we ask all Virgin Care colleagues to buddy up, and use the link below with a Barnardo's colleague to complete the training via B-Hive. This new Outcomes training is designed to assist you with the new functions on S1.

B-Hive: <https://barnardos.clcmoodle.org/course/view.php?id=211>

Please complete this training as soon as you are able as it is compliant with all statutory and mandatory training.

For any help, please speak to one of the S1 superusers within your quadrant and for any other queries contact grainne.sweeney@virgincare.co.uk.

WOW (Well Organised Working) Week Transformation

We've seen some amazing improvements to our working environment across the service during WOW week and we wanted to share some pictures of what can be possible!



Berechurch before



Berechurch after

The fantastic colleagues based at Berechurch Family Hub have completely transformed the room above. They have worked really hard on creating a useable space enabling the team to bring in families for contacts such as developmental reviews and self-weigh. Please continue efforts to remove clutter and maintain a clean and tidy working environment for colleagues and visitors to enjoy.

If you have any transformation photos you wish to share of how the service has been 'WOWING' please send to grainne.sweeney@virginicare.co.uk.

Health Needs Assessment SOP:

There is a new Health Needs Assessment Standard Operating Procedure (SOP) for the Essex Child and Family Wellbeing Service.

Please see below link for access.

JAM : <https://jam.virginicare.co.uk/intranet/documents/1914/16039>

Please would all Health Visitors and School Nurses ensure that they have read and understood the SOP. For any queries please contact Clare McKay: Clare.McKay@virginicare.co.uk

MECSH Re-Launch

The new Essex-wide leaders of MECSH have been treated to an inspiring two days training with professor Lynn Kemp the designer of the MECSH programme.

Over the next four months all clinical colleagues across Essex and some of our partners will be upskilled in the process and ethos of the MECSH programme.

This is an exciting re-launch we have ahead of us so please make sure you keep an eye out for course details which will be sent out shortly and get yourself booked on.



Our Day at No.10!

The Essex Child and Family Wellbeing Service, which we provide in partnership with Barnardo's, was delighted that one of its leaders was given the rare privilege to attend 10 Downing Street to share experiences in delivering our exciting and innovative Family Hub model for supporting local children and families.

The roundtable discussion held by Nero Ughwujabo, Special Adviser to the Prime Minister, and Chaired by David Burrowes was attended by representatives from parliament including Lord Michael Farmer and Dr Samantha Callan along with Children's Commissioner Anne Longfield and Barnardo's Chief Executive Javed Khan. It was an opportunity to share good practice and begin composing recommendations for service development country-wide.

Lisa Farrell, Deputy Quadrant Manager for Mid Essex, was invited to attend to represent the Essex Child and Family Wellbeing service, with a particular focus on the Chelmsford Family Hub, which is considered as an exemplar site in Essex.



Lisa said: *"The unique redesign and integration of the Chelmsford Family Hub with the city library provides pregnant women, children and families with a wonderfully wide-ranging combination of education and support opportunities. It was a fantastic opportunity to showcase what we have done in Essex and to highlight how our strength-based, whole system approach to people's care needs means that the right type of support is given at the right time in the right place, whether this be in the Family Hub, at home or elsewhere in the community."*

"I shared the benefits from there being a single point of contact for families and the concept of a 'service without walls'. New partnerships in the Chelmsford Family Hub has resulted in a unique opportunity where library employees, Healthy Family Team members (Health visitors and Support Workers), community groups and volunteers come together to deliver a range of services."

"We recognise how important it is for communities, families, children and young people we serve to help shape the support offered. A main aim of our service is to build on community capacity to support themselves and build resilience whilst focusing on positive outcomes and impact."

"Lord Farmer along with Council officials and dignitaries attended the grand opening of new development within Chelmsford Family Hub and library on 27 March 2018 and it was because of this experience that he invited me onto the roundtable event at Number 10."

