

AGENDA

Health and Wellbeing Board

Date: **Thursday 16 October 2014**

Time: **3.00 pm**

Place: **Grand Jury Room, Shire Hall, Hereford**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	Councillor GJ Powell	
	Councillor JW Millar	
	Richard Beeken	Wye Valley NHS Trust
	Helen Coombes	Director of Adults Wellbeing
	Jo Davidson	Director for Children's Wellbeing
	Paul Deneen	Healthwatch
	Dr Andy Watts	Clinical Lead, Herefordshire Clinical Commissioning Group
Non Voting	Jacqui Bremner	Representative of a Carers' Organisation (Currently Herefordshire Carers Support)
	Shaun Clee	2gether NHS Foundation Trust
	Sue Doheny	Arden, Herefordshire and Worcester LAT
	Claire Keetch	Third Sector Board
	Alistair Neill	Herefordshire Council
	Supt. Sue Thomas	West Mercia Police

AGENDA

	Pages
<p>1. APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
<p>2. NAMED SUBSTITUTES (IF ANY)</p> <p>To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.</p>	
<p>3. DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests of interest by Members in respect of items on the Agenda.</p>	
<p>4. MINUTES</p> <p>To approve and sign the Minutes of the meeting held on 15 July 2014.</p>	7 - 10
<p>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive questions from Members of the Public relating to matters within the Board's Terms of Reference.</p> <p>(Questions must be submitted by midday eight clear working days before the day of the meeting (ie on the Wednesday 13 calendar days before a meeting to be held on a Tuesday.))</p>	
<p>6. SYSTEM WIDE TRANSFORMATION - THE CASE FOR CHANGE</p> <p>To receive a report on System Wide Transformation – The Case for Change.</p>	11 - 20
<p>7. BETTER CARE FUND PLAN</p> <p>To receive a report on the Better Care Fund Plan.</p>	21 - 44
<p>8. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT AND BUSINESS PLAN</p> <p>To receive the Herefordshire Safeguarding Children Board (HSCB) Annual Report and Business Plan.</p>	45 - 96
<p>9. OFSTED ACTION PLAN</p> <p>To note the outcome of the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers, which was conducted between 29 April and 21 May 2014 and to comment on the council's response to the areas for improvement identified.</p>	97 - 162
<p>10 CARE ACT 2014 LOCAL AUTHORITY CONSULTATION RESPONSE</p> <p>To receive an update on the council's response to the government consultation on the Care Act regulations and guidance and update the Board on the projected impact of the Care Act on Herefordshire Council.</p>	163 - 184
<p>11 WORK PROGRAMME</p> <p>To receive the Board's Work Programme.</p>	185 - 188

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HEREFORDSHIRE COUNCIL

The Shire Hall, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 15 July 2014 at 3.00 pm

Present: Councillor GJ Powell (Chairman)

Mr R Beeken, Ms H Coombes, Mrs J Davidson, Mr P Deneen, Mr R Garnett, Mrs C Keetch, Councillor JW Millar, Mr A Neill and Supt S Thomas

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms J Bremner, Mr S Clee and Dr A Watts.

47. NAMED SUBSTITUTES (IF ANY)

None.

48. DECLARATIONS OF INTEREST

None.

49. MINUTES

The Minutes of the meeting held on the 20 May 2014 were approved and signed as a correct record.

50. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

51. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD BUSINESS PLAN

The Board received a report on the Herefordshire Safeguarding Children Board Business Plan. The Independent Chairman highlighted the following areas:

- That the plan outlined the priorities through 2013-14 for the Safeguarding Board. Three Action Areas had been fully implemented through the year, whilst a number were yet to be fully implemented and one was 'RAG' rated red. Details were outlined in the appendix to the document.
- That training of Board members was an Action Area, as there were members with a wide variety of safeguarding experience, but it was not possible to insist that members should undertake e-learning modules. Training would be provided for Early Help, Child Protection and the governance role of a Board Member.
- That the plan was monitored on a monthly basis, but that there had been delays in finalising it as a result of the recent Ofsted inspection.

RESOLVED:

That:

- a) **The members of the Herefordshire Safeguarding Children Board be expected to undertake training in order to ensure the efficient functioning of the Board; and;**
- b) **That an updated report on the Business Plan should be brought back to the Board in 2015.**

52. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP 5 YEAR PLAN

The Board received a report on the Hereford Clinical Commissioning Group's 5 year plan. In her presentation, the Accountable Officer, Herefordshire Clinical Commissioning Group (HCCG) highlighted the following issues:

- That the Board had received the first iteration of the HCCG's 5 Year Plan on 26 March 2014 and that a number of Health and Wellbeing representatives had supplied feedback on the plan.
- The HCCG continued to engage voluntary and third sector representatives to ascertain their views. Running concurrently to this the System Leaders of Health (Commissioner & main Providers) and the Local Authority attended a number of workshops to agree the principles of a system-wide transformational change programme.

Key Features of the Five Year Strategic Plan were the CCG's Two Year Plan, the development of a strategic transformational programme involving Health (Commissioner and Providers) and the Council. Within this programme four Key Work streams had been identified; Supportive Communities, Community Collaborative, Planned Secondary Care and Urgent Care across all ages (Children & Adults) encompassing Physical and Mental health.

In the ensuing discussion, the following points were made:

- That as the HCCG was required to update the Better Care Fund Submission, there was an opportunity to update the more technical aspects of the five year plan.
- That it was necessary to be clear about the scale of the challenge that was faced, as Together, HCCG, NHS England, other Commissioners and the Local Authority had a combined expenditure of about £413m within Herefordshire. The HCCG and Social Care had estimated required savings of approximately £63m between the joint health and care budget and actual expenditure requirements over the coming five years. In addition, providers had an additional efficiency saving requirement of circa £52m over the same period.
- That in order to accommodate the planned increase in population in the County, discussions had been held to consider the impact of a larger population on the health services. The issue had been raised with the Planning Department, and discussions held around the Core Strategy in order to ensure that pharmacies and GP surgeries were involved in the planning process. The size of the HCCGs funding was based on the size of the population it served.
- That the impact of service changes in Wales was being considered.

RESOLVED: That the report be supported.

53. OFSTED REPORT ON THE INSPECTION OF HEREFORDSHIRE COUNCIL'S CHILDREN'S SERVICES

The Board received a report on Ofsted's report of the Inspection of Herefordshire Council's services for children in need of help and protection, looked after children and care leavers and the Review of the effectiveness of the local safeguarding children board, undertaken from the 29 April 2014 to 21 May 2014.

During her presentation, the Director of Children's Wellbeing highlighted the following issues:

- That the Adoption Service had been rated as good was an excellent sign. The Service was a very important element, and was a good test as to the health of the rest of the Child Protection system.
- That there morale had improved across the system. It had been a matter of pride that there the Ofsted report had not held any surprises for the services.
- That there was a trend of improvement in safeguarding
- That the Multi Agency Safeguarding Hub had suffered from an unsteady start, and a different approach would be taken to such collaborations in the future.
- The Improvement Plan would address weaknesses and build on and magnify the strengths. The improvement plan, and submit it to OFSTED in September.
- That the Council was still under an Intervention Notice, and there would be a review by the Department of Education with a view to getting the notice lifted in January 2015.

RESOLVED: That the report be noted

54. UPDATE ON THE CARE ACT 2014

The Board noted a briefing on the Care Act 2014.

55. UPDATE ON THE BETTER CARE FUND SUBMISSION

The Board received an update on the Better Care Fund (BCF) Submission. It was noted that recent correspondence from the Department indicated a significant shift in how the BCF would change the funding flow between the Local Authority and partner agencies. Health and Wellbeing Boards would be expected to propose their own performance targets in areas such as emergency admissions.

The changes offered an opportunity for the Board to consider various areas such as public health levels in the county, issues around under 18 drinking, and emergency admissions. Conversations could be held around all these areas, and appropriate commissioning of services undertaken.

During the ensuing conversation, the following points were made:

- That the BCF principle had originally envisaged a reduction in emergency admissions of 15% as a national balancing figure. It would allow better management of admissions if this was removed, and NHS Trusts were allowed to create their own models. It should also be noted it was a target that merely addressed A&E admissions, and not attendance.

- That there was no additional money in the system for Health and Social Care as a result of these changes.
- That it was important that the Board should continue to work together to ensure that problems could be resolved.
- That a whole system approach to leadership was needed and a determined effort should be made to explain the Health and Social Care landscape.

RESOLVED: That the report be noted

56. WORK PROGRAMME

The Board noted its Work Programme.

The meeting ended at 5.00 pm

CHAIRMAN



MEETING:	Health and Wellbeing Board
MEETING DATE:	16th September 2014
TITLE OF REPORT:	System Wide Transformation Programme
REPORT BY:	Chief Executive

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To provide the Board with an update on the development of a county-wide Health and Wellbeing transformation programme.

Recommendation(s)

THAT:

- (a) **The development of a Health and Wellbeing system wide transformation programme is noted**

Alternative Options

- 1 The purpose of the briefing is to provide an update only.

Reasons for Recommendations

- 2 The Health and Social Care system in Herefordshire is under immense pressure from a capacity, demand and a financial perspective.
- 3 The response to the challenges needs to be across all parts of the Health and Social Care system to deliver maximum efficiency and to ensure changes in one area of the

Further information on the subject of this report is available from
Alistair Neill, Chief Executive on Tel (01432) 260044

system do not adversely impact another.

- 4 The quality of Health and Social Care services need to be improved to deliver better long term outcomes for individuals.

Key Considerations

- 5 The Health and Social Care providers and commissioners are working collaboratively to address some of the shared quality and financial issues. The outcome of this work has been the formation of a system wide transformation programme.
- 6 The Accountable Officers from Wye Valley NHS Trust, 2gether NHS Foundation Trust, Herefordshire Clinical Commissioning Group and Herefordshire Council will take this work forward with support from senior members of their executive teams.
- 7 The programme will focus on three key areas:
 - a. Improved outcomes for residents
 - b. Greater efficiency for providers and commissioners
 - c. Projects and schemes that deliver cash savings
- 8 A Transformation Board has been created to manage the performance and delivery of the programme and will be overseen by an independent chair. During this early phase of development for the programme, the Board will be chaired on an interim basis by Cllr Jeremy Millar.
- 9 A Terms of Reference for the Transformation Board has been agreed and is attached as reference at Appendix A.
- 10 A Memorandum of Understanding between the key partners has been established and agreed.
- 11 A Programme Director (Sarah Smith) is being provided by the NHS Local Area Team to take responsibility for the programme delivery and providing advice and assurance to the Transformation Board.
- 12 A Joint Commissioning group between the Local Authority and the CCG has been established. This group will enable the commissioning of services to be considered, planned and agreed across Health, Public Health and Adults and Children's Wellbeing in order to support the integration of services and delivery against the Better Care Fund.
- 13 Clinical and professional leadership will be at the heart of any service redesign.
- 14 The programme will be supported by a "virtual" project team from across each of the partner organisations.
- 15 The programme has been designed into four workstreams with supporting cross-cutting themes. A programme overview diagram is attached at Appendix B.
- 16 Each of the workstreams and cross-cutting theme will have a senior officer sponsor, critical friend and clinical and professional lead.
- 17 A review of current projects has started in order to understand whether they need to be aligned into the system wide programme to be either directly managed or to maintain visibility.

- 18 A Case for Change will be developed to provide the basis for the public engagement process over the coming years. This will set out the context of why services will need to change in the future.

Community Impact

- 19 The Understanding Herefordshire and local needs assessments will provide the evidence base to support any redesign of services.
- 20 The transformation of services will be directed by the overarching Health and Wellbeing strategy for Herefordshire which is currently being developed and will be approved by the Health and Wellbeing Board.
- 21 There will be a strong emphasis within the programme on developing our community partnership to ensure services meet the local need and that communities are able to take a lead role in the design of how services could be delivered in the future.
- 22 Service users, carers and front line staff will be actively engaged to support the redesign of services.

Equality and Human Rights

- 23 An equality impact assessment will be undertaken for each of the projects as they become identified.

Financial Implications

- 24 The total estimated gap across the Health and Social Care System is in excess of £120m. This equates to approximately a third of Health and Social Care spend within the county.
- 25 The aim of the programme is not to reduce costs by £120m, but to reduce whole system costs by the optimum amount whilst keeping services safe. This will enable system leaders to demonstrate that everything possible is being done and make the case for ongoing county funding due to the rural and demographic nature of Herefordshire.

Legal Implications

- 26 Any legal implications will be considered as the programme develops
- 27 Decisions required as part of the transformation of services will be undertaken using the appropriate governing bodies within each partner organisation.

Risk Management

- 28 Risks will be managed using a structured method of identification, assessment and action and monitored by each workstream and the Transformation Board.
- 29 A risk log for the programme will be maintained and owned by the Programme Director.
- 30 The impact of not approaching the redesign of services at a system wide level will

Further information on the subject of this report is available from
Alistair Neill, Chief Executive on Tel (01432) 260044

have financial risks to all parties if critical services are not maintained and have to be delivered or purchased outside of the county

- 31 The impact to people who use services are that the quality of their care does not improve and that long term outcomes are not achieved from both an individual and a population perspective.

Consultees

- 32 A full engagement strategy will be developed for the programme so that all stakeholders in Health and Wellbeing can support the design of services.

Appendices

Appendix A – Transformation Board - Terms of Reference

Appendix B – Programme Approach Diagram

Background Papers

None identified

Herefordshire Health and Social Care Transformation Board

Terms of Reference

Members:

- Independent Chair (TBC)
- Deputy Chair – to be elected from among the members of the Board
- Chief Executive WVT
- Chief Executive 2gether NHS Foundation Trust
- Director for Adults Wellbeing Local Authority
- Director of Children’s Wellbeing Local Authority
- Director of Nursing and Quality NHS England
- Chairman Taurus
- Chief Executive Herefordshire Council
- Chief Officer Herefordshire CCG
- Representative/s from Powys Teaching Health Board and Local Authority (TBC)

Attendees:

- Workstream Sponsors
- Programme Team
- Additional attendees at the discretion of the Chair

Aim

The Transformation Board has been established to provide leadership for the Herefordshire Transformation Programme.

The Transformation Board is also established to provide recommendations through consensus to the individual statutory health and care and wellbeing organisations in Herefordshire.

Objectives

Further information on the subject of this report is available from
Alistair Neill, Chief Executive on Tel (01432) 260044

- To provide system leadership to the Programme in Herefordshire
- To provide the overall governance and decision making framework for the Programme
- To consider the recommendations made by the Programme Workstreams and Sub Groups
- To consider and make recommendations to the statutory organisations for formal sign off by their respective Boards
- To receive reports on the utilisation of the Better Care Fund and ensure the principles and plan are incorporated into the Transformation Programme
- To identify and utilise appropriate individuals, organisations and reference groups in support of the programme
- To identify relevant funding streams to help in the development and delivery of the programme
- To work within a remit aligned to the Health & Wellbeing strategy
- To ensure communication with other responsible commissioners
- To ensure engagement and consultation with all key stakeholders, and with the local population

Reporting arrangements

The Transformation Board will report into the following statutory organisations:

- Herefordshire CCG
- Herefordshire Council
- NHS England
- NHS Trust Development Authority
- Powys Local Health Authority
- Taurus Healthcare Ltd
- Wye Valley NHS Trust
- 2gether NHS Foundation Trust

The Board will also report to the Health & Wellbeing Board who will provide strategic oversight of the Programme

The following groups will report into The Transformation Board

- Workstream Groups
- Theme Groups
- Clinical and Professional Reference Group
- Outcomes and Assurance Reference Group

Meetings

- The meeting will be chaired by an independent Chair (TBC)
- Meetings will be held monthly
- Papers will be submitted to all members one week prior to the date of each meeting
- A standing agenda will be provided that will include discussion of the action log from the previous meeting, key decisions and new actions and the plan for taking these forward

- The output from each meeting will be minuted with a detailed actions and agreement log, with responsibility and timescales for delivery assigned to each action
- Members will nominate deputies to attend on their behalf when they are unable to do so

Quorum

- A quorum necessary for the transaction of business shall be the Chair or Deputy Chair and must include Provider and Commissioner representation.

Roles and responsibilities of the Chair

- Effectively facilitate Board meetings to ensure agenda is covered and all views actively sought and considered, and commit to effective and efficient programme governance
- Promote partnership working to engender trust amongst member and encourage creative and collaborative relationships to develop
- Work with the Sponsors to develop the forward looking strategic direction of the Programme
- Encourage, support and challenge all Partners to develop a model for the provision of voluntary sector infrastructure support embedded in a collaborative culture which drives efficient, accessible and effective service delivery
- Facilitate information sharing across the system
- Provide stability in the development, adoption and maintenance of the programme
- Improve efficiency, reduce costs and minimise bureaucracy
- Encourage and facilitate frank and open conversations that may at times be difficult, working towards consensus amongst all members
- To arbitrate when disagreements arise and seek resolution
- To appoint an alternative Chair if unable to attend meetings

Roles and responsibilities of members

- To attend meetings and to complete tasks as agreed.
- To fulfil responsibilities in such a manner that respects each individual organisation's statutory roles and responsibilities; but proactively seek to engender partnership working through openness and transparency to maximise the wider benefit of joint working for the patients and public
- To seek to reach consensus opinions within the Board wherever practicable and to consider matters from the perspective of the patients and the public and not organisational self-interest
- To declare any interest that is relevant to the Programme
- To maximise the involvement of the public wherever possible within the development and delivery of the Programme
- To act in accordance with the agreed principles set out in the Memorandum of Understanding

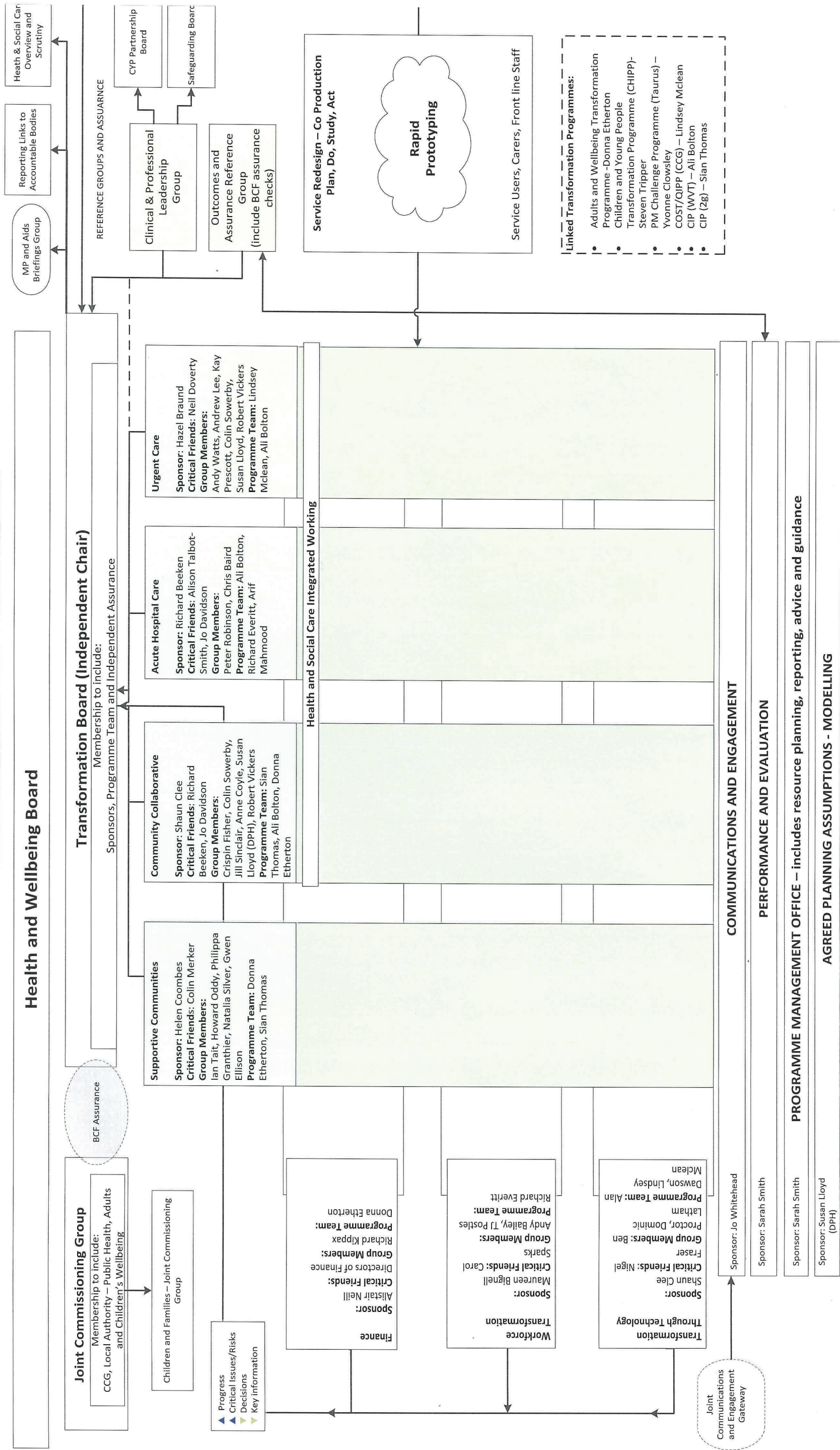
Administrative Support

- Administrative support will be provided to the Transformation Board

Term

- The Transformation Board is part of the overall Programme governance structure. It will be established for the duration of the Programme
- Programme membership will be reviewed annually

Herefordshire System Wide Transformation





MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATES:	16th October 2014
TITLE OF REPORT:	Better Care Fund Submission Report
REPORT BY:	Director of Adults & Wellbeing & the Clinical Commissioning Group Accountable Officer

Classification

Open

This is a key decision because it is likely to be significant in terms of its effect on communities living or working in a one or more wards in the county

NOTICE has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Wards Affected

County-wide

Purpose

This report was initially prepared to provide a briefing for the Chair of the Health and Wellbeing Board and has subsequently been updated to brief the Health and Wellbeing Board and sets out

- A summary of the revised guidance issued by the Local Government Association (LGA) AND NHS England on 25 July 2014
- An overview of the key agreed elements within the Herefordshire Better Care Fund submission made in response to the revised guidance on 19th September 2014
- The areas where ongoing work is required
- Confirmation of the governance process already completed and the process for completing final sign off by the Health and Wellbeing Board
- Information on the national assurance process feedback to date following the Herefordshire Better Care Fund September Submission

Recommendations

- (a) **Note the summary of the revised guidance ;**
- (b) **Approve the elements of the plan that were agreed using the delegated powers agreed by the Health and Wellbeing Board subject to the completion of the ongoing work as required in the guidance and submission;**
- (c) **Approve the task and finish approach for completion of further requirements and**

Further information on the subject of this report is available from
Helen Coombes, Director of Adults and Wellbeing on Tel (01432) 260339

- agreements;
- (d) **Note the national assurance process and feedback to date;**
 - (e) **Delegate authority to the Chair of the Health and Wellbeing Board, the Chief Accountable Officer of the CCG and the Director of Adults and Wellbeing as appropriate to agree further BCF plan submissions if required in November or December 2014**

Alternative options

1. There is no alternative option. If the Better Care Fund is not submitted the Clinical Commissioning Group and the Local Authority will not receive the associated funding allocations.

Reasons for recommendations

2. To ensure that the Health and Wellbeing Board responsibilities for approving the plan are discharged with full knowledge of the changing guidance, a summary of the areas still requiring agreement and the process and timeline for ensuring full approval by the Health and Wellbeing Board.

Key considerations

3. The principle of the BCF Plan to use a pooled budget approach in order for health and social care services to work more closely together aligns directly with the vision and principles highlighted in the aspirations of the Health and Wellbeing Board in Herefordshire. This includes a commitment to an integrated systems approach, partnership working and a focus on prevention and early intervention in all areas. The plan and principles link directly to the CCG operational and strategic plans, and the local authority priority of adults maintaining their independence and living healthy lives. It also supports the themes evidenced in the Joint Strategic Needs Assessment for Herefordshire - Understanding Herefordshire 2014, which are to enable our older population to live independently and well; to prevent early death and increase years of healthy life; to improve physical and mental health and well-being; and reduce health inequalities.
4. The LGA/NHS England released revised planning guidance to all Health and Wellbeing Boards on 25 July 2014 in respect of BCF Plans. This guidance required all local authorities, in partnership with their local CCGs to submit revised BCF plans by 19 September 2014. The guidance set out acknowledged a key change in policy as set out below:

‘.....of the £1.9bn additional NHS contribution to the BCF, £1bn will remain within the BCF but will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. The intention of this policy change is to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated, and CCGs are effectively compensated for unplanned non elective activity.’
5. The £1bn proportion of the BCF replaced what was originally the ‘pay for performance’ fund linked to delivery against both national and local metrics. No payment will now be linked to these metrics although local areas will still be expected to continue to set levels of ambition for these within their plans.
6. Payment for Performance will now only be linked to one metric and not the previous range of metrics. The metric is *reduction in total emergency admissions*. This was a significant change from the previous guidance, and the Health and Wellbeing Board Chair is asked to note the implication for reducing the incentive for acute providers to engage in rapid transformational change. This implication has not been evidenced locally as the Chief Executive of the acute provider Wye Valley Trust has stated that prevention and early

intervention continues to be a priority in managing demand particularly across the urgent care system.

7. All Health and Wellbeing areas are expected to set a minimum target reduction for total emergency admissions at 3.5%, although areas are free to choose a different target as long as all parties agree and a clear rationale can be developed to support such proposals. The Herefordshire BCF submission includes a target reduction in the number of emergency admissions of 1.5% and includes a business case to support the rationale to support this proposal.
8. It is also a requirement to submit detailed scheme descriptions, using a specified template, for each scheme included within the plan that supports the delivery of the agreed target for reduction in total emergency admissions
9. Local areas are also expected to share planned non-elective activity reductions with their acute providers and to ask the acute providers to submit commentary stating whether they recognise and agree with the activity reduction. Herefordshire CCG has agreed this approach with Wye Valley Trust and the required pro forma has been agreed and signed off. It is not proposed to include mental health within this aspect of the Herefordshire BCF and this approach has been agreed with the provider Together NHS Foundation Trust.
10. Herefordshire's submission in April 2014 was considered good by NHS England and the Local Government Association (LGA). Officers have transferred the information from Herefordshire's original BCF Plan (submitted April 2014) into a new plan template. Much of the original narrative remains the same, although since the submission the Transformation Board and programme has been established, as has the Joint Commissioning Board and the associated governance structure for decision making. The September BCF submission reflects these changes.
11. The new guidance introduced five new questions to answer, as well as revisions to four existing questions. The new questions relate to the following:
 - The case for change
 - Plan of action
 - Risks and contingency
 - Alignment
 - Implications for acute providers
12. The key areas that have been agreed within the September iteration of the Better Care Fund plan are
 - The Better Care Fund Minimum investment and the existing services that are included within this
 - The Local authority service delivery areas and activities that are funded through the existing s256 monies, including transformational plans, governance and monitoring of these.
 - The allocation of the Care Act implementation funding and the financial values supporting the Disabled Facilities Grant and the Social Care Capital elements included within the Better Care Fund Plans, along with milestones and key dates for implementation of the Local authority activities included within the BCF Plan.
13. The areas where agreement is still to be reached and discussions continue are

- a. Protection of Adult Social Care - senior CCG and Local Authority officers continue to work on this and are aiming to reach an agreement by November 2014.
 - b. Ongoing provider commitment - the acute provider has agreed in principle to the proposals made by the CCG and the LA and included within the BCF submission and to the development of a fully worked up mobilisation plan for transformation
 - c. Risk sharing and legal agreements - including the financial payment methodology and where funds will be held
 - d. Additional investments that may be included within the BCF prior to March 2015 for the 1st April start date
14. Following the 19th September submission date the current task and finish group comprising of senior CCG and Local Authority officers, and project managers from both organisations will continue to develop and complete the areas requiring agreement. A 10 week plan, (Appendix 2) has been put in place and this will be closely monitored for delivery.
15. The Health and Wellbeing Board should also note the development of the system wide transformation programme. The Better Care Fund plan will be at the heart of this programme of change and will set out system wide ambitious plans to
- a. Improve outcomes
 - b. Reduce cost
 - c. Improve efficiency
 - d. Tackle inequalities
16. The timing of the work of this programme, and the dates for the submission of the BCF are not completely aligned, but it is expected that as the programme develops this will give further assurance to the Health and Wellbeing Board on deliverability, governance and focus to deliver the overarching vision.
17. The first stage of the national assurance process began on 1st October 2014 and was a teleconference with chief officers, support officers and the Chair of the Health and Wellbeing Board. The group set out an introduction to the Herefordshire BCF Plan, the vision, strategic outcomes anticipated; the process for completing the remaining work and acknowledged elements of the September submission that were omitted or needed to be refreshed. The briefing note that supported this process and was submitted to the assurance team on the day of the call is attached at Appendix One of this report. The ten week Task and Finish plan for completion of the work and agreements is shown within the briefing note and separately at Appendix Two of this report.
18. The Assurance team were not able to give formal feedback but noted that the discussion had been helpful in setting out the Herefordshire story in a clear and coherent way and resolving all the key lines of enquiry that they had flagged for discussion.

Background

19. In the 2013 Spending Round, the Government announced a national £3.8 billion pooled budget for health and social care services, building on the current NHS transfer to social care services, of £1 billion. The Spending Round document stated that 'the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'. This is set against the context of a reduction on overall local government expenditure.
20. It is important to note that this money is not new money, but a transfer of money from the NHS to Local Authorities that may already be committed to existing services. The funding must be used to support adult social care services, which also have a health benefit. The

funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified.

21. On 14 February 2014, Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG) submitted a jointly agreed plan to the LGA and NHS England. On 4 April 2014 a final BCF Plan was submitted on behalf of both organisations and an assurance process followed.
22. National support has been in place for areas since the publishing of the revised guidance with a national programme office put in place. Andrew Ridley, Better Care Fund Programme Director has provided weekly updates for all areas regarding plan developments and a 'support programme' has been offered to local areas by way of the Better Care Fund Task Force. Webinars were scheduled and a 'how to' guide was made available for all areas in the week commencing 01 September 2014. The guide focussed on some specific aspects of BCF planning which are among the most challenging to address.

This included information designed to support all areas with:
 - Segmentation and risk stratification
 - Reviewing and evaluating the evidence base
 - Outcomes and modelling impact
 - Financial analysis
23. In addition to the guide, a 'Making it Better' resource pack was made available and the Better Care Fund National Task Force has hosted regional workshops. Herefordshire has had intensive support through a local team as it was recognised that it had some specific challenges to address. Two other authorities within the West Midlands were also provided with intensive support to enable them to complete the September Better Care Fund requirements.
24. Following submission on the 19th September a national assurance process takes place with feedback into local areas within two weeks along with an indication if further national support will be required. Areas that do not submit a plan will not be approved to continue, plans that are not fully agreed and/or worked through will be likely to get conditions attached to the implementation plan, or offered further support.

Community impact

25. The Understanding Herefordshire and local needs assessments will provide the evidence base to support any redesign of services
26. The system wide Transformation Programme incorporating the Better Care Fund will be directed by the overarching Health and Wellbeing Strategy for Herefordshire which is currently being developed and will be approved by the Health and Wellbeing Board with regular progress reports.
27. There is a strong emphasis within the overarching Transformation Programme, and within both the Local Authority and the Clinical Commissioning Group on developing our community partnerships to ensure services and pathways meet the local need and that communities are able to take a lead role in the design of how services could be delivered in the future
28. Service users, carers and front line staff are and will be actively engaged to support the re design of services through a number of mechanisms including the Making it Real Board, the Learning Disability Partnership Board and Healthwatch

Equality and human rights

29. An equality impact assessment will be undertaken for each of the schemes of change

within the Better Care Fund

Financial implications

30. Table 1: Funding made available to Herefordshire Council in 2014/15

Funding Stream	Herefordshire's Allocation £m
Current transfer from NHS to Social Care	3.302
Additional transfer from NHS (2014/15 - BCF preparation)	0.734
Total Transfer from NHS (section 256)	4.036
CCG Reablement Funding	0.484
Total Revenue Funding 2014/15	4.520
Adult Social Care Capital Grant	0.483
Disabled Facilities Grant (Capital)	0.702
Total Capital received by local authority	1.185

31. In 2015/16 the BCF Plan will be created from the following funding streams, a significant proportion of which is already being spent by the local authority on joint health and social care priorities. The sums currently allocated to Herefordshire Council in this way are identified in the table below.

32. Table 2: **Total 2015-16 BCF minimum funding allocation for Herefordshire**

	National 'Pot' £m	Herefordshire's Allocation £m
NHS Herefordshire CCG*	1,770.0	5.755
NHS Herefordshire CCG (Care Act)*	130.0	0.458
Carers Breaks Funding	130.0	0.477
CCG Reablement Funding	300.0	0.968
NHS transfer to Social Care	900.0	3.302
Additional transfer from NHS (2014/15 BCF preparation)	200.0	0.734
Total Revenue Funding	3,430.0	11.694
Social Care Capital Grant	129.0	0.490
Disabilities Facilities Grant	225.0	0.866
Total Capital Funding	354.0	1.356
Total Better Care Fund	3,784.0	13.050

* The NHS allocation is £1.9bn in total – this has been split to show the Care Act allocation which is sourced from the NHS funding.

33. Of the total funding, £3.38 million is allocated to payment for performance.

34. The maintenance of the 2014/15 level of revenue funding previously through s256 monies of £4.520 million has been confirmed for 2015/16 however protection of social care has not

yet been agreed to address either the pressures relating to the social care budget or the pressures for implementing the Care Act (above the minimum allocation of £0.458m).

35. The statutory basis of the BCF Plan is section 121 of the Care Act 2014, which amends the National Health Service Act 2006. It is not clear if the funding will be released under existing arrangements or whether further legislation will be made for the creation of pooled budgets.
36. It is a national requirement that the BCF pooled budget is managed under a section 75 arrangement.

Legal implications

37. The BCF will require a formal legal agreement between the LA and the CCG and this is in the process of been developed and agreed
38. Decisions required as part of the Joint Commissioning programme will be undertaken using the appropriate governing bodies within each partner organisation.

Risk management

There is a risk that:	How likely is the risk to materialise? <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	Potential impact <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i> <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	Overall risk factor <i>(likelihood *potential impact)</i>	Mitigating Actions
As the reduction in funding from the CCG budget will not be offset by the redesign work/possible efficiencies	4	5	20 / high	Prioritisation of initiatives to offset loss of budget; robust monthly performance monitoring and management with appropriate escalation and governance
As there are cuts to the DASS budget the BCF transfer will not offset the impact	5	5	25 / high	Prioritisation of initiatives to offset the loss of budget; robust monthly performance monitoring and management with appropriate escalation and governance
If the reduction in demand on the acute trust is not delivered and if the internal pathways in the acute trust are not adequately redesigned the cost will need to be met by an economy wide risk share	5	4	20 / high	A stepped approach to the redesign over an agreed timeline and a transitional approach via contracting Early identification of issues and escalation. Monthly exception reporting to be developed An approach to demand reduction including self-management and raising public awareness

Further information on the subject of this report is available from
Helen Coombes, Director of Adults and Wellbeing on Tel (01432) 260339

There is a risk that:	How likely is the risk to materialise? <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	Potential impact <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i> <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	Overall risk factor <i>(likelihood *potential impact)</i>	Mitigating Actions
				Ensuring that a whole system performance management process (both operational and strategic) is in place
Shifting of resources to fund new joint ventures and schemes will destabilise current providers particularly in the acute sector	3	5	15 / moderate	Plans will be based upon the strategic directions agreed linked to the 5 year strategic plan There is a commitment across the health and social care economy to work together on a collaborative approach to redesign, integrated working and risk sharing Consideration will be given to transitional support to providers
The impact of the Care Act	5	5	25 / high	Herefordshire Council is undertaking a detailed impact assessment of the effects of the Care Act 2014 will result in a significant increase in the cost of care and for subsequent years and we will need to fully understand the implications and impacts
There is a risk that a change in the cultures and behaviours of frontline staff and organisations (across all partners) is not delivered (which is required to support the whole systems redesign required)	4	4	16/ moderate	Joint Commissioning Frameworks and governance to review workforce implications allied to change programmes
Failing to achieve BCF outcomes and additional locally agreed outcomes will impact significantly on systems flow and financial balance	3	5	15 / moderate	Robust performance monitoring and management against agreed trajectories for improvement, including residential/nursing care home placements and acute demand

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Helen Coombes, Director of Adults and Wellbeing on Tel (01432) 260339

There is a risk that:	How likely is the risk to materialise? <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	Potential impact <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i> <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	Overall risk factor <i>(likelihood *potential impact)</i>	Mitigating Actions
				Commitment to joint commissioning in all appropriate areas
Operational pressures and capacity will restrict the ability of our workforce to deliver	4	5	20 / high	Consideration of the need for double running/transitional capacity while service redesigns are implemented
Failure to deliver the BCF outcomes could impact upon quality of patient care and service provision	2	3	6/ low	Monitoring of key additional outcomes for quality of care to be integral to performance monitoring and reporting to allow mitigation of any issues
Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing/care home activity by 2015/16 impacting upon the overall funding available to support core services and future schemes	3	5	15/ moderate	2014/15 will be used to test and refine these assumptions, with a focus on developing detailed business cases and service specifications.

