

# AGENDA

## Health & Social Care Overview and Scrutiny Committee

Date: **Tuesday 22 September 2015**

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Time: **10.00 am**

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Place: **Council Chamber, The Shire Hall, St. Peter's Square,  
Hereford, HR1 2HX**

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

For any further information please contact:

**David Penrose, Governance Services**

Tel: 01432 383690

Email: [dpenrose@herefordshire.gov.uk](mailto:dpenrose@herefordshire.gov.uk)

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If you would like help to understand this document, or would like it in another format, please call David Penrose, Governance Services on 01432 383690 or e-mail [dpenrose@herefordshire.gov.uk](mailto:dpenrose@herefordshire.gov.uk) in advance of the meeting.

# **Agenda for the Meeting of the Health & Social Care Overview and Scrutiny Committee**

## **Membership**

<b>Chairman</b>	<b>Councillor PA Andrews</b>
<b>Vice-Chairman</b>	<b>Councillor J Stone</b>
	<b>Councillor ACR Chappell</b>
	<b>Councillor PE Crockett</b>
	<b>Councillor CA Gandy</b>
	<b>Councillor DG Harlow</b>
	<b>Councillor JF Johnson</b>
	<b>Councillor MD Lloyd-Hayes</b>
	<b>Councillor MT McEvelly</b>
	<b>Councillor PD Newman OBE</b>
	<b>Councillor A Seldon</b>
	<b>Councillor NE Shaw</b>
	<b>Councillor D Summers</b>

## AGENDA

		Pages
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
2.	<p><b>NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any Members nominated to attend the meeting in place of a Member of the Committee.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest by Members in respect of items on the Agenda.</p>	
4.	<p><b>MINUTES</b></p> <p>To approve and sign the Minutes of the meeting held on 22 July 2015.</p>	9 - 14
5.	<p><b>SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b></p> <p>To consider suggestions from members of the public on issues the Committee could scrutinise in the future.</p> <p><i>(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the Committee's work programme when compared with other competing priorities.)</i></p>	
6.	<p><b>QUESTIONS FROM THE PUBLIC</b></p> <p>To note questions received from the public and the items to which they relate.</p> <p><i>(Questions are welcomed for consideration at a Scrutiny Committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it <b>no later than two working days before the meeting</b> to the Committee Officer. This will help to ensure that an answer can be provided at the meeting).</i></p>	
7.	<p><b>STROKE PATHWAY PROJECT</b></p> <p>To receive a progress report on the Stroke Pathway.</p>	15 - 20
8.	<p><b>URGENT CARE PATHWAY</b></p> <p>To receive a progress report on the Urgent Care Pathway Project.</p>	21 - 22
9.	<p><b>CHILDREN'S SAFEGUARDING PERFORMANCE DATA</b></p> <p>To note the performance in relation to children's safeguarding for the month of June 2015, together with trend data over the previous 12 months.</p>	23 - 50
10.	<p><b>CHILDREN'S SELF EVALUATION FRAMEWORK</b></p> <p>To receive a report on the Self Evaluation Framework.</p>	51 - 132
11.	<p><b>ADULT SOCIAL CARE LOCAL ACCOUNT</b></p> <p>To note and approve the publication of the Local Account of Adult Social Care and Support 2014/15.</p>	133 - 160

**12. HEALTHWATCH HEREFORDSHIRE**

To receive a report on any issues of concern to Healthwatch.

**13. WORK PROGRAMME**

To note the Committee's Work Programme.

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## **PUBLIC INFORMATION**

### **Public Involvement at Scrutiny Committee Meetings**

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committee to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

#### **1. Identifying Areas for Scrutiny**

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

#### **2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings**

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

# The Public's Rights to Information and Attendance at Meetings

## YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage). Agenda can be found at [www.herefordshire.gov.uk/meetings](http://www.herefordshire.gov.uk/meetings)
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- The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

## **HEREFORDSHIRE COUNCIL**

**SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.**

### **FIRE AND EMERGENCY EVACUATION PROCEDURE**

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Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.





HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Chamber, Shire Hall, Hereford on Wednesday 22 July 2015 at 9.30 am**

**Present:** Councillor PA Andrews (Chairman)  
Councillor J Stone (Vice Chairman)

Councillors: ACR Chappell, PE Crockett, DG Harlow, EL Holton, JF Johnson, MD Lloyd-Hayes, MT McEvelly, PD Newman OBE, A Seldon, NE Shaw and D Summers

**In attendance:** Councillor J Lester (Cabinet Member, Children and Young Peoples Wellbeing)

**Officers:** H Coombes (Director of Adult's Wellbeing), J Davidson (Director of Children's Wellbeing), G Hughes (Director, Economies, Community & Corporate) Dr A Talbot-Smith (Consultant in Public Health), B Norman (Assistant Director, Governance) and D Penrose (Governance Services)

**11. APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Councillor CA Gandy.

**12. NAMED SUBSTITUTES (IF ANY)**

Councillor EL Holton for Councillor CA Gandy.

**13. DECLARATIONS OF INTEREST**

None.

**14. MINUTES**

The Minutes of the meeting held on 9 June 2015 were approved and signed as a correct record.

**15. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

Several members of the public requested that the Committee undertake a review of the proposed closure of 1 Ledbury Road Centre for children with complex health needs.

Members debated the suggestion and, after a prolonged discussion, it was agreed that a Task & Finish Group be held to consider the provision of short breaks and respite care in the County, the proposed closure of the facility at 1 Ledbury Road and the issues surrounding the consultation process that had been undertaken with parents of service users and stakeholders.

An initial date of 30<sup>th</sup> September for the meeting was suggested, but this was subsequently moved to the 10<sup>th</sup> September in order to help address the concerns of parents and service users.

**Resolved:** that the Terms of Reference for a one day Task and Finish Group review be formulated and that the Group should meet as soon as possible.

**16. QUESTIONS FROM THE PUBLIC**

**17. WYE VALLEY NHS TRUST**

The Committee received a presentation from The Chief Executive, Wye Valley NHS Trust, on progress at the County Hospital following the intervention from the Care Quality Commission (CQC). As part of his presentation, the Chief Executive highlighted the following areas:

- That the CQC had highlighted good practice in both the Acute and the Community Services in the Hospital and had emphasised the caring and empathy shown by staff to families that was exemplary.
- The Emergency Care Intensive Support Team (ECIST) had shown a volatile performance, but there that there was a planned expansion of the medical team in acute care, in line with an agreed recovery plan. Recruitment in Herefordshire was an issues, and it was proving difficult to recruit to parts of the organisation.
- Stroke Services were subject to recruitment problems, but the transient ischaemic attack (TIA) service was improving and the hospital had exceeded national targets in this area and did not want to lose this impetuous.
- Patient safety had improved, as there had been a 38% increase in reported incidents with no concomitant increase in patient harm. The hospital had also been free of MRSA for over 850 days.
- Bed occupancy and demand remained challenging as it was the smallest district hospital in the country and the highest bed occupancy rate.
- Diagnostic targets would be met with the addition of a second CT scanner by the end of the calendar year and a mobile unit by the end of the summer.
- That there was a deficit plan in place for 2015/16 to address the deficit of £19.1m. This was against the deficit from the previous year of £12.7m. Changes to services would be considered in order to improve the position but reduction in costs would not be straightforward, as the largest cost centre was that of staff.
- That exacting national standards and a reducing financial envelope were issues for the hospital. There was a strong case for the future of the hospital, but work would need to be done to invest in and change the community provision of healthcare.

In reply to a series of questions from a Member the following points were made:

That staff turnover was currently at 13%, with a target of 10%. Recruitment and retention was benchmarked against other organisations, and that 40 additional nursing staff had been recruited from residents within the County.

That attendance in June and July had been around 160 a day. The Chief Executive's personal view was that this situation arose as a result of the inability of a poorly understood and fragmented health service to admit acutely unwell patients in a timely fashion. The urgent care system needed to be simplified, and work was in hand with the HCCG to address this.

That there was a good working relationship with the Powys Teaching Health Board.

In reply to a comment regarding delay at patient discharge, he said that the main issues were not associated with the pharmacy, but with the limited time available to junior

doctors, who were focussed on the unwell. This mean that they tended to have to leave the sign off of prescriptions to the end of their shifts. Priority was now being given to electronic discharge in order to allow the pharmacy to process order more quickly. A Focus on Flow week had just been held to look at processes within the hospital, and any sustainable and affordable changes that could be made would be taken forward.

The Chief Executive agreed with a Member's concern about the number of senior staff available as part of the maternity triage. There was now a full establishment in the maternity service, and the hospital had seen a reduction in caesarean section rates as a result.

That there would not be a reconfiguration of services as had happened in Worcestershire, as the county did not have the luxury of another hospital. Work would be undertaken with clinical staff in order to provide a reconfigured service across seven day working. Resilience in this area would be planned and addressed by working closely with both commissioners and partners.

In reply to a further question, the Chief Executive said that he would look at greater involvement from the voluntary sector in the future as part of the reconfiguration of services, but that whilst the hospital was in special measures there was no spare managerial team to address new initiatives of this nature.

That sixteen additional beds would be in commission before the winter this year, and a business case was in hand to secure funding for the second phase of the capital building with the estate.

In reply to a question, the Director of Adults Wellbeing said that consultation on the proposed cuts to public health funding had not been finalised, and the Council had made representations stating that cuts should not be made. It was unclear as to whether these representation would be successful, and plans were being made around a 7% reduction in the public health grant. These plans were being driven by the Management Board within the Council, together with partner organisations. The Department view the county as overfunded from the point of view of public health, but this was because they did not take into consideration issues associate with rurality. A detailed report would be provided to the meeting in September.

The Chairman thanked the Chief Executive, Wye Valley NHS Trust, for his presentation.

**Resolved:**

**That**

- a) **the report be noted; and;**
- b) **an updated report on Public Health funding be bought to the next meeting.**

**18. MENTAL HEALTH SERVICES INTEGRATED PATHWAY**

The Committee received a presentation on a project to develop a joint, integrated, all age pathway for mental health services based around the needs of the population and the outcomes they required. During the presentation, the following issues were highlighted:

- Target contract completion date of 30<sup>th</sup> September 2016 and target contract commencement date of 1<sup>st</sup> April 2017.

- There would be an extension to the current contract with 2Gether NHS FT to allow the time to develop the joint mental health services specification with Herefordshire Council.
- That the Joint Commissioning Board would be the appropriate governance route for a joint procurement project and would oversee a project specific Project Board.

During the ensuing discussion, the following points were raised:

A Member pointed out that partnership working could be fraught with problems, and asked whether there would be a system in place to ensure that all partners delivered against the obligations within the contract. The Director of Operations, HCCG, said that whilst that level of detail had yet to be laid out, it was important to ensure that there was a structure in place to scrutinise and support the providers. Best practice ideas were being utilised from other areas within the country.

The Director of Adults Wellbeing added that the key to the initiative was the public health aspect that meant that the Local Authority, the CCG and the Wye Valley NHS Trust were forming a partnership to address the issue of mental health in the County above and beyond service provision. She suggested that the Committee should consider how a resilient County could be created as the emotional wellbeing of children was one of the priorities of the Health and Wellbeing strategy.

- In reply to a Member, it was noted that the emotional resilience and wellbeing of children was a priority, and early years support and intervention would be part of the pathway. There would also be support for secondary schools as well as the sixth form college. It was also noted that there was a buddy system operating at the Sixth Form College, as some young people did not want to utilise services, but needed someone to talk to.
- That care should be taken to ensure that veterans and forces personnel were not excluded from any initiatives.

A Member said that a pilot initiative had been undertaken by three of the Parish Councils in Bircher Ward to help address loneliness and isolation. A volunteer telephone service had been set up to allow people to call and discuss issues that they might have. The Director of Adults Wellbeing welcomed this, and suggested that funds from the Council's Wellbeing Innovation Fund might be available for local projects of this nature.

- That, as many young people did not talk to their parents about concerns they might have, consideration be given to a mental health smart phone app.

**Resolved:**

**That**

- a) The report be noted; and;**
- b) An updated report be brought to the Committee on 29 January 2016.**

## **19. CHILDREN AND YOUNG PEOPLES PLAN**

The Committee received a report on the Children and Young Peoples Plan 2015-2018. The following points were highlighted by the Director of Children's Wellbeing:

- That the Plan set out the priority area for partners that would be focused on and improved on over the next three years. The Health and Wellbeing Board had

delegated responsibility for the development of the Plan to the Children and Young People's Partnership, which had undertaken development work on it using the joint strategic needs assessment, and with consultation with partner stakeholders.

In reply to a question she said that contract management was always an issue for the Partnership. Programme management would be subject to oversight by bodies such as the Health and Social Care Overview Scrutiny Committee.

In reply to a further question, the Director went on to say that the expectation of the mental health work in the Plan did include children up to five years. This would be made clearer in the document.

**Resolved:**

**That the Children and Young People's Partnership Plan 2015-2018 be noted and the partnership approach to addressing the needs of children, young people and families in Herefordshire be endorsed.**

**20. HEALTHWATCH HEREFORDSHIRE**

The Committee noted a report on the activities of Healthwatch Herefordshire.

**Resolved: That the report be noted.**

**21. WORK PROGRAMME**

The Committee noted its Work Programme.

The following matters would be added to the Programme:

- A one day spotlight review of Short respite Breaks be held. The Group would consist of Councillors ACR Chappell, PE Crockett and MD Lloyd-Hayes and be chaired by Councillor J Stone. The review would be held on the 10 September.
- A Task and Finish Group be commissioned to review the Multi-Agency Safeguarding Hub (MASH).
- That a report on GP Recruitment would be added, and NHS England would be invited to attend the meeting, as commissioners of primary care services.
- That the Chairman of the Herefordshire Children's Safeguarding Board be invited to present the Board's Annual Report.

**Resolved: that subject to the above additions, the Work Programme be approved.**

The meeting ended at 12.15 pm

**CHAIRMAN**





<b>MEETING:</b>	<b>HEALTH AND SOCIAL CARE OVERVIEW &amp; SCRUTINY COMMITTEE</b>
<b>MEETING DATE:</b>	<b>22 SEPTEMBER 2015</b>
<b>TITLE OF REPORT:</b>	<b>STROKE PATHWAY - UPDATE SEPTEMBER 2015</b>
<b>REPORT BY:</b>	<b>Service Unit Manager, Urgent Care and Care Closer to Home, Wye Valley NHS Trust</b>

**1. Classification**

Open

**2. Key Decision**

This is not an executive decision

**3. Wards Affected**

County-wide

**4. Purpose**

- 4.1 To receive an updated report on the progress being made on work on the Stroke Pathway.

**5. Recommendation**

**THAT: The Committee note the presentation**

**6. Alternative Options**

There are no relevant alternative options.

**7. Financial Implications**

- 7.1 There are no financial implications to this report.

**8. Legal Implications**

- 8.1 There are no legal implications to this report.

**9 Appendixes**

Appendix 1 – Presentation

**10 Background Papers**

- 10.1 None identified.





**Health and Social Care  
Overview & Scrutiny Committee**

**Stroke Pathway - Update September 2015**

**Lynne Kedward**  
Service Unit Manager  
Urgent Care and Care Closer to Home

## Staffing

- Out to advert for 2 x Consultants
- Stroke Specialty Doctor appointed
- Appointed 3 x Clinical Nurse Specialists
- Recruited all therapists
- Recruited 2 x Junior Sisters
- Recruitment of Ward nurses remains challenging



## Equipment and Environment

- Deanery visit comments re: Wye Ward

*“Trainees stated that the stroke ward provided an excellent learning environment and was well managed. There is early supportive rehabilitation for patients to receive an earlier discharge to home and the community services where possible. Good evidence of multi-professional care pathways”*

22<sup>nd</sup> May 2015



- Second CT scanner
- Single site delivers improvements in length of in-patient stay

## Pathways and Partnership

- Acute pathway agreed and partially implemented
- More work to do when second CT scanner in place (direct access for paramedics)
- Gloucester confirmation of continued commitment to partnership (dependent on recruitment to Consultant posts)
- Early supported discharge team in place (evaluation being undertaken by Healthwatch, the Carers Association and Stroke Association)



# Update on Progress



# Questions ?







<b>MEETING:</b>	<b>HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE</b>
<b>MEETING DATE:</b>	<b>22 September 2015</b>
<b>TITLE OF REPORT:</b>	<b>Urgent Care Pathway</b>
<b>REPORT BY:</b>	<b>Head of Clinical Outcomes and Service Transformation, Herefordshire Clinical Commissioning Group</b>

**1. Classification**

Open

**2. Key Decision**

This is not an executive decision

**3. Wards Affected**

County-wide

**4. Purpose**

4.1 To receive a progress report on the Urgent Care Pathway Project.

**5. Recommendation**

**THAT: The report be noted**

**6. Appendices**

None.

**7. Background Papers**

None identified.





<b>Meeting:</b>	<b>Health &amp; Social Care Overview &amp; Scrutiny Committee</b>
<b>Meeting date:</b>	<b>22 September 2015</b>
<b>Title of report:</b>	<b>Children's Safeguarding Performance Data</b>
<b>Report by:</b>	<b>Assistant Director, Safeguarding &amp; Family Support</b>

## Classification

Open

## Key Decision

This is not an executive decision

## Wards Affected

Countywide

## Purpose

To note the performance in relation to children's safeguarding for the month of June 2015, together with trend data over the previous 12 months.

## Recommendation(s)

**THAT:**

- (a) the performance of Children's Safeguarding be reviewed;**
- (b) Comment on any other performance indicators which scrutiny would like to be included in future reports**

## Alternative options

- 1 There are no alternative options as this is an opportunity for scrutiny to review and challenge the performance of children's safeguarding

## Reasons for recommendations

- 2 To allow the committee to undertake effective scrutiny of the Council's statutory functions in relation to safeguarding for children in need.

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Further information on the subject of this report is available from Marcia Gilbert, Children's Performance Lead & Frameworks Transformation Manager on Tel (01432) 261655

## Key considerations

- 3 The attached report considers performance for the month of June 2015, together with trend data over the previous 12 months (appendix 1).
- 4 We believe the information being reported is more accurate than before and this is linked to the overall transformation of Frameworki, the social care case management system. This includes installing 19 case management and reporting upgrades to Frameworki since April 2014. This transformation project is part of the overarching children of Herefordshire's improvement and partnership programme (CHIPP) programme and, as at 30 June 2015, 70% of the work in the Frameworki project plan has been completed. However, whilst the work is being completed within project timescales, further improvements still need to be achieved by the project completion deadline of December 2015. We now have a much better understanding as to how the whole system is operating than we have had previously, and this has enabled us to drive up standards and performance.
- 5 The overall trend is that the system is working much more efficiently and meeting contemporary practice standards and statutory guidance than has been the case over the previous 14 months. We have also been successful in producing a range of more meaningful operational activity, performance information and management information reports. However, there are still further areas for attention in terms of improving our overall efficiency in meeting statutory expectations. Specific aspects which the committee are invited to consider in the report (appendix 1) are as detailed below:
- 6 Performance in relation to all contacts received by children's safeguarding being screened by a qualified practitioner on the same working day has been somewhat erratic since January 2015, due primarily to new workers and managers familiarising themselves with how to use and record information on Frameworki. Audits have confirmed that all contacts were screened appropriately. Whilst there has been a slight drop in performance during June 2015 at 93.04% compared with the previous month, and also when compared to June 2014, it should be noted that performance during the first two weeks of July 2015 reached 100%.
- 7 As stated in the previous performance report, how contacts and referrals are recorded and actioned has been investigated. This has resulted in a more clear definition of when a contact should be appropriately progressed to a referral, and this is reflected in the progressively lower number of contacts being progressed to a referral since January 2015. The figure of 42.35% for June 2015 is now following the overall annual trend. Whilst the majority of contacts and referrals from the police during June 2015 follow the established pattern of domestic abuse notifications, there was a higher than average number of contacts/referrals in relation to allegations of sexual abuse, both current and historical, during June 2015. This reflects increased activity as part of a large scale child protection investigation (Operation Anthem).
- 8 An in depth audit of re-referrals was also undertaken earlier in the year and, since January 2015, the re-referral rate has continued to fall. The cumulative year to date rate of 19.81% is now below the all England average and our statistical neighbours (as at 31<sup>st</sup> March 2014), the end of month percentage for June 2015 of 19.72% closely follows the annual trend. This performance measure will continue to be monitored by way of quarterly audits.
- 9 The number of initial assessments completed per 10,000 child population is significantly higher than our statistical neighbours and we will need to investigate this



further.

- 10 The number of initial assessments completed within timescales during June 2015 has improved in comparison with the previous month, despite there being an increase of 64% in the number of initial assessments completed. Whilst the compliance figure of 53.25% is disappointing, the need to prioritise front end safeguarding activities above the completion of initial assessments within timescale was paramount. Whilst significantly below our local target of 85%, it is comparable to the statistical neighbours' rate of 56.87%, and significantly better than the most recent West Midlands compliance rate of 25.20%.
- 11 The increase in the number of strategy discussions/meetings leading to s47 child protection investigations during June 2015 reflects the higher than usual number of child protection referrals from the police. These were in relation to the ongoing Operation Anthem child protection investigation.
- 12 Whilst the rate per 10,000 in Herefordshire of children subject to a child protection plan is higher than our statistical neighbours and the England average, the number of children subject to a plan has dropped from a high of 69.25 per 10,000 in April 2014 to 53.74 in June 2015.
- 13 As at 30 June 2015, no children were subject to a child protection plan for the second or subsequent time: the last time this was the case was in December 2014. 10 (5.15%) children have been subject to a child protection plan for 2+ years. Whilst this figure is higher than the all England and West Midland local authorities average, all 10 of these children are members of three sibling groups, and all are in care proceedings.
- 14 During June 2015, visits within timescales to children subject to a child protection plan and statutory visits to looked after children were 76.19% and 53.13% respectively. The target for both types of visits is 100%, and performance in both of these areas will be investigated.

## **Community impact**

- 15 Delivering the corporate plan is key to the Council achieving the positive impact it wishes to make across Herefordshire and all its communities. Given the decreasing financial resources available to the Council, monitoring performance is likely to become even more important so as to ensure that resources are best directed to meet the Council's agreed priorities and statutory obligations.

## **Equality duty**

- 16 This report is to provide an update on performance for safeguarding and the equality duty is not applicable.

## **Financial implications**

- 17 This report has no financial implications and is for information and comment only.

## **Legal implications**

- 18 This report has no legal implications and is for information and comment only.

## **Risk management**

19 There are no risks associated with this report which is for information only.

## **Consultees**

20 Herefordshire Safeguarding Children Board. Any actions arising from these consultations are incorporated into the main body of the report and any actions are also picked up as part of the overall improvement programme.

## **Appendices**

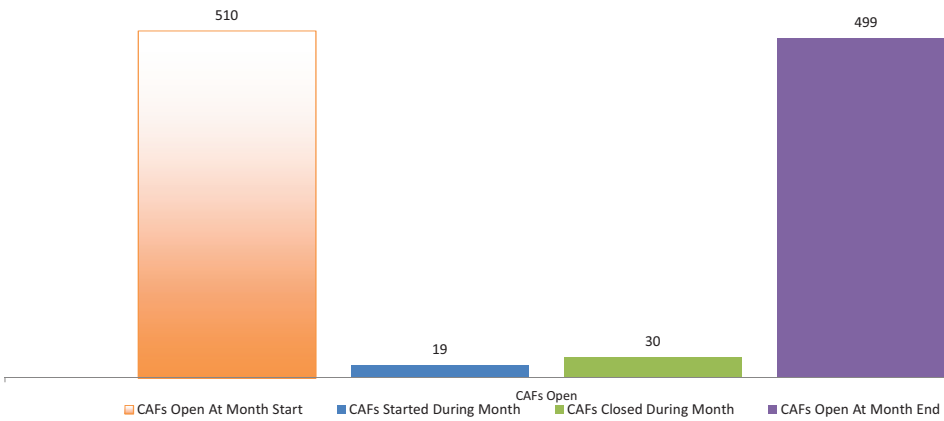
21 Appendix 1 - Performance report June 2015

## **Background papers**

22 None identified

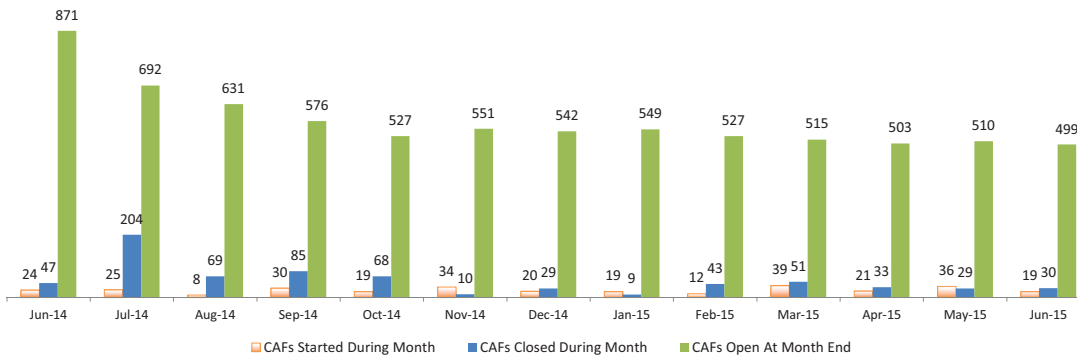
Code	1	Name	CAF Summary Information	Responsible officer	Nicola Turvey
Full Description	CAF Summary Information as at 30 June 2015				
Measure	N/A	Indicator Guide			

### Headline CAF Data



Last Update	June 2015
Current Value	499
Rate per 10,000	145.98
Overall assessment	
Target	N/A

### CAF Summary Information as at 30 June 2015 (CAFs started, closed and open by month)



Direction of Travel (Comparator with last year)	↓
Previous Values	
May-15	510
Apr-15	503
England 2013/14	N/A
Statistical Neighbours 2013/14	N/A
West Midlands 2013/14	291
Measure Period	Month End (Snapshot)

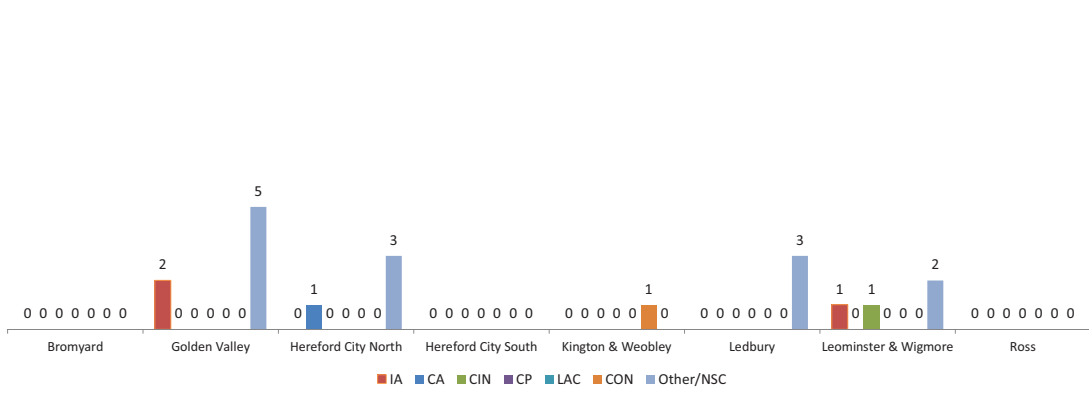
**Comments**

The total number of CAFs has continued to fall over the past 12 months, and is now at its lowest figure of 499. This is due to the ongoing robust management of the database and, in consultation with lead professionals, appropriately closing cases where, for example, there has been no action on the case over a period of time.

We are now able to report on the number of open CAFs at month end with a comparative rate per 10,000 children in Herefordshire, which for June 2015 is 145.98. There is no national indicator for CAFs and the most recent West Midlands data for Q2 2014-15 shows a wide variation across authorities in terms of the rate per 10,000, ranging from 24.4 to 468.0. The West Midlands average is 291.0 per 10,000 children.

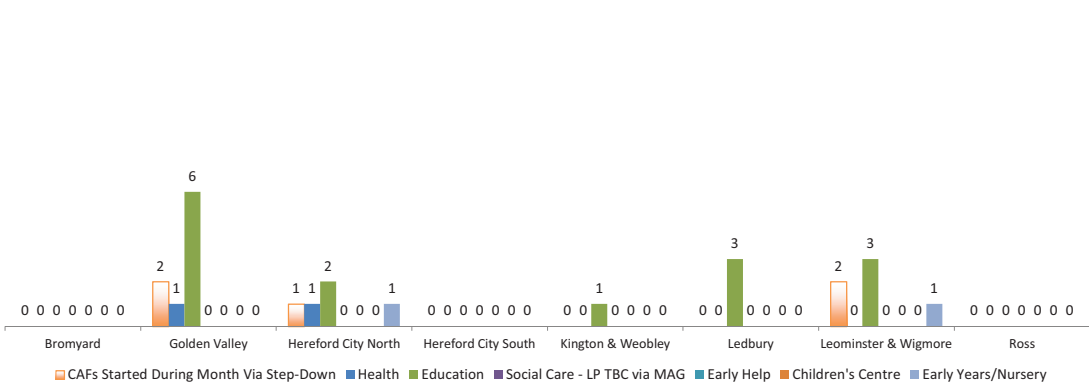
Code	2	Name	CAF Summary Information	Responsible officer	Nicola Turvey
Full Description	CAF Summary Information as at 30 June 2015 (CAFs Started and Closed)				
Measure	N/A	Indicator Guide			

### CAFs Started During Month (via Step-Down)



Last Update	June 2015
Current Value	19
Rate per 10,000	N/A
Overall assessment	
Target	N/A

### CAFs Started During Month (via Step-Down and by Lead Professional)



Direction of Travel (Comparator with last year)	↓
Previous Values	
Apr-15	16
May-15	14
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

**Comments**

19 CAFs were started during June 2015, the same number as in the previous month. 7 (37%) of CAFs started were in respect of families living in the Golden Valley area of Hereford.

13 (68%) of CAFs that were started during June 2015 were in relation to cases where there was no current involvement by Childrens Social Care. 3 (16%) of CAFs were initiated following step down following the completion of an initial assessment during June 2015 which mirrors the trend in previous months, and none were stepped down following a core assessment, discontinuance of a Child Protection Plan, or following the reunification of a looked after child with their family.

As in previous months, Education continue to be the lead professional for the majority of CAFs, being responsible for 15 (79%) of those started in June 2015. The next most common lead professionals are Health and Early Years/Nursery at 10.5% respectively.

Code	3	Name	CAF Summary Information	Responsible officer	Nicola Turvey
Full Description	CAF Summary Information as at 30 June 2015 (CAFs Closed and Length of time open)				
Measure	N/A	Indicator Guide			

### CAFs Closed During Month by Reason



Last Update	June 2015
Current Value	30
Rate per 10,000	N/A
Overall assessment	
Target	N/A

### Length of Time Open at Point of CAF Closure



Direction of Travel (Comparator with last year)	
Previous Values	
May-15	29
Apr-15	33
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

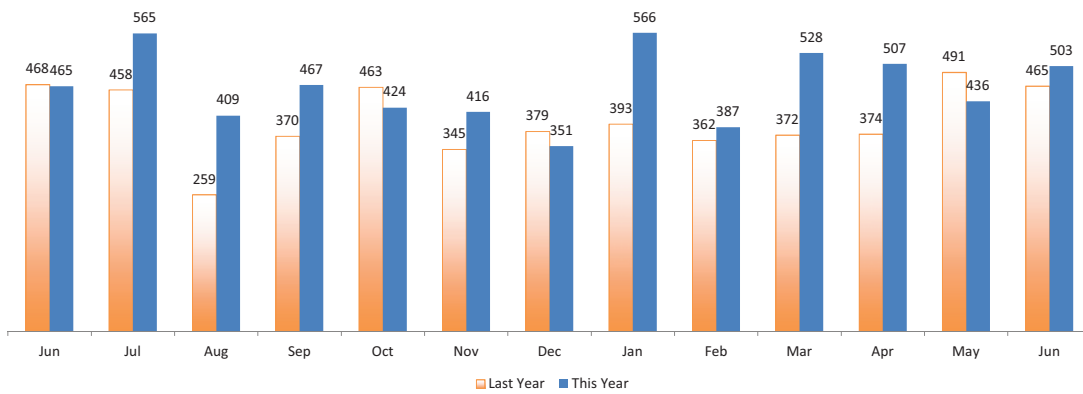
**Comments**

During June 2015, 15 (50%) of CAFs were closed due to being stepped up to Social Care. 11 (37%) of these cases were from the Hereford City South area, the most deprived area in the county.