"We are very proud of what we have achieved in Essex. The innovative co-production of commissioning that has been happening in Essex means we can look forward to taking part in future opportunities to feed into government policies about family hubs."

West Essex Guiding the Future



Eleanor Hewins was able to benefit from a day's work experience with the Harlow Speech and Language Therapy Team in West Essex.

Eleanor is currently in Year 9 and hoping to pursue a career in health care. This was made possible through Virgin Care's Work Experience Policy, which is open to young people aged 14 years and above.

Eleanor accompanied Speech and Language Therapists during Nursery Visits when the Therapists went out to pre-school settings to work with children and support staff. She also observed some therapy sessions at Nuffield House Clinic in Harlow, where the Speech and Language Therapists were working with children with speech and language problems and feeding difficulties.

Eleanor's feedback.....

"As part of an enrichment week at school, I had to undertake a day work placement in an area that I might like to work in when I get older. On 11 June I spent the day working with Charlotte, Hannah, Meghan and Lyn who are Speech and Language Therapists working in West Essex. I really enjoyed my day and I got to see many different aspects of the job and visit different places and I really liked getting to work and play with the children. It was very different from my normal school day and I was quite tired but I had a fantastic day so thank you to everyone who helped make it possible."

We wish Eleanor every success in her future studies and career in health care!

For more information on Virgin Care's work experience policy please go to
<https://jam.virginicare.co.uk/intranet/documents/262/13334/>

National Breast Feeding Week

Monday 25 – Friday 29 June is National Breastfeeding week.

The week will focus on celebrating the benefits of breastfeeding and promoting the role that all healthcare professionals, commissioners and managers have in advising and supporting mothers to take up and continue breastfeeding for at least the first six months of their baby's life. The week will look at the evidence that exists, showing breastfeeding's wide and positive impact on a baby's development, from strengthening immunity and providing nutritional value to emotional bonding and building mental resilience. PHE will be publishing a number of blogs during the week at <https://vivbennett.blog.gov.uk/> using the hashtag #CelebrateBreastfeeding.



During this week Essex Child and Family Wellbeing Service in partnership with the local authority will launch the Essex-wide Breastfeeding Welcome initiative. This initiative will enable mothers to be confident to breastfeed when out and about.

The initiative supports the ambition for England by encouraging food outlets in Essex to welcome breastfeeding mothers and their family. Of course, mothers should be able to breastfeed wherever they feel comfortable, however knowing that you are entering a welcoming environment can be a real confidence booster. Mothers will be able to plan their day by looking up breastfeeding welcome venues in the local area on our ECFWS website.

Please promote to your families and make them aware of the sign in shop windows, cafes, coffee shops, garden centres... There will also be a press release to promote this. This initiative is being undertaken by our fab community engagement workers. However if you are aware of any venues that would like to sign up or if you require further information please contact Dionne Wilson at Dionne.Wilson@virgincare.co.uk or <https://jam.virgincare.co.uk/intranet/documents/262/13334/>

2018 Volunteer Week

Volunteer week ran from Friday 1 June – Friday 8 June. This year North Quadrant celebrated by hosting Thank You afternoon tea events at Sydney House Family Hub, Clacton, Berechurch Family Hub, Colchester and Harwich Library delivery site.



Volunteers at Sydney House enjoying afternoon tea

All volunteers within the North Essex Child and Family Wellbeing service were invited to attend one of the volunteer afternoon teas to show them our thanks for all the commitment and dedication they have shown to supporting colleagues, families and the service over the last year. Volunteers enjoyed a lovely lunch and were given awards celebrating their length of service. Special thanks was given to Jill Burkett and Heather Minter-Ruffle who both received their five year award for volunteering with Barnardo's and also to Sheila Crow who has also earned her five year award but unfortunately was not available to attend.