Consultees

39. A full engagement strategy will be developed for the BCF as elements are implemented. NHS Provider engagement is continuing and informal monthly sessions have been set up with key local stakeholders e.g. Healthwatch

Appendices

Appendix One - .BCF National Assurance Briefing Note

Appendix Two – Herefordshire BCF 10 week Task & Finish Action Plan September 2014

Appendix Three – BCF Scheme and Service Delivery Summary

Background papers

None

Herefordshire September BCF Plan Assurance Briefing Note

October 1st 2014

1. Introduction

In February of this year Herefordshire set out its Health and Wellbeing Vision. The BCF submissions made earlier this year described the implementation of that vision and were well received by NHS England.

Our vision for 2018/19 puts Herefordshire at the leading edge of seamless integration of care and support. We will provide services that wrap around patients, service users and their families. We will provide coordinated, consistent and high quality services across organisational boundaries.

The commissioners and providers of health and social services in Herefordshire face significant challenges – We estimate that the CCG, NHS England, the local authority and other commissioners share a combined health and social care expenditure of some £400m. Over the next 5 years, the required savings are estimated to be in excess of £60m across our joint health and care budget. Over the same period our provider organisations have efficiency saving requirements in excess of £50m. This puts an insoluble strain on the system but is a powerful incentive for us to work together.

Since the April BCF submission considerable progress has been achieved in developing a joint approach to our System Transformation.

In April and May of this year we undertook four system lead workshops with the commissioning and provider organisation Chief Officers, their Senior Management teams, CCG Governing Body and LA elected members. From these workshops and subsequent consultation and challenge a System Transformation Programme has been developed and, in July, a Transformation Board, accountable to the Health & Wellbeing Board was established.

Similarly a Joint Commissioning Group has been established between the CCG and the LA, and a Joint Commissioning Plan is currently under development.

We are very clear that the BCF is a key enabler within our approach to Transformation.

Following on from the changes to the BCF guidelines in July, we have had a series of difficult conversations. The financial situation; coupled with increased demands on the system are challenging factors but there is a total commitment to move to agreement as quickly as possible.

The way forward –

To date we have agreed the BCF Minimum Fund and commenced detailed discussions on the scale of the requirement for the protection of social care and implementation of the Care Act.

Alongside this we have commenced joint work on key areas of service redesign such as the Integrated Urgent Care Pathway for community health and social care services and Rapid Access to Assessment and Care. We are currently reviewing the opportunities to merge or disband projects in favour of revised or new areas of work that will be both integrated and truly transformational.

Our Joint Commissioning Board is developing joint commissioning strategies for Mental Health and Learning Difficulties, both of which offer significant opportunities as current contracts reach their conclusion.

We have made significant progress since April, there is strong commitment across the health and social care system and we have clear plans for the future.

2. The Strategic Outcomes that we will deliver from the BCF conversations agree to and developing plan are

Integrated Personal Budgets – all groups, all ages

- To harmonise systems and processes to enable a common approach to personal budgets.
- To embed a common approach across health and social care professionals to support the delivery of integrated personal budgets.
- To build capabilities across health and social care, through joint personalization training to support shifts in culture and practice.
- To embrace integrated Personal Budgets as the catalyst for enhancing choice and control for individuals and outcomes that they want.
- To ensure that constrained resources are targeted and used to best effect.
- To move to effective and efficient micro commissioning by individuals that delivers positive outcomes.
- To support a wider agenda of intelligent commissioning across health and social care economies, inclusive of public health and children and young people.

Fully mobilised Integrated Urgent Care Pathway across health and social care, alongside a redesigned Community Health Service

- To implement and embed service practice models that ensure effective care co-ordination
- To ensure closer alignment of community health and social care services with primary care.
- To build capability and capacity within the current workforce that assures the shift to effective care co-ordination.

- To enhance the pace of service redesign that brings into play a complementary range of services that supports admissions prevention and avoidance and ensures timely and appropriate hospital discharges.
- To accelerate the provision of the Integrated Urgent Care Service to enable and ensure assessment and care planning to support the integrated urgent care pathway.
- To provide system oversight and coordination to maximise the redesign of health and social care to ensure a comprehensive and complementary approach.
- To ensure clarity and rigor allied to performance matrix to evidence benefits realisation to the change agenda that underpins the Better Care Plan

Co-commissioning Operating Model (Starting with LD & Mental Health) has already begun and further work is underway

- To recognise opportunities across health and social care to develop intelligent commissioning that enhances outcomes for the population and makes best use of available resources.
- To be prospective in reviewing together commissioning work requirements and to identify service areas that would benefit from co-commissioning.
- To adopt areas of common interest to pool commissioning and allied capabilities and capacity to develop a joint position in relation to future commissioning intentions.
- To develop coordinated and integrated service specifications and make best use of available resources and market procurements.
- To enable the sharing and distillation of evidence and good practice across health and social care.
- To enable real co-production with service users, patients, carers and all other interested parties.
- To adopt the dynamic of learning through experience to inform and evidence the importance of working together.
- The CCG and the LA recognise the impending cessation of current contracts underpinning Mental Health and Learning Disability Services and the opportunities to co-commission services across health and social care within the wider market place that exists within Herefordshire.
- Such an approach will maximise available capability and capacity and build systems; processes and confidence co-commission other work streams to support better service user outcomes.

Prevention & Early Intervention Programme to include

- Information, Advice and Guidance including Herefordshire Advice Handbook
- Carer's Support Services
- Health Improvement including Campaigns and Well Being Innovation and behaviour change

- Falls Response
- Health Protection including Flu
- Care and Nursing Home Education and training
- Winter Warm, Fuel Poverty and Voluntary sector coordination e.g. Street pastors, Lean on me
- Well Being Innovation Fund

Mental Health Social Care, we have an opportunity to look across the CCG and LA to commission Mental Health in a different way

- Mental health Social Care is critical to a holistic approach to mental health recovery and complements health interventions.
- Mental Health Social Care supports those natural supports that aid health and wellbeing in terms of housing, finance, social interests and networks, positive relationships, a sense of worth and community being, to maintain employment or embark upon further education and training.
- Mental Health Social Care is also able to use professional relationships to promote personalization and access to Personal Budgets that builds choice and control and supports potential for continued independent living.
- Mental Health Social Care is at the forefront of Mental Health Legislation and assessment to determine formal detentions
- Mental Health Social Care has a joint responsibility with Health to ensure effective Aftercare under Section 117 of the Act
- Legislative responsibilities also embrace the Mental Capacity Act.

3. In terms of our Programme Grip we have got a clear process, are well organised and have the key decision makers on board.

Our key decisions for immediate focus are

- Funding the Protection of Social Care
- Funding the Implementation of the Care Act
- Risk Sharing Agreements
- Section 75 Agreements

To ensure that we deliver these effectively and efficiently alongside our joint project planning we have

- Put in place a 10 week action plan that will take us to the beginning of December;
- Established a weekly BCF Task and Finish Group, with membership from the CCG and LA, that will ensure and review delivery against the action plan;

- Moved the monthly Joint Commissioning Group to fortnightly meetings in order to mobilise commissioning strategies, plans and activity in support of the BCF and wider transformation agenda;

This will enable a significant step from our current position to one of an agreed, assured and jointly owned plan for delivery through 2015/16 and onwards.

4. The Technical Template

The Minimum Fund and Technical template reflects the strategic direction of travel outlined above

- within this are that the Virtual Ward and Community Service elements of the BCF reflect the Community Services Transformational Changes that are planned
- The Performance Fund is set at 1.5% with agreement between the CCG and the Local Authority and has been agreed and signed off with our acute provider Wye Valley Trust
 - The target reflects the pressures within our system of an increase of 8% demand on outturn
- The Protection of Social Care is reflected within the plans at the 14/15 baseline and there is work to be done around further investment and agreements
- The Care Act allocation has been agreed at the minimum national formula level and there is work to be done about further investment and agreements based on modelling against the Lincolnshire model
- Growth on the non-elective admissions is predicted at 8% outturn to outturn, and there are in year schemes put in place by the CCG to mitigate this as far as is possible
- **Delayed transfers:** the implementation of the Integrated Urgent Care Pathway will support more rapid movement through the system for patients, speeding up the assessment and discharge processes for people who require acute admission. Implementation will commence in November. In the meantime, specific resources have been identified through the System Resilience Group – Operational Resilience and Capacity Plan, which are providing additional support to acute and community hospitals to ensure rapid discharge.

As noted in the previous section there is a 10 week plan in place to address the key decisions and outputs required.

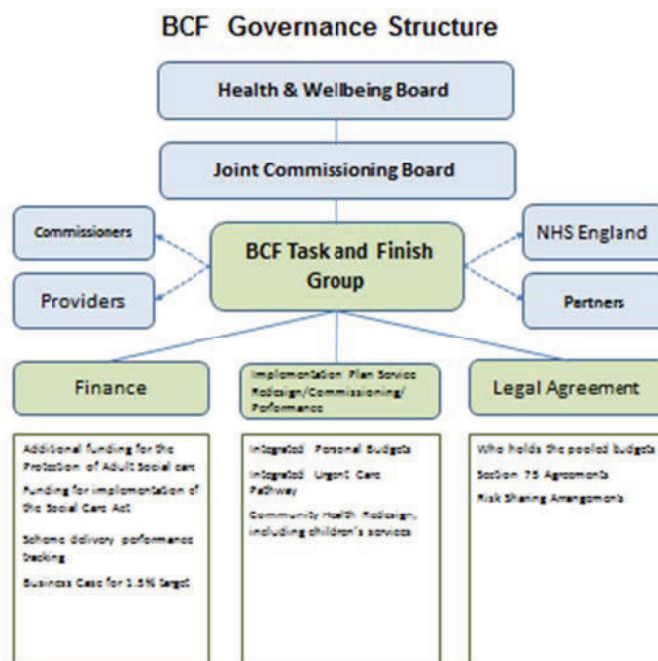
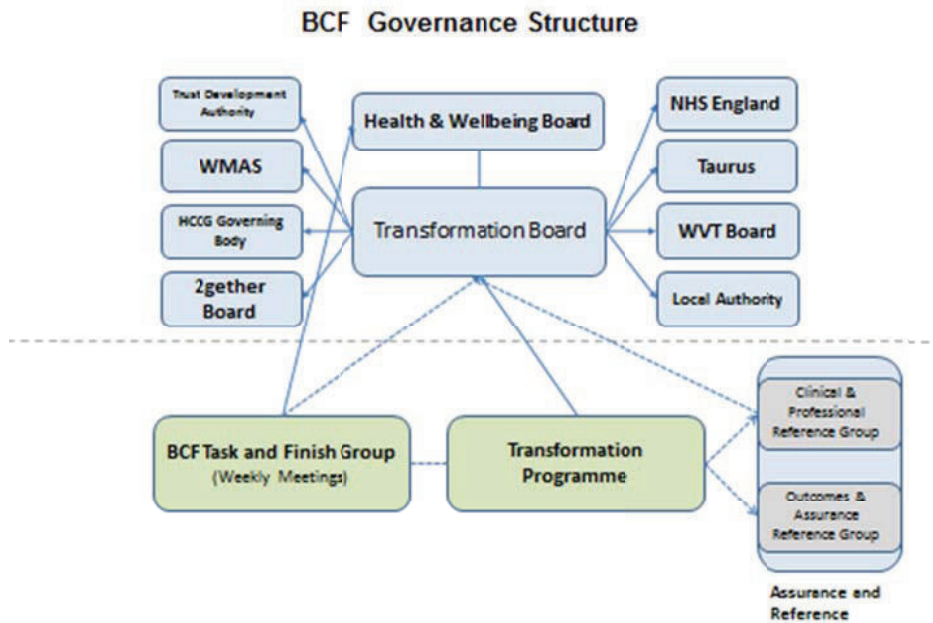
5. Risk Sharing & Contingency Agreements

As noted this is a key area for focus within the 10 week Task and Finish Plan.

The High Level Gant Chart for this is shown below at paragraph 10.

6. Programme Management and Governance

The diagrams below illustrate how the 10 week Task and Finish Group described above work with the existing governance arrangements for BCF and the System Transformation Programme.



7. Scheme and Service Summaries

The Schemes submitted in Annex 1 of the original submission are Schemes in the BCF sense in that they are measured in terms of benefit and impact against the key targets such as reduction of emergency admissions.

The Service Delivery Summaries were submitted in order to show how the LA & CCG are working together to illustrate how monies within the BCF minimum fund are being spent and to what benefit.

We are regularly refreshing these documents as our projects (including service redesign) and schemes are reviewed, reshaped and become more integrated and so documents submitted on the 19th September are already out of date. We will submit a refresh at a later date (we expect that there will be a further BCF plan submission requirement this autumn).

The table at Appendix 3, illustrates the schemes and summaries and which of the BCF conditions they specifically support.

8. Performance Fund

The proposal is that the performance fund is set at a level of 1.5% i.e. £289,628. Following discussion with the BCF National Support Team, this approach has been accepted as a rational and pragmatic approach to the challenges at play in Herefordshire. Factors which have influenced this view include:

Emergency activity in Herefordshire 2013/14 - 2014/15

Herefordshire benchmarks low in terms of access rates to urgent care and in particular in relation to conditions amenable to ambulatory care. This suggests that primary and community care services are already managing a higher proportion of patients who are at risk of deterioration and admission than is the case in other communities.

Readmission rates are also low, suggesting that management of patients is appropriate on discharge. Our acute provider, Wye Valley Trust, is the smallest DGH in England, and in comparison with 9 other Trusts with a similar A&E footfall, the Trust has: the smallest number of beds per 1000 population; a low A&E to admission conversion rate, and a low general acute and medical bed base. Average length of acute stay at WVT benchmarks well and there have been reductions in length of stay at Community Hospitals.

Demand has increased – the Herefordshire Operational Resilience and Capacity Plan outline the agreed proposals to mitigate this growth in the short and medium term. As part of this, the CCG is proposing to move to an outcomes based contract for urgent care in October 2015.

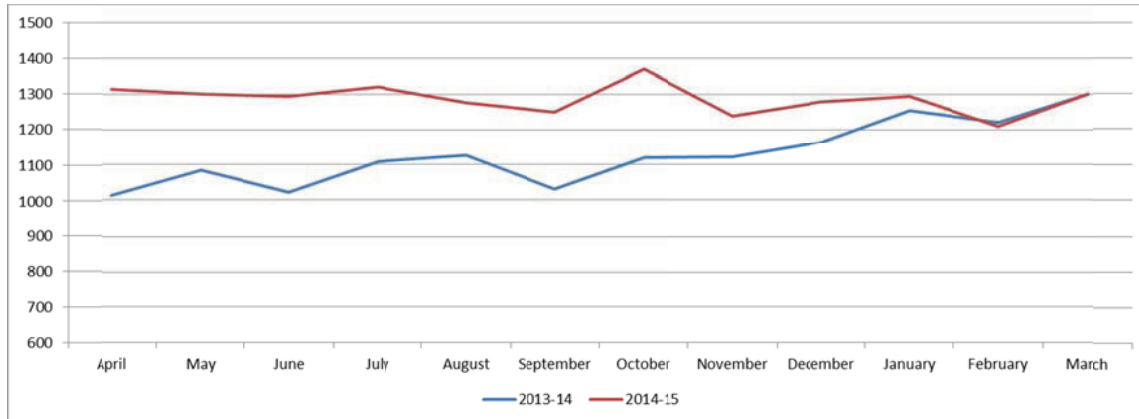
- A&E Attendances – There has been a year on year growth of 1,640 (3.6%) from 2012/13 to 2013/14.

- A majority of the increase since 2012/13 (1,368 i.e. 83.4%) is over 65's. There was a 2% increase in the 2013/14 conversion rate for over 65s, whilst under 65s increased by 1%. The over 65s attending A&E have a 49% chance of being admitted, whilst for under 65s the chance falls to 18%.
- Ambulance – The number of conveyances is up by 6% from 2012/13 to 2013/14.
- Analysis of attendances by over 65s per GP practice has provided a list of top ten practices where work is to be undertaken to understand possible changes in patient presentation and referral patterns. This work will dovetail with other frail elderly pathway initiatives.
- The GP Led Walk in Centre (provided by Primecare) saw a drop in activity in 13/14. However in the first part of 14/15 there has been a significant increase in the activity and Primecare is also reporting a greater acuity in the patients attending.
- In terms of flow of Primecare patients to A&E, the Walk in Centre has reported an increase of 32% year on year with an average of 30 patients per month in 13/14. March 2014 recorded a significant increase to 49 patients referred into A&E from the Walk in Centre.
- During the first 4 months of 2014/15, NHS 111 data has shown an increasing trend in ambulance, A&E and other services signposted. This confirms other data showing an increase in emergency activity and acuity.
- In the early part of 2013/14, admissions via A&E at WVT were significantly lower than 2012/13. However in August and from November onwards there was a marked increase. This in part is attributable to the increased A&E attendances activity, but also the reported increase in the acuity of presenting patients' conditions.
- Virtual wards were implemented as a pilot across the 8 Hereford City practices in October 2013, with two components: risk stratification and hospital at home. To June 2014, hospital at home had supported early discharge for 174 patients, and admission avoidance for 135 patients, mainly avoiding what would have been short stay admissions.
- Implementation of the RAAC scheme (Rapid Access to Assessment and Care), commenced in January 2014 with the "discharge to assess" component. By June 2014 this had taken 51 patients out of Wye Valley Trust. An additional 32 patients were supported through earlier discharge by spot purchase of additional capacity during periods of increased emergency pressures.

Year on year comparison of activity between 2013/14 and 2014/15 shows a projected increase of approximately 8.25%. The figures below exclude maternity and dental emergency admissions.

Outturn 2013/14	11,565
Projected outturn 2014/15	12,519
Increase:	954

Acute Emergency Admissions (non-elective admissions)



There has been a step change in emergency admissions that started in October 2013 and levelled out at a higher rate in March 2014. This appears to relate to the introduction of the CAU, and reflects appropriate management of short stay patients although with higher numbers of patients being admitted for short stay admissions. The introduction of the CAU is recognized best practice and was a recommendation from ECIST.

Additional bedded capacity is being introduced by the Trust to support the delivery of an appropriate quality of care. This will take the form of an additional temporary ward which it is planned to be operational by November. The Trust needs to reduce its use of escalation capacity in inappropriate areas – e.g. use of CAU overnight.

The Trust describes the need to pull back to a reasonable level of occupancy prior to beginning to make additional gains in bed use.

The Case for Change within the BCF submission includes a summary of the roles and aspirations of the System Resilience Group, the linkages to the system wide Transformation Programme, with diagrammatical representation of the current and aspirational systems.

9. Ten Week Task and Finish Plan

Attached as Appendix 2 of the report.

BCF Scheme & Service Delivery Summary

Title		Lead Officer	Please indicate below with an X the areas of agreement and the area of BCF impact achieved from the scheme that you are responsible for.												
			CCG & LA Agreed	£ agreed	Risk Share Agreed	Stakeholder Engagement	Provider Engagement	7 day working	Admissions to residential and care homes?	Effectiveness of reablement?	Delayed transfers of care?	Avoidable emergency admissions	Patient / service user experience	No Negative Impact on Mental Health	
BCF Scheme															
1.	Virtual Ward – Risk Stratification and Hospital at Home	Alison Talbott-Smith Maria Hardy	X	X		X	X					X	X	X	
2.	Rapid Access to Assessment and Care - Admission Avoidance & Discharge to Assess	Alison Shepherd	X	X		X	X	X	X		X		X	X	
3.	Falls Scheme (link to Telecare)	Alison Talbott-Smith Maria Hardy	X	X		X						X	X	X	
Service Delivery Summary - Agreed															
1	Integrated Crisis Rapid Response – Now called Integrated Urgent Care Pathway (LA elements only shown here)	Rob Vickers	X	X		X	X	X	X	X	X	X	X	X	
2	LA Reablement	Rob Vickers	X	X		X	X	X	X	X	X	X	X	X	
3	Carers - Adults	Rob Vickers	X			X	X		X		X	X	X	X	
4	Supporting Mental Health	Rob Vickers	X	X		X					X	X	X	X	
5	DFG – Capital No details submitted but part of agreed minimum fund	Rob Vickers	X	X		X	X		X		X	X	X	X	
6	Integrated Community Equipment Store - Contract No details submitted but part of agreed minimum fund	Rob Vickers	X	X		X	X		X		X	X	X	X	
Service Delivery Summary – Not agreed															
1	7 day Service	Rob Vickers				X		X			X	X	X	X	
	LA Telecare expansion	Rob Vickers						X	X			X	X	X	



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	16 OCTOBER 2014
TITLE OF REPORT:	HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT AND BUSINESS PLAN
REPORT BY:	DIRECTOR OF CHILDREN'S WELLBEING

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To inform the Board of Herefordshire Safeguarding Children's Board assessment of safeguarding in Herefordshire and of their own effectiveness within the Annual Report 2013-2014 and to present the finalised Business Plan 2014-2015.

Recommendation(s)

THAT:

- (a) the effectiveness of safeguarding arrangements in Herefordshire as assessed by the Safeguarding Boards be noted;**
- (b) the priorities of the Board in relation to specific safeguarding issues in Herefordshire be acknowledged;**
- (c) how the Council is contributing to service improvement through commissioning within Herefordshire with regard to safeguarding issues be considered; and**
- (d) comments to the safeguarding boards about their future work programmes be considered.**

Alternative Options

- 1 There are no alternative options as this report is to inform and enable the Health & Wellbeing Board to consider the HSCB Annual Report and Business Plan.

Further information on the subject of this report is available from
Andy Churcher, HSCB Business Manager on Tel (01432) 260278

Reasons for Recommendations

- 2 To ensure that the Board has oversight of the prioritised development work for Herefordshire Safeguarding Children Board during 2014-2015.

Key Considerations

4. Local Authorities are legally obliged to establish an effective Safeguarding Children Board. Further detail is in paragraphs 8-10 below. The annual report of Herefordshire Safeguarding Children Board enables the Board to understand and assess Herefordshire's multi-agency safeguarding arrangements.
5. Herefordshire Safeguarding Children's Board has set the following strategic priorities for 2013-2016:
 - Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)
 - Improving multi-agency case work.
 - Tackling evidenced safeguarding issues in Herefordshire.
 - Improving the functioning of Herefordshire's Safeguarding Boards.
6. Within the framework of the strategic priorities and as a result of the annual report, and the OFSTED inspection, the Board has a specific focus on:
 - Ensure that multi-agency responses to children at higher risk of sexual exploitation and those who go missing are increasingly effective;
 - Understanding the impact domestic abuse within Herefordshire and improve the county's response to the issue;
 - Using the voice of children and families to be used to improve services;
 - Developing the Board's safeguarding training offer;
 - Ensuring Hereford's Child Protection Policies remain up-to-date and fit-for-purpose;
 - Strengthening the impact of improvements resulting from the Board's extensive learning activity including performance monitoring and audit work;
 - Improve the strategic governance of the Board, including its accountability to and influence upon other local partnerships (including the Children and Young People's Partnership and the Health and Wellbeing Board).
 - Ensure that the Board is effectively supported by agencies to ensure the ongoing improvement work is sustainable.

Community Impact

- 7 The recent Ofsted inspection confirmed that there are no widespread or serious failures that create or leave children being harmed or at risk of harm in Herefordshire. The inspection report evidences ongoing improvements in the delivery of services to children and their families in line with the Council's statutory responsibilities and the statutory duties to cooperate placed on other partners..
- 8 The Business Plan (Appendix 2) includes expectations of how and when impact will be measured and what the expected impact will be.

Further information on the subject of this report is available from
Andy Churcher, HSCB Business Manager on Tel (01432) 260278

Equality and Human Rights

- 9 Different aspects of the implementation of the Business Plan pay due regard to the public sector equality duty as set out below:

Under Section 149, the "General Duty" on public authorities is set out thus:

"A public authority must, in the exercise of its functions, have due regard to the need to -

eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;

advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial Implications

- 10 In order to enable the delivery of the HSCB Business Plan, the Council will need to maintain its current contribution to the Business Unit of £127,016 per annum. Discussions are being had across the Board's partners to review contributions and identify if these need to increase to maintain improvements across HSCB and Herefordshire Safeguarding Adult Board.

Legal Implications

- 11 Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.
- 12 Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:
- to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
 - to ensure the effectiveness of what is done by each such person or body for those purposes.
- 13 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:
- (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
- i. the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - ii. training of persons who work with children or in services affecting the safety and welfare of children;
 - iii. recruitment and supervision of persons who work with children;
 - iv. investigation of allegations concerning persons who work with children;

Further information on the subject of this report is available from
Andy Churcher, HSCB Business Manager on Tel (01432) 260278

- v. safety and welfare of children who are privately fostered;
 - vi. cooperation with neighbouring children's services authorities and their Board partners;
- b. communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
 - c. monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
 - d. participating in the planning of services for children in the area of the authority; and
 - e. undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
- 14 Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.
- 15 Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

Risk Management

- 16 There are no risks contained within the recommendations.
- 17 The main risk is that failing to have a strong and effective Safeguarding Children Board will leave children and young people more at risk of suffering harm.

Consultees

- 18 HSCB Strategic Board
- 19 HSCB Steering Group Sub Group Chairs
- 20 Herefordshire Safeguarding Children Improvement Board

Appendices

Appendix 1 - HSCB 2013-2014 Annual Report

Appendix 2 - HSCB 2014-15 Business Plan

Background Papers

- None identified.



**Annual
Report**

**2013 -
2014**

Herefordshire
Safeguarding Children Board

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About the Board and the Annual Report

Herefordshire Safeguarding Children Board (HSCB) includes appropriate senior representatives from a range of key partner agencies and organisations including schools, colleges, health service providers, children’s social care and the police.

The Annual Report provides an assessment of safeguarding in the County and an analysis of the Board’s activity during the year. It is written by the Board’s Business Manager in collaboration with the Independent Chair. Members of the Strategic Board are then asked to finalise and approve the report before its publication in September. Organisations and sectors represented on the Board are expected to distribute the Annual Report to the appropriate officers within their organisations and the report will also be available on the Board’s website at www.herefordshiresafeguardingchildrenboard.org.uk.

More information can be found on the Board’s website or on request from the Business Unit. The Business Unit can be contacted via email at admin.hscb@herefordshire.gov.uk or by phoning on 01432 260100.

More details about the Board, its membership and its Business Unit are available on our About HSCB webpage¹.

¹ Available for download from the [About HSCB](http://www.herefordshiresafeguardingchildrenboard.org.uk) page at www.herefordshiresafeguardingchildrenboard.org.uk.



Introduction

What Annual Reports should do?

Working Together to Safeguard Children² is a document which outlines how the government expects all organisations working with children and young people in an area to co-operate to ensure children are kept as safe as possible in England. It governs the work of local safeguarding children boards including setting out the requirements for our Annual Report.

Working Together, updated in 2013, states that our Annual Report should:

- ✎ Assess the effectiveness of child safeguarding and the promotion of the welfare of children in the local area.
- ✎ Provide a rigorous and transparent assessment of the performance and effectiveness of local safeguarding arrangements.
- ✎ Identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.
- ✎ Include lessons from reviews undertaken within the reporting period.
- ✎ List the contributions made to the local safeguarding children board (LSCB) by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training.

Herefordshire Safeguarding Children Board also uses its Annual Report to demonstrate what it is doing to:

- ✎ Develop policies and procedures for safeguarding and promoting the welfare of children.
- ✎ Communicate to persons and bodies in Herefordshire the need to safeguard and promote the welfare of children, raise awareness of how this can best be done, and encourage them to do so.
- ✎ Collect and analyse information about the deaths of all children in Herefordshire.
- ✎ Provide assurance that procedures are in place for co-ordinated responses by the authority, their Board partners and other relevant persons into any unexpected death of a child.

How Annual Reports should be used?

Organisations working with Children and Young people can use this report to develop their understanding of safeguarding in Herefordshire and the work Herefordshire Safeguarding Children Board is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation.

The public can use this document to develop their understanding and see how there can be wider community engagement in safeguarding issues.

The annual report is published in relation to the preceding financial year in order to influence local agencies' planning, commissioning and budget cycles for the forthcoming financial year.

It is submitted to the Chief Executive of the Local Authority, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

² Working Together to Safeguard Children can be downloaded from www.workingtogetheronline.co.uk

The Board's Vision, Mission and Values

The Board works to the following shared vision, mission and values.

Our Vision

Children and young people in Herefordshire grow up in an environment in which their well being needs are met and they are safe from harm.

Our Mission

To work together effectively, as organisations and with children and families, to ensure that local services and arrangements are effective in promoting the well being of children and young people in Herefordshire and keeping them safe from harm.

Our values

- 🧵 The impact on the well being and safety of children and young people in Herefordshire will be at the centre of all HSCB activity.
- 🧵 We will learn and be willing to develop, responding to evidence and best practice.
- 🧵 We will work in an open and honest manner with children, young people, their families and with each other.
- 🧵 We will address the well being needs of children and young people at the earliest opportunity and prevent the need for later child protection intervention whenever possible.
- 🧵 We will challenge each other and be ready to receive challenge as we work together in a spirit of mutual respect.

Reviewing the Year: April 2013- March 2014

This year has been a positive and significant one in terms of the progress of safeguarding children services in Herefordshire. There needed to be considerable improvement in the way in which children are safeguarded in the county, recovering from a long period during which they have not been good enough. This Annual Report sets out the wide range of activity that has taken place in the last twelve months with the express intention of enabling Herefordshire Safeguarding Children Board (HSCB) to ensure that what is done in Herefordshire to safeguard and protect children has been both well co-ordinated between all of the relevant organisations and effective.

The publication of this Annual Report and the Business Plan for the Board in the year 2014-15 has deliberately been delayed because HSCB was subject of a Review by Ofsted as part of its inspection of safeguarding arrangements in Herefordshire in May. Such inspections provide invaluable insight into how Board plans are progressing in terms of effectiveness and informing the development of those plans, so the Ofsted conclusions are reflected in both documents.

The key building block of good safeguarding practice is the effectiveness of all aspects of work to protect children suffering or at risk of significant harm.

How we know what practice is like – Audit and Review

In order to be fully aware of how effective day-to-day work is, an ambitious audit and review programme examining front line child protection practice was managed through the year by the Board's sub groups including:

- ✎ Eight thematic reviews of specific areas of work undertaken by the Quality Assurance and Evaluation sub group totalling forty cases (see page 15);
- ✎ Four multi-agency individual case audits undertaken by the Quality Assurance.
- ✎ Four significant case learning processes facilitated by an independent author including one Serious Case Review undertaken by the Joint Case Review group (see page 18); and
- ✎ Five child death reviews undertaken by the Child Death Overview Panel (see page 23).

This provided the board with an accurate view of how well child protection work was being managed. The picture was one of steady improvement, but with more than isolated examples of inadequate work and insufficient consistently high quality practice being evident. In September 2013, upon the request of Herefordshire Council, a 'Peer Review' process was instigated with experienced professionals from a range of agencies in other areas coming in and scrutinising how local organisations were working together to protect children. This team provided some useful support in assisting HSCB to make the step change in performance that has been required for us truly to develop the consistently high quality child protection service that Herefordshire children deserve. The Ofsted Inspection Team later found that since the Peer Review, the speed of improvement has accelerated. This pace of improvement is very positive and needs to be sustained. Crucially, the Ofsted Inspection Team, which examined circumstances of many children in local safeguarding processes, found no cases in which children were suffering continuing harm.

Knowing whether children are being supported by the right services at the right time

High quality child protection practice is reliant on those having contact with children having a clear joint understanding of the thresholds at which agencies respond to meet the needs of those children.

It also relies on the main agencies sharing information effectively and appropriately and co-ordinating their activity to ensure that each child in need receives services tailored to their particular circumstances. In June 2013, Herefordshire implemented a 'Multi-Agency Safeguarding Hub' (MASH), in which identified representatives of all the main organisations (police, social care, health, education and the voluntary sector) work in the same place, receive reports of concerns about children, share information appropriately, make informed and co-ordinated decisions on what needs to be done and provide advice and support as required. The implementation of the MASH was managed in a staged manner and was not without its challenges. Evidence from the Board's own audit activity, and external review, including Ofsted's inspection, show that it is now effective in delivering better co-ordination between relevant organisations and more children receiving the services that they need.

The Voice of Children and Families

The HSCB is clear that it wants to ensure that the voice of children and families is heard, and that this is used to improve how services work and the impact they make. During the course of the year, the HSCB received evidence to show that representatives of all the organisations working with children and families engage with them and listen to their experiences. However, the accounts of those experiences are not cohesively recorded, analysed and then used to assess and develop safeguarding services. This was a key priority for HSCB over the last year and there has been disappointing progress with this.

Cooperation and Coordination between Partners

There have been notable strides forward in how organisations work together. In addition to the implementation of the MASH, most of the groups of HSCB have been well supported and Ofsted recognised the engagement of multi-agency partners. The management of the ambitious local audit framework, serious case reviews and the reviewing of child deaths as a means of learning and improvement have all benefited from good multi-agency support. Safeguarding children is a priority for all HSCB partner organisations. Issues such as Child Sexual Exploitation and Trafficking have been the subject of focus led by HSCB with workshops spreading awareness.

Strategically, Ofsted recognised that HSCB does meet its statutory responsibilities. Governance arrangements are well established, with appropriate links to other strategic bodies locally. My independence as Chair was recognised. An increasing readiness to challenge is apparent across the board, which is becoming more hard edged and prepared to hold member organisations to account. There is a core of excellent lay members who represent the views of our communities thoughtfully and assertively.

Safeguarding Training

HSCB delivers a range of safeguarding training. Training of our workforce and awareness raising among the local population must be further developed to ensure that children whose welfare is being compromised are recognised and well supported. The Training and Workforce Development sub-group, although well led, is insufficiently supported and this agenda is suffering further through not having a training co-ordinator because of delays recruiting to this position in The Business Unit.

Data and Intelligence

Although the use by HSCB of performance information has improved this year, it is relatively dependent on performance information provided by Herefordshire Council Children's Social Care, and despite much remedial work having been done, data provided during the year

Herefordshire Safeguarding Children Board: Annual Report 2013-2014 remains too often inaccurate and unreliable. Although most recently there has been evidence of improvement, the Board wishes to see this become consistent in the long term

As confidence in local child protection work rises, there must be a wider focus by HSCB, for example on how well families are supported to prevent children slipping into the child protection arena. The Board needs to become better at examining and measuring the impact of work that is being done to further improve the maturity of its learning and development. This must include actively listening to the voices of children, families and the people working with them. There must be a particular emphasis on looking at the welfare of disabled and deaf children and those from diverse backgrounds to ensure that they are being supported appropriately and not disadvantaged. Children who go missing from their carers must be responded to so as to better mitigate their vulnerability. All these issues are priorities within next year's Business Plan.

Although it is important to acknowledge that HSCB has travelled a long way in the right direction over the past year, it must be recognised that it still has a very long way to go before it can be content that safeguarding services are functioning fully as they need to be. HSCB needs to further influence other strategic bodies to prioritise the safeguarding of children. Action Plans must be relentlessly followed through. Training of our workforce and awareness raising among the local population must be further developed to ensure that children whose welfare is being compromised are recognised and well supported. The Training and Workforce Development sub-group, although well led, is insufficiently supported and this agenda is suffering further through not having a training co-ordinator because of delays recruiting to this position in The Business Unit.

The HSCB Business Plan for 2013-14, formulated in line with agreed strategic development priority areas, was ambitious and far reaching. This Annual Report documents that much of the planned activity was delivered successfully and my thanks go to all those who worked tirelessly to achieve this. HSCB is now considerably better placed to understand the quality of safeguarding work that is being done in the county, there is a significant drive to develop that quality and the co-ordination in the way it is being managed is also considerably improved. This is explicitly recognised in the recent Ofsted Inspection.

Finally, as the work of HSCB has gathered pace and volume, it has created additional pressures on the Business Unit that supports and co-ordinates that work. This pressure is exacerbated by the unit having also to support a similarly burgeoning Safeguarding Adults Board agenda. If the current momentum is to be maintained, it relies on that unit having additional capacity to continue to provide that vital support. Options to resolve this issue are currently under consideration.



Dave McCallum, Independent Chair



How effective are our local Safeguarding arrangements?

All agencies and organisations that work with children and young people should have appropriate safeguarding arrangements in place. This expectation was made a legal requirement through Section 11 of the Children Act 2004³ for a range of public agencies. Through engagement of organisations directly, or through sector representatives, Herefordshire Safeguarding Children Board reassures itself that these arrangements are in place.

Ofsted's Review of Herefordshire Safeguarding Children Board in May 2014⁴, stated that:

- 🔗 *"Safeguarding is appropriately prioritised by partner agencies and this is confirmed through the safeguarding audits that agencies completed in 2013, under Section 11 of the Children Act 2004"*.
- 🔗 *"Partners from all agencies are well-represented at the right level on the Board and its sub-groups. Strong commitment and enthusiasm to work collaboratively to improve safeguarding services is now evident."*
- 🔗 The Board *"has undertaken regular multi-agency audits of safeguarding practice"* and *"also considers performance information from partner agencies"*.

