



Essex County Council

People and Families Policy and Scrutiny Committee

10:15	Thursday, 27 June 2019	Committee Room 1, County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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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.

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| 1 | Membership, Apologies, Substitutions and Declarations of Interest | 4 - 5 |
| 2 | Election of Vice-Chairmen for 2019/20 Municipal Year | |
| 3 | Minutes
To approve as a correct record the minutes of the meeting held on 09 May 2019. | 6 - 10 |
| 4 | 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. | |

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| 5 | Respite Care
To consider report PAF/14/19 | 11 - 26 |
| 6 | Pre-birth to 19 Virgin Care Contract
To consider report PAF/15/19 | 27 - 54 |
| 7 | Work Programme
To consider report PAF/16/19 | 55 - 57 |
| 8 | Date of Next Meeting
To note that the next meeting is schedule for Thursday 11 July 2019, which may be a private Committee session, public meeting, briefing, site visit etc. - to be confirmed nearer the time. | |
| 9 | 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)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

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| 10 | 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. |
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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.

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

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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

Full Council on 14 May 2019 agreed changes to various committee memberships including the People and Families Policy and Scrutiny Committee. The following changes have been made to the PAF membership:

1. Councillor Jenny Chandler has been elected as the new Chairman of the Committee;
2. Councillor Malcolm Maddocks and Councillor Mark Durham no longer serve on the Committee;
3. Councillor Carlo Guglielmi and Councillor Carole Weston are appointed in their place.
4. Change to a Conservative Sub.

PEOPLE AND FAMILIES POLICY AND SCRUTINY COMMITTEE (18)

(10 Con :1 Lab: 2 LD: 1 NAG + 4 Co-opted)

John Baker
Graham Butland
Jenny Chandler
Jude Deakin
Beverley Egan
Carlo Guglielmi
Jeff Henry
June Lumley
Peter May
Maggie McEwen
Ron Pratt
Patricia Reid
Clive Souter
Carole Weston

Conservative Subs:

Mark Durham

Mark Platt

Labour Sub:

Lee Scordis

Liberal Democrat Sub:

Mike Mackrory

Cont... 1/2

The Committee also has space for 4 co-opted educational representatives. The members currently are:

Richard Carson
Lee Cromwell
Marian Uzzell

Recommendations:

To note

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

Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10.30am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 9 May 2019

Present:

County Councillors:

M Maddocks (Chairman)
J Baker (Vice Chairman)
J Chandler (Vice Chairman)
M Durham
C Guglielmi (substitute)
J Henry
P May
R Pratt
P Reid
C Souter

Graham Hughes, Senior Democratic Services Officer, was also present throughout.

1 Membership, Apologies, Substitutions and Declarations of Interest

The report on Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillors Egan (for whom Councillor Guglielmi substituted), Lumley, and Richard Carson, Educational Co-optee. No declarations of interest were made.

2 Minutes

The draft minutes of the meeting held on 11 April 2019 were approved and signed by the Chairman.

3. Questions from the Public

There were no questions from the public

4. Educational Attainment in Essex

The Committee considered report PAF/12/19 detailing educational outcomes for children and young people in Essex primary, secondary and special schools for the academic year ending Summer 2018, covering Early Years Foundation Stage, Key Stages 1, 2, 4 and 5. The report also included an update on absence levels and those young people Not in education, Employment and Training (NEETs), as well as an overview of specific cohorts of pupils.

The following joined the meeting to introduce the issues and respond to questions:

Councillor Ray Gooding, Cabinet Member – Education and Skills;
Clare Kershaw, Director – Education
Mark Gant – Education Performance Manager

During discussion the following was highlighted, acknowledged and/or noted:

- (i) 88% of Essex schools were judged as Good or Outstanding (Special Schools 85%). However it was highlighted that some OFSTED judgements were dated and many schools with poor ratings had since converted to academies;
- (ii) One of the main challenges was to move 'Good' rated schools to 'Outstanding'.
- (iii) Early Years Foundation: 74% of pupils achieved a good level of development – with 57% of Essex pupils in the top quartile.
- (iv) Harlow and Tendring were the weakest districts in terms of educational attainment and more focus was being put on those areas.
- (v) There were some major performance challenges in KS4 which were partly due to changes in the assessment process; for example, previously one of the qualifications assessed was the European Computing Driving Licence which was not now included in assessments and not featuring in the data. However, it was highlighted that none of the changes were different to elsewhere in the country so perhaps there needed to be more challenge about building pupil resilience to change.
- (vi) Outcomes for disadvantaged children remained a challenge locally and nationally.
- (vii) There had been some improvement in OFSTED ratings for schools in the Tendring area – the County Council was working with pockets of schools in that area including having an extensive reading programme in ten primary schools which it was hoped would start to impact on outcomes. It was highlighted that there did seem to be a particularly more mobile school population in the Tendring area with significant migration.
- (viii) The County Council had a school improvement service which worked with schools to drive improvement. Whilst the County Council could have discussions with academies, it did not have the same level of influence over them as with maintained schools

and often depended on the relationships developed with individual academies over time.

- (ix) The Timpson Review on School Exclusions had just been published and had made recommendations to the DoE. One proposal was for schools to still be held to account for those they exclude. Schools were being asked to sign-up to the Essex Exclusion Statement and to be as inclusive as far as possible.
- (x) Increasingly children are presenting with more challenging behaviour. It was acknowledged that perhaps there had been too much focus in the past on assessment programmes rather than attainment outcomes.
- (xi) There was a Pilot to make school workforces more informed on trauma and encourage teachers to not solely react to behaviours in the classroom but also whether there is a trauma incident behind it outside of the class room which may be causing bad behaviour.
- (xii) One of the biggest concerns was monitoring and tracking the cohort of NEETs, particularly those that go missing who could become vulnerable to exploitation by gangs.
- (xiii) The County Council now had a bespoke team to look at off-rolling which had resulted in an increase in the number of investigations of missing children. A major challenge remained that this team was dependent on being notified of off-rolling by schools.
- (xiv) The Cabinet Member was setting up a cross party group to look at the increasing numbers of children and young people being educated at home. It was thought that there could be schools encouraging 'off-rolling' and educating at home rather than pursuing exclusion of pupils. There was also a growing cohort of parents with children with additional educational needs who did not feel that they were being adequately met in maintained schools. The County Council's powers to intervene in home education was extremely limited (usually only if safeguarding concerns are raised) and the Cabinet member suggested that further national legislation was needed in this area. The County Council encouraged registration but it was only voluntary at the moment.
- (xv) A cohort of pupils that was causing concern was those who could not be educated due to medical reasons, such as anxiety, mental health etc and the County Council was running some workshops with schools to look at this to see if more bespoke emotional wellbeing support can be provided to assist getting them back into formal education.

- (xvi) There was extensive ongoing capital investment into SEN/Pupil Referral Unit estate and four bespoke schools were being built to meet specific special needs (e.g. autism) to reduce demand for out of county provision. However, there would always be need for some out of county provision for very bespoke services such as for sensory or multi-sensory needs.
- (xvii) Teacher recruitment was both challenging in some geographical areas of the county (e.g. for primary school teachers in the south of the county and North East Essex) and also for certain specialist subjects such as sciences. Probably one of the more successful recruitment initiatives was 'growing your own' by promoting teaching as a career through local schools and colleges. The Cabinet Member stressed the importance of providing local affordable housing to assist recruitment. It was acknowledged that academy trusts sometimes had an advantage in recruiting as they were sometimes able to offer better career progression within the trust.
- (xviii) Teaching Assistants were an important supplement to teachers although it was the latter actually delivering the formal learning content. There was some research indicating that SEN pupils could become too dependent on their teaching assistant and not fully develop the learning relationship with their teacher.
- (xix) Primary Schools should be establishing relationships with nurseries etc. to assist transitions from pre-school to primary school.

Conclusion

The Chairman thanked the Cabinet Member and officers for preparing the detailed report and providing the update. As indicated in the meeting, the Committee intended to have a further discussion about whether they wanted to change any aspects of the update and the process for future years and would advise on that in due course.

Thereafter the Cabinet member and supporting officers left the meeting.

5. Work Programme

The committee considered report PAF/13/19.

It was agreed to note the report

6. Date of Next Meeting

The date of the next Committee activity day was scheduled for Thursday 13 June 2019 which may be held in public, be a private session, briefing or site visit – to be confirmed nearer the time. [Clerks note: the date of the next meeting was subsequently changed from 13th June to the 27th June 2019]

There being no further business the meeting closed at 12.10pm.

Chairman

		AGENDA ITEM 5
		PAF/14/19
Committee:	People and Families Policy and Scrutiny Committee	
Date:	27 June 2019	
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk	

RESPIRE CARE IN ESSEX

Purpose:

This item is to discuss the provision of respite care in Essex including issues raised in a recent petition received on the services provided at Lavender and Maples facilities. Members may wish to seek further information and assurances on the rationale for change at Lavender and Maples and the adequacy and range of, and demand for, alternative respite care provision in the county.

Raising a petition

On its website Essex County Council states that it values the opinion of its citizens and that responding to petitions is a key way of promoting engagement and democracy. Under the Essex County Council petitions policy, a petition may be raised by any person who lives or works within Essex to request that:

- the Council takes action or ceases taking action;
- a matter be looked at by the Chairman of the Scrutiny Board; or
- there be a debate at Full Council or other public meeting.

Petitions may be raised and accepted in paper form or in electronic form - [website advice on e-petitions](#)

Background

A petition on proposals for future respite care at Lavender and Maples residential facilities was submitted to the County Council on 18 March 2019.

The County Council has a specific petitions policy it follows when receiving petitions
- [ECC Petitions Policy](#)

As this particular petition reached a threshold of 2000 signatures, the relevant Cabinet Member responded by email to the issues raised.

The receipt of the petition was also highlighted to the Chairman of the relevant Scrutiny Committee (in this case the People and Families Policy and Scrutiny Committee). Under the petitions Policy the Committee Chairman can then decide if they would like the Committee to look into any aspect of it (although the petitions policy does not specifically require the scrutiny committee to do so). In this particular case, the Chairman confirmed that to bring some further clarity and transparency to the issues, the concerns raised in the petition would be included as part of a wider discussion on the provision of respite care more generally in Essex (and not just the service provided at Lavender and Maples).