Jill Burkett



2018 Volunteer Week – Continued

Network Rail kindly allowed six of their staff to come along and spend a day volunteering with us at Berechurch Family Hub. Adrian, Cat, Jenny, Cordu, Tom and Darren worked with the Community Engagement Team to create a sensory water wall ready to be installed into the sensory garden project at the hub. The volunteers did a fantastic job and thoroughly enjoyed their volunteer day!



Volunteers from Network rail



Sensory water wall

RAP - Risky Adolescents and Parents

RAP is a new project working with young people (aged between 11-17) who are engaging in risky self-harming behaviours and their parents/or carers. Young people and parents/carers attend separate workshop groups which have linked themes.



THE
MINISTRY OF
PARENTING

We have been asked by RAP to advertise their workshops and details have been sent to Healthy Family Team Leads.

Workshops will be interactive and fun – it's not the classroom! We acknowledge that these workshops may not stop young people from self-harming – but instead aim to show alternative ways to cope with stress, sadness, self-esteem issues, and the many issues facing young people today.

Young people's workshops will run on a Saturday from 11.00 – 4.00pm

Saturday 30 June 2018: How do we listen & self esteem

Saturday 14 July 2018: Who am I, my inner circle and how do I manage tough times?

Saturday 28 July 2018: Managing the tough times (2) & moving forward

Parents/carers workshops will run on Saturday from 10.00 – 3.00pm

Saturday 23 June 2018 : Understanding How to Listen and Raise Self-Esteem

Saturday 7 July 2018 : Managing Behaviour Within the Family Environment

Saturday 21 July 2018 : Coping Strategies for Parents

For more information on RAP and the work they do please contact:

The Ministry of Parenting

Address: Suite 6, Wellington House, 90/92 Butt Road, Colchester, CO3 3DA

Telephone: 01206 562626

Email: Debbi.barnes@theministryofparenting.com

Website: www.theministryofparenting.com

Introduction to CAVs (Castle Point Association of Voluntary Services Ltd.)

Virgin Care has a sub-contract with Castle Point Association of Voluntary Services Ltd (CAVS) to enhance our Essex Child and Family Wellbeing Service by providing volunteers to support children with difficulties across our communities. Each quadrant has a dedicated volunteer coordinator whose job it is to recruit and supervise volunteers who provide direct support to school-age children in need.



My name is Julia Westley and I am the Volunteer Coordinator for CAVS Children & Young People's Service, covering North Essex, Colchester and Tendring districts.

I have worked in Young People's services for the last fourteen years beginning my training as a youth worker on the Information and Advice team. I worked in youth centres and detached settings before spending seven years supporting young people on Alternative Education provision. I have been a mentor for young people in the care system working with them in a specialised school. Working at a college enabled me to reach many young people in my role as a learning coach, from here I went to work with EYPDAS, supporting young people with drug and alcohol issues. Working alongside young people to make positive choices and feel empowered to move forward with their lives is something I am passionate about.

I am Sinead Noad, the Coordinator for the West of Essex, covering Harlow, Epping and Uttlesford.

In the past I have been a volunteer, I was a Befriender for Mind, so I understand how rewarding this role can be and also the demands juggling this with work and family commitments. The feel good factor from volunteering cannot be underestimated and volunteers are extremely passionate people.

I have worked in Domestic Abuse for most of my career, working mostly with high risk victims and managing a team of Domestic Abuse Practitioners and Independent Domestic Violence Advisors. I am a qualified Independent Sexual Violence Advisor (IDVA). Within this role I found that I had a real passion for supporting Young People and educating them about healthy relationships and empowering them, which lead me to my current role working in a level 2 service, as early intervention can help to build resilience and educate young people to make more positive lifestyle choices and hopefully have more chance to have happy and fulfilled lives.





Hi, my name is Paul Tufnell and I am the Coordinator for the CAVS Essex Children & Young People's Service covering Mid-Essex (Chelmsford, Maldon & Braintree Districts).