These comments demonstrate how Herefordshire Safeguarding Children Board is now much better placed to assess the effectiveness of local multi-agency safeguarding arrangements and illustrate the significant improvements made since 2012 when Ofsted commented that the Board was not *"sufficiently effective at either identifying deficits or improving practice within child protection services"*.

Staffing Resources and Quality of Practice

A key concern for Herefordshire Safeguarding Children Board are our comparatively high rates of children who are on Child Protection Plans or who become Looked After in Herefordshire. While these may be concerning in their own right, these elevated numbers also put additional pressure on staff involved with safeguarding across agencies and especially in children's social care.

The Board's audit and quality assurance work has consistently told us that generally, the right children are getting the right level of support for their current situations. The local authority has undertaken a significant piece of work over the past six months to reduce the caseloads of its social workers through some targeted additional input to improve the situations of a number of children so that they can be supported appropriately without the need for a child protection plan.

Significant demands from the child protection system have also placed strain on other agencies. For example, during the year, the Board received a report from Public Health who had recently become the commissioners of the school nursing service in Herefordshire and who were unable to meet the increasing demands. More information about this is given in Section A *Evaluating the effectiveness of Child Safeguarding through performance monitoring*.

Audit work also tells us that in the main, agencies work well together to safeguard the children they work with. During the year, schools funded a post within the Multi-Agency Safeguarding Hub (MASH) to manage the interface of schools with the MASH safeguarding professionals, and increase communication with safeguarding leads in schools. This reflects similar

³ The Children Act 2004 can be access at www.legislation.gov.uk

⁴ The full report is available at www.ofsted.gov.uk/local-authorities/herfordshire

Herefordshire Safeguarding Children Board: Annual Report 2013-2014
arrangements made by police, Herefordshire Council and health partners to resource their involvement in the MASH.

Interagency Challenge and Cooperation

Herefordshire Safeguarding Children Board has also developed its *Three Steps to Safeguard Children*⁵ and have promoted this in a number of communications during the year. The rationale behind this is to support practitioners to use informed professional judgement to take action in response to safeguarding concerns, make referrals to the MASH appropriately in line with Herefordshire's Levels of Need and to and to empower them to escalate their concerns should there be professional case disagreements. Escalations of case disagreements support the development of improving services as well as progressing work in individual cases. The Board monitors all escalations which reach senior management level and during 2013-2014 there were only two escalations which have reached this level. Single agency audit work indicates that the majority of case disagreements are effectively resolved prior to the level at which they need to be reported to the Board indicating that joint working and challenge between agencies is effective.

In order to ensure greater learning from the monitoring of escalations, Herefordshire Safeguarding Children Board has revised its Escalation processes to capture learning at an earlier stage and the new process will be implemented during 2014-2015.

The range of information available to the Board suggests that safeguarding arrangements are generally more effective and organisations do work together to support children in receipt of their services. However, the Board is aware that further improvements do need to be made to ensure children in receipt of child protection and safeguarding services consistently receive the best possible support.

To this end, during 2013-2014, Herefordshire Safeguarding Children Board identified further areas for development in addition to its 3 year strategic priorities agreed in 2013. These additional priorities, listed below, are included within its 2014-2015 Business Plan:

- 🔗 Private Fostering
- 🔗 Governance arrangements between the Board and the Improvement Board
- 🔗 The capacity of the Business Unit
- 🔗 Evaluation of training provided by the Safeguarding Board.

⁵ More information is available from the [Three Steps to Safeguard Children](http://www.herefordshiresafeguardingchildrenboard.org.uk) page at www.herefordshiresafeguardingchildrenboard.org.uk.

The Board's ongoing improvement journey

Over the past two years Herefordshire Safeguarding Children Board has pursued the following key areas of our development through our Business Plans and associated work.

Here, observations made by Ofsted regarding the local safeguarding children board (LSCB) in their inspections in 2012 and 2014 are mapped against those key areas. The Board's work in these areas is also highlighted throughout the annual report.



The context of safeguarding children in Herefordshire

Herefordshire is a rural county with a population of 184,900⁶, approximately, 36,100 of whom are under 18 years old.

The County's Integrated Strategic Needs Assessment, Understanding Herefordshire⁷, provides an evidence base to inform commissioning decisions, particularly those relating to priority setting and resource allocation. Using a wide range of data, Understanding Herefordshire identifies the most significant concerns for the county as well as noting performance against historical issues of concern.

Overall, there are few concerns being highlighted by Understanding Herefordshire around the safety and well-being of children indicating that Herefordshire continues to be a safe and supportive place for children to grow and develop. Furthermore, the assessment shows that there have been improvements in a range of components that affect the wellbeing of children including the standard of housing in Herefordshire over the past 10 years, road safety over the past 15 years and in the proportion of children reaching expected levels of attainment in reading, writing and mathematics in primary schools.

Understanding Herefordshire does however highlight the following areas of concern around the safeguarding and wellbeing of children:

- ✚ The rate of child protection referrals is above national average.
- ✚ The rate of children in poverty in Herefordshire has increased slightly although it is significantly below the national average.
- ✚ The rate of repeat instances of domestic abuse is high compared to the national average.

Following concerns raised by Herefordshire Safeguarding Children Board (HSCB) and the Children and Young People's Partnership that Understanding Herefordshire was not adequately focussed on the needs of children and young people, Public Health led a Children's Integrated Needs Assessment during the year. Interim results, presented to Herefordshire Safeguarding Children Board's Strategic Board meeting in April, raised the following specific concerns:

- ✚ Inequalities in health, education and safety exist within the county and some cohorts of children are more likely to experience these including:
 - Children in receipt of disability living allowance
 - Children who are carers; 301 are currently on the carers register
- ✚ Herefordshire has a higher rate of first time entrants to the youth justice system than the regional or national figures. There were 176 first time entrants into the youth justice system in 2013-2014. The latest national comparator data (up to September 2013) converts the numbers into a rate-per-10,000-population for comparison. Herefordshire's rate was 589 compared to the national rate of 464.
- ✚ Herefordshire has a higher rate of homelessness than national and statistical neighbours and 201 children are part of homeless families.
- ✚ Data quality continues to be a concern within safeguarding case management systems with reasons for safeguarding intervention not easily reportable.

⁶ 2012 Population & household estimates for Herefordshire
(<http://factsandfigures.herefordshire.gov.uk/1847.aspx>)

⁷ Understanding Herefordshire is available at <http://factsandfigures.herefordshire.gov.uk/1922.aspx>

Herefordshire Safeguarding Children Board is also aware of these issues and is working with partners who are working to reduce these concerns. Where appropriate they have been included within the Board's Business Plan priorities or Risk Register for action and monitoring.

The Board's understanding of the context of safeguarding in Herefordshire is developed through its [Learning and Improvement](#)⁸ processes including its quality assurance programme. The programme includes regular submissions of data about safeguarding themes from a range of agencies as well as themed and case audits throughout the year. More information on these themes is available in Section A *Evaluating the effectiveness of Child Safeguarding through performance monitoring*.

Herefordshire Safeguarding Children Board continues to engage in external scrutiny and governance processes to support its ongoing improvement agenda including working with the Health and Wellbeing Board, Herefordshire Council and Herefordshire Safeguarding Adults Board. In addition, during 2013-2014, the Board was involved in a Peer Review and continues to work closely with the Herefordshire Supporting and Protecting Children Improvement Board.

Levels of Need, Co-ordinated Early Help and Referrals to Social Care

Herefordshire Safeguarding Children Board, in cooperation with its regional partners, maintains multi-agency procedures⁹ to safeguard and promote the welfare of children and with the aim of encouraging close working between agencies to facilitate early intervention and support to meet the needs of children, young people and their families.

These are supplemented locally by The Herefordshire Levels of Need and Service Response Guidance¹⁰ which gives all practitioners across partner agencies clear guidance as to when they should be providing appropriate responses on their own; engaging the early help services of a range partner organisations through use of the Common Assessment Framework and Herefordshire's Multi-Agency Groups and when it is appropriate to make a referral to Social Care.

Embedding the Levels of Need guidance into practice across the children's workforce remains a focus for Herefordshire Safeguarding Children Board. During the year, the Levels of Need have been promoted across the Board's newsletters, promotional materials and website. The Board's audit work has suggested that the Levels of Need are being used more consistently by partner organisations and within the MASH, although its performance management analysis suggests that there are still inconsistencies within this. For that reason, the Board is undertaking a redevelopment of the Levels of Need during 2014-2015 which will further support professional decision making by the children's workforce and bring greater clarity for families and the public.

⁸ More information is available from the [Learning and Improvement](#) page at www.herefordshiresafeguardingchildrenboard.org.uk.

⁹ <http://westmerciaconsortium.proceduresonline.com/index.htm>

¹⁰ Available for download from the [Policies and Procedures page](#) at www.herefordshiresafeguardingchildrenboard.org.uk.

What have we done to improve the effectiveness of child safeguarding in Herefordshire?

a. Evaluating the effectiveness of Child Safeguarding through performance monitoring.

A significant amount of data is received and analysed by the Quality Assurance and Evaluation sub group in the form of reports on the safeguarding performance for member organisations and on specific safeguarding themes. The Quality Assurance and Evaluation sub group analyses the data presented in the reports, where possible triangulating that against data and intelligence derived from other quality assurance activity and identifies areas of concern for further monitoring or investigation. Performance Reports received by the group include the following quarterly reports:

- ✎ Children's Social Care and Early Intervention
- ✎ Health
- ✎ Police
- ✎ Youth Offending Service
- ✎ Domestic Abuse
- ✎ Safeguarding in Education (Termly)
- ✎ Effectiveness of Child Protections Conferences
- ✎ Case Escalations
- ✎ Safeguarding Training and Development

In addition, the following annual reports are also received by the Quality Assurance and Evaluation sub group:

- ✎ Sexual Assault Referral Centre
- ✎ Missing Children
- ✎ Private Fostering
- ✎ Local Authority Designated Officer (LADO)
- ✎ Independent Reviewing Officers (for children's social care)
- ✎ Sexual Exploitation and Trafficking
- ✎ Multi-Agency Risk Assessment Conference (MARAC)
- ✎ Education
- ✎ Multi-Agency Public Protection Arrangements (MAPPA)
- ✎ Youth Homelessness

It is expected that Herefordshire Safeguarding Children Board members from the above organisations maintain ongoing processes to monitor and quality assure their own safeguarding activity. The nature of that monitoring is set out in the internal safeguarding practice presentations, which were refreshed during 2013-2014 and which form part of the Board's Commitment to Safeguarding document¹¹.

¹¹ Available for download from the [About HSCB](http://www.herefordshiresafeguardingchildrenboard.org.uk) page at www.herefordshiresafeguardingchildrenboard.org.uk.

Performance
Monitoring

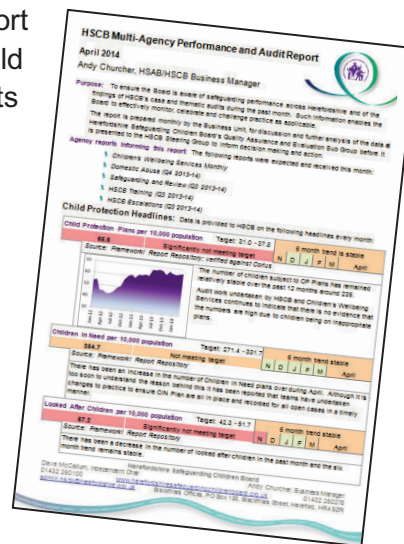
Voice of the
Child

The ongoing monitoring of performance data through quarterly reports enables Herefordshire Safeguarding Children Board to challenge partners where analysis of the data identifies safeguarding concerns. The Quality Assurance and Evaluation Sub Group undertake the initial analysis of the performance data and communicate this analysis to members of the Strategic Board (via the Steering Group) to enable holding to account.

To ensure the effectiveness of this process during the year Herefordshire Safeguarding Children Board developed a Performance Highlight report communicating monthly data and analysis around ten Child Protection Headlines, areas of concern from quarterly reports and the findings of the Board's audits.

The ten Child Protection Headlines are:

- 🔗 Child Protection Plans per 10,000 population
- 🔗 Children in Need per 10,000 population
- 🔗 Looked After Children per 10,000 population
- 🔗 Contacts processed within 24 hours
- 🔗 Conversion Rate of Contacts to Referrals
- 🔗 Timeliness of Assessments
- 🔗 Timeliness of Child Protection Visits
- 🔗 Timeliness of Looked After Children Visits (two measures)
- 🔗 Percentage of Child Protection Plans lasting 24 months or more



October's Performance Highlight Report highlighted a concern around data from West Mercia Youth Offending Service (YOS) showing, that while there is long term ongoing decline of First Time Entrants to the Youth Justice System, our numbers are still higher than the newly available comparator data. Concern over this resulted in the Youth Offending Service making a specific presentation to the Board's Steering Group which then directed Police and YOS to work together to test the hypothesis given as to why this is the case.

Furthermore, this data then informed a wider discussion about the potential effect on Safeguarding of service redesign and cuts within multi-agency universal and early help services. Agencies agreed that they will inform Herefordshire Safeguarding Children Board, the Children and Young People's Partnership and the Health and Wellbeing Board when they are reducing or redesigning their services so that these proposals can be scrutinised by partners.

As a result, the Board's Steering Group received a report from Public Health around the current capacity of School Nursing services who were taking responsibility for meeting a specific area of health providers' statutory duties. The report asked the Board to agree to proposed changes to the service. The Steering Group challenged Public Health about their understanding of their statutory responsibilities and that these shouldn't be compromised within any service redesign. Public Health reported back to the Board, outlining the way in which they had rectified the issues to ensure children could continue to access appropriate safeguarding services from them which may otherwise have been reduced.

Voice of the
Child

Developments for the Board or its partners has not progressed as expected and will be carried through into 2014-2015.

**Performance
Monitoring**

**Voice of the
Child**

An area that has not been developed as planned at the beginning of the year is the Board's commitment to understanding the way that partner agencies listen to and use the voice of children in receipt of their services as a significant indicator of quality and to inform improvements. Each reporting agency, listed above, is expected to report how they seek and take account of children and families in their service delivery. Reporting during 2013-2014 was inconsistent, highlighting the relatively under-developed processes used by partners. The Board is also aware of the fact that it also needs its own mechanisms for understanding the voice and experience of the child and has included this within its 2014-2015 Business Plan.

Wye Valley NHS Trust and YOS have processes which are beginning to inform service design and all partner agencies see the development of their work in this area as a priority. Herefordshire Safeguarding Children Board will also develop its own processes to seek the views of children and young people through 2014-2015.

Through developing its ability to test, triangulate and analyse performance data, Herefordshire Safeguarding Children Board is now more empowered to identify concerns around data quality. Children's Wellbeing Services, who provide the majority of data around child protection

**Performance
Monitoring**

The Board, now more able to test data presented is aware of inconsistencies in data quality and are seeking to improve this.

processes are undertaking a significant transformation project of its electronic case recording system. By the end of 2013-2014 the Board was more confident in certain data items being provided and this project is continuing into 2014-2015. Data quality across partners has been identified as an action area for development within the 2014-2015 Business Plan.

The Board's Learning and Improvement Framework has been developed to combine performance monitoring with a programme of case and thematic audits to ensure the best possible understanding of the effectiveness of safeguarding services in Herefordshire.

The Board proposes themes for thematic audits in advance; including the scheduling of quarterly review audits approximately 6 months after the initial audit is carried out to identify how learning has made an impact on practice. The programme of thematic audits began in April 2013 and during 2013-2014 the Board undertook the following review audits.

Thematic audits take an in depth and searching review of practice in the cases audited. It should therefore be noted that this approach means that sample sizes are small and some care must be taken when extrapolating findings across cohorts. This is only done when triangulated against other supporting evidence such as the analysis of performance data.

Thematic and Review Audit of the Children's Social Care front door

Following multi-agency audits of referrals made to children's social care (April 2013) and Strategy Discussions/Meetings (May 2013) the Board undertook a review audit of both elements in October 2013. The following overarching learning was identified and impact of progress checked:

Initial Finding (April/May)	Review Finding (October)	Impact Assessment
The quality of some referrals was compromised through empty sections of the form. An action was agreed to update the Multi	An updated MARF was used for the majority of the referrals audited and no sections were left empty.	By updating the MARF there has been an increase in the quality of information included in some referrals.

Performance Monitoring	Voice of the Child	
Initial Finding (April/May)	Review Finding (October)	Impact Assessment
<p>Agency Referral Form to remind referrers to note Not Known if that is the case to improve the quality of information within referrals and ensure gaps are not left unnecessarily.</p>	<p>Where appropriate a note was made that specific information was not known or not relevant.</p>	<p>Higher levels of confidence can be placed on initial screening decisions and strategy discussions where there is an increased level of assurance that key information is not missing.</p>
<p>The Levels of Need were not consistently complied with by the referrer or the team receiving the MARF within children's social care. Therefore the guidance was reissued and promoted heavily by HSCB across all communications channels and training and development opportunities.</p>	<p>Cases audited in October all showed greater alignment to the Levels of Need Guidance in the referrals and within the MASH where they were received.</p>	<p>A targeted campaign to increase knowledge and use of the Levels of Need guidance has increased the appropriateness of responses by agencies to safeguarding concerns. Further work is needed and is ongoing in HSCB's the Levels of Need refresh programme.</p>
<p>One agency was using a standardised form to make referrals which risked wrong information being included within the MARF and jeopardised the quality of decision making at initial screening.</p>	<p>Referrals from the agency involved were in the correct format and assurance given that the standardised form is no longer being used.</p>	<p>The robustness of referrals made by the agency has increased as the standardised form has been removed from use.</p>
<p>Concerns were raised about the consistency of the quality of Strategy Discussions and their compliance with Working Together. The Safeguarding and Review Service were required to assure the Board of how they would increase levels of quality.</p>	<p>The review audit showed similar inconsistencies within the practice of strategy discussions within the MASH and that work to increase the quality of Strategy Discussions had not been successful at this stage.</p>	<p>These further findings concurred with the findings of the Peer Review, undertaken at around the same time, and since then the quality of Strategy Discussions and the recording of them has improved as noted through further audit and QA work.</p>
<p>There was little evidence of the voice and experience of the child being captured adequately in strategy decisions. HSCB highlighted the need to increase the level of use of the voice of the child within referrals and decision</p>	<p>Cases audited showed an increased level use of the voice of the child within referrals which was then reflected in part within the recorded strategy decisions.</p>	<p>While work with the voice of the child is ongoing and improvements need to be made, decisions are being made with greater emphasis on the voice of the child in case</p>

Performance Monitoring	Voice of the Child	
Initial Finding (April/May) making within its work programme.	Review Finding (October)	Impact Assessment assessments.

Thematic and Review Audit of Child Protection Conferences

Building on learning from thematic audits of ICPCs (July 2013) and RCPCs (September 2013) Herefordshire Safeguarding Children Board undertook a review audit of all conferences in February 2014. The following overarching learning was identified and impact of progress checked through this process:

Initial Finding (July/September)	Review Finding (Feb)	Impact Assessment
Multi-agency involvement (attendance and submitted reports) in conferences is not consistent enough. Safeguarding and Review were asked to investigate the length of notice given to agencies invited to ICPCs and propose actions for improvements.	Audit findings suggest that invites to agencies are being sent with an increased period of notice and conferences are more likely to go ahead as planned without last minute rescheduling.	While improvements have been made in process to support greater engagement by agencies, performance information suggests little improvement in attendance and reports submitted to conferences. Further work is underway to improve this.
Inconsistencies in the quality of conferences was raised as an issue with specific concern around the management of invites and minutes. HSCB agreed to support Safeguarding and Review in the development of resources for Chairs and attendees at conferences.	Overall, the audit identified a greater level of consistency in the quality of conferences from the previous audits, notably in the quality of chairing and clarity in decision making. Distribution of minutes remained a concern.	The quality of multi-agency decision making seems to have improved at conferences at the same time as the audit identified greater levels of consistency in the quality chairing and recording within minutes.

Herefordshire Safeguarding Children Board is aware that its programme of audits is very ambitious and, as observed by Ofsted in May 2014, is probably too ambitious to be able to ensure all learning generated through them is converted into improvements in safeguarding practice or the supporting frameworks. During 2014-2015 the Quality Assurance and Evaluation sub group, under the governance of the Steering Group, will develop its auditing processes to ensure more time is given to ensuring improvements are planned and actioned.

**Audit and Case
Analysis**

HSCB will now be reviewing and developing its audit processes to ensure all learning is converted into improvement.

b. Learning and Improvement through Case Reviews.

The Joint Case Review (JCR) group oversees learning and improvement through case reviews by providing advice and management of Serious Case Reviews for both adult and children’s safeguarding boards and domestic homicide reviews (DHR). The group makes initial decisions about multi-agency reviews into cases where multi-agency failings may have contributed to someone experiencing significant harm and makes a recommendation to the Independent Chair of Herefordshire Safeguarding Children Board on cases involving children who has the final decision on the review process in each case. Following new guidance released in Working Together to Safeguard Children (April 2013)¹², the group also makes decisions about undertaking reviews for cases which do not meet the criteria for an SCR but which do merit review.

During 2013-2014, the Joint Case Review Group has developed processes for the undertaking of reviews in Herefordshire. The Significant Incident Learning Process (SILP) has been used to date on four occasions by Herefordshire Safeguarding Children Board, including in undertaking its serious case review, and the process has been evaluated by those involved. In addition, the Board has also developed a Herefordshire Evaluation and Learning Process (HELP) which incorporates key activities from established learning processes. The HELP methodology has so far not been used to review cases from the Children’s Board. It is currently being used to review two cases by Herefordshire Safeguarding Adults Board.

Outcome of Referral to JCR	Children	Adults	DHR
Referrals Received	7	3	1
Serious Case Reviews	1 (SILP)	0	0
Independently chaired multi-agency review	2 (SILPs)	2 (HELPS)	0
Internally chaired multi-agency review	0	0	0
Single Agency Review	1	0	0
Did not meet criteria for review	3	1	1
Reviews completed during the year following referrals made in 2012-2013	1	0	0

The Joint Case Review Group had eleven cases referred to it during the year in comparison to seven in 2012-2013 reflecting the new guidance.

A key theme that has been common in two independently chaired multi-agency reviews undertaken by Herefordshire Safeguarding Children’s Board, and also identified in a number of its case audits is that of neglect. The effect of the neglect is different within the two reviewed cases, but it had a significant role in the final outcomes of both. As a result, neglect has become a priority action area of the Board’s 2014-2015 Business Plan and new guidance and training will be developed during the year to

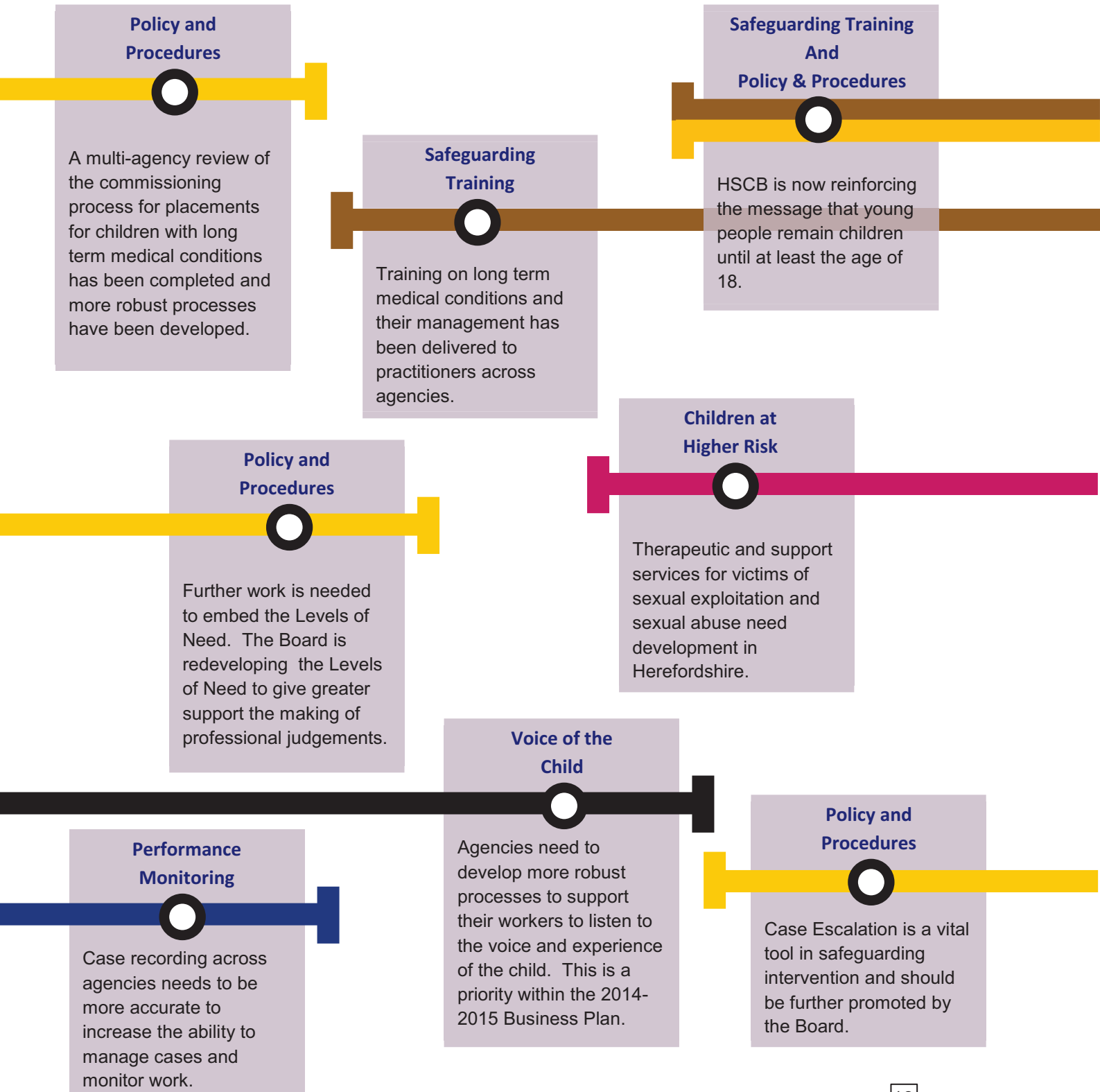
**Safeguarding Training
And
Policy & Procedures**

HSCB is now developing new guidance on neglect which will be supported by training.

¹² Working Together to Safeguard Children can be downloaded from www.workingtogetheronline.co.uk

ensure the workforce are more able to identify neglect and understand the potential additional risks that it can have on children.

The Board maintains a composite learning and improvement action plan, overseen by its Steering Group, which includes all the agreed actions arising from the recommendations made through case reviews alongside those which have resulted from the Board's thematic and case audit programme. Some of the additional actions resulting from the Board's Case Review processes are outlined below:



c. Workforce Development: Training and Communication.

Herefordshire Safeguarding Children Board communicates with organisations across Herefordshire through it's:

- 🔗 Membership from partner organisations
- 🔗 Newsletter
- 🔗 Business Plan
- 🔗 Training
- 🔗 Events
- 🔗 Website

The Board progresses the County's joined-up approach to safeguarding in Herefordshire by bringing together directors and strategic leaders across organisations working with children. Organisations represented include:

- 🔗 Herefordshire Council, incorporating Children's Social Care, Education Services, Housing and the Community Safety Partnership
- 🔗 NHS Herefordshire
- 🔗 West Mercia Youth Offending Service
- 🔗 West Mercia Probation Trust (superseded in June 2014 by the National Probation Service and the West Mercia Community Rehabilitation Company)
- 🔗 Herefordshire Voluntary Organisations Support Service
- 🔗 Hoople
- 🔗 Wye Valley NHS Trust
- 🔗 2gether NHS Foundation Trust
- 🔗 Education establishments
- 🔗 West Mercia Police
- 🔗 Children and Family Court Advisory and Support Service (CAFCASS)
- 🔗 Strategic Health Authority

Further third sector organisations are represented as appropriate within the Board's sub groups. Members of the Board and its sub groups have a range of responsibilities as laid out in its Constitution¹³ including representing the Herefordshire Safeguarding Children Board within their organisation, and ensuring that the organisation is meeting its obligations to safeguard and promote the welfare of children.

Therefore, members of the Board have a responsibility to ensure that their organisations understand what the Board is doing and is working towards the priorities of the Board.

The development and publishing of the Board's Business Plan also supports members in ensuring the Board's priorities are promoted among partner agencies. In 2013-2014 the Board produced its poster of priorities for practitioners working in Herefordshire as



¹³ Available for download from the [Policies and Procedures page](http://www.herefordshiresafeguardingchildrenboard.org.uk) at www.herefordshiresafeguardingchildrenboard.org.uk.

an aide memoir to the need to safeguard and promote the welfare of children.

Through meeting its statutory responsibility to ensure the availability of inter-agency safeguarding training, and through providing additional training and e-learning to meet the needs of Herefordshire, Herefordshire Safeguarding Children Board maintains an on-going line of communication to front line staff across the children's workforce in Herefordshire.

Inter-agency safeguarding training was delivered through the Board to 1583 practitioners during the year, which includes a number of people who have been trained to deliver training within their own organisations. The main purpose of all of this training is to ensure all partners understand the most effective ways to promote the safety and welfare of children and young people. Training courses delivered have focussed on a range of safeguarding themes including:

- ✎ Universal Introduction to Safeguarding
- ✎ Universal and Specialist Sexual Exploitation and Trafficking
- ✎ Targeted Multi-Agency Working Together to Safeguarding Children
- ✎ Specialist Safer Recruitment and Designated Member of Staff Training for Education
- ✎ Specialist Safeguarding in Leadership

Sexual Exploitation and Trafficking was identified as a key development area for Herefordshire Safeguarding Children Board in the 2013-2014 Business Plan based on intelligence gathered by partners during the previous year. One element of the action plan was to raise awareness across the children's workforce and as part of those activities the Board provided the following learning opportunities:

In June 2013 Herefordshire Safeguarding Children Board held two half day multi-agency events (with 249 attendees) to raise awareness of the issue with speakers from Barnardo's, the Police, the third sector and children's social care. All Herefordshire's secondary schools and further education colleges sent attendees and all attendees were given resources to take back to their workplaces to provide information to colleagues.

- ✎ At the events the Board launched its Universal Sexual Exploitation and Trafficking e-learning which, by the end of Q4 had been undertaken by 177 practitioners.
- ✎ The Board has developed a Sexual Exploitation and Trafficking module within all our Targeted Working Together Training since June 2013 which by the end of Q4 had been delivered to 212 practitioners.
- ✎ Bi-monthly Specialist Sexual Exploitation and Trafficking Training courses have been commissioned by the Board and provided at subsidised rates to members of children's workforce. 5 courses were delivered to 77 trainees during 2013-2014 and these are continuing into 2014-2015.

Attendees at all of these learning events receive information including copies of Herefordshire Safeguarding Children Board's Signs and Indicators poster which can then be displayed within the workplace.

Of the 77 trainees on the Specialist Sexual Exploitation and Trafficking training during 2013-2014, twenty-two secondary schools, secondary pupil referral units and further education

Safeguarding Training and Children at Higher Risk

The Board committed significant resource to raising awareness of Sexual Exploitation and Trafficking through training and events.

colleges have been represented and those who have not been represented have now received targeted communications from the Board to encourage engagement:

Having undertaken a review of comments from education staff within their course evaluations it is clear that the course content has been sufficiently engaging to ensure wider dissemination of learning across the establishments they represent. Areas identified as key learning within those evaluations include:

- ✎ The fact that sexual exploitation is an issue, “even in Herefordshire”;
- ✎ The importance of information sharing, especially in regard to safeguarding children and young people from sexual exploitation;
- ✎ Specific vulnerabilities of children including those at higher risk and the signs and indicators staff should be looking for;
- ✎ The legal framework supporting intervention work;
- ✎ How to speak to young people effectively to support them in understanding and communicating if they are being exploited.

The following specific comment was made by a member of staff at one of Herefordshire’s further education colleges and highlights how the training has supported an increase in the identification of cases of children and young people affected by sexual exploitation and how the workforce is being supported to act appropriately to it:

“The signs of trafficking was especially useful. During a de-brief on the training to colleagues later that week, a member of staff recognised a situation with a student and we acted on our suspicions and the case was accepted.”

All trainees from education who completed evaluations stated that the content was pertinent and that they would be sharing learning within their establishments to other staff. Some trainees also stated that they would be using some of the learning to raise awareness among their students.

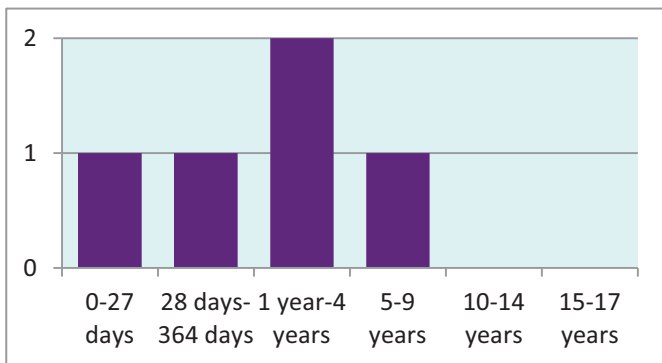
During the year Herefordshire Safeguarding Children Board has launched a termly Safeguarding Leads in Education Forum to ensure a regular two way conversation is facilitated between the Board and education providers to increase the effectiveness of safeguarding work.

The Board’s Accommodation Providers Safeguarding Forums have been attended by representatives from the county’s fostering agencies, residential schools and looked after children’s homes. They have focussed on a range of safeguarding issues including sexual exploitation and trafficking due to the evidenced increased risks to children in the looked after system, children missing from care and developing processes for notification of new placements in line with new statutory guidance introduced in 2014. It is vital that the Board accommodation providers within its work as there are over 200 looked after children who have been placed in the care of these providers by other local authorities.

d. Learning and Improvement through reviews into Child Deaths.

Herefordshire Safeguarding Children Board hosts the Child Death Overview Panel (CDOP) which reviews all child deaths in Herefordshire whatever the cause of death. CDOP is a multi-agency panel led by Public Health and includes members from health services, Children’s Social Care, the Police and the Coroner’s Office. They determine whether deaths were preventable and whether there are any lessons to be learnt or issues of concern.

There were a total of eleven deaths of Herefordshire children from April 2013 until the end of March 2014. Of those, CDOP was able to complete its reviews of 5 of them during the year, three male and two female. The graph shows the ages of those children where the reviews of the deaths concluded during the year:



Of the five cases, CDOP concluded that one of the deaths could potentially have been prevented¹⁴ and there were factors identified which, if modified, could help to prevent similar deaths in future

Whilst it is positive that the county has few child deaths, it is not possible to draw any meaningful analysis or conclusions to determine emerging themes in relation to

causes of death. Herefordshire Safeguarding Children Board therefore shares its CDOP information with regional partners to identify any specific learning.

Lesson Learnt	Action Taken by HSCB
Co-sleeping was a factor in a child death although numbers have continued to reduce.	Education for all of recommendations for safe sleeping (co-sleeping death) and ensuring information is readily available.
Following a child deaths in 2012-2013 and 2013-2014 where the children had different long term health conditions, the need for specific training was identified.	Continued Education and professional development of health professionals and across agencies in the management of long term health conditions and the medications involved.
Referral pathways for vulnerable young adults were not clear and there was evidence that agencies were unclear on when young people should be counted as adults in the planning and delivery of services.	Clear guidance has been reissued making it clear that all young people under the age of 18 should be supported as children within health services. Referral pathways have also been reviewed and updated.

¹⁴ Section 5.8 of Working Together to Safeguard Children 2013 states that preventable child deaths are defined as “those in which modifiable factors may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths”.

e. Developing and maintaining Policies and Procedures¹⁵.

During 2013-2014, Herefordshire Safeguarding Children Board identified the need to extend its processes for maintaining its policies and procedures which at the time were the responsibility of its Steering Group. While the majority of these are shared with regional partners in West Mercia there is significant work to do to keep the policies fit for purpose and, with an increasingly demanding role for Steering Group, the Board decided to re-establish its Policy and Procedures sub group.

In response to inconsistencies in practice identified through the Board's learning activities, the following policies and procedures have been developed during 2013-2014:

- 🔗 Herefordshire Safeguarding Children Board's Risk and Resilience Assessment Tool;
- 🔗 The standard script and supporting documentation for Strategy Meetings;
- 🔗 Minimum Standards for Supervision across agencies;
- 🔗 Guidance for members of Child Protection Core Groups

**Policy and
Procedures**

The following policies and procedures are scheduled for development during 2014-2015:

- Levels of Need & Service Response Guidance
- Suite of Assessment/conference policies/procedures
- Pre-Birth Planning Processes
- Risk for Adolescents Policy
- Neglect Guidance
- Quick Guide to CP Procedures

¹⁵ All policies and procedures mentioned are available to view through the [Policies and Procedures page](#) at www.herefordshiresafeguardingchildrenboard.org.uk.