The majority of cases closed during June 2015 had been open for 18 months or more (30%). 23% of closed cases had been open for 3-6 months, and another 23% had been open for 6-9 months. This mirrors activity over the past six months.

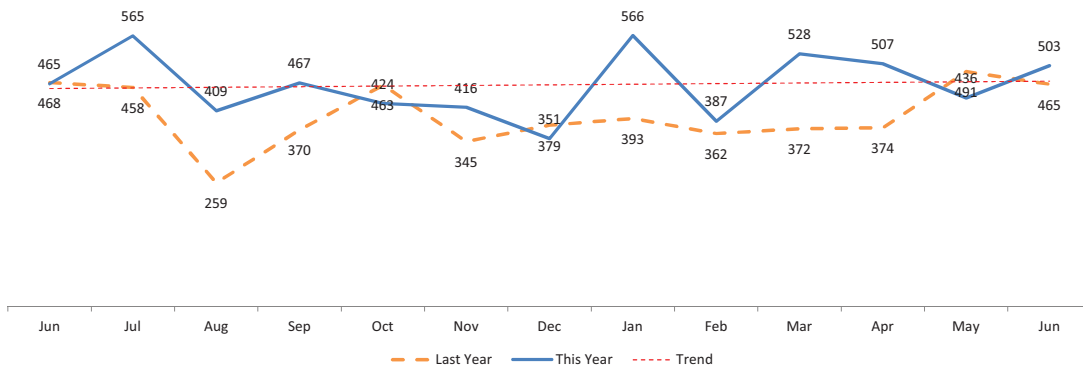
Code	4	Name	Contacts Received Per Month	Responsible officer	Kay Prescott
Full Description	Total number of contacts by month. This indicator is to ensure that all contacts are relevant and followed up where appropriate.				
Measure	N/A	Indicator Guide	Contacts are monitored to ensure relevance and identify trends in requests for services. Overall volumes will directly impact on the flow of work throughout Children's Wellbeing.		

Contacts Received Per Month



Last Update	June 2015
Current Value	503
Rate per 10,000	N/A
Overall assessment	
Target	N/A

Contacts Received Per Month - Trend



Direction of Travel (Comparator with last year)	↑
Previous Values	
Jun-14	465
Jun-13	0
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Cumulative)	

**Comments**

There has been an increase of 15% in the number of contacts received during June 2015 compared with the previous month, and an increase of 8% when compared with June 2014. However, the number of contacts for June 2015 is lower than those received in July 2014 and January 2015, and overall is following the trend for the year as a whole.

<b>Code</b>	<b>5</b>	<b>Name</b>	<b>Contacts Received Per Agency - This Month</b>	<b>Responsible officer</b>	<b>Kay Prescott</b>
<b>Full Description</b>	<b>Total number of contacts per Team. This indicator is to ensure that all contacts are relevant and followed up where appropriate.</b>				
<b>Measure</b>	<b>N/A</b>	<b>Indicator Guide</b>	<b>Contacts are monitored to ensure relevance and identify trends in requests for services. Overall volumes will directly impact on the flow of work throughout Children's Wellbeing.</b>		

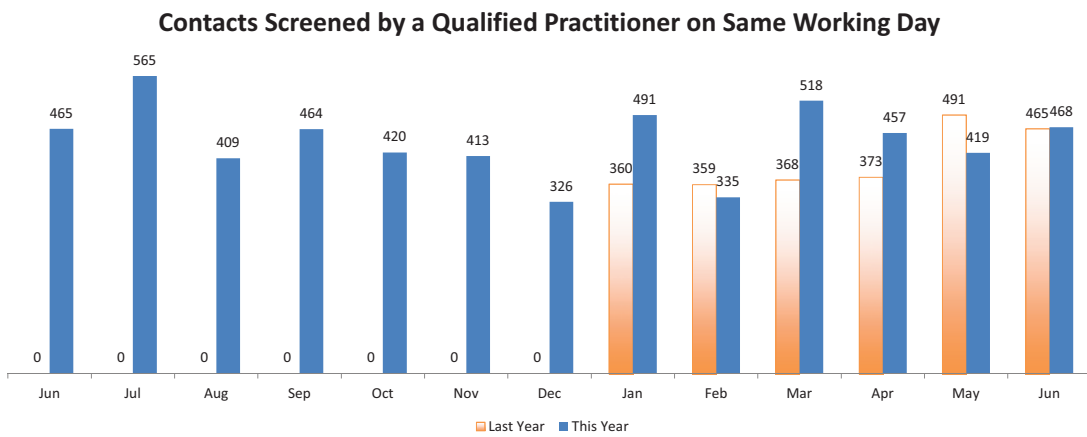
Referring Organisation	Number	%	Number progressed to referral and %	Last Update	June 2015
Police	241	47.91%	100 - 41.49%	Current Value	503
Schools	71	14.12%	34 - 47.89%		
LA services - Social care eg. adults social care	21	4.17%	7 - 33.33%	Rate per 10,000	N/A
Family Member / Relative / Carer	31	6.16%	15 - 48.39%		
Other - eg. childrens centres / independent agency	27	5.37%	10 - 37.04%	Overall assessment	
External eg. from another LAs	6	1.19%	1 - 16.67%		
Health services - A&E	7	1.39%	3 - 42.86%	Target	
Housing or housing association	2	0.40%	2 - 100.00%		
Education Services	0	0.00%	0 - 00.00%	N/A	
Health services - Other primary health services	32	6.36%	12 - 37.50%		
Anonymous	17	3.38%	5 - 29.41%	Direction of Travel (Comparator with last year)	
Health services - Health Visitor	13	2.58%	11 - 84.62%		
Other Individuals e.g. strangers / MPs	1	0.20%	1 - 100.00%	↑	
Health services - GP	8	1.59%	3 - 37.50%		
Acquaintance eg. neighbours / child minders	2	0.40%	0 - 00.00%	Previous Values	
LA services - Other internal department eg. youth offending	17	3.38%	7 - 41.18%		
Health Services - 2Gether (Adults)	0	0.00%	0 - 00.00%	Jun-14 465	
Health Services - 2Gether (CAMHS)	2	0.40%	0 - 00.00%	Jun-13 0	
Health services - Other eg. hospice	1	0.20%	0 - 00.00%	England	
Health services - School Nurse	3	0.60%	2 - 66.67%	2013/14 N/A	
Self	1	0.20%	0 - 00.00%	Statistical Neighbours	
Unknown	0	0.00%	0 - 00.00%	2013/14 N/A	
<b>Total</b>	<b>503</b>		<b>213 - 42.35%</b>	West Midlands	
				2013/14 N/A	
				Measure Period	
				Month End (Cumulative)	

Referring Organisation	Number	%	Number progressed to referral and %	Direction of Travel (Comparator with last year)	
Police	160	36.70%	37 - 23.13%	↑	
Schools	88	20.18%	55 - 62.50%		
LA services - Social care eg. adults social care	10	2.29%	6 - 60.00%	Previous Values	
Family Member / Relative / Carer	17	3.90%	6 - 35.29%		
Other - eg. childrens centres / independent agency	21	4.82%	4 - 19.05%	Jun-14 465	
External eg. from another LAs	42	9.63%	12 - 28.57%	Jun-13 0	
Health services - A&E	8	1.83%	3 - 37.50%	England	
Housing or housing association	2	0.46%	0 - 00.00%	2013/14 N/A	
Education Services	0	0.00%	0 - 00.00%	Statistical Neighbours	
Health services - Other primary health services	46	10.55%	27 - 58.70%	2013/14 N/A	
Anonymous	7	1.61%	2 - 28.57%	West Midlands	
Health services - Health Visitor	9	2.06%	8 - 88.89%	2013/14 N/A	
Other Individuals e.g. strangers / MPs	1	0.23%	1 - 100.00%	Measure Period	
Health services - GP	3	0.69%	1 - 33.33%	Month End (Cumulative)	
Acquaintance eg. neighbours / child minders	11	2.52%	4 - 36.36%		
LA services - Other internal department eg. youth offending	0	0.00%	0 - 00.00%		
Health Services - 2Gether (Adults)	5	1.15%	0 - 00.00%		
Health Services - 2Gether (CAMHS)	0	0.00%	0 - 00.00%		
Health services - Other eg. hospice	2	0.46%	1 - 50.00%		
Health services - School Nurse	1	0.23%	0 - 00.00%		
Self	0	0.00%	0 - 00.00%		
Unknown	3	0.69%	2 - 66.67%		
<b>Total</b>	<b>436</b>		<b>169 - 38.76%</b>		

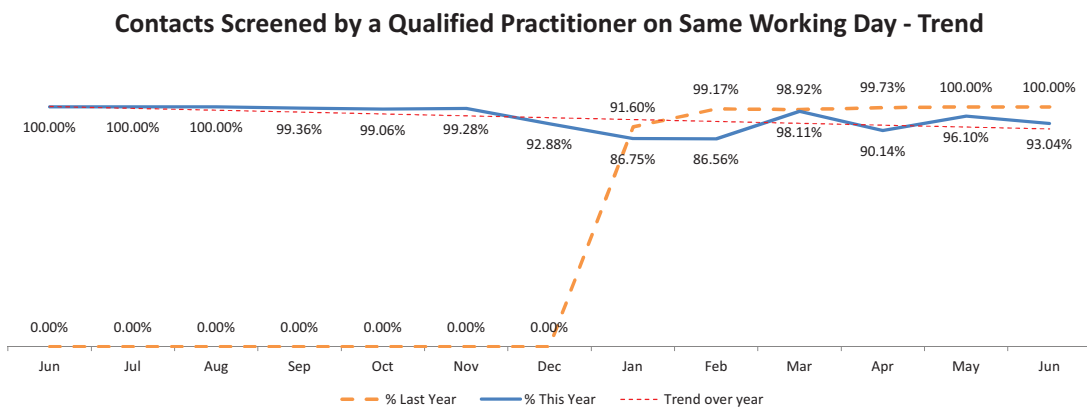
**Comments**

There was a slight increase in the number of contacts progressed to a referral in June 2015 at 42.35%, compared to 38.76% in May 2015. The highest number of contacts received during June 2015 were the Police at 241 (47.91%) of which 41.49% were progressed to referrals.

Code	6	Name	Contacts Screened by a Qualified Practitioner on Same Working Day	Responsible officer	Kay Prescott
Full Description	Number of Contacts screened by a qualified practitioner within 24 hours, in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Contacts screened by a qualified practitioner within 24 hours to a level at, or above benchmarks.		



Last Update	June 2015
Current Value	93.04%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	100%



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	100.00%
Jun-13	0.00%
England 2013/14	N/A
Statistical Neighbours 2013/14	N/A
West Midlands 2013/14	N/A
Measure Period	Month End (Cumulative)

**Comments**

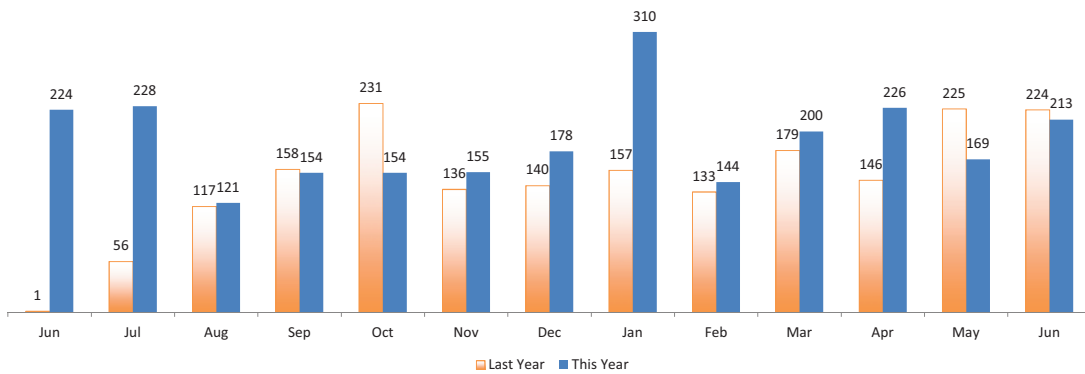
It is noted that this performance indicator operates at a higher level than the national indicator, which only requires referrals to be screened within 24 hours and not on the same working day of receipt as is the case here.

Whilst there has been a slight drop in performance during June 2015 compared with the previous month, and also when compared to June 2014, it should be noted that performance to date in July 2015 has reached 100%.



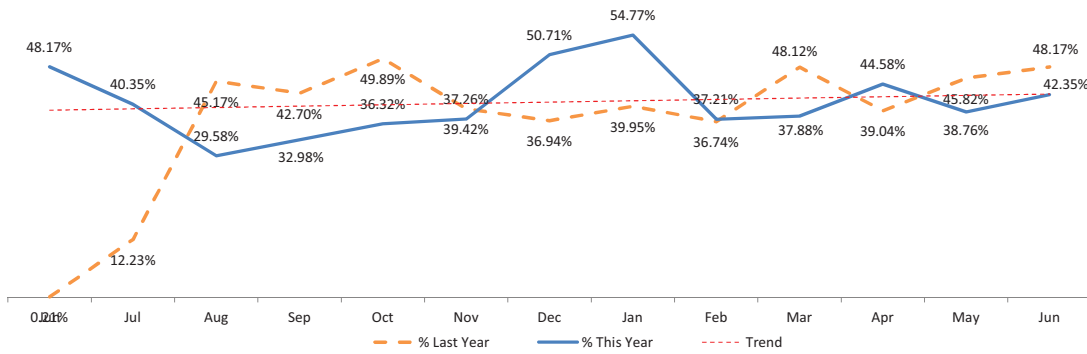
Code	7	Name	Contacts Progressed to Referral	Responsible officer	Kay Prescott
Full Description	Number of Contacts which have progressed onto a referral in the month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

### Contacts Progressed to Referral



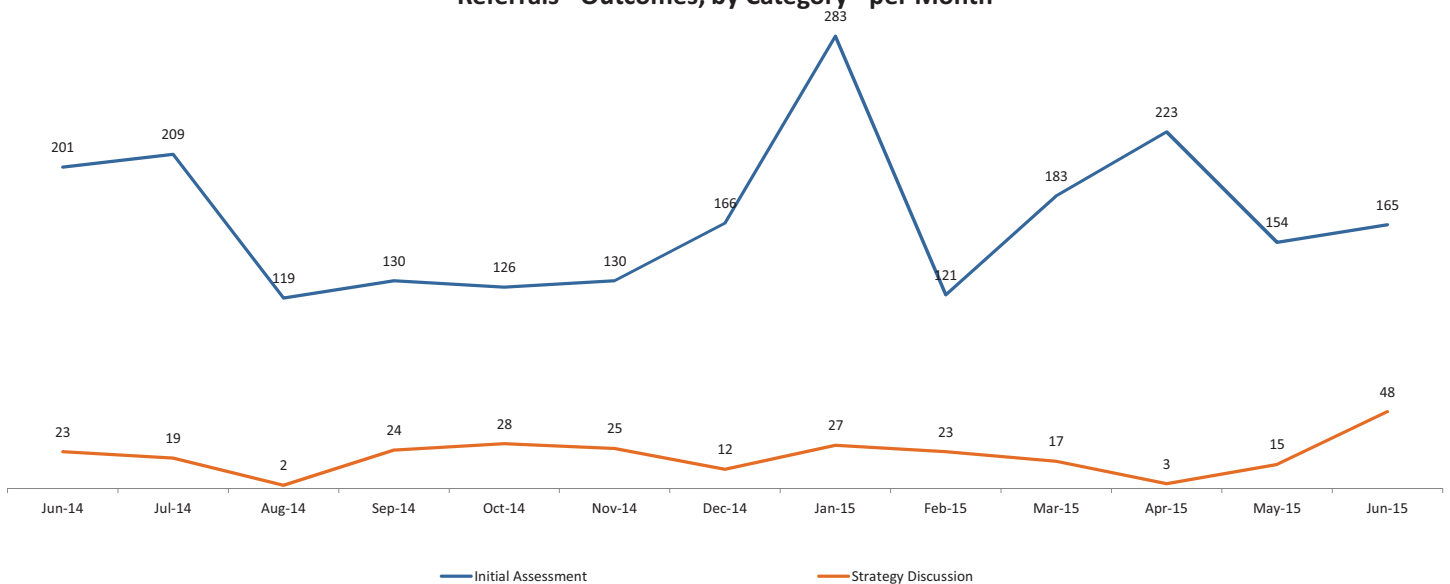
Last Update	June 2015
Current Value	42.35%
Rate per 10,000	N/A
Overall assessment	
Target	N/A

### Contacts Progressed to Referral - Trend



Direction of Travel (Comparator with last year)	↓
Previous Values	
Jun-14	48.17%
Jun-13	N/A
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Cumulative)	

### Referrals - Outcomes, by Category - per Month



**Comments**

47% of all referrals were received from the Police which is the highest referral rate from this agency since February 2015, and is higher than the all England average of 23.9%.

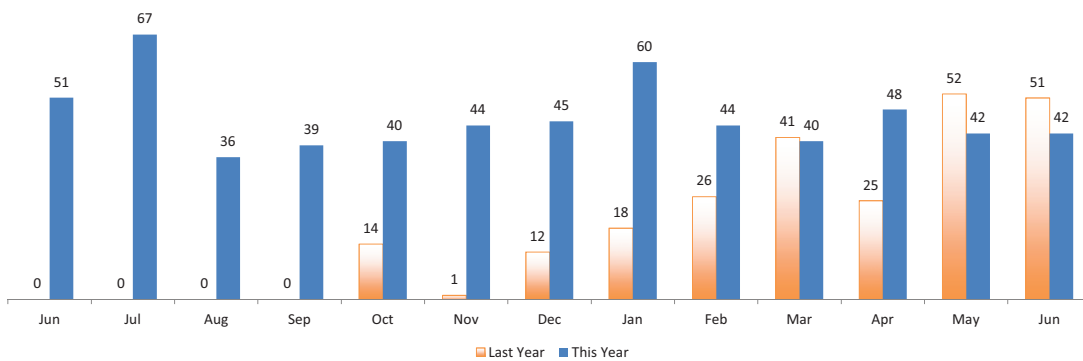
Whilst the majority of contacts and referrals from the Police follow the established pattern of domestic abuse notifications, there was a higher than average number of contacts/referrals in relation to allegations of sexual abuse, both current and historical, during June 2015. The increase in the number of contacts from the Police which progressed to a referral during June 2015 may also reflect increased activity as part of a large scale child protection investigation.

16% of referrals were received from schools, which compares to the all England average of 13.1%, and 15% of referrals were received from Health, which compares to the all England average of 14%.

Whilst figures for the number of contacts progressed to a referral has fluctuated over the past 12 months, the figure of 42.84% for June 2015 is following the annual trend.

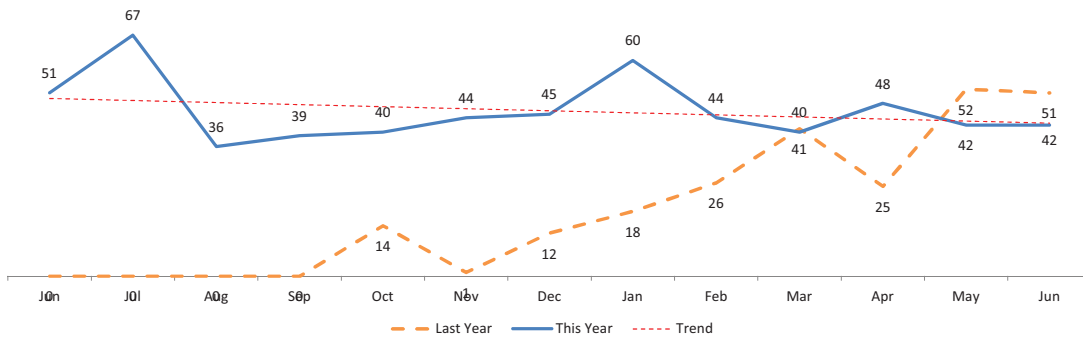
Code	8	Name	Re-Referrals	Responsible officer	Kay Prescott
Full Description	Total number of Rereferrals to social care teams by month. This indicator is to ensure that all referrals to Children's Wellbeing are followed up where appropriate. It is reported in the Children in Need Census.				
Measure	To Target	Indicator Guide	ReReferrals should directly reflect level of demand for statutory responses in the authority. It should also reflect the confidence of partners to appropriately identify children who are potentially at risk. The rates should be in line with authorities experiencing similar levels of deprivation and need.		

### Re-Referrals



Last Update	June 2015
Current Value	19.72%
Rate per 10,000 (YTD)	151.52
Overall assessment	
Target	N/A

### Re-Referrals - Trend



### Direction of Travel (Comparator with last year)



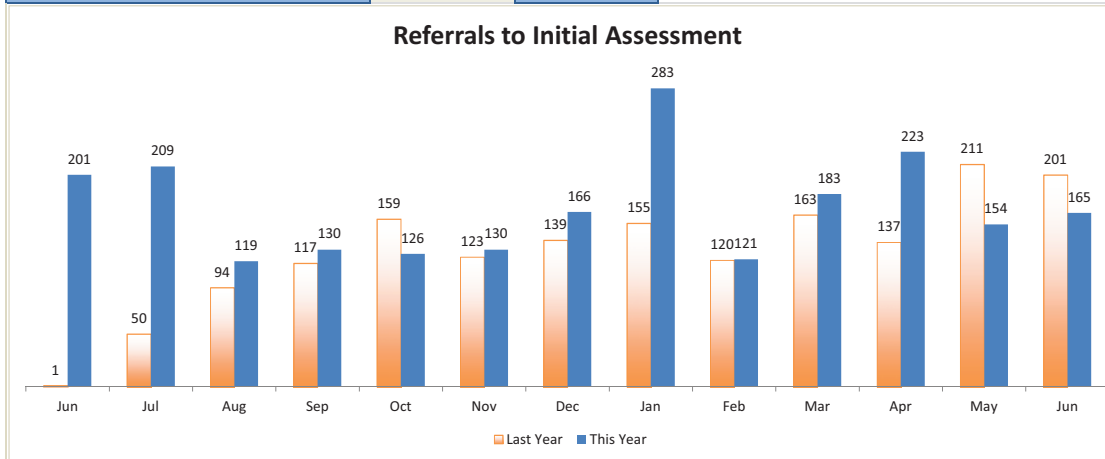
Previous Values	
Jun-14	22.77%
Jun-13	0.00%
England	
2013/14	23.4
Statistical Neighbours	
2013/14	23.65
West Midlands	
Q2 2014/15	21.48
Measure Period	
Month End (Cumulative)	

**Comments**

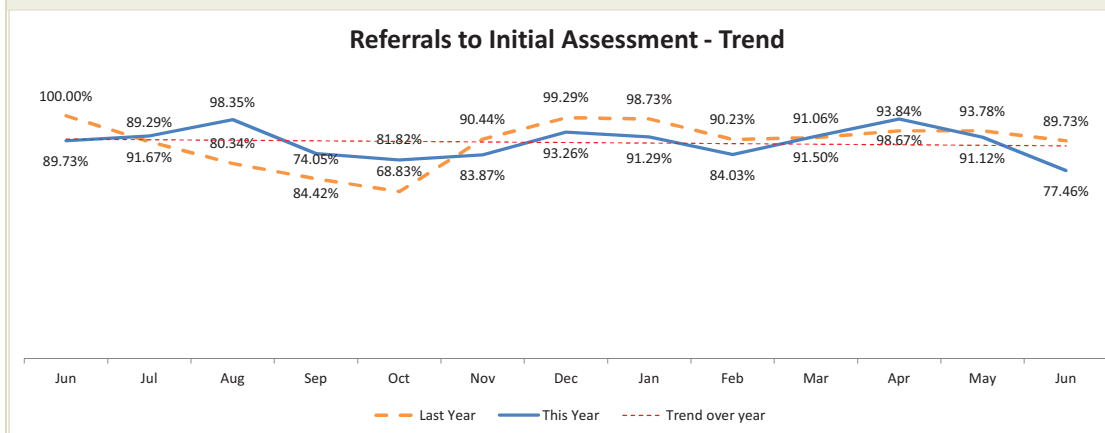
Since January 2015, the re-referral rate has continued to fall and the cumulative year to date rate of 21.87% is below that of the all England average and our statistical neighbours. The end of month percentage for June 2015 of 19.72% closely follows the annual trend.

In order to ensure that the re-referral position continues to be closely monitored, re-referral audits were commenced in January 2015, and these continue on a quarterly basis.

Code	9	Name	Referrals to Initial Assessment	Responsible officer	Kay Prescott
Full Description	Total number of referrals to social care which lead to completion of an initial assessment.				
Measure	N/A	Indicator Guide	Looking for highest possible % of referrals to the MASH team to lead to an initial assessment. This is to ensure that all referrals are relevant and any unnecessary referrals are limited.		



Last Update	June 2015
Current Value	77.46%
Rate per 10,000 (YTD)	556.51
Overall assessment	
Target	N/A



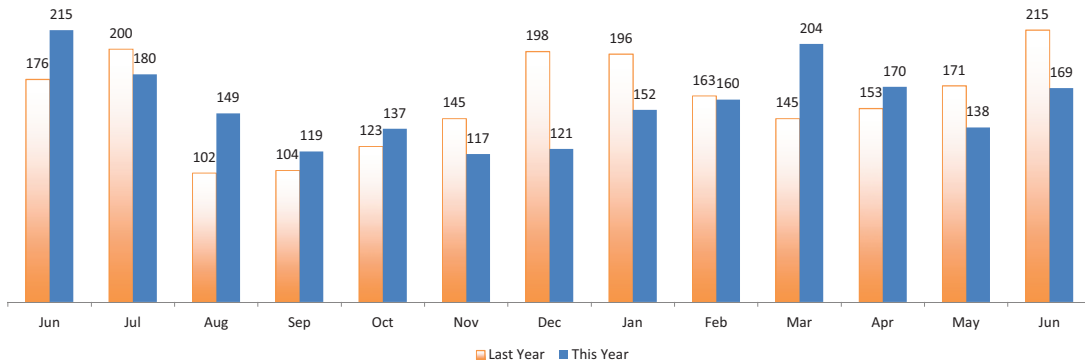
Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	89.73%
Jun-13	100.00%
England 2013/14	86.0%
Statistical Neighbours 2013/14	62.4%
West Midlands 2013/14	81.77%
Measure Period	Q2 2014/15
Month End (Cumulative)	

**Comments**

The work undertaken with operational managers earlier in 2015 around arriving at a more clear definition of what constitutes a referral has resulted in a more appropriate rate of referrals progressing to an initial assessment.

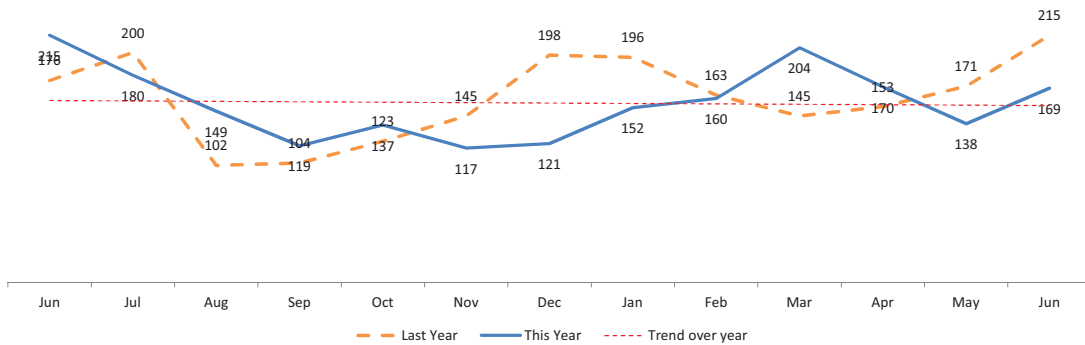
Code	10	Name	Initial Assessments Completed	Responsible officer	Kay Prescott
Full Description	Initial Assessments completed per month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

### Initial Assessments Completed



Last Update	June 2015
Current Value	169
Rate per 10,000 (YTD)	503.05
Overall assessment	
✕	
Target	

### Initial Assessments Completed - Trend

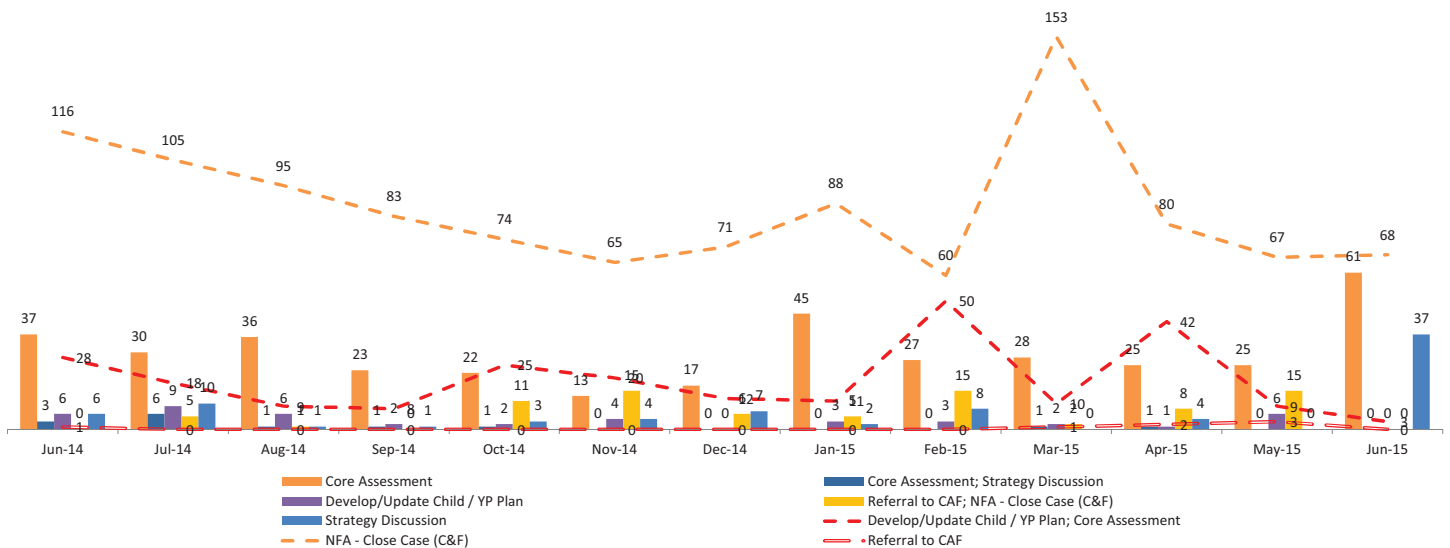


### Direction of Travel (Comparator with last year)



Previous Values	
Jun-14	530.47
Jun-13	410.80
England	
2013/14	267.45
Statistical Neighbours	
West Midlands	
2013/14	309.87
Measure Period	
Month End (Cumulative)	

### Initial Assessments Completed - Outcomes, by Category - per Month



**Comments**

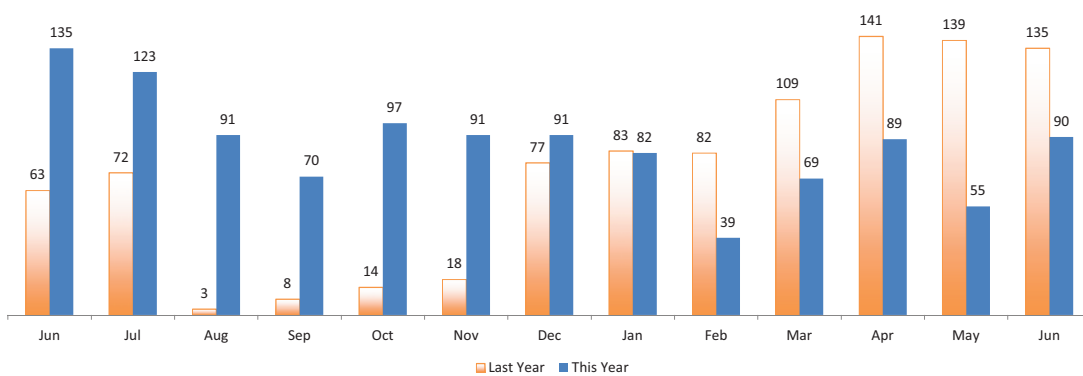
169 initial assessments were completed during June 2015: 3 of these initial assessments had been completed, but the outcome had not been recorded, at the time this report was generated.