I have been working in the family support sector for over 18 years in various roles and with various organisations. I was privileged to work as an Extended Services Manager in the very first Essex Pathfinder Children's Trust which was Essex's first multi-agency co-located team of around 25 practitioners based in Braintree. I have also been the Manager of 4 Sure Start Children's Centres in Brentwood working initially with the national children's charity 4Children and then latterly with Barnardo's. In all my roles there has been the thrilling element of setting up a service or project from scratch and I love the pioneering element this brings. More recently I set up a Parent Peer Mentoring scheme in Brentwood which, not unlike this service, utilised volunteer parents who were recruited and trained to mentor other parents who were facing difficult and challenging circumstances. It was during the development of this scheme that I fully appreciated the powerful impact a volunteer can have on a person's life. That someone would give of their time and energy free of charge to someone who is struggling speaks volumes! I also currently volunteer with Chelmsford Foodbank on the "Meet & Greet" team and I am also a Supervisor. Improving lives is something I am passionate about.

I am Zoë Westwood and I am the Coordinator for the South of Essex, including Castle Point, Rochford, Basildon and Brentwood.

I started volunteering at CAVS five years ago and quickly gained employment as the Volunteer Centre Coordinator, recruiting and matching volunteers to suitable opportunities. From there I moved onto Coordinating Ways to Wellness, which is the social prescribing scheme for Castle Point and Rochford. By working alongside GPs within the locality, we identified those patients who required additional 'social' support and after an initial assessment, looked to link them with support resources within their community to help promote health and wellbeing.

Working within this role, enabled me to gain insight into the issues that families and individuals face on a daily basis and it also armed me with a wealth of knowledge of what support resources are available within our communities. I am passionate about supporting and empowering young people to make positive choices and ensuring they feel connected to their peers and community. Being a mother myself, I have first-hand experience of the challenges facing young people and I am looking forward to using these skills to enable our clients to gain confidence and move forward with the next chapter of their lives.



If you are aware of children who you feel would benefit from the support of a volunteer please refer them to your quadrant-based CAVS Volunteer Coordinator.

For more information on CAVs and the amazing work the do please go to <http://www.castlepointavs.org.uk/>

Be a part of the Community Fridge Network!

Community Fridges are communal places where surplus food is shared between people in a community, by local businesses and individuals.

Why are they needed?

The average UK family wastes £470 a year by throwing away food and drink and £3 billion is wasted by the food industry. Despite growing awareness of food waste, there are few easy ways for individuals or businesses to share food near its 'sell by' date to those who need it.

So far Community Fridges has helped thousands connect to their communities, access nutritious food, save money and reduce waste.

How you can get involved?

The Community Fridge Network has been set up to connect Community Fridge projects across the UK. Here's how you can get involved:

- Spread the word!
- Donate surplus food that you're not going to use to your local Community Fridge - find your nearest one at: <https://www.hubbub.org.uk/Event/community-fridge-network>
- Volunteer to help maintain your local Community Fridge
- Set up your own at: <https://www.hubbub.org.uk/the-community-fridge>

Essex Child & Family Wellbeing Service - School Nurse Conference

Wednesday, 11 July 2018
9am – 4:30pm

Essex County Cricket Ground
The Cloud FM County Cricket Ground, New Writtle Street, Chelmsford CM2 0PG

This conference is aimed at all school nurses and will give you an opportunity to discuss a plan for how we will work in the next academic year and ensure a consistent approach to delivery across Essex.

There will be confirmed guest speakers, refreshments throughout the day and a light lunch will be provided.

Please confirm your place by emailing (also advising of any dietary requirements):
Helen.Foster@virgincare.co.uk

****Please book your place no later than 29 June 2018****

Good News Stories: West Essex Children and Community Therapies Team benefit from Tesco donation through “Fledglings”

Children who use the West Essex Community Therapies Team (Occupational Therapy, Physiotherapy and Speech and Language Therapy) have benefitted from a donation of £1000 worth of equipment and toys from “Fledglings”.