2013/14 Strategic Priorities

The Herefordshire Safeguarding Children Board's (HSCB) Business Plan 2013/14 set out the Board's strategic aims and specific objectives. The strategic priorities were based on the Board's analysis of priority areas for development and improvement. This section describes the progress made against these specific priorities.

Priority Improvement Area 1

We said we would improve the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care).

How we said we would achieve this:

- Ensuring all agencies improved the way they listened to and used the voice of children in receipt of their services
- Improve the quality of reflective supervision and the involvement of management in case decision making.
- Implement changes in safeguarding practices and HSCB functioning to meet the statutory changes within Working Together

What did we do?

- Required all partner agencies to regularly report to us how they listened to children and families in receipt of their services and what that was telling them.
- Developed a shared minimum standard for supervision to ensure managers are involved in case decision making.
- Increased the number of in depth case reviews that we undertake to ensure an greater amount of inter-agency learning is generated to inform service improvements.

What difference has this made?

- This accountability mechanism has encouraged agencies to develop their services through decisions, in part informed by the experiences of children and families.
- Frontline workers who are supporting children and young people are supported to make more empowered decisions.
- Direct improvements in the knowledge of the workforce with regard to long term health conditions, referral pathways and needs of children and young people placed in specialist care.

Priority Improvement Area 2:

We said we would improve multi-agency case work.

How we said we would achieve this:

- Improve multi-agency case decision making.
- Improving multi-agency case assessments within Children's Social Care.

What did we do?

- Ensured that agencies not in on-going support relationships with children and families were inputting effectively into early help assessments (e.g. Common Assessment Framework and Multi-Agency Groups).
- Fully implemented Herefordshire's Multi-Agency Safeguarding Hub.
- Understood how agencies were involved in Strategy Discussions/Meetings and ensured that the MASH supported these.

What difference has this made?

- Increased multi-agency involvement in early help and initial decision making ensures the most appropriate packages can be put in place for children and families in need of support.

Priority Improvement Area 3:

We said we would tackle evidenced safeguarding issues in Herefordshire

We said we would achieve this by improving the quality of multi-agency work with:

- Children affected by Domestic Abuse
- Children affected by Sexual Exploitation and Trafficking
- Children Missing from Care
- Children Placed in Herefordshire by Other Local Authorities.

What did we do?

- Developed our understanding of Domestic Abuse through additional focusses on this area within our audit and performance monitoring processes.
- Influenced the partnership in Herefordshire to put additional emphasis on Domestic Abuse and influenced the commissioning of additional services.
- Raised the profile of sexual exploitation in Herefordshire, developing support resources for professionals in order to identify and respond to children affected by it.
- Developed support processes for those who have been involved in sexual exploitation.
- Ensured accommodation providers understand the responsibilities they have which support multi-agency safeguarding frame works for children placed in Herefordshire and those who go missing from care.
- Developed the Board's Missing Children Action Plan with the aim of reducing incidences of children going missing and reducing the safeguarding impact on them when they do.

What difference has this made?

- Additional services have been commissioned to support families affected by Domestic Abuse.
- Increased the number of referrals being made for children involved in sexual exploitation and developed more effective multi-agency interventions for such children.
- Increased the number of notifications of children being placed in Herefordshire by other local authorities so that social care and accommodation providers can work together to safeguard children more effectively.
- Improved the working relationships between police and children's social care in response to incidence of children missing.

Priority Improvement Area 4:

We said we would improve the effectiveness of the Safeguarding Children Board

How we said we would achieve this:

- 🔗 Develop the culture of constructive challenge within the Board
- 🔗 Develop an evidence base of safeguarding casework to demonstrate and learn from good practice
- 🔗 Agree a model of SCRs and significant case reviews in Herefordshire

What did we do?

- 🔗 Members of the Board were empowered to make more informed challenges of partners through the development of our monthly performance bulletin, developing training available to Board members and monitoring attendance across Board meetings.
- 🔗 Processes of collating and documenting good practice and excellent outcomes were developed.
- 🔗 Methodologies for undertaking significant case reviews were used and/or reviewed and a local framework was developed for use as appropriate alongside the Significant Incident Learning Process.

What difference has this made?

- 🔗 Ofsted identified an appropriate level of challenge within Board meetings which over the year has ensured partners give adequate resource and support to their safeguarding responsibilities.
- 🔗 Increased numbers of significant case reviews has generated a range of learning which is beginning to translate into improvements in multi-agency safeguarding case work.

Appendix 1: Herefordshire Safeguarding Children Board Membership at March 2014

Agency	Role/Job Title
HSCB	Independent Chair
HSCB	Lay Members (x3) Contact via the Business Unit
2gether NHS Foundation Trust	Deputy Director of Nursing
CAFCASS	Head of Service
The Brookfield School & Specialist College	Head Teacher, Representing Schools
NHS England Area Team	Assistant Director Patient Experience
Herefordshire Council	Lead Member: Young People and Children's Wellbeing
Public Health, Herefordshire Council	Assistant Director
CW Services, Herefordshire Council	Director of Children's Wellbeing Services
CW Services, Herefordshire Council	Assistant Director, Safeguarding and Family Support
CW Services, Herefordshire Council	Head of Additional Needs
Adult's Wellbeing, Herefordshire Council	Head of Transformation and Safeguarding, Adults' Well-Being
Ministry of Defence	HR Manager
Herefordshire CCG	Executive Lead Nurse
Herefordshire CCG	Head of Safeguarding
Herefordshire CCG	Designated Doctor, Child Protection
West Mercia Police	Head of Protecting Vulnerable People
West Mercia Probation Trust	Assistant Chief Officer
West Mercia Women's Aid	Chief Executive, Representing 3rd sector
Wye Valley NHS Trust	Director of Nursing and Quality
West Mercia Youth Offending Service	Commissioning, Performance & Quality Assurance Manager

Appendix 2: Herefordshire Safeguarding Children Board Structure and Attendance

	Strategic Board	Steering Group	QA Sub Group	Joint Case Review	Child Death Overview Panel	MASH Governance	T&WD Sub Group	Policy and Procedure	SET Task and Finish
HSCB (Chair and/or Lay Members)									
2gether NHS Foundation Trust									
Education Establishments									
Herefordshire Council (Elected Member)									
Herefordshire Council	Education								
	Children's social care								
	Sustainable Communities								
	Adult social care								
	Public Health								
Ministry of Defence									
Herefordshire CCG									
NHS England Area Team ¹⁶									
West Mercia Police									
West Mercia Probation Trust									
Third Sector									
Wye Valley NHS Trust									
Youth Offending Service									
CAFCASS ¹⁷									
Attendance Key	Not attended 30% or more meetings		Apologies sent and rep attended 30% or more meetings			Attended more than 70%		Not on group membership	

¹⁶⁻¹⁷ The agencies are not expected to attend all Strategic Board meetings and attendance rating is calculated on their agreed attendance.

Appendix 3: Herefordshire Safeguarding Children Board Budget Summary

Working Together states that all local safeguarding children board (LSCB) member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

The following table states how our member organisations contribute financially to the work of the Board.

Agency contributions	2013/14
Herefordshire Council	£127,016
NHS Herefordshire	£45,203
West Mercia Police	£30,165
Youth Offending Service	£645
West Mercia Probation	£4,612
CAFCASS	£550
Funding Carried Forward	£39,306
Total income	<u>£247,497</u>

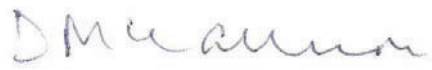
Expenditure	2013/14
Independent Chair	£22,000
Business Unit Staff and Costs	£142,512
Additional Business Costs	£7,478
Training and development (including HSCB Multi-Agency Trainer)	£20,192
Independently Authored Case Reviews	£20,928
Meeting expenses	£778
Publicity, information provision and participation	£6,630
Funding Carried Forward	£ 26,979
Total expenditure	<u>£247,497</u>



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Foreword by the Independent Chair



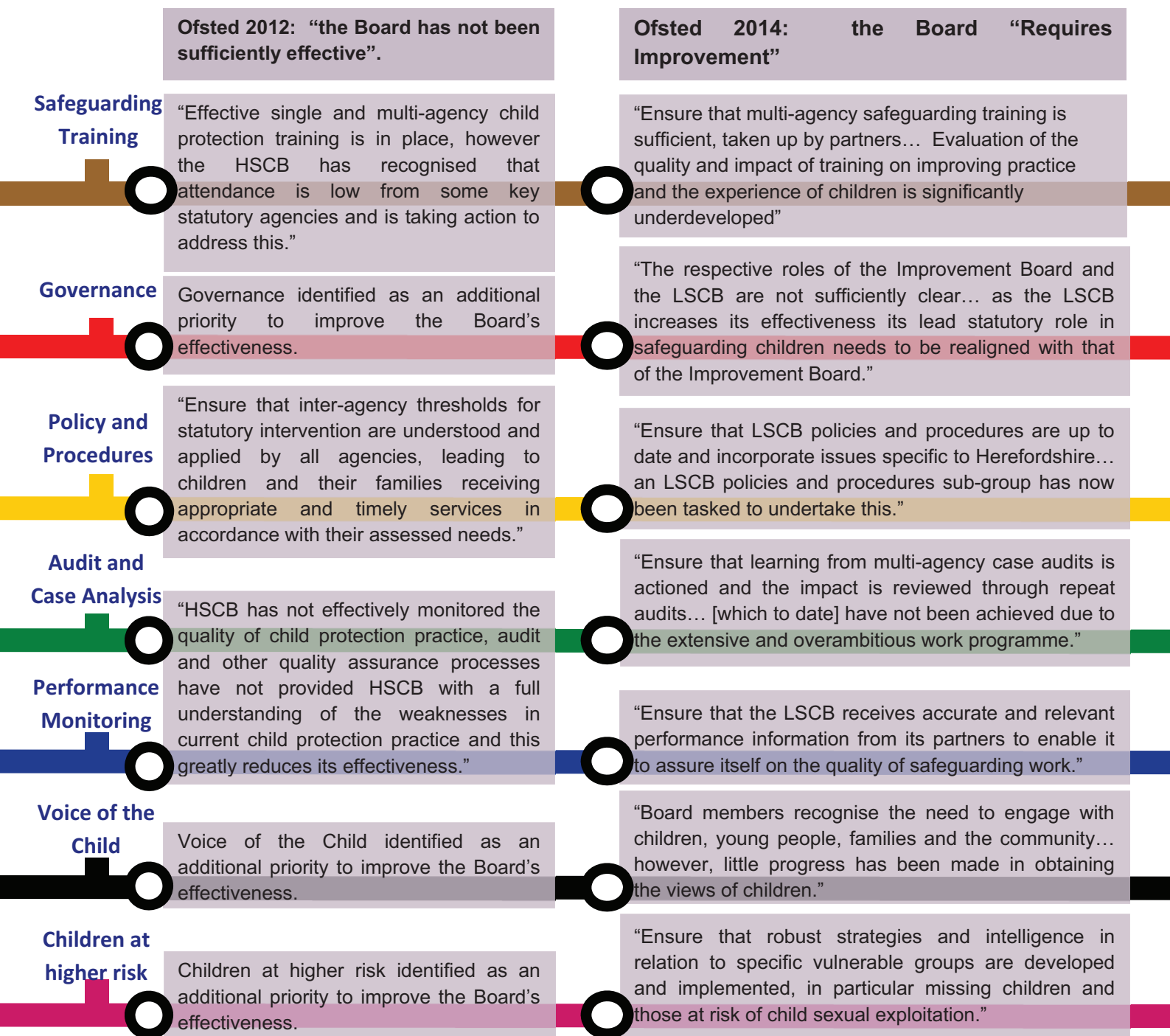
David McCallum, Independent Chair
Herefordshire Safeguarding Children Board



Endorsed by Jo Davidson, Director of People's Services

Introduction

The significant work undertaken by Herefordshire Safeguarding Children Board (HSCB) during 2013-2014 (documented within the Annual Report¹) along with the 2013-2016 Development Priorities form the basis for the actions agreed within the Business Plan. These are designed to improve the experiences of children, young people and families receiving safeguarding services across our partner agencies and to support the Board in meeting its statutory objectives and functions². The actions have also been influenced by observations made by Ofsted regarding HSCB in their inspections in 2012 and 2014 are mapped here against those key areas.



¹ Available to download from the Board’s website: www.herefordshiresafeguardingchildrenboard.org.uk.

² The statutory objectives and functions of Local Safeguarding Boards are outlined in Section 3 of [Working Together to Safeguard Children](#) and described in detail in Section 14 of the [Children Act 2004](#) in Regulation 5 of the [Local Safeguarding Children Boards Regulations 2006](#) respectively.



HSCB's Vision, Mission and Values

The Board works to the following shared vision, mission and values.

Our Vision

Children and young people in Herefordshire grow up in an environment in which their well being needs are met and they are safe from harm.

Our Mission

To work together effectively, as organisations and with children and families, to ensure that local services and arrangements are effective in promoting the well being of children and young people in Herefordshire and keeping them safe from harm.

Our values

- 🧵 The impact on the well being and safety of children and young people in Herefordshire will be at the centre of all HSCB activity.
- 🧵 We will learn and be willing to develop, responding to evidence and best practice.
- 🧵 We will work in an open and honest manner with children, young people, their families and with each other.
- 🧵 We will address the well being needs of children and young people at the earliest opportunity and prevent the need for later child protection intervention whenever possible.
- 🧵 We will challenge each other and be ready to receive challenge as we work together in a spirit of mutual respect.

Membership

Through delivery of the Herefordshire Safeguarding Children Board progresses the County's joined-up approach to safeguarding in Herefordshire by bringing together directors and strategic leaders across organisations working with children. Organisations represented include:

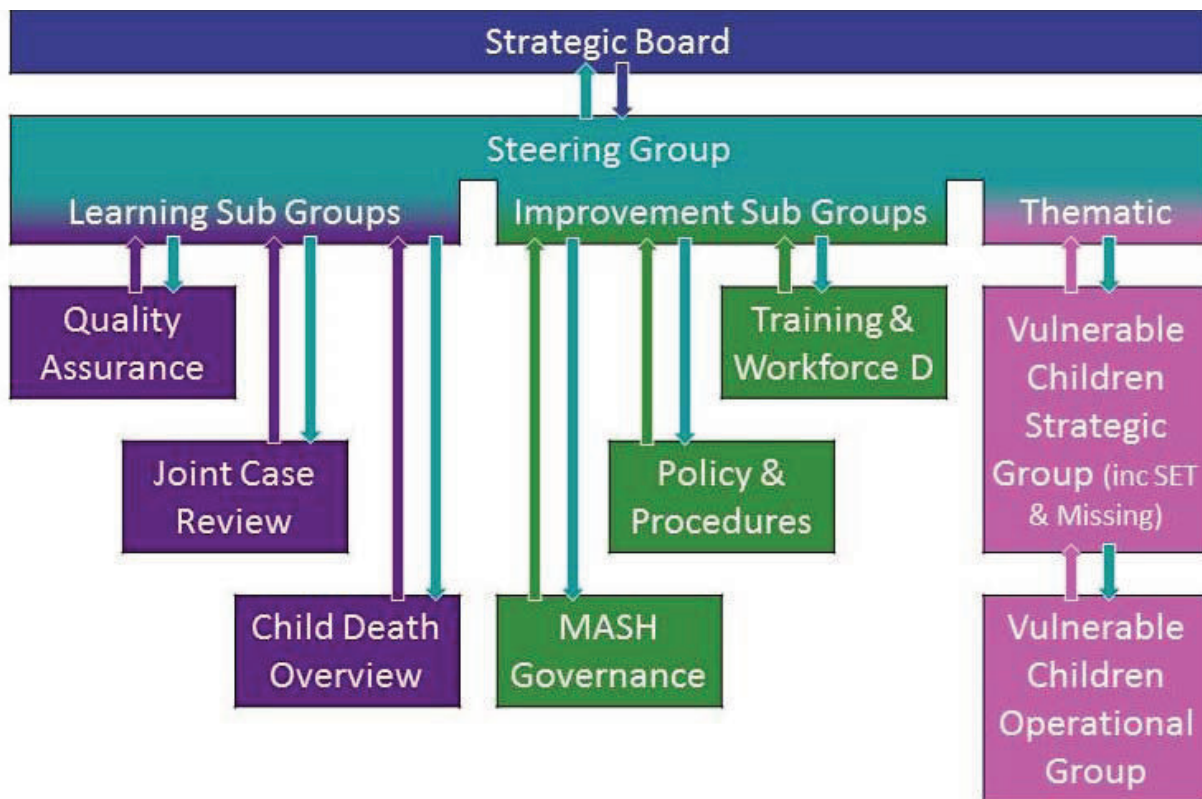
- 🧵 Herefordshire Council
- 🧵 Herefordshire Clinical Commissioning Group
- 🧵 2gether NHS Trust
- 🧵 Wye Valley NHS Trust
- 🧵 CAFCASS
- 🧵 West Mercia Youth Offending Service
- 🧵 West Mercia Probation
- 🧵 West Mercia Police
- 🧵 Education establishments

Structural Arrangements

Herefordshire Safeguarding Children Board sits within a developing framework of other statutory and non-statutory multi-agency structures including the Children and Young People's Partnership Forum, the Health and Wellbeing Board and the Community Safety Partnership.

The Board also works in close collaboration with Herefordshire Safeguarding Adults Board and arrangements have been made to ensure they support each other's work and respond appropriately to their work and findings. These arrangements include a Business Unit, Joint Case Review sub group, joint Risk Register and aligned development priorities.

The structure of Herefordshire Safeguarding Children Board is as follows:



Strategic Board

The Strategic Board sets the direction of HSCB and is responsible for ensuring its effectiveness. Specific work is directed to the Steering Group and Sub Groups which are ultimately accountable to the Strategic Board. The Strategic Board has responsibility for ensuring compliance with the duties set out in the Children Act 2004 and consequential Regulations and Statutory Guidance. Included within these duties it must:

- 🔗 Set the strategic direction for HSCB, taking account of any developments in national policy, practice and legislation through the National Safeguarding Delivery Unit;
- 🔗 Ratify, adopt and monitor the Annual Business Plan;
- 🔗 Set the Annual Budget;
- 🔗 Oversee the Learning and Improvement Framework (including responsibility for Serious Case Reviews and Child Death Reviews) including the ratification of all individual SCR's and considering regular reports from the panels;
- 🔗 Ensure the planning and commissioning arrangements for all partner agencies takes into account safeguarding and the promotion of children's welfare; and
- 🔗 Challenge and scrutinise the Children and Young People's Partnership Forum on its arrangements to safeguard children and young people.

Steering Group

As the operational arm of the Strategic Board, the purpose of the Steering Group is to govern the work programmes and effectiveness of HSCB's sub groups as they progress the development priorities, learning activities and improvement actions of the Board set out in the:

- Current year Business Plan; and
- Learning and Improvement Framework.

Quality Assurance and Evaluation Sub-Group

As a learning group of the HSCB the Quality Assurance and Evaluation Sub Group undertakes their assigned tasks within the HSCB Learning and Improvement Framework (as set out in the Quality Assurance Programme) and additional actions assigned to it through the current business plan and the Boards ongoing learning and improvement work.

Child Death Overview Panel (CDOP)

Through a comprehensive and multidisciplinary review of child deaths, Herefordshire Safeguarding Children Board's Child Death Overview Panel (CDOP) aims to better understand how and why children in Herefordshire die and to use these findings to take action to prevent child deaths and improve the health and safety of our children and young people.

In carrying out its activities the CDOP meets the requirements set out in Chapter 5 of Working Together to Safeguard Children 2013, in relation to the deaths of any children normally resident in Herefordshire. This includes collecting and analysing information about each death with a view to identifying:

- Any case giving rise to the need for a Serious Case Review not previously identified.
- Any matters of concern affecting the safety and welfare of children in Herefordshire.
- Any wider health, public health or safety concerns arising from a particular death or from a pattern of deaths in Herefordshire.

Joint Case Review Sub-Group

The Joint Case Review Sub Group (JCR) acts as a learning sub group for and is accountable to:

- Herefordshire Safeguarding Children Board (HSCB)
- Herefordshire Safeguarding Adults Board (HSAB)
- Herefordshire Community Safety Partnership

Herefordshire Safeguarding Children Board has a legal duty to undertake reviews of serious cases (SCRs) where children have died or suffered serious harm, the criteria for such reviews is set out in Working Together 2013. The chair of HSCB has the responsibility for decision making about whether to conduct a review in individual cases.

Herefordshire Safeguarding Adults Board has a responsibility to undertake reviews of cases where an adult at risk has died or suffered serious harm. Though there is currently no statutory requirement to do so, this is in line with ADASS (Association of Directors of Adult Social Services) recommendations on best practice. The criteria for such reviews are set out in the West Midlands Regional procedures. The chair of HSAB has the responsibility for decision making about whether to conduct a review in individual cases.

Herefordshire Community Safety Partnership (or Crime and Disorder Reduction Partnership) has a statutory duty to undertake a Domestic Homicide Review (DHR) when a person (over 16) is murdered either by an intimate partner or a member of their household. The chair of HPEG has the responsibility for decision making in individual cases. The criteria are set out in the Home Office Domestic Homicide Review Guidance 2010.

Multi-Agency Safeguarding Hub (MASH) Governance Group

As an improvement group of the HSCB the MASH Governance Sub Group undertake their assigned tasks within the HSCB Business Plan in relation to the Learning and Improvement Framework and additional actions assigned to it through the Boards ongoing learning and improvement work.

Policy and Procedures Sub-Group

As an improvement group of the HSCB the Policy and Procedures Sub Group ensures that staff across the partnership have access to the necessary range of multi-agency safeguarding and child protection policies and procedures through the development of new policies and the review and maintenance of existing policies.

Training and Development Sub-Group

As an improvement group of HSCB, the Training and Workforce Development Sub Group provides evidenced assurance to HSCB that robust, effective and comprehensive training and workforce development processes (including supervision) are in place, to ensure people working with children in Herefordshire understand their responsibilities to children with regard to safeguarding and to oversee the production of the Training Strategy and Programme for the Board.

Children at Specific Additional Risk Strategic Group

As a thematic group of HSCB, the overall purpose of this meeting is to reduce the incidence of child sexual exploitation and missing episodes in Herefordshire through a coordinated multi-agency response to child sexual exploitation, trafficking and missing children.



HSCB Development Priorities 2013-2016

The Board's Business Plan is structured around the four strategic priority development areas for 2013-2016 as follows:

- ✎ Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)
- ✎ Tackling evidenced safeguarding issues in Herefordshire.
- ✎ Improving the functioning of Herefordshire's Safeguarding Boards.
- ✎ Improving multi-agency case work.

DEVELOPMENT AREA 1: Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)			
Every HSCB member organisation to ensure the voice of children, young people and their families is captured and used to improve services.	13-14	14-15	15-16
Improve the quality of reflective supervision and the involvement of management in case decision making.	13-14	14-15	15-16
Implement changes in safeguarding practices and HSCB functioning to meet the statutory changes within Working Together.	13-14	14-15	15-16
Partners work together to meet safeguarding needs as the workforce changes due to reduced funding.	13-14	14-15	15-16
Ensure learning from analysis of accurate and relevant performance information and from multi-agency case audits is actioned and the impact reviewed.	13-14	14-15	15-16
DEVELOPMENT AREA 2: Improving multi-agency case work.			
Improving multi-agency case decision making.	13-14	14-15	15-16
Improving multi-agency case assessments within children's social care.	13-14	14-15	15-16
Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.	13-14	14-15	15-16
Improving multi-agency case assessments across agencies	13-14	14-15	15-16
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.			
Domestic Abuse.	13-14	14-15	15-16
Sexual Exploitation and Trafficking.	13-14	14-15	15-16
Missing Children.	13-14	14-15	15-16
Children Placed in Herefordshire by Other Local Authorities.	13-14	14-15	15-16
Private Fostering	13-14	14-15	15-16
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.			
Develop the effectiveness of Board meetings through constructive challenge and clear governance and ensure that the work of the LSCB operational groups is manageable and prioritised.	13-14	14-15	15-16
Develop an evidence base of safeguarding casework across all agencies to demonstrate and learn from our good practice and show how we are meeting and exceeding our statutory responsibilities.	13-14	14-15	15-16
Agree a model of SCRs and significant case reviews within Herefordshire.	13-14	14-15	15-16
Develop and review our knowledge of the children's workforce and its development needs.	13-14	14-15	15-16
Develop the resource available to support HSCB by the Business Unit through a review of its functioning and the needs of both HSAB and HSCB.	13-14	14-15	15-16
Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated.	13-14	14-15	15-16
Write and implement an Action Plan to embed learning from peer learning process.	13-14	14-15	15-16

DEVELOPMENT AREA 1: Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
				Process	Completion	Completion to Timescale	Complete OR On Target	Risk of Missing Timescale	Incomplete & Outside Timescale
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
Action area 1.1: Every agency to ensure the voice of children, young people & families is captured & used to improve services.						Development need identified through QA's 2013-14 assessment of the effectiveness of the use of VotC.		Monitored by: QA Sub Group Strategic Oversight: Les Knight/Oremi Evans	
HSCB, Chair of QA, Lynne Renton	All members report to HSCB learning from their analysis of the views of children, young people and their families and the impact of the implementation of this learning into practice, to the QA sub group within all their quarterly reports.	Ongoing from April 2014	Through QA Sub Group's reports to Steering Group.	N	N				HSCB will be able to evidence how all partner organisations (including all statutory partners) have captured the voice of the child appropriately and used the findings of this work to improve the experience of children, young people and their families while supported in safeguarding systems. HSCB will also be able to use the findings of its own work to capture the voice of the child to improve the effectiveness of work to safeguard children and promote their welfare across organisations.
HSCB, Chair of QA, Lynne Renton	HSCB analyses and reports on common themes arising from agencies' collection of the views of children, young people and their families, proposing development actions.	Sep 14	Report to be presented to November 2014's Steering Group meeting.	N	N				
HSCB Business Manager, Andy Churcher	HSCB to develop and implement its own regular mechanisms for capturing the voice of the child with findings presented Quarterly to QA sub group.	Oct 14	Mechanisms to be in place by during Q3 with first quarterly report to be received March 2015	N	N				
Action area 1.2: Improve the quality of reflective supervision and the involvement of management in case decision making.						Development need identified in Ofsted's 2012 inspection report and builds upon 2013-2014 work.		Monitored by: T&WD Sub Group Strategic Oversight: Tom Currie	
HSCB, Chair of T&WD Hazel Blankley	An agreed set of processes for monitoring compliance with the supervision of minimum standards across agencies will have been developed and implemented.	Dec 14	Inclusion within quarterly reports from agencies to the QA Sub Group.	N	N				Evidence submitted to HSCB QA sub group will evidence how HSCB's Supervision Standards are being applied throughout partner agencies to ensure management are involved in case decision making. The impact will be evidenced through improvements in outcomes identified through case audit and through the capturing of the voice of the child.
HSCB, Chair of T&WD Hazel Blankley	Develop HSCB's expectations of partner sectors (i.e. education and 3rd Sector) to provide enhanced assurance and support within their organisations, developing HSCB support mechanisms as necessary.	Feb 15	Through T&WD Sub Group's reports to Steering Group.	N	N				
HSCB, Chair of T&WD Hazel Blankley	Develop HSCB's expectations of partner agencies to provide enhanced assurance and support within their organisations.	Feb 15	Through T&WD Sub Group's reports to Steering Group.	N	N				
Action area 1.3: Partners work together to meet safeguarding needs as the workforce changes due to reduced funding.						Development need identified as partners have become aware of current organisational change.		Monitored by: Steering Group Strategic Oversight: George Branch	
HSCB, Chair of Steering Group Paul Meredith	The planned relaunch of the MASH, Levels of Need Guidance, Multi-Agency Referral Form and supporting guidance will be used by agencies and sectors to embed thresholds of intervention across the partnership to support agencies in making more effective referrals.	Oct 14	Bimonthly reporting to Steering Group on progress.	N	N				HSCB will be able to comment upon how proposed changes are likely to impact on children, young people and their families within safeguarding systems in the

DEVELOPMENT AREA 1: Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
				Process	Completion	Completion to Timescale	Complete OR On Target	Risk of Missing Timescale	Incomplete & Outside Timescale
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
HSCB, Chair of Steering Group Paul Meredith	All constituent partners will be required to report to the Board any significant proposed changes across organisations that are likely to impact safeguarding practices to enable the Board to challenge should this be necessary. All agencies will report current situation to September's Steering Group.	Oct 14	Reports to be received and discussed at September Steering Group.	N	N				Safeguarding systems in the context of simplified referral pathways. HSCB will therefore be more able to influence the commissioning of multi-agency services.
Action area 1.4: Ensure learning from analysis of accurate and relevant performance information and from multi-agency case audits is actioned and the impact reviewed.						Ofsted Area for Improvement (Paragraph 151 and 153): Cross Referenced to the Ofsted Review Action Plan points 5, 6, 10 and 11.		Monitored by: Steering Group Strategic Oversight: Phil Kendrick	
HSCB, Chair of QA, Lynne Renton	Develop a multi-agency child's journey scorecard. This will clearly define what data will be received, the format and the frequency.	Sep 14	Bimonthly reporting to Steering Group on progress.	N	N				HSCB will be able to assure itself of the quality of safeguarding work across the partnership and increased accuracy within the data will be evidenced through the Board's triangulation processes.
HSCB, Chair of QA, Lynne Renton	Effectiveness of audit programme to be reviewed to ensure that it provide adequate assurance on accuracy of performance data.	Feb 15	Bimonthly reporting to Steering Group on progress.	N	N				
HSCB, Chair of QA, Lynne Renton	Provide the opportunity for triangulation across the multi-agency data set and further assurance on accuracy to be measured through audit activity	Sep 14	Bimonthly reporting to Steering Group on progress.	N	N				
HSCB, Chair of QA, Lynne Renton	QA Sub Group is reviewing its work programme and the HSCB quality assurance framework, including revised data set and scorecard, to ensure focussed audit and review audits to assess progress.	Oct 14	Bimonthly reporting to Steering Group on progress.	N	N				
HSCB, Chair of QA, Lynne Renton	Learning generated through QA sub group to be reported to Steering Group who will identify the relevant vehicle for sharing the learning and action improvement activities to the appropriate sub group.	Oct 14	Bimonthly reporting to Steering Group on progress.	N	N				
HSCB, Business Manager, Andy Churcher	The necessity of quality case recording will have been promoted through both HSCB communications to the children's workforce and through internal agency communications to managers highlighting the need to support and check this through case supervision.	Nov 14	Bi-monthly communications from July 2014.	N	N				

				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
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DEVELOPMENT AREA 2: Improving multi-agency case work.				Process	Completion	Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency						
Action area 2.1: Improving multi-agency case assessments within Children's Social Care.						Development need identified through QA's 2013-14 monitoring of conferences.		Monitored by: Steering Group Strategic Oversight: David Farnsworth	
HSCB, Business Manager, Andy Churcher	HSCB expectations for how agencies take responsibility for ensuring that CPC attendees have sufficient knowledge and skills to participate effectively will be agreed.	Jul 14	Report to be received for discussion at July Steering Group.	N	N				Safeguarding and Review will lead on the implementation of multi-agency feedback forms which will be included in the review of the effectiveness of child protection conferences. Overall reports on the quality of conferences will evidence an increase in the rate of those rated green. These improvements should contribute to a reduction in the length of time children are on places due to more effective decision making and purposeful direction of Core Groups which will in turn increase their effectiveness. The expected impact will therefore be that children will be supported on child protection plans which reach a desired outcome in a shorter length of time.
HSCB, Chair of T&WD Hazel Blankley	Appropriate support resources and learning opportunities for agencies and sectors with representative at CP conferences will have been scoped, agreed and implemented.	Dec 14	Through T&WD Update to Steering Group in November and December.	N	N				
Herefordshire Council, Head of Safeguarding and Review, John Roughton	A short term multi-agency action plan to improve the quality of decision making at Child Protection Conferences (including ensuring the right people are invited, the rate of attendance and the rate of reports received at conference) will have been developed and implemented by Children's Wellbeing Services.	Nov 14	Bi-monthly reports to Steering Group from July 2014 (presentation of action plan) to November 2014.	N	N				
Action area 2.2: Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.						Ofsted Area for Improvement (Paragraph 150): Cross Referenced to the Ofsted Review Action Plan points 2, 3, 4.		Monitored by: Steering Group Strategic Oversight: Michelle Clarke	
HSCB, Chair of P&P, John Roughton	West Mercia independent chairs to agree sub regional approach to policy and procedure development.	Nov 14	Update to be received at October Steering Group.	N	N				HSCB will have a rolling programme which will enable the Board to refresh all policies and procedures, including those agreed regionally, to ensure they are kept up-to-date and relevant.
HSCB, Chair of P&P, John Roughton	Priority to be given to Child Sexual Exploitation and Children Missing procedures on the basis of Ofsted recommendations.	Oct 14	Update to be received at October Steering Group.	N	N				
HSCB, Chair of P&P, John Roughton	In consultation with Tri-x, three year timetable to be agreed on a regional basis for a systematic review and update of bespoke policy and procedures in consultation. This should be informed by current, and known about future, national and local priorities.	Oct 14	Update to be received at Oct and Dec Steering Group.	N	N				

DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
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Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency	Process	Completion	Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
Action area 3.1: Domestic Abuse						Development need identified through QA's ongoing monitoring of Domestic Abuse.		Monitored by: QA Sub Group Strategic Oversight: Lynne Renton	
Herefordshire Council, Community Safety Manager, Adrian Turton	Services for children & young people effected by Domestic Abuse (e.g. Crush and Great) will be scoped and recommendations to commissioners to support safeguarding will be made.	TBC - Action Area is dependent upon the work of the CSP's Domestic Abuse Steering Group. Items relevant to safeguarding children will be reported to QA through the quarterly Domestic Abuse report delivered in May, August and November 2014 and February 2015.		N	N				Additional services will be commissioned for both children and young people and perpetrators which will lead to a reduction in the number of children exposed to domestic abuse and number of children exposed to domestic abuse on multiple occasions.
Herefordshire Council, Community Safety Manager, Adrian Turton	Services for perpetrators of Domestic Abuse will be scoped and recommendations to commissioners to support safeguarding will be made.			N	N				
Action area 3.2: Sexual Exploitation and Trafficking.						Ofsted Area for Improvement (Paragraph 154): Cross Referenced to Ofsted Review Action Plan points 12, 13, 14.		Monitored by: SET Steering Group Strategic Oversight: Neil Fraser	
HSCB, Chair CSAR Strategic Group, John Roughton	Undertake a self assessment against the requirement of the National SET Action Plan.	Oct 14		N	N				Incidences of children being sexually exploited and trafficked will be managed by a workforce knowledgeable about the issue and skilled in dealing with it. HSCB's resulting disruption work will have resulted in prevented opportunities for perpetrators to engage with children.
	Develop a new Strategic Plan and Disruption Plan for Herefordshire.	Oct 14	Through CSAR Strategic Group's monthly reports to Steering Group.	N	N				
	Establish a CSAR Operational Group to drive forward the SET agenda in Herefordshire through the implementation of the Strategic Plan.	Nov 14		N	N				
Action area 3.3: Missing Children						Ofsted Area for Improvement (Paragraph 154): Cross Referenced to Ofsted Review Action Plan points 15, 16, 17.		Monitored by: Steering Group Strategic Oversight: George Branch	
Herefordshire Council, Head of Safeguarding and Review, John Roughton	HSCB is taking a leading and ensuring effective contributions across the partnership in connection with the West Mercia Joint Protocol on Missing Children and Young People.	Oct 14		N	N				Incidences of children going missing will be managed by a workforce knowledgeable about the safeguarding issues and skilled in dealing with it. Missing episodes will be dealt with effectively, in line with the WM Protocol and children will be effectively supported to reduce the likelihood of further episodes.
HSCB, Chair CSAR Strategic Group, John Roughton	HSCB's Missing Children Action Plan to be fully implemented to ensure a high quality joined up approach to incidences of children missing from home and care.	Nov 14	Through CSAR Strategic Group's monthly reports to Steering Group.	N	N				
	Develop HSCB mechanism for the ongoing strategic oversight of co-ordinated multi-agency responses for children who go missing.	Sep 14		N	N				
Action area 3.4: Private Fostering						Development need identified as ongoing risk in HSCB's Risk Register and through Ofsted report.		Monitored by: Steering Group Strategic Oversight: Steve Cullen	

DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
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Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
HSCB Business Manager, Andy Churcher	Private Forsteing will be included as a risk factor in the relaunched HSCB Levels of Need with appropriate supporting information made available through HSCB;s communication channels.	Sep 14	Through Steering Group's goverance processes for the Levels of Need (see 1.3).	N	N				Greater awareness of the need to report Private Fostering Arrangements will provide a more complete picture of these arrangements in Herefordshire and ensure Children's Wellbeing are able to provide suitable support, where necessary, to children and families in these arrangements.
HSCB T&WD Chair, Hazel Blankley	Promote Private Fostering to the children's workforce by including reference to it throughout appropriate training and communications to ensure they understand the need to notify children's social care services of private fostering arrangements.	Apr 15	Through Steering Group's monitoring of HSCB Communications.	N	N				

DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
				Process	Completion	Completion to Timescale	Complete OR On Target	Risk of Missing Timescale	Incomplete & Outside Timescale
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
Action area 4.1: Develop the effectiveness of Board meetings through constructive challenge and clear governance and ensure that the work of the LSCB operational groups is manageable and prioritised.						Ofsted Area for Improvement (Paragraph 149 and 152): Cross Referenced to Ofsted Review Action Plan points 1, 7, 8, 9.	Monitored by: Strategic Board Strategic Oversight: Jemery Millar		
HSCB Independent Chair, Dave McCallum	Ensure that governance arrangements between the LSCB and the Improvement Board are clarified through the development of an agreed protocol setting out governance arrangements to ensure increased influence nurtures purposeful decision making.	Oct 14	Update reports to Strategic Board (July and October 2014)	N	N				Steering Group will receive regular instruction from Strategic Board to undertake specific work through the Board's sub groups. Evidence of this work will show the Board's ability to respond quickly to safeguarding issues in Herefordshire and influence development.
HSCB, Steering Group Chair, Paul Meredith	Terms of reference for the steering group and sub groups to be reviewed to ensure appropriate governance compliance and prioritisation.	Oct 14	Update reports to Strategic Board (July and October 2014)	N	N				
	Establish a quarterly sub group chairs meeting to ensure that activity and priorities across the sub group are in line with business plan prioritized and steering group directives.	Sep 14		N	N				
	Business Unit to support the chairs of the steering group and sub groupsto set agendas to ensure compliance with terms of reference and Business Plan / Ofsted improvement priorities.	Sep 14		N	N				
HSCB Independent Chair, Dave McCallum	Develop the governance arrangements between HSCB and the CYPFF to ensure increased influence nurtures purposeful decision making.	Nov 14	Update reports to Strategic Board (July and October 2014)	N	N				
HSCB Independent Chair, Dave McCallum	Develop the governance arrangements between HSCB and the Health and Wellbeing Board to ensure increased influence nurtures purposeful decision making.	Nov 14	Update reports to Strategic Board (July and October 2014)	N	N				
HSCB Business Manager, Andy Churcher	Provide ongoing opportunities for HSCB Strategic Board members to develop their understanding of safeguarding and the skills necessary to undertake their roles.	Jul 14	Mid year report to be presented to Strategic Board's October meeting.	N	N				

				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
				Process	Completion	Completion to Timescale	Complete OR On Target	Risk of Missing Timescale	Incomplete & Outside Timescale
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.						Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency						
HSCB Business Manager, Andy Churcher	Ensure incidences of challenge are clearly marked within all HSCB minutes/meeting notes.	Jul 14	Monitored when any set of minutes are agreed.	N	N				
Action area 4.2: Develop an evidence base of safeguarding casework across all agencies to demonstrate and learn from our good practice and show how we are meeting and exceeding our statutory responsibilities.						Monitored by: Strategic Board Strategic Oversight: John Trevains			
HSCB Business Manager, Andy Churcher	In line with HSCB's Communications Protocol, Strategic Board members will oversee the monthly submission of cases of good practice from all agencies. These will be used as appropriate to support HSCB's communications.	Jun 14	Mid year report to be presented to Strategic Board's October meeting.	N	N				HSCB will be able to evidence its good work and use it to promote the importance of high quality planning, case work and recording, in order to improve outcomes for children across Herefordshire.
HSCB Business Manager, Andy Churcher	HSCB's Business Unit to maintain a register of good practice cases submitted.	Jun 14	Mid year report to be presented to Strategic Board's October meeting.	N	N				
Action area 4.3: Develop the resource available to support HSCB by the Business Unit through a review of its functioning and the needs of both HSAB and HSCB.						Ofsted Area for Improvement (Paragraph 156): Cross Referenced to Ofsted Review Action Plan points 23, 24, 25.		Monitored by: Strategic Board Strategic Oversight: Jan Frances	
Herefordshire Council, Head of Safeguarding and Review, Diane Partridge	Undertake a review of the Business Unit, the expectations upon it, and the resource available to it to ensure it is able to support an increasingly effective Board.	Aug 14	Update reports to Strategic Board (July and October 2014)	N	N				HSCB will be able to evidence the effectiveness of its Learning and Improvement Framework through changes in practice which have resulted from its learning and improvement activities/
HSCB Independent Chair, Dave McCallum	Agree the response to the report ensuring an implementation plan is in place.	Oct 14	Update reports to Strategic Board (July and October 2014)	N	N				
Herefordshire Council, Head of Safeguarding and Review, John Roughton	Implement the agreed outcome of the review, ensuring that a developed Business Unit is in place.	Feb 15	Update reports to Strategic Board (October and January 2014)	N	N				
Action area 4.4: Undertake a peer learning process with another Board and implement highlighted areas for improvement.						Monitored by: Strategic Board Strategic Oversight: Damian Pettit			

DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				RAG		Process	An Agreed Process Is In Place	Process Planned But Not Agreed	No Progress In Agreeing Process
				Process	Completion	Completion to Timescale	Complete OR On Target	Risk of Missing Timescale	Incomplete & Outside Timescale
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			Progress as at XXX 2014.	Propose additional work to ensure all priorities are completed to timescale/development work is effective.	What impact has the progress made so far made on the lives of children and young people?	What impact is expected once Action Area is completed? How and when will impact be measured?
Director of Children's Services, Jo Davidson	Undertaken a LGA Diagnostic/Peer Challenge in Sept/Oct 2014 to assess the readiness of HSCB to take over safeguarding responsibilities from the Improvement Board and to assess initial developments following Ofsted's review of the Board in 2014.	Nov 14	Update reports to Steering Group (Aug 2014)	N	N				Peer review will result in a timely assessment of progress for HSCB and focus continued developments during 2015-2016.
Action area 4.5: Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated.						Ofsted Area for Improvement (Paragraph 155): Cross Referenced to Ofsted Review Action Plan points 18-22.		Monitored by: Steering Group Strategic Oversight: Jo Davidson	
HSCB, Chair of T&WD Hazel Blankley	Immediate course evaluation processes, will have been developed and implemented to provide improved quality of information to HSCB to inform the development of its multi-agency safeguarding training offer.	Oct 14	Monthly updates to Steering Group (Sept and Oct).	N	N				HSCB will increase its understanding of how effectively it meet the needs of the workforce through an increase in the rate of positive feedback received from courses and impact evaluations.HSCB will evidence that training providers are utilising learning from SCR, SILP and QA processes to inform their programmes.HSCB will evidence that training providers are amending programmes as a result of evaluation intelligence.
OF HSCB, Chair of T&WD Hazel Blankley	Impact evaluations for HSCB Training, will have been developed and implemented to provide improved quality of information to HSCB understand the impact of training on practice and to inform the development of its multi-agency safeguarding training offer.	Feb 14	Monthly updates to Steering Group (Dec - Feb).	N	N				
HSCB, Chair of T&WD Hazel Blankley	Undertake a review of multi-agency agency training needs to assess the sufficiency of HSCB's multi-agency training offer.	Apr 15	Through Quarterly Reports from Steering Group to Strategic Board (from July 2014).	N	N				
HSCB Business Manager, Andy Churcher	The board will commit to a periodic systematic evaluation of all courses led by the Workforce Development Advisor (or equivalent post) with the process engaging workforce representatives.	Oct 14 for Education Mar 15 for wider application	Through Quarterly Reports from Steering Group to Strategic Board (from July 2014).	N	N				
HSCB Business Manager, Andy Churcher	A standard process for engaging the workforce in the development of HSCB training will have been implemented and used to inform the development of training for the education workforce and then applied to other courses later in the year.	Mar 14	Through Quarterly Reports from Steering Group to Strategic Board (from July 2014).	N	N				



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	16 OCTOBER 2014
TITLE OF REPORT:	OUTCOME OF CHILDREN'S SAFEGUARDING OFSTED INSPECTION AND ACTION PLAN
REPORT BY:	DIRECTOR FOR CHILDREN'S WELLBEING

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To note the outcome of the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers, which was conducted between 29 April and 21 May 2014.

To comment on the council's response to the areas for improvement identified.

Recommendation(s)

THAT:

- (a) note the outcome of the inspection attached at Appendix 1 and the relevant issues for the Health and Wellbeing Board;**
- (b) make recommendations for any further actions to be added to the action plan and/or the Committee's work programme.**

Alternative Options

- 1 No alternative options listed as this is a report to enable Health and Wellbeing Board to consider and make further recommendations for inclusion in the action plan.

Reasons for Recommendations

- 2 To enable the Health and Wellbeing Board to comment and make any additional recommendations on the proposed actions to address the areas for improvement identified by Ofsted. The council is required to submit an action plan to Ofsted within 70 days of the publication of their report (which is 7 October 2014), outlining how it intends to address each of the identified areas for improvement, the timescales for action to be undertaken, and the monitoring and evaluation arrangements.

Key Considerations

- 3 The previous Ofsted inspection of children's safeguarding in Herefordshire took place in September 2012, at which time services were found to be inadequate, with children potentially left at risk of significant harm in the county. The Department for Education (DfE) placed Herefordshire under an improvement notice, and has overseen the council's improvement plan implementation and associated actions since, through the Herefordshire Safeguarding and Protecting Children's Improvement Board.

The inspection

- 4 Ofsted returned on 29 April 2014 to undertake a combined inspection of services for children in need of help and protection, children looked after and care leavers, which also incorporated an inspection of fostering and adoption services, under the terms of their new inspection framework, implemented in November 2013.
- 5 The outcomes of the inspection were as follows:
 - The experiences and progress of children who need help and protection – Requires Improvement
 - The experiences and progress of children looked after and achieving permanent homes and families for them – Requires Improvement, including:
 - Adoption performance – Good
 - Experience and progress of care leavers – Requires Improvement
 - Leadership, management and governance – Requires Improvement
 - The Effectiveness of the Local Safeguarding Children's Board (LSCB) – Requires Improvement
- 6 Overall Judgement: Requires Improvement. (See Appendix 1 for full report)
- 7 As part of the inspection, Ofsted identified a number of strengths including the following:
 - Councillors and senior managers show commitment to improving services to children and families – backed by resource allocation
 - Social work caseloads are now more manageable, linked to investment in the project team to address work backlog
 - Children and families are able to receive a wide range of early help support to prevent problems escalating

- Children in need of protection are identified and assessed well.
 - Most children who are looked after live in high quality local foster placements
- 8 Ofsted also reported that at the time of the inspection there were no widespread or serious failures that create or leave children being harmed or at risk of harm.
- 9 These outcomes represented recognition from Ofsted as to the progress made by the council and its partners since September 2012. It also recognised that progress had in some areas been very recent, and need to be able to demonstrate sustainability. There are 28 specific areas for improvement, detailed in Appendix 1. Whilst many relate to specific operational and practice improvements, there are a number of strategic recommendations, including:
- Ensure elected members understand and effectively undertake corporate parent role
 - Ensure manageable caseloads
 - Robust audit and performance management
 - Ensure diversity issues assessed and addressed
 - Ensure partners and communities are aware of private fostering
- 10 These issues are also all of relevance to the role and effectiveness of the Health and Wellbeing Board.

The review of the Herefordshire Safeguarding Children Board (HSCB)

- 11 Under the new framework, the HSCB was reviewed by Ofsted. The Board is an important component of the governance arrangements for safeguarding work in Herefordshire. Details of findings are included in Appendix 1. Key findings for the Board include:
- Governance arrangements between the LSCB and the local authority are well established.
 - The terms of reference for the LSCB are clear, as are the roles and responsibilities of the Chair and board members. The role of the LSCB Chair is sufficiently independent. However the respective roles of the Improvement Board and the LSCB are not sufficiently clear, with no protocol established between them.
- 12 Ofsted also identified that the Health and Wellbeing Board has not clearly prioritised safeguarding children. Whilst not a specific recommendation for action, the Board will wish to ensure its strategy, work programme and role gives sufficient clarity and leadership to this area of responsibility alongside other children's issues
- 13 The Board also needs to submit an action plan, which is incorporated in the plan attached.
- 14 Whilst the council is no longer judged as being inadequate, the council remains in Government intervention. This is in recognition of the recent nature of many of the improvements and needed to be able to demonstrate sustainability.
- 15 However, the DfE are committed to a formal review of progress prior to the end of the calendar year, to establish whether progress has by that point been sufficiently embedded and sustained that they can recommend the lifting of the intervention notice to the minister. It is the progress against the attached action plans by both the Council

and the HSCB which will be central to the DfE review and recommendation to the minister.

- 16 The council and its partners have made good use of external challenge and support to secure improvement, and the HSCB has commissioned a peer challenge for the autumn to provide further input to strengthen and improve so that it is ready to take over fully from the Improvement Board.

The Council's action plan and performance monitoring

- 17 The action plan, attached at Appendix 2 is iterative and will continue to be refreshed and updated. The Health and Wellbeing Board will be kept informed of progress against the action as part of the performance reporting process. The plan includes clear responsibilities and where changes are made this will only be following evidence of the reason for the changes.
- 18 As the Ofsted inspection took place in May, work has both continued and in some areas already commenced in connection with some of the actions as follows:
- A Looked After Children Pledge will be presented to Council in September for formal adoption.
 - The Cabinet member for children's services and cabinet support member have been speaking to local business leaders about apprenticeships and work experience for our looked after children.
 - A commissioning exercise has been undertaken and a contract awarded with respect to the development of the Herefordshire Intensive Placement Support Service (HIPSS) and Therapeutic Intensive Support Services (TISS), which will support vulnerable children and young people to remain in local placement settings as appropriate to their needs and reduce the need for high cost external placements.
- 19 The council has been quite clear that its ambition and expectation is for safeguarding services to be good by 2016/17. The Ofsted report and these action plans are important staging posts in monitoring progress to achieve this expectation and ensure that where child protection services are needed, they are of high quality.
- 20 The Council has established its longer term strategy to secure good child protection services within an environment of reducing resources. The priorities for change are to build independence and self support within families and communities, including the use of volunteer activity; to target support services proactively in areas of need; and to change the models of delivery. These activities are set out in the children's transformation programme, Children of Herefordshire Improvement and Partnership Plan (CHIPP)
- 21 Governance of the Ofsted action plans lie on a multi-agency basis with the Herefordshire Safeguarding Children Board; Council oversight will be through the performance framework, specifically the monthly children's performance monitoring and the cross council quarterly performance reviews. Final challenge and assurance will occur through Cabinet, Scrutiny and the Health and Wellbeing Board, as appropriate. For the period that the Council remains in intervention, the Improvement Board will continue to monitor and secure assurance that change is continuing to take place and become embedded.

Community Impact

- 22 The successful implementation of the action plan will bring about further improvement towards achieving the council's priorities of keeping children and young people safe and giving them a great start in life and enabling residents to live safe, healthy and independent lives; improving access to learning opportunities at all levels and improved outcomes for children and young people .
- 23 Vulnerable children and young people, their families and carers, will experience different approaches to service delivery as a consequence of the implementation of the actions set out in the plan and in the context of the plan's status within the wider children's change programme.

Equality and Human Rights

- 24 As the action plan is implemented, equality impact assessments will be carried out where relevant to ensure that due regard is paid to the public sector equality duty as set out below:
- "A public authority must, in the exercise of its functions, have due regard to the need to -
 - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial Implications

- 25 The actions included in the plan in appendix 2 can be contained within the current year's budget. Each of the areas for improvement is being progressed within the context of the directorate's transformation programme, the Children of Herefordshire's Improvement and Partnership Programme (CHIPP). As the transformation programme develops, detailed financial planning will be taking place with regard to the actions and where appropriate further reports will be presented to Cabinet or the cabinet member.

Legal Implications

- 26 Section 137 of the Education and Inspections Act 1996, requires the Council following an inspection report to prepare a written statement of the action and the period within which they propose to take that action. The attached action plans comply with this.
- 27 The report must be published within 70 working days of receiving the inspection report and a copy must be available by either inspection at Council offices or by providing a copy upon payment of a reasonable fee.

Risk Management

- 28 Risks associated with the failure to implement the action plan are:
- Reputation - should the council remain under an improvement notice. In particular, this has the impact of adversely affecting the recruitment and retention

strategy and associated caseload management problems, which in turn have the potential to negatively impact on performance and quality of service for children and families.

- The council returns to a position where there are widespread failures to protect children and young people from harm.
- The HSCB is unable to demonstrate to the Minister its ability and capacity to effectively govern the improvement of the multi-agency response to safeguarding children, to enable him to be sufficiently reassured to lift the improvement notice.
- Delays in implementing the necessary structural changes to the HSCB business unit will undermine the Boards ability to demonstrate its effectiveness.

Consultees

29 All members of the Herefordshire Safeguarding and Improvement Board, management board, children's wellbeing directorate senior management team, HSCB board members and staff within children's wellbeing directorate have been consulted and their views have been incorporated within the action plan.

Appendices

Appendix 1- Ofsted inspection of services for children in need of help and protection, children looked after and care leavers. Published 30 June 2014

Appendix 2- Ofsted inspection May 2014 action plan

Background Papers

None identified.

Herefordshire Council

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the local safeguarding children board¹

Inspection date: 29 April 2014 – 21 May 2014

Report published: 30 June 2014

<p>The overall judgement is requires improvement</p> <p>There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. However, the authority is not yet delivering good protection and help and care for children, young people and families.</p> <p>It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.</p>	
1. Children who need help and protection	Requires improvement
2. Children looked after and achieving permanence	Requires improvement
2.1 Adoption performance	Good
2.2 Experiences and progress of care leavers	Requires improvement
3. Leadership, management and governance	Requires improvement
<p>The effectiveness of the Local Safeguarding Children Board (LSCB) requires improvement</p> <p>The LSCB is not yet demonstrating the characteristics of good.</p>	

¹ Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspection Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

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Section 1: the local authority

Summary of key findings

This local authority requires improvement and is not yet good because

1. Services for safeguarding children and young people in Herefordshire have only recently improved since they were judged to be inadequate in the Ofsted inspection of child protection in 2012. No widespread or serious failures were identified by this inspection that currently left children being harmed or at risk of harm. However, progress to improve how children are safeguarded has been slow and many improvements are very recent. Too many of the areas for development from the inspection in 2012 continue to be areas that require improvement.
2. Services for looked after children have not improved since they were judged to be good in 2012 and some of the work has got worse because many staff have left and the local authority has found it difficult to recruit experienced permanent social workers and managers. This has meant that many looked after children have experienced too many changes of workers and some have not received good quality support or been able to form relationships with their social workers.
3. In 2013 children's services in Herefordshire experienced many difficulties, such as high numbers of referrals, high caseloads for social workers, many social workers and managers moving jobs and poor electronic recording systems. As a result children and their families often received services that were not good enough.
4. Staffing remains fragile and a major challenge to maintaining improvements in the quality of work. More permanent social work and management staff have been recruited and many of the high number of agency staff who are being employed are on long term contracts. The use of agency social work staff is beginning to reduce from the September 2013 high of 50%.
5. During 2013 the local authority and other agencies joined together to form a multi-agency safeguarding hub to receive contacts and referrals about children and to decide what action needed to be taken. At first this did not function properly, but from the beginning of 2014 it has improved and now assesses the needs of children and families well; it is better managed and improves how staff from different agencies share information. However, the service is still at an early stage of development.
6. The authority's children's services have developed electronic systems to record details about children and families to allow managers and other agencies to understand what services are needed and how well they work. However, the information they contain is not accurate enough and managers often are not able to get the information that they need.

7. Herefordshire has a relatively small number of children and families from diverse ethnic and cultural backgrounds. Few services have been developed in the area tailored to their needs. The diverse cultural and ethnic needs of many children and families who are known to children's social care services are not properly assessed or met.
8. Child protection conferences are not well managed and child protection plans made at conference are too vague. Most agencies attend conferences, but few children are invited. People who attend conferences often do not get the reports or minutes quickly enough.

The local authority has the following strengths

9. From the beginning of 2014 the quality of social work and operational management has significantly improved and the morale of staff has risen.
10. Children and their families are able to receive a wide range of early help to prevent any difficulties that they experience from getting worse.
11. Children in need of protection are identified and assessed well. Many more children have been helped through child protection plans than in previous years, and not many are subject to a second or subsequent plan.
12. Most children who are looked after live in stable and supportive foster placements or in high standard residential accommodation that is in or close to Herefordshire. They are supported well by their carers and are helped to maintain positive contact with their families where this is best for them.
13. Where children cannot live with their families, adoption is promptly considered and court proceedings are rapidly completed so that the children can quickly settle into new permanent families. People interested in adopting children are well prepared and supported throughout and following the adoption process.
14. Local authority councillors and senior managers show commitment to improving services for children and families and have secured extensive financial and staffing resources. They have worked closely with partner agencies to improve how staff work together to prioritise the needs of children and young people in the area. The senior staff team in children's social care services is now established and increasingly has gained the confidence and commitment of staff.
15. Social work caseloads are now more manageable because an external agency has been temporarily brought in, until July 2014, to finish off work with some children and families. This has given space for the authority's social work teams to improve their work.

What does the local authority need to improve?

Priority and immediate action

16. There are no areas of priority action.

Areas for improvement

17. Ensure that caseloads in children in need and looked after children's teams remain manageable and reduce caseloads within the Children with Disabilities service so that all social workers have sufficient time to provide children with the level of service they require.
18. Ensure that the electronic case and performance management system in children's social care provides accurate performance information.
19. Ensure that audit and performance management is robustly and routinely undertaken by managers across children's services and is effectively used to develop services and to improve the quality of practice.
20. Ensure that consistent and high quality formal supervision of social care staff is provided and that all staff have regular supervision that provides reflection and challenge.
21. Ensure that regular case file audits and re-audits within social work teams are undertaken and are used to identify areas of strength and development and to measure the effectiveness of actions taken to improve performance.
22. Ensure that thresholds for access to children's services are understood and consistently applied by local authority staff and partner agencies, so that children and families get the right help at the right time.
23. Ensure that the independent reviewing officers effectively structure and manage child protection conferences and develop specific and measurable child protection plans. Ensure that there is effective leadership, practice, quality assurance and capacity within the Independent Reviewing Officer service.
24. Ensure that all children with a disability known to children's services are rigorously assessed to ensure that their needs are met and that the local authority is fulfilling its statutory functions.
25. Ensure that information about children who go missing is effectively shared and robustly analysed between partner agencies.
26. Ensure that the partner agencies and the community are aware of the need to notify children's social care services of private fostering arrangements.
27. Ensure that the Emergency Duty Team effectively supports young people held in police custody out of hours and that appropriate alternative

accommodation is available to prevent young people being held in police custody overnight.

28. Fully utilise Family Group Conferences to inform care planning, particularly where care proceedings are being considered.
29. Ensure that diversity issues and the ethnic and cultural identity of children and their families are thoroughly assessed and addressed.
30. Implement and monitor a robust system for making timely decisions to ensure there are no delays in accommodating children when they need to be looked after.
31. Ensure that plans for permanency are made and clearly recorded at children's second looked after review in line with national guidance.
32. Develop specific assessment methods to inform decisions about whether siblings should be permanently placed together or apart. Record assessments and decisions in detail to reflect the significance of the decision being made.
33. Ensure that regular analysis and reporting from the advocacy service provides an accurate account of emerging themes.
34. Ensure that the virtual school develops and implements a strategy to narrow the gap in attainment between looked after children and all other children in Herefordshire.
35. Ensure that all looked after children and young people make consistently good or better progress at every stage of their education and close the attainment gap between looked after children and all children in Herefordshire.
36. Ensure effective joint working with the police and youth offending services to routinely record and analyse information about looked after children engaged in offending behaviour.
37. Develop and implement working arrangements with local Child and Adolescent Mental Health Service providers to enable better access to treatment for looked after children.
38. Ensure that the children in care council is effective, is representative of the range of looked after children and has membership of the council's corporate parenting group.
39. Ensure all local authority elected members understand and effectively undertake their role as a corporate parent.
40. Refresh and re-launch the recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups.

41. Ensure that all pathway plans are up to date, are of good quality, are based on a robust analysis of need, with clear and agreed goals and are regularly reviewed.
42. Ensure that all care leavers receive a copy of their health records.
43. Ensure that all looked after children and care leavers understand their rights, responsibilities and entitlements and receive the guidance, support and resources to realise them.
44. Ensure that learning from complaints and representations from children and young people, parents and carers and service users is systematically collated and analysed and is used to improve service delivery and development.

Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people who it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the local safeguarding children board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of seven of Her Majesty's Inspectors (HMI) from Ofsted and an additional inspector (AI).

The inspection team

Lead inspector: Pietro Battista

Team inspectors: Shirley Bailey, Brenda McLaughlin, Susan Myers, Lynn Radley, Judith Nelson, Lisa Williams (AI) and Steven Gauntley.

Information about this local authority area²

Children living in this area

- Approximately 36,000 children and young people under the age of 18 years live in Herefordshire. This is 19% of the total population in the area.
- Approximately 10% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
 - in primary schools is 10.5% (the national average is 19.2%)
 - in secondary schools is 9% (the national average is 16.3%).
- Children and young people from minority ethnic groups account for 6.3% of all children living in the area, compared with 20.2% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are White other (1.62%).
- The proportion of children and young people with English as an additional language:
 - in primary schools is 6% (the national average is 18.1%)
 - in secondary schools is 4.3% (the national average is 13.6%).

Child protection in this area

- At 31 March 2014, 1,269 children had been identified through assessment as being formally in need of a specialist children's service. This is a reduction from 1,444 at 31 March 2013.
- At 31 March 2014, 237 children and young people were the subject of a child protection plan. This is an increase from 208 at 31 March 2013.
- At 31 March 2014, four children lived in a privately arranged fostering placement. This is an increase from two at 31 March 2013.

Children looked after in this area

- At 31 March 2014, 242 children are being looked after by the local authority (a rate of 67.24 per 10,000 children). This is an increase from 216 (60 per 10,000 children) at 31 March 2013. Of this number:
 - 65 (27%) live outside the local authority area
 - 14 live in residential children's homes, of whom 92.86% live out of the authority area

² The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

- None live in residential special schools³
 - 148 live with foster families, of whom 11.5% live out of the authority area
 - 11 live with parents, of whom one is living out of the authority area
 - There are no unaccompanied asylum-seeking children.
- In the last 12 months:
- there have been 17 adoptions
 - nine children became subjects of special guardianship orders
 - 95 children have ceased to be looked after, of whom three subsequently returned to be looked after
 - 19 children and young people have ceased to be looked after and moved on to independent living
 - No children and young people have ceased to be looked after and are now living in houses of multiple occupations.

Other Ofsted inspections

- The local authority does not operate children's homes.
- The previous inspection of Herefordshire's arrangements for the protection of children was in October 2012. The local authority was judged to be inadequate.
- The previous inspection of Herefordshire's services for looked after children was in October 2010. The local authority was judged to be good.
- The previous inspection of Herefordshire's fostering services was in March 2013. The local authority was judged to be adequate.
- The previous inspection of Herefordshire's adoption services was in July 2011. The local authority was judged to be good.
- The previous inspection of Herefordshire's services for private fostering was in March 2009. The local authority was judged to be inadequate.

Other information about this area

- The Director of Children's Services has been in post since January 2012.
- The chair of the LSCB has been in post since February 2012.

³ These are residential special schools that look after children for fewer than 295 days.

Inspection judgements about the local authority

The experiences and progress of children who need help and protection requires improvement

45. Children and their families who need early help are able to access a wide range of services that offer support to prevent their problems escalating. The recent reconfiguration of early help services into a more holistic family support service for children and young people up to 19 years of age is enhanced by co-location with children's social care teams.
46. The stability of the workforce in Families First enables children to build relationships with workers and to make positive changes in their lives; for example, to improve school attendance and to improve relationships at home. In the majority of cases seen, age-appropriate direct work with children was undertaken and used to inform case planning. Preventive work with children and young people is appropriately targeted to those at risk of becoming looked after. A large proportion of these children are subject to child protection plans or have recently been removed from such plans.
47. The Common Assessment Framework (CAF) is embedded across the county and its use is slowly increasing. At the time of the inspection there were 950 active CAFs. A further 400 CAFs had been completed and were waiting to be closed. Practitioners engaged in CAFs understand their roles and staff from many partner agencies take on the role of the lead professional. Information sharing at monthly Multi Agency Meetings (MAGS) ensures that children receive additional support when they need it from a range of agencies.
48. The Multi-Agency Safeguarding Hub (MASH) has contributed to the recent improvement in multi-agency information sharing across the partnership. This enables partners to better identify children in need of help and protection. Currently the local authority and Herefordshire's Safeguarding Children's Board (HSCB) are reviewing their thresholds for services as they are not being consistently applied by staff across partner agencies, resulting in some inappropriate referrals to children's social care services.
49. Since January 2014, decisions by managers on contacts and referrals in the MASH are timely and in the majority of cases are appropriate with clear case direction. The process for managing referrals has been clear and most decisions to take action are made within 24 hours. Referrals that meet the threshold for an assessment are allocated to social workers promptly.
50. Assessments of children's needs by social workers in the MASH are prompt in the majority of cases, and most assessments result in the delivery of appropriate services. However, in a small number of cases, assessments focused primarily on mothers and failed to sufficiently consider adult males in the households. A few assessments were overly optimistic about what can be achieved by some families, leading to re-referrals and delay in understanding

the children's experiences. In some cases, inconsistent use of chronologies and recording resulted in key information not being effectively used to inform the analysis.

51. In nearly all cases seen by inspectors, assessments did not demonstrate any meaningful consideration of the religious, ethnic or cultural needs of children or their families. Planning is not informed by the child's diverse needs and children and their families are often treated as having the same needs.
52. Neglect was a major factor in most cases seen by inspectors. Recent improvements in early help services have enabled early recognition of signs of neglect in families and more timely work to tackle the causes. However, in a few cases where management oversight was poor, delay in recognising the impact of chronic neglect on children resulted in an approach that was too focused on the needs of adults or on the presenting incident. The local authority's own audits identify the need to improve the quality of assessment for children and young people who suffer neglect. Staff are beginning to be trained in a variety of methods to measure the impact of neglect.
53. Since January 2014 management oversight of casework has become more robust. This has resulted in some improvement in practice and in the timeliness of work undertaken with children and families. However, inspectors saw many cases where the standards of social work assessment, support and case planning and management oversight were inadequate throughout 2013. This was confirmed by audits undertaken by the local authority, LSCB and partners in that period.
54. Since January 2014 referrals that meet the threshold for a child protection enquiry have been appropriately undertaken by suitably qualified social workers. Child protection strategy discussions that include relevant partner agencies are timely. Follow-up strategy meetings are fully recorded and result in well coordinated arrangements to protect children. No cases were seen of children and families being subjected to child protection investigations unnecessarily and none where children were left at risk of harm. Two cases were brought to the attention of children's social care services by inspectors where necessary child protection enquires had not been undertaken. Appropriate immediate action was taken to ensure that the children were safe.
55. The majority of child protection case conferences are appropriately held within timescales, are quorate and have good multi-agency attendance by partners. This results in the timely progression of child protection plans by core groups. However, conferences observed were poorly managed and meetings were too long and unfocused. Lack of capacity in administrative support for conferences results in unacceptable delays in distributing invitations to meetings, minutes and plans. In one case a parent reported receiving the conference minutes and child protection plan at the review conference six months later.

56. Outline plans made at initial child protection conferences are not sufficiently specific and measurable. They are too long and lack clarity on actions and timescales. However, most core groups are developing more robust child protection plans. Core groups are regularly held and are well attended by a range of agencies. Children subject to child protection plans are seen regularly and are seen alone where appropriate.
57. The local authority has taken decisive action to reduce social work caseloads to a manageable level. Caseloads have reduced from an average of over 30 in October 2013 to an average of 18 at the time of the inspection. This has been achieved by commissioning an external agency social work team to complete some work, provisionally until July 2014. The impact has been positive on staff morale and now social workers have time to spend with children which enables them to improve the quality of direct work with children and families. Improvements in practice are evident, particularly in the last three months, but have yet to be sustained.
58. Management oversight of social work practice and clarity of managers' decision making and direction in cases has begun to improve slowly. However management decisions and the reasons were not recorded well enough in the majority of cases. Supervision of social work staff is improving in regularity, but remains inconsistent in its quality. The local authority has recognised this and has recently provided supervision training to managers.
59. Children and their families have experienced frequent changes in social workers, often at short notice. For example, in two cases seen there had been eight different social workers in a two year period. This negatively affects the development of meaningful relationships with their social workers and has led to drift and delay. Where relationships with social workers have been sustained, inspectors saw examples of effective work leading to good outcomes for those children.
60. Inspectors reviewed 11 cases where children were living in households where there are concerns about parental mental health, domestic abuse and substance abuse. Similar significant improvement was evident from January 2014, with good child-focused direct work and assessment using research-based analysis and risk assessment. Collaborative partnerships working with the Drug & Alcohol Services, the adult mental health service and police in these cases resulted in timely intervention and better outcomes for those families.
61. The Multi-Agency Risk Assessment Conference (MARAC) is well established to consider children in families where domestic violence is known, with good representation and input from partner agencies. Inspectors saw evidence of appropriate communication between the police and children's social care services through the MARAC with strong links to the Multi-Agency Public Protection arrangements.

62. Arrangements for identifying and tracking individual young people who are missing from home are now managed and progressed well by the MASH team. A return interview takes place within 48 hours by staff from the early help service. Interviews are recorded and address issues of safety and vulnerability to sexual exploitation. However, information from return interviews is not routinely collated or analysed to understand trends, and is not shared with the police to enable them to develop local intelligence.
63. Effective work is undertaken to identify and respond to individual young people at risk of child sexual exploitation. In most cases seen, strategy meetings and child protection conferences were held where it was appropriate to do so.
64. Children who are missing from care, particularly those children placed in the area by another authority, do not receive a consistent response. Data on the number and type of incident is not robustly maintained or analysed. The number of reported missing episodes of looked after children is rising, as are the number of children who go missing three or more times in a 90-day period. The lack of a robust multi-agency approach means that for most children this is being managed on a case-by-case basis without consistent collaborative information sharing.
65. At the time of the inspection 17 children were missing from education. Clear protocols are in place between schools, the fair access panel and children's social care services. As a result, children missing from education receive a consistent response and any children not found within 14 days are referred to the MASH and are appropriately assessed. There are currently 100 children home educated, who are subject of robust safeguarding consideration.
66. The eligibility criteria for children with disabilities (CWD) lacks clarity and this means that children who have a disability are not always appropriately identified. Some children in receipt of respite care who meet the criteria are not currently being reviewed by the Independent Reviewing service. In one case, a young person in a joint-funded placement had not been reviewed by the local authority for five years. Inspectors reviewed all the current children with disabilities where there were child protection concerns, and recent risk assessments are robust. However, in one case child protection concerns had not been properly considered in 2013, and the local authority acknowledged this.
67. Few children are enabled or encouraged to attend child protection conferences. Advocates are available for children over ten who do effectively represent their views, although this support is not extended to representation at core groups. The voice of younger children is not independently represented as there is no advocacy service offered to children under ten years old.

68. Arrangements to identify and support children who are privately fostered are underdeveloped and issues identified in previous inspections of Herefordshire's private fostering have not been fully addressed. During the inspection the local authority reported they were aware of seven private fostering arrangements. All four cases seen by inspectors had a private fostering assessment and appropriate visits had been undertaken. There is an on-line private fostering training module and a poster campaign in schools and children's centres, but little evidence that awareness raising initiatives are having any impact.
69. Arrangements for managing and responding to allegations of abuse or mistreatment of children by professionals and carers, through the Local Authority Designated Officer (LADO) have recently been reviewed. All cases seen by inspectors were responded to appropriately. Outcomes of referrals to the LADO are reported to the Local Safeguarding Children Board.
70. The Emergency Duty Team (EDT) for children is commissioned from a neighbouring authority. Effective systems are in place which ensure good communication between the EDT and the social work teams and access to electronic case files. However, arrangements for young people detained in police custody needing alternative accommodation out of office hours are poor. There is no local authority emergency accommodation for children held by the police. The EDT do not always sufficiently explore all options, resulting in young people being detained in police cells overnight unnecessarily. This was identified in previous inspection by HMIC in September 2013 and has not been resolved.

The experiences and progress of children looked after and achieving permanence requires improvement

71. For children where family breakdown is likely, intensive support services provided by the early help team work well and improve outcomes for the majority of children. Targeted youth support working in partnership with social workers also provides help for those at risk of becoming looked after. Edge of care services are located within the children in need service. The placement panel provides routine oversight, case guidance and monitoring of edge of care work.
72. Where legal processes are required to secure a safe future for children improvements have, in most cases, resulted in effective use of the public law outline (PLO) and legal planning meetings. However, in four cases out of six seen children did not become looked after promptly enough as a result of delay in taking assertive action prior to 2014.
73. Family Group Conferences (FGC's) are not used to inform legal planning. The service is under-resourced and poorly developed, and generally staff in children's services are unaware of the benefits that FGC's bring to effective care planning. Early identification of children requiring permanence is

achieved by adoption managers' routine attendance at legal planning meetings.