Attendees:

The Cabinet Member and Lead Officers have been invited to update the Committee on the provision of respite care in Essex, including the issues raised in the petition. In accordance with the Petitions Policy, the Lead Petitioner has also been invited to address the Committee to outline the concerns raised in the petition. It is planned that the Lead Petitioner will be invited to address the Committee at the start of the item and thereafter the Cabinet Member and Lead Officers will provide their update.

It is anticipated that the following will be in attendance on the day:

Russel Breyer, Director of Local Delivery (South), Essex County Council.

Gary Knowles, Lead Petitioner, Save Our Respite Essex (and further accompanying attendee).

County Councillor Louise McKinlay, Cabinet Member for Children and Families.

Christina Pace, Head of Strategic Commissioning and Policy, Essex County Council.

Attachments:

- | | |
|-------------------------|--|
| Appendix A (overleaf) - | Cover page of the petition together with additional commentary received from the lead petitioner |
| Appendix B | Briefing note prepared by Essex County Council service officers commenting on respite care at Lavender and Maples facilities and wider provision in Essex. |

Petition to Essex County Council Christina Pace & Councillor Madden

We, the undersigned strongly object to the councils plans to reduce bed space and in turn flat space at Lavender House and The Maples also potentially leaving our families respite service stripped down to the bare minimum.

We are concerned also that although the council claims the changes will not affect already allocated respite to families but seriously restricts the level of flexibility within its service and the potential future allocation for future families who to may be desperate for this very service.

We wish the council to re consider their plans for April 2019 and their decision on this matter and at the very least continue to run its excellent service as it has done for the past 2 or 3 years with the two flats and 8 beds.

Save our children's respite

To: Christina Pace Essex County Council

Reverse plans to cut the amount of bed spaces in our children's respite service

Why is this important?

Respite for families with children with disabilities is an absolute lifeline and essential way to help keep a rested and focused mind.

The children need it too.

Without this respite families simply just cannot function humanely.

Signed by 2,091 people:

Supplemental commentary to be read with Petition on respite care submitted to Essex County Council on 18 March 2019

- Save Our Respite Essex simply wishes for Essex County Council to reverse their decision to half the number of bed spaces in both of their children's homes from 8 per night down to 4 beds per night. We just want both Lavender House and the Maples to operate the two flats and 8 beds as per prior to April 2019.
- We believe that each child with additional special needs is different and not all would suit the proposed shared care environment within another families' home.
- We as a group are concerned that there would be no way of knowing who is coming or going within the shared care home whilst the care for child is there, no reassurances on pets, lots of children with disabilities will not tolerate dogs or cats, our son doesn't, carees own children and security.
- Some of the children attending Lavender House and the Maples may be violent and damage their surroundings occasionally or even regularly and possibly try to escape.
- As a group we believe that children's respite homes work because the environments within these homes are very structured and routine based, can cater for each and every individual child's needs, friendly, well trained and knowledgeable staff who are understanding companionate and very trustworthy and superb with the children just superb!
- Each home has excellent security and emergency procedures and has more than adequate staff levels in the event of an emergency.
- The two respite homes are an essential part of the life of families of children with disabilities an absolute lifeline. Without this service these families simply just would not be able to function humanely and would self-destruct.
- Gives families quality time with other siblings to do things other families would do without hesitation and perhaps take for granted.
- Reducing the number of beds in these respite centres makes it more difficult to be flexible with when respite can be taken. A short break away, family gatherings that are too stressful for our special needs children to go on or to.

Gary Knowles
Lead Petitioner
Save Our Respite Essex

Overnight short breaks for disabled children and their families

Briefing for the Scrutiny Committee

Purpose

This briefing is to support the Scrutiny Committee's discussions around the Essex review of overnight short breaks; and consider the Petition regarding changes to Maples and Lavender. These are in house short break homes for disabled children in Harlow and Colchester respectively and mostly support children living/attending school in these areas. The petition has asked Essex County Council to "reverse plans to cut the amount of bed space in our children's respite service". This is in response to a change in use of flats in both homes. From April 2019, both homes have operated from one flat (4 beds) rather than 2, because of reduced use of both homes over time. Families currently accessing the service continue to be able to use Maples and Lavender.

Background

1. Short breaks are a statutory requirement to give families a break from caring. For the parent/carer, this may give them time with other family members, focus on every day activities or help them better care for their disabled child. For the child or young person, they can engage in activities in a safe and supported environment, learn new skills and develop friendships. Local Authorities have the scope to respond to their local needs and design the range of short breaks that best supports this. The minimum legal requirement is that children who have an assessed social care need for a short break are given them. The eligibility for short breaks and how they are accessed should be set out in the 'short breaks statement' and reviewed regularly. Essex does this through the short breaks website and brochure: <https://shortbreaks.essex.gov.uk/what-are-short-breaks/>

2. Essex County Council has been reviewing its services for disabled children and young people, including overnight short breaks. Our aim is to use our resources most effectively to support resilient children and families, prepare well for adulthood and wherever possible, help families use their own strengths and benefit from early help to manage within the community. When families do have assessed social care needs, they should benefit from a range of services that are personalised, help them make progress and achieve good outcomes for their child.

3. Essex has a wide range of support to meet different need levels and this is set out in **Appendix 1**. Overnight short breaks are offered to children who are open to social care and have an assessed need for overnight respite as part of the support package given to the family. An overnight short break may be assessed as needed where the young person has disturbed sleep patterns and the family cannot otherwise

have a break from caring. These children may have additional health needs or other needs, such as learning disabilities or complex behaviour. There are currently around 160 young people who are assessed as needing an overnight short break specifically and of these, around 70 use Maples and Lavender.

Overnight short breaks and Essex use of in-house services: current picture and basis for reducing to use of one flat in each centre

4. The review of overnight short breaks is ongoing and no long-term decisions have been made, including no decisions about the future of Maples and Lavender. However, Essex has been reviewing trends in use of overnight short breaks over time to support planning and use what we have most effectively. Our aim is to continue to grow and develop a range of options for overnight care, to support a range of needs.

5. Use of both homes has changed over time **see appendix 2: trends over time**, as the range of overnight short breaks has developed and impacted on referrals - and as children have moved on from the service. The number of children accessing Maples over the past 4 years has reduced by over 37%, from 64 in April 2015 to 40 in January 2019. The number of children using Lavender over the same period has reduced by 62%, from 86 to 32. These decreases in usage occurred prior to the block on referrals and has meant that there is over-capacity at both centres. Over the next three years, a further 31 children will age out of both homes.

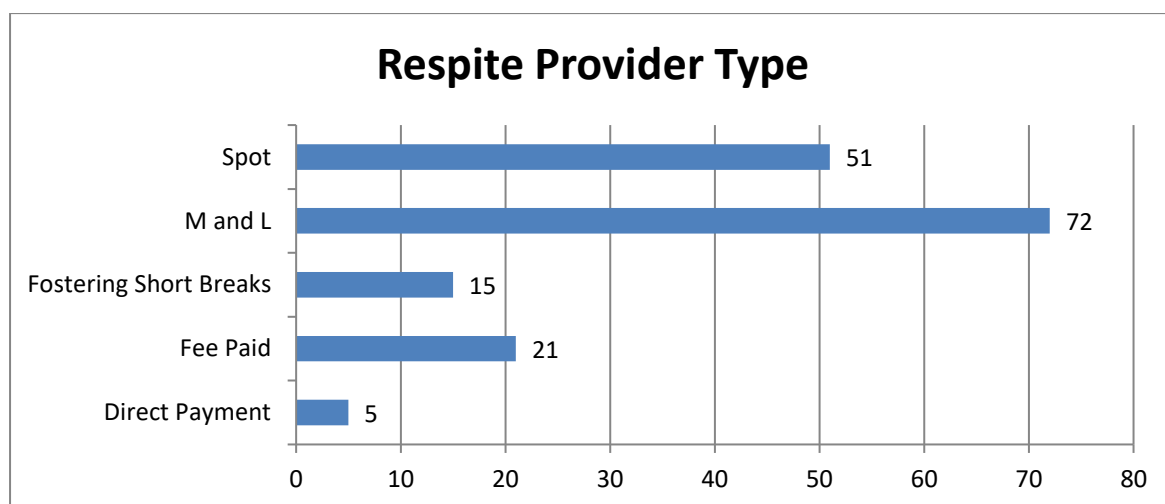
6. The operational short term decision to use one flat at each home is a result of the reduced use of both homes, which means that the existing level of use can be met through using one flat than two. It continues a pattern of managing use of the homes to meet reduced use over time and use council resources as effectively as possible. For example, Lavender had already moved from using all 3 flats to 2 flats due to reducing numbers of service users and both services have previously moved from operating 7 days a week to 5 days a week for the same reasons. Eligibility and allocation of nights for the year for existing families has not changed as a result of this decision and their assessed needs continue to be met. There is less flexibility than before about when families can use their nights, but to manage this, both centres have worked with families to plan ahead for when they want to use their nights and in general, families' preferences have been met.

7. A pause was made to new referrals to Maples and Lavender in December 2018, to give time to review use and the range of support available. All new referrals for any kind of respite have been tracked since this time, to provide assurance that assessed needs continue to be met and understand the ongoing pattern of demand. Social care has not changed any thresholds or practice in how they meet assessed needs for overnight short breaks and where there is a need, families continue to have access to a range of options, which still includes residential short breaks in a care home environment, similar to the service provided by Maples and Lavender. Since December 2018 there have been 17 cases where either a new need for overnight care

or an increased package has been assessed. Of these, 8 have required a residential short break home environment and provision has been found for all 8, including 3 where numbers of nights at Maples and Lavender have been increased. Of the remainder, a number are recent referrals to short break foster care made in May/June and enquiries are still being made into availability/matching.