22% of initial assessments resulted in a strategy meeting being convened, which compares to 3% in June 2014 and 0% in May 2015. This reflects the higher than average number of referrals received from the Police, and the nature of the presenting concerns, during June 2015.

40% of initial assessments were closed on their completion in June 2015. The direction of travel in the number of initial assessments being undertaken with an outcome of no further action is positive. However, there is further work to be done to ensure that a CAF is appropriately initiated at an earlier stage, thereby avoiding both a referral and an initial assessment.

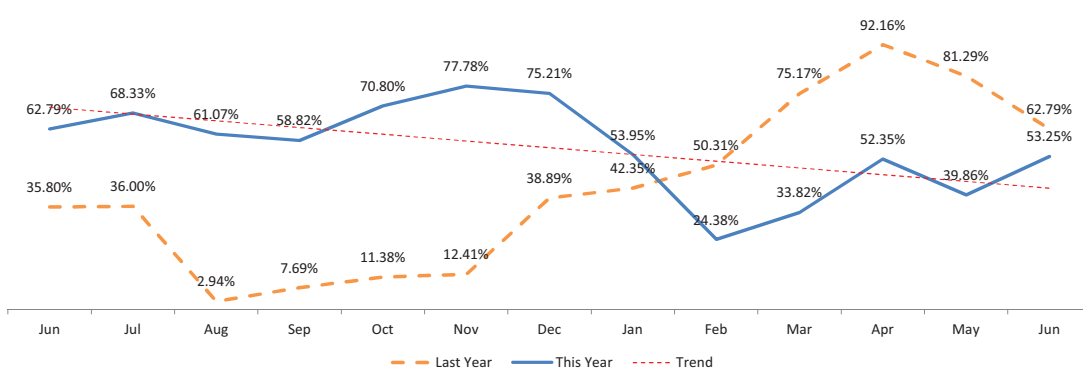
Code	11	Name	Initial Assessments Completed within 10 Working Days	Responsible officer	Kay Prescott
Full Description	Percentage of Initial Assessments completed within 10 working days (completed is when the family has agreed to the assessment and the manager has authorised it)				
Measure	Higher is Better	Indicator Guide	Looking for the highest possible % of Initial Assessments to be completed within 10 days.		

Initial Assessments Completed within 10 Working Days



Last Update	June 2015
Current Value	53.25%
Rate per 10,000 (YTD)	273.41
Overall assessment	
Target	85%

Initial Assessments Completed within 10 Working Days - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	62.79%
Jun-13	35.80%
England 2013/14	69.57%
Statistical Neighbours 2013/14	56.87%
West Midlands Q2 2014/15	25.20%
Measure Period	
Month End (Cumulative)	

**Comments**

The number of initial assessments completed within timescales during June 2015 has improved in comparison with the previous month, despite there being an increase of 64% in the number of initial assessments completed.

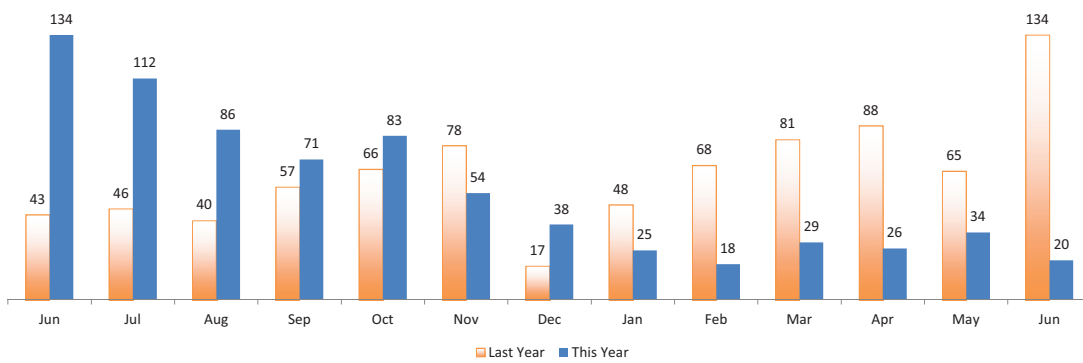
Whilst the compliance figure of 53.25% is disappointing, the need to prioritise front end safeguarding activities above the completion of initial assessments within timescale was paramount. The staffing situation in MASH is now improving and we anticipate an improved level of performance over the coming months. Whilst the compliance figure for June 2015 is significantly below our local target of 85%, it is comparable to the statistical neighbours rate of 56.87%, and significantly better than the most recent West Midlands compliance rate of 25.20%.

There has been a worrying trend in the number of initial assessments not being completed within timescales, particularly since January 2015, but the situation would now appear to be improving.

Out of a total of 79 initial assessments completed out of timescale, (31 or 39%) were completed within 11-15 days: (12 or 15%) completed within 16-20 days: and 36 (46%) in 21+ days.

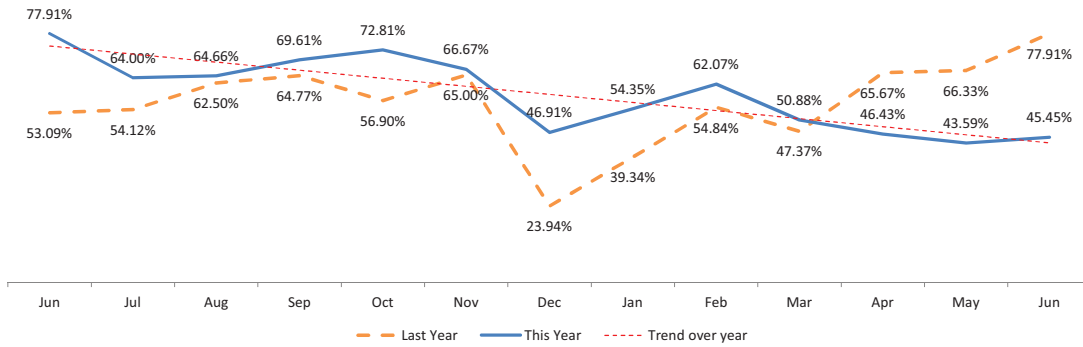
Code	12	Name	Core Assessments Completed within 35 Working Days	Responsible officer	Kay Prescott
Full Description	The indicator measures the percentage of Core Assessments completed within 35 working days. Core Assessments are in-depth assessments of a child, or children, and their family, as defined in the Framework for the Assessment of Children in Need and their Families. They are also the means by which s47 (Child Protection) enquiries are undertaken following a strategy discussion.				
Measure	Higher is Better	Indicator Guide	Looking for the highest possible % of Core Assessments to be completed within 35 working days.		

### Core Assessments Completed within 35 Working Days



Last Update	June 2015
Current Value	45.45%
Rate per 10,000 (YTD)	165.10
Overall assessment	
Target	85%

### Core Assessments Completed within 35 Working Days - Trend



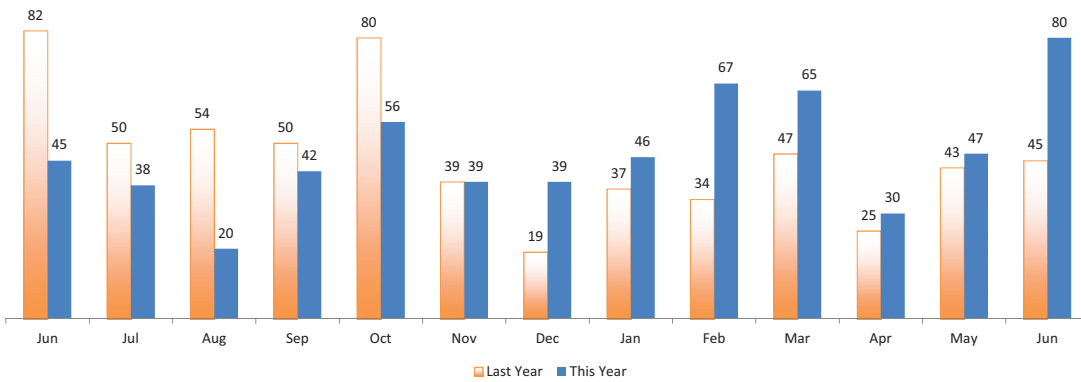
Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	77.91%
Jun-13	53.09%
England	
2013/14	72.84%
Statistical Neighbours	
2013/14	68.72%
West Midlands	
2013/14	68.3%
Measure Period	
Month End (Snapshot)	

**Comments**

There has been a slight improvement in the number of core assessments completed within timescales during June 2015 when compared to the previous month.

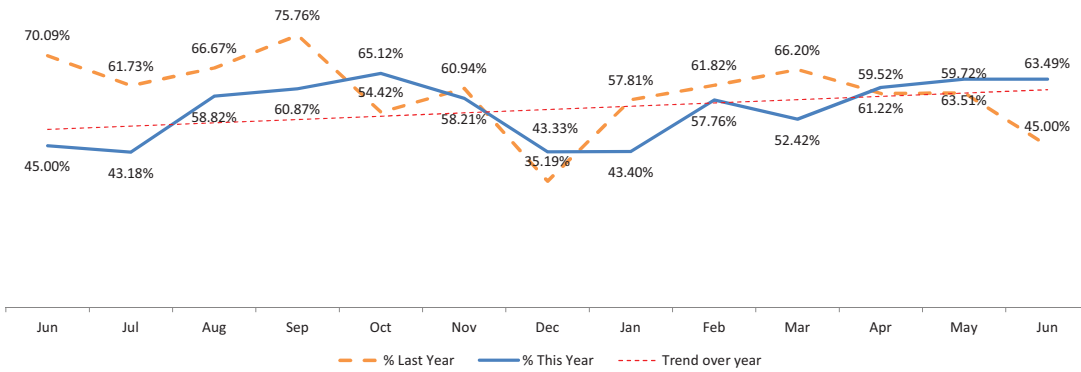
Code	13	Name	Strategy Discussions/Meetings Leading to Section 47 Investigations	Responsible officer	Paul Meredith
Full Description	Of the total number of Strategy Discussions that took place in the month, the total number which went onto s47 Investigations.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

Strategy Discussions/Meetings Leading to Section 47 Investigations



Last Update	June 2015
Current Value	63.49%
Rate per 10,000 (YTD)	157.62
Overall assessment	
Target	N/A

Strategy Discussions/Meetings Leading to Section 47 Investigations - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	45.00%
Jun-13	70.09%
England	
2013/14	124.1
Statistical Neighbours	
2012/13	N/A
West Midlands	
2013/14	125.8
Measure Period	
Month End (Snapshot)	

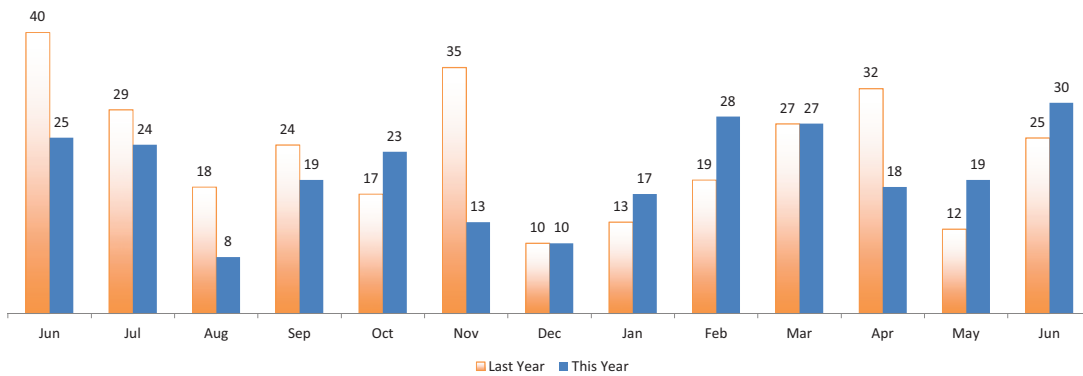
**Comments**

The increase in the number of strategy discussions/meetings leading to s47 child protection investigations during June 2015 reflects the higher than usual number of child protection referrals from the Police and the resultant higher than average number of strategy discussions/meetings held during the month.

The primary reason for a strategy meeting being held during June 2015 was concerns in relation to physical abuse, and 36% of strategy meetings were held in this respect: of these, 82% progressed to a s47 child protection investigation. 27% of strategy meetings held were in relation to child sexual exploitation concerns and, of these, 82% progressed to a s47 child protection investigation.

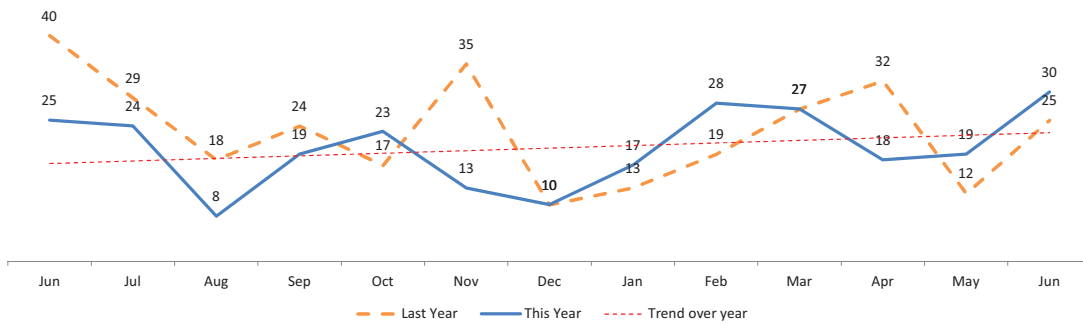
Code	14	Name	Number of Children Becoming Subject to a Child Protection Plan in Month	Responsible officer	Reg Marriott
Full Description	Children subject to a Child Protection Plan during the year.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be more in line with benchmarks.		

Number of Children Becoming Subject to a Child Protection Plan in Month



Last Update	June 2015
Current Value	30
Rate per 10,000	65.37
Overall assessment	
Target	

Number of Children Becoming Subject to a Child Protection Plan in Month - Trend



Direction of Travel (Comparator with last year)	↓
Previous Values	
Jun-14	72.30
Jun-13	94.18
England	
2013/14	52.1
Statistical Neighbours	
2013/14	49.73
West Midlands	
2013/14	55
Measure Period	
Month End (Snapshot)	

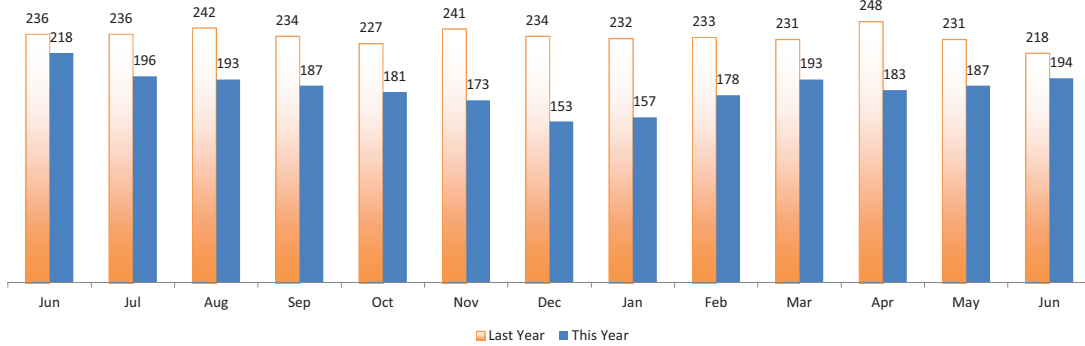
**Comments**

32 children were considered initial child protection conferences during June 2015, and 30 children became subject to a Child Protection Plan. Whilst there has been an increase from 19 children in May 2015 to 30 children becoming subject to a Child Protection Plan in June 2015, it should be noted that there were 10 sibling groups of 2 or more children considered at initial conferences during June 2015.



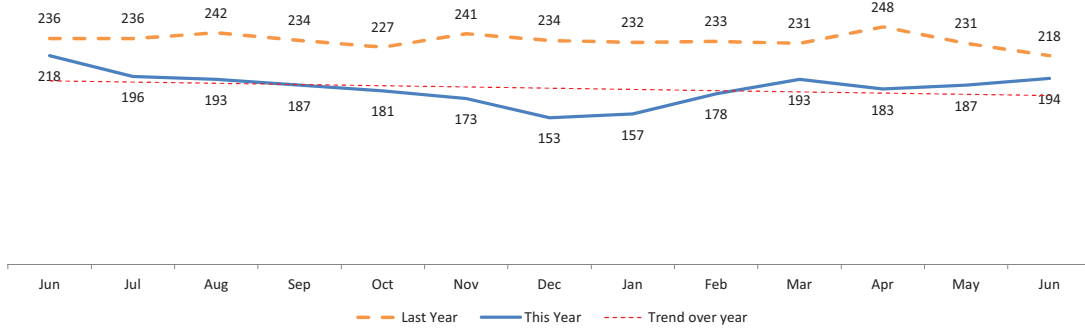
Code	15	Name	Child Protection Plans at Month End	Responsible officer	Reg Marriott
Full Description	Children subject to a Child Protection Plan during the year.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be more in line with benchmarks.		

### Child Protection Plans at Month End



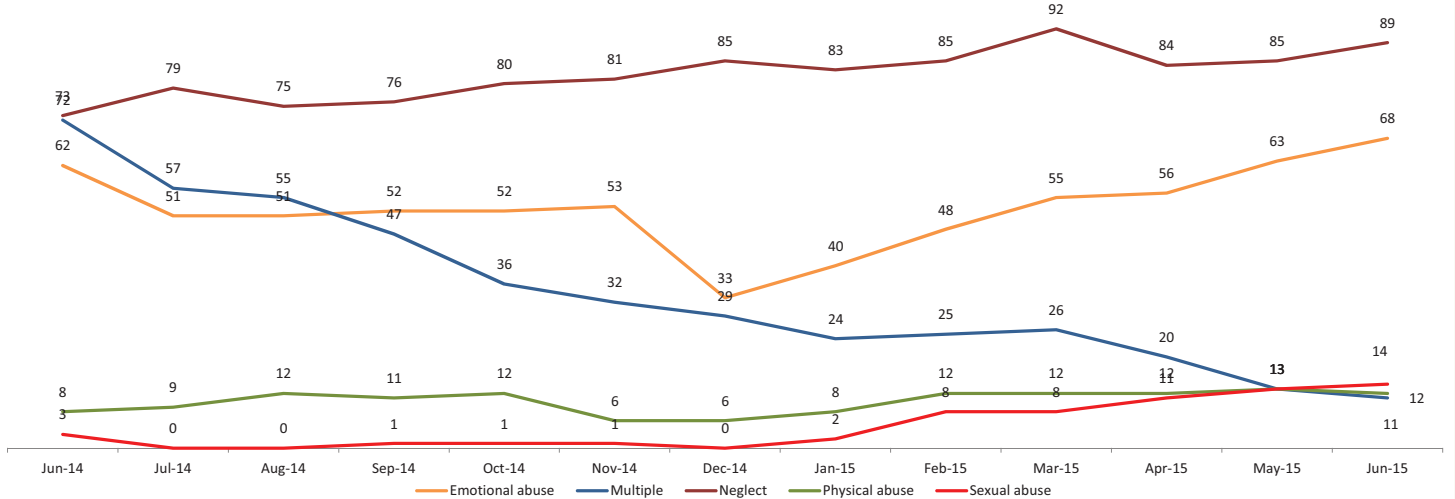
Last Update	June 2015
Current Value	194
Rate per 10,000	53.74
Overall assessment	
Target	

### Child Protection Plans at Month End - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	60.39
Jun-13	65.37
England	
2013/14	42.1
Statistical Neighbours	
2013/14	39
West Midlands	
Q2 2014/15	46.3
Measure Period	
Month End (Snapshot)	

### Reasons for CPP - by Category - per Month



**Comments**

The rate per 10,000 children subject to a Plan in Herefordshire as at 30 June 2015 is 53.74 which is within range of our statistical neighbours and the West Midlands local authorities. It is also moving to be within range of the all England rate of 42.1 for 2013-14.

It should be noted that the majority of strategy meetings held during June 2015 were in relation to concerns around physical abuse. However, of the 194 children subject to a Child Protection Plan as at 30 June 2015, only 12 (6.1%) were in this category. Physical abuse is the second lowest category overall for Child Protection Plans.

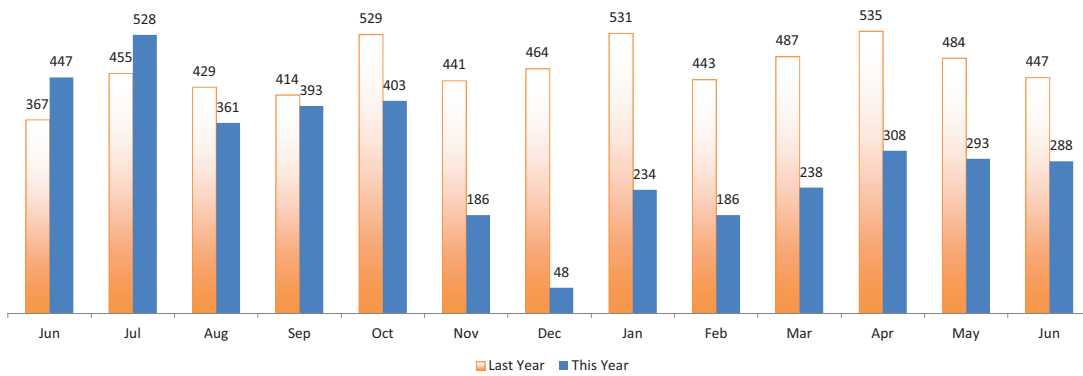
As at 30 June 2015, no children were subject to a Child Protection Plan for the second or subsequent time - the last time this was the case was in December 2014.

10 children have been subject to a Child Protection Plan for 2+ years, which represents 5.15%, compared to 6.42% in June 2014. Whilst this figure for June 2015 is higher than the all England average of 2.6% and of West Midland local authorities at 3%, all 10 of these children are members of three sibling groups, and all are in care proceedings.



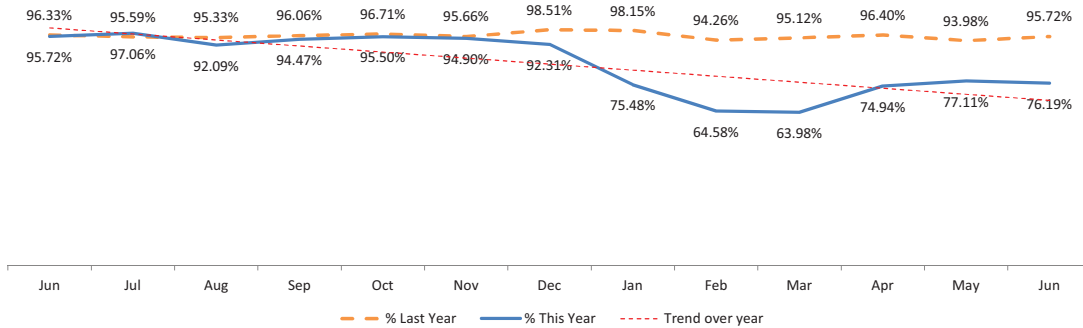
Code	16	Name	Child Protection Visits Within Timescale in Month	Responsible officer	Kay Prescott
Full Description	Number of Child Protection Visits carried out within timescale in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Child Protection Visits that are being undertaken within timescale to a level at, or above benchmarks.		

Child Protection Visits Within Timescale in Month



Last Update	June 2015
Current Value	76.19%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	
100%	

Child Protection Visits Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	95.72%
Jun-13	96.33%
England	
2013/14	58.40%
Statistical Neighbours	
2013/14	69.80%
West Midlands	
2013/14	65.80%
Measure Period	
Month End (Snapshot)	

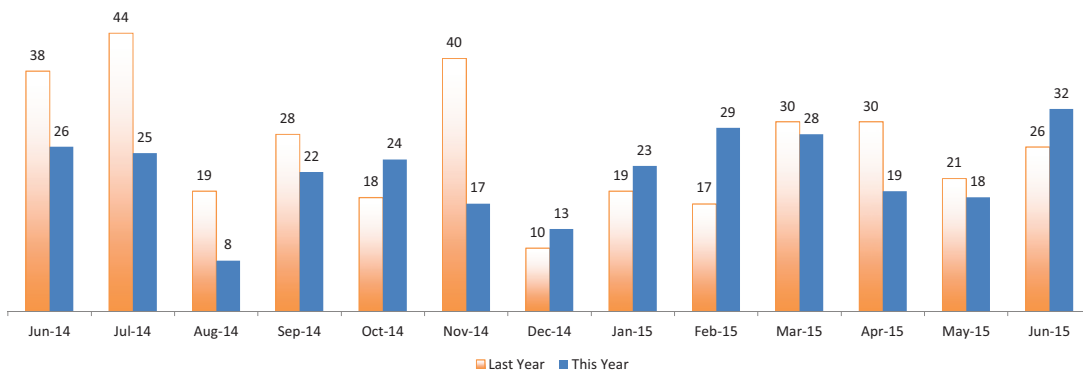
**Comments**

The above performance is disappointing and is attributed to performance issues with individual workers in that visits are not being correctly recorded and copied on to siblings, coupled with turnover of staff and managers in operational teams and new workers familiarising themselves with the system.

However, whilst Herefordshire's local target of 100% has not been met over the past 12 months, performance has consistently been higher than the all England performance of 58.4% and the West Midlands authorities performance of 64.4% during the year 2013-14 (CIN Census data 2013-14).

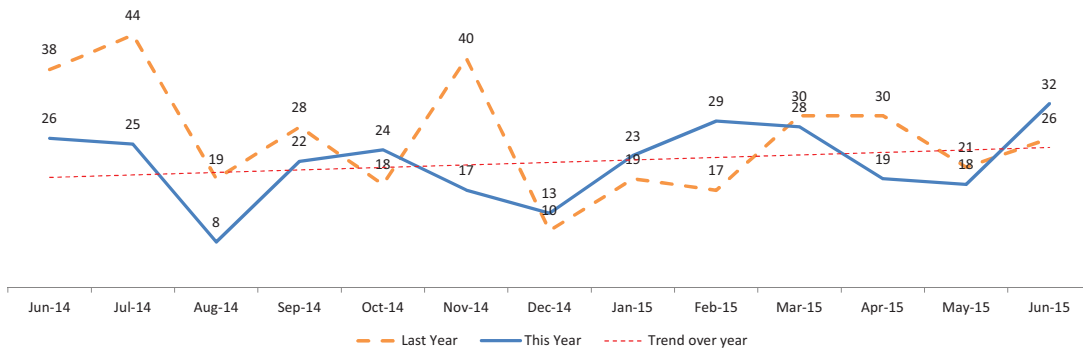
Code	17	Name	Initial Child Protection Conferences Held in Month	Responsible officer	Reg Marriott
Full Description	Initial Child Protection Conferences held in month.				
Measure	N/A	Indicator Guide	Number of ICPCs held in month.		

### Initial Child Protection Conferences Held in Month



Last Update	June 2015
Current Value	32
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	N/A

### Initial Child Protection Conferences Held in Month - Trend



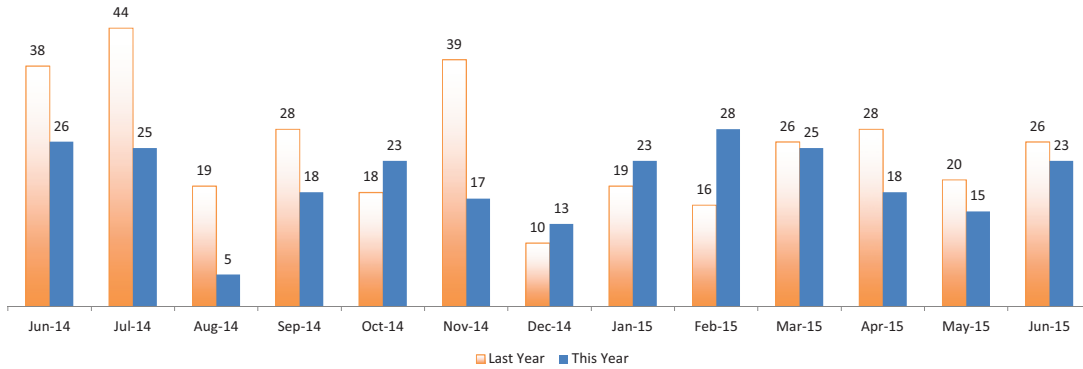
Direction of Travel (Comparator with last year)	↑
Previous Values	
Jun-14	26
Jun-13	38
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
Q1 2014/15	N/A
Measure Period	
Month End (Snapshot)	

**Comments**

There was an increase in the number of initial child protection conferences held in June 2015 to 32, compared to 18 in May 2015. This was as a result of the increased number of child protection referrals and resultant strategy meetings and s47 child protection investigations.

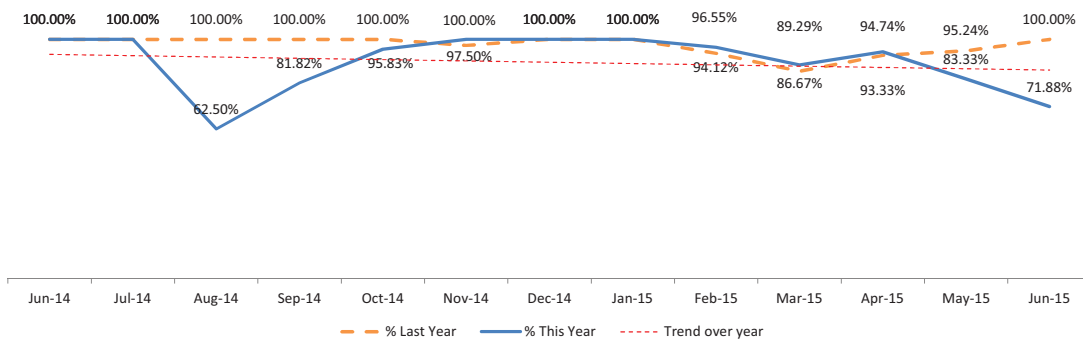
Code	18	Name	Initial Child Protection Conferences Held Within Timescale in Month	Responsible officer	Reg Marriott
Full Description	Initial Child Protection Conferences within 15 working days of start of Section 47 Enquiry.				
Measure	Higher is Better	Indicator Guide	All ICPCs should be completed within 15 days of the strategy discussion which initiated the investigation.		