74. The development of the court team over the last year is positive, and where children need the protection of legal orders work is timely and delays are the exception. Nearly all cases are completed within 30 weeks and performance in the timeliness of court proceedings continues to improve. The Judiciary and CAFCASS report that Herefordshire is raising its practice standards, although they acknowledge that some social work court reports are still insufficiently analytical.
75. Where looked after children are returned to their families, reunification plans are not consistently robust. In three cases out of the 15 seen work was well planned and structured to support children's return home. However, in others children returned home in an unplanned way, without planned support, and in one case a young person moved in and out of care several times in a short period.
76. Enabling children to maintain positive contact with their families is a priority in care planning, and social workers take a flexible approach to ensure that children benefit from and enjoy contact. When contact is being planned or reviewed children's views are sought and taken into account. They are able to influence how often they see their relatives and for how long. Resourcing supervision of contact remains a challenge for the local authority, and recent improvements include the provision of additional staffing and an in-house manager to oversee and co-ordinate arrangements.
77. The vast majority of the 65 children who are placed outside of Herefordshire are not disadvantaged and their needs are currently met. 42 are placed in adjoining authorities. Children are only placed at distance to meet their individual, specific needs, for example to be with family members or because of complex disabilities. Social workers visit children regularly and routine monitoring of provider standards is undertaken by a contracting team. A young person living out of the area reports very good care, access to specialist help and high levels of satisfaction with the support that they receive.
78. Permanence plans are not always made as promptly as they should be. Managers acknowledge that these plans are not always made at the second review and can be significantly delayed. A small number of plans were seen which were not prompt or focused where young people were accommodated on an emergency basis.
79. Care plans are reviewed in a timely way and the views of children and young people are sought and are included. An advocacy service is available and either a young person or their carer can make a referral. The number of times advocacy is used for children looked after appears high at 116 in the last year; no analysis has been undertaken to determine how effective the

service is or what issues it helps to address. In addition young people report there can be a long wait to see an advocate.

80. Independent Reviewing Officers (IROs) routinely see children prior to their review and very occasionally between review dates. Where plans for permanence are not made promptly enough or use of the PLO is prolonged, IROs do not always challenge practice. Some reviews are chaired well by IROs, who are sensitive to the needs and emotions of children and family members. Managers acknowledge that substantial work is required to fully implement the requirements of the IRO handbook. The quality assurance role of IROs is underdeveloped and currently the IRO team does not have sufficient capacity to progress and develop its work as swiftly as it needs to. The drive and leadership required to ensure the IRO service becomes fully effective is not evident.
81. For some brothers and sisters with permanence plans a specialist therapist within the adoption team provides good quality assessments of whether they should live together or separately. For other children, placement planning meetings make these decisions and the minutes seen were poorly recorded and did not reflect the significance of the decisions made. Where children achieve permanence through long-term fostering the match to their carer is thoroughly considered at Placement Panel. Matching reports are good and the significance of the event is marked by a letter and certificate for the child from the Head of Service.
82. The vast majority of children live in good quality, stable foster care and appropriate use of Independent Fostering Agencies ensures that there is sufficient placement choice. Placement stability is good, with only 7% of children having three or more placement moves in a year in 2012–13 compared to a national average of 11%. Children seen understand why they are in care and what their care plans mean for them. They all say that they feel safe at home and school. Whilst children make meaningful and positive relationships with their carers, often they experience many changes in social worker without any warning or reason being given. Further, they are not always made aware of and sure of their rights and entitlements.
83. Performance in securing permanent arrangements for children through the use of special guardianship (SGO) is good. In 2012–13, 21% of children left care through SGO compared to statistical neighbours at 9%. Currently 65 children are subject to special guardianship and a full review of their placements and support plans is taking place. Plans are well advanced to implement a kinship and special guardians' unit to centralise and improve standards of support.
84. The local authority meets its duty to ensure that there are sufficient suitable placements to meet children's needs through the use of in-house and purchased placements. A well-planned sufficiency strategy is in place and future projections of need are realistic. Placement costs are benchmarked

against both neighbouring authorities and national averages. Managers have appropriate plans to increase their in-house provision and demonstrate success through an additional 14 carers in the last year. Kinship care is routinely used, underpinned by appropriate assessments, and numbers are steadily increasing.

85. Family-finding strategies for children who require permanence through long-term fostering are effective and are informed by a detailed knowledge of children's needs. Placement support is good and meets the child's and carer's needs. Fostering files are clear and well-maintained. Training for carers is good, wide-ranging and easily accessible. Children receive effective individual support when needed from a specific family support worker who is a member of the fostering team. Delegation of day-to-day authority to enable foster carers to make decisions about children is clear. Foster carers receive good management oversight. Routine reviews of foster carers, unannounced visits, and required reference checks are all undertaken and are recorded well in case files.
86. An experienced, independent chair of the Fostering Panel works well with the Agency Decision Maker (ADM) to ensure that safe decisions are made about the approval and review of foster carers. The panel is appropriately constituted, has a measured approach and provides robust quality assurance of the work it oversees.
87. The majority of looked after children are now making the educational progress expected of their age, taking into account their often low starting points when they enter care. In 2012/3, however, progress and attainment at Key Stage 2 dropped well below the national average for looked after children because only 5 out of 15 children achieved as expected. At Key Stage 4, most made good progress and seven out of 14 gained five or more good GCSEs, following improvement on the previous two years performance. Most of the remainder gained at least five A-G grades at the same level. The proportion achieving good grades in English and mathematics remains in line with the national average for looked after children and, therefore, the gap in attainment with all children in Herefordshire is not closing.
88. School attendance of looked after children is good. Those with a history of persistent absence prior to coming into care improve their attendance rapidly. Behaviour of looked after children at school is good and resulted in a low level of fixed-term exclusions that has fallen further this year, with 20 incidences to date. There were no permanent exclusions of looked after children in the two school years to 2013, however, one child has been excluded this year.
89. The virtual school has had a positive impact on raising the profile of looked after children, in partnership with a well-established network of designated teachers. The large majority of looked after children are in schools judged to be good or outstanding by Ofsted. Additional support has been put in place

for the 24 children already attending two local schools when they were not judged good by Ofsted. Progress in all education placements is monitored, including for the seven children receiving alternative education or less than 25 hours education for medical reasons. No looked after child was missing from education at the time of the inspection. The virtual school's active involvement in care placement planning enables suitable education to be found swiftly, in or outside the county, and most children enjoy good continuity in schooling throughout their time in care.

90. Good quality personal education plans (PEP) underpin the tracking of individual pupil attendance, behaviour, progress and attainment. Children play an active part in PEP meetings and plans are readily available to social workers and IROs to use in looked after children reviews. Nine of 12 plans seen by inspectors were good, comprehensive and meaningful for all concerned, including children and young people. Suitable attention is paid to personal and social development as well as behaviour and learning goals. However, academic target setting does not always focus sufficiently on rapidly improving the progress of children who are, or are at risk of, falling behind.
91. The virtual school's capacity to directly provide targeted support to children has been strengthened this year by retaining a proportion of the pupil premium which is delegated to schools. There is keen awareness that more needs to be done to close the attainment gap and additional education psychology support, group and individual tuition and activities to raise aspirations are underway. Children benefit from a diverse range of recreational activities and opportunities in and outside of school. The participation project within the virtual school runs popular weekly Fun Clubs and recently enabled a group of young people to make an excellent hard-hitting film about bullying, working alongside professionals in the media industry.
92. Improving the health outcomes for looked after children is appropriately prioritised. Within the last six months, very rapid improvement in the capacity to offer timely appointments for initial health assessments means that 82% of looked after children were seen promptly. General practitioners are now notified when a child becomes looked after, facilitating the prompt sharing of information if a child has an existing medical condition. Improved performance is also demonstrated, with 92% of immunisations completed and clear reasons for those not completed. Partnerships with health professionals work well to provide specific examinations and assessments that contribute to child protection processes.
93. Access to Child and Adolescent Mental Health Service (CAMHS) treatment is inconsistent. While many referrals are made to CAMHS very few looked after children and young people meet the threshold for treatment so do not receive the help requested. Managers are placing reliance on the Therapeutic Intervention Support Service due to be operational in September 2014 to fill

the gap in support for the emotional and mental wellbeing of looked after children.

94. The children in care council is underdeveloped, but the recent appointment of a dedicated participation worker as part of the virtual school has brought new direction, commitment and energy to developing the council. Over the last six to nine months a small but enthusiastic group of young people are starting to make a difference in representing looked after children and have engaged in revising the pledge, staff recruitment and the development of a website.
95. The quality of management oversight in the looked after children team is too variable. Case records demonstrate some improvements in recording manager's directions in the last few months. Managers in the fostering and adoption teams demonstrate good oversight, clearly recorded on case files. The placement panel provides an additional and beneficial layer of oversight to managing looked after children's work. The complex needs panel meets routinely and oversees and makes decisions about joint-funded placements for children requiring the highest levels of support and care.
96. Performance management across looked after children services is poor, and is not supported by effective management information. This means that strategic and operational managers do not have an accurate overview or contemporaneous knowledge of what is happening in their services. The adoption and fostering teams have compensated for this through the use of effective manual systems and benefit from an in-depth knowledge of their service.

The graded judgment for adoption performance is good

97. When children cannot live with their parents, or within their extended family, adoption is appropriately considered as a permanence option. Adoption plans were made within six months of the child coming into care for the vast majority of the 15 children who are currently waiting for adoption. For seven of those children a potential match has been identified but has not yet progressed to the adoption panel. Legal planning meetings thoroughly consider the thresholds for legal proceedings. The decision for adoption and seeking a placement order by the agency decision maker (ADM) is made in a timely way, which helps children move into their adoptive placement as quickly as possible.
98. The local authority's improving performance in relation to the Adoption Scorecard is good. Court timescales currently average 30 weeks and make a good contribution to helping children move in with their adoptive family as soon as possible once their placement orders are granted. Good performance is also demonstrated in the time it takes for children to move to their prospective adopter from coming into care. In January 2014 Herefordshire was one of only 36 authorities meeting its target in this area. Since then,

based on the local authority's unvalidated data to March 2014, performance has improved further with the time taken now standing at 15 months. This is significantly better than the current national average of 21 months and, if performance is sustained, is in line to achieve the DfE target for 2016 of 14 months.

99. When there are delays in adoption these are clear and appropriate, for example in some cases the reason for delay relates to legal processes such as an appeal against the placement order. In other cases evidence clearly demonstrates that there is continued and persistent family finding activity. The adoption team do not like to 'give up' and their commitment, combined with their expertise in family finding, means that only three children have had their plans changed away from adoption in the last year. In those cases children have remained with existing carers or moved to extended family.
100. Applicants are routinely informed during their training about the benefits for children of concurrent planning and fostering to adopt. They are encouraged to consider this during their assessment and good evidence was seen of this in Prospective Adopter Reports and panel minutes. However, no concurrent or foster to adopt placements have been made.
101. Co-location and good information sharing between the adoption and fostering teams helps social workers to build a detailed knowledge of the children who may need an adoptive family. Information gathered is used well to develop children's profiles which are circulated within the team, neighbouring authorities, the Adoption Register and more widely as the family finding process progresses.
102. Adoption service managers effectively oversee the progress of family finding for all children who are waiting for an adoptive placement. This is supported by effective (manual) management information systems. Monthly progress reports are made to adoption panel and six monthly reports to senior managers which set out progress and the local authority's performance against the adoption scorecard.
103. Rates of recruiting adopters are satisfactory and numbers have increased year on year. The authority acknowledges that more targeted recruitment is needed to better meet the needs of children who are waiting too long. Some progress has been made but continued negotiations to develop a regional approach, through the West Mercia project, has added delay.
104. Prospective adopters have good, prompt access to preparation and training. Stage 1 of the application process is completed promptly and within required timescales. The content of the training is appropriate and applicants report positively about the learning they have gained, particularly in relation to attachment issues. Stage 2 is also timely and compliant with national guidance. Assessments are thorough; reports are of good quality and increasingly analytical.

105. The adoption panel and the panel chair ensure good standards of practice, robust quality assurance of reports and constructive feedback to applicants. The panel chair provides challenge to improve assessment practice and to ensure appropriate levels of adoption support for children. A strong working relationship between the adoption panel chair and the ADM ensures that the matches between children and prospective adopters are thorough and timely.
106. Adopters spoken to said that adoption social workers are professional, approachable and very skilled in making the assessment process feel thorough, probing but not intrusive and a 'two way process'. Case files are compliant with regulations and case recording is up to date and detailed. Adoption team social workers provide good, highly-valued support to adopters throughout the process and this is evidenced in routine post-adoption order feedback. The part-time child and adolescent therapist attached to the team provides good individual support for children and families from assessment to post-adoption. One adopter said that work done with their child had made the difference between having 'a happy family and one that was just about coping'.
107. Post-adoption order support is good. The service is responsive to all parties in post-adoption arrangements. Adopters appreciate being able to access advice and more extensive support when they need it. 21 children have received adoption support in the past year, not including children who have been in receipt of financial support only. A dedicated Letterbox coordinator provides a good service to support contact with birth relatives post-adoption for 125 children. The adoption team also provides valued counselling for birth parents and, in the last year, for 22 adopted adults. Good use is made of learning from this aspect of their practice by enriching preparation of adopters and undertaking life story work with children.

The graded judgment for the experiences and progress of care leavers is requires improvement

108. The 16+ team, which provides services for older looked after young people and care leavers, is emerging from a long period of instability, management changes and a legacy of under-resourcing, well below the national average. Over the last year, clear direction from a new team manager, development of the No4 centre as a team base and centre for young people, and additional qualified staff, have all had a positive impact on the service. Staff morale is now high and a strong team ethos is developing. However, many policies, procedures and practices are new and their impact on improving outcomes for care leavers has not yet been fully demonstrated.
109. In the last six months, improvements in transition arrangements from looked after children teams to the 16+ service are helping to support young people as they progress through and out of care. All young people, including those with learning difficulties and disabilities, have named personal advisors who

provide good continuity at key stages towards independence or transition to adult services. Care leavers with learning disabilities also have a lead worker in the adult learning difficulties service to facilitate joint planning.

110. The majority of young people have a pathway plan based on an assessment of their needs. However, nine of the 12 plans seen required improvement and two were inadequate or were out of date. This was a key area for improvement at the last inspection of looked after children's services and remains so. Different planning and risk assessment tools, for example in relation to drug use or sexual exploitation, are used but do not link together coherently. A much-improved interactive electronic planning tool is being developed to address this. Young people contribute to their plans and reviews, but few plans reflect their aspirations or individual needs sufficiently. Partner agencies, who often provide key services and support to care leavers, are not routinely involved in plans.
111. The quality of plans contrasts sharply with the views that young people expressed to inspectors, which were positive about the care, support and practical help provided by the 16+ team. One young person said 'They go the extra mile for you'. Workers build trusting relationships over time through regular contact and reviews.
112. Young people are encouraged to live healthy life-styles and make informed choices about their health, relationships and behaviour. The looked after children nurse runs a weekly drop-in session at No4, with the option of a full health assessment for all aged under 18. The take-up is currently low but is improving and non-attendance is followed up. Young people have good access to youth counselling, substance misuse and sexual health services. Ten young people make regular use of the free gym membership that is available to all care leavers. Personal advisors ensure that young people have relevant identity documents, national insurance numbers and birth certificates. Only three young people currently have a copy of their full health record and action is being taken to ensure that they all do.
113. A range of suitable accommodation and housing meets the needs of young people and this includes supported housing, foyer provision and tenancies. 91% of care leavers are in suitable accommodation, which is above the national average of 88%. Young people told inspectors that they felt safe where they lived and benefited from practical support and regular contact with personal advisors and housing workers, helping them to develop independent living skills. The Staying Put policy has increased choice for those who want to remain in foster care with a level of support well matched to individual need. Eleven young people have chosen this so far, with carers trained for three more. The 16+ team works well with the youth offending service to meet the needs of young people in custody in preparation for their return to the community.

114. As a result of learning in 2013 from a local serious case review, no young people are placed in bed and breakfast accommodation. Improved partnership work and information sharing between children's social care, the housing department and key partners ensures that 16 and 17 year-olds who present as homeless and cannot return home safely are found suitable accommodation which meets their needs. However, a gap remains in specialist provision locally for the small number of highly vulnerable care leavers with complex needs and often chaotic life-styles, who are more likely to be placed out of the area at a greater distance from support networks. The local authority is exploring how to meet this need locally.
115. The virtual school supports all young people well in their initial transition into further education. A post-16 personal education plan is available, but only a few are currently in place and arrangements are informal and ad hoc. Although the majority of care leavers are engaged positively in education, training or work, 14 out of 50 aged 16 to 19 years are not. Care leavers in Herefordshire are four times more likely to be out of work, not in education or training than their peers locally. The local authority recognises that more targeted and independent information, advice and careers guidance is needed. Work experience, mentoring opportunities and two apprenticeships have been identified specifically for care leavers and are being developed as part of the local authority's New Belongings programme.
116. Care leavers attending university are well supported. Seven young people are currently on degree courses and four more have places in September 2014. The virtual school is working with foster carers, linked to a number of other new activities, to raise young people's aspirations in relation to higher education.
117. Care leavers are not always aware of their legal entitlements and this is not a routine part of pathway planning. A small, committed and active group of care leavers are supported well to raise the profile of care leavers and to champion their views within the local authority, partner agencies and with other young people. Care leavers are involved in recruitment and selection processes, support the work of the children in care council, and undertake voluntary work in the community. They are engaged in the development of a new website designed to provide helpful information and advice.

Leadership, management and governance requires improvement

118. Progress has been made in improving the quality of front-line practice since Ofsted judged the local authority as inadequate in an inspection of local authority arrangements for the protection of children in October 2012. However, until very recently this has been too slow and erratic. Many of the improvements in front line practice are as recent as January 2014.
119. Services for looked after children and care leavers have deteriorated since the child protection and children looked after inspection in 2010 which

judged the services as good. In contrast, adoption services have been maintained at a good level.

120. Following the issue of an improvement notice by the Department for Education (DfE) in February 2013 the local authority engaged in a comprehensive improvement plan which was subsequently refined and more sharply focused as a result of learning from a rigorous peer review undertaken in October 2013.
121. Despite high levels of self-knowledge and activity demonstrated at every level in the local authority, too many areas for improvement identified in the child protection inspection of 2012 have not resulted in positive progress prior to January 2014. Throughout 2013 there were significant concerns in relation to poor standards of practice and management throughout children's services which left children at risk.
122. Ensuring that the senior leadership team within the local authority has sufficient capacity and skill to lead organisational change has been a key challenge that has slowed the pace of improvement. Since the appointment of a permanent Chief Executive in March 2013 and a lead member with specific responsibility for children's services the pace of change has accelerated. Senior management capacity has been increased by separating the previously combined role of Director of Children's Services and Director of Adult Services in August 2013. Other key posts in the current children's services senior leadership were filled in October 2013 and the team in its current establishment has been fully operational since January 2014.
123. Senior leaders in the local authority, strategic partners and key elected members now demonstrate a detailed and consistent understanding of the service's strengths and weaknesses based on learning from the inspection of 2012, a rigorous Local Government Association (LGA) peer review conducted in October 2013 and reviewed in February 2014, and on-going monitoring and evaluation of its progress by the independent Improvement Board. However, progress has been hampered by the persistently poor quality of performance management information available within the children's services, from electronic case file and data systems which are still being developed. Also, many of the plans that have been developed to improve services are in draft form or have only recently been implemented, making it too early to evaluate their effectiveness.
124. Protecting children and giving them a great start in life is a key priority for the local authority and across partnerships, who now ensure that the focus on protecting children is not lost in the light of competing priorities in a time of severe financial austerity. Despite challenging reductions required in the council expenditure over the next three years, children's services as a whole has been largely protected in the savings identified for other council services and there are no plans to cut front-line social care services. Efficiency savings in other parts of the organisation, such as in business support, have

had a negative impact, for example resulting in delayed distribution of invitations and minutes of child protection conferences. This was identified in recent multi-agency audits and is being closely monitored by the senior leadership team.

125. Leadership, management and governance arrangements comply with statutory guidance and are well understood by all key stakeholders including elected members, the Chief Executive and other members of the senior management team. They discharge their individual and collective responsibilities diligently and with effect. The Chief Executive meets regularly with the Director of Children's Services (DCS), the chair of Herefordshire Safeguarding Children's Board (HSCB) and the lead member for children's services. There is mutual constructive debate and challenge within these meetings that shapes the development of children's services.
126. The local authority makes good use of its links with the LGA and is active in seeking out new opportunities to learn from good practice elsewhere. For example a group of councillors recently visited another local authority to explore how to improve their role as corporate parents.
127. The establishment of a Multi- Agency Safeguarding Hub (MASH) during early 2013 for the contact, referral and assessment service was ineffectively overseen and significant practice, management and resource issues amongst the contributing partner agencies were not recognised or resolved. A Peer review of October 2013 identified that significant urgent changes were required in relation to the consistency, timeliness, and the quality of partnership working within the MASH. This resulted in the local authority and its partners taking prompt, decisive remedial action. As a result, since December 2013, more timely and effective assessment and safeguarding of children has been supported by increasingly effective partnership working at the front door in the MASH. Since January 2014 there is evidence of appropriate management oversight of cases within the MASH in almost all cases. However, the quality and regularity of management oversight in the rest of children's services remains too variable.
128. The local authority invested in supervision training for all frontline managers in April 2014. Staff report that they receive regular formal and informal supervision. However, the use of regular formal written supervision as a tool for reflection, support and management of performance is inconsistent. In 13 of 26 supervision records seen there were gaps in the frequency of supervision and records were brief. Inspectors saw few examples of good supervision records, demonstrating appropriate challenge and support. Prompt recording of supervision is not prioritised in all teams. The Local Authority had already identified this issue prior to this inspection and an audit of supervision is planned for July 2014.
129. Staff report that senior managers are visible and supportive. The Chief Executive and elected members visited social care teams following the last

Ofsted inspection and members of the senior leadership team regularly visit teams. A staff forum has been held to consult with staff formally and to keep them apprised of developments. Another, which was planned for the time of this inspection, was postponed. Staff told inspectors that senior managers, after a period of many changes, are now making an 'emotional investment' in the authority as well as a financial investment in improving and developing their service. As a result staff express confidence and commitment to the service.

130. Almost all the areas for improvement identified in the inspection of child protection services in 2012 have been addressed, albeit at a slow pace, and some, such as the screening and prioritisation of referrals in the MASH, are now working well. However, performance monitoring and quality assurance arrangements continue to pose significant challenges, as does the number of changes of social worker experienced by children and their families. Both were identified as areas for development in that inspection.
131. Performance management is not embedded in management culture. The local authority's ability to evaluate its own performance is compromised at every stage of the child's journey due to inaccuracies and gaps in its data collection. The local authority struggled to provide prompt, accurate data to inspectors during the course of this inspection.
132. Improvements and adjustments to the authority's electronic systems were identified as an area for further improvement by the DfE following the twelve month review meeting on the 12 March 2014. There is a clear work plan to address the issues by July 2014.
133. There has been improvement since January 2014 in the accuracy of data within the MASH team which enables managers to monitor the timeliness of work. However, across the rest of the service accuracy of data remains poor. The most easily accessible and accurate data seen by inspectors were those held in the adoption and fostering teams, which is collected manually.
134. The quality of case file audits undertaken by the local authority for the purpose of this inspection was good, using a comprehensive audit tool. Findings were aspirational, and where deficits in practice had been identified appropriate plans with clear priorities had already been put in place. However, routine case auditing at a team and service level is not sufficiently established and learning from those audits that have taken place has not been used to collate themes.
135. Learning from complaints is anecdotal, and insufficiently robust. The local authority identified in October 2013 that the complaints process in relation to children's services was ineffective and required fundamental changes to ensure it is meeting statutory guidance. There are plans to transfer responsibilities to the quality assurance team in June 2014 in order to streamline the process and improve robustness of investigation and

response. The current arrangements, although improving, remain insufficiently detailed to assist analysis of themes arising from complaints. Similarly, qualitative evaluation of the impact of the advocacy service across looked after children and child protection provision is not undertaken, and there is no collation of themes to inform organisational learning.

136. The local authority acknowledges that until very recently corporate parenting was not given sufficient priority. The creation of a dedicated health and social care overview committee, supported by a permanent operational safeguarding group, has resulted in increased focus on children's services. This group has made a series of key recommendations to strengthen elected members' understanding of the role of corporate parent, including mandatory training as part of the induction process for newly elected members. This has not yet taken place. The number of cross-party councillors in the corporate parent group has been increased. This newly reconstituted group has made some progress. They have refreshed the Pledge which is now written by young people, and held events to raise awareness of children in care, including the planning of a looked after children celebration event. Many recent developments are standard practice in most local authorities and much further work is required for the local authority to achieve its goal of becoming 'good' corporate parents.
137. There has recently been substantially increased investment in the leaving care service, which was significantly under-resourced compared to statistical neighbours and national averages. This was the result of learning from a recent serious case review. Expenditure on care leavers has increased from 2% to 7% of the children's services budget this year, which is now in line with the national average. The leaving care grant has been increased and a contract for commissioned services to improve levels of support to young people with complex needs in supported accommodation is being tendered.
138. The retention and recruitment of a suitable workforce with sufficient capacity to deliver good quality services for children remains a key risk to the sustainability of improvements in practice and management of the local authority children's services. Until as recently as March 2014 caseloads were too high, in part due to increased referral rates. Attempts to address the balance by transfer of cases between teams were ineffective. This, combined with high staff turnover, caused delay and uncertainty for some children. Leaders took decisive and effective action and, in March 2014, engaged a short-term project team provided by an external agency to reduce caseloads and to ensure that children now receive a prompt and effective service. Caseloads in the Children with Disabilities team remain too high and have been compounded by an increase in children subject to child protection processes within that service as a result of improved recognition of risk.
139. A period of destabilisation and high turnover of staff followed the findings of the Ofsted inspection in 2012. The ratio of agency staff to permanent rose sharply due to a variety of factors, including positive moving on of both

permanent and agency staff who were unable to provide the standard or work required. As a result, many children have had too many changes of worker and this has negatively affected the quality and consistency of practice in the past two years. Some workers report that they have had up to three changes of manager in a year. This has begun to stabilise through securing more permanent staff and through securing suitable agency staff on longer-term contracts.

140. The local authority workforce strategy is comprehensive, realistic, and is based on a detailed analysis of local market forces. It incorporates financial and professional development incentives to make working in the authority competitive. It acknowledges the inevitability of use of interims and minimises disruption to children by the use of long-term contracts with skilled agency staff. Finance to support sustainability is agreed. The current ratio of agency to permanent staff is improving, but remains high. The local authority has recently recruited a further eight newly qualified social workers as part of a 'grow our own' initiative.
141. The local authority has developed effective strategic partnerships with the Children and Court Advisory Service (Cafcass) and the judiciary and protocols with health partners which have resulted in a substantial reduction of timescales in court proceedings to avoid delay in securing outcomes for children. Targets set under the Public Law Outline of within 26 weeks are nearly met. A member of the judiciary commented that the local authority has done 'astonishingly well' to reverse the position they were in 2009–10, when Herefordshire had nine out of ten of the longest running cases placed before courts locally to now having the fewest.
142. The Children and Families Joint Commissioning Group, with the local authority and health partners, commissions services based on the priorities of the Children and Young People's Partnership forum. The priorities are consistent across strategic groups and ensure that vulnerable children and those known to children's social care services remain at the forefront of joint commissioning arrangements. Priorities drawn from the Joint Strategic Analysis (JSNA) are recognised by the group to have insufficient detail about children, and this is being addressed through a further analysis of the needs of vulnerable children commissioned to report in June 2014. The local authority and partners are improving the targeting of services through more robust analysis of need. For example, a domestic abuse needs analysis resulted in increased services commissioned from Women's Aid and a review of the effectiveness of the CAHMS service, which has recently been completed.
143. The looked after children commissioning strategy is robust. It is based on trend analysis and an understanding of gaps in provision, and good team level knowledge of the young people known to children's services. It is informed by best practice considerations, statutory requirements and case law.

144. Within local authority commissioned services recent consultation with service users and other interested stakeholders have enabled young people and their carers to be actively involved in the drawing up of service specifications and evaluation panels, ensuring that the tendering process is fully inclusive and relevant to the needs of specific groups. Monitoring of contracts across services that are commissioned is informed by unannounced visits to providers, user feedback and short-term evaluation of impact based on case studies which, whilst appropriate and informative, is insufficiently robust.
145. Current services commissioned are relevant to the local authority's statutory duties. Stakeholder events with third sector providers and private business have been held to promote development of alternative funding to maintain services which, whilst helpful and enriching to children's lives, do not meet the threshold for statutory intervention. Events were well attended but it is too early to measure effectiveness.
146. Commissioning of short breaks for children with disabilities to move from a medical model of respite care has been too slow. The identified service in place since January 2014 has so far recruited only one carer and received two referrals neither of which was suitable. Currently, therefore, there is insufficient choice and flexibility of provision available to support disabled children and their families.
147. The local authority has not effectively addressed the diverse needs of the children and families that its supports at either a strategic level or when assessing or meeting the diverse needs of individual children. Strategic planning is hampered by poor information collection and by the relatively small number, but wide range, of families from cultural and ethnically diverse groups. This also poses a challenge for staff to gain knowledge and experience to understand and engage with children and young people from diverse backgrounds. However, inspectors saw two good examples of careful and sensitive work that took into account children's individual identity needs.

What the inspection judgements mean: the local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.

Section 2: The effectiveness of the Local Safeguarding Children Board (LSCB)

The effectiveness of the LSCB requires improvement

Priority and immediate action

148. There are no areas for priority or immediate action.

Areas for improvement

- 149. Ensure that governance arrangements between the LSCB and the Improvement Board are clarified.
- 150. Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.
- 151. Ensure that the LSCB receives accurate and relevant performance information from its partners to enable it to assure itself on the quality of safeguarding work.
- 152. Ensure that the work of the LSCB operational groups is manageable and prioritised.
- 153. Ensure that learning from multi-agency case audits is actioned and the impact is reviewed through repeat audits.
- 154. Ensure that robust strategies and intelligence in relation to specific vulnerable groups are developed and implemented, in particular missing children and those at risk of child sexual exploitation.
- 155. Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated.
- 156. Ensure that the LSCB business unit is effectively able to support the work of the LSCB.

Key strengths and weaknesses of the LSCB

- 157. Governance arrangements between the LSCB and the local authority are well established, with the LSCB chair regularly meeting with the Director of Children's Services and Chief Executive Officer, to ensure that the authority is fulfilling its safeguarding responsibilities. The LSCB Chair is a member of the Children and Young People's Partnership, which helps to ensure that safeguarding children is appropriately considered in the wider context of services for children and families and is incorporated into the Children and Young People's Plan. Whilst the LSCB Chair has made presentations on safeguarding children to the Health and Wellbeing Board, safeguarding of children is not clearly prioritised by this board.

158. The LSCB complies with its statutory responsibilities. The LSCB minutes and the last published annual report provide sufficient account of the challenges faced by the Board and its partners in developing and promoting safeguarding issues and of the activity of the board. The 2013–14 report has not yet been completed. The board and its sub-groups have developed detailed actions plans which are specific and measurable. However, the extensive range of practice, policy and procedural issues that need to be addressed, revised or updated poses a significant challenge to partners on how well, quickly or systematically actions that have been agreed are progressed.
159. The terms of reference for the LSCB are clear, as are the roles and responsibilities of the Chair and board members. The role of the LSCB Chair is sufficiently independent. However the respective roles of the Improvement Board and the LSCB are not sufficiently clear, with no protocol established between them. The LSCB is described by members as 'reporting to' the Improvement Board and, particularly in the period following the last Ofsted inspection 2012, aspects of the LSCB work programme were established by the Improvement Board plan. Engagement by the LSCB in the Improvement Board has strengthened and enhanced the profile of the LSCB and secured commitment from senior officers from partner agencies. However, as the LSCB increases its effectiveness its lead statutory role in safeguarding children needs to be realigned with that of the Improvement Board.
160. The LSCB has received reports on the range of early help provision in the area, and in April 2014 began to consider proposed changes to early help services and to explore its governance role in relation to these. However, this is very recent and the Board has exerted little influence in the development or targeting of early help services or in the evaluation of the effectiveness of early help services in preventing the need for safeguarding children or children being subject to repeat plans of protection. The LSCB has appropriately maintained an overview of the safeguarding of looked after children, including those placed outside the area, and has challenged children's services to report to the Board on the effectiveness of these services.
161. The LSCB has focused appropriately on performance management, primarily through enhancing the role of its Quality Assurance sub-group, which has undertaken regular multi-agency audits of safeguarding practice. An extensive programme of themed audits has been scheduled, focused on key practice issues. However, repeat audits of the same themes, to ascertain whether actions resulting from the learning have improved practice, have not been achieved due to the extensive and overambitious work programme for this sub-group. One repeat audit on child protection conferences did not demonstrate significant improvements in the areas identified by the previous audit. The sub-committee also considers performance information from partner agencies, and is particularly dependent on data from the local authority children's services. Partners recognise that repeated inaccuracies in

performance data provided by children's services severely undermine their ability to robustly analyse safeguarding practice. The Board and its partners have continually challenged the local authority to provide accurate data. The LSCB and its sub-groups and partners had not identified the issues of concern in relation to practice in the Multi-agency Safeguarding Hub (MASH) as it was becoming established in 2013, which were identified by the Peer Review. The LSCB now more rigorously monitors the effectiveness of the MASH through an LSCB governance group.

162. The LSCB has responded to developments in child sexual exploitation through a case discussion group and working group tasked to develop local plans. A new sexual exploitation and trafficking strategic group was established in March 2014 to review local policies and to develop a new action plan, intelligence and information sharing. A new operational group is to be established to consider individual cases and themes arising from these. Similarly, strategic planning for missing children is underdeveloped. Whilst the LSCB uses the West Mercia Police joint protocol, this was last reviewed in 2011, is outdated and does not include local issues. The LSCB developed a missing children action plan in 2013. Whilst work with individual children who are vulnerable, at risk of going missing or of sexual exploitation is appropriate, this is not yet well supported by strategic oversight and intelligence sharing and is not sufficiently joined up.
163. The Child Death Overview Panel and the Joint Case Review Sub-Group are well-established, well-represented by partner agencies and robustly consider detailed information. One Serious Case Review has been recently completed and several single and multi-agency reviews have been appropriately undertaken, with learning shared at the Board and with partner agencies. Due consideration has been given to joining these groups with similar groups in neighbouring authorities, as the work programmes are low, commensurate with the size of the area, but the LSCB has decided to retain locally focused groups.
164. Safeguarding is appropriately prioritised by partner agencies and this is confirmed through the safeguarding audits that agencies completed in 2013, under Section 11 of the Children Act 2004. Partners from all agencies are well-represented at the right level on the Board and its sub-groups. Strong commitment and enthusiasm to work collaboratively to improve safeguarding services is now evident. The LSCB has implemented a range of safeguarding policies and procedures, many based on regionally agreed policies. However, few have been reviewed and updated to incorporate local and national emerging issues, and an LSCB policies and procedures sub-group has now been tasked to undertake this.
165. Board members recognise the need to engage with children, young people, families and the community to secure their views to influence the development of its work and safeguarding practice. However, little progress has been made in obtaining the views of children and their families who have

contact with safeguarding services. Several lay members have been appointed to the LSCB to represent the views of the community and are actively engaged in the LSCB and its sub-groups. The voluntary sector is extensively and well engaged in the work of the Board, which is currently considering how to ensure that third sector organisations in the area take responsibility for safeguarding children.

166. The LSCB is appropriately funded by contributions from member agencies. A significant proportion of funding is used to maintain the LSCB business unit that facilitates the operation of the Board. However, the business unit has a significant challenge in meeting the widespread demand of the ambitious LSCB work programme and supporting the LSCB and its operational groups. The business unit also supports the Adult Safeguarding Board in the area, whose business has significantly expanded. As a result, the business unit has struggled to effectively support both boards and this has been exacerbated by staff and role changes in the unit. The local authority and both boards are currently considering how to reconfigure and resource the unit.

167. The LSCB has an established multi-agency training programme, which underpins safeguarding training provided within individual partner agencies. This has recently been revised and commissioned from an external provider following the departure of the LSCB training officer. Significant effort has been put into developing e-learning for partners. However, there has been low take-up or completion of e-learning. For example, e-learning on leadership for representatives engaging in the work of the LSCB has had poor take-up, with the exception of voluntary sector representatives, even though there are increasing numbers of new representatives on LSCB groups. Evaluation of the quality and impact of training on improving practice and the experience of children is significantly underdeveloped. This is primarily based on basic feedback from training participants through short questionnaires, which are not effectively used to ensure the quality, content or relevance of training or to enable the strategic development of multi-agency training. A number of awareness raising seminars have been delivered on behalf of the board, for example on learning from case reviews. These have been well received and enhanced awareness and understanding of safeguarding issues across partners.