Overnight short breaks: the range of services in Essex

8. There is not a 'one size fits all' for overnight short breaks as they need to be responsive to an individual child and family's needs and bear in mind that a child's needs may change over time. There is already a choice of overnight short breaks in Essex which families are using and which has contributed to a reduction in the use of Maples and Lavender. Our aim is to continue to develop this range of support to meet individual needs. As at January 2019, the overall pattern of use for overnight respite is shown below. You will note that a lot more work needs to be done to further develop our wider offer of respite options. The vast majority of children are in overnight residential placements (whether in Maples/Lavender or spot purchased provision). This is why Maples and Lavender are so important as they provide a vital part of the service and we need to consider not just concept but capacity to deliver an alternative.



9. **Residential short breaks** This kind of short break is offered in a residential short break care home regulated by Ofsted, with trained care staff able to meet the child's needs. Essex uses both spot-purchased provision (places purchased from external providers) and Maples and Lavender as in house provision. A range of other residential homes in addition to Maples and Lavender has always been used, to meet individual needs and be accessible to families. For example, a number of families in South Essex access St Christopher's overnight respite home because it is more accessible to them and is recognised as good quality; some families use Seaside Cottages in North Essex because it offers trained nursing staff if their child has additional health needs.

It costs between £1000 - £1200 a night (See appendix 3) to place children at Maples and Lavender. The other options mentioned are significantly cheaper, whilst also catering for a range of needs and choices. Not all families want to use residential respite, which is why we need to further build our respite offer and options for families.

EXAMPLE OF RESIDENTIAL OVERNIGHT SHORT BREAK

W is a 13-year-old girl who is subject to a Care Order and is placed in an in-house foster placement. Due to the nature of her disabilities the carers require regular overnight respite. There are no other in-house carers able to meet her complex needs. Respite is being provided by Achieving Aspirations, a provision in Suffolk at £350 per night.

10. **Family based overnight short breaks.** These overnight short breaks are offered in a family home environment rather than a care home environment, through specially trained and supported foster carers. Fee paid foster carers are specifically recruited, trained and supported to support overnight short breaks in their home and are paid retainers to ensure they have the capacity to take children. Specialist healthcare task training is available if required, for example to support children with additional health needs. This scheme has slowly developed over time, because it is essential the right carers are found, but there are currently 5 approved households.

We are continuing to recruit more families to join this scheme through our recruitment team and continue to advertise in our short break's brochure.

FEEDBACK FROM FEE PAID FOSTER CARER SCHEME

The profile of children who use the fee paid foster carer scheme is broad and includes children who may have additional health needs as well as learning disabilities, autism, and/or physical disabilities.

Fee paid foster carers are people who have experience of caring for disabled children in health, education, or other agencies, such as the voluntary sector and care agencies. They care for children 3 nights (part time) or 5 nights (full time) a week and have extensive training and support, tailored to the needs of the individual children they care for.

Sally and Barry have been approved for a number of years now, and in that time have been matched with a number of children and young people.

Although there have been challenges and the needs of the young people have been complex, Sally and Barry enjoy the role immensely. They are approved full time with

the scheme and Barry has now retired from work, so that they can both be available to care for more of the time.

Feedback from foster carers:

“Being a short breaks carer is so rewarding, we support not just the child but their whole family. We provide a home from home experience for the child and the opportunity to try new experiences - we took one child to an evening carnival which she loved and hadn’t previously experienced. We support the families with a break from sleepless nights, meals out and holidays to recharge batteries.”

“My role not only provides support and care to the child, but also to parents and siblings. The children receive care in a family home, have individual attention and get to experience everyday family life, with similar routines to those in their own home”.

11. Care in the child’s home. A small number of families use direct payments or a package sourced through the council to find carers who will stay overnight in their own home, enabling the child to be in a familiar environment and the family to go out/take a short break.

CASE STUDY, USE OF DIRECT PAYMENTS

O is a young girl with autism, anxiety and sensory delay. O has a part time timetable at school therefore she spends much of her time with her mother as her father works full-time. She has two siblings both with autism. The parents find it challenging to care for three children with additional needs. Sleep deprivation is an issue for both parents so a need for overnight short breaks was assessed. The parents already had a package of support for day time including carers who regularly supported O.

The parents felt that O was not ready for a transition outside the family home and wanted O to be cared for by people she was already familiar with. The parents were given additional direct payments so that they could use carers already working with O to provide overnight support in their home 24 hours a month whilst they went away. Parents were given the option to use their hours flexibly to suit their needs.

Benefits

- O can remain in her own home.
- Sibling can remain in the home at the same time.
- Parents can have a rest to continue to care for three children all with disabilities.

Parent’s response: *“It’s such a relief to know that the option now exist for regular breaks for E & I from the very intensive caring we do for O, and importantly that the breaks do not jeopardise O’s wellbeing. Things are slowly improving for O and our family as a whole and I feel very optimistic for the future of all three children. This time*

last year, we were in a very, very difficult place and our family felt very much at risk of falling apart so I'm personally grateful for all the support we have had and continue to receive. We take none of it for granted and are very thankful."

Appendix 1: Essex short breaks across the range of needs

Need	Our offer
High level need , open to social care, child may have disrupted sleep which means that parents cannot get a break without overnight support, may have additional health needs and/or complex behaviour and learning disabilities	Range of overnight short breaks available, depending on needs. Around 160 families access overnight, including: Maples and Lavender in house residential homes; overnight residential short breaks purchased from external providers, family-based care including foster carers and specialist foster carers and use of direct payments or agency carers so that families can make their own arrangements.
Open to social care with assessed needs but child and family are coping at night and need additional support before/after school or during holidays, e.g. their child may need 1:1 carer to access a holiday club	Additional support available through use of direct payment or directly sourced additional package from club or activity.
Children have a confirmed disability and families need a lower level of respite but over and above what can be found within universal services. Most are not open to social care because their needs can be met within the community.	There are over 2000 families now registered for Essex short breaks and eligibility criteria is broad (confirmed disability, in line with equalities act). The offer to families includes: a wide range of clubs and activities available from 28 different providers; short break carers, adapted beach huts and caravans, tickets to attractions/events, capital investment in changing places (adapted toilets and changing facilities) and adapted play spaces.

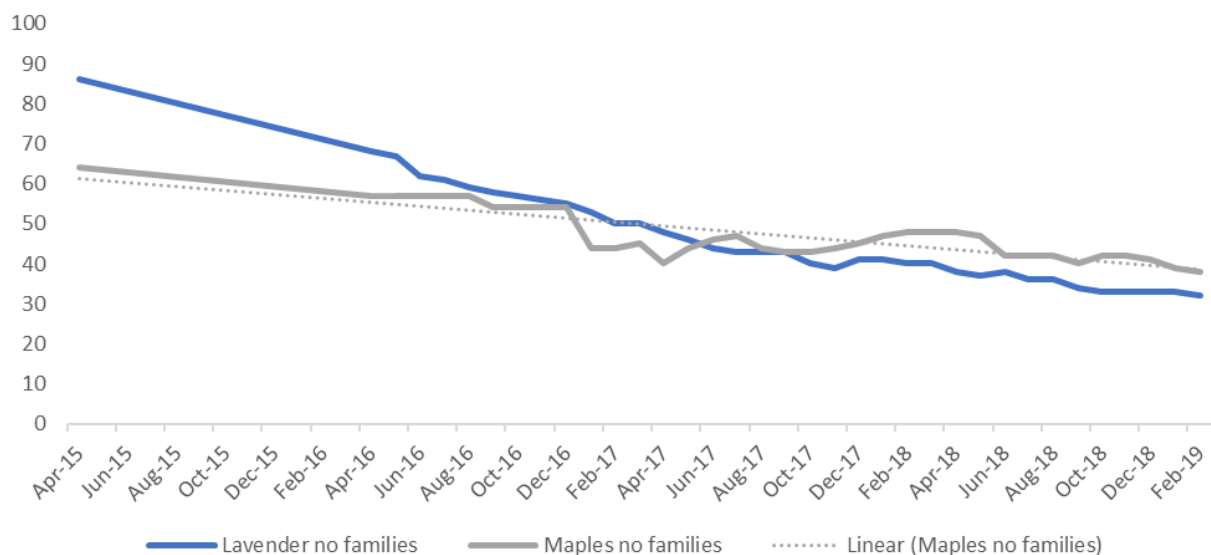
Appendix 2: use of overnight respite at Maples and Lavender over time

In-house provision:

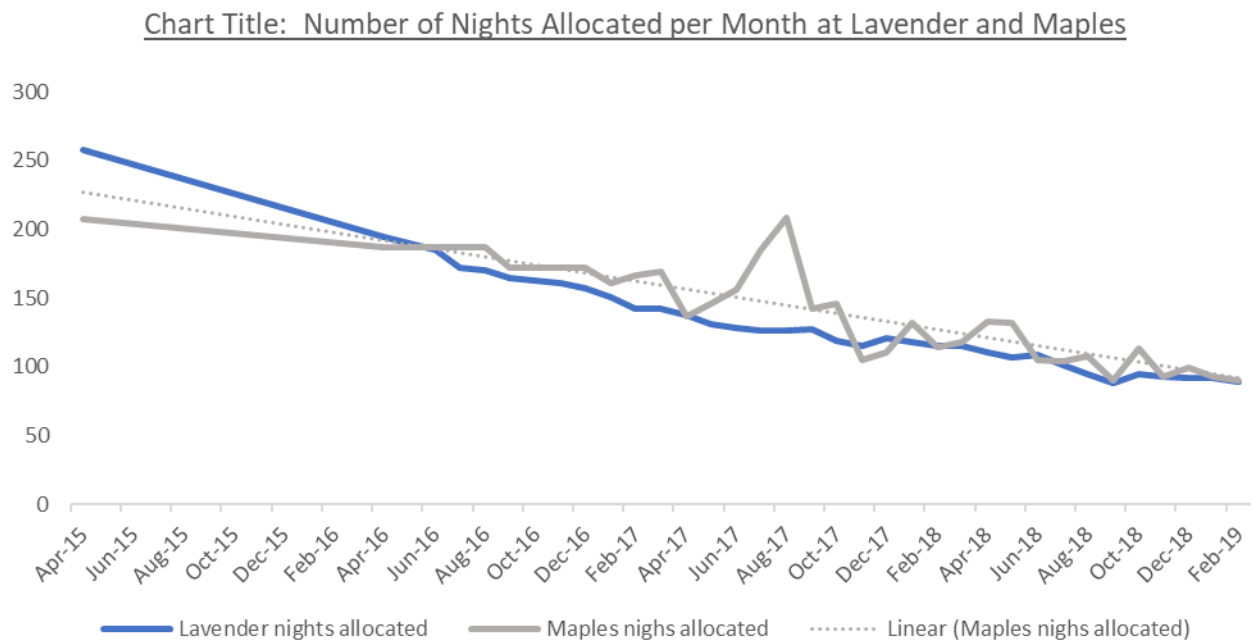
The analysis indicates a decrease over time in children using inhouse provision and a decrease in referrals. This is reflected with a decrease in the number of nights used.