### Initial Child Protection Conferences Held Within Timescale in Month



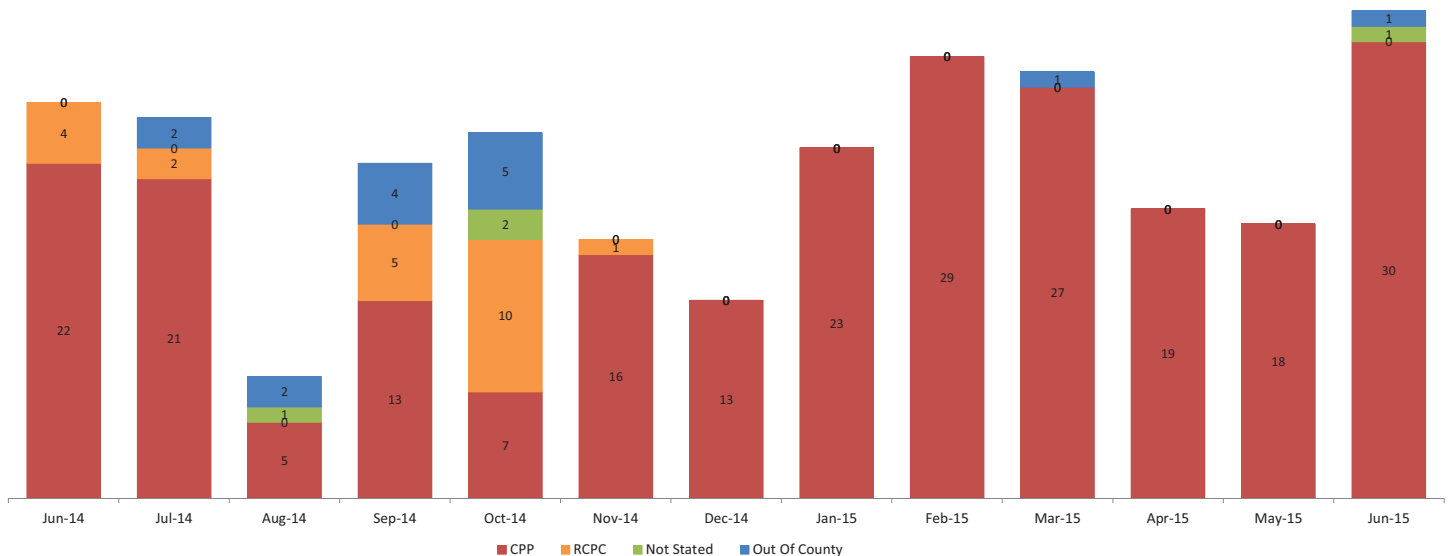
Last Update	June 2015
Current Value	71.88%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	100%

### Initial Child Protection Conferences Held Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	100.00%
Jun-13	100.00%
England	
2013/14	70.0%
Statistical Neighbours	
2013/14	67.5%
West Midlands	
Q1 2014/15	90.79%
Measure Period	
Month End (Snapshot)	

### ICPCs - Outcomes, by Category - per Month

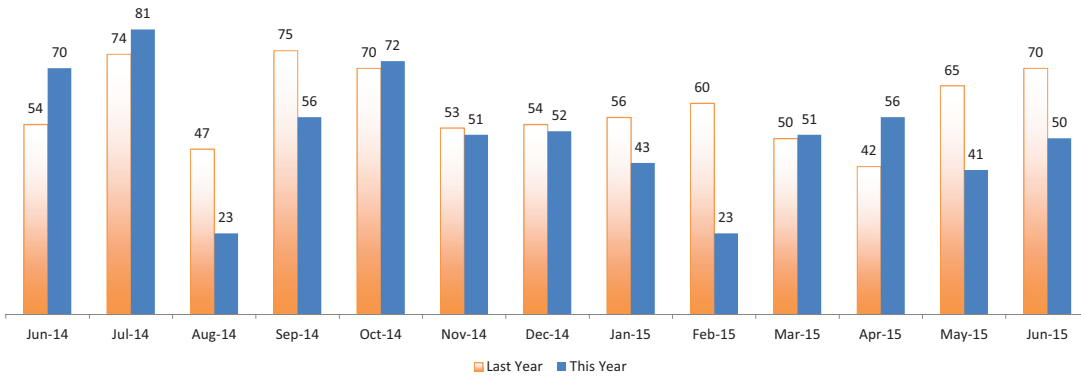


### Comments

This 78% increase in the demand for an initial child protection conference has had an impact on the number of initial conferences held within timescale, which has fallen in June 2015 to 71.88%. Whilst disappointing when compared to earlier in 2015, it should be noted that this compliance figure is higher than the all England figure of 70% and the statistical neighbours figure of 67.5% in 2013-14.

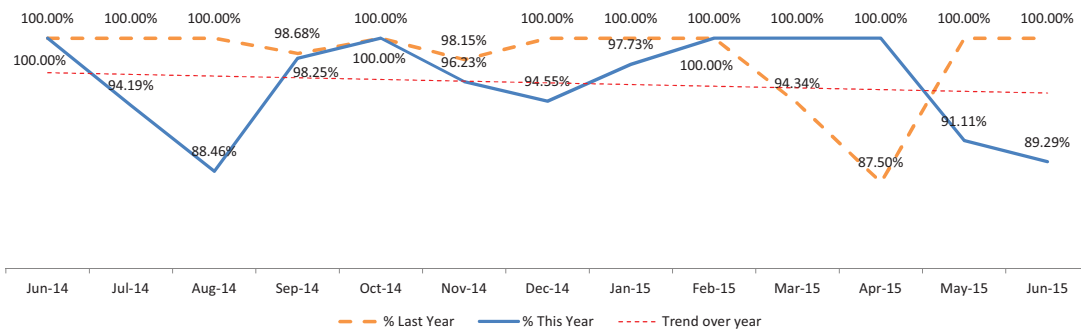
Code	19	Name	Review Child Protection Conferences Held Within Timescale in Month	Responsible officer	Reg Marriott
Full Description	Review Child Protection Conferences within 90 days of ICPC or 180 days from last RCPC.				
Measure	Higher is Better	Indicator Guide	All RCPCs should be completed within 90 days of the ICPC, or 180 days from the last RCPC.		

### Review Child Protection Conferences Held Within Timescale in Month



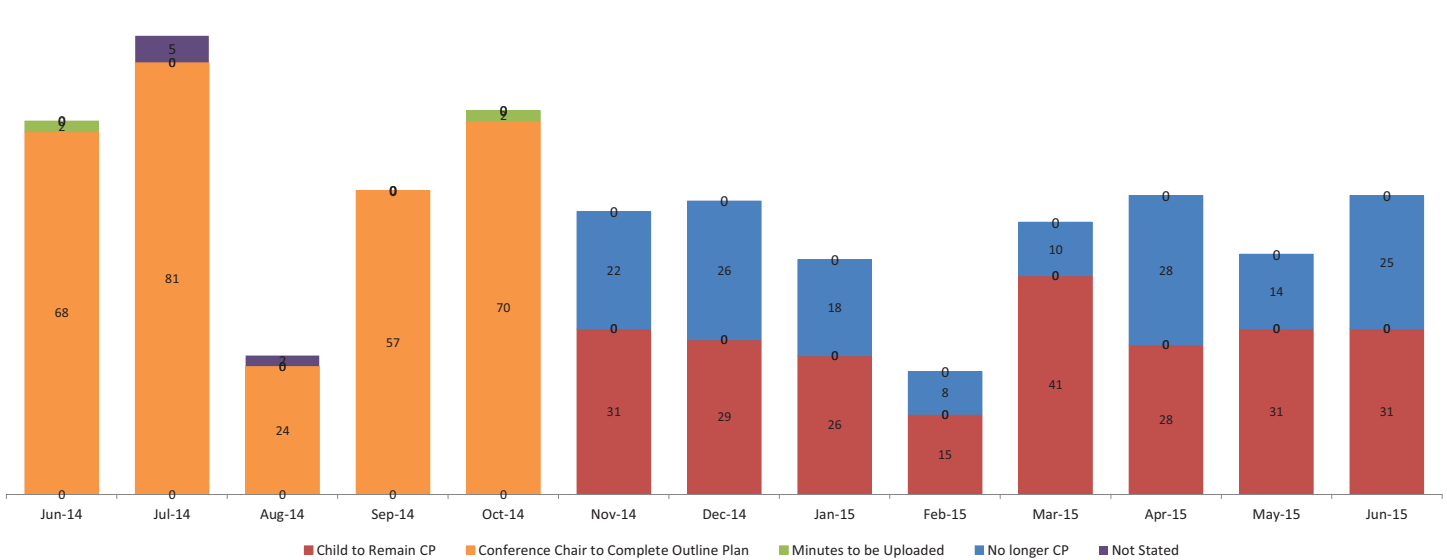
Last Update	June 2015
Current Value	89.29%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	100%

### Review Child Protection Conferences Held Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	100.00%
Jun-13	100.00%
England	
2013/14	96.20%
Statistical Neighbours	
2012/13	96.70%
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

### RCPCs - Outcomes, by Category - per Month

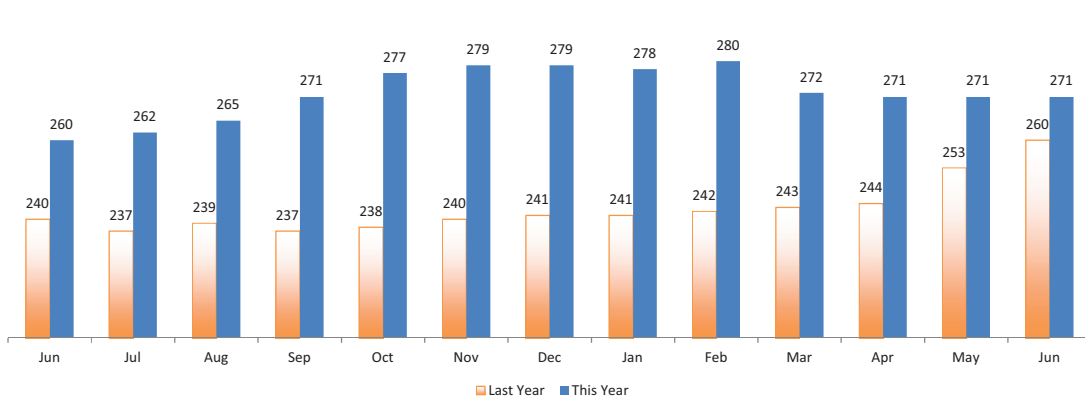


### Comments

There was a 24% increase in the number of child protection review conferences held during June 2015 and, of these, 89.29% were held in timescale. The increased activity in relation to review conferences is likely to be as a result of ensuring that a conference takes place prior to schools breaking up for summer holidays.

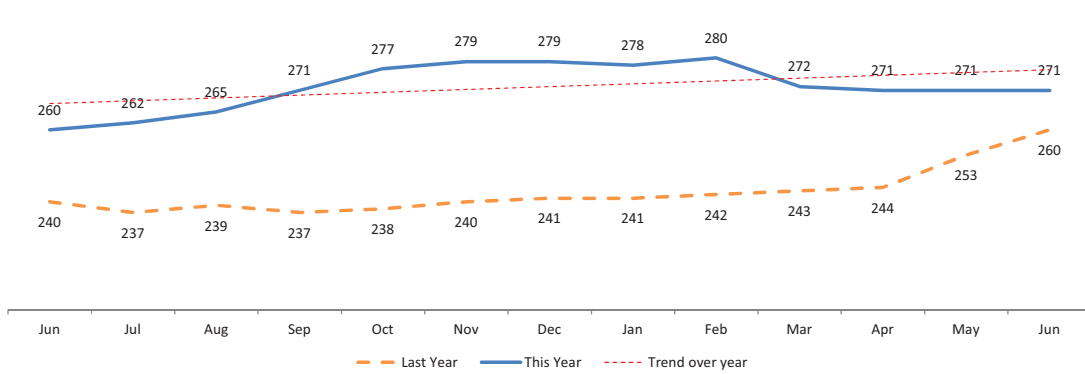
Code	20	Name	Looked After Children at Month End	Responsible officer	Jo King
Full Description	Number of children in care on the last day of the month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall levels of demand for statutory intervention.		

### Looked After Children at Month End



Last Update	June 2015
Current Value	271
Rate per 10,000	75.07
Overall assessment	
✕	
Target	

### Looked After Children at Month End - Trend



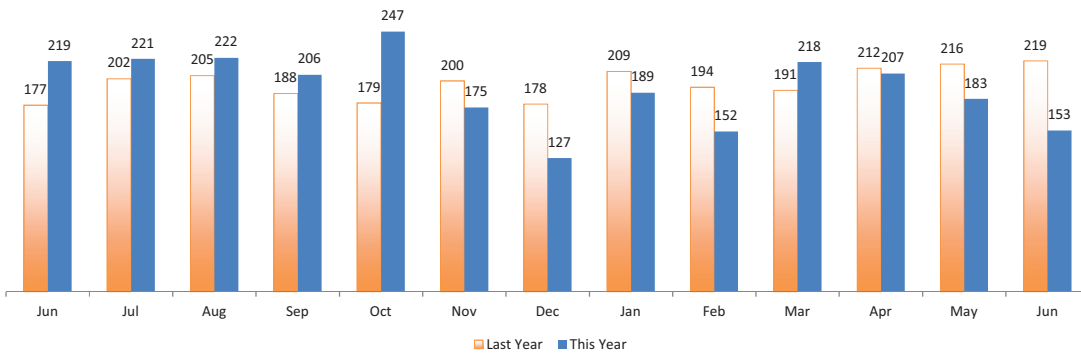
Direction of Travel (Comparator with last year)	
↑	
Previous Values	
Jun-14	260
Jun-13	240
England	
2013/14	60
Statistical Neighbours	
2012/13	48.2
West Midlands	
Q1 2014/15	88.6
Measure Period	
Month End (Snapshot)	

**Comments**

The number of children who are currently looked after has remained stable since March 2015

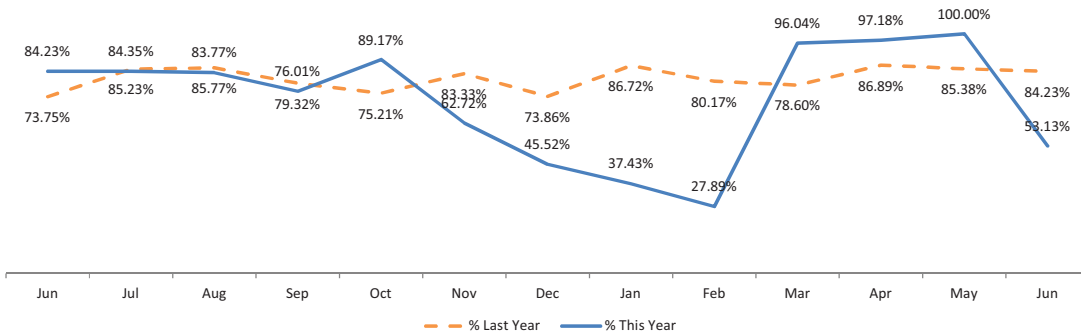
Code	21	Name	Looked After Children Visits Within Timescale in Month	Responsible officer	Jo King
Full Description	Number of Looked After Children Visits which were carried out within timescale in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Looked After Children Visits that are being undertaken within timescale to a level at, or above benchmarks.		

### Looked After Children Visits Within Timescale in Month



Last Update	June 2015
Current Value	53.13%
Rate per 10,000	42.38
Overall assessment	
Target	100%

### Looked After Children Visits Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	84.23%
Jun-13	73.75%
England 2013/14	N/A
Statistical Neighbours 2013/14	N/A
West Midlands 2013/14	N/A
Measure Period	Month End (Snapshot)

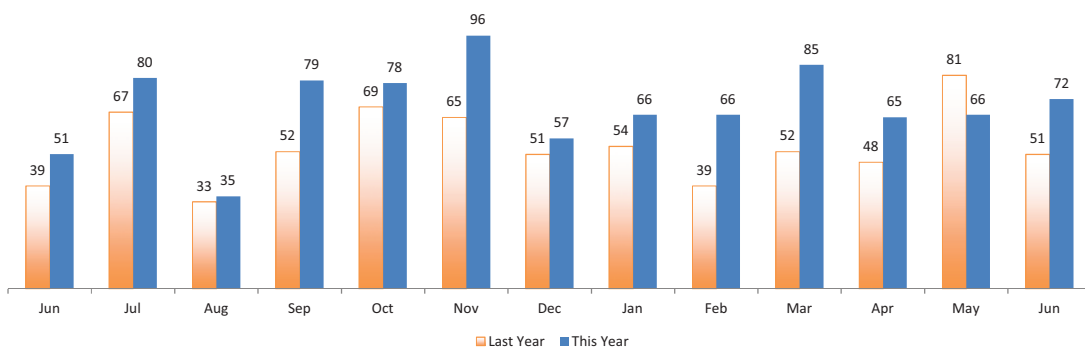
**Comments**

The way in which looked after statutory visits is recorded on Frameworki was changed earlier in 2015 and this, coupled with the number of new workers getting to grips with how to record visits on Frameworki, is the primary reason for the drop in performance during June 2015.



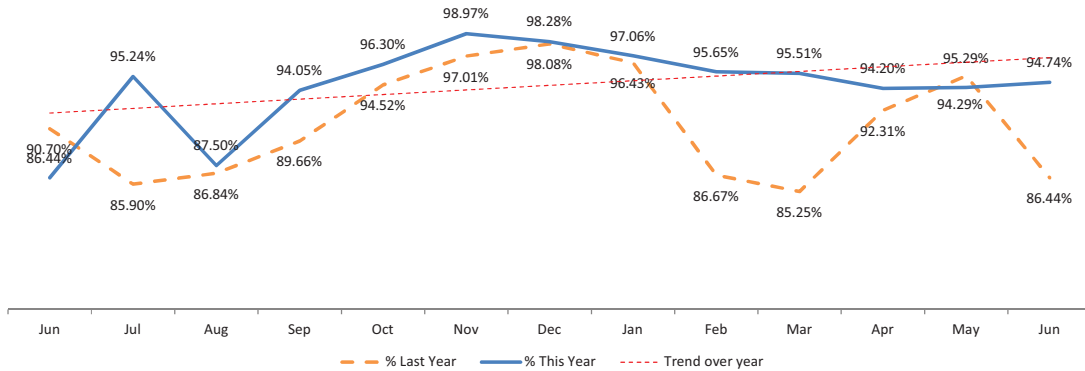
Code	22	Name	Looked After Children Reviews Within Timescale in Month	Responsible officer	Reg Marriott
Full Description	Number of Looked After Children Reviews held within timescale in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Looked After Children Reviews that are being undertaken within timescale to level at, or above benchmarks.		

### Looked After Children Reviews Within Timescale in Month



Last Update	June 2015
Current Value	94.74%
Rate per 10,000 (YTD)	234.07
Overall assessment	
Target	100%

### Looked After Children Reviews Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Jun-14	86.44%
Jun-13	90.70%
England 2013/14	N/A
Statistical Neighbours 2013/14	N/A
West Midlands 2013/14	N/A
Measure Period	Month End (Snapshot)

**Comments**

76 LAC reviews were held during June 2015, of which 72 (94.74%) were within timescales. Of these 6 were the initial, or first, LAC review on becoming accommodated by the local authority. However, of these 6, only 33% were within timescales. Performance in this area will be improved on go live of the new LAC module in Frameworki, scheduled for 21 July 2015.

Performance in holding the second, and all subsequent, LAC reviews within timescales is 100% for June 2015.





<b>Meeting:</b>	<b>Health &amp; social care overview &amp; scrutiny committee</b>
<b>Meeting date:</b>	<b>22 September 2015</b>
<b>Title of report:</b>	<b>Children's safeguarding self-evaluation</b>
<b>Report by:</b>	<b>Head of safeguarding and quality</b>

## Classification

Open

## Key Decision

This is not an executive decision.

## Wards Affected

Countywide

## Purpose

To comment on the children's self-evaluation document in the context of the directorates continuous improvement framework.

## Recommendation(s)

**THAT:**

- (a) Scrutiny comment on the children's self-evaluation document, and the identified areas for regional peer challenge**

## Alternative options

- 1 A self-evaluation document could not be prepared but this would not give the council an opportunity to evaluate its progress against its last self-assessment, nor afford the opportunity for regional comparison and shared learning.

## Reasons for recommendations

- 2 The Association of Directors of Children's Services (ADCS) hold an annual peer challenge day in October each year. The 14 local authorities within the region are invited to submit their self-evaluation so that an external peer view is given as to each authority across the region, with respect to the quality of their self-evaluation, the most effective approaches to its completion, and to ensure learning across the region as to shared thematic issues, and indeed pockets of excellence which can be learned from.

## Key considerations

- 3 The ADCS has been undertaking an annual peer challenge of self-assessment for the last three years.
- 4 It is an opportunity for Herefordshire to receive some external assessment and validation on its progress over the previous twelve months.
- 5 The following should be taken into consideration:
  - a. Whilst there is a generic template for completion by all authorities as to key demographic and performance information, and reflection as to progress in the last 12 months, each authority is at liberty to complete its self-assessment as it feels best helps them.
  - b. Given that Herefordshire received a 'Requires Improvement' outcome from its Ofsted Single Inspection Framework in June 2014, and has a stated ambition to get to 'Good' in Ofsted terms by 2016/17, the children's wellbeing senior management team decided to evaluate itself against the Ofsted 'Good' criteria and definition as currently operating.
  - c. Given that during intervention, the council had been required to maintain an improvement plan, and post intervention is choosing to continue to do so, the self-evaluation is best read in conjunction with the improvement plan.
  - d. The self-evaluation confirms that we are significantly better at knowing ourselves, in terms of our strengths and weaknesses, but need to improve the 'closing of the loop' to ensure that we are able to implement the changes identified and measure their impact on outcomes for children and families.
  - e. On 21 October 2015, a Regional Peer Challenge Summit is taking place, where each council's self-evaluation framework (SEF) is appraised and provides an opportunity to learn from each other as to how we can collectively learn from others who are strong in areas of self-identified weakness. Each council is asked to identify a particular area of challenge where it feels it would most benefit and lead members have been asked to provide feedback with regards to areas of business or performance that require improvement and challenge following the September monthly performance challenge meeting.
  - f. On the basis of this feedback and the challenges identified in the SEF, it is proposed that we prioritise our looked after children (LAC) services and systems for challenge, with the aspiration to learn from the region as to how to better succeed in reducing our LAC population and preventing children from becoming looked after.

## Community impact

- 6 The self-evaluation ensures that the directorate continues to focus on achieving against 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.

## Equality duty

As the outcomes from the self-evaluation are identified and agreed actions formulated through the peer challenge process, 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:

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

- 7 As this is a self-evaluation, there are no financial implications.

## Legal implications

- 8 There are no legal implications.

## Risk management

- 9 Risks associated with the failure to complete and share our self-assessment with regional colleagues are as follows:

- Reputation – West Midlands ADCS has agreed to this collective approach to support continuous improvement across the region, and to share and learn from each others strengths and weaknesses. It could potentially negatively impact on the performance and quality of our service for children and families if we failed to do so, and the council would risk returning to a position where there are widespread failures to protect children and young people from harm.
- Support with continuous improvement – Our annual self-assessment is a central plank within our continuous improvement framework, and as part of West Midlands ADCS, through the completion and peer analysis of our self-assessment, further support is available to us with respect to specific peer

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Further information on the subject of this report is available from  
John Roughton, head of safeguarding and quality on Tel (01432) 260804

challenge around our identified key area of concern. To fail to utilise such support would risk losing access to advice, expertise and knowledge to support our improvement.

## Consultees

- 10 The Children and Young People's Partnership executive group will be asked to comment on the self-evaluation at its meeting on 23 September 2015 and their views will be taken into consideration.
- 11 The self-assessment was presented to lead members at the monthly performance challenge meeting on 2 September for comment and feedback.
- 12 Risks associated with the failure to complete and share our self assessment with regional colleagues are as follows:
  - Reputation – West Midlands ADCS have agreed to this collective approach to support continuous improvement across the region, and to share and learn from each others strengths and weaknesses. It would potentially negatively impact on performance and quality of our service for children and families to fail to do so, and the council would risk returning to a position where there are widespread failures to protect children and young people from harm.
  - Support with continuous improvement – Our annual self assessment is a central plank within our continuous improvement framework, and as part of WM ADCS, through the completion and peer analysis of our self assessment, further support is available to us with respect to specific peer challenge around our identified key area of concern. To fail to utilise such support would risk losing access to advice, expertise and knowledge to support our improvement.

## Consultees

- 13 The children and young people's partnership executive group will be asked to comment on the self-evaluation at its meeting on 23 September 2015 and their views will be taken into consideration.
- 14 The self-assessment was presented to lead members at the monthly performance challenge meeting on 2<sup>nd</sup> September for comment and feedback.

## Appendices

- Appendix A ADCS self-evaluation – part A
- Appendix B Council's self-evaluation
- Appendix C Improvement plan
- Appendix D School improvement self-evaluation

## Background papers

- None identified



# West Midlands Children’s Improvement Board – Peer Challenge 2015-2016

## Part A: Summary of Self-Assessment

### 1. Contact information

Name of Local Authority:	<a href="#">Herefordshire Council</a>
Name of DCS:	<a href="#">Jo Davidson</a>
Self-Assessment Lead:	<a href="#">John Roughton</a>
Telephone:	<a href="tel:01432 260804">01432 260804</a>
Email:	<a href="mailto:jroughton@herefordshire.gov.uk">jroughton@herefordshire.gov.uk</a>
Date of Self-Assessment:	

### 2. Service Information

*This can be summarised from information given in the self-assessment about the local area, demographic information, deprivation, key local issues and may include an outline of the service structure for children’s services and early help offer, the LCSB arrangements and links to other partnerships boards and headline data on number of LAC and care leavers, children on the CPR, CIN and children and young people with a disability in the area. This is about telling your local story.*

#### **HEREFORDSHIRE’S CHILDREN IN NUMBERS**

Herefordshire has the 9<sup>th</sup> lowest total population density of all “top tier” local authorities in England and Wales, but the 4<sup>th</sup> lowest in England only. 95 per cent of Herefordshire’s land area is classified as “rural” and 53% of the population live in these rural areas

In 2011 there were 31,400 children aged 16 years and younger. Numbers of children had been declining in Herefordshire throughout the whole of the last decade despite rising numbers of births and migrants. However, the number of children rose by 200 (0.5%) in each of the last two years (2011-12 and 2012-13) and this gradual rise is predicted to continue until 2023

At the end of April 2015, Herefordshire has approximately 1,000 children experiencing some form of disability. 230 of all children are in need as a result of their disability.

#### Looked after children

At the end of April 2015, there were 273 looked after children and young people in Herefordshire. The number of children and young people looked after by the local authority has continued to rise throughout 2014 (12.45%) across the 12 month period. The rate per 10,000 as at 31 January 2015 was 75.07 significantly worse than the all England rate of 60% per 10,000. The impact on the Southwark judge on local LAC numbers and trend is unknown (*Understanding Herefordshire, July 2015*).

#### Child Protection Plans

At the end of April 2015, Herefordshire supported 156 children who are subject to a child protection plan. Of these 121 (78% have been on a plan for less than 12 months. The rate per 10,000 children subject to a child protection plan in Herefordshire as at 31 January 2015 is 43.21%. This is within range of the all England rate of 42.1% for 2013/14 and is lower than the West Midlands rate of 44.7%. This means that the number of children subject to a child protection plan has dropped.



### Domestic Violence

In the year to September 2014 West Mercia Police recorded 1,893 children exposed to incidents and offences. In the last quarter, 122 had been exposed three or more times, representing a 110 per cent increase from the same quarter of the year before. A proportion of the increase in numbers is attributed to improved recording by the police and an identification of repeat victimisation rather than an actual increase. Between August and November 2014, 355 children were involved in MARAC cases in the previous three months; a 67 per cent increase from the year before. However, in the year to September 2014, there was an eight per cent decline in the maximum number of children involved in West Mercia Women's Aid, averaging at 126 per quarter. The reason for this is under investigation. Domestic abuse is cited by the council as a primary reason for the application for protection plans and for why children and young people are taken into state care.

### Youth Offending

The first time entrant (FTE) indicator which is expressed as the number of first time entrants to the youth justice per 100,000 youth population was 525 for Herefordshire in the year ending September 2014, representing a reduction of 11% from the year ending September 2013 where the FTE rate was 589. At 525 Herefordshire has the highest rate of FTEs across West Mercia and some analysis into the reasons for the higher rate was undertaken in 13/14, and found that in part it is due to a higher detection rate and lower proportional use of informal disposals. Further work commenced at the end of 14/15 and is continuing in 15/16 (Herefordshire council cabinet report, September 2015)

## **EDUCATION, ATTAINMENT AND ASPIRATION**

Whilst there has been some outstanding performance at an individual school and child level, overall we aspire for improved education attainment for Herefordshire's children by 2016/17. As with health outcomes there are persistent education inequalities that need to be addressed. There are a number of complex social issues that are exasperated by the wider determinants of health such as poverty and rurality and are influenced by the action of many individuals, groups and organisations. These issues are beyond the ability of any one agency or individual to 'fix'. There is need for linkages between health, education and social care, paying attention to how they interact forming a wider complex system that can and does create difficulties for individuals (children and families), the community and agencies.

### **Key Stages**

Attainment at key stage levels shows a mixed picture again compared to 2014, but the overall trend is in the right direction. The results of the last academic year (2013-14) were as follows:

**At Key Stage 1** - (2nd and 3rd years of primary school) in reading, writing and mathematics, Herefordshire is showing steady improvement for the period 2012 to 2014, with the local rates close to or the same as England.

**At Key Stage 2** - (end of primary school) steady improvement has been made in the county, at a slightly faster rate but from a lower base (71 per cent to 76 per cent) achieving the combined standard of level 4 in reading, writing and mathematics compared to England's rate from 75 per cent to 79 per cent for the same period.

**At Key Stage 4 level** - where pupils are working toward GCSE or other equivalent qualifications, excellent progress made by Herefordshire's pupils. The percentage of students achieving 5\* A to C grades has risen, 58.7 per cent, compared to a national decline in performance to 56.8 per cent.





**Special Education Needs (SEN)**

The total number of pupils with SEN has decreased over the period 2012 to 2014 from 5,067 to 4,382, partly possibly, due the transition of the new SEN Code of Practice, effective from September 2014 which may have affected recording of provision.

**Inequalities**

- Significantly fewer children who had Free School Meals (FSM) achieved a GLD (34 per cent) compared to nationally (45 per cent). In contrast, 63 per cent of non-FSM pupils achieved a GLD similar to the national figure of 64 per cent.
- At all key stages, 1 and 2 and 4, the gap in attainment between pupils who have FSM and those who do not persists to be wide for the past two years. Those who have FSM are still performing below non-FSM pupils compared to nationally.
- The gap between pupils with English as an Additional Language (EAL) and non EAL pupils achieving a good level of development in the early years foundation stage profile in the county remains over twice that of the national gap, for the period 2012-2014. Whilst the gap in Herefordshire narrowed in 2014, a smaller percentage of pupils who had EAL met the screening check threshold (66 per cent) compared to similar pupils nationally (74 per cent).
- The gap for pupils who have English as an Additional Language (EAL) at KS2 is even greater over the period. In 2014, 59 per cent achieved locally compared to 77 per cent nationally. The gap in Herefordshire between EAL and non EAL pupils at KS4 has fallen in consecutive years but it still greatly exceeds the national gap.