“Fledglings” is a national charity that provides practical advice and support when living with children with additional needs. “Fledglings” finds and sells products that improve the lives of children with additional needs and their families. It also signposts people to other organisations for any further advice they may need (See <https://www.fledglings.org.uk/>).

Funding was generated through the “Tesco Groundwork Bags of Help” scheme where money raised from the sale of carrier bags is used to fund local community projects. “Fledglings” approached the West Essex Community Therapies team to distribute their products to local families who would benefit. As a result, a number of families have received donations of useful equipment or toys. The Occupational and Speech and Language Therapy services have also acquired some additional resources to use in therapy sessions, for example liquid floor tiles.



Meaghan Reid (Specialist Speech and Language Therapist), with a little girl and her parents and the toy that Fledglings donated

The parents of one child who received a toy from Fledglings reported that they were really pleased saying, *"Thank you, she loves it"*. Her mother commented that: *"It is a great sensory toy, similar to a toy that she uses when she goes to a specialist play session"*. They were pleased that she now has her own at home to support her development.



Other items included a range of special equipment to support feeding, for example cups and cutlery. A mother commented that she was pleased to receive the cutlery from *"Fledglings"* which prompts her son to hold the utensils correctly through the shaped handles.



Essex Exposed... Introducing Matylda Fataba



Q. What is your name and what do you do?

I am Matylda Fataba Demby and I am a School Nurse.

Q. What inspired you to work with children and families?

When I finished school many moons ago, I didn't know what I wanted to do. A holiday job was advertised to work in the school library. Part of the role included reading with year 7 children. After my GCSE's, I got a place at university where I completed my Bachelor of Arts in Education and I have never looked back. In 2004, I qualified as nurse after 20 years teaching experience. Basically, I have worked with children and families all my life.

Q. What is your worst personal habit?

Worst personal habit - Snoring. The good thing is I don't get to hear it. I get told of the different sounds and tunes I play whilst snoring. On a serious note, it stops me from going to bed early especially when we go on holiday to family and friends abroad because I want to ensure they are asleep before I go to bed.

Q. Which of your colleagues, past or present has had the greatest impact on you, and why?

One of my matrons now retired had the greatest impact on my work life. She was softly spoken, knowledgeable, approachable, and supportive. She always saw the good in people and ensured everyone was given a fair chance. The world would be a better place if we had more people like her. I try to emulate her when dealing with people.

Q. If you could invite five people, dead or alive, around for dinner, who would they be?

Mother Teresa, Nelson Mandela, George Clooney, Gary Barlow, Oprah Winfrey

Q. What three courses would you provide?

Starter: Tomato/Crab soup, Main Course: Seafood saffron rice or rice & peas served with chicken curry, Dessert: Sticky toffee pudding served with custard or strawberry cheesecake

Q. What is your greatest achievement in your career journey?

My 20 years teaching experience and getting acknowledgement from former pupils saying I contributed to making them who they are today.

Q. Tea or coffee?

I like milky coffee with no sugar.

Q. If there is one thing you could change at work what would it be?

In addition to the starter pack it would be good to have a list of services in the community for referring clients and to have S1 training within the first two weeks of starting your role.

Q. Favourite perfume?

J'dore by Dior

Q. Most memorable childhood memory?

My dog was run over by a truck driver outside our house. The driver was very shaken when he came to meet my father to explain what had happened. My father was a pharmacist and very well known in the town. He said to the driver in a very stern voice, "You wait until the owner of the dog tells me what to do with you". The poor man must have been wondering who would be in a higher position than my father to make such a decision. I was asked to determine this man's fate and he couldn't believe it when he saw this 5 year old girl. He couldn't thank me enough when I told my father to let him off. My little 5 year old brain made me feel very important for weeks on end. I surely did miss Dimple.