What the inspection judgements mean: the LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Their evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics of good.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements in place and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made.

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OFSTED INSPECTION MAY 2014 - ACTION PLAN

Key:

- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014
- Children of Herefordshire's Improvement and Partnership Programme (CHIPP) is the transformation programme for children's wellbeing and associated partners which will be the vehicle through which all the Ofsted areas for improvement will be delivered. Each area for improvement therefore has been allocated within the programme to ensure a clear lead and consistent approach to its delivery.

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
1.	17. (57, 138)	Ensure that caseloads in children in need and looked after children's teams remain manageable	Head of Fieldwork (KP)	Review of Medicare contract	August 2014	Completed. All cases now transferred back to the fieldwork teams.	Weekly caseload reports. Monthly reports to Monthly Children's performance challenge meeting with Leader, CX, Cabinet Member and Group Leaders.
2.			Head of Fieldwork (KP)	Profile caseloads to establish what a reasonable caseload would look like across the service	August 2014	Weekly reports now developed to enable trend analysis and ensure that action can be taken quickly if peaks emerge.	Safeguarding and Family Support Heads of Service
3.			Assistant Director: Safeguarding & Family Support	Forecasting of support services medium term staffing requirements based on assessment of performance data to inform direct work service development.	August 2014	Assessment of performance data in progress	Monitored through CHIPP. Health and Social Care Overview and Scrutiny Committee.
4.			Assistant Director: Safeguarding & Family Support (PM)	A review and evaluation of the whole service which will be undertaken to establish whether the infrastructure is right and to inform service staffing and management arrangements.	September 2014	The reconfiguration of senior management arrangements in Safeguarding and Family Support has been agreed and will be implemented as from 1 September. Heads of Service / Project Leads are currently reviewing budgets to inform service delivery for the next 3 financial years.	Directorate Leadership Team CHIPP Programme Board and Directorate Leadership Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
5.	17. (138)	Reduce caseloads within the Children with Disabilities service so that all social workers have sufficient time to provide children with the level of service they require.	Head of Fieldwork (KP)	Two additional social workers to be employed in the service	June 2014	Completed as at June 2014	Childcare Managers
6.			Lead Manager for Children with Disabilities and Practice Development (DC)	An interim review of the CWD service to take place to ensure that there is sufficient capacity in light of the Children and Families Act 2014 and the Care Act 2014	October 2014		
7.			Lead Manager for Children with Disabilities and Practice Development (DC)	A comprehensive review of the CWD service to be undertaken over a 12 month period to consider the potential for an integrated service model in the context of the Care Act 2014 and the Children's and Families Act; the innovation programme, personalization, adults wellbeing transformation programme and health organisations and the potential for a different integrated service model.	September 2015	A lead manager for Children with Disabilities Review has been appointed and will be in post from 1 September 2014.	Directorate Leadership Team Children and Young People Partnership Health & Wellbeing Board Cabinet
8.			Lead Manager for Children with Disabilities and Practice Development (DC)	To support the CWD review, external expertise and/or consultation will be needed. The lead manager for the CWD review will investigate best practice to incorporate within the review.	September 2015		Safeguarding and Family Support Heads of Service
9.	18. (96, 122, 130, 131,132, 133)	Ensure that the electronic case and performance management system in children's social care provides accurate performance information.	Framework Transformation Manager (MG) in conjunction with Service Manager – ICT Strategy and Commissioning (DL)	Framework Transformation Manager is implementing the project plan, with full system revision to be completed by end 2014/15. Development of FWI and integrated data sharing across health, social care and public health. .Development and upgrades of FWI will take place	March 2015	Completion of the reports repository in Frameworki took place 20 June 2014. Install of 5 outstanding reports for Frameworki repository have been tested and are now live. 8 outstanding upgrades to Frameworki care	QA Framework and performance management reports will focus on impact of changes to practice Service Manager – ICT Strategy and Commissioning

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
10.			Framework Transformation Manager in conjunction with Service Manager – ICT Strategy and Commissioning	As the project is reaching closure a benefits review will be undertaken to establish the skills and capabilities required to maintain and develop the system	December 2014	management system went live at the beginning of August 2014. Reconfiguration of the CP model is due to be finalised and implemented during August 2014.	CHIPP Joint Senior Management Team Service Manager – ICT Strategy and Commissioning
11.			QA & Compliance Manager (AT & LH)	Children's social care QA and performance framework is being integrated within the HSCB's framework following the journey of the child through the partnership and its systems and services	December 2014	HSCB QA sub group on 19 July 2014 agreed draft framework.	HSCB Steering Group HSCB QA sub group
12.	19. (134)	Ensure that audit and performance management is robustly and routinely undertaken by managers across children's services and is effectively used to develop services and to improve the quality of practice.	QA & Compliance Manager (AT & LH)	Children's social care QA Framework has been approved and is being implemented. Any irregularities in the performance reports will be routinely audited by the QA and Compliance Team and relevant corrective action will be taken. Quarterly reports will be presented to Heads of Service and DLT. An action plan with respect to deficit issues identified will be incorporated into the report. Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy	September 2014 September 2014	QA Managers presented the holistic draft QA Framework/Strategy to Head of Service on 14 July and will go to Directorate Leadership Team meeting September 2014 QA & Compliance Manager (AT & LH)s have joined HSCB QA sub-group and joint framework agreed (19 July 2014). Thematic Audit of children subject to CP Plans for 2nd/Sub time completed and presented to HoS Meeting on 14 July 2014 Overview Analysis Reports completed for 13/14 Audit Activity – to be used as a	Quarterly reports to Improvement Board HSCB QA Sub Group HSCB Steering Group Safeguarding & Family Support Heads of Service Quarterly Performance Cabinet Reports

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
13.	20. (58, 128)	Ensure that consistent and high quality formal supervision of social care staff is provided and that all staff have regular supervision that provides reflection and challenge.	Head of Fieldwork (KP)	All managers to be trained in reflective supervision and in line with the expectations of the supervision policy.	September 2014	<p>baseline from which to measure progress and impact through 14/15. Audit report presented to HoS meeting on 14 July 2014</p> <p>Overview and Analysis Report completed for 'As If' Ofsted Audit and for actual Ofsted Audit – presented to HoS on 14 July 2014.</p> <p>Tracking of recommendations (i.e. have been implemented / progressed) has been completed for As If and Ofsted audits and evidenced in children's files.</p> <p>Overview Audit Issues Log has been introduced so that themes can be captured from monthly case audit activity.</p>	QA Framework
14.			QA & Compliance Manager (AT & LH)	Supervision survey commissioned with Bristol University taking place in June 2014 and will be in September to Childcare Management and joint senior management team	September 2014	33 social workers have completed the survey and a sample of 8 social workers are being formally interviewed.	Childcare Managers Joint Senior Management Team
15.			QA & Compliance Manager (AT & LH)	Supervision Audit as part of annual cycle of audits is due to take place in July/August 2014, reporting in Sept 2014. As part of the outcome, there will be recommendations as to required actions and further audit activity with respect to supervision.	September 2014		HSCB QA Group HSCB Steering Group Safeguarding and Family Support Heads of Service Directorate Leadership Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
16.	21. (134)	Ensure that regular case file audits and re-audits within social work teams are undertaken and are used to identify areas of strength and development and to measure the effectiveness of actions taken to improve performance.	QA & Compliance Manager (AT & LH)	QA Framework has been approved and is being implemented. for Safeguarding and Family Support which will be refreshed on an annual basis. Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy is underway.	July 2014	Audit analysis is shared at operational team meetings. QACM's meet with the social work academy to share audit findings. For example, the social work academy is looking at improving support to social workers undertaking parenting assessment where parents have additional learning needs resulting from childhood abuse.	Quarterly reports to Improvement Board HSCB QA Sub Group HSCB Steering Group Safeguarding & Family Support Heads of Service
17.			Head of Safeguarding and Review (JR)	QA and Compliance service capacity increased.	September 2014	Completed	
18.			Lead Manager for Children with Disabilities and Practice Development (DC)	The creation of a new lead manager will oversee QA and the Social Work Academy integration, including its training and development function. This post holder will have lead responsibility for ensuring the review and revision of the quality assurance framework and will track progress against the QA action plan in accordance with the agreed governance arrangements.	September 2014	Lead Manager will be in post from 1 September 2014	HSCB QA Group HSCB Steering Group Safeguarding and Family Support Heads of Service Directorate Leadership Team
19.	22. (48, 50, 52, 54)	Ensure that thresholds for access to children's services are understood and consistently applied by local authority staff and partner agencies, so that children and families get the right help at the right time.	Head of Safeguarding and Review (JR)	Review and revision of Levels of Need / thresholds guidance	September 2014	Currently under consultation across Children and Young People's Partnership and HSCB	HSCB P&P Group HSCB Steering Group Children & Young People's Partnership Health and Wellbeing Board
20.			Head of Safeguarding and Review (JR)	Launch and implementation of new guidance.	October 2014	HSCB Strategic Board has agreed funding to support thorough implementation.	HSCB Strategic Board Children & Young People's Partnership
21.			QA & Compliance Manager (AT & LH)	Regular thematic audits will be undertaken to establish the embedding and effectiveness of the guidance.	January 2015		HSCB QA Sub Group HSCB Steering Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
22.	23. (55, 56)	Ensure that the independent reviewing officers effectively structure and manage child protection conferences and develop specific and measurable child protection plans.	LH) Head of Safeguarding and Review (JR)	Introduction of an ongoing parental feedback mechanism. The feedback will be analysed and used to inform service delivery. This will also enable an ongoing check back as to the success of the plans to improve CP Plans detailed below.	October 2014	Parental ICPC and RCPC Feedback forms introduced on 14th July 2014.	HSCB LGA Diagnostic
23.			Head of Safeguarding and Review (JR)	Introduction of time limited agency feedback mechanism. This will provide critical feedback on the quality and effectiveness of CP Conferences to secure a strong evidence base to establish the scale of any issues identified and pinpoint the developmental needs.	October 2014	Agency Feedback Questionnaires forms implemented from 14 July 2014 for a one month period.	HSCB LGA Diagnostic
24.			Head of Safeguarding and Review (JR)	Improve the quality of the formulation of the Outline CP Plan by benchmarking what a good "Outline" CP Plan from other local authorities		Chair's role and responsibility in formulating specific and measureable outline CP Plans in ICPCs discussed in Team Meeting of 2nd July. Revised Outline CP Plan templates circulated to Team for comment 3rd July. These will be trialed and inform the development of the revised CP Process module in FWi	HSCB LGA Diagnostic
25.			Framework Transformation Manager (MG)	Improve Framework to better support the formulation of a quality Outline CP Plan at Conference	December 2014	This will be delivered within the frameworki performance project plan	Performance framework
26.			Head of Safeguarding and Review (JR)	Direct observations of conference by service managers and key partner agencies (Named Nurse)	December 2014		HSCB LGA Diagnostic
27.			Head of Safeguarding and Review (JR)	The HSCB diagnostic has been commissioned through the LGA to support the evaluation of the successful implementation of the above.	December 2014	LGA will be conducting their diagnostic on 17-19 November 2014 Health and Social Care Scrutiny will be asked to receive the results of the diagnostic and consider the	HSCB Steering Group QA Framework Health and Social Care Scrutiny Committee

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
28.	23. (67?, 80)	Ensure that there is effective leadership, practice, quality assurance and capacity within the Independent Reviewing Officer service.	Head of Safeguarding and Review (JR)	Review of Safeguarding and Review service (incorporating conference chairs and IROs) underway and action plan as above to be developed.	September 2014	Ofsted feedback shared with the Safeguarding and Review Team and key priorities shared with the Team in writing 27th June in writing and discussed in Team Meeting of 2nd July.	Safeguarding and Family Support Heads of Service HSCB Steering Group Directorate Leadership Team
29.			Head of Safeguarding and Review (JR)	The business plan for the service will be reviewed to ensure that all the issues are contained within the business plan.			
30.			Head of Safeguarding and Review (JR)	Immediate recruitment to current vacancy underway.	August 2014	Completed	
31.			Head of Safeguarding and Review (JR)	Secondment of SM into the service with specialist expertise in LAC from August.	August 2014	Completed	
32.			Head of Safeguarding and Review (JR)	Self-assessment against IRO Handbook and Care Planning Regulations to be undertaken to establish where the gaps are and to prioritise the actions needed in order to ensure the service improvement.	April 2015		Childcare Managers Joint Senior Managers Directorate Leadership Team
33.			Head of Safeguarding and Review (JR)	Improve business process so that minutes are distributed in accordance with agreed timescales	September 2014	Completed. Full implementation as from September 2014	Joint Senior Managers
34.	24. (66)	Ensure that all children with a disability known to children's services are rigorously assessed to ensure that their needs are met and that the local authority is fulfilling its statutory functions.	Lead Manager for Children with Disabilities and Practice Development (DC)	An audit of all high cost placements is being undertaken to establish the quality of assessments and that needs have been correctly identified. The outcome of the audit will inform prioritisation as to practice issues and any relevant training and development.	August 2014	This Ofsted recommendation will effectively be an action within the wider CWD service review and development	Complex Needs Panel Joint Group Commissioning Directorate Leadership Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
35.			Lead Manager for Children with Disabilities and Practice Development (DC)	A comprehensive review of the CWD service to be undertaken in the context of the Care Act and the Children's and Families Act; Adults Wellbeing Transformation Wellbeing; health organisations; the innovation programme, personalization and the potential for a different integrated service model. .	September 2015	A lead manager for Children with Disabilities Review has been appointed and will be in post from 1 September 2014.	Directorate Leadership Children and Young People Partnership Health & Wellbeing Board Cabinet
36.	25. (62, 64, 65)	Ensure that information about children who go missing is effectively shared and robustly analysed between partner agencies.	Head of Safeguarding and Review (JR)	Develop HSCB mechanism for the ongoing strategic oversight of coordinated multi-agency responses for children who go missing. The CSAR sub group will ensure the analysis of missing children data and identify specific themes, groups and trends which may identify risk areas within the county and regionally and develop an appropriate response.	September 2014	The HSCB Missing Action Plan has been signed off by the Board and is in the process of implementation. The analysis of the data will feed into the joint strategic needs assessment (JSNA)	HSCB Business Plan 2014/15 HSCB Strategic Board HSCB Sexual Exploitation and Trafficking Strategic Group
37.			Framework Transformation Manager (MG)	Develop a reporting mechanism within framework to ensure best identification and best practice in respect of missing children and enable performance reporting including return interview outcomes.	October 2014	Missing episode in FWi drafted and due to be discussed with key stakeholders 10th July with view to implementation during October 2014. Quick Reference Guide drafted and will be launched in line with the new FWi Module.	Performance framework
38.	26. (68)	Ensure that the partner agencies and the community are aware of the need to notify children's social care services of private fostering arrangements.	Head of LAC (JK)	Training of frontline staff around private fostering. Refresh of private fostering awareness raising strategy. This to include local press, schools (exchange students) and children's centres early years settings and the public at large.	December 2014	Practice standards drafted by QA & Compliance Manager (AT & LH) which need to be signed off. Meeting has taken place with Communication Unit to update current posters and publications.	HSCB Steering Group Scrutiny
39.			Head of LAC (JK)	Refresh of current posters and information leaflets and consider wider	December 2014		Childcare Managers

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
40.			Head of LAC (JK)	strategy as to information sharing and awareness sharing. Analysis of data from comparator and good performing authorities as to what number of private fostering arrangements would be expected in Herefordshire and learn from approaches they take.	December 2014		Corporate Parenting Panel
41.			Head of LAC (JK)	Clarification of what a private fostering arrangement is as part of the practice standards for kinship and private arrangements.	December 2014		Internal Policy and Procedures Group
42.			Head of LAC (JK)	To provide sufficient leadership and capacity to achieve above actions, responsibility for private fostering to move into the Kinship and SGO hub	December 2014	Monitoring of Private fostering added to the roles and responsibilities of SGO and Kinship Team Manager role to report to Childcare Managers at six monthly. . But process of referral will need to be agreed with the MASH in the interim.	Childcare Managers monthly
43.			Head of LAC (JK)	Update private fostering workflow on framework as currently not fit for purpose to enable effective monitoring and performance reporting of such arrangements.	December 2014	This will be delivered within the frameworki performance project plan.	Performance framework
44.	27. (70)	Ensure that the Emergency Duty Team effectively supports young people held in police custody out of hours and that appropriate alternative accommodation is available to prevent young people being held in police custody overnight.	Head of LAC (JK) and Head of Fieldwork (KP)	Review of EDT operational protocols	October 2014	Lead Commissioner, HoS LAC and HoS Fieldwork have reviewed operational protocol. Updated draft to be discussed with EDT in August 2014. Once protocol has been agreed, then new functionality needs to be developed within framework.	Joint Senior Managers HSCB Steering Group
45.			Head of Children's Commissioning (PG)	Review with YOS and police colleagues as to expectations and practice	November 2014	YOS Commissioning, Performance and Quality Assurance Manager is currently investigating issues around overnight detention of young people work with the	HSCB Steering Group YOS Management Board

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
46.			Head of Children's Commissioning (PG)	Identify providers of appropriate accommodation	November 2014	West Mercia EDTs Exploring Worcestershire's existing "Safe Base" contract as a potential model to follow, or as an option the EDT should already have access to.	Joint Senior Managers
47.			Head of LAC (JK)	Reporting arrangements to be discussed and agreed with police	October 2014		Childcare Managers
48.			Head of Looked Children	Develop clear strategy with police to trouble shoot such issues locally including definition of 'secure'.	October 2014		HSCB Steering Group
49.			Framework Transformation Manager	Develop performance report to monitor and evaluate progress in reducing frequency of use of custody inappropriately.	December 2014	This will be delivered within the framework performance project plan	HSCB Steering Group YOS Management Board
50.	28. (73)	Fully utilise Family Group Conferences to inform care planning, particularly where care proceedings are being considered.	Head of Fieldwork (KP)	Review and resource FGC service to ensure robust response to requirements of Public Law Outline, and case law implications.	December 2014		Childcare Managers
51.			Framework Transformation Manager (MG)	Performance reporting on FGC activity and outcomes developed.	December 2014	This will be delivered within the framework performance project plan	
52.	29. (51, 147)	Ensure that diversity issues and the ethnic and cultural identity of children and their families are thoroughly assessed and addressed.	Lead Manager for Children with Disabilities and Practice Development (DC)	Council and partnership wide strategy to be developed which will include actions and monitoring and evaluation mechanisms.	January 2015		Cabinet Children and Young People's Partnership Health & Wellbeing Board
53.			Head of Safeguarding and Review (JR)	Engage with Equalities Manager to ensure that children's diversity issues are fully embedded within the council's diversity strategy.	November 2014		Management Board
54.			Lead Manager for Children with Disabilities and Practice Development	Develop enhanced reporting and QA of assessments to evaluate quality of awareness of diversity issues to inform training needs.	January 2015		QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
55.			Lead Manager for Children with Disabilities and Practice Development	Identification of good practice examples where diversity issues have been thoroughly considered.	October 2014		QA Framework
56.	30.	Implement and monitor a robust system for making timely decisions to ensure there are no delays in accommodating children when they need to be looked after.	Head of LAC (JK)	Review of processes for decision making including resource panel, legal planning and CNS.	November 2014		Childcare Managers Directorate Leadership Team
57.			Head of LAC (JK)	As part of review, reporting arrangements to be developed to evidence timeliness of decisions and escalation process if delay is identified.	November 2014	Work on the looked after children module within Framework started at the beginning of August.	Childcare Managers
58.			Head of LAC (JK)	Continued joint working between Edge of Care and resource panel. Direct work service development to ensure dedicated edge of care response to ensure all actions have been taken to support the child remaining within the family.	December 2014		Childcare Managers
59.	31. (78)	Ensure that plans for permanency are made and clearly recorded at children's second looked after review in line with national guidance.	Head of LAC (JK)	Development and roll out of permanency policy and its implementation.	November 2014	Currently in progress.	Policy approval: Cabinet/Cabinet Member
60.			Framework Transformation Manager	Performance measurement reports to be developed to evidence compliance	December 2014	Work on the looked after children module within Framework started at the beginning of August.	Performance to be reported within the broader performance framework
61.			Head of Safeguarding and Review (JR)	Secondment of SM into the service with specialist expertise in LAC will lead on self-assessment against Care Planning regulations and LAC Review Process improvement agenda.	August 2014	Completed	
62.			Head of Safeguarding and Review (JR)	Revised LACR Records drafted and due to be trialed – these give greater focus to permanency planning and better evidence QA by IROs	September 2014	Documents completed and are being trialed.	QA Framework
63.	32.	Develop specific assessment	Head of LAC	Refresh guidance documentation and	September	Guidance documentation	QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
	(81)	methods to inform decisions about whether siblings should be permanently placed together or apart. Record assessments and decisions in detail to reflect the significance of the decision being made.	(JK)	share best practice examples across the service.	2014	ready for dissemination within timescale.	
64.			QA & Compliance Manager (AT & LH)	Ensure QA processes incorporate analysis of impact of use of this guidance in improving outcomes	August 2014	Completed	Safeguarding and Family Support Heads of Service
65.	33. (79)	Ensure that regular analysis and reporting from the advocacy service provides an accurate account of emerging themes.	Head of Children's Commissioning (PG)	Review of the contract to ensure analysis of information gathered informs future commissioning, good practice and most effective means of service delivery Agree outcomes for the service that demonstrate the difference advocacy has made to the experience of the child	November 2014	Contract is formally monitored on a quarterly basis with the provider. Continuous discussions about operational aspects, themes emerging as to how we capture and use intelligence to improve services.	Joint Senior Management Team Corporate Parenting Panel
66.			Head of Children's Commissioning (PG)	Specific developments of advocacy arrangements for younger children and CWD as part of contract refresh.	November 2014	The contract has been reviewed and provision for younger children and CWD; this has been addressed with the provider and awareness now needs to happen with internal staff to make referrals	Joint Senior Management Team Corporate Parenting Panel
67.			Head of Children's Commissioning	Analysis of resource required to achieve expectations of voice of child strategy	November 2014	Service specification for Voice of the Child Coordinator function has been drafted.	Joint Senior Management Team Corporate Parenting Panel
68.	34.	Ensure that the virtual school develops and implements a strategy to narrow the gap in attainment between looked after children and all other children in Herefordshire.	Virtual Head Teacher (SL)	Increase our understanding of the educational needs of the current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects. Develop a core data package for Education Liaison for Looked After Children Service to ensure that all information required to understand the barriers to learning of the individual child coming in to the care system is gathered and used to develop appropriate	September 2014	Analysis session with Education Liaison for LAC service planned for 12 th September	Joint Senior Management Team Corporate Parenting Panel
69.			Virtual Head Teacher (SL)		December 2014		Joint Senior Management Team Corporate Parenting Panel

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
				packages of support.			
70.			Virtual Head Teacher (SL)	Identification of critical friend to act as challenge to ensure robust strategy.	September 2014	The School Improvement Advisor will act as a critical friend. Regular series of meetings established and started. Role of critical friend to be developed formally provide agenda for meetings.	Joint Senior Management Team Corporate Parenting Panel
71.			Virtual Head Teacher (SL)	Conduct review of ELL Service working practices and workloads, including exploration of extending remit of Virtual School from 0 – 25.	October 2014	Review underway, initial draft to Head of Service by 30 th September	Joint Senior Management Team Corporate Parenting Panel
72.			Virtual Head Teacher (SL)	Develop ICT monitoring to allow closer tracking of progress and attendance.	September 2014	Looked After Call engaged to provide data for those placed out of county. Set up meeting arranged for week commencing 14 th September.	Joint Senior Management Team Corporate Parenting Panel
73.			Virtual Head Teacher (SL)	Develop intervention strategies at county, school, group and individual level	November 2014	To follow from session on 12 th September.	Joint Senior Management Team Corporate Parenting Panel
74.			Virtual Head Teacher (SL)	Use of EP time, commissioned with Pupil Premium money to help with understanding and planning for those LAC with particularly challenging needs	December 2014	Dependent on recruitment, advert placed with closing date 3 rd September.	Joint Senior Management Team Corporate Parenting Panel
75.			Virtual Head Teacher (SL)	Develop intervention strategies at county, school, group and individual level	September 2014	Initial trawl of strategies recommended by team planned for session on 12 th September.	Joint Senior Management Team Corporate Parenting Panel
76.			Virtual Head Teacher (SL)	Develop data on comparative effectiveness of interventions by demonstrating progress to support decision making in choice of appropriate interventions for LAC.	January 2015		Joint Senior Management Team Corporate Parenting Panel
77.			Virtual Head Teacher (SL)	Demonstrate good progress for all and accelerated progress for the majority	September 2015		Joint Senior Management Team Corporate Parenting Panel

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
78.			Virtual Head Teacher (SL)	Assess immediate impact of Letterbox Club on initial cohort	December 2014	Project to be offered to Trainee Educational Psychologist when she starts.	Panel Joint Senior Management Team Corporate Parenting Panel
79.	35. (87, 88, 89)	Ensure that all looked after children and young people make consistently good or better progress at every stage of their education and close the attainment gap between looked after children and all children in Herefordshire.	Virtual Head Teacher (SL)	Analyse current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects.		Analysis session with Education Liaison for LAC service planned for 12 th September	Joint Senior Management Team Corporate Parenting Panel
80.			Virtual Headteacher	Annual report to Corporate Parenting Panel on LAC attainment	November 2014		November Corporate Parenting Panel
81.				Develop termly report for Looked after Children Placement Operation Group (LACPOG) to show progress against key strategic targets and identifying key cases causing concern	December 2014		Joint Senior Management Team Corporate Parenting Panel
82.	36.	Ensure effective joint working with the police and youth offending services to routinely record and analyse information about looked after children engaged in offending behaviour.	Head of LAC (JK)	Audit of cohort of young people with history of offending and reoffending.	October 2014		YOS Board Corporate Parenting Panel
83.			Framework Transformation Manager (PG)	Review of recording and analysis arrangements to ensure robust and regular reporting and response to issues is in place	December 2014	Performance and Framework Transformation Manager to liaise with the police and YOS to ensure there are robust reporting arrangements in place. This will be linked to the review of the LAC module within Framework which commenced in August.	Performance framework arrangements
84.			Head of LAC (JK)	Scoping of Prevent and deter work with LAC young people 11+	October 2014		YOS Board Corporate Parenting Panel
85.			Head of LAC	Development of Northumberland Risk	October		YOS Board

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
86.			(JK)	Model. Development of Integrated youth approach with YOS/ 16+/ Youth Contract/Police/ Health.	2014 October 2014	LAC and Care Leavers Group meeting on 11 July 2014 chaired by DCS to plan partnership working moving forward and resources needed across West Mercia.	Corporate Parenting Panel Directorate Leadership Team Children & Young People's Partnership Health & Wellbeing Board Cabinet
87.	37. (93)	Develop and implement working arrangements with local Child and Adolescent Mental Health Service providers to enable better access to treatment for looked after children.	Assistant Director: Education & Commissioning (CB)	Refresh of CAMHS Strategy which will then feed into wider recommissioning of mental health services. Strategy will contain actions for 12 months to improve emotional health and wellbeing	December 2014	Strategy in draft for completion in September 2014 and then to be taken forward through the Children and Young People's Partnership	Cabinet Children and Young People's Partnership provide monitoring Health & Wellbeing Board
88.			Assistant Director: Education & Commissioning (CB)	Ensure CAMHS Strategy includes early years component	December 2014	NHS England Arden Herefordshire and Worcestershire has ensured that emotional wellbeing already forms part of the contractual requirements of the health visiting service specification. In this way work on the 0 – 2 years initiative forms part of tier 1 universal offering and hopes to impact on future generations development of mental health problems	Cabinet Children and Young People's Partnership provide monitoring Health & Wellbeing Board
89.			Head of LAC (JK)	Ensure relationship between CAMHS Strategy and services and the HIPPS and TISS developments are clearly defined.	December 2014	Intensive placement support service commissioned based on therapeutic model. First LAC cases expected to be supported from December 2014. Fieldwork LAC services working with the contracted provider to develop operational relationships with all CAMHS providers in Herefordshire	Children and Young People's Partnership provide monitoring Health & Wellbeing Board Joint Commissioning Group
90.	38.	Ensure that the children in care	Head of LAC	Head of LAC (JK), chair of corporate	September	Meeting booked with Cabinet	Corporate Parenting

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
	(94)	council is effective, is representative of the range of looked after children and has membership of the council's corporate parenting group.	(JK)	parenting, chair of CiC council and care leavers champion to develop approach to inform corporate parenting strategy.	2014	Support Member Children & Young People's and care champion.	Panel
91.			Head of LAC (JK)	As from September 2014, young people will have membership of corporate parenting panels	September 2014	Completed	Corporate Parenting Panel
92.			Head of LAC (JK)	Head of LAC (JK) to be sent minute from CiC for information and action when required.	September 2014		
93.			Head of LAC (JK)	Adopt and publish the Pledge for Looked after Children, as a demonstration of the commitment of the Corporate Parent to our Looked After Children.	September 2014	This will be signed at the fete on 9 August 2014 and then go to Council for adoption on 26 September.	Corporate Parenting Panel
94.			Head of LAC (JK)	Develop CiCC website to ensure it is representative of the voice of our LAC and is a useful resource for them	October 2014	Mentoring and Participation Manager has met with Communications Unit to develop webpages	Corporate Parenting Panel
95.	39. (125, 136)	Ensure all local authority elected members understand and effectively undertake their role as a corporate parent.	Head of LAC (JK)	Members' Seminar in October/November re Corporate Parenting.	October 2014	Seminar organised for 15 September 2014	Corporate Parenting Panel Joint Senior Management Team
96.			Head of LAC (JK)	Programme of Members' Seminars in place up until February 2015. New rolling programme to be developed after 2015 local elections.	February 2015		Corporate Parenting Panel Joint Senior Management Team
97.			Head of LAC (JK)	Survey of Members' understanding of their corporate parenting role to be undertaken and repeated following programme of seminars to evaluate impact.	March 2015		Corporate Parenting Panel Joint Senior Management Team
98.			Cabinet Member: Children's Services (JM)	Work being undertaken by Cabinet Member Children's Wellbeing to make proposals to the Group Leaders re mandatory training for all Councillors at the start of each administration year to attend safeguarding and corporate parenting seminars. The proposal will	August 2014 with effective from May 2015	Note to Group Leaders had been drafted and is to be agreed.	Cabinet

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
99.			Cabinet Support Member Children's Services (JM)	recommend that failure to attend will result in members allowances not being paid.	November 2014		Cabinet Corporate Parenting Panel
100.	40. (103?)	Refresh and re-launch the recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups.	Head of LAC (JK)	Recruitment to a marketing and recruitment post within the adoption and fostering service with particular investment in social media.	July 2014	Job description has been sourced and is being progressed. Role will be financed by Adoption Reform Grant.	Childcare Managers
101.			Head of LAC (JK)	The recruitment strategies across the West Mercia have been developed and are due to be signed off in September.	October 2014		Childcare Managers
102.	41. (110, 111)	Ensure that all pathway plans are up to date, are of good quality, are based on a robust analysis of need, with clear and agreed goals and are regularly reviewed.	Head of LAC (JK)	Development of Pathway plan with young people and partners	July 2014.	Pathway plan is now at point of sign off through Corius.	QA Framework
103.			QA & Compliance Manager (AT & LH)	Audit activity with respect to the impact and quality of pathway plans will be undertaken as part of the QA framework and any learning will be incorporated.	March 2015		QA Framework
104.				In conjunction with the above process a survey of young people will take place to understand their experience of the pathway planning process.	March 2015		QA Framework
105.	42. (112)	Ensure that all care leavers receive a copy of their health records.	Head of LAC (JK)	Development of health passport for care leavers.	January 2015	Best practice example identified and being adapted for Herefordshire. Children and young people moving from foster care are continuing to use the full health passport, care leavers will be more condensed but will include advice and medication details for life limiting illnesses.	Childcare Care Managers QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
106.	43. (82, 117, 137)	Ensure that all looked after children and care leavers understand their rights, responsibilities and entitlements and receive the guidance, support and resources to realise them.	Head of LAC (JK)	Refresh of Corporate parenting strategy to include the rights and children and young people, incorporating monitoring and evaluation arrangements to ensure all children are enabled to understand their rights.	January 2015	A monitoring mechanism will be incorporated with the review of the LAC review of framework module and will also link to the Voice of the Child Group.	Corporate Parenting Panel
107.	44. (135)	Ensure that learning from complaints and representations from children and young people, parents and carers and service users is systematically collated and analysed and is used to improve service delivery and development.	QA & Compliance Manager (AT & LH)	Children's social care complaints procedure and guidance has been revised and incorporated within the QA and Compliance Service to strengthen accountability, knowledge, understanding, learning and dissemination of learning	March 2015	Operational from 2 June 2014.	Quarterly reports to Heads of Service Half yearly report to Joint SMT and members Statutory Annual Complaints Report will be produced for year end March 2015 and presented to Audit and Governance Committee, HSCB Steering Group
108.			Lead Manager for Children with Disabilities and Practice Development (DC)	New integrated QA and SW academy service will enable learning from complaints to be built into training and development plan.	March 2015	QA and SW Academy services are now integrated as from 1 September and will be co-located as from 1 October 2014.	Childcare Managers

HSCB OFSTED INSPECTION MAY 2014 - ACTION PLAN

Key:

- HSCB is the Herefordshire Safeguarding Children's Board
- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014
- **NB: COPY OF THE HSCB BUSINESS PLAN NEEDS TO BE ATTACHED TO THE ACTION PLAN BEING SUBMITTED TO OFSTED**

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
1.	149	4.1	Ensure that governance arrangements between the LSCB and the Improvement Board are clarified.	Independent Chair of HSCB	Agree protocol which sets out the governance arrangements between HSCB and Improvement Board.	October 2014	Protocol drafted.	Chairs of HSCB Strategic Board and Improvement Board
2.	150	2.2	Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.	Chair of Policy and Procedures	West Mercia independent chairs to agree sub regional approach to policy and procedure development.	November 2014		HSCB Steering Group
3.		2.2		Chair of Policy and Procedures	In consultation with Tri-x, three year timetable to be agreed on a regional basis for a systematic review and update of bespoke policy and procedures in consultation. This should be informed by current, and known about future, national and local priorities.	October 2014		HSCB Steering Group
4.		2.2		Chair of Policy and Procedures	Priority to be given to child sexual exploitation and Children Missing procedures on the basis of Ofsted recommendations.	October 2014		HSCB Steering Group
5.	151	1.4	Ensure that the LSCB receives accurate and relevant performance information from its partners to enable it to assure itself on the quality of safeguarding work.	Chair of the QA Sub Group	Develop a multi-agency child's journey scorecard. This will clearly define what data will be received, the format and the frequency.	September 2014	Three meetings have taken place and a draft scorecard which is clear about sources and triangulation is being developed on a multi-agency basis.	HSCB Steering Group
6.		1.4		Chair of QA Sub Group	Effectiveness of audit programme to be reviewed to ensure that it provide adequate assurance on accuracy of performance data.	February 2015		HSCB Steering Group
7.	152	4.1	Ensure that the work of the LSCB operational groups is	Chair of Steering	Terms of reference for the steering group and sub groups to be reviewed to	October 2014		HSCB Strategic Board

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
			manageable and prioritised.	Group	ensure appropriate governance compliance and prioritisation.			
8.		4.1		Chair of HSCB Steering Group	Establish a quarterly sub group chairs meeting to ensure that activity and priorities across the sub group are in line with business plan prioritized and steering group directives.	September 2014	Completed. Quarterly meetings have been established and the first meeting took place on 8 September 2014.	HSCB Strategic Board
9.		4.1		Chair of HSCB Steering Group	Support the chairs of the steering group and sub group to set agendas to ensure compliance with terms of reference and Business Plan / Ofsted improvement priorities.	September 2014		HSCB Steering Group
10.	153	1.4	Ensure that learning from multi-agency case audits is actioned and the impact is reviewed through repeat audits.	Chair of QA Sub Group	QA Sub Group is reviewing its work programme and the HSCB quality assurance framework, including revised data set and scorecard, to ensure focussed audit and review audits to assess progress.	October 2014	A draft data set has been finalised and the key triangulation points are being discussed.	HSCB Steering Group
11.		1.4		Chair of QA Sub Group	Learning generated through QA sub group to be reported to Steering Group who will identify the relevant vehicle for sharing the learning and action improvement activities to the appropriate sub group.	October 2014	The new governance arrangements and reporting mechanisms will ensure that learning is reported into Steering Group and SG holds the responsibility for directing next steps and who is responsible.	HSCB Steering Group
12.	154	3.2	Ensure that robust strategies and intelligence in relation to specific vulnerable groups are developed and implemented, in particular missing children and those at risk of child sexual exploitation.	Chair of Children at Specific Additional Risk	Undertake a self assessment against the requirement of the National SET Action Plan .	October 2014	The self assessment has been completed.	HSCB Steering Group
13.		3.2			Develop a new Strategic Plan and Disruption Plan for Herefordshire		Work is in progress to develop a strategic plan and disruption plan.	HSCB Steering Group
14.		3.2		Chair of Children at Specific Additional Risk	Establish a CSAR Operational Group to drive forward the SET agenda in Herefordshire through the implementation of the Strategic Plan.	November 2014		HSCB Steering Group

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
15.		3.3		Head of Safeguarding and Review	HSCB is taking a leading and ensuring effective contributions across the partnership in connection with the West Mercia Joint Protocol on Missing Children and Young People.	October 2014	A number of pan West Mercia meetings have been held and the protocol is in development with a target completion date of October 2014	HSCB Steering Group
16.		3.3		Chair of children at specific additional risk	HSCB's Missing Children Action Plan to be fully implemented to ensure a high quality joined up approach to incidences of children missing from care or home.	October 2014	Work on the missing action plan will be built into the work plan for the Children at Specific Additional Risk sub group	HSCB Steering Group
17.		3.3		Chair of children at specific additional risk	Develop HSCB mechanism for the ongoing strategic oversight of coordinated multi-agency responses for children who go missing.	September 2014	A Children at Specific Additional Risk sub group has been established and the terms of reference agreed.	HSCB Steering Group
18.	155	4.5	Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated.	Chair of Training and Development	Immediate course evaluation processes, will have been developed and implemented to provide improved quality of information to HSCB to inform the development of its multi-agency safeguarding training offer.	October 2014	The training and workforce development sub group are currently progressing this and will report to the HSCB Steering Group in October 2014	HSCB Steering Group
19.		4.5		Chair of Training and Development	Impact evaluations for HSCB Training, will have been developed and implemented to provide improved quality of information to HSCB understand the impact of training on practice and to inform the development of its multi-agency safeguarding training offer.	February 2015		HSCB Steering Group
20.		4.5		Chair of Training and Development	Undertake a review of multi-agency agency training needs to assess the sufficiency of HSCB's multi-agency training offer.	April 2015		HSCB Steering Group
21.		4.5		Chair of Training and Development	The board will commit to a periodic systematic evaluation of all courses led by the Workforce Development Advisor (or equivalent post) with the process engaging workforce representatives.	March 2015		HSCB Steering Group
22.		4.5		Chair of Training and Development	A standard process for engaging the workforce in the development of HSCB training will have been implemented and used to inform the development of	March 2015		HSCB Steering Group

	Ofsted Para No	Business Plan Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	Monitoring and Evaluation
23.	156	4.3	Ensure that the LSCB business unit is effectively able to support the work of the LSCB.	Head of Safeguarding and Review/ Head of Adults Safeguarding	Undertake a review of the Business Unit, the expectations upon it, and the resource available to it to ensure it is able to support an increasingly effective Board	August 2014	The review has been completed and the options papers has been drafted and is currently with the Commissioning Officer (Independent Chair of the HSCB) for comment and authorisation and next steps (August 2014)	HSCB Strategic Board
24.		4.3		Independent Chair of the HSCB & Chair of HSAB	Agree the response to the report ensuring an implementation plan is in place.	October 2014		HSCB Strategic Board
25.		4.3		Head of Safeguarding and Review	Implement the agreed outcome of the review, ensuring that a developed Business Unit is in place.	February 2015		HSCB Strategy Board



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	16 OCTOBER 2014
TITLE OF REPORT:	CARE ACT 2014 UPDATE
REPORT BY:	Director of Adults and Wellbeing

Classification

Open

Notice has been served in accordance with Part 2, Section 5 (Procedures prior to private meetings) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (Regulations) 2012.