Source: Understanding Herefordshire, July 2015  
July performance report

**3. Improvement areas identified last year**

*In the summary of self-assessment last year areas for improvement were identified. What evidence do you have of your progress on these areas and the difference (impact) made.*

	<b>Areas for Improvement 2014</b>	<b>Evidence of Progress/impact</b>
1.	Systematic gathering of unmet need	Commissioning team now utilising needs assessment methodology and template to consider this but is dependent on how data is recorded by direct delivery teams, which often doesn't give sufficient detail to assess unmet need.  The above methodology was used in completing the first Children's Integrated Needs Assessment which has now been published, which highlights areas of unmet need and where data capture within service teams needs to improve to inform better commissioning.
2.	Improving the attainment gap for	Focused work has been carried out



	<p>vulnerable groups in particular FSM, EAL, GRT and LAC</p>	<p>between groups of schools, LA Officers and HMI in relation to exploring best practice for FSM (primary and secondary) and EAL. This work has continued with a wider group of schools following positive reviews from the initial cohort. Outcomes for GRT are better than nationally but still well below those for all children. A consultant was commissioned to provide a detailed analysis of the attainment gaps (attached) with a view to refining Herefordshire’s approach to closing the gap based on the findings. Work will commence in Autumn 2015 to develop detailed plans.</p> <p>Progress has been made in developing the virtual school, tracking and challenge mechanisms. Unvalidated data suggests 88% of the cohort have made expected or better progress than predicted, and 16.6% of LAC have achieved 5 A* - C grades at GCSE in August 2015, significantly improving on last year.</p>
<p>3.</p>	<p>Operating at average or just below for variety of achievement measures. Some Outstanding schools and results but wide variation between schools</p>	<p>Herefordshire continues to achieve success with 87.6% of pupils in Good or Outstanding primary schools (previous year (87.5%) and 83% for secondary schools (previous year 87.6%). We are just above the national average for KS2, and are now showing continuous improvement at GCSE for the third consecutive year.</p>
<p>4.</p>	<p>Reduced capacity, but refocused and targeted service towards tier 3 and 4 children and families</p>	<p>Early help services within Family Support Service are focused only on level 4 and step downs to level 3. Key priority within the new CYP Plan is for a revised early help approach across partners which will support workforce development across all Levels of Need with the primary aim to skill up universal and community services to help families become more resilient and reduce the need for more targeted or specialist services at levels 3 and 4. However, given the escalation in CP</p>



		and LAC population our current Early Help approach is not sufficiently preventing need escalation.
5.	NEET performance is disguised by high unknowns.	The NEET performance was shown not to have a significant impact on the NEET cohort . To focus the change a target of reducing the number of young people who were NEET by 100 was adopted. Between March 2014 and March 2015 there were 83 less young people considered NEET. Further examination of the ICT system suggests there may be errors in the overall cohort size in relation to the NEET calculation. This is being addressed.
6.	Reversing trend of high % of unknowns	Having reversed the trend the situation is stable and remains around the 2% which is significantly better than similar local authorities.
7.	Take of Apprenticeships is good but need to increase take up of level 3 and 4 qualifications	Apprenticeships have remained static.
8.	Implementation of Multi Agency Safeguarding Hub, at very early stage of implementation, and as yet not sufficient performance data to draw any conclusions as to its effectiveness. Concerns as to Management arrangements which are being addressed through HSCB, and in stability of SW staff (see above). Although it is early days there are already indicators about better targeted service to children and families and more appropriate thresholding of cases to children's social care.	Please refer to the attached self-evaluation document.
9.	A better stream lined approach has been taken to the service arrangement for CIN, the creation of MASH has enabled a re-focus on CIN and targeted CP planning.  From the 17 <sup>th</sup> October the previous FAST service will move under the management responsibility of the CIN service managers, creating two duty pods, one in North and one in	This has been superseded by the work in MASH (see number <b>XXXXXX</b> )



	<p>South CIN teams. These pods will feed into the wider CIN /CP teams but under one management stream ensuring that the gateway for children to receive a timely service if more efficient and effective.</p>	
<p>10.</p>	<p>Assessment quality and timeliness remain stubborn performance areas.</p> <p>Quality of plans needs to improve</p> <p>Voice of the child and family needs to strengthen</p> <p>Timeliness of visiting children subject to a child protection plan needs to improve, as does the reporting of this</p> <p>Improvements to assure that supervision needs to take place 4 weekly for safeguarding SW staff</p>	<p>Performance has dropped with respect to assessment timeliness, largely as a result of workforce instability. This has been a significant focus of internal performance management scrutiny across child care managers meetings and the HSCB QA sub group and improvement board, prior to its dissolution when intervention was lifted in March 2015.</p> <p>The quality assurance framework is now identifying thematic issues including the audit of supervision concluded in Sept 2014.</p> <p>Focus on ensuring CP Plans are appropriately in place has led to a reduction of 20% of CP plans since June 2014, albeit there has been a significant increase again in June and July 2015, which in part mirrors past years, although the raise this year is sharper than usual and is currently being analysed.</p> <p>Ofsted inspection May 2014 found good evidence, and subsequent audit activity suggests that this has been sustained. Participation People project is helping to embed cultural change.</p> <p>Specific P.I.'s and reporting arrangements now closely monitoring this. Significant improvements in practice, with CP visits at 76% (June 2015), a 19% reduction from the previous year, linked to workforce issues above, but higher than the West Midlands and England averages.</p> <ul style="list-style-type: none"> <li>Staff survey outcomes suggest that supervision is prioritised and received, but audit activity</li> </ul>



	<p>needs to improve</p> <p>Numbers of children subject to CP plans very high.</p>	<p>continues to reveal inconsistency in recording and quality of supervision.</p> <ul style="list-style-type: none"> <li>• Further training is being developed, linked to the recruitment of a new tier of Senior Practitioner and the recruitment of new Team Managers.</li> <li>• The Senior Practitioner tier was created to increase management capacity, but recruitment difficulties described above have meant that the benefits of these post have not yet been realised.</li> </ul> <p>CP Plans down from 218 at June 2014 to 194 at May / June 2015, although we have seen a sharp increase in CP activity in July 2015. The delay in concluding s47 investigations where the decision was to go to CP conference from earlier months is likely to be the reason for the sudden increase in the number of conferences being held in July, ie the creation of a bottleneck, as a consequence of staffing problems in the MASH.</p>
<p>11.</p>	<p>The adoption of a more robust and evidence based assessment model, has started to demonstrate a more focused approach to assessment. Therefore equipping the service to meet the requirements of PLO from Oct.</p>	<p>Through the monitoring of assessment standards by service managers with their team managers and a more robust approach to signing of assessments has been implemented. The performance of MASH has been consistently strong in ensuring that all contacts and referrals are screened by a qualified Social Worker within 24 hours, with timely decision making as to subsequent action.</p> <p>Step down processes are now well embedded in the MASH, and children who do not meet the threshold for statutory assessment or intervention</p>





		<p>are, where appropriate, referred through CAF coordinators for a Family Support service or a CAF.</p> <p>Birmingham University completed an evaluation of the effectiveness of the risk and resilience assessment tool, and work is underway in simplifying it as a model and targeting its application. (See SEF).</p> <p>There continues to be inconsistent performance with respect to the completion of initial assessments, and more so with respect to core assessments, which is significantly related to the continuing workforce stability issues referred to above. Work undertaken in the FWi transformation programme has helped to improve performance with respect to CP processes, and both initial CP and Review CP conferences are consistently held within timescale.</p> <p>Legal Gateway meetings are held on a weekly basis to scrutinise plans for children where care proceedings are being considered for children at risk of becoming Looked After through the Public Law Outline / Care Proceedings route. However, the majority of children becoming looked after continue to be presented as ‘emergencies’, bypassing such processes. A review is commencing of these cases to establish the reasons for this, and help shape the development of appropriate management / gatekeeping and direct work service options to respond.</p>
12.	Greater integration of and involvement of families in the assessment processes as we move	The EHC process has been implemented and early indications to April 2015 are that Herefordshire is



	<p>towards EHC Plan (including transition to adulthood)</p>	<p>amongst the most successful at meeting the new timescales to time as reported by the Herefordshire DfE professional advisor.</p> <p>Herefordshire's initial local offer also received a positive view from the professional advisor. The council has recently audited the school offers for SEND and fed the findings back to each school. Work continues to develop the local offer and to address a small number of areas in order to make it fully compliant. General Overview and Scrutiny Committee are paying particular regard to this, in particular monitoring improvements in outcomes for CwD.</p> <p>Progress has been made with the assessment of children with complex disabilities. The council has committed more resource to the children with disability team. A full core assessment has been completed for each child, though this is not yet translating into integrated EHC plans.</p> <p>Family dissatisfaction with some elements of the provision and processes for Children with Disabilities remain (short break offer, lack of key workers at transition and direct payments) as recorded by carer organisations and special schools. Significant consultation with parent / carer groups has taken place and has led to an ongoing dialogue with the aim of service improvement. However we continue to be inconsistent in this area, although where education are leading the approach on a case basis, satisfaction and engagement are reportedly higher.</p>
<p><b>13.</b></p>	<p>Child and family (Single) assessment project only just underway, with planned implementation date of 01.04.13. Major resource implication to redesign business processes and</p>	<p>Decision taken in Oct 2013 to defer implementation of single assessment linked to identified MASH issues and the need to ensure IA/CA performance in advance. Work is commencing in September 2015 to begin preparation</p>



	supporting software to ensure a practice led system	to implement a single assessment linked to the upgrade of Frameworki to MOSAIC in April 2016.
14.	Intensive Family Support Service provides dedicated support to children on the edge of care, Troubled Families and children on the brink of child protection.	HIPSS and TISS services have become operational in spring 2015, Commissioned by the LA and provided by Action for Children, to focus on supporting the most vulnerable and challenging LAC children to remain in local, family based placements where possible, and to provide consultancy and support in reducing the risk of children and young people on the edge of care becoming LAC. Work is currently underway to further develop a suite of direct work services ring fenced to address the broader operational challenges of responding positively to escalating needs at tier 3 / 4. It is expected that these services will be operational by April 2016.
15.	High numbers of front line agency managers and front line social workers, particularly in Fieldwork service	<p>The balance of Agency SW's to permanent SW's remains too high in key front line teams. Over the course of the year, the Social Work Academy has successfully integrated 2 cohorts of 8 AYSE year SW's into the service, and have taken on a further 2 cohorts, which will total 26 NQSW posts over the last 2.5 years. The first 8 are now in their second year post qualification, and the second 8 are due to take up QSW posts in September 2015, releasing 8 agency SW's from the payroll.</p> <p>In February 2015 we launched a 'Fruitful Careers' recruitment campaign, which attracted 3 experienced SW's to join Herefordshire.</p> <p>The Academy has also successfully recruited 5 Overseas SW's who have commenced work in August 2015, and work is underway to recruit a further</p>





		<p>cohort to commence in January 2016.</p> <p>6 Social Work Assistants have been recruited to undertake tasks in support of QSW colleagues in front line teams, who have also commenced in August 2015.</p> <p>We have continued to be as creative as possible in seeking to attract agency SW's to join the organisation, by offering flexible payment and benefits via Hoople, our partner organisation.</p> <p>There continues however to be an over dependency on agency staff in our MASH and CiN service areas, and a bespoke recruitment campaign, supported by a dedicated microsite is currently underway.</p>
<p><b>16.</b></p>	<p>Development of Social Work Academy, to recruit and retain NQSW staff and better support experienced practitioners to improve practice, in early stage.</p>	<p>Following an analysis of the needs of the service, develop and implement an overall workforce strategy. The strategy should provide clear evidence of impact in creating a capable, stable and sustainable workforce which requires fewer agency staff and which includes clear recruitment and retention plans. The aim should be to improve the quality and continuity of social care staff experienced by children and families.</p> <p>Work has been completed to improve induction processes to ensure a better 'joining' experience, and monthly staff briefings have been established to give all staff the opportunity to learn about practice developments and initiatives. Herefordshire invests in 'Research in Practice', which is actively used by NQSW's, and specifically at present with respect to best practice in supervised contact. The next staff briefing will focus on making best use of RIP.</p> <p>To date the Social Work Academy is</p>



		<p>proving to be our most successful and sustained approach, with 26 SW's recruited through this route, and to date only 2 having left (for personal/family reasons). The quality of experience received by those SW's who have come through the SWA is borne out by the hugely positive feedback received from Birmingham University as to the quality of their work in the subsequent PQ module they are supported to undertake during their first years as QSW's.</p> <p>Senior SW progression process agreed and in place, and work is underway in establishing a development programme for Senior Practitioners and Team Managers.</p>
17.	Recruitment campaign to secure stable and quality managers and experienced social workers, currently under way	Development of recruitment campaign using bespoke microsite within the context of the wider workforce strategy to increase number of permanent workers, to attract agency staff to come onto 'the books' contracts and an incentive scheme options have been developed.
18.	<p>Voice of the child needs to be stronger</p> <p>Numbers of looked after children high and growing and needs to be better understood</p>	<p>Significant investment in advocacy services has taken place and performance monitoring of statutory visiting of looked after children has been established.</p> <p>Ofsted found good practice examples of the voice of the child reflected in their care plans in May 2014 inspection, borne out in subsequent audit activity, and enhanced by the focus given through the 'Participation People' project..</p> <p>Our LAC population has continued to rise. Existing challenge processes have not been sufficiently robust – the majority of children becoming LAC have been in 'emergency' situations,</p>



	<p>Many looked after children's core assessments are out of date and currently being updated.</p>	<p>rather than through planned approaches, and our LAC profile shows a growing number of teenagers entering care in this way. Remedial action is currently being taken, with approval to accommodate now resting with the AD, and an overhaul of the functions of Legal Gateway and Resources Panel arrangements. Further analysis has suggested that reunification has not been actively pursued in a number of cases where it may now be appropriate to return a child / young person back to their birth families. There cases are now being identified with a plan to fast track assessment of this potential.</p> <p>LAC core assessments have been targeted with additional resources to ensure that they are up to date, albeit quality has yet to be audited.</p>
<p>19.</p>	<p>Care planning regulations and doing basics better and simple things well. Need to get all cases in LAC service with up to date chronology / care plan and care assessment with child and carers having copies of plans. Statutory visits recorded and in time with child seen alone.</p>	<p>Performance framework now in place to monitor statutory visiting which has seen significant improvement, with visits within timescale recorded between 96 – 100% between March – May 2015. A significant drop to 58% in June is related to a technical change in reporting from Frameworki and does not reflect any change in practice. However, the new recording template prompts SW's to ensure children are seen alone and receive a copy of their plans.</p> <p>There continues to be inconsistency in the completion of chronologies, which in part relates to higher than desirable caseloads linked to workforce issues.</p> <p>Additional service management capacity was invested in to undertake a self assessment against care planning regulations in Autumn 2014, which has enabled the team to prioritise and focus its activity on key improvement areas, ensuring timeliness and quality of reviews, care plans and increasing levels of challenge to prevent drift.</p>



<p><b>20.</b></p>	<p>IRO caseloads still too high @ 100 each. Structure of conference minutes requires improvement</p>	<p>We are ensuring that there is effective leadership, practice, quality assurance and capacity within the Independent Reviewing Officer service. IRO caseloads reduced through recruitment and secondment of additional management capacity, and the recruitment to permanent IRO posts, caseloads now down to an average of 70, albeit this figure is creeping up again following significant increase in CP activity in July 2015.</p> <p>There is also strong evidence of increased challenge from IRO's / Conference Chairs where concern exist as to the quality of plans for children, or there is evidence of drift. Very few children remain subject to a CP plan beyond 18 months.</p> <p>New CP business processes have assisted to streamline the system and link to improved structure of conference minutes.</p>
<p><b>21.</b></p>	<p>16+ Team and Aftercare Service – issues re capacity and ability to meet statutory targets (statutory visits). Only 1 social worker, high caseload, 30+. To review structure and recruit. Potential to improve: New Belongings Bid – working with young people and project Board of Care leaves to develop mentoring, improve services</p>	<p><b>A new team manager was brought into the team, initially as an assistant team manager in March 2014. This transferred to team leader and is now a full time, permanent, team manager post. The staffing has increased from 1 social work post to 3 social workers and 2 senior social workers.</b></p> <p>Beyond this, the work of the service has been particularly enhanced by the deployment of an apprentice (ex care leaver) and 2 care ambassadors, both care leavers, who have been heavily involved in voice and experience of the child training, including of elected members, HSCB membership and the wider workforce.</p> <p>The 'New Belongings' project has also been successful in improving and increasing placement options for care</p>



		leavers.
22.	Corporate Parenting: Basics in place, pledge needs reviewing, Councillors key to improve corporate parenting (review panel / pledge and develop monitoring). Good potential, got numbers 4 (multi-agency hub) and good Children in Care Council. To make it more representative.	<p>Herefordshire council approved the looked after children pledge in September 2014 when it was presented to full council. However, the system to monitor progress against the pledge is not robust and requires priority at children in care council.</p> <p>Since September 2014 a member of the children in care council regularly attends the corporate parenting panel</p> <p>As part of the Members mandatory training, they are required to attend a seminar on corporate parenting. If Members fail to attend, part of their members allowance is withheld until it is completed.</p> <p>A programme of members' seminars has been developed up until May 2016.</p>
23.	Effective contract monitoring	<p>Contract Management training provided by the Commercial Team to staff involved in external contract management.</p> <p>Ongoing work with Commercial Team utilising various tools to improve contract management processes. A is underway during 15/16 to review the commissioning and contracting team re roles and capacity to drive out more efficiencies in contracting and placement activity which to date has saved approx. £237k. (see supporting evidence, Agency Placements Report).</p>
24.	Lack of experienced/trained social care expertise within the commissioning team	All contracts have an assigned technical specialist from within family support and safeguarding service areas and a commissioning lead who together monitor contracts for performance, best practice and resolving operational issues. This has





		<p>been effectively applied, for example, through the involvement of the Safeguarding and Review service Manager in the recommissioning of advocacy services.</p>
<p><b>25.</b></p>	<p>Develop the culture of constructive challenge within the Board.</p>	<p>A new independent chair of the HSCB has been appointed from 1<sup>st</sup> April 2015, and an experienced interim Business Unit Manager has also been appointed, to lead the work of integrating the business unit to cover the work of the Children’s and Adult’s Safeguarding Boards along with the Community Safety Partnership, to achieve synergy of objectives and effort where appropriate. We have developed a multi-agency child’s journey scorecard. This will clearly define what data will be received, the format and the frequency. The Board has agreed a new structure, with an Executive created to drive the business plan, receiving formal reports from the sub groups on progress against their objectives. Whilst the new governance arrangements are embryonic, there has already been greater challenge, for example with respect to the pace of delivery against improvement plan objectives, and a greater focus on the child’s voice at the board itself.</p>
<p><b>26.</b></p>	<p>Embed the Board’s new process for communicating qualitative and quantitative safeguarding performance information and analysis from the sub groups to the Strategic Board so that it can effectively monitor and challenge the effectiveness of child protection practice</p>	<p>Terms of reference for the steering group and sub groups have been reviewed to ensure appropriate governance, compliance and prioritisation. We are establishing a quarterly chairs meeting across the three partnerships to ensure a culture of challenge and shared priorities is engendered, so that activity across them are in line with business plan priorities and support the CYPP priorities. Each of the sub groups is supported by a Learning and Development Officer to set agendas, to ensure compliance with terms of reference and Business Plan / Ofsted</p>



		<p>improvement priorities and assist in driving the progress of their work. The Quality Assurance (QA) Sub Group has reviewed its work programme and the HSCB quality assurance framework, including a revised data set and scorecard, with particular emphasis on increasing and improving multi agency performance information analysis, to ensure focussed audit and review audits to assess progress..</p> <p>Learning generated through QA sub group will be shared through the Executive to the Board and identify the relevant vehicle for sharing the learning and action improvement activities to the appropriate sub group.</p>
27.	<p>All member agencies to ensure the voice of children, young people and their families is captured and used to improve services and reports this to the Board for strategic analysis.</p>	<p>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.</p> <p>HSCB analyses and reports on common themes arising from agencies' collection of the views of children, young people and their families, proposing development actions.</p> <p>HSCB Business Unit is working with the 'Participation People' project to develop and implement its own regular mechanisms for capturing the voice of the child, with findings presented on a quarterly basis to the QA sub group. Board members have attended young people led awareness training on the child's perspective on receiving services. There have been two case studies discussed at the board with CSE and youth offending the focus to date, and this thematic 'child's perspective' approach is now a standing item at the board.</p>

**4. Details of reviews, inspections and assessments in the LA within the last 12 months.**

	Date	Judgement	Is a copy of the report attached?
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LGA Peer Review:			
Ofsted SLAC inspection:			
Ofsted LA Fostering:			
Ofsted LA Adoption:			
Single Inspection Framework:			
LA Support of School Improvement:			
Focused School Inspection:			
Inspections of youth Offending work:			
Ofsted thematic inspections:			
Other (please state): LSCB Peer Diagnostic DfE 18 Month Review	November 2014 December 2014		Yes Yes

	2014 /15		2013/14		2012	
	Outstanding /Good	Inadequate	Outstanding /Good	Inadequate	Outstanding /Good	Inadequate
No (%) Early Years Settings	78.9%	0%	79%	19%	85.7%	0.0%
No (%) Nursery & Primary Schools	86.8% (includes primary schools with a nursery class)	0.0% (includes primary schools with a nursery class)	84% (excludes Nursery)	16% (excludes Nursery)	69.1%	1.2%
No (%) Secondary Schools	81.3%	12.5%	80%	20%	86.7%	0.0%
No (%) Post 16 Provision	83.3%	5.6%	100%	0.00%	62.5% <sup>§</sup>	0.00%
No (%) Special schools & PRUs	100%	0%	83.5%	16.5%	71.4%	0.0%
No (%) residential/children's homes	-	-	Not reported	Not reported	55.6%*	0.0%
No (%) of Children's Centres	37.5%	12.5%	43%	57%		

## 5. Summary of key strengths and areas for improvement





*Include your key strengths and priority areas for improvement which your self-assessment, inspections or other reviews have identified as your priorities across children's services.*

	Area	Key Strengths	Where is the evidence? Please cross reference to other documents
1.	Additional Needs	Success of students in BESD System	Ofsted judgements, improved GCSE points score, attendance, school satisfaction survey regarding Behaviour Support Team work, Low number of permanent exclusions
2.	Additional Needs	Independent travel training service	YP/family satisfaction returns, greater independence and life chances for YP who can travel and overall cost saving to the system
3.	Additional Needs	High numbers of EHC plans delivered to time	NI 172 Continued high performance in this area compared to national statistics despite the reduced timescale.
4.	Additional Needs	Development of Post 19 provision for learners with complex LD.	Increased number of students taking up local packages of provision through the New Horizons offer rather than seeking out of county provision. Innovative use of adult social care and education funding to commission a national provider to manage the provision.
5.		Greater engagement of Traveller families in adult education	Over 100 adults have accessed adult learning opportunities in the past 18 months from virtually no take up previously.
		Children's participation	
	Commissioning	Regional and sub-regional approach to commissioning where advantageous	New frameworks for fostering, residential and supported accommodation in place



			with savings secured.
	Placements	Negotiation with providers	Securing substantial savings for the authority of £240k in 15/16
	Families First	Completed Phase 1 of national troubled families programme	Target of 310 families met with £1.2m funding secured for the county. Asked to join phase 2 of the new programme early in January 2015
	Fostering	Sound fostering service: Good range of placements, with investment to increase 110 foster carers including kinship care. Stability good.	PI's re placement moves and length in placement show good progress.
	Fostering	Successful bid for Intensive Placement Support Service, following analysis of children in care cohort and looking to develop service for those with complex and challenging needs. (This as a developing strength)	HIPSS Service operational from early 2015. Cohort of HIPSS foster carers recruited and being trained
	Adoption	<p>Good adoption Service: Good sub judgement in 2014 Ofsted Inspection</p> <p>Good timeliness on approvals.</p> <p>Taking initiative regionally to explore a shared approach to adoption services across West Mercia</p> <p>Potential for regional collaboration</p> <p>Developing strength in looking forward and taking regional approaches to key areas.</p>	<p>Adoption scorecard, numbers of children adopted and plans for permanency. Very timely once decision made.</p> <p>Good feedback from adopters.</p>
	Early Help and intensive family support services	High quality interventions, good quality CAF assessments, good multi	<p>CAF examples</p> <p>Ofsted inspection and</p>



		<p>agency arrangements in place in localities.</p> <p>These services are currently under review as part of a restructure of direct work services to ensure they are targeted towards the most vulnerable.</p>	<p>performance reports</p> <p>Feedback from service users</p>
	<p>Safeguarding</p>	<p>A robust improvement plan is in place with good multi agency contributions and commitment.</p> <p>Progress seen in key areas but many developing areas.</p> <p>Audit activity is seeing improvements in decision making, and better communication between agencies.</p> <p>Clear guidance in earlier areas of weakness issued and practice issues being addressed eg, Section 47 process, strategy meetings</p> <p>The Social Work Academy is dedicated to driving improvement</p> <p>Narrow focus of Advanced Practitioners to improving practice in with key staff groups, with significant focus on AYSE Social workers</p> <p>Principal social worker in place to lead practice improvements</p> <p>Good opportunities for training and development with SWA leading a range of training</p>	<p>Improvement plan/Revised improvement plan and exception reports have now been merged into the Ofsted Action plan post May 2014 inspection, with governance through HSCB, Health and Social Care Overview and Scrutiny Committee and Cabinet</p> <p>Audit reports produced quarterly</p> <p>New guidance in policy and procedures</p> <p>SWA service plans developed in line with Ofsted Action plan and collocated with QA service to embed a 'closing the loop' culture</p> <p>Social Work Academy continues to be most successful route to recruitment and retention</p>



		<p>sessions on areas including critical thinking and analysis, supervision and recording.</p> <p>Throughput of children on CP plans is good.</p>	
	Safeguarding and review	<p>Stable and experienced IRO service currently</p> <p>New QA alert system for LAC and CPC reviews</p> <p>New 'SILP' way of undertaking Case Reviews with high staff input</p>	<p>Additional temporary management capacity assisted in development of QA systems and SEF against Care Planning Regs compliance</p> <p>2 final SILP overview reports have been completed and action plans tracked though HSCB JCR Sub Group</p>

	Areas for improvement	Where is the evidence?
1.	The attached improvement plan sets out the continuing areas for improvement in safeguarding.	See attached
2.	Performance of children's centres and impact on the EYFS good level of development measure for vulnerable group particularly those on FSM	Ofsted inspection reports in the last year with an RI and an Inadequate. The gap between those without FSM and those with against the measure of good level of development in both 2014 and 2015 this in excess of 25%
3	Early help	As set out in CYP Plan
4	0-5 early years	Key theme in CYPP plan
5	Mental health and emotional wellbeing	New CAMHS strategy / focused theme of CYPP plan.
6	Children and young people in need of safeguarding	Significant challenges remain in particular linked to workforce stability.
7	Addressing challenges for adolescents	HIPSS / TISS services at the early stage of development
8	Closing the Loop	Several initiatives above highlight an emphasis on process as opposed to



		<p>impact. The directorate and its partners clearly knows itself better in terms of strengths and weaknesses but is still underdeveloped with its response to the implementation of change and evaluation of the difference being made to outcomes for children and families</p>
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**6. Direction of travel / capacity to improve**

*Brief summary of your overall **direction and rate of improvement**, your **capacity to improve** and looking forward **your priorities and plans for the future**.*

<p>Following the Ofsted carried out their inspection of children’s safeguarding in May 2014, an LGA Safeguarding Board Peer Diagnostic in November 2014 and a DfE review carried out on 15 and 16 December 2014, the Parliamentary Under Secretary of State for Children and Families wrote to the Leader of the Council confirming that the intervention notice issued in February 2012 had been lifted. The DfE acknowledged the hard work of staff, leadership and partner organisations in the work involved in lifting the intervention. In particular the DfE noted;</p> <ul style="list-style-type: none"> <li>• The political interest and commitment to continue to prioritise children’s safeguarding and the protect spending on children’s services, alongside supporting members to fulfil their corporate parenting role.</li> <li>• That Ofsted had identified areas for improvement but that these had been captured within the Improvement Plan.</li> <li>• That the workforce position remains fragile and will be a major challenge in maintaining improvement but that there was a continued commitment to invest in this area.</li> </ul> <p>Work on the actions within the improvement plan is a key priority and the plan is updated on a quarterly basis in the context of the Children’s Wellbeing Directorate’s Continuous Improvement Framework. The delivery of the plan, where there is synergy between the two, is driven within the children’s wellbeing transformation programme, Children of Herefordshire’s Improvement and Partnership Programme (CHIPP).</p> <p>Within the Ofsted improvement plan it is worth noting particular priority areas:</p> <ul style="list-style-type: none"> <li>• A recruitment campaign has been undertaken in order to reduce the reliance on agency staff, to compliment the work done by the Social Work Academy in bringing NQSW’s and Overseas SW’s into the organisation.</li> <li>• The corporate parenting strategy is being refreshed and will provide a robust approach to ensuring the voices of our most vulnerable children are heard and responded to.</li> <li>• The Herefordshire Safeguarding Children Board have appointed both a highly</li> </ul>
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experienced independent chair and interim business unit manager, and work in synergising the priorities of HSCB, HSAB and Community Safety Partnership well underway.

- Following the local elections there has been mandatory training for all members in connection with corporate parenting and safeguarding responsibilities.

Local authority strategic education functions and spend on services to young people and community learners is at the lowest quartile amongst statistical neighbours and within in that at the lowest spend of comparator local authorities. The Ofsted inspection of local authority arrangements for school improvement would challenge Herefordshire particularly regarding the impact across all schools and governors of our strategic approach and on the narrowing of the gap for vulnerable groups compared to their peers.

**7. Area identified for peer challenge at the Peer Challenge Summit**

*From your self- assessment please identify the area that you would like to receive a peer challenge on and reasons/evidence for identifying this area for challenge. Think about what*

*Information/evidence/data would be useful to someone external who is trying to understand and challenging your self-assessment and feel free to attach as an appendix if that is more helpful. Also think about how you might like to present this to your challenge group at the summit.*

**To be completed following discussion at monthly performance challenge meeting**

**8. Assurance process for signing off the self-assessment**

*How well the Council as a whole understands its performance is crucial to continuous development and improvement. Briefly describe the process for completion of the self-assessment, and how the Chief Executive, the lead member, scrutiny, partnerships have been involved in the signing off process.*

This self-assessment has been completed through consultation across the Heads of Service of the Children’s Wellbeing Directorate and Cabinet Member. It has also been considered at a meeting of the Health and Social Care Overview and Scrutiny Committee held on **XXXXXXXXXX**.

CYPP Steering Group: 23 September 2015  
 Children’s monthly performance challenge: 2 September 2015

Sign off:



*Please identify who has had sight of the self-assessment and been involved in its sign off.*

Authorised by:

Name	Jo Davidson
Job Title	Director for children's wellbeing
Date	XXXX September 2015





HEREFORDSHIRE SELF EVALUATION

This document is to be read in connection with the Herefordshire journey to date document.