Q. Favourite film or book?

My favourite movie is Sound of Music. (I've just given my age away now). I have watched it umpteen times.

Q. The best thing you are good at in your job?

I am good at delivering health talks to children and young people.



Essex Exposed... Introducing Gill Sharman

Q. What is your name and what do you do?

Gill Sharman, Public Health Specialist

Q. What inspired you to work with children and families?

When I had my own children, I realised how important getting the right information and support was.

Q. What is your worst personal habit?

Always leaving tea in the bottom of the cup. My grandma always used tea leaves and there would often be tea leaves in the bottom of the cup, so I got in the habit of leaving a safe amount in the bottom to avoid the grouts!

Q. Which of your colleagues, past or present has had the greatest impact on you, and why?

Pauline Smith, a teacher I used to work with who was inspirational and innovative and really made a difference. She taught me the power of a positive attitude. More recently a group of colleagues that all worked together on the public health agenda to reduce inequalities in children and families.

They had a real impact on me, because they were a true team and we became good friends too.



Q. If you could invite five people, dead or alive, around for dinner, who would they be?

That's a tricky one. I would have to do two. One for people I know (my besties group), there are six of us and although we struggle to get together these days, when we do, we have a blast. The one for people that I don't know, but would like to would be: JK Rowling, (without Harry Potter, I don't think my son would be reading now!) James Martin (he could take over the cooking – as he's the chef I get another pick!), Tracy Ullman, (she can be any politician you like and talks more sense!) As I can't decide between Robbie (Williams) or Gary (Barlow) I would invite them both. Then if allowed James Corden and first reserve - as I'm still not convinced that Robbie and Gary like sharing the limelight Brad Pitt – I owe him a burger from the Billericay Whimpy!

Q. What three courses would you provide?

Scallops with bacon or crab and lobster cocktail, beef wellington, or dover sole, raspberry pavlova or cheese and biscuits. (Anything left over my family would eat).

Q. What is your greatest achievement in your career journey?

Being part of an amazing Health Improvement team that were able to deliver interventions and training that really made a difference. Their belief in me enabled me to complete my post graduate certificate in adolescent and adult mental health.

Q. Tea or coffee?

Tea, but I do enjoy the occasional flat white.

Q. If there is one thing you could change at work what would it be?

I would have more Children Young People Practitioners (CYPP) to compliment the current staff – their strength would be in emotional health and wellbeing – to ensure that targeted interventions with vulnerable groups would not be let down when safeguarding priorities take over.

Q. Favourite perfume?

Jo Malone

Q. Most memorable childhood memory?

My family holidays to Cornwall, they were great fun.

Q. Favourite film or book?

This changes like the weather! But the book Me Before You, by Jojo Moyes although a real tear jerker I loved it and I saw the film too.

Q. The best thing you are good at in your job?

Listening to what's needed and then finding a way to make it happen.

Page 111 of 116

Each newsletter we are asking for one Barnardo's and one Virgin Care employee to take part in Essex Exposed. If you, or someone you know would like to make front make news in Essex Exposed please email: grainne.sweeney@virgincare.co.uk

Your National News Updates

My Wellness Activity Challenge



We are now officially underway with the *My Wellness Activity Challenge* and if you haven't signed up already there is still time.

You can join at any time between now and 13 July for your chance to win weekly prizes by being more active and having fun with your colleagues at the same time.

To get involved you'll need to register either through the *My Wellness* website or the app via your phone.

Don't forget that we'd love to see you in action so make sure you take plenty of photos and [send it to us](#) to be included in our Jam gallery. Good luck to everyone taking part!

Royal Marsden Manual

The Learning Enterprise (TLE) is happy to announce the Royal Marsden Manual of Clinical Nursing Procedures is now available on Jam.

The manual aims to ensure that service users receive the very best care and expertise from nurses during clinical procedures, combined with an attitude of respect and compassion.