The charts below show the total number of children recorded per month accessing in house provision and the total number of nights recorded from 2015. The number of children using Lavender for respite since 2015 shows a pattern of decreasing and directly correlates with the number of nights being used. The number of children using respite at Maples has also declined, however this appears to fluctuate, possible due to use of emergency additional children using this resource when required which may result in more intensive hours being required for those individuals on a short-term basis.

Chart Title: Number of Children Per Month In Respite at Lavender or Maples



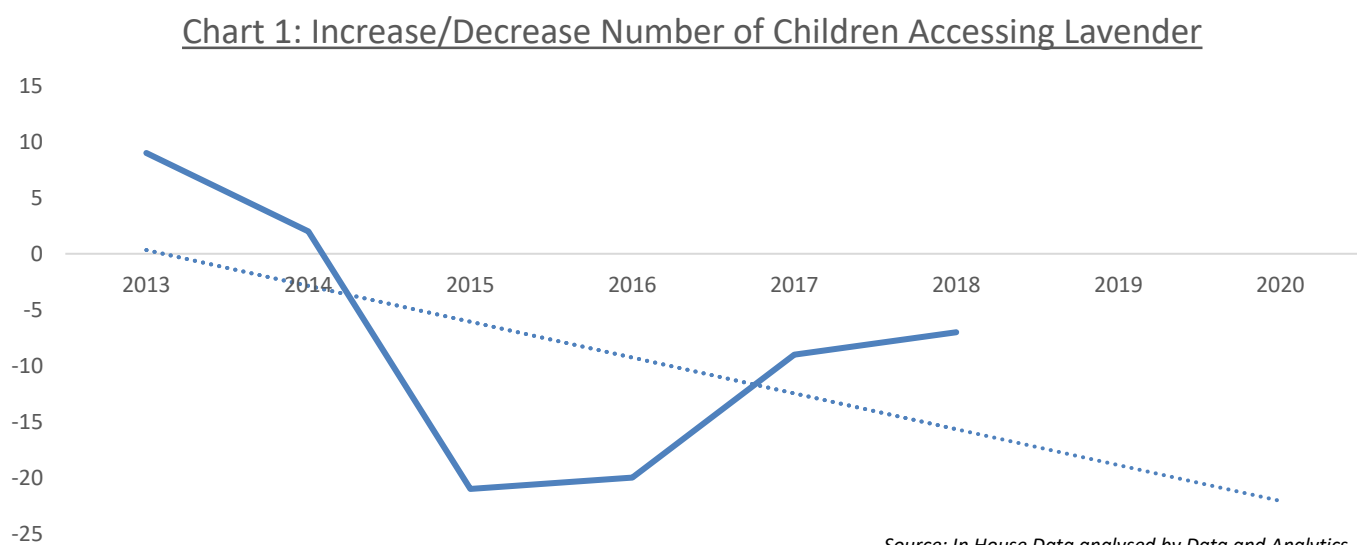
Source: In House Data analysed by Data and Analytics



Source: In House Data analysed by Data and Analytics

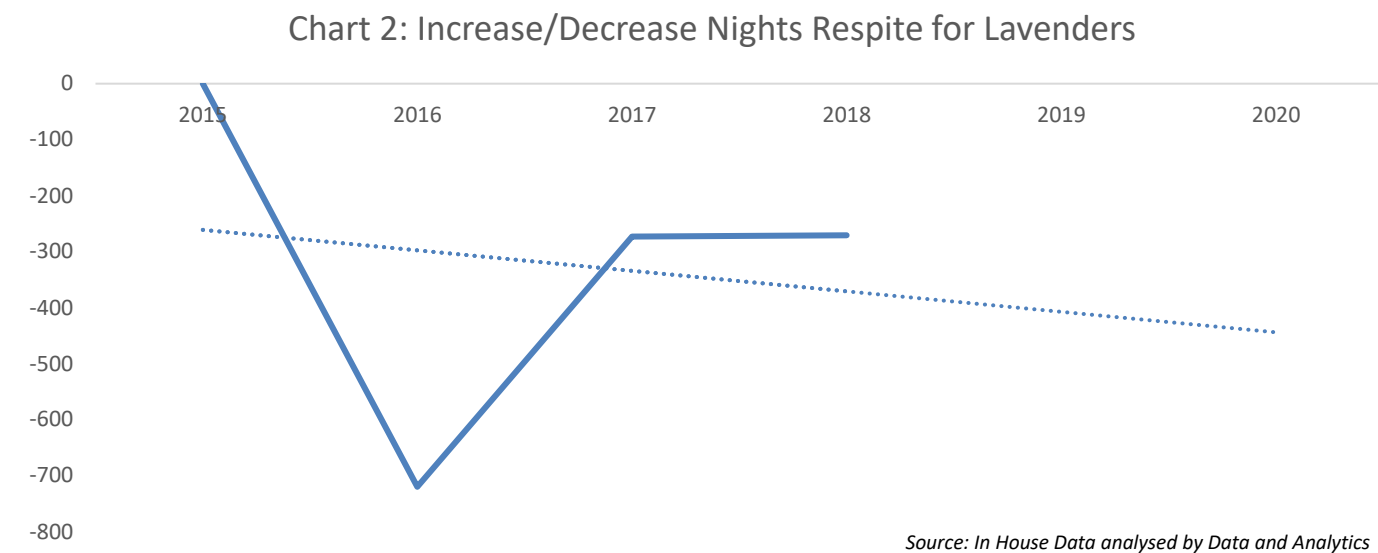
The charts below shows the net movement in the number of children accessing Lavender each year (chart 1) and the subsequent allocated number of nights (Chart 2).

This graph (chart 1) displays the number of new referrals for each year minus the number of children who left the service within the same year. From 2015 onwards, there were more children leaving Lavender than starting (new referrals) each year.



Source: In House Data analysed by Data and Analytics

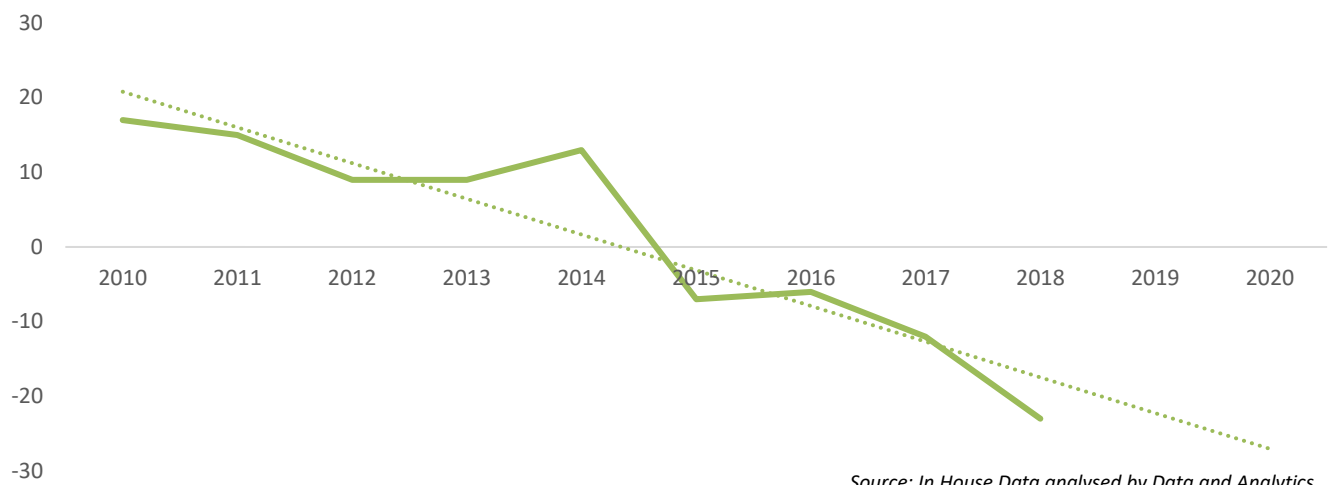
This graph (chart 2) displays the total number of allocated nights for new referrals each year, minus the total number of allocated nights for the children leaving the service within the same year. From 2016 onwards, there were fewer nights being allocated to new referrals than were becoming available through children leaving Lavender.



The charts below shows the net movement in the number of children accessing Maples each year (chart 1) and the subsequent allocated number of nights (Chart 2).