**Ofsted Key Judgement: The experiences and progress of children who need help and protection**

Area for Improvement	Progress	Lead	Evidence / impact
<p>Children and young people who are, or who are likely to be, at risk of harm or who are the subject of concern are identified and protected.</p>	<p>Work has continued in developing the Multi Agency Safeguarding Hub, with additional staffing to respond to the growth in demand and to retain manageable caseloads. In October 2014, a dedicated resource was established specifically to raise awareness of child sexual exploitation and screen and assess CSE referrals, alongside an increase in dedicated police resources. This service remains over dependent on agency staff to ensure its successful operation. Three permanent social workers are due to start in MASH at the end of September 2015 and one at the end of November. This should reduce the reliance on agency social workers in MASH. A workforce strategy is in operation which will hopefully increase the number of permanent workers in MASH.</p> <p>Work has commenced with the police in order to triage all domestic abuse referrals to ensure that appropriate timely action is taken. The MASH has expanded to include Women's Aid. A duty worker from the 16+ team will be joining MASH as from 17 August 2015. The police will also</p>	<p>Head of Fieldwork</p>	<p>Staffing Levels / Caseload Data</p> <p>Data which supports the hypothesis that contacts / referrals are appropriate (i.e. more contacts convert to referrals / fewer contacts)</p> <p>Audit outcomes</p>

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
	<p>have a bigger presence in the MASH to cover CSE.</p> <p>A project is about to commence on work to have a joint MASH to adults social services. The aim of this project is to establish one front door into social care and aid better information sharing across all agencies.</p> <p>The HSCB Levels of need framework was implemented in September 2014, with multi agency training to support its awareness and widest availability, accessibility and operation in practice. Early performance data indicates that, as there has been an increase in the number of contacts being converted into referrals, that its application to date has been successful in helping professionals to identify children requiring a social care assessment via the MASH. This has now stabilised, as shown by performance data. The thresholds are being consistently applied by partners and staff with a corresponding increase in quality and appropriateness of contacts, and an increased conversion rate to referral.</p> <p>The escalation policy is currently being refreshed in response to inconsistent and inappropriate routes of escalation being taken, and once approved will be rolled out to staff and</p>		<p>QA Framework document / Quarterly Reports</p> <p>WS3P20W/P1</p> <p>Performance Report</p>




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Area for Improvement	Progress	Lead	Evidence / impact
<p>Help is provided early in the emergence of a problem and is well coordinated and recorded through multi-agency arrangements.</p>	<p>partner agencies.</p> <p>Enhanced performance framework reporting has enabled managers to identify children who may be 'drifting' in the system and where processes and action has not been progressed within timescales.</p> <p>The Quality Assurance framework is now operational, although more robust work is required to ensure that we are 'closing the loop' with respect to thematic issues identified where there may be deficits in practice emerging. A specific piece of work is being undertaken to respond to this deficit. Recent changes in first line management has led to a reduction in quantity of audit activity outside that undertaken by QA Managers themselves.</p>		<p>'Closing the Loop' Project Brief</p> <p>QA Quarterly Reports</p>
<p>Help is provided early in the emergence of a problem and is well coordinated and recorded through multi-agency arrangements.</p>	<p>As referenced above the 'Level of need' threshold guidance was revised, refreshed and re-implemented during 2014. Incorporated within the website hosting this guidance is integrated access to supporting documentation, hyperlinks to procedures and practice guidance, Multi Agency Referral Forms (MARF's) CAF checklist and a directory of early help services, creating an electronic one stop shop for professionals</p>	<p>Service Manager, Family Support</p>	<p>Levels of Need documentation / website &amp; performance data. Child &amp; Family feedback</p>




HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>Thresholds between early help and statutory child protection work are appropriate, understood and</p>	<p>seeking to identify the appropriate level of support for any given child for whom they may have concerns.</p> <p>Supporting documentation includes the Early Help protocol, and the 'step up / step down' protocol, to support professionals in ensuring that there is a consistent approach to planning and coordination of support for children and families and levels 2 and 3 of the threshold criteria, and clarity as to what to do if you feel that a child needs to be escalated through referral into MASH.</p> <p>Troubled families (Families First) arrangements in Herefordshire are effectively integrated through the support of existing statutory and voluntary services, and outcomes against the national TF criteria have been strong, in that the 'turn around' target of 310 families was achieved well in advance of the end date of phase one of the TF programme, and Herefordshire has been accepted as an early adopter of the extended phase two.</p>	<p>Head of Commissioning</p>	<p>EH &amp; Step Down Protocols / User feedback</p> <p>Performance information re: CAF trends – outcomes / step up &amp; down numbers and outcomes</p> <p>TF outcome data / user feedback</p>
<p>Thresholds between early help and statutory child protection work are appropriate, understood and</p>	<p>Please see above with respect to 'Level of Need' threshold guidance.</p> <p>Eligibility criteria for children with a disability are being refreshed, and a direct payment policy is</p>	<p>Head of Fieldwork</p>	<p>Performance / Outcome data / Audit findings</p>

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>operate effectively.</p>	<p>now in place for children with a disability and their families.</p>		
<p>Records of action and decision are clear and up to date.</p>	<p>The Frameworkki transformation programme has improved the arrangements for case records, decision making and management oversight / supervision, to ensure they are both clear and auditable. However, continued turnover in first line managers at the front end of the service has led to continued inconsistency in quality and application. More robust induction arrangements are being coordinated through the Workforce Support Officer in the Social Work Academy to seek to overcome this.</p>	<p>Children's performance lead and transformation manager</p>	
<p>Children and young people are listened to and heard.</p>	<p>Significant progress has been made in the last 12 months to embed within our operational and strategic culture the need to actively listen to and respond to the voice of children and young people. This is in part reflected in the priority given to SW visits to LAC, and priority given to review processes</p> <p>The Looked After Children's Pledge was agreed and signed off at Council in September 2014 following work commissioned by the Corporate Parenting Panel, making firm commitments as to expectations for children and young people's active communication, both with respect to plans for their own lives, but strategically too. The</p>	<p>Head of LAC</p>	 <p>Young People's guide_ammend.pub</p>  <p>PLEDGE A5 LEAFLET Job No 1239.pdf</p>  <p>PLEDGE A3 Low res Job No 1239.pdf</p>

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
	<p>development of Care Champion posts and the recruitment of two of our young people to these roles has been a very visible commitment to implementing these principles. The further development of No. 4 Blackfriars St as the base for our 16+ service and the very active Children in Care Council, with strong representation on the Corporate Parenting Panel, has further embedded this cultural change. The commissioning of 'Participation People' with a specific remit to actively engage and consult with children and young people across the county to inform and support the development of the children and young people's plan and broader strategic initiatives, ensuring that young people's voices are at the heart of policy. For all senior manager posts, a young person's interview panel is arranged so that their views on new appointments can be taken into account.</p> <p>There has also been a strengthening of our NYAS contract to ensure advocacy services are available to all children who may be looked after or subject to child protection plans as appropriate, and the strengthening of the IRO arrangements to comply with Care Planning Regulations has also ensured that children are seen and spoken to by the Independent Reviewing Officer as part of the LAC Review</p>		<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Herefordshire Council YP Panel Polic</p> </div> <div style="text-align: center;">  <p>2014_Peer Support Plan.doc</p> </div> <div style="text-align: center;">  <p>CYPVoiceActionPlanupdate Nov2014.docx</p> </div> </div> <p>Copies of NYAS and Onside contracts to be inserted</p>

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>Social workers build effective relationships with them and their families in order to assess the likelihood of, and capacity for, change. Risk is well understood, managed and regularly reviewed.</p>	<p>process.</p> <p>Whilst work has been completed to enable managers to have easy oversight of SW caseloads, and reporting continues to evidence that caseloads are being maintained at an unacceptable level, due to continued instability in the workforce, particularly in the CWD, MASH and CiN service areas, negatively impacting on effective relationship building between workers and their families. Whilst there is evidence of the success of the 'Grow your Own' element of the Workforce Strategy, with in excess of 25 NQSW's having been recruited in the last 2 years, attempts to reduce the through put of agency workers has yet to impact, including the West Midlands approach to developing an agency worker 'pay cap' and learning and development passport. 5 Overseas workers have been recruited and have taken up post during August 2015, and a further recruitment campaign is commencing to bring in a further cohort to commence in January 2016.</p> <p>The management of risk on individual cases has been supported by the implementation of the risk and resilience tool. The impact of this has recently been externally evaluated by</p>	<p>Head of Safeguarding and Quality Assurance</p>	<p>Caseload data / trends</p> <p>Workforce data – permanent / agency staff by team</p> <p>Birmingham Univ evaluation</p>

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
	<p>Birmingham University, who established that it was not being used consistently, and made recommendations as to its revision which is currently being undertaken. There is a project being undertaken to develop a quality standard for assessments supported by a consistent set of tools to be used and rolled out with the adoption of the single assessment by the financial year end.</p> <p>Management oversight, including supervision, has been strengthened through the implementation of Senior Practitioner posts to ensure that line managers have a smaller number of staff to line manage, and training to new managers is being offered by the Service Manager of the SWA. Improved recording and reporting systems in Fwi, including templates to assist, have been implemented. However, audit findings continue to show inconsistency in supervision recording, quality and frequency, despite positive recognition by staff as to their experience of supervision in the annual staff survey.</p>		<p>Quarterly Audit reports</p>
<p>Children and young people experience timely and effective multi-agency help and protection through risk-</p>	<p>The performance of MASH has been consistently strong in ensuring that all contacts and referrals are screened by a qualified Social Worker within 24 hours, with timely decision</p>	<p>Head of fieldwork</p>	<p>MASH performance data re: timeliness</p>



HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>based assessment, authoritative practice, planning and review that secures change.</p>	<p>making as to subsequent action.</p> <p>Step down processes are now well embedded in the MASH, and children who do not meet the threshold for statutory assessment or intervention are, where appropriate, referred through INA coordinators for a Family Support service or a CAF.</p> <p>There continues to be inconsistent performance with respect to the completion of initial assessments, and more so with respect to core assessments, which is significantly related to the continuing workforce stability issues referred to above. Work undertaken in the FWi transformation programme has helped to improve performance with respect to CP processes, and both initial CP and Review CP conferences are consistently held within timescale. The revised CP documentation has supported the development of better quality, SMARTer CP plans, however, plans are still not sufficiently outcome focussed and don't support the SW to objectively think about SMART objectives and outcomes in advance of the conference.</p> <p>Performance has also continued to be strong with respect to ensuring that children do not 'drift' on CP plans' with extremely few children</p>		<p>Step Down data + outcomes</p> <p>IA / CA data</p> <p>CP data re: ICPC / RCPC timeliness</p> <p>Audit outcomes re: quality of CP plans</p> <p>Performance data re: length of time on a plan / children who are subject to a plan for a second or subsequent time</p>

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
	remaining subject to a plan for more than 18 months		


**Ofsted Key judgement: The experiences and progress of children looked after and achieving permanence**

Area for Improvement	Progress	Lead	Evidence / impact
Decisions about children and young people becoming looked after are made using high-quality assessments about the risk of harm or actual harm to them and the likelihood of change in their family.	<p>The revised permanence policy is currently in draft, within the context of the broader care placement strategy, but has to be agreed by a multi-agency group before being signed off.</p> <p>Legal Gateway meetings are held on a weekly basis to scrutinise plans for children where care proceedings are being considered. A Resource Panel meets weekly to discuss children and young people who may be at risk of becoming Looked After through the Public Law Outline / Care Proceedings route, and Resources Panel fulfils the same function for children and young people on the edge of care / at risk of placement breakdown. However, the majority of children becoming looked after continue to be presented as 'emergencies', bypassing such processes. A review is commencing of these cases to establish</p>	Head of Fieldwork	<p>Review and Development of Permanence Process Project Brief</p> <p>LGM procedures / minutes</p> <p>Timeliness of children moving through LAC system (performance data)</p> <p>Resources Panel procedures / minutes</p>






HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>Thresholds are clear and applied appropriately. Children and young people are listened to by social workers who know them well.</p>	<p>the reasons for this, and help shape the development of appropriate management / gatekeeping and direct work service options to respond. Difficulty sourcing placements for children with a disability continues to be a challenge. The short break provision for this group is underdeveloped but significant activity is under way in reviewing the appropriateness of existing provision, developing the market, including recruitment of respite foster carers to provide greater choice to families. This process has been continuing over the past year but speed of progress is being accelerated.</p>		<p>Short breaks commissioning LAC / CNS sufficiency strategy.</p>
<p>Thresholds are clear and applied appropriately. Children and young people are listened to by social workers who know them well.</p>	<p>Legal planning processes and panel, as described above, ensure that there is consistency to decision making with respect to the use of legal interventions, albeit changes in the chairing arrangements threaten this. There are robust arrangements in place with respect to decision making as to children becoming looked after, which sits at AD level. As above however, more work needs to be undertaken to better identify and respond to cases which appear to escalate rapidly.  As described above however, the workforce strategy has not yet fully impacted on reducing the turnover of SW staff, meaning that children</p>	<p>Head of Fieldwork</p>	<p>Workforce Strategy / Data  NYAS annual report</p>


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Area for Improvement	Progress	Lead	Evidence / impact
<p>Adults working with children and young people help them to understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. They return home with the support they need and when it is safe for them. If this is not</p>	<p>are still experiencing too many changes of SW. However, there are 17 permanent SW joining the organisation by end of October 2015 which should improve this.</p> <p>The advocacy service, commissioned from NYAS, does ensure that children and young people have access to such support and ensure that they have a voice in planning and decision making, and our recently appointed Care champions are playing a significant role in both ensuring that looked after children understand their rights, but also that professionals understand clearly what children and young people want and need from them, through the training they are providing.</p>		<p>Care Champions Brief / Training materials (Deb Barnett)</p>
<p>Adults working with children and young people help them to understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. They return home with the support they need and when it is safe for them. If this is not</p>	<p>Quality of core assessments and care plans remains variable, and there have been significant delays in completing life story work / books for children moving into permanence, although dedicated resources have now been deployed to address this. The project to ensure children with a plan for adoption have a life story book before the celebration hearing concluded at the end of June 2015.</p> <p>Significant progress has been made in ensuring</p>	<p>Head of LAC</p>	<p>Data with respect to numbers / increased timeliness of securing permanence through SGO / Kinship route – we do not hold this data and have no means of measuring this.</p>  <p>Life Story Book end FOSTERING ANNUAL of project overview 3REPORT - amended A</p>





HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>possible, they live in stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests.</p>	<p>that every avenue is thoroughly explored with respect to young people being enabled to remain securely and safely within their extended family network, and a dedicated SGO / kinship hub has been established as an adjunct to the fostering service</p> <p>For those young people unable for whom adoption is the only solution, performance remains very high in securing such placements.</p> <p>Within CHIPP the Review and Development of permanence process will look to:</p> <ul style="list-style-type: none"> <li>- Implement a clear permanence process</li> <li>- Agree a clear permanency policy</li> <li>- Implement practice standards for permanence</li> <li>- Clarify roles and responsibilities</li> </ul> <p>TISS (Therapeutic intensive support services) is supporting children to return home and reduce placement disruption. Key performance indicators will be measured within contract monitoring.</p> <p>The corporate parenting panel oversee progress of LAC and look to ensure that they have the same access to service as a parent would want</p>		<p>  Copy of Adoption_Scorecards,Adoption_Scorecards.   Activity Report 1st October 2014 to 31st   TISS Overview.pdf   LAC Analysis 1.4.14-31.5.15.doc   WS3P18WP5-WPS v1.3.doc                 </p> <p>Quarterly contract monitoring reviews</p> <p>Draft Corporate Parenting Strategy</p>



HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>Care plans are regularly reviewed to ensure that the child or young person's current and developing needs continue to be met.</p>	<p>for their own children. The strategy is currently being updated.</p> <p>There is consistently high performance in ensuring the regular review of care plans through the LAC review process. No such review can be held out of timescale without the explicit agreement of the Head of Service</p>	<p>Head of Safeguarding and Quality Assurance</p>	<p>Performance data re: LAC review timeliness</p>
<p>Permanent homes and families are found for children and young people without unnecessary delay. Their needs are met and they live with their brothers and sisters if that is assessed as being in their best interests.</p>	<p>Sibling assessments are being completed by Social Workers with the support of advanced practitioners. A clear matching document is already being used to match children to appropriate.</p> <p>The CHIPP project focussing on the review and development of permanence process will look to:</p> <ul style="list-style-type: none"> <li>- Implement a clear permanence process</li> <li>- Agree a clear permanency policy</li> <li>- Implement practice standards for permanence</li> <li>- Clarify roles and responsibilities at all levels</li> </ul> <p>However, we currently have no means of measuring the time it takes for permanence to be achieved other than in adoption, where</p>	<p>Head of LAC</p>	 <p>WS3P18WP5-WPS v1.3.doc</p>



HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
	performance remains very strong.		
They do not experience placement moves unless they are part of a planned return home or in accordance with plans for their future.	HIPPS / TISS services developed in response to the challenges faced in keeping our children in local foster placements. Arrangements to strengthen legal gateway and resources panels, including a review of children placed in IFA settings, are currently being implemented.	Head of LAC	 LAC Analysis 1.4.14-31.5.15.doc  HIPSS Overview.pdf  TISS Overview.pdf
Their education is not disrupted unless it is their best interests and plans for their schooling provide any extra help they need to make up time and learning that has been missed.	A dedicated LAC education team advocates strongly for children's education to be a permanent focus and priority in care planning arrangements. All Looked After Children of school age have a Personal Education Plan.	Virtual Head Teacher	 CPP Briefing - May 2015.ppt
They develop safe and secure relationships with adults that persist over time. When support is needed, children, young people and families are able to access it	Our Care placement strategy and Permanence policy highlighted above seek to ensure that children have timely, secure and settled placements, whether within their extended families or beyond. The major challenges in	Head of LAC	

## HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>for as long as it is needed, throughout their childhood and beyond.</p>	<p>delivering against this has been the instability in the workforce, the remedial actions with respect to this having been described above.</p> <p>Both the HIPPS / TISS Services, the current Edge of Care and future direct work services in development, and the restructured 16+ service will ensure the availability of targeted support.</p>		 HIPSS Overview.pdf  TISS Overview.pdf

### Adoption performance

Area for Improvement	Progress	Lead	Evidence / impact
<p>Suitable adoptive families are identified without delay for all children for whom adoption is in their best interests.</p>	<ul style="list-style-type: none"> <li>Two sibling pairs have been referred to After Adoption's 'Families that Last' project commissioned via West Mercia Adoption project.</li> <li>Only 8 children with a plan for adoption do not yet have a placement identified.</li> <li>9 children have been matched since April 1st 2015</li> </ul>	<p>Service Manager Adoption</p>	 Copy of Adoption_ScorecardsAdoption_Scorecards  Activity Report 1st October 2014 to 31st
<p>The recruitment and assessment arrangements are aligned with national systems and enable potential adopters to consider and to be considered for a wide range of</p>	<ul style="list-style-type: none"> <li>Statutory guidance is followed.</li> <li>Prospective and approved adopters are encouraged to be proactive in seeking placements.</li> <li>Children and prospective adopters have been</li> </ul>	<p>Service Manager Adoption</p>	<ul style="list-style-type: none"> <li>Prospective adopters are referred to the Adoption Register within 3 months of approval if a match has not been identified.</li> <li>Matching agreements are completed on approval outlining measure that will be taken to</li> </ul>



## HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
children for whom they may provide a home.	supported to attend Adoption Activity days.		<p>facilitate matches.</p> <ul style="list-style-type: none"> <li>• Referrals are also made to AdoptWestMids and within the West Mercia area.</li> <li>• Matches for Herefordshire children and adopters have resulted from attendance at Adoption Activity days.</li> </ul>
Children are able to develop safe and secure relationships with their adoptive family that persist over time. When support is needed, children, young people, families and carers are able to access it for as long as it is needed, throughout their childhood and beyond.	<p>• Training for foster carers 'Moving children on to adoption', delivered on a rolling program and informed by feedback from research and service users.</p> <p>• Increased capacity for play therapist to prepare children to move on has been funded via the Adoption Reform Grant.</p> <p>• Key Link Advisor from the Adoption Support Fund Liaised with the adoption service and attended a meeting including Health and commissioning colleagues to look at ways to maximise the market for adoption support.</p>	Service Manager Adoption	<ul style="list-style-type: none"> <li>• Feedback questionnaires are given to all those adopting Herefordshire children and report positively on the readiness of children to move on and the support offered post placement.</li> <li>• Successful applications have been made to the Adoption Support Fund for therapeutic interventions for families within Herefordshire and for Herefordshire children placed elsewhere.</li> </ul>

## The experiences and progress of care leavers

Area for Improvement	Progress	Lead	Evidence / impact

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>Young people leaving care and preparing to leave care receive support and help to assist them in making a successful transition to adulthood.</p>	<p>Some cases are still being closed and/or not handed over at the appropriate stage from the LAC team. Therefore these YP's miss out on a service they are entitled to. The YP's are eligible for a P.A from the age of 15 ¾ and then a pathway plan being formulated by 16 and 3 months. The case should be handed over fully at this juncture to a social worker in the 16+ team.</p> <p>Pathway plans are reviewed on a more regular basis. Addressed in supervision on a regular basis.</p> <p>Dedicated 16+ service is currently being watered down due to the influx of CIN and CP cases along with YP's being identified as homeless when not. This will have an impact on the service provided to care leavers.</p> <p>The 16+ TM will dip sample the 16+ cohort to ascertain whether they are Mumby complainant and if they exist.</p> <p>There needs to be a clear case transfer protocol</p>	<p>Service Manager 16+</p>	<p>Evidenced by 16+ relevant and former relevant report runs. A number of the cases were open to other teams but closed.</p> <p>(Add data of relevant YP's closed on FWi &amp; date of handover of LAC cases into 16+)</p> <p>Evidenced by supervision notes and report runs on FWi</p> <p>The Chipp project should ensure that the 'care leavers' are not lost in the new service. A permanent team manager and permanent service manager with experience in leaving care should assist with ensuring care leavers remain prioritised within the 16+ service. (Evidenced on sharepoint)</p>

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Area for Improvement	Progress	Lead	Evidence / impact
	<p>between CiN and 16+ which sets out that when a young person turns 15, the case is transferred to the 16+ so that a pathway plan can be created by the team when the young person is 15 ¾.</p>		<p>Part of Chipp project to ensure pushed through into the structure and every day working practice. <b>(Evidenced on sharepoint)</b></p>
<p>Plans for them to leave care are effective and address their individual needs.</p>	<p>The pathway plans will multi-agency and include the views of the young person to ensure that the plans are effective and take into account the young person's individual needs. To ensure this happens, and that the plans are meeting the needs of the individual needs of the young person, a first meeting will be chaired by social worker and at the meeting a decision made as to the most appropriate chair in future. Further meetings reviewing the pathway plans will take place if there are any significant events or at least once a year. Each young person has an allocated 16+ personal advisor and SW to ensure that the plan is being implemented and progress monitored.</p> <p>Pathway plans are being completed more regularly by social workers. Some social workers in the LAC and 16+ teams are not completing the plans in a timely fashion. This is to be highlighted when all</p>	<p>Service Manager 16+</p>	<p>Pathway plans will be routinely discussed in supervision.</p> <p>Add data old and new figures</p>

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Area for Improvement	Progress	Lead	Evidence / impact
<p>They are safe and feel safe, particularly where they live.</p>	<p>base line data has been gathered for the Chipp project, this will be disseminated to the relevant managers.</p>		
<p>Service user feedback is being utilised via complaints and participation. (approach QA for this data)</p> <p>A variety of accommodation options (e.g. supported lodgings, etc.) are available within Herefordshire and 16+ are prioritised. There must be a clear policy written to ensure that the housing provision provided to the 16+ team is not utilised by the CIN &amp; CP cases. The housing stock provided is for care leavers and those deemed homeless.</p> <p>Young people's transition to independent living is 'tightened up' to prevent drift.</p>	<p>Service Manager 16+</p>	<p>This is currently not measured by 16+ but again part of the Chipp project how to measure 'soft' data. (Evidenced on sharepoint)</p> <p>Team manager is collecting data with regard to housing issues and lack of stock. Negotiating with Shypp. A new house by Shac has been sourced to support young people in their transition to adulthood. (Ian Wakefield).</p> <p>Evidenced by handovers of cases from S.W to 16+ P.A in a planned manner. Pathway plans evidencing work undertaken by SLP's etc. Pathway plans on FWi.</p> <p>Some s.w cases are still in drift however need tighter oversight by IRO and T.M.</p>	

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Area for Improvement	Progress	Lead	Evidence / impact
<p>Young people acquire the necessary level of skill and emotional resilience to successfully move towards independence.</p>	<p>Pathway Plans assess the young person emotionally and plan the transition into adulthood.</p> <p>Role of 16+ workers / PA's</p> <p>Life story training has just been undertaken with a number of workers. This will assist with supporting young people access their files.</p>	<p>Service Manager 16+</p>	<p>In last year, there have only been two occasions when a yp has been accommodated in a B&amp;B for one night only whilst suitable accommodation is being sourced.</p> <p>See pathway plans. Regular visits are undertaken by social worker and P.A's. P.A's are requested by legislation to visit 8 weekly however following SILP and OFSTED agreed six weekly visits by P.A's.</p>
<p>They are able to successfully access education, employment, training and safe housing.</p>	<p>To support our young people to fulfil their potential through FE and HE and celebrate their achievements, the Virtual head teacher and the LAC Education Team work closely with the relevant institutions, along with the personal advisor to secure appropriate options. Again, with enhanced emphasis on Pathway Plans being given, more robust data should be available in future.</p> <p>PA is allocated at 15 ¾ years of age (when notified by LAC S.W) or by trawling reports or by a notification by the IRO.</p>	<p>Service Manager 16+</p>	<p>This area requires improvement in terms of handovers of cases in a timely fashion.</p> <p>Care planning and transition is part of the chipp project for 16+ in order to ensure development of the plans improving YP's outcomes. (Evidenced on sharepoint)</p>

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Area for Improvement	Progress	Lead	Evidence / impact
	<p>Ideally the case is to be handed over at the LAC review just prior to 16 years and three months (landmark review) to the 16+ team.</p> <p>The previous instability of 16+ team had an effect on cases being managed.</p>		Supervision records.
They enjoy stable and enduring relationships with staff and carers who meet their needs.	<p>PA is allocated during 16th year with transition arrangement across to 16+ team. LAC social worker allocated at an agreed suitable transition point.</p> <p>Stability of Leaving Care 16+ team is about to enter a new transition with the change to a 16+ service and with a temporary HoS. The team manager and senior social worker are both agency. No service manager to oversee strategic planning and monitoring of PI's.</p>	Service Manager 16+	<p>This area requires improvement in terms of case handover form other teams and being notified in advance of the pending case.</p> <p>The team has recently recruited some full time staff however there are several agency staff covering P.A roles that are on maternity leave and one on a sabbatical</p>

### Key judgement: Leadership, management and governance

Area for Improvement	Progress	Lead	Evidence / impact
Leadership, management and governance	One of Council's three priority areas is "Keeping children safe and giving them a great start in	Director for Children's	

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Area for Improvement	Progress	Lead	Evidence / impact
<p>arrangements comply with <a href="#">statutory guidance</a> and together establish an effective strategy and good-quality services for children, young people and their families.</p>	<p>life.”</p> <p>With respect to educational achievement, the Lead Member receives regular updates on schools causing concern. Scrutiny receives an annual report on education achievement.</p> <p>With respect to its Safeguarding arrangements, a continuous improvement framework has been adopted which ensures good governance mechanisms are clearly defined.</p> <p>Monthly performance challenge meetings take place with the Chief Executive, Leader, Cabinet Member for Children’s Scrutiny Chairs and Group Leaders.</p> <p>Health and Social Care Overview and Scrutiny Committee receive quarterly reports on progress against the improvement plan.</p> <p>Robust partnership working arrangements and governance are supported through the Lead Member being the chair of both the children and young people’s partnership and the Strategic Education Board, and the DCS and Lead Member are members of LSCB.</p>	<p>Wellbeing</p>	<p>Notes of relevant Cabinet Member Briefings</p> <p>General Overview and Scrutiny Committee report (January).</p> <p>Continuous Improvement Framework</p> <p>Notes of the monthly performance challenge meetings.</p> <p>Notes of Health and Social Care Overview and Scrutiny Committee.</p>
<p>There is a clear and up-to-</p>	<p>A Joint commissioning strategy being developed</p>	<p>Head of</p>	<p>Joint commissioning strategy due to be</p>



HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
<p>date strategy for commissioning and developing services delivered by a suitably qualified and experienced workforce that meets the needs of local children and young people and families.</p>	<p>in conjunction with the children and young people's partnership. The strategy will be informed by the Children's Integrated Needs Assessment and the Children and Young People's Plan 2015-18</p> <p>Monitoring of the effectiveness of the strategy will sit with the children and young people's partnership.</p> <p>A workforce strategy has been developed for safeguarding and family support which includes an extensive recruitment strategy which covers a financial year. The strategy includes 'growing our own' (NQSWs); national and international recruitment campaigns and creative options to secure quality long term interim workers and attract them into permanent posts.</p> <p>There have continued to be however difficulties in implementing strategic workforce restructuring in a systematic way, in response to budget pressures. For example, a decision was made to reduce the number of Team Managers in the CiN service from 6 to 4, and create a new tier of senior practitioners. However, the Team manager posts were removed in advance of the senior practitioners being recruited (and several posts remained unfilled, or covered by agency staff). There had been insufficient planning as to</p>	<p>Children's Commissioning</p>	<p>presented to Cabinet in September / October 2015.</p> <p>Children's Integrated Needs Assessment</p> <p>CYP Plan – due to be presented to Cabinet and Council in July / September 2015.</p> <p>Workforce strategy - impact should be reduction in reliance of agency staff and stable workforce which in turn improves the outcomes for children by SWs have lower caseloads and fewer changes in SWs.</p>



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Area for Improvement	Progress	Lead	Evidence / impact
<p>The Director of Children's Services (DCS), the lead elected member and the senior management team have a comprehensive knowledge about what is happening at the 'front line' to enable them to discharge their responsibilities effectively. They know and understand the difference that help, care and protection are making. They oversee systematic performance management and monitoring that demonstrate rigorous and timely action in response</p>	<p>changes in roles and responsibilities for these new posts, as well as induction, training and development. For these reasons these posts have been difficult to fill, and are now carrying caseloads higher than envisaged. A much greater focus on thorough management of change processes will be adopted in future when such changes are desired or required, and a rolling training and development programme for new posts created will be implemented.</p>		
<p>The Director of Children's Services (DCS), the lead elected member and the senior management team have a comprehensive knowledge about what is happening at the 'front line' to enable them to discharge their responsibilities effectively. They know and understand the difference that help, care and protection are making. They oversee systematic performance management and monitoring that demonstrate rigorous and timely action in response</p>	<p>Monthly performance challenge meetings take place to scrutinise key performance indicators and monitor progress against the Improvement Plan. The DCS also regularly attends key management meetings (SMT / CMM) and undertakes audit activity alongside Social Workers with respect to specific cases. The quality assurance framework delivers quarterly reports with respect to compliance with standards, thematic issues identified as part of the improvement plan and complaints and representations issues and themes. Learning from these processes informs the improvement plan and wider workforce development.</p> <p>Regular reports are presented to Scrutiny and Cabinet, and a series of mandatory elected</p>	<p>Assistant Director, Safeguarding &amp; Family Support</p>	<p>Members briefings and seminars were organised for the period 2014/15 and included:-</p> <ol style="list-style-type: none"> <li>1. Education Strategy</li> <li>2. Ofsted /Childrens Safeguarding</li> <li>3. Childrens and Families Bill / Education &amp; SEN</li> <li>4. Corporate Parenting</li> <li>5. Closing the Gap / Families First</li> <li>6. Improvement Plan / HSCB Annual Report</li> <li>7. Education Attainment</li> </ol> <p>Further members briefings and seminars have been arranged for the forthcoming year 2015/16 and will be starting with Corporate Parenting and the Capital Investment</p>

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Area for Improvement	Progress	Lead	Evidence / impact
<p>to service deficiencies or new demands.</p>	<p>members' seminars are provided to ensure all are fulfilling their duties as corporate parents.</p> <p>With respect to Education and Commissioning arrangements, regular reporting is provided on achievement results, early years data, the progress of NEETS, and the progress against the 'closing the gap' and 'Troubled Families' initiatives.</p>	<p>Assistant Director, Education &amp; Commissioning</p>	<p>Strategy for Education.</p>
<p>The local authority works with partners to deliver early help, protect children and young people, improve educational attainment and narrow the gap for the children looked after and care leavers. It acts as a strong and effective corporate parent for children looked after and those leaving or who have left care.</p>	<p>Partnership working has been refreshed this year through a formal review and revision of the Children and Young People's plan, with external consultancy brought in to support its progression. The CYPP has overseen this activity and has revised its operational arrangement to reflect its 5 identified priority areas, with SMART objectives and outcome measures to assist in the monitoring of the implementation and success of the CYP Plan. This is further enhanced by the development of integrated strategies with respect to early help and mental health.</p> <p>The Corporate parenting panel has been revitalised through the greater involvement of children and young people, supported by the development of the 'care champions' roles, who</p>	<p>AD, F&amp;S / E&amp;C</p>	

HEREFORDSHIRE SELF EVALUATION

Area for Improvement	Progress	Lead	Evidence / impact
	<p>are similarly taking a lead in the development of the children in care council.</p> <p>The existing Virtual head teacher is leaving the authority in August 2015, and recruitment is underway to identify a successor.</p>		
<p>Leaders, both professional and political, drive continuous improvement so that the local authority is consistently effective as the lead agency for the protection and care of children and young people and as a corporate parent.</p>	<p>A Continuous improvement framework was adopted in January 2015 as a governance model to oversee service improvement and development. As part of this the revised Children and Young People's Plan contains a specific safeguarding section which links to the HSCB business plan priorities.</p> <p>We have a strong and well supported politically Corporate parenting panel and a Children in care council recently enhanced further through the development of the Care Champions role.</p>	<p>Head of Safeguarding and Quality Assurance</p>	<p>CIF</p> <p>CPP minutes</p>
<p>Partnerships are supported by transparent and rigorous governance between the local authority and key statutory, private and voluntary organisations.</p>	<p>The HSCB, Health and Wellbeing board and CYPP have agreed and 'joined up' terms of reference, and a working protocol exists between the HSCB and CYPP to ensure clarity of roles and governance arrangements.</p> <p>At the start of the 15/16 financial year, the HSCB / HSAB / CSP integrated business unit was established to ensure thematic priorities</p>	<p>Head of Safeguarding and Quality Assurance</p>	<p>ToR's / Protocol</p>

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Area for Improvement	Progress	Lead	Evidence / impact
	<p>across the partnership and economies of scale.</p> <p>The strategic education board has clear terms of reference, and it's business links closely to the Herefordshire School Improvement Partnership Framework.</p>		
<p>Shared priorities are clear and resourced. There is effective engagement with the relevant local partnerships including the Health and Well-being Board.</p>	<p>As above, the Integrated HSCB / HSAB / CSP integrated business unit ensuring thematic priorities across the partnership</p> <p>The CYPP is a sub group of the HWBB, and appropriately membership across the two bodies.</p>	<p>Head of Safeguarding and Quality Assurance</p>	
<p>The DCS works closely with the LSCB chair and the chief executive holds the LSCB chair to account for the effectiveness of the LSCB.</p>	<p>Quarterly meetings held between DCS, Chief Executive and Independent Chair of the LSCB. The chair has objectives set, receives an annual appraisal and is required to ensure the production of an annual report as to the Boards delivery of its business plan.</p>	<p>Director for children's wellbeing</p>	<p>Minutes</p>

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### Getting to Good – Overview of progress Dec 14 – August 15

Progress with the improvement plan over the past eight months has been variable. Of particular note:

1. Senior leadership has remained stable in terms of CEX, Leader of Council, Director of Children's Wellbeing, Assistant Directors. Following Council elections a new Lead Member has been appointed, the Council have reaffirmed Children and Young People as the top priority. Members are on track for 100% of them to have completed mandatory safeguarding and corporate parenting training by the end of September.
2. The Herefordshire Safeguarding Children's Board has a new chair from March 2015
3. The Health and Wellbeing Board has produced a new Health and Wellbeing Strategy and is overseeing a significant transformation programme of health and social care. The three priorities are children and young people, older people and mental health
4. The Children's Partnership has produced a new Children's Plan which is being approved through the governance processes of the relevant organisations over the autumn. The six priorities are Early Years, Children with Disabilities, Adolescents, Early Help, Safeguarding and Mental Health and Emotional Wellbeing.
5. The recruitment and retention strategy for social workers has continued and particular successes include:
  - the recruitment of 5 experienced social workers from Romania with a potential further campaign to follow in the autumn subject to the successful induction of the first cohort of staff;
  - 3 experienced social workers from the national Fruitful Careers campaign who are commencing between September and November;
  - 16 Newly Qualified Social workers graduating from the Social Work Academy and being placed in teams between x and y. There has been a particularly
  - marked improvement in the number and profile of the Independent Reviewing Officer/Child Protection Chair service
  - the Children with Disabilities Service is on track to have a fully permanent staff group by the end of September.