As a practitioner, access to The Royal Marsden Manual will provide you with the most up to date information and guidelines. It is structured to enable nurses to develop a number of competencies in addition to understanding the rationale behind procedures and how it may impact service users.

To access the Royal Marsden Manual online, visit the [TLE Jam page](#) and follow the links. If you have any problems accessing the manual please contact: training@virgincare.co.uk.

Fire Awareness Training



We have adapted our basic fire safety awareness training to include face to face sessions to comply with the Regulatory Reform (Fire Safety) Order 2005. Fire safety awareness training is important to all of us so we can ensure we can provide assistance to our colleagues and service users in the event of a fire incident.

The basic training all colleagues must complete as part of our statutory and mandatory training now needs to be completed face to face once a year, and then e-learning the following year, and so on. If you are a nominated fire warden or work in an in-patient area you will also need to complete additional training modules as shown [here on Jam](#).

NHS70 – Get involved

As you know, the NHS turns 70 on 5 July 2018. The national birthday celebrations are already in full swing – [let us know](#) if you're getting involved. We're also recognising this special milestone and have created a number of ways to help you join in:

- **My Wellness Activity Challenge:**

If you haven't already signed up, it's not too late. Find out more on [Jam](#).

- **Send us your memories:**

Send us your memories of the NHS either as an article with a photo or a video clip telling us why the NHS is important to you. [Find out more here](#).

- **Nominate a colleague for a *Feel the difference* award:**

There are some great ambassadors amongst us who have worked in the NHS for many years. So why not nominate one of your colleagues, who thinks, cares and does their best to provide a truly heartfelt service.

National Awareness – Dates For The Diary



Date	Event
18 February	International Day of Prayer for Autism and Asperger syndrome
1 April	National Child Abuse Prevention Month
2 April	World Autism Awareness Day 2018
7 April	World Health Day 2018
7 May	National Weaning Week
13 May	National Children's Day 2018
14 May	Mental Health Awareness Week 2018
14 May	Foster Care Fortnight 2018
15 May	International Day Of Families 2018
21 May	Walk To School Week 2018
25 May	National Missing Children's Day
1 June	Volunteers Week 2018
4 June	International Day Of Innocent Children Victims Of Aggression 2018
5 June	Child Safety Week 2018
25-29 June	National Breastfeeding Week 2018
1 August	World Breastfeeding Week 2018
12 August	International Youth Day 2018
1 September	Childhood Cancer Awareness Month
12 November	Anti Bullying Week 2018

		AGENDA ITEM 5
		PAF/18/18
Committee:	People and Families Policy and Scrutiny Committee	
Date:	2 August 2018	
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk	

WORK PROGRAMME

Briefings

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

Formal committee activity

Items programmed/being considered to come to Committee are listed in Appendix A.

Task and Finish Group activity

There is currently no Task and Finish Group activity.

Chairman and Vice Chairmen meetings

The Chairman and Vice Chairmen meet monthly in between scheduled meetings of the Committee to discuss work planning and meet officers as part of preparation for future items. The Chairman and Vice Chairmen also meet the Cabinet Members for Education, Children & Families, and Health and Adult Social Care on a regular basis.

Action required by Members at this meeting:

To consider this report, discuss future work activity, and whether any changes are required to the work programme.

People and Families Policy and Scrutiny Committee: 24 July 2018
Work programme (subject to further investigation, scoping and evaluation) for 2018/19 municipal year