This graph (chart 1) displays the number of new referrals for each year minus the number of children who left the service within the same year. From 2015 onwards, there were more children leaving Maples than starting (new referrals) each year. This gap has increased in 2017 and 2018

Chart 1: Increase/Decrease Children Accessing Maples

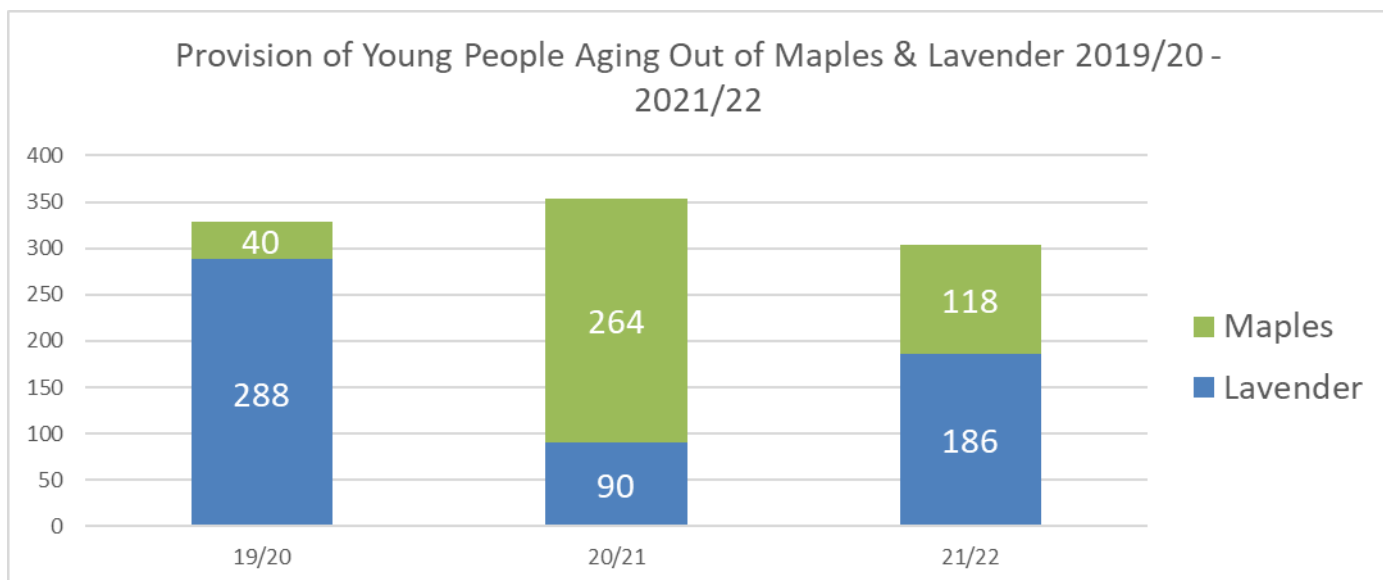
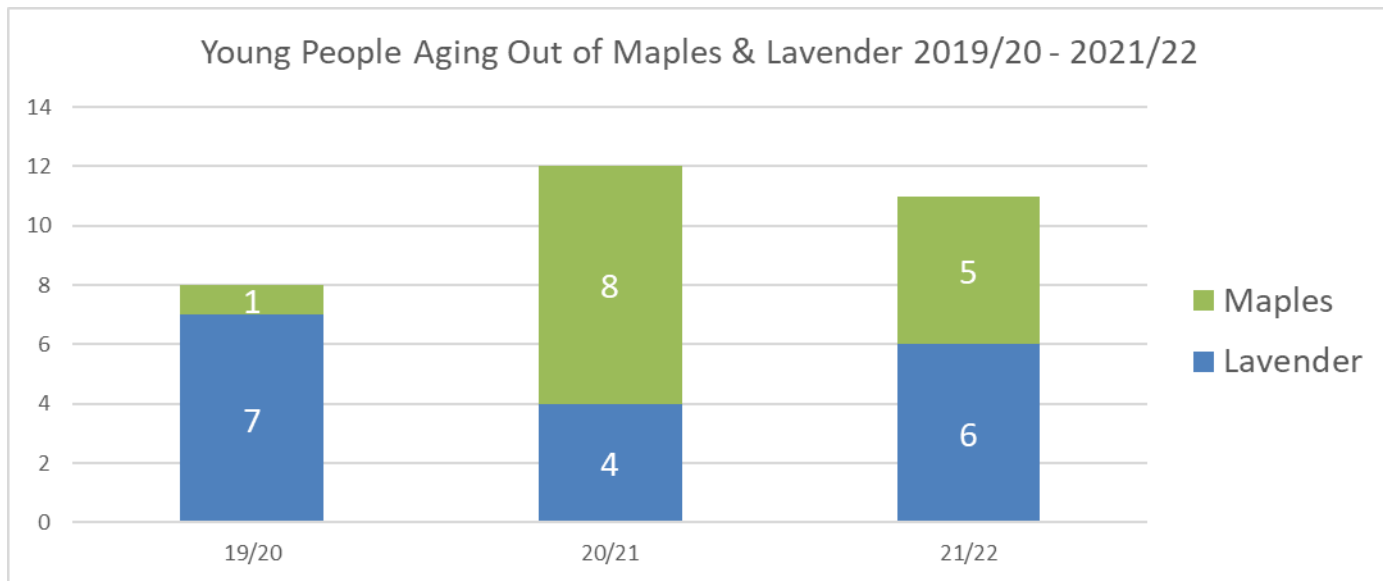


This graph (chart 2) displays the total number of allocated nights for new referrals each year, minus the total number of allocated nights for the children who left the service within the same year. From 2016 onwards, there were fewer nights being allocated to new referrals than were becoming available through children leaving Maples.

Chart: Increase/Derease Nights Respite for Maples



The charts below show the number of children who are due to turn 18 for each of the next three years (by financial year) and their allocated nights. There are in total 31 YP using a combined 986 number of nights.



Source: In House Data analysed by Data and Analytics

Appendix 3 – This shows the costs associated with the different provisions

Type of provision	Range of standard nightly costs	Notes
DP overnight (nb early stages of offering more flexibility re use of DPs – no existing take up of this offer)	£168 based on est of 16 hours on existing DP rate of £10.50 p/h	Likely to be more as DP rate to be reviewed and may be necessary to offer higher rate for nights/waking nights etc
Fee paid Foster Carer	c.£185	Will vary according to how many nights are utilised but as current number of FPFC's are low we expect high uptake. Retainer fee for a FT FPFC is approx. £25k/yr plus a nightly allowance.
Registered overnight provision	£370 - £550, up to £760 for 2:1	£550 for seaside cottages, which is staffed by nurses and therefore more expensive
Agency carer overnight	£400 – £480 based on est of 16 hour shift	May be more depending on agency as most provision is spot purchased
Maples or Lavender overnight respite	£1,000 - £1,200 depending on occupancy level	Cost of running one flat at both locations approx £2m/year regardless of occupancy rate

There is a perception that Maples and Lavender House provision is more cost effective than the alternate spot provision being sourced.

This shows that the comparable average unit cost per night for Maples and Lavender House is significantly more expensive than some of the alternate provision options.

		AGENDA ITEM 6
		PAF/15/19
Committee:	People and Families Policy and Scrutiny Committee	
Date:	27 June 2019	
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk	

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

Purpose/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.
- (iii) To consider the frequency of any further monitoring of issues and contract performance

Background

The Pre-Birth to 19 Contract placed with Virgin Care commenced on 1 April 2017 incorporating services previously delivered in SureStart Children's Centres, Family Nurse Partnership, Healthy Child and Healthy Schools Programmes.

The context and aspirations of the new contract were included in the original Cabinet decision paper from June 2016 which can be accessed here for background

[Cabinet Paper 21 June 2016](#)

The PAF first reviewed the new contract at its meeting on 2 August 2018. That evidence session was restricted to just Cabinet Member, Lead Commissioning

Officer, Virgin Care and Barnardo's. The Chairman has decided that the same approach should be taken this time.

Discussions with sub-contractors

Since last August, the Committee has engaged informally with the sub-contractors under the contract to understand more fully their respective organisations and the services they provide. Some of the key issues arising from those discussions were:

Some feeling that they had been awarded smaller contracts than they would have wished for.

There was a general feeling that they could be doing more than currently stipulated under the contract.

Some concerns about the short-term award of the contract (two years plus one) and that they felt vulnerable without longer term security of funding.

Homestart and CAVS had agreed an age split (one providing services up to 8yrs and the other 8-19). On reflection, perhaps could have done more sharing across the age spectrum under the contract arrangements and not just concentrated on a narrower age group.

There would be discussions with Virgin Care about whether referral route via school nurses and Virgin Care was actually the best one or whether there was a better mechanism. It was suggested that schools would be happy to refer direct.

Some comment that Family Hubs were for the younger age group and that alternative forums were needed for older children and that more work could be done with youth clubs.

Prior to this new contract starting, there had previously been variation by area in the length of waiting lists for some counselling services and it had been a challenge inheriting and resourcing this and minimising people falling between 'eligibility gaps'.

Site visits

In the two weeks leading up to this meeting, there have been site visits to three Family Hubs (each in a different quadrant) and members conducting those visits may wish to brief the committee on these visits. The Family Hubs visited were:

Chelmsford Family Hub (Mid Quadrant)
Berechurch Family Hub, Colchester (North Quadrant)
Little Lions Family Hub, Canvey Island (South Quadrant).

Information requested

As a result of the discussion and issues raised at the 2 August 2018 meeting of the Committee, and in consultation with the Chairman and Vice Chairmen, the commissioner and providers have been requested to provide the following information today:

1. A general update on the operation of the contract;
2. Performance data update – there was discussion at the meeting on 2 August 2018 about the work underway to develop more outcomes focussed Key Performance Indicators and that that was expected to be completed by April this year – how do the commissioner and providers envisage they will be measured in future and how they expect them to change ways of working and culture etc. They have also been advised that the Committee would like to see how the performance under the contract has been assessed and measured so far which presumably have been under less outcomes-focussed targets to date.
3. The extent of the reach of the services and how that is being evidenced.
4. At the previous meeting it was acknowledged that working practices inherited from the previous contracts had significantly varied across locations and that by trying to make the service offer consistent across all locations had created some staffing issues – an update on this and maintaining consistency of service has been requested.
5. Service user feedback and what issues are being raised.

Background attachments and further reading:

A link is here to the [PAF 2 August 2018 meeting papers](#)

A link is here to a supplemental presentation that gives further background to the contract. - [Essex Child and Family Wellbeing Service](#)

Appendix 1 - An extract of the minutes of the 2 August 2018 meeting

Appendix 2 - information provided by the commissioners and providers.

Extract of the minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10.30am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 2 August 2018

4. Pre-birth to 19 Virgin Care contract

Background

Essex County Council (ECC) had commissioned integrated Pre-Birth to 19 Health, Wellbeing and Family Support services on a quadrant basis with effect from 1 April 2017. The service incorporated the following:

- 0-5 Healthy Child Programme (included Health Visiting)
- 5-19 Health Child Programme (included School Nurses)
- Healthy Schools Programme (improving the health and wellbeing of children in school)
- Family Nurse Partnership (FNP) model of working (provided support for young mums with their first child)
- Sure Start Children's Centres (community based support for children and families)

The procurement adopted a new delivery model based around 12 Family Hubs, Family Hub Delivery Sites and a range of Family Hub Outreach Sites determined on a local basis.