This is good progress to achieving the permanent/agency staffing profile change. Permanent staff retention remains strong.

- 3 The Herefordshire Intensive Placement Support Service was mobilised in February 2015, to support children with complex and significant needs returning from residential placements to be supported within family and community placements. The service is operating ahead of schedule and has already recruited 5 therapeutic fostering families; it is working with yy children, has enabled the Council to reduce spend on residential placements by £200k and has only had one placement breakdown since starting operation. developed??
- 4 A new experienced Chair of the Herefordshire Safeguarding Children Board has been appointed and started in March 2015, along with an experienced interim Board manager, who is leading the development of a new integrated business unit supporting both safeguarding boards and the community safety partnership. The Board has seen a significant tightening and prioritisation of business, a stronger focus on practice and a sharper understanding of the strengths and weaknesses and rates of improvement. As a result, the Board has identified weaknesses in training and development, the pace of

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ongoing development in child sexual exploitation and in the progress of addressing the inconsistencies in social work practice.

- 5 Educational attainment of Children in Care has improved in a number of areas, with 100% reaching a good level of development, increasing numbers achieving year 1 phonics, and 17% achieving 5 A\*-C including English and Maths at GCSE level. It should be noted that the numbers of children are relatively small, often 5-10 children in each cohort.

Alongside these successes however, some significant challenges remain:

9. Practice improvement particularly in relation to consistently adequate or good practice, remains stubbornly difficult to move forward. Reasons for this include:

10. High caseloads caused by a shortage of suitable quality agency staff and a significant turnover of the agency staff within MASH and the Children in Need teams. This has meant that in some teams, some social workers have been carrying caseloads in the high 20s, which is far higher than the figure of 16-18 which is the Council's aim. The council has taken alternative steps to tackle this, through the employment of additional business support staff and social work assistants. There has been a specific impact on the previously positive morale in these teams, however.

11. The implementation of a new career structure, introducing senior practitioners. In introducing these new roles, a shortage of agency staff and lag in securing permanent staff mean that all posts were filled by agency staff, 8 out of 9 of whom have now left the organisation. This means this role is not yet fulfilling expectations

12. Changes within front line management – following a period where all but one front line manager post was permanent, currently xx posts are permanent and yy agency. This has caused particular issues within the MASH and Child in Need teams. As a result of this, the MASH and Child in Need teams have a bespoke development plan.

13. The impact of re-auditing c600 decisions in MASH – following concerns regarding front line management decision making, c600 decisions were reviewed. This led to an increase in workload in the MASH and CIN teams, on top of the day to day work. On reflection, the Council should have implemented a special project approach, which may well have reduced the stress within the front line child protection teams.

14. Whole service audit activity has been affected by high caseloads, as has the speed of implementing some changes in practice as a result of audit activity. The audit programme is being reassessed to ensure it is both manageable and continues to have positive impact. The Social Work Academy is specifically focussing on developments to 'close the loop' to ensure learning is monitored and evaluated over time.

15. The management of some change in the Children with Disabilities service has been slow; some families have continued to face numerous changes in social workers and this has had a direct impact

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on the ability of the service to establish effective relationships with some families and children, and confidence with this service is not yet at the level it needs to be.

16. The number of children on child protection plans has increased again from 159 in April 2015 to 230 in September 2015. Although this mirrors the trend of growth at this point in the year, it is of concern.

17. Although the number of children in care has remained stable at c275 for six months, there are a concerning number of adolescents coming into the care system. This, combined with a steady increase in placements within independent fostering agencies, of 26, has caused a £1.1m overspend. The Council is implementing a detailed plan to address the growth in IFA placements and is focussing with partners on taking a fresh approach to supporting troubled adolescents.

Priorities for the next six months:

The focus of staff, managers and partners over the next six months will be on:

- Stabilisation of the teams, the induction of the new permanent staff and the management of the workloads
- Focus on improving social work practice
- Focus on improving performance
- Establishment and commencement of the detailed action plans for the Children's Plan
- Implementation of the budget recovery plans and the further development of the five year financial strategy
- Consultation and implementation of a revised approach to the direct work services in early help
- Development of the next phase of the MASH into an all-age MASH
- Preparation for the upgrade from Frameworki to Mosaic
- Preparation for a move into improved office accommodation.
- Recruitment of a new Assistant Director

### **School Improvement Self- Evaluation**

The council's approach to supporting improvement in schools is subject to Ofsted inspection. To provide the council with an overview of the current strengths and weaknesses a self-evaluation has been carried out, led by the Head of Learning and Achievement. This is a live document and the latest version is attached. The self-evaluation is being reviewed this term with head teachers. Officers would welcome any comments that Scrutiny may have.

### **Children Centre's**

Following inspections of two children's centres the directorate took immediate action to review the operational issues and arrangements across all children's centres. Line management and advisory boards have been strengthened, immediate health and safety issues have been addressed and data and performance management arrangements are an area of focus. The arrangements are being

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reviewed as part of the Children and Young People's Plan Early Years programme of work, taking into account the resources available and the current Ofsted inspection framework which poses challenges to the current service offer.



## HSCB OFSTED INSPECTION MAY 2014 – IMPROVEMENT 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

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
1.	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	Completed Is there a date of the meetings that the protocol was signed off at – suggest we add it in here	<b>G</b>	Chairs of HSCB Strategic Board and Improvement Board
2.	2.2	Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.	Chair of Policy and Procedures	Dedicated officer time allocated to review and revision of existing and outstanding procedures	April 2015	Review of existing procedures has been undertaken and a programme for revision developed. Recent inquiracy of P&P Sub Group has led to delay in sign off.  HSCB P+P meeting held on 30.4.15. Discussion re the need to provide clarity re local procedures added to HSCB website and West Mercia Procedures. A number of local "procedures" have been devised and it was agreed these were guidance and would be added to HSCB website as such. Updates needed at next meeting re PPRC and CSE procedures	<b>A</b>	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	April 2015	Completed. Updated and revised WM Procedures to be published mid April 2015  Suggest this timetable comes to next P+P	<b>G</b>	HSCB Steering Group

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
				local priorities.		and if not published then this action is AMBER		
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	Operational processes effective in MASH from 5 November 2014 and performance reporting into the CSAR operational and intelligence group has now commenced Regional missing procedures have been added to the West Mercia procedures manual – need to ensure effective dissemination to front line staff CSE procedures -risk assessment tool not on HSCB or West Mercia procedures and screening/assessment tool aimed at the children's workforce required . Clarification required that CSE procedures reflect the operational processes in MASH Suggest this action is AMBER	G	HSCB Steering Group
5.	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.	January 2015	The contents of a draft scorecard has been agreed and reporting against it is still in development. The Q + A sub group has recently further devised the LSCB multi-agency scorecard and the Local Authority have agreed to provide officer capacity to receive data. May LSCB Exec to approve	A	HSCB Steering Group

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
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	<p>the revised scorecard and agencies to commit to provide data for July LSCB</p> <p>Review to be undertaken by QA sub group in January.</p> <p>Has the review been reported to LSCB Exec – if so suggest add date.</p> <p>Unit Manager and Chair of QA sub group has met and agreed an audit programme for 15-16. The audit programme to be reflected in QA sub group work plan</p>		HSCB Steering Group
7.	4.1	Ensure that the work of the LSCB operational groups is manageable and prioritised.	Chair of Steering Group	Terms of reference for the steering group (Executive) and sub groups to be reviewed to ensure appropriate governance compliance and prioritisation.	October 2014	<p>Further revision in March 2015 to reflect the new Board priorities to be ratified by Strategic Board in April 2015 and made available along with the Constitution, available for download on the About HSCB webpage.</p> <p>No sub group term of reference were presented to April LSCB</p> <p>The April 15 Exec requested all sub group chairpersons to review sub group TOR. Agenda item at May Exec.</p>		HSCB Strategic Board

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
8.							In addition, a review of sub group structure is taking place as a result of the creation of the HSCB/HSAB/CSP business unit  Suggest this action is AMBER		
	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.  Have any further meetings taken place – if not suggest this action should not be green  Changing the Steering group to an Executive may mean that these quarterly sub grp meeting of chairs are not required –all sub group chairs should be members of the Exec	<b>G</b>	HSCB Strategic Board
9.				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	Complete. All HSCB meetings are agendered with the support of the Business Unit with thought given to ensuring the Board's priorities are progressed.  Suggest this is AMBER as there is a need to embed a forward plan system into the business unit to support effective management of meetings	<b>G</b>	HSCB Steering Group
10.	153	1.4	Ensure that learning from multi-agency case audits is actioned	Chair of QA Sub	QA Sub Group is reviewing its work programme and the HSCB quality	February	Completed but will be reviewed against the requirements of the new 2015/16	<b>G</b>	HSCB Steering

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
		and the impact is reviewed through repeat audits.	Group	assurance framework, including revised data set and scorecard, to ensure focussed audit and review audits to assess progress.	ry 2015	<p>business plan.</p> <p>The Chair of QA reported to LSCB in April on learning from the LSCB audits 14-15. HSCB requested a summary of thematic learning is produced for dissemination to front line staff.</p> <p>Key question for Exec is whether audits completed in 14—15 evidenced learning from previous audits has been embedded.</p> <p>LSCB audits for 15-16 can be used ( as appropriate) to test out learning from previous audits</p> <p>Suggest review RAG rating</p>		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	<p>Governance arrangements between all sub groups and Steering Group have been made more robust with significant time in all Steering Group meetings to monitor the work of the sub groups and progress towards HSCB's priorities. Steering Group is exercising its governance role. Steering Group will revert to 'Executive' from 1<sup>st</sup> April 2015 with revised terms of reference.</p> <p>May Executive will be asked to approve a reporting template for sub group chairs to report to the Exec – this will further</p>	<b>G</b>	HSCB Steering Group

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
12.	154	3.2	Chair of Children at Specific Additional Risk	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.	Undertake a self assessment against the requirement of the National SET Action Plan .	October 2014	strengthen current arrangements	HSCB Steering Group
						<p>The self assessment has been completed and learning from it has informed the strategy and operational processes being implemented.</p> <p>Additional resources have been agreed with a CSE senior practitioner, family support worker and co-ordinator in post to be supplemented by additional police resources from January.</p> <p>This action is in relation to data/intelligence in respect of CSE and missing.</p> <p>Does the CSAR receive routine data in respect of young people at risk of and young people being sexually exploited ( i.e. above and below the social care threshold)</p> <p>Has a local CSE Problem Profile been completed and has a Force wide CSE Problem Profile been completed</p> <p>Does CSAR receive data on missing children and young people ( from home and care – in those police din and out of</p>	<b>G</b>	



Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
13.	3.2		Chair of Children at Specific Additional Risk	Develop a new Strategic Plan and Disruption Plan for Herefordshire	October 2014	<p>County)</p> <p>What is the rate of completion of WRIs and is there thematic analysis of the findings reported to CSAR</p> <p>Suggest a review of RAG rating</p> <p>Completed</p> <p>Does CSE strategy adequately address disruption and prosecution of offenders? View of recent CSAR (strategic) was that there is a lack of pace and coordination of activity to prevent and respond to CSE. Group agreed a refresh of CSE strategy and review of action plan</p> <p>Suggest a review of RAG rating</p>	G	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	<p>Completed</p> <p>Independent Chair has expressed a view that there is potential duplication and confusion between the roles of CSAR strategic group and CSAR operational group. Role of CSAR operational group to be reviewed post revision to CSE strategy</p>	G	HSCB Steering Group

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
15.	3.3		Head of Safeguarding and Review	HSCB is taking a leading role and ensuring effective contributions across the partnership in connection with the West Mercia Joint Protocol on Missing Children and Young People.	April 2015	Pan West-Mercia procedures have been developed and will be presented to the Board in the new financial year. Action is completed – procedure have been uploaded. Suggest RAG rating is GREEN	A	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	Missing Children Action plan is currently being monitored and majority of items are complete or on target for delivery  I have not had sight of the missing children action plan. It was not discussed at April CSAR strategic gp	G	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	Completed Can this section include what the mechanisms are for monitoring multi – agency responses to children who go missing	G	HSCB Steering Group
18.			Framework Transformation and Performance Manager	Develop a robust reporting mechanisms which identifies missing children and children who are at risk of CSE	November 2014	Pan West-Mercia procedures remain in development and will be presented to the regional Boards in the new year. – Pan West Mercia procedures for missing now in place. As above clarification required re CSE procedures and CSE screening/risk assessment tool for the whole workforce  Local reporting agreed and operational in advance of pan West Mercia agreement. is there a data collection system as required by stat guidance etc gather data in respect of CSE – data	G	HSCB QA Sub Group



Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
19.	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.		<p>needed for children and young people who fall above and below the social care threshold</p> <p>Discussion of above comments may result in the need to review th RAG rating</p> <p>All courses delivered by HSCB are evaluated immediately post training/education and 2-3 months later. – suggest this evaluation of impact is included in HSCB annual report</p> <p>The HSCB has received a report from E Academy re take up &amp; costings of the current on line training courses. The recommendation ( by e-academy )is for is for self- registration to support increased up-take . However the costs of this 3K plus Unit Manager has completed 2 E Academy courses and there is aneed to update thye course materials</p> <p>The TW&amp;D group receive regular reports on the take up of HSCB face to face training - as above suggest this is included in HSCB annual report</p> <p>The T&amp;WD subgroup has received reports re – evaluation of HSCB face to face courses and a specific report re evaluation of CSE training.</p> <p>The TW&amp;D group has undertaken a review of the Board's Induction Processes and Development of Board Members mapped against LSCBs</p>	G	HSCB Steering Group

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
						identified as outstanding in this area. A paper outlining the key recommendations has been presented to March 15 Steering and the recommendations accepted, including the introduction of appraisal for all board members.  DCS has raised that no HSCB training calendar 15-16 on HSCB website – although courses are advertised on the online booking system and continue to be added once planned.		
20.	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	Impact evaluation is in place for all HSCB training courses via CPD on line. Bi annual overview reports to the sub group – is the response rate to impact evaluation appropriate?  Additionally to gain further, richer, information, specific evaluation is being undertaken for the newly developed Neglect training. A report in the findings so far is due to be presented to TW&D in April 2015.	G	HSCB Steering Group
21.	4.5		Chair of Training and Development	Undertake a review of multi-agency training needs to assess the sufficiency of HSCB's multi-agency training offer.	April 2015	Not yet in timescale.  Progress against this will depend on the future Business Unit arrangements. There is a reduction in capacity as to Training and Workforce Development Officer capacity, as the post has been deleted in the new structure, with the role to be subsumed within the new Learning	A	HSCB Steering Group

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
						and Development Officer roles from 1 <sup>st</sup> April 2015.  One of the learning and development officers has been allocated to support a single training and workforce development sub group. They could work with the Chair of the current HSCB training sub gp and the LSCB safeguarding training officer. to undertake a review of LSCB training offer  Need to clarify if the review is different from a TNA		
22.	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	Systematic evaluation of the HSCB Neglect training in place and initial findings will be able to be reported in April 2015. The findings of this will be used to inform the development of this method of evaluation ( ie to see if it supports more robust impact evaluation data) - didthe pilot of evaluating the negecit course result in an agreed methodology that can be used for all LSCB training courses - and if so does this need to be commissioned from Hoople for 15-16  All board training is evaluated by CPD on line , currently immediately post training and a follow up impact evaluation at 2-3 months		HSCB Steering Group
23.	4.5		Chair of Training	A standard process for engaging the workforce in the development of	March	Progress against this will depend on the future Business Unit arrangements.	<b>R</b>	HSCB Steering

Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
			and Development	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.	2015	<p>There is a reduction in capacity as to Training and Workforce Development Officer capacity, as the post has been deleted in the new structure, with the role to be subsumed within the new Learning and Development Officer roles from 1<sup>st</sup> April 2015. NB there is a 0.2 LSCB safeguarding training office role</p> <p>Some progress includes use of a pilot for a new course delivered by HSCB with amendments to content informed by participants.</p> <p>My suggestion is that this action is reviewed once the Exec agrees how it will engage with practitioners so as to use their feedback to inform LSCB work and priorities. The agreed arrangements for engaging with staff should provide opportunities to engage with staff in the development of HSCB training</p>		Group
24.	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	Completed	G	HSCB Strategic Board
25.	4.3		Independent Chair of the HSCB &	Agree the response to the report ensuring an implementation plan is in place.	October 2014	Completed.	G	HSCB Strategic Board

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Monitoring and Evaluation
26.		4.3		Chair of HSAB Head of Safeguarding and Review	Implement the agreed outcome of the review, ensuring that a developed Business Unit is in place.	April 2015	Management of Change process completed, and recruitment to all posts completed or underway. It is expected that the Business Unit will be fully staffed by the end of April 2015.	<b>G</b>	HSCB Strategy Board



## HEREFORDSHIRE SCHOOL IMPROVEMENT SELF EVALUATION AGAINST THE OFSTED FRAMEWORK – JULY 2015

Percentage of children taught in settings judged by Ofsted to be good or better (end June 2015)	School types/numbers	Key issues
<ul style="list-style-type: none"> <li>• 87.8 % in the primary phase (NA 83.4%)</li> <li>• 87.3% in the secondary phase (NA 77%)</li> <li>• 90% of early years' group settings</li> <li>• 89% of childminders inspected</li> </ul>	<ul style="list-style-type: none"> <li>• Number of schools and academies: 99</li> <li>• LA maintained primary schools 60</li> <li>• Primaries (academies) 17</li> <li>• Primaries (free) 1</li> <li>• LA maintained secondary schools 5</li> <li>• Secondary schools (academies) 9</li> <li>• Secondary schools (free) 1</li> <li>• All through schools 1</li> <li>• LA maintained special schools 2</li> <li>• Special school (academies) 2</li> <li>• LA maintained PRU 1</li> <li>• Free schools: 2</li> </ul>	<p><b>Key issues</b></p> <ul style="list-style-type: none"> <li>• Below national attainment at KS1, KS2 over a period of time; low numbers attaining L3 at KS1 and L5+ at KS2</li> <li>• Although KS4 5A*-C-EM was above average in 2014, EYF5 was in line and KS5 results are consistently good, there are significant gaps between the attainment of key groups (FSM, EAL) and their peers at all key stages</li> <li>• LA plans to raise attainment do not currently address attainment at each key stage or for key groups</li> <li>• Underdeveloped strategy to improve governance</li> <li>• Lack of consistency in quality assurance of support and intervention for schools from the diverse market</li> <li>• Emerging use of data to monitor schools and settings</li> <li>• Peer challenge and review at an early stage of development</li> <li>• Poor quality learning environments across some of the school estate</li> </ul> <p><b>Progress against key issues (as of summer 2015)</b></p> <ul style="list-style-type: none"> <li>• HSIP framework refreshed</li> <li>• Risk assessments issued to HTs/Chairs of governing bodies</li> <li>• Draft SEF completed; LA Raise circulated</li> <li>• HMI triads focusing on leadership completed</li> <li>• Launch of Capital Investment Strategy discussions</li> </ul>

### KEY PRIORITY: RAISING ATTAINMENT (Targets previously published for 2015)

- 65% of 5 year olds will achieve a good level of development
- 90% will attain level 4 in reading and 88% level 4 in mathematics at 11 years old
- 59% will achieve 5 GCSEs at grades A\*-C, including English and mathematics
- The percentage of education settings judged good or outstanding by Ofsted will be in the top quartile of local authorities
- The percentage of NEET (not in education, employment or training) and not known will be in the lowest quartile of education authorities; not knowns will be less than 2% and NEET less than 5.5 per cent

### Key priorities will be achieved through:

- Effective corporate leadership and strategic planning
- Monitoring, challenging intervention and support
- Support and challenge for leadership and management (including governance)
- Well managed use of resources

**Key document:** [www.gov.uk/government/publications/framework-for-the-inspection-of-local-authority-arrangements-for-supporting-school-improvement-2](http://www.gov.uk/government/publications/framework-for-the-inspection-of-local-authority-arrangements-for-supporting-school-improvement-2)



**Effective Corporate leadership and strategic planning – Key priority: Outcomes reach top quartile performance in 2016/ 17**

Success criteria - RAG	Key questions	AFI
<p><i>elected members /senior officers have an ambitious vision for and are committed to school improvement; this is clearly demonstrated in public documents</i></p> <p><i>elected members articulate the local authority's strategic role and enhance schools' ability to self-manage; members' challenge of officers is well informed by high-quality information and data; members and senior officers exercise their duties in relation to securing sufficient suitable provision for all 16-19-year-olds and in respect of raising the participation age (RPA) requirements</i></p> <p><i>senior officers ensure that strategies for improvement are understood clearly by maintained schools, other providers and stakeholders with clear evidence that this is effective in enabling schools to improve and preventing schools from deteriorating</i></p> <p><i>accountability is transparent and efficiently monitored in a systematic way</i></p> <p><i>schools respect and trust credible senior officers, who listen and respond to their views and advice</i></p>	<p><b>How effective is corporate and strategic leadership of school improvement?</b></p> <ul style="list-style-type: none"> <li>Corporate overview is fully in place through an accountability framework implemented by the chief executive and supported by a directorate improvement programme.</li> <li>The Children's Wellbeing directorate reports on educational attainment, school Ofsted judgements and other performance indicators to the director and the lead member. This forms part of the children's performance challenge. Regular reports on educational performance are received by Cabinet and Overview and Scrutiny; members' briefings provide updates on performance and actions taken to drive improvement.</li> <li>Directorates are subject to peer scrutiny and challenge through corporate quarterly performance reviews.</li> </ul> <p><b>What is the local authority's vision for better education for all pupils?</b></p> <ul style="list-style-type: none"> <li>Our goal is that outcomes reach top quartile performance in 2016/17. Our particular focus is on the attainment of our most vulnerable students.</li> <li>Ofsted judgements on the number of good or outstanding settings in Herefordshire and improving attainment at KS4 suggest this work has had good impact in some key stages.</li> <li>Partnership working is key to our approach. We work with the regional schools commissioner for academies, HMI Ofsted and the Department for education to maintain a consistent challenge to schools and academies.</li> <li>Herefordshire is one of 13 pilot authorities working with DfE ISOS on the new arrangements for DSEN students.</li> <li>Local authority officers are credible because we have the input of existing practitioners and serving heads.</li> </ul> <p><b>How effective is decision-making?</b></p> <ul style="list-style-type: none"> <li>Partnerships such as the Strategic Education Board and Herefordshire School Improvement Partnership (HSIP) have decision-making powers that have proved effective in driving through some real change e.g. risk assessment process for all schools. All stakeholders recognise the need to develop better quality learning environments.</li> <li>The council ensures that its risk assessments apply to all schools, and has provided useful information to the regional schools commissioner and the DfE for them to be assured of the steps the council is taking with individual schools to address performance and/or safeguarding issues. The council needs to use data more proactively in order to set appropriate targets for all groups of learners.</li> <li>Officers work with local providers to ensure up-to-date mapping of all 16 to 19 provision across the full range of study programmes and apprenticeships; this information is made available to students in Year 10/11 through advice and guidance offered in schools and has had good impact. For example the number of young people with destinations recorded as Not Known was 10.1% in 2012; provisional data for 2015 shows a reduction to just 4.2%, much lower than the West Midlands average of 12.2%.</li> </ul> <p><b>Do schools understand the priorities for school improvement?</b></p> <ul style="list-style-type: none"> <li>The 2014 conference included HMI-facilitated workshops, alongside schools showcasing their best practice. An impact of these initiatives is evidenced in rising attainment at KS4 with commendation letters for some schools from David Laws MP.</li> <li>Communication and consultation with primary schools take place through area-based primary heads' briefings; the local authority attends meetings of the Herefordshire Association of Secondary Head teachers. Director's</li> </ul>	<p>ensure the capital investment strategy has the input of all stakeholders and links closely to school improvement</p> <p>ensure the Strategic Education Board and HSIP agree appropriate targets for all groups of learners and are held to account for their successful delivery</p>



	<p>governor briefings have been re-established with more than 50% of schools represented. Both primary and secondary leaders and school governors have been briefed on the council's emerging capital investment strategy.</p> <ul style="list-style-type: none"> <li>A HMI-led triad project involving 12 cross-phase schools was delivered in April 2015 with the aim of sharpening leaders' skills and understanding of Ofsted's criteria for judging schools.</li> </ul>	<p>governor briefings have been re-established with more than 50% of schools represented. Both primary and secondary leaders and school governors have been briefed on the council's emerging capital investment strategy.</p> <ul style="list-style-type: none"> <li>A HMI-led triad project involving 12 cross-phase schools was delivered in April 2015 with the aim of sharpening leaders' skills and understanding of Ofsted's criteria for judging schools.</li> </ul>
<p><b>Monitoring, challenge, intervention and support - Key priority:</b> All schools in Herefordshire judged 'good' or better by Ofsted</p>		
<p><b>Success criteria - RAG</b></p>	<p><b>Key questions</b></p>	<p><b>AFI</b></p>
<p>performance data and management information are used to review strategies for school improvement</p> <p>data is used systematically to identify underperformance; support is then directed to areas of greatest need leading to improved outcomes</p> <p>the LA provides or commissions and brokers a suitable range of performance data, including data about the local performance of different pupil groups, local benchmarking and post-16 destinations</p> <p>where appropriate, there is effective deployment of formal powers of intervention; weaknesses are typically identified early and tackled promptly</p> <p>schools causing concern to Ofsted and RI schools receive well-planned, coordinated support, differentiated according to their needs; systems leaders are engaged to support and challenge those in need and actively promote school-to-school improvement</p> <p>Schools and providers are monitored regularly to a planned programme. Reports to senior leaders are fit for purpose</p> <p>The progress of schools causing concern is kept under continuous review by senior officers and scrutinised by elected members frequently and regularly. Robust action is taken where progress is judged to be insufficient</p> <p>the LA reports concerns re standards/leadership of an academy</p>	<p><b>How effectively does the LA use pertinent data and management information to inform its monitoring and challenge to schools? How well does the LA know schools and other providers?</b></p> <ul style="list-style-type: none"> <li>We work in a school-led system where schools are the main drivers of improvement and mutual support. There are various vehicles for delivering this strategy which include: the Education Strategic Board; HSIP; the two teaching schools (Wigmore and Marlbrook); Activate; the Wye Valley network. Input from these networks and other partners will be key to developing LA-wide raising attainment plans for each key stage and in key areas.</li> <li>The LA uses data to identify underperformance through its risk assessment process which has recently been refreshed and reissued to schools. A particular area for development is developing the use of forward data in monitoring schools and academies.</li> </ul> <p><b>How swiftly, robustly and effectively has the LA intervened, particularly in schools causing concern? Has the LA used formal powers of intervention effectively?</b></p> <ul style="list-style-type: none"> <li>We actively encourage good and outstanding schools to support other schools. For example, the appointment of the Headteacher of Whitchurch to executive Headteacher at Weston-under-Penyard (RI to good in 9 months)</li> <li>Partnership working has supported the move away from detailed monitoring. The Strategic Education Board and HSIP receive and discuss 'live' reports on educational performance, leadership, parental preference analysis from EY to 16+</li> <li>We have engaged formal powers of intervention to: put an IEB in place at St Thomas Cantlupe primary school; review governance at Ewyas Harold, St Martins and Kington primaries; support the appointment of executive headteachers at Ewyas Harold, Weston-under-Penyard and Longtown; appoint new governance at Leominster primary school. We have also reported, where necessary, academies and free schools which are a cause for concern directly to the DFE / regional schools commissioner.</li> </ul> <p><b>How effectively does the LA promote school-to-school improvement? Is support focused on areas of greatest need? What is the quality of the support that the LA has led, brokered and commissioned to enable schools to improve standards and outcomes? Have variations in school performance within the local authority area been tackled successfully?</b></p> <ul style="list-style-type: none"> <li>All settings and schools with high risk factors (maintained schools) are visited and regularly monitored by a member of the learning and achievement team; they may also receive input from a NLE and, where appropriate, work is coordinated with the Diocese of Hereford, Archdiocese of Cardiff and with Ofsted. Lighter touch meetings are offered and usually accepted by academies assessed with high risk factors; the same is true for schools with a higher number of medium risk factors. Ofsted reports consistently reference the good impact of intervention by local authority officers. Validated data for KS2 show all but two schools (out of 7) that were below floor standard in 2013 were above the higher floor standard 2014.</li> <li>One example of this school-led system in action is that schools county-wide have identified English/literacy and</li> </ul>	<p>ensure LA-wide raising attainment plans address attainment for each key stage and in key areas, particularly in closing gaps in attainment for FSM, EAL learners</p> <p>share monitoring, challenge and intervention activities with all settings as part of a planned programme</p> <p>ensure the role of Herefordshire council in quality assuring support and intervention from the diverse market is clear to all stakeholders</p> <p>use forward data in monitoring schools and academies to ensure they meet appropriate</p>

<p><i>to the DfE directly and promptly, through the relevant Regional Schools Commissioner</i></p>	<p>numeracy as areas requiring improvement. As a result, the Herefordshire Teaching Schools Alliance in partnership with the council organised two cross-phase leadership conferences. The role of Herefordshire council in quality assuring support and intervention from the teaching schools and the wider diverse market is at an early stage of development.</p> <ul style="list-style-type: none"> <li>• Overall attainment and that of key groups (FSM, LAC) were addressed in a leadership conference in November 2013 and in following sessions with school leaders. Additional 'triad working' facilitated by HMI with schools focused on vulnerable groups; as a result, schools' awareness of their comparative position to national averages was enhanced and a number of individual schools have reduced their gaps considerably. A focused approach with schools ("Closing the Gap"), which highlighted particular cohorts within schools was then introduced to challenge schools to improve. This work was strengthened in September 2014 through the employment of an ex-Headteacher to work directly with schools. However, gaps in attainment remain significant; initiatives to address these gaps have therefore not had impact.</li> <li>• We closely monitor schools' local offer for DSEN students to ensure statutory requirements are met; schools' safeguarding procedures are also monitored by the council with intervention, where necessary.</li> <li>• Each school receives information on students' destinations and NEET cohort information is fed back to schools quarterly.</li> </ul>	<p>targets; produce more user-friendly data to inform school improvement at both LA and individual school level</p>
<p><b>Support and challenge for leadership and management (including governance) - Key priority:</b> Governing bodies provide robust challenge and support to headteachers and senior leaders</p>		
<p><b>Success criteria - RAG</b></p> <p><i>the LA builds strong working relationships with education leaders in its area and encourages high-calibre school leaders to support and challenge others</i></p> <p><i>training for HTs, governors and middle managers, appropriately differentiated, is improving the capacity of maintained schools and other providers to develop accurate self-evaluation and secure continuous improvement</i></p> <p><i>The LA identifies accurately all maintained schools that need support or intervention for leadership, management and governance and brokers or commissions effective school-to-school or other support for leadership and management in weaker schools. Maintained schools are effectively signposted to where they can access high quality support</i></p> <p><i>the LA knows the governing bodies of maintained schools, including their strengths and weaknesses</i></p>	<p><b>Key Questions</b></p> <p><b>How successful are strategies to support effective leadership and management (including senior and middle managers' training and recruitment and that of governors) in maintained schools and other providers from those graded outstanding to those in categories of concern? How effectively are LA arrangements promoting autonomy and using systems and school-to-school resources?</b></p> <ul style="list-style-type: none"> <li>• Supporting school leadership (governors and senior managers) in the management of school resources (funding, human resources, buildings as well as the quality of teaching and learning) is viewed as a cross-directorate responsibility. The directorate has established a "round table" group of all services which impact on school improvement to monitor aspects of schools and identify and plan intervention, where appropriate.</li> <li>• There is recognition that Herefordshire is a low-funded authority and schools work with the council to implement staged and fair changes to funding arrangements where required; schools forum is an active group. Schools consistently feedback positively on the annual budget consultation. Despite low funding, only a small number of schools have deficit budgets. These schools are assisted in managing deficits; this may include advice on structural solutions. The in-year fair access panel has ensured creative solutions for hard to place young people.</li> </ul> <p><b>How effective is support and challenge for school governance? Is training improving governors' ability to support and challenge senior leadership teams?</b></p> <ul style="list-style-type: none"> <li>• Developing school governance is a challenge for the local authority. Herefordshire council does not provide traded governors' services but retains an administrative function around the governor database, appointment of local authority governors and information for clerks. In 2013 /2014 we engaged with a re-constituted Herefordshire Governors Association (HGA) who entered into a service level agreement with Gloucestershire Governor Services for training. Some schools bought into Worcestershire and Shropshire services. At this time we supported dialogue on federation e.g. Aylestone/Broadlands and Withington, Wellington/Clifford and</li> </ul>	<p>AFI</p> <p>improve the standards of governance in maintained schools,</p> <p>support the development of the teaching school alliance and other schools keen to share good practice</p> <p>support the development of peer challenge and review in schools and settings</p>