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To update the Health and Wellbeing Board on the council's response to the government consultation on the Care Act regulations and guidance and update the Board on the projected impact of the Care Act on Herefordshire Council.

Recommendation(s)

THAT: (all recommendations to be in bold)

- (a) the Board note the Council response to the government consultation on the Care Act regulations and guidance, included at Appendix A; and;**
- (b) The Board note the infographic, included at Appendix B, outlining the financial impact of the Care Act on Herefordshire Council.**

Further information on the subject of this report is available from Helen Coombes, Director for Adults and Wellbeing on Tel (01432) 260339

Alternative Options

- 1 There are no alternative options. The Care Act places new legal requirements on the Council from 1 April 2015. The purpose of the briefing is to provide an update on the projected impact of the Care Act on the council and an update on the council's response to the government consultation on the regulations and guidance which will underpin the Act.

Reasons for Recommendations

- 2 The Care Act represents the most significant change to adult social care in over 60 years. It is therefore essential that the Health and Wellbeing Board are informed of progress with the Act and its impacts locally.
- 3 From 6 June 2014 to 15 August 2014 the Department of Health ran a national consultation on the statutory regulations and guidance which will underpin the Care Act.

Key Considerations

- 4 The national consultation on the Care Act statutory regulations and guidance focussed upon those areas of the Act that will take effect from 1 April 2015. This covers the majority of Part 1 of the Care Act, with the exception of the funding reform aspects that take effect from 1 April 2016 and will be consulted on separately later this year.
- 5 The council response to the consultation included at Appendix A is divided into two parts – an overall response followed by more detailed sub-responses to particular areas of the draft regulations and guidance where officers raised concerns or made comments on specific aspects.
- 6 The council's overall response to the consultation identifies that whilst Herefordshire Council welcomes the Care Act and the regulations and guidance, it has significant concerns that neither the cost implications nor time required for robust implementation have been fully considered by government.
- 7 In addition to the financial challenge of meeting increasing demand with decreasing resources, the council consultation response highlights specific features of Herefordshire which add further pressure on delivering the requirements of the Care Act and regulations and guidance locally, namely:
 - a. Herefordshire is a rural county with a scattered population dispersed over a large geographic area which presents challenges for access to services, workforce recruitment and market development
 - b. Herefordshire has a higher than average aging demographic
 - c. Herefordshire has a much higher than average self-funder market
- 8 The particular challenges the Care Act presents Herefordshire Council are also highlighted in the infographic attached at Appendix B.

Community Impact

- 9 The Care Act is intended to have a range of positive implications for Herefordshire residents, including service users and their families and carers.

Equality and Human Rights

- 10 By simplifying the care and support system, the Care Act intends to ensure that all those in need of care and support are treated equally and with respect.

Financial Implications

- 11 As outlined in both the council's response to the regulations and guidance (Appendix A) and the infographic of the impact of the Care Act on Herefordshire (Appendix B), The Care Act will have significant financial implications for Herefordshire Council both in terms of implementation costs and on-going costs going forward.

Legal Implications

- 12 When the Care Act comes into effect in April 2015 (April 2016 for certain funding reforms), a number of new statutory duties and requirements will be placed on the local authority.
- 13 It is anticipated that the Care Act regulations and guidance which will apply from 1 April 2015 will be finalised and released by the Department of Health mid-October 2014.

Risk Management

- 14 As the Care Act introduces a number of new statutory duties and requirements for local authorities, there will be significant risks for the council in failing to meet these new statutory requirements.
- 15 The timing of the publication of the final statutory regulations and guidance (mid-October) will place pressure on the local authority to ensure it delivers all changes required for Care Act compliance by April 1 2015.

Consultees

- 16 The council response to the regulations and guidance consultation involved input and contributions from officers from across the directorate.

Appendices

Appendix A – Care Act: Regulations and Guidance. Herefordshire Council Consultation Response.

Appendix B – Infographic: Herefordshire Council and the Care Act

Background Papers

None identified.

Care Act: Regulations and Guidance

Herefordshire Council Consultation Response

August 2014



Herefordshire Council welcomes the opportunity to respond to the consultation on the Care Act regulations and guidance as we fully support the movement towards a more person-centered approach which aims to rebalance the focus of care and support away from crisis management to preventative interventions.

We have had sight of the joint ADASS and LGA consultation response and also the County Council's Network response and concur with their contributions. This response is specifically by Herefordshire Council and reflects on how the regulations and guidance particularly impact on our county and also relays specific technical issues raised by members of staff.

This response is divided in two parts – an overall response followed by more detailed sub-responses to particular areas of the draft regulations and guidance.

Overall response

Whilst we welcome the Care Act and the regulations and guidance, the changes required of local authorities by the regulations and guidance will have significant financial implications on Herefordshire Council – both in terms of implementation costs and the increased costs going forward. We are deeply concerned that neither the cost implications nor time required for robust implementation have been fully considered by national government.

Local modelling of the financial implications of the Care Act indicate costs of at least £2.3m for the changes to be implemented in 2015/16, yet the indicative funding allocation we are set to receive is £1.5m (Source LGA finance team allocation model), of which £1.0m is expected to come directly to the local authority, with £0.5m to be received from the Better Care Fund (BCF). This represents a budget shortfall of £0.8m. Furthermore, £458k of our local funding allocation is identified within the BCF but locally this is only to be released if the CCG can release savings. Whilst the government has published details relating to the distribution of Care Act funding from within the BCF, the lack of further information on specific BCF funding streams (e.g.. eligibility, carers, advocacy) is restricting our ability to ensure this BCF funding for the implementation of specific aspects of the Care Act are allocated. In addition we currently estimate the further changes to be implemented in 2016/17 will create an additional £4.4m pressure.

The financial challenge presented by the Care Act is particularly concerning when the changes required by the Care Act regulations and guidance are considered within the broader context facing Herefordshire Council. The timescales for implementation are a further big concern as

the regulations and guidance are substantial in size and it is essential we properly understand the detail. Until the regulations and guidance are finalised we cannot properly proceed with implementing the changes required; time-wise this will be extremely challenging if new systems are required to be set up to deal with assessments and if any commissioning of services is required.

Even before the implementation of the Care Act, the council faces a significant financial challenge in meeting increasing demand for services with decreasing resources. Meeting current demand is already an enormous strain on resources; the additional pressures in the system which the Care Act will generate will worsen the budget position for the council over the coming years. Whilst this has implications generally for implementation of the Care Act, it particularly impacts on our ability to rebalance the focus of care and support away from crisis response towards prevention and early intervention.

As with other councils, we have significant concern regarding the implications of the number of people paying for their own care who might approach the council for an assessment under the new system so as to limit the care costs they have to meet. However, as a rural county these concerns are exacerbated further in Herefordshire. Herefordshire has a higher than average aging demographic (22.5% aged 65 years and older compared to 17% nationally) and is also a popular retirement destination, and subsequently has a noticeably higher than average self-funder market (for instance 74% of nursing home placements are made by privately funding individuals, compared to 48% nationally). As Herefordshire has much higher than average numbers of self-funding individuals, the council is therefore very likely to experience a much higher than average increase in demand for assessments, yet we are not currently set to receive any additional funding or support to cope with this and so this will place further strain on our budget.

In addition, our rural context places additional strain on resources to fund care and support as services must be delivered and made accessible to a large, scattered population dispersed over a large geographic area. Nearly half of the county's population live in villages, hamlets and isolated dwellings, making Herefordshire one of the most rural counties in England. Not only are there challenges of access to services, there are challenges for market development and the ability of providers to meet changes in demand, such as due to the remote and rural nature of the county creating difficulties in staff recruitment and retention. Yet again, whilst we welcome the principles introduced by the Care Act and the regulations and guidance, the specific nature of the challenges faced by rural authorities in implementing the changes required are not currently adequately reflected in funding allocations.

We are aware of the recent launch of the consultation on the funding allocations for new social care duties and will of course feed our thoughts and concerns into this process too.

Sub-response A: commissioning related duties

Regulations and Guidance being responded to:

- *Preventing, reducing or delaying needs*
- *Information and advice*
- *Market shaping and commissioning of adult care and support*
- *Integration, cooperation and partnerships*
- *The Care and Support (Preventing Needs for Care and Support) Regulations 2014*
- *The Care and Support (Provision of Health Services) Regulations 2014*
- *The Care and Support (Discharge of Hospital Patients) Regulations 2014*

1. General observations and comments

- 1.1. The objective of the Care Act's to rebalance the focus of care and support on preventing and delaying needs away from solely supporting those at crisis point is welcomed, however without additional funding to meaningfully resource it local authorities will struggle to redirect their limited resources away from meeting those with the greatest and most urgent needs. .
- 1.2. Successful implementation of the Act and the supporting statutory guidance is predicated on increased integration with health-services to provide a more person-centered approach to care and support. This is welcomed locally as it corresponds with our ambitions to increase integration in Herefordshire. However, the Department of Health should recognise that effective integration takes time as structural, cultural and financial barriers must first be addressed. Our previous experiences locally have shown that when these barriers are not fully considered integration is neither effective nor sustainable.
- 1.3. The ambitions outlined in the Market Shaping guidance to create a market of vibrant, responsive, quality services with appropriately paid, trained and qualified staff are welcomed, as is the requirement for local authorities to have regard to cost-effectiveness and value for money. Balancing these two requirements, in the context of increasing demand and constrained resources, is becoming increasingly challenging for local authorities. For rural authorities such as Herefordshire, this difficulty is amplified as providing services to a sparse population distributed over a wide geographical area presents additional challenges to provider growth and development, particularly micro-business and community and voluntary enterprises.
- 1.4. Whilst it clearly has a pivotal role to play, the local authority alone cannot shape and direct local markets and services – other commissioners, particularly the Clinical Commissioning Group and service users have an important role to play too. The current guidance on Market Shaping does not reflect this.

- 1.5. Similarly, the guidance does not adequately recognise that most preventative services tend not to be provided by adult social care but are part of the wider local provision of universal services and community infrastructure (e.g. leisure services, transport). The guidance should be revised to reflect the key role of local authorities in enabling, supporting and facilitating the local preventative offer and the prevention duty should be extended beyond the local authority to the wider system, such as GPs and primary care.
- 1.6. In addition to 1.5 above, the lack of clarity of what is a care and support preventative service and what is part of the wider general offer of preventative services will pose a challenge to local authorities in relation to charging. How will local authorities be expected to differentiate which preventative services are adult social care (and therefore chargeable) and which are part of the wider offer locally? Furthermore, the current lack of clear guidance on what is the boundary between a preventative service and a care and support service will have implications on how care accounts are calculated.
- 1.7. To establish and maintain a comprehensive information and advice service as outline in the guidance on Information and Advice will require a substantial amount of investment. Repeatedly throughout the chapter long lists of examples of what local authorities will need to consider are outlined, for example appropriate communication channels (paragraph 3.19), the range of services information and advice should be on (paragraph 3.23), where information should be provided (paragraph 3.24). To achieve all this by April 2015 with very limited funding will be extremely challenging and we do not believe the Department of Health has fully considered the scale of this task.

2. Where the regulations and guidance are helpful

- 2.1 Explanation of the three-tiers of prevention in the guidance (2.6-2.8) is a welcome step to establishing a common-language and understanding nationally about the different types of preventative approach. It is important that a shared understanding of tiers of prevention is developed in conjunction with health services if local authorities and CCGs are to successfully jointly fund and commission preventative services. Equally, the clarification of the difference between intermediate care and reablement in regulations and statutory guidance (2.9-2.11) is appreciated.
- 2.2 The definitions of market shaping, commissioning, procurement and contracting in the Guidance on Market shaping (4.5-4.9) is useful in giving clarity both on how these concepts are different from each other and how they inter-relate.
- 2.3 It is encouraging that the guidance on Prevention and Integration recognises the importance of housing in promoting the wellbeing of an individual.

3. Technical details or specific areas where refinement is required

- 3.1 A clear definition of 'co-production' (e.g. as used in guidance 4.49) would be helpful as this is becoming an increasingly popular term with a growing range of interpretations.

- 3.2 The guidance on information and advice does not adequately recognise the key role local partners also have to play in providing and sign-posting to information and advice.
- 3.3 Market shaping guidance (4.68) requires local authorities to include an analysis of those self-funding individuals who are likely to move to state funding in the future. Whilst we agree with the principle and understand the requirement, it seems that proper consideration has not been given to the scale this task presents to local authorities, as by nature most 'self funders' currently have no contact with the local authority. Estimating the numbers of self-funders, particularly those in the community is very challenging and providers are under no obligation to share their numbers of privately-funding individuals with the local authority.
- 3.4 The guidance on prevention repeatedly refers to 'prevention intervention'. This is quite a medical concept that does not adequately capture the range of nature of preventative services, particularly those at the universal 'prevent' end of the spectrum. Furthermore, the concept of an intervention is contrary to the attempt in the guidance to emphasise that prevention is not a one-off activity.
- 3.5 It should be made clearer in paragraph 2.31 of the guidance on Prevention, that the list given is not an exclusive list but merely some examples.
- 3.6 Guidance on delayed transfers of care is very mechanistic and process driven. In comparison to much of the rest of the guidance and the Care Act, which attempts to drive forward the personalisation agenda, the delayed transfers of care guidance seems far less person-centered.
- 3.7 Clarification is needed on whether the assessment should include a consideration of the role of carers - Paragraph 2.39 of the guidance on Prevention states that as part of the assessment process the local authority should take into account 'the role of any support from family, friends or others that could help them to achieve what they wish for from day-to-day life'. This appears to contradict paragraph 6.8 in the guidance on Assessment, which states 'an assessment must seek to establish the total extent of needs before the local authority considers the person's eligibility for care and support and what types of support can help meet those needs'.
- 3.8 The 'Money Management' section of the guidance on Information and Advice (3.41) requires more detail and elaboration. Money management is crucial to supporting an individual to maintain their independence and it is disappointing that it only warrants a single paragraph in the guidance with no specific requirement set out.
- 3.9 Greater clarity and differentiation is required between the terms information and advice.

4. Questions and suggestions to the Department of Health

- 4.1. There is a need for a greater evidence base on what the benefits of prevention are and which approaches are most effective. Examples of best practice and research would be welcomed as this would support local authorities in ensuring they are targeting their limited resources most efficiently. It will also support local authorities in their discussions with colleagues in health in agreeing joint funding for preventative services.
- 4.2. We agree that local authorities should 'consider emerging best-practice on outcomes-based commissioning' (4.14) and hope that there will be national work to support the collation and dissemination of this. For example, further research and best-practices examples of how to successfully implement 'payments-for-outcomes' mechanisms would be useful.
- 4.3. As the term implies, engaging with 'hard-to-reach individuals and groups' (Guidance 4.57) is notoriously difficult. To support local authorities in this, it would be helpful for the Department of Health to develop an approach to facilitate increased sharing of examples of successful approaches from across the country.

Sub-response B: assessment, eligibility, planning and review

Regulations and Guidance being responded to:

- *Assessment and eligibility*
- *Care and support planning*
- *Review of care and support plans*
- *Transition to adult care and support*
- *The Care and Support (Assessment) Regulations 2014*
- *The Care and Support (Eligibility Criteria) Regulations 2014*
- *The Care and Support (Children's Carers) Regulations 2014*

5. General observations and comments

- 5.1. At points the guidance on assessment and eligibility is unnecessarily repetitious, for instance paragraphs 6.11 and 6.91 are virtually identical.
- 5.2. We welcome the intention to set national eligibility at a level consistent with the current level of substantial. However, we urge the Department of Health to ensure that this is actually the case in the regulations and guidance. If the new eligibility threshold is more generous (as it currently appears it may be), there will be significant cost implications to Herefordshire Council and many other local authorities.

6. Where the regulations and guidance are helpful

- 6.1 Creation of clear eligibility criteria is welcomed.
- 6.2 The inclusion of carers in the guidance alongside service users, rather than as a separate consideration, is welcomed as this re-emphasises the integral and important role that carers play.
- 6.3 Explanation of what is meant by 'unable' in the assessment and eligibility guidance, paragraph 6.87, is helpful in ensuring the eligibility criteria is understood and applied correctly, although as with many terms in the guidance, this may still be open to a degree of subjective interpretation.
- 6.4 It is positive that recognition is given to individuals with fluctuating needs and that local authorities should consider this when conducting an assessment (as outlined in paragraph 6.89 of the assessment and eligibility guidance, section (3)(3) of the assessment regulations and also (2)(3) of the eligibility regulations).

7. Technical details or specific areas where refinement is required

- 7.1. The concept of 'significant' impact, as included in 2.(1)(c) in the eligibility regulations is vague and open to a wide degree of interpretation

- 7.2. Co-production as an approach to assessment, as mentioned in 6.34 and 6.36 in the assessment and eligibility guidance, requires defining to ensure a consistent understanding of the term.
- 7.3. The case study example on pages 86 and 87 of the assessment and eligibility guidance is not helpful – it is not clear how it illustrates judgment of ‘significant impact on wellbeing’ and is more like an exercise of spot the difference.
- 7.4. It is not clear in 6.51 whether the local authority must offer a supported self-assessment or not. The first sentence states ‘local authorities **can** offer individuals a supported self-assessment, but the second sentence states ‘the local authority **must** offer the individual the choice of a supported self-assessment.
- 7.5. Paragraph 6.68 of the assessment guidance in relation to NHS Continuing Healthcare requires further clarification. The guidance states the ‘local authority may provide or arrange healthcare services where they are simply incidental or ancillary to doing something else to meet needs for care and support’. Whilst this is true for those assessed as eligible for care and support from the local authority, those with NHS Continuing Healthcare eligible needs should have all services arranged through the NHS. This requires clarification in the guidance, particularly as the paragraph is in the NHS Continuing Healthcare section.

Sub-response C: paying for care

Regulations and Guidance being responded to:

- *Charging and financial assessment*
- *Deferred payment agreements*
- *Personal Budgets*
- *Direct Payments*
- *The Care and Support (Charging and Assessment of Resources) Regulations 2014*
- *The Care and Support (Deferred Payment) Regulations 2014*
- *The Care and Support (Personal Budget Exclusion of Costs) Regulations 2014*
- *The Care and Support (Direct Payments) Regulations 2014*
- *The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014*

8. General observations and comments

Recovery of Debts

- 8.1. We understand why Section 22 of HASSASSA, the power of a local authority to place a legal charge, has been removed, but we do not believe the financial implication of this upon local authorities has been adequately considered. Removal of Section 22 will increase local authorities' exposure to bad debts and create a cost pressure when those debts have to be pursued through the courts.

Charging and Financial Assessment

- 8.2. The guidance uses terminology that is unhelpful such as regularly and small. Can the guidance be more specific to clarify policy intention. For example, "the LA **MUST** regularly re-assess a person's ability to meet the cost of care" Is this at least once every 12 months or more frequently? Another example is with light-touch assessments. "where the LA charges a small or nominal amount for a particular service which a person is clearly able to meet ". What is small or nominal? Whilst the light touch approach is welcomed some further examples of the level and types of charges that would meet this criteria would be helpful.
- 8.3. The ability to charge an administration fee to people with assets above the limit who want the council to arrange care is welcomed but clarification around what costs can be recovered through the admin fee would be helpful. In addition to the needs assessment and financial assessment, the Council will incur additional costs in not only setting up the arrangements but ongoing costs relating to raising invoices etc.

Deferred Payments

- 8.4. We recognise that implementing a Mandatory Deferred Payment Scheme will ensure consistent approach nationally but further guidance is needed around financing care provision when a person lacks capacity and where there are delays in obtaining deputyship through COP, especially as LA Deputyship is not a statutory function.

9. Where the regulations and guidance are helpful

Deferred Payments

- 9.1 The quantifying of what the local authority can lend and how to calculate this is welcomed. Regulations 5(3) (a) (i) refer to a limit of '70-80% of the value of the land'. **This should be set at a single figure to ensure consistency across all local authorities.**
- 9.2 Clarification on what the administration costs for Deferred Payment Agreements should consist of is welcomed.

Charging and Financial Assessment

- 9.3 The guidance has helped to clarify a number of areas where policy intention was previously unclear, for example the ability to charge temporary residents in a care home under fairer charging if appropriate, and the treatment of backdated benefit awards when calculating charges.
- 9.4 The proposed changes to the 12 week property disregard give councils more flexibility.

10. Technical details or specific areas where refinement is required

Deferred Payments

- 10.1. Clarification is needed on whether the Department of Health believes the responsibility for updating the value of assets in the Deferred Payment Agreement sits with the local authority or the individual.
- 10.2. Clarification is needed on how often the value of assets in the Deferred Payment Agreement should be updated. Will the content of the statements be prescriptive?
- 10.3. The Regulations on Deferred Payment Agreements (9) refers to an interest range of between 3.5-5%. This should be a single standard rate applied by all local authorities. A 'range' is not helpful. The interest rate should be set at a fixed percentage above the base rate.
- 10.4. An explanation of how interest on Deferred Payment Agreements should be calculated. There will need to be a consistent approach across all local authorities. If this is compound – what formula is to be used to calculate – e.g. daily balance (as for mortgage interest), or applied annually.

Recovery of Debts

- 10.5. Guidance on debt recovery policy and practice would be welcomed. Are there plans to make provision for recovery through attachments to DWP benefits /pensions when s22 is removed?

Charging and Financial Assessments

- 10.6. Clarification of the treatment of residential respite in a direct payment is welcomed but there appears to be conflicting guidance around how income is treated when a person is a temporary resident in a care home, including when having respite. Schedule 1 Part paragraph 10 states that if an adult is a temporary resident then any attendance allowance or care component of DLA is to be disregarded. These incomes would not be disregarded under fairer charging. Further clarity on how this will apply including examples would be helpful.

Schedule 1 part 1 (para 2) defines what housing related costs MUST be disregarded from income. This definition includes service charges, water and fuel charges and insurance. Under current fairer charging guidance, costs for water and fuel charges and contents insurance would not be treated as “housing related” costs. This is because a person’s basic income support allowance would be expected to cover these costs. Any excessively high costs for water and fuel usage as a result of a person’s disability would be treated as a “disability related expense” DRE .i.e. only the excess costs allowed. It appears that application of this new disregard under the care act could result in a person getting an allowance for these costs twice. I.e. once as a disregard against income and twice in the basic income support allowance. It would be helpful if you could clarify how these disregards relate to basic income allowances. **Application of these disregards as stated in the Care Act will result in a reduction in what the council currently charges people towards care costs.**

- 10.7. Charging and Assessment of Resources Part 2 para 7 (1) states how the minimum income guarantee amount should be specified. Para 7(1) (a) refers to Schedule 2 of the Income Support Regulations to determine the applicable amount. Having looked at Schedule 2 of the Income Support Regulations it is not clear how the applicable amount should be arrived at in circumstances where the person is a member of a couple and is the only person receiving the care or service. Should the applicable amount be calculated based on a single person allowance or half of a couples allowance? Paragraph 7 (1) (a) appears to suggest that if the person receiving the care is a member of a couple then the couple rate should be used, however when determining the income of the person getting the care an equal share of any joint income should be used. Further clarification and examples would be helpful.

11. Questions and suggestions to the Department of Health

- 11.1. We have heard that by charging interest this will create a requirement on local authorities to register with the FSA. Can the Department confirm if this is the case?
- 11.2. What happens if CHC funding is awarded during the deferred payment period, will the regulations enable the deferred debt to be suspended?

- 11.3. When setting the interest rate for DPA's, will the DoH be taking into consideration the rates generally charged by banks and other lenders? If the rate is lower than other lenders where is the incentive to buy financial products from other financial service providers?
- 11.4. Further clarification on the treatment of war pensions when local schemes are in place for HB and Council Tax rebates would be welcomed. The guidance says the financial assessment should take this into account, but does that mean if the LA has a local scheme that disregards 100% of that income under HB/CTB that the assessment for charging for care should follow suit?.
- 11.5. The charging guidance states the LA has no power to do a joint assessment, previous fairer charging guidance stated a joint assessment could be done if the result was more beneficial to the service user. Can you clarify that under the care act joint assessments for people living at home will no longer apply even if it is in the person's interest?

Sub-response D: safeguarding, advocacy & provider failure

Regulations and Guidance being responded to:

- *Safeguarding*
- *Managing provider failure and other service interruptions*
- *Independent advocacy*
- *The Care and Support (Business Failure) (England and Wales and Northern Ireland) Regulations 2014*
- *The Care and Support (Independent Advocacy) Regulations 2014*

12. General observations and comments

- 12.1. We have reflected on the consultation responses submitted by the West Midlands Regional Adult Safeguarding Network and also Solihull Safeguarding Adults Board and many of our thoughts, observations and concerns are in line with what has already been stated.
- 12.2. It is pleasing to see that the Making it Personal approach and the notion that safeguarding is everyone's business is embedded throughout the guidance.
- 12.3. Cooperation is a welcome theme in the guidance, but there is very little actual 'teeth' to ensure all partners cooperate. It is a shame there are not formal regulations on safeguarding to ensure consistency and accountability, particularly in relation to information sharing. The guidance is clear the local authority must make enquiries and decide what needs to be done and by whom, but the local authority is not able to compel anyone else to do what the SAB decides to be done. Greater emphasis is needed in the safeguarding guidance on the responsibilities of key partners.
- 12.4. The use of case studies in the guidance on safeguarding is very helpful in principle – however, many of the case studies are weak and for certain areas that would benefit from a case study there are none (e.g. information sharing). For instance, the case study on carer strain (p.194) makes no reference to police involvement and thereby implies that it is acceptable for the police to not be involved in circumstances such as those given.
- 12.5. Mental Capacity Act Deprivation of Liberty Safeguards (DOLs) are not mentioned at all in the Safeguarding Guidance. The SAB should have oversight of DOLs in its area and this should be reflected in the guidance.
- 12.6. The guidance on safeguarding seems poorly structured and confusing at times. A glossary would be helpful in ensuring greater consistency in the use of terms.

13. Where the regulations and guidance are helpful

- 13.1. It is useful that the safeguarding guidance gives clarity that actual mistakes and misunderstandings (e.g. in commissioning or case management) need not always automatically be labelled as 'safeguarding' if they simply are genuine errors.
- 13.2. It is positive that the government recognises the importance of advocacy and the increasing demand for advocacy, and has therefore made it statutory.

14. Technical details or specific areas where refinement is required

- 14.1. Much greater clarity is required in relation to information-sharing and safeguarding – particularly with regards to the roles, responsibilities and when and how the power to call on others to provide information can be applied.
- 14.2. In relation to safeguarding, a case study of the relevance of the section 45 duty would be useful.
- 14.3. All core members should be required to financially support the SAB – this should not be optional as currently stated in paragraph 14.105.
- 14.4. The safeguarding guidance is very poor in relation to power of entry. More guidance, supported by case studies, would be extremely useful in this area.
- 14.5. Paragraph 14.103 identifies the formulation of guidance on dealing with complaints and grievances as a role of the SAB. Whilst we agree the SAB may have a role to play in developing an approach shared by partners, it should be stated clearly that it is not the role of the SAB to deal with complaints and grievances as these are matters for individual partners.
- 14.6. Paragraph 14.113 does not give any explanation of what is meant by 'multi-agency training'. Neither is it clear what levels of training are intended nor what the core skills required by staff are.
- 14.7. Why is the Chief Officer of Police specified as a core member, but the level of representation from the other core member organisations is not specified?
- 14.8. A more comprehensive definition of prevention and safeguarding principles should be provided and consistently referred to throughout the guidance. The principles are outlined in 14.3 and 14.4, but not to a standard as comparable to that previously produced by government.
- 14.9. No guidance is provided on the framework for enquiries, with the inference that this is left to local discretion. This is inconsistent when compared to *Working together to*

safeguard children. Furthermore, no guidance is provided on how to proceed in relation to large scale investigations.

14.10. Paragraphs 14.111 and 14.153, which outline the skills required of SAB members, should be cross-checked to ensure they are aligned and consistent.

14.11. Institutional abuse is currently poorly defined in the guidance. The creation of statutory guidance provides a good opportunity to establish a standard definition of the term as this does not exist currently.

14.12. In relation to advocacy, the guidance does not define 'substantial difficulty' very clearly or consistently – this will be vulnerable to a wide degree of subjective interpretation.

15. Questions and suggestions to the Department of Health

15.1. As demand for independent advocates is likely to increase for all local authorities, a more coordinated national approach to independent advocates should be considered – such as the establishment of a national register. This would support workforce development and training and would also be useful for local authorities when sourcing independent advocates for out-of-county cases.

15.2. A draft, optional, template for the SAB strategic plan would be welcomed (consultation question 68)

Sub-response E: other

Regulations and Guidance being responded to:

- *Delegation of local authority functions*
- *Sight registers*
- *Ordinary residence*
- *The Care and Support (Ordinary Residence) Regulations 2014*

16. Technical details or specific areas where refinement is required

- 16.1. In the guidance on delegation, there appears to be an error in paragraph 8.16 which refers to '22.15 above'. Should this read 18.15 above?
- 16.2. The second to last sentence in paragraph 18.23 on delegation ('...as well as handling and those funds') does not make sense
- 16.3. Greater consistency is needed between the regulations on ordinary residence and the associated guidance, particularly in relation to the definitions and terminology of different types of accommodation.
- 16.4. With regard to sight registers (consultation question 80), it would be more appropriate for patients to be asked consent to share their details with the local society for the blind, rather than the RNIB specifically.

17. Questions and suggestions to the Department of Health

- 17.1. Whilst we understand and do not necessarily disagree with the test for ordinary residence for carers (as outlined in guidance 19.6), we would urge the Department of Health to consider how the new entitlement for carers to an assessment in their own right reconciles with the unchanged requirement that a carers ordinary residence is determined by where the person they care for is ordinarily resident.

Herefordshire Council & The Care Act

Why should it matter to us?



22.5% of the Herefordshire population is aged 65 years and older. This is much higher than the national average (17%) and also higher than the average for county councils (20%)

37 county councils (including Herefordshire) account for 47% of Adult Social Care Spend. The remaining 115 account for 53% of spend



Adult Social Care accounts for 37% of Herefordshire Council's budget in 2014/15

How much extra will the Act cost Herefordshire Council?

The cost from 2020 per year in Herefordshire is estimated to be at least:



Herefordshire

£8m*

**This is a provisional estimate that is likely to change as we have not yet completed the modelling on this potential pressure*

Self-funders – the known unknown?

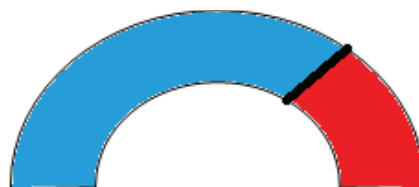
Herefordshire has a large proportion of people that fund and arrange their own care. For instance around three-quarters of all nursing home placements locally are funded self-funders, whereas nationally this proportion is much lower, at just less than half of all placements.



Underestimating the needs of carers?

Financial modelling in Herefordshire indicates that the costs of the increase in numbers of carers eligible for assessments and support will exceed our allocated funding from central government for this element

Government has allocated Herefordshire £74k to fund carers assessments from 2015/16 through BCF



It is estimated the costs of carers assessments will be a lot higher in Herefordshire - £112k

In Herefordshire it is anticipated that the bigger issue will be the costs of meeting the eligible needs of carers – this is estimated to be up to **£0.7m in 2015/16** rising to **£1.5m in 2016/17**

What are we doing to prepare?

The potential impact of the Care Act in Herefordshire has been analysed and a project team with dedicated Project Manager established. Work-streams feeding into the project group are already in action across the directorate identifying and putting into place the changes that are required –ranging from reconfiguring our IT systems and identifying workforce training needs to developing new policies and engaging with staff, service users and providers.



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	16 October 2014

TITLE OF REPORT:	HEALTH AND WELLBEING BOARD WORK PLAN
REPORT BY:	Director of Children's Wellbeing

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To seek the views of the Board and finalise the quarterly forward plan

5. Recommendations

THAT: The report be noted

6. Appendices

Appendix 1 - An outline work programme for the Committee.

7. Background Papers

None identified.

HEALTH AND WELLBEING BOARD
 WORK PLAN OCTOBER 2014 TO MAY 2015
 TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

October 2014

DATES	BOARD MEETINGS ALL MEETINGS RUN FROM 3pm – 5pm
18 Nov 2014	<ul style="list-style-type: none"> • Health and Wellbeing Board Strategy • Public Health Update • Health and Well Being Board 120 day delivery plan • Knowing our Children: priority setting and progress of the Children and Young People’s Partnership • Governance of Integrated Needs Assessments • Children’s integrated needs assessment • System Wide Transformation • BCF Submission Update • Well Being Innovation Fund • System Resilience Plan • Healthwatch Update
13 Jan 2015	<ul style="list-style-type: none"> • Health and wellbeing strategy and implementation for Herefordshire • Public Health Annual Report • Health Protection, Environmental Health and Regulatory • Development of Children and Young People’s Plan 2015-18 • Safeguarding Children – progress report • Safeguarding Adults – Progress Report • BCF Submission Update • Public Health Commissioning Progress update • Care Act Implementation • End of Life Care – Herefordshire Position • Pharmaceutical Needs Assessment
17 March 2015	<ul style="list-style-type: none"> • Health and Wellbeing Board Strategy • Mental Health Needs Assessment Report • Progress on priorities of Children and Young People’s Partnership and sign off of new Children and Young People’s Plan • Herefordshire Safeguarding Children and Adults Business Plan 2015-16 • Health Protection Update

	<ul style="list-style-type: none"> • Obesity - Herefordshire position • BCF Submission Update and System Wide Transformation • Autism Strategy Refresh and Action Plan • Local Authority Adults and Children's Well Being Commissioning Plans 2015/16 • CCG Commissioning Plans 2015/16 • Pharmaceutical Needs Assessment
12 May 2015	<ul style="list-style-type: none"> • Herefordshire Safeguarding Children Board Annual Report • BCF Submission Update