In the west quadrant of Essex the service was commissioned jointly with West Essex Clinical Commissioning Group (West Essex CCG) as it also included some additional NHS community paediatric and therapy services.

The Committee had asked for an update on the new service one year into the new contract. However, the Committee had agreed in advance to concentrate its initial review on the core services that were pan-Essex. Report (PAF/17/18) had been received comprising an update from the lead commissioner and provider.

The following were in attendance to introduce the updates and answer questions:

Commissioner

County Councillor Dick Madden, Cabinet Member, Children and Families.
Chris Martin, Director, Strategic Commissioning & Policy (C&F), Essex County Council.

Provider

Heidi Dennis, Assistant Director, Barnardos
Kathleen Ely, Virgin Care
Vivienne McVey, Board Member, Virgin Care
Zoe Oddy, Quadrant Manager, Mid Essex, Virgin Care

Context

After a brief introduction from the Cabinet Member, Ms McVey provided some context to the new contract which had started in April 2017.

- The launch of the service was the biggest and most ambitious transformation undertaken by Virgin Care.
- Integration had been challenging as each of the service templates and models inherited from each of the previous provider organisations had been very different.
- There had been significant rationalisation of estate -with services reorganised into four quadrants using a broad hub and spoke model. Space had also been rented at other locations to deliver services and expand outreach.
- IT systems from ten different organisations had been consolidated into one.
- The contract was outcomes based rather than counting activity so future performance would need to be measured differently.
- There had needed to be a huge cultural shift amongst staff.
- There were now more ways for families to feedback on their experience. Citizen's Panels were now encouraging wider community input and not just from families.

In subsequent discussion the following was highlighted:

Service delivery

The new contract had rationalised the buildings from where services were delivered and how services could be accessed but had not materially changed the actual services. There was still a range of sites and now a single point of access for services - if necessary the providers would undertake home visits. Providers were also looking to use libraries more to assist outreach.

Contract partners were being encouraged to also occupy the delivery sites. For example, family hubs now had a Health Visitor located on site whereas previously Health Visitors had been less accessible.

The remit of Health Visitors had been stretched with them now being the key point of contact for children under 8 (rather than 5 as previous).

School nurses would now go into school assemblies early in academic year. A weekly drop-in was now offered for young people to access a school nurse emphasising that they do not need parental permission. A text service had also been launched enabling pupils to directly access the school nurse for advice. Better links were also being developed between school nurses and the Emotional Wellbeing and Mental Health Services being provided by North East London Foundation Trust.

Members queried post 19 transition and arrangements for this. It was stressed that there was now better engagement with other partners to assist this, including Adult

Community Learning. A specific programme was being developed for those with special educational needs.

Reach

Members queried whether the actual reach of services had been extended. The provider stressed that they were being more proactive about improving this. Specific plans were being developed for young children struggling with school readiness.

Staffing

1300 staff had been transferred over to Virgin Care/Barnardo's using Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). There had been some resistance to the changes from staff. Some working practices inherited from the previous contracts had significantly varied across locations and trying to make the service offer consistent across all locations had created some staffing issues.

Life limiting/threatening conditions

There was no mention of children with life limiting/threatening conditions in the stated outcomes for the service and just one mention in the quality report. Some members queried whether there was a joint health and social care plan for these children, the level of participation in the regional palliative care network, and whether families had independence over their personal budgets. However, the direct commissioning of palliative care services was not within the Virgin Care 0-19 contract. It was suggested that carer and sibling support should get picked up in family hubs. However, commissioning of palliative care services would vary across the county and would benefit from more consistent integrated commissioning of children's services such as in west Essex. It was confirmed that there was a statutory responsibility for ECC to fund short break respite care.

Action: Councillor Butland to raise with Cabinet Member and a further update for the Committee be scheduled.

Community based paediatric services

Community based paediatric services in west Essex had been included in the contract. Members questioned how this could be extended to cover other parts of Essex and it was suggested that this could be a future line of enquiry here for the Health Overview Policy and Scrutiny Committee. In addition, ongoing differences in diagnosis and referral times for autism could also be reviewed by the same Committee.

A network of community paediatricians had been established as part of reviewing autism care pathways. Allergy services had been developed into a more specialist service as a result of increasing demand.

Key performance indicators

The contract aspired to move away from counting activity levels to be more outcome focussed and assess the effectiveness of services. However, measuring some of these desired outcomes could be difficult. For example, one target was to develop stronger attachments for children but it was still unclear what tool could be identified to measure it.

27 broad outcome measures were to be agreed between commissioner and providers by 1 April 2019. The proposed timing was considered to be a realistic deadline bearing in mind the level of transformational change being undertaken (such timing had been agreed within the contract). The Cabinet Member stressed that he was assured that the necessary preparatory work was being done to meet this deadline and he too wanted to see robust quantitative measures of performance outcomes finalised.

Conclusion

The Chairman thanked all the witnesses for their attendance and advised that the Committee would be looking for a further update in due course.

[after the end of the formal meeting the Committee discussed its next steps and agreed it would undertake the following before speaking again with commissioners and Virgin Care:

- (i) conduct site visits of Family Hubs;
- (ii) seek feedback from sub-contractors;
- (iii) seek feedback from service users or similar representative bodies/forums.

A further update on arrangements for children's palliative care would also be scheduled.]

Briefing for Cllr McKinlay on the Essex Child and Family Wellbeing Service (ECFWS).

For People and Families Policy and Scrutiny Committee 27 June 2019.

- We are now in the 3rd year of a 7-year contract, with the capacity to extend for an additional 3 years
- The first 2 years have focused on mobilising the contract and working to create and embed a fully integrated multidisciplinary workforce of family support and early years workers, health visitors and school nurses across the 12 Family Hubs and the 29 Family Hub teams as well as an integrated data capture system across both Virgin Care and Barnardo's staff and strong effective relationships with the sub-contractor partners – Homestart, Youth Enquiry Service (YES) and Castlepoint Association of Voluntary Services and Volunteers (CAVS)
- From this year, the ECFWS will be in a position to start reporting on the actual impact and outcomes of their work with children, young people and their families rather than just counting the number of visits or interventions. This is really exciting for us here in Essex as it is a national first. This allows a clear focus on diverting the resource to those at risk of not achieving outcomes, with resource diverted accordingly, rather than relying only on a traditional universal service model and measure the impact of the support provided
- Our Essex Family Hub service is also being held up as an innovative integrated model nationally, and received praise from MPs at the recent Family Hubs Taster event held at the Houses of Parliament earlier in the month. Vicky Ford, Will Quince and Robert Halfon, Minister of State for Education and Skills were particularly complimentary about the services provided in the Essex Family Hubs during the event. Advising on Twitter that we must keep bringing people together and strengthening our society - family hubs do just this!
- Virgin Care are also imminently expecting to undergo a Care Quality Commission (CQC) inspection which will be another national first and I am sure Richard will be able to give us a brief overview of what this will include.
- Today's session will provide Members with:-
 - a general update on the contract, and this will include benefits realised from our unique joint commissioning relationship with West Essex CCG
 - how we're focusing on reaching and improving priority groups
 - the latest performance data
 - the 23 outcomes that this service is focused on improving

Essex Child and Family Wellbeing Service

**Update for
People and Families Policy and Scrutiny Committee
27 June 2019**

Contents

- Key features of the contract
- General update on the contract, including benefits realised from joint commission with West Essex CCG
- Latest performance data
- How we're focusing on reaching and improving priority groups
- Service user feedback
- Questions

Key features of the contract

- A move from counting amount of activity to quality of outcome - a national first
- Clear focus on those at risk of not achieving outcomes, with resource diverted accordingly (rather than traditional universal service)
- An integrated multidisciplinary model - early years / family support children centre staff working with health visitors, school nurses and others in 29 Healthy Family Teams across the 12 Family Hubs
- A joint contract with West Essex CCG: children's therapy services (CCG commissioning responsibility) in same contract as universal children's public health services (ECC commissioning responsibility)

General update on the contract

- Large scale and significant transformation in past two years:
 - Integrating service model
 - Single IT system
 - Developing a new relationally capable workforce from previously different disciplines
 - Developing new roles to help achieve outcomes, eg. Healthy Family Support Workers
- Proactive players in the system
 - For example new safeguarding processes at the interface with other organisations / safeguarding peer review meeting
 - ECC social care staff now have direct access to ECFWS dataset – helps dataflow
- Staffing levels have been a challenge, but recovery plans in South and West have worked well and performance has been recovered

Timescale for what gets measured and when

Timescale	Activity
Year 1 17/18	Transition from old contracts to new contracts/ ensure core business continuity, maintain core mandated KPIs (number of health visitor visits)
Year 2 18/19	Implement new integrated service model with associated staffing changes, implement single new integrated IT system, refine and test detailed KPIs for 213 brand new outcome measures
From year 3 19/20	Commence measurement of 23 new outcome measures, and focusing on those at risk of not achieving (differentiating effort accordingly)

Benefits realised from joint commission with West Essex CCG (3)

Added value as a 'System':

- An integrated record on SystmOne for information to be available / directly shared between services.
- Enhanced joint working supporting safeguarding process and practice.
- Aligned communication and consistent messages for families engaged with the ECFWS.
- Outcomes for children and young people are joined up and aligned around a goal-focused approach, with goals that complement each other across services.