Date/timing	Issue/Topic	Focus/other comments	Approach
Items identified for formal scrutiny in full committee			
2 August 2018	0-19 Contract with Virgin Care	Review contract performance after a year of operation (KPIs, involvement of CVS etc).	(i) Initial private briefing in July on the background, rationale and aspirations behind the contract placement (ii) Initial formal session in August to challenge the provider on performance. (iii) Identify any follow-up work and focus which may be conducted in full committee or by Task & Finish Group.
13 September 2018	Safeguarding - Children	Rescheduled timing to align with publication of Essex Safeguarding Children Board Annual Report during the summer.	(i) To challenge performance and priorities. (ii) Focus on looked-after children/Child Sexual Exploitation, gang culture, missing children. (iii) Identify any further follow-up work which may be conducted in full committee or by Task & Finish Group
11 October 2018	Safeguarding - Adults	Rescheduled timing to align with publication of Essex Safeguarding Adults Board Annual Report and future priorities	(i) Formal session to challenge performance and priorities. (ii) Focus on PREVENT – other focus TBC
11 October 2018	Essex Care Market – relationships with care providers	Follow-up on issues raised in June 2018 session specifically on more information to be provided on aged/older debt and the split between small and large companies.	(i) Initial discussion in June 2018. Further full committee session. (ii) Identify any further follow-up work which may be conducted in full committee or by Task & Finish Group
8 November 2018	Young Carers Service	A new service has been delivered in-house by ECC from 1 April 2018. The Cabinet decision was called-in but later withdrawn after an informal meeting with the Cabinet Member.	(i) Post-implementation review of new service (six months after Contract commencement) as agreed as part of the withdrawal of the call-in. (ii) Identify any further follow-up work which may be conducted in full committee or by Task & Finish Group
TBC (after the sale has completed)	Cabinet Decision FP/102/03/18 – Review of Essex Education Services	Update on how the strategic objectives stated in the decision paper have been met, provide more information on the financial payback period, and how to encourage EES maintaining a strategic presence in the county.	Full committee session to follow up on the call-in discussion in June 2018 and reassurances being sought.
11 April 2019	Educational Attainment	Annual update and discussion.	TBC
April/May 2019	School Places planning	Refreshed 10 Year Plan and primary and secondary 'Offer day'.	Private briefing update held in May 2018. Likely private briefing update – timing TBC

Task and Finish Group reviews

To be confirmed – none currently operating.

Issues still under consideration and/or for further evaluation

TBC	Hip fractures and falls prevention Task and Finish Group	Follow-up on recommendations (to be agreed jointly with HOSC) from the recent scrutiny report which was endorsed at the last meeting of the committee. Report can be accessed following this link - Task and Finish Group report	(i) Cabinet Member to respond formally to recommendations. (ii) A particular recommendation was that the Committee should consider seeking further information on waiting times for occupational therapist assessments and completing adaptations to ascertain if delays could be contributing to a higher incidence of falls. This would need to be scoped if the Committee was to proceed with this.
TBC	Educational Attainment	Separate session to the Annual update could be scheduled to focus on specific issues raised at the time of the last Annual update or focus the next annual update on specific issues. One matter raised was an update on work being undertaken to develop a minimum service entitlement identified for those with special needs and developing/identifying an outcomes tools framework.	TBC.
TBC	The Care Market	Care Act duties and market shaping and sufficiency and looking at relationships with providers.	(i) Formal session reviewing relationship management held in June 2018 and follow-up identified later in the year. (ii) possible work on the personalisation agenda and the sustainability of the care provider workforce is being scoped.
TBC	Learning Disabilities	A wide ranging cross-cutting issue – will need detailed focus if go beyond a preliminary briefing.	Private preparatory briefing from ECC officers on structures and issues in October 2017. No specific follow-up work was suggested but could be revisited.
TBC	Disruptive children	Could look at the criteria for access to support services.	Further investigation with key officers necessary before being able to scope any review.
TBC	Gang culture	Identified by Cabinet Member as issue of concern.	Some aspects may be covered as part of discussions on the work of Safeguarding Boards. Further investigation may then be needed with key officers necessary before being able to scope any detailed review.
TBC	Residential and Domiciliary Care	Recommendations on recruitment, retention, staff training and raising the profile of carers in the community were made by a previous T&F Group.	TBC