Performance data at financial year end March 2019

Important caveats:

- Reporting is available at sub district level – this wasn't available in all of the previous contracts; this allows focus on geographical areas where there is greatest need as well as any poor performance
- These are currently nationally mandated activity measures, data collection begins on the new outcome measures in 2019/20

Mandated Checks at a County Level

KPI 2.01 No. & % of families that have an ante-natal visit including review of emotional wellbeing	Overall year-end Target	March 2019 Monthly position
	80%	80.9%
KPI 2.02 No. & % of families that received a postnatal visit within 14 days of birth including, including review of emotional wellbeing	Overall year-end Target	March 2019 Monthly position
	96%	98.7%
KPI 2.33 No. & % of checks received when baby is at 6-8 weeks old	Overall year-end Target	March 2019 Monthly position
	95%	98%
KPI 2.34 No. & % of Child Review Assessments received at 12-months old	Overall year-end Target	March 2019 Monthly position
	95%	93.6%
KPI 2.35 No. & % of children who received a 2-2.5 year check (includes ASQ)	Overall year-end Target	March 2019 Monthly position
	90%	94.9%

How we're focusing on reaching and improving priority groups

Background

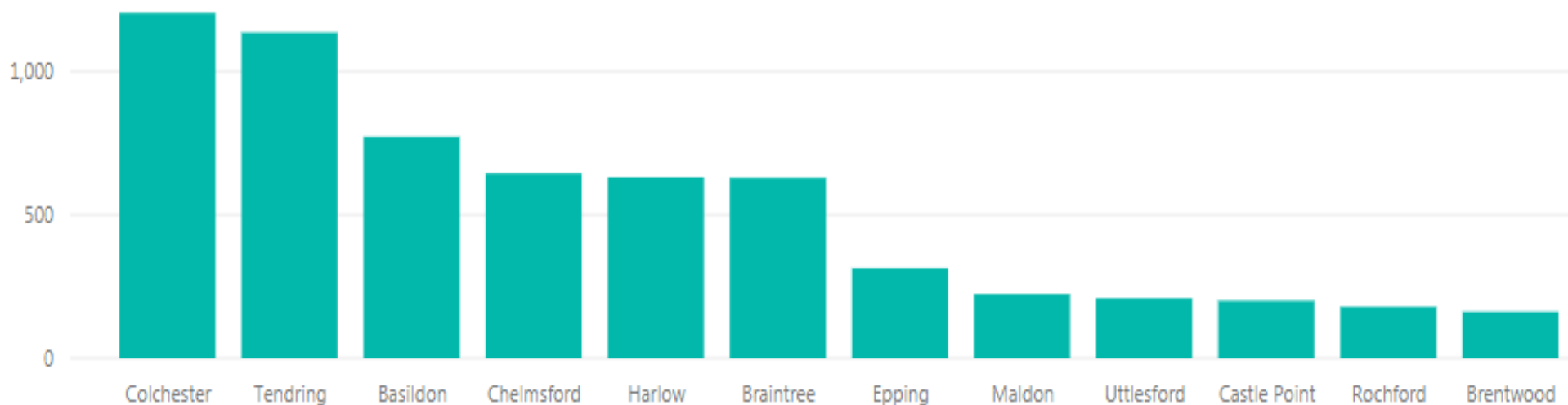
- The categories of need and vulnerability of children under five, and their parents / guardians are routinely referred to as 'Priority Groups'.
- Essex Child and Family Wellbeing Service (ECFW) systematically assess, determine and record the Priority Groups that children under 5 and their parents / guardians belong to. Furthermore, the service is required to provide targeted interventions to such children and families who belong to 3 or more Priority Groups.
- Historically, Priority Groups were only recorded by staff working in Essex children's centres. The data was recorded in Essex County Council's e-Start computer system. Public Health Nursing provision across Essex inputted data into the SystmOne computer system but did not systematically record the needs of children and families in the same way.
- In April 2017 Virgin Care, in partnership with Barnardo's commenced a new contract to deliver an integrated service that combined pre-birth to 19 Public Health Nursing provision with children's centre provision. The full integration of provision was completed in October 2017 and by May 2018 all staff working in Essex Child and Family Wellbeing Service began inputting data about children and families into a single record – SystmOne.

Methodology for recording and reporting Priority Groups

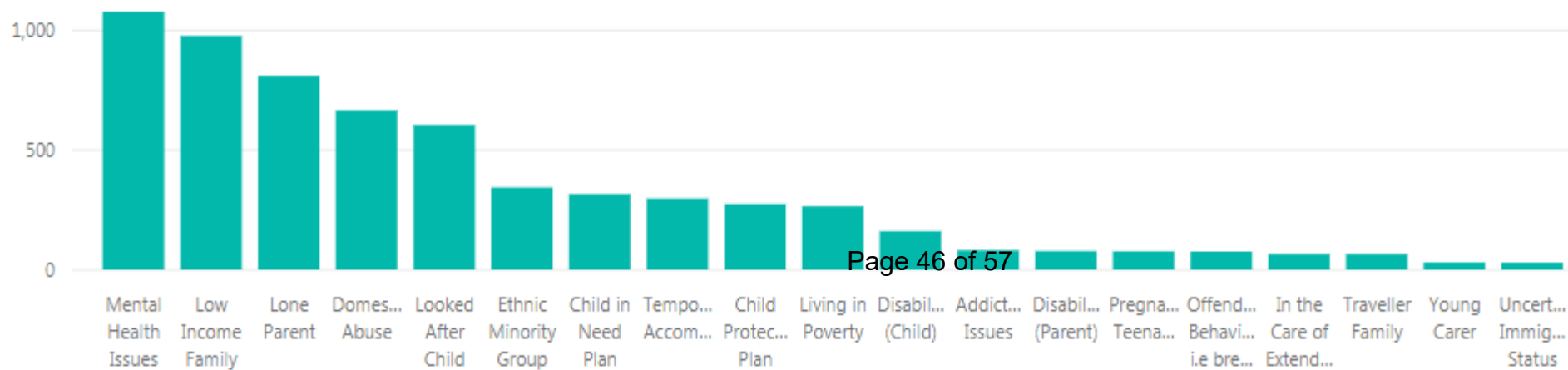
- Staff working in the Essex Child and Family Wellbeing Service are prompted to record identified need, by way of Priority Groups, in a pre-formatted template within each child and parent / guardian's SystmOne record.
- Priority Group status should be ascertained during any 'meaningful reach' activity a professional has with a child and / or their parent / guardian.
- Business Informatics staff compile this Priority Group report by:
 - Filtering Priority Groups from Essex-wide to each Family Hub catchment area (district level)
 - Ranking Priority Groups from highest frequency to lowest.
 - Identifying children aged under 5 who belong to the top 5 combinations of three or more Priority Groups
- Data is drawn from SystmOne into the data warehouse from where it populates a weekly Priority Group report created by the central Business Informatics Team. The weekly Priority Group report is auto-generated and emailed to all managers in Essex Child and Family Wellbeing Service.

Essex-wide ranking of priority groups

- All Quadrants: Total number of Priority Groups recorded for all ages (parents and children)

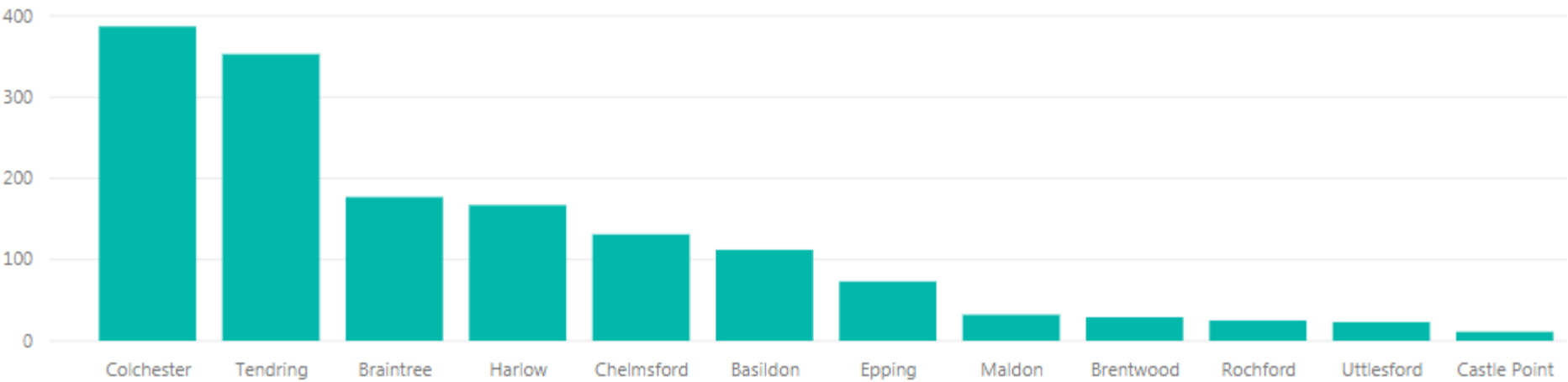


- All Quadrants: Total number of Priority Groups recorded for all ages (parents and children) by type

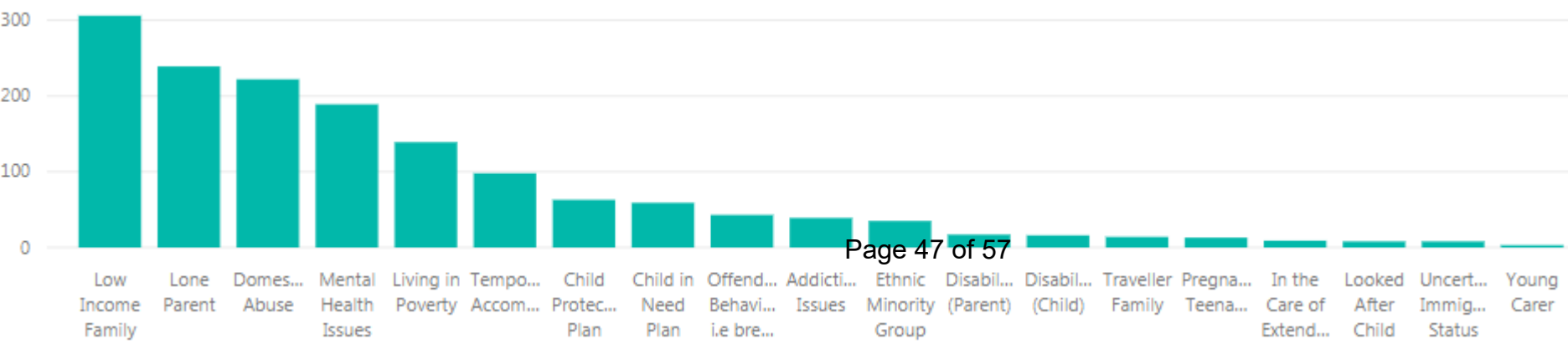


Essex-wide ranking of priority groups

- All Quadrants: Ranking of Priority Groups for children under 5 years with 3 or more Priority Groups by district



- All Quadrants: Ranking of Priority Groups for children under 5 with 3 or more Priority Groups by type



Questions



Making a difference and
measuring outcomes
starting from April 2019

Outcome Measures

Children & young people (CYP) feel safe

1

Children and young people of school age reached who report (including through the school nurse drop-in) not feeling safe, who report feeling safe after support

Parents feel their CYP are safe

2

Number of parents/carers reached who tell the provider that their children/young people aren't safe who report feeling they are safe after support

Identified risks to children's safety are removed / mitigated

3

Children and young people identified as having risks to safety, with an action plan in place and with an event/outcome indicating risks are removed/mitigated following subsequent assessment as required by care in order to remove/mitigate risks to safety

Supporting children to be school ready and achieving the best transition into school

4

Families who show improvements in their parenting/ behaviour following intervention.

5

Children identified while they are 2 years old (and before they turn 3) as not achieving an age appropriate level of development, who do achieve an age appropriate level of development in advance of starting school following intervention

6

Two year olds in receipt of FEEE2 identified as not reaching an age appropriate level of development, who do achieve an age appropriate level of development in advance of starting school following intervention

All mothers have good emotional well-being in the perinatal period

7

Pregnant Women identified and/or notified to the provider by the midwife as at risk of or experiencing poor emotional wellbeing during the perinatal period whose emotional wellbeing improves following support

8

Primary care givers identified following assessment as having poor emotional wellbeing, who have children on a Child Protection Plan and whose emotional wellbeing improves following support

Children and young people make positive lifestyle choices

9

Children and young people of secondary school age identified as not making positive lifestyle choices who are making more positive choices after support

10

Children living in most deprived quintile areas of Essex who were overweight at Year R measurement who have returned to a healthy weight at 11.5 measurement

11

Teenage mothers living in the most deprived quintile in the quadrant identified as being at risk of not making positive lifestyle choices pre-birth, for whom positive lifestyle choices can be evidenced

12

MONITORING KPI
No and % of schools that retain or achieve enhanced healthy school status.

Outcome Measures

All children are supported to be ready for the next stage of life by 19 years of age

13

Young people 14 – 18 year olds identified and who agreed they needed support who reported that they were more ready for the next stage of life post intervention.

14

Young people aged 14 with an EHCP who report being more ready for the next stage of life post intervention in advance of turning 19

15

Looked after young people 14 – 18 in receipt of RHA who report being more ready for the next stage of life post intervention in advance of turning 19

All CYP have good emotional wellbeing

16

Statutory school age children and young people at risk of or experiencing poor emotional wellbeing whose emotional wellbeing improves following support

17

Statutory school age children and young people identified as young carers who are experiencing poor emotional wellbeing who show improved emotional wellbeing after 6 months post intervention.

Families are resilient

18

Primary care givers who are identified as being lonely or isolated and have low resilience who feel less lonely and whose resilience has increased after support

Children, young people and parents feel connected and included in a community

19

School age children and young people who report feeling less lonely after support

20

20 has been combined with 18

21

Primary care givers identified at 14 days who are assessed as showing improved close and loving relationship to their baby at 6 months post intervention.

22

Under-2 year olds identified as at risk of poor attachment with a primary care giver whose attachment improves with support

23

Children and young people from statutory school age who do not feel attached to a consistent adult and appropriate adult, who feel attached to a consistent and appropriate adult after support

All children and young people have strong attachment to at least one adult or other person in their life

Specific Outcome Measures for West Essex CCG-funded Community Children's Health Services

1 Avoid Hospital	2 Personal Goals	3 Family Support	4 Joined Up Care	5 Transition
Children and young people avoid hospital for their urgent healthcare needs where safe to do so	Children and young people feel they are supported in reaching their personal goals.	Parents and carers feel they are able to support their child to meet their personal goals.	Families report they feel services are working together to help their child and/or meet their child's needs	Young people follow a care plan which enables smooth and well planned transition to adult services

Methodology for recording and reporting Outcome Measures

Staff working in ECFWS are prompted by a protocol system to activate and record outcomes.

The outcome measure dashboard captures:

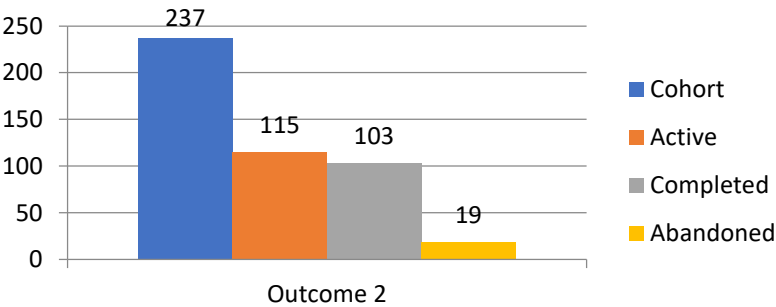
Cohort – No. and % of CYP and/or families with an active, completed or abandoned status. To accommodate varying time scales for each outcome, the cohort is cumulative.

Active – No. and % of CYP and/or families with an active care plan of intervention and support

Completed – No. and % of CYP and/or families who completed support/intervention

Abandoned – No. and % of CYP and/or families who moved away or disengaged from the service

Example of outcome measure activity



The cohort, active, completed and abandoned status supports the service in tracking the number of outcomes offered, including individual practitioner activity and performance.

Outcome activity is discussed at 1-to-1's and is an integral part of the appraisal process.

Questions

		AGENDA ITEM: 7
		PAF/16/19
Committee:	People and Families Policy and Scrutiny Committee	
Date:	27 June 2019	
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

The Committee held a private work planning session on 13 December 2018, reviewing what it had done in the previous 18 months, discussion on ways of working, and discussion with Cabinet Members. Items programmed/being considered to come to Committee are listed in an updated Appendix A.

Task and Finish Group activity

A Task and Finish Group has been established to scrutinise drug gangs, knife crime and county lines. The Group held its first meeting on 18 June 2019.

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.

Date/timing	Issue/Topic	Focus/other comments	Approach
Items identified for formal scrutiny in full committee			
13 June 2019	Respite care - petition	To review aspects of respite care including alternative arrangements available.	Cabinet Member lead officers to attend. Lead petitioner to also address the meeting.
13 June 2019	0-19 contract with Virgin Care – <i>follow-up</i>	Continue review of contract performance and follow-up on the revised (more outcomes focussed) KPIs being developed.	Site visits to Family Hubs to meet staff and service users to be arranged during May 2019. Cabinet Member, Virgin Care, and Barnardos to be invited.
11 July 2019	Special Educational Needs – <i>follow-up</i>	Scrutinise the planned review of the service. (identified during work planning discussions in December 2018).	(i) Introduction to aims and objectives of formal public consultation (February 2019). (ii) further review of consultation feedback and decision-making process.
11 July 2019	Education update	Periodic portfolio update from the Cabinet Member and Lead Officer	Asked to indicate what are the big 4 challenges facing the Cabinet Member
11 July 2019	The Care Act	Requirements of the Care Act and impact on social care.	Briefing from ECC officers before identifying follow-up formal scrutiny work. Issues to date highlighted include looking at discharges and domiciliary care (possible link with HOSC item on 24 July on A&E pressures and admission avoidance)
12 September 2019	Safeguarding Children	Report of the work of the Safeguarding Board to align with the timing of their annual report.	Could also look at Healthwatch Essex update on work being done to support the Safeguarding Boards
10 October 2019	Safeguarding Adults	Report of the work of the Safeguarding Board to align with the timing of their annual report	Could also look at Healthwatch Essex update on work being done to support the Safeguarding Boards and, also Cabinet Member for Adult Social Care and Health in his role as member of ESAB and partner agency
TBC	Portfolio updates (Children and Families, Education, Health and Adult Social Care)	To be updated on current issues and challenges.	To supplement other attendances by Cabinet Members for specific issues – to be arranged as and when the Committee think appropriate

Cont....

Date/timing	Issue/Topic	Focus/other comments	Approach
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Items identified for formal scrutiny in full committee - to be scheduled

Ongoing	Drug gangs, knife crime and county lines – <i>follow-up</i>	Referral from Full Council to oversee development of multi-agency strategy	To receive periodic reports from the Task and Finish Group now undertaking the detailed review.
TBC – late 2019/early 2020	Provider relationships – <i>follow-up</i>	Refreshed Market Strategy.	Opportunity to review and comment on draft and revisit any issues from previous discussions.
TBC	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	(i) Post-implementation review of new service as agreed as part of the withdrawal of the call-in. (ii) Consider more general discussion on carers?
TBC (after contract negotiations have completed)	Call-in of Cabinet Decision FP/102/03/18 – Review of Essex Education Services – <i>follow up</i>	How strategic objectives have been met, more information on the financial payback period, and maintaining a strategic presence in the county.	Full committee session to be scheduled after Cabinet decision on contract placement.

Task and Finish Group reviews

Ongoing	Drug gangs, knife crime and county lines	Oversee the development of a multi-agency strategy (referral from Full Council)	Scoping document agreed by Full Committee. Detailed work TBC
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Items identified for joint work with other committees – to be scheduled

September 2019	Autism	Diagnosis and referral waiting times were specifically raised during work planning sessions.	Joint private briefing with Health Scrutiny Committee on service structures and responsibilities before defining follow up work
TBC	Sensory services	Currently being scoped	TBC

Further issues under consideration and/or for further evaluation

TBC	Domiciliary Care	Identified during work planning discussions.	'What does good care look like?' To be scoped.
TBC	Children in Care/school leavers transitions	Possible links with homelessness. The support in schools	To be scoped.
TBC	Hip fractures and falls Prevention – <i>follow-up</i>	Follow up on Task & Finish Group recommendations that are relevant to PAF	