<p><i>the LA has a successful strategy for recruitment and retention of high quality governors</i></p> <p><i>the LA has access to experienced governors who are prepared to be deployed to, or support, governing bodies of schools causing concern or those schools not yet good</i></p> <p><i>training programmes for governors and chairs are of good quality, well attended and highly valued, using a range of modes of delivery; training and LA communications are clear about the respective roles of governing bodies and school leadership</i></p>	<p>Fairfield/Longtown. Chairs of governing bodies also participated in area based discussion groups with us on sufficiency.</p> <ul style="list-style-type: none"> <li>Over the past year HGA has ended the SLA with Gloucester. Since January 2015 we have reintroduced briefing sessions for Chairs of governors in different parts of the county and at different times so as to provide greater opportunity for attendance. This area remains one where we need to do further work. To support this, we have commissioned a consultant with the aim of developing a cadre of highly skilled governors who can assist other schools in their improvement and enable the council to take a more strategic approach.</li> </ul> <p><b>Is the LA applying statutory powers promptly, where appropriate?</b></p> <ul style="list-style-type: none"> <li>Interventions are shared with HSIP and are based on school-led support wherever possible, including support from National Leaders of Education, the appointment of executive head teachers and brokered school-to-school support. Programmes of support for senior and middle managers across maintained schools are differentiated and delivered by the Wigmore teaching school; leaders receive support to develop their self-evaluation from members of the learning and achievement team; joint projects with HMI Ofsted have also developed leaders' critical reflective skills. Leading headteachers have been instrumental in the HSCB, have been involved in the reworking of the Herefordshire levels of need document and have supported the appointment of an education officer within MASH. The Head of Brookfield, in particular, has helped to raise the profile of work against child sexual exploitation in the county.</li> </ul>	
<p><b>Use of resources – Key priority:</b> All local authority functions work cohesively to support schools and ensure rising attainment at all key stages</p>		
<p><b>Success criteria – RAG</b></p>		
<p><i>resourcing decisions are based on an accurate analysis of the needs of schools and funding is delegated to the front line so that as much as possible reaches pupils</i></p> <p><i>the local authority undertakes regular and thorough reviews of the cost-effectiveness of any resource allocation and acts decisively and effectively on its findings</i></p> <p><i>the local authority's budget-setting process is based on a thorough and detailed review of spending needs and is both timely and transparent</i></p> <p><i>consultation on the budget ensures that the deployment of local authority resources is well understood by schools</i></p>	<p><b>Key questions</b></p> <p><b>How well does the LA use available funding or resources (e.g. staffing, training courses) to effect improvement? Is it focused on areas of greatest need?</b></p> <ul style="list-style-type: none"> <li>The learning and achievement team comprises one head of service; one school improvement adviser; four early years advisers (including one team leader); one officer responsible for governor services and one IT consultant (operating on a traded service basis). Learning and achievement has a budget of £40k to facilitate school improvement and school to school support, with £5k allocated for SACRE (Standing Advisory Council for Religious Education). There is a significant number of staff that contributes to the school improvement agenda in other service areas across the directorate (e.g. 14-19, DSEN, EAL). Communication both within and beyond the directorate needs to improve.</li> </ul> <p><b>How are resourcing decisions made? How are resources delegated to maintain schools monitored and challenged, where appropriate?</b></p> <ul style="list-style-type: none"> <li>A number of statutory duties are undertaken by Herefordshire council which include the moderation of teacher assessment in the early years foundation stage, key stage 1 and key stage 2. Local authority officers support the delivery of religious education through SACRE. Recent work of the learning and achievement team has reinforced the council's responsibility for the safeguarding of children. Local authority officers support the training and development needs of professionals in early years' settings, including childminders. Local authority officers have also helped primary schools develop their e-safety, the new computing curriculum and the roll-out of iPads.</li> <li>Herefordshire council also performs a research and development role. The local authority has an ongoing project examining outcomes for vulnerable groups, including pupils eligible for the pupil premium. We are also engaging with other local authorities in peer challenge and review activities.</li> </ul> <p><b>How well does the LA enable maintained schools to purchase from a diverse market of excellent providers?</b></p> <ul style="list-style-type: none"> <li>Herefordshire council manage external funding such as the Youth Contract. The New Horizons project, aimed at</li> </ul>	<p>enhance communication both within and beyond the directorate to ensure schools and settings access more coordinated streamlined support systems</p>



Post 16 students with learning difficulties, links different funding streams (EFA and adult social care funding) to develop personalised programmes for young people who want to continue in education. Schools further receive support from HR on recruitment and staffing issues and restructures, financial analysis and developing budget plans to address projected deficits.

- The successful application by Marlbrook primary school to attain teaching schools status was supported by the council. Successful bids with the teaching schools to access National College funding, in addition to local authority funding, have been used to broker school-to-school support work in schools with high risk factors and to promote learning and innovation. A recent bid secured £45k to support the small number of schools identified as 'requiring improvement'. The teaching schools deliver a significant part of Herefordshire's school improvement offer; for example, Wigmore Teaching School delivers NQT induction and assessment for the county.
- We enable maintained schools to purchase from a diverse market and are currently compiling a database of good and outstanding provision which will be shared with schools. Budget setting and resourcing decisions are informed by HSIP and funding is delegated to the front line, wherever possible. We are beginning to quality assure the support provided to schools causing concern and to challenge this support where there is no evidence of impact on pupils' outcomes.



<b>Meeting:</b>	<b>Health &amp; Social Care Overview &amp; Scrutiny Committee</b>
<b>Meeting date:</b>	<b>22<sup>nd</sup> September 2015</b>
<b>Title of report:</b>	<b>Local Account 2014/15</b>
<b>Report by:</b>	<b>Director of Adults and Wellbeing</b>

### **Classification**

Open

### **Key Decision**

This is not a key decision.

### **Wards Affected**

Countywide

### **Purpose**

To approve publication of the Local Account of Adult Social Care and Support 2014/15

### **Recommendation(s)**

**THAT:**

- (a) Cabinet approve the publication of the Local Account as attached at Appendix 1**

## Alternative options

- 1 It is a Department of Health requirement that a Local Account be published. It would be possible to change the content and presentation but the draft complies with best practice guidance.

## Reasons for recommendations

- 2 The reasons to approve the Local Account as attached are that:-
  - a) it meets the Department of Health's requirements
  - b) the content and layout reflect best practice recommendations from the regional Association of Directors of Adult Social Service (ADASS)
  - c) It has been developed with full cooperation and production from service user and carer representation from the Making it Real Board

## Key considerations

- 3 All councils with a remit for adult social care are required by government to produce an annual local account of services. This relates to the replacement of the role of the regulator, the Care Quality Commission (CQC) in assessing council performance by a lighter-touch approach, which emphasises local accountability and sector and peer-led assessment.
- 4 The purpose of local accounts is twofold; to communicate with and promote accountability to the local community, and to support benchmarking, peer review and sector led improvement.
- 5 National guidance leaves the format and content to be determined locally. The approach agreed for Herefordshire is to address the challenges and requirements by:-
  - a) Producing the document as a web based PDF, available online but easy to print off hard copies;
  - b) Having a tone and style aimed at citizen audience;
  - c) Having the comprehensive underpinning data published separately and referenced, interwoven and analysed throughout the account. (e.g. statutory returns, user and carer surveys, complaints reports, CQC reports on providers, national census data)
  - d) Being balanced and therefore credible– good news **and** bad news, both in context and evidence based
  - e) Giving the context of national policy, financial challenges and the range of organisations that deliver social care
  - f) Having a structure based on the national performance

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Further information on the subject of this report is available from  
Paul Harris on Tel (01432)

Consulting and involving a range of stakeholders during the production.

## **Community impact**

- 6 The final document and the process of producing it is an important element in ensuring local authorities make themselves accountable to their local communities.

The local account specifically gives a true and fair outline of key issues and performance to a general reader and reflects and refers to the detailed evidence available on the council's "Facts and Figures" webpages and in the wider public domain.

## **Equality duty**

- 7 The local account identifies how we support our vulnerable people with a range of tailored services.

## **Financial implications**

- 8 There are no financial implications

## **Legal implications**

- 9 All councils with a remit for adult social care are required by government to produce an annual local account of services. Local accounts are referred to in the Department of Health's "Transparency in Outcomes: a framework for adult social care" consultation paper (November 2010) in the context of localism and transparency, and in the subsequent Adult Social Care Outcomes Framework published in March 2011.

This guidance leaves format and content to be determined locally.

The attached local account fulfils this requirement.

## **Risk management**

- 10 The proposal does not contain any specific / direct risk management implications

## **Consultees**

- 11 The production of the 2014/15 Local Account has been fully coproduced with service users and carers on the Making it Real Board. The Board has had full oversight and has directed much of the content this year.

The subjective content of the account is based on the annual survey of social care users and also the opinions of residential and nursing care service users, through the quality and review team survey.

## **Appendices**

Appendix 1 – Local Account 2014/15

## **Background papers**

None

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Further information on the subject of this report is available from  
Paul Harris on Tel (01432)



# Adult Social Care in Herefordshire

Our Local Account 2014/15



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# Introduction

We began a conversation last year about the need to change our approach to adult social care. As the financial challenges continue to grow we need to move this conversation forward and discuss collectively how we are going to manage with less money at a time when more people need help.

We have continued to make significant changes over the last year in line with requirements from the Care Act 2014 which you can read about in this Local Account. Our focus has been, and will continue to be, helping people look after themselves better and supporting communities so that we can help people remain independent for longer.

Our aims remain clear: we want to make sure Herefordshire residents:

- have access to information, advice and guidance to help them keep safe, healthy and independent;
- have choice and control with services that are affordable;
- are offered care and support that is integrated across health and social care;
- have access to supportive local communities;
- are able to access good quality services that meet their support needs.

This year's Local Account highlights some of the challenges we have faced and achievements we have made in 2014-15, many of them as a result of the Care Act. The journey continues in 2015-16.



Councillor Patricia Morgan  
Cabinet member for health  
and wellbeing

# Herefordshire – the context

## Understanding the challenge

Herefordshire has a population of 186,100 people; 59,900 of these live in Hereford, 9,800 in Ledbury, 11,900 in Leominster and 10,700 in Ross-on-Wye. The rest of the population live in the rural parishes – Herefordshire has the fourth lowest population density in England.

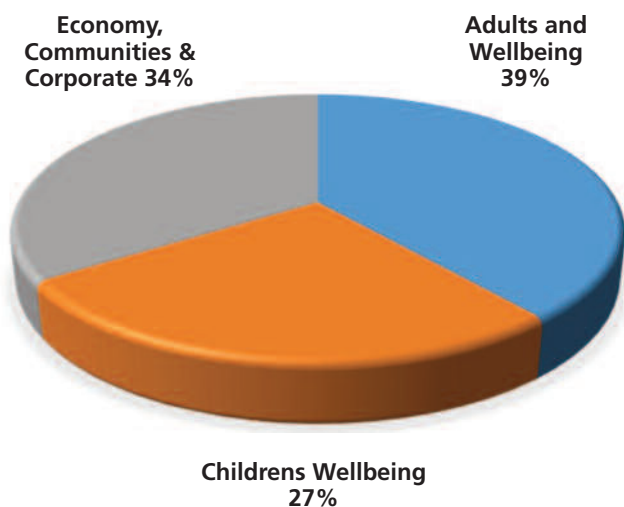
The county has an older age structure than England and Wales averages, with people aged 65 and over constituting 23 per cent of the county's population (42,000 people), in comparison with 19 per cent nationally. It also has a higher proportion of older people compared to similar authorities.

Projections suggest 30 per cent of Herefordshire's population will be aged 65+ in 2031, compared to 23 per cent nationally. This equates to around 50,400 65-84 year-olds (39 per cent more than in 2013), and approximately 11,700 aged 85+.

## Council Expenditure

In 2014/15 the councils net expenditure was a little over £145m. Of this, about 40% was spent on adult social care services.

Council spending in 2014/15



**Nursing care**  
£10.4m

**474** people received nursing care during the year

**670** people received residential care during the year

**Residential care**  
£22m

**Direct Payments**  
£0.8m

**Personal Budgets**  
£4.5m

**451** people received direct payments during the year

**Domiciliary Care**  
£11.6m

**Supported Accommodation**  
£2.3m

**Other Services**  
£3.2m

**Carers**  
£1m

**1804** people received other community based services during the year, including domiciliary care and day care services



# How is care provided in Herefordshire

The adult and wellbeing directorate is part of Herefordshire Council. We work with other organisations across the county to support adults who have care and support needs to be as independent as possible and stay safe. These organisations include:

**Voluntary and community organisations;** organisations such as Herefordshire Carers, Services for Independent Living and Hereford Disability United provide information advice and support services.

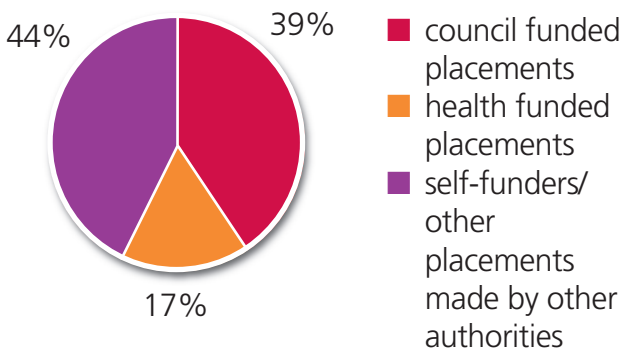
**Health service;** including hospitals and GPs, who provide the medical treatment for Herefordshire residents.

**Domiciliary care (home care) agencies and other service providers;** help to support individuals to remain living in their own homes, often meeting personal care needs.

**Friends and family;** a huge number of people provide informal care to their friends and family, this was estimated to be around 21,000 carers in the 2011 census.

**Care homes;** provide people with a safe place to live where their care, support and health needs can all be met.

This graph gives an indication of the types of placements made within care homes in Herefordshire. Whilst the council places a large proportion of people in care homes, there is significant demand from self-funders in the county.



## Social care in a changing world

The social care system faces unprecedented challenges:

- demographic change;
- dealing with the implications of the economic downturn;
- significant funding challenges (funding for local authorities has reduced by 40% in the last five years);
- new public health responsibilities;
- integration with health by 2017.

We recognise the magnitude of the challenge confronting all of us and realise we won't be able to continue to provide care in the same way that we have historically; we are committed to seeking new, inclusive ways to face these challenges.

Our new approach is founded upon the following priorities:

- to help people take care of themselves better – by asking individuals what they need then helping them make that happen;
- to support communities and help them grow so that they can support people better;
- to change people's expectations so that they can be realistic about what is available, who will provide it and how it will be paid for.

In 2014-15 we began talking to people about this new approach. At the same time, we began to plan for a new information, advice and signposting service to pull together all the rich community-based assets in a new online directory for Herefordshire people.

## Challenges identified in our last Local Account

## Progress in 2014-15

We aimed to:

What we achieved:



Make it easier for people to have choice and control with a direct payment

Refreshed our direct payments policy  
Updated our direct payment fact sheets  
Produced easy to read literature



Work closer with health

Signed up to the Better Care Fund and began planning collaboratively to help people avoid going into long term care and/or hospital



Meet all the Care Act requirements

Reviewed and changed our assessment process  
Developed an information and advice service to be launched in 2015-16  
Refreshed policies



Improve our safeguarding services

Implemented a person-centred approach through Making Safeguarding Personal  
Reviewed and launched a new Herefordshire Safeguarding Adults Board



Improve our approach to personalisation and involve people more in service changes or redesign

Improved dialogue between commissioners and people affected by service changes  
Making it Real Board developed further  
Personalisation lead appointed

## Key highlights of the journey so far

### April 2008

Herefordshire Council and Herefordshire Primary Care Trust establish a single management structure to become Herefordshire Public Services.

### April 2011

Health and social care join forces to form Wye Valley NHS Trust – the first integrated provider of acute, community and social care in England.

### 2012

National reforms lead to primary care trusts being replaced by clinical commissioning groups.

### Sept 2013

The council brings social care back into the council. It also changes the way some of the social care services is provided so that service users can use direct payments to buy these services.

Health services for people with learning disabilities is transferred from Wye Valley NHS Trust to 2gether Foundation Trust.

The council develops a new structure and Adults becomes a single directorate.

Council embarks on a programme of commissioning to bring new providers and a fresh approach to services in the county.

### March 2014

The council extends arrangements for 2gether NHS Trust to provide mental health and substance misuse services pending a strategic review in 2014.

### Summer 2014

Public health becomes part of the adult and wellbeing directorate in order to align prevention work.

### March 2015

The council brings seconded staff from 2gether NHS Trust back into the council to deliver assessment and care management services for mental health clients.

## Some of our achievements 2014/15

### Care Act 2014

The Care Act brought together existing legislation into a new set of laws to build a health and social care system around people's wellbeing, care needs and improved outcomes. It had a big impact on adult social care in 2014-15 as local authorities prepared to meet the following Care Act requirements:

- easier access to information and advice, and more of it;
- more activities and support for people to choose from and changes to the way care is paid for;
- review of support for carers;
- new national eligibility criteria;
- local safeguarding boards to become statutory;
- making it easier for young adults to move from children's services to adult services.

To prepare for the Care Act implementation on 1st April 2015, we refreshed several key policies (see page 9), revised systems and processes, strengthened our safeguarding board arrangements, developed a new approach to assessments in line with new eligibility standards. We also tendered for a advocacy services and a new community hub and system provider for information and advice. We have trained all our staff to make sure they deliver assessments and services in line with the new regulations.





## **Making Safeguarding Personal**

In January 2015, we implemented the national programme, Making Safeguarding Personal (MSP) in Herefordshire. MSP focuses on person-centred support, helping people at risk of harm to achieve what they want to achieve by:

- talking and listening to people about what they want to happen
- recognising the person as the expert on their own life
- giving people greater choice and control
- working with the individual to achieve the outcomes that they themselves determine
- improving the quality of life, wellbeing and safety of the adult

## **Safeguarding Board**

We have renewed and strengthened the Herefordshire Safeguarding Adults Board by:

- appointing an independent chair of the safeguarding board
- rearranging the remit of the board and its subgroups
- recruiting new members to the board in addition to the statutory members
- developing support to the board through a newly established business unit
- working with West Midlands councils to produce new policies and procedures

## **Policy Refresh**

We have updated and reviewed the following policies:

### **Care and Supporting Your Needs Policy**

([https://www.herefordshire.gov.uk/media/7963891/care\\_and\\_support\\_and\\_meeting\\_your\\_needs\\_2015.pdf](https://www.herefordshire.gov.uk/media/7963891/care_and_support_and_meeting_your_needs_2015.pdf))

### **Charging Policy**

#### **Direct Payments Policy**

(<https://www.herefordshire.gov.uk/health-and-social-care/adult-services/direct-payments-for-social-care>)

#### **Deferred Payments Policy**

([https://www.herefordshire.gov.uk/media/2106081/Deferred-Payment-Agreement-Policy\\_Final.pdf](https://www.herefordshire.gov.uk/media/2106081/Deferred-Payment-Agreement-Policy_Final.pdf))

#### **Safeguarding Policy**

([https://www.herefordshire.gov.uk/media/2450704/wm\\_adult\\_safeguarding\\_pp\\_draft1415.pdf](https://www.herefordshire.gov.uk/media/2450704/wm_adult_safeguarding_pp_draft1415.pdf))

We have also worked on internal policies around supervision and care with recording, and quality assurance, in order to support our social care workforce.

## **Independent Living Fund (ILF)**

The Independent Living Fund came to an end in June 2015. In the build up to this date, all clients in receipt of ILF payments were reviewed by our social care team. Letters were sent out to all recipients explaining the changes that would be taking place and some additional staff were brought in to focus on the task.

Recognising some service users were anxious about the ILF finishing, all were re-assessed and packages of care continue to meet the needs of most individuals.



## Barbara's story

### - the impact of the Independent Living Fund closing

# CASE STUDY

Barbara never really enjoyed games at school: walking had always been difficult for her, but no one seemed to know what the problem was. All came to a head in 1992 when she had a relapse and lost her sense of balance. This resulted in her being unable to drive anymore and she lost her confidence to out anymore because of the dizziness and pain she suffered.

Barbara is one of people in Herefordshire who received financial support from the Independent Living Fund (ILF). She also received some help from the council which she received in the form of a direct payment. She was very worried when she heard the ILF was to close because at the time, the bulk of the funding she was receiving was from the ILF.

Barbara felt her concerns were compounded by the fact that very little information was available from the ILF, and the council too was unsure about how the fund was going to be closed down.



*"I had a reassessment in March, then another one in May so that my funding arrangements could be transferred to the local authority," said Barbara. "Luckily, my support plan has been reasonably well protected, so I don't lose out financially. But the last year has been a very worrying time for me and my family: there were lots of rumours about cutting services and reducing your hours. Then there was the worry about the money coming into the local authority and not being ring-fenced so it could be used to pay for roads to be mended instead."*

*"I am still worried about what will happen next year as the council has not said anything. It is the lack of information that is worrying."*

Barbara is an active member of the Making it Real Board and will continue to challenge and ask questions to make sure that people are kept informed of changes that affect them in an accessible way. Her role gives people who use services like her a voice and makes sure the council continues to address real issues that matter to Herefordshire residents.

## Better Care

The Better Care Fund was established by central government to bring health and social care services together in order to join up services more effectively. In September 2014, Herefordshire Council and the Clinical Commissioning Group submitted plans which after some revisions were approved in February 2015.

These plans focus on three key areas:

- Minimum protection of social care;
- Community health and social care services redesign, and
- Managing the care home market.

Within each of these schemes are a number of planned developments designed to join up health and social care systems. This work is due to deliver improvements in specific areas such as admissions to hospitals, falls-specific admissions to hospitals, delayed transfers of care and reduced permanent admission to residential and nursing homes.

## Health and Wellbeing Strategy

A health and wellbeing strategy was developed during 2014/15. The strategy was developed following a detailed involvement and engagement programme with all stakeholders, including the public, to identify priority areas for Herefordshire. Seven priority areas were identified, the top three being mental health, children and young people and older people. This strategy has subsequently been approved and multi-agency action plans will be implemented during 2015-16 focussing on keeping people well, reducing health inequalities and promoting self-help.



## Bringing staff together to provide joined up services

During the year mental health assessment and care management staff and public health staff were incorporated into the adult and wellbeing structure in order to boost preventative work and provide a more joined up service for clients.

## Public Health

The Public Health function in Herefordshire has contributed significantly to improving the Health and Wellbeing of our residents at both a high, strategic level and at a practical day to day level too.

Underpinning the Health and Wellbeing Strategy, a Joint Strategic Needs Assessment was completed identifying the current and future health and care needs of Herefordshire. This supports the planning and commissioning (buying) of health, well-being and social care services each year.

In addition, work to ensure the delivery of services to ensure Health Checks, Stop Smoking initiatives, Drugs and Alcohol Services and Sexual Health, through appropriate market tendering was undertaken.

## Transitions

As part of the Care Act and the Children's and Families Act, there are new responsibilities placed on local authorities in respect of the transition of young people from children's to adult services. Although there is no requirement within the Care Act that there should be a specific transition worker or team, the guidance and regulations for the Act state that local authorities should consider the use of specialist workers. The adult and wellbeing directorate funded a 12 month pilot project involving the establishment of a transitions team in 2015-16. The team will constitute a full time senior practitioner and two full time assessment and enablement officers.

The team will work with young people from the age of 15, their carer's and families, providing help with educational reviews, offering advice and guidance and making sure assessments and care plans are in place for transitioning to adult services.

## Peer Review

In June 2014, a peer review team from outside the county came to assess how we were delivering the changes needed to meet current challenges. This team included a number of senior managers from across the West Midlands region and two Experts by experience, people who receive services in other Authorities.

# Peer review findings

They said	We did
We needed to consider how personalisation is delivered within Herefordshire, allowing service users in Herefordshire more choice, control and creativity over the services they receive.	We appointed an expert by experience to the post of personalisation lead.
We needed to develop our commissioning activities using co-production; involving service users in the design stage.	Our personalisation lead has worked with the Making It Real Board to involve them more in the development of some of our services. This remains a continuing priority for us.
We needed to refresh our direct payment policy.	A new direct payments policy has been produced which focusses more on achieving outcomes for service users.
We needed to review our pathway to explore the potential of early intervention and reablement.	A new reablement service was launched in July 2014.
We needed to improve the safeguarding board arrangements and operational safeguarding activities.	The board has been strengthened and a new, more person-centred process is now in place for safeguarding adults.
We needed to improve a number of systems, policies and procedures in order to help staff to carry out their roles more easily.	Systems are continually being developed, improving documentation and performance information. We have piloted mobile working in teams allowing staff to work more flexibly. A review of corporate governance arrangements is currently underway.





## Jonathan's story continues

### An update to Jonathan's story...

# CASE STUDY

After seven years of planning, paperwork, persuading and processes, Jonathan Hunt is finally to see his dream of independent living come true.

Jonathan's story is a unique one: he has learning difficulties and mobility problems. He also has severe seizures. In 2013/14's Local Account we reported how Jonathan was using his direct payments to employ personal assistants to support him to enjoy a good quality of life and participate in the activities that he enjoys.

Although enjoying life, Jonathan and his family dreamed of him being able to live independently. Following a generous donation of land to a housing association from a Charitable Trust, plans for a bungalow were drawn up designed specifically to meet Jonathan's needs. It included an adjoining bungalow for his parents so that they could be close by to support him when required.

In 2014/15 this dream became a reality. Part funded by housing association Stonewater and part funded by Jonathan and his family, the first brick was laid and his new custom-designed bungalow began to emerge. At the time of writing, he was choosing colour schemes and kitchen cabinets.

*"Jonathan has been saving up over the last few years so that he can furnish his new home – as he spends most of his time on the carpet, it is important we get him a good quality, hard wearing carpet that is comfortable for him to move around on," said his sister Sarah. She continued, "Jonathan always reacts positively to anything sensory like bright colours: colour and texture play a very important part in the design."*



The bungalow is open plan with overhead tracking so that Jonathan will be able to access every room and be as independent as he wants to be.

"We can also get different slings and hoists so that he can walk from room to room if he chooses to. Stonewater's contractors have brought the bespoke design to life and Jonathan is very excited about it. He always knows when he is somewhere different – he makes lots of happy noises and claps. I think he will think he's on holiday when he first enters his new home."

Jonathan still enjoys music, going to the pub and visiting the local farm. When he moves into his new home, the council will increase his support so that he can receive 24 hour care in line with his care package. Thanks to the housing association, council and his family all working together on his behalf, he will get a much better quality of life.

# How are we doing?

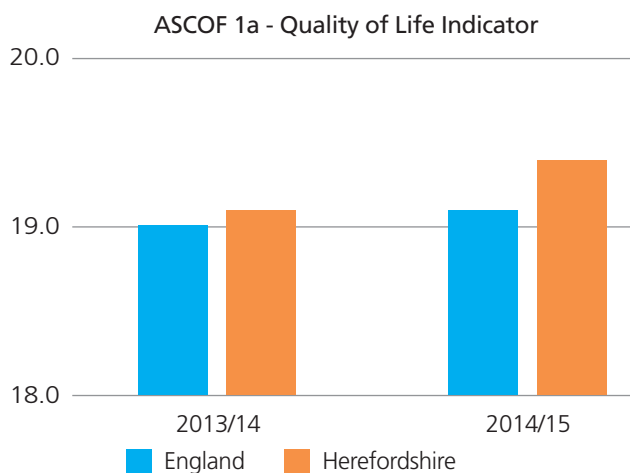
Every year the local authority has a statutory duty to report its performance to the Department of Health. This is done against a set of measures known as the Adult Social Care Outcomes Framework (ASCOF). You can see a summary of our performance against the outcomes on page [xxxx](#). The following four areas provide more detail.

## 1. Improving the quality of life for people with care and support needs

### Annual survey

Every year we conduct a survey using a sample of people who use our services. This sample is selected in a way that ensures we get a good cross section of people who use our services, covering a range of needs and ages.

The survey generates an overall social care related quality of life indicator, ASCOF 1A, which amalgamates the responses of individuals to a number of key questions within the survey. This year, our result has improved compared to last year, over and above the average improvement made by English authorities.



### Listening to Herefordshire people

We have listened to what people who use services have told us. Working with them and their personal assistants, we have developed a bespoke training programme for personal assistants in Herefordshire. This is an accredited programme enabling personal assistants who complete the course to get a diploma in Health and Social Care.

### Listening to people's concerns

There were 80 complaints received in the adult and wellbeing directorate during 2014/15. The majority of these complaints related to changing care packages and finances, a few were about the attitude of staff and some were housing-related, including the provision of Disabled Facilities Grants, homelessness services and the housing allocations service for Herefordshire (Homepoint). All complaints are taken seriously and responded to; we take a proactive approach to all complaints, learning from them and making sure that problems are not repeated.

## David's story

- how direct payments have given him choice and control

## CASE STUDY

David and Christine have been married for 28 years. They live in their own home with support from David's personal assistants. Without this support, it would be virtually impossible for them to manage.

*"I have a degenerative genetic condition called neurofibromatosis. It started about 35 years ago. At first I was more mobile and able to move around with the help of walking sticks, but as the years have gone on, the increased pressure on my nervous system has resulted in me becoming paralyzed from the neck down. I need help to do most things. My personal assistants and my wife help me with all my personal care including feeding me, getting me washed and dressed and hoisting me into my chair."*



However this doesn't stop David from enjoying life. He has a wicked sense of humour and a keen interest in history. There's nothing he doesn't know about Hereford's past and present, and he loves to visit places like Ledbury and Bromyard to attend events and enjoy some of the historic architecture. He particularly loves the black and white village trail.

*"I used to go to a day centre for two afternoons and would join in whatever activities were available," said David. "It wasn't the same when the centre stopped being run by the council – it seemed to cost more and I didn't like the activities as much so I stopped going."*

*"I've now got into the swing of things with my direct payment and I'm thinking of going back to the centre again – I hope they put on pottery and woodwork as these are things I'd like to do."*

Most of David's direct payment is used to pay for his two personal assistants. They help him with his personal care and take him out and about to the places he likes to visit. He particularly enjoys going on train journeys, attending music classes and participating in a range of courses put on by the WEA.

Before direct payments, David received some home help, mainly to get him up and dressed, but it wasn't enough and put considerable strain on his wife Christine.

Becoming an employer has presented its own challenges: Christine helps where she can and they have a payroll company to do the accounts. The biggest challenge is recruiting the right people for the job. He's been lucky with one appointment: Jackie has been with him for more than 10 years, but others tend to come and go. David said: *"Getting the right person who can meet your needs and fit in with your family is tricky."*

But overall, it's a thumbs up for direct payments. *"Direct payments have changed my life for the better – it has given me more control and allows me to do the things I want to do."*



## 2. Delaying and reducing the need for support

### Reablement

The council commissioned Herefordshire Housing to deliver a new reablement service in July 2014. The aim of the service is to provide enhanced levels of home care, with the objective of helping people to increase and regain their previous levels of independence, following about of ill-health, or a trip or fall. This service is often supported by the provision of equipment or telecare. In the year, nearly 200 people received the reablement service, with 71% needing no on-going, or reduced support, following the short burst of reablement intervention. In addition, 77% of clients aged 65+ remained in their homes for at least 91 days following completion of the reablement service (ASCOF 2B)

### Online information

During the year, with the involvement and help of the Making It Real board, we have refreshed and relaunched the adult and wellbeing pages on the council's website. The board's involvement was key to ensuring that the web information is more accessible to people with care and support needs. This will be further developed in 2015-16 as we create a new online information, advice and signposting service for Herefordshire.

### Improving healthy lifestyle choices

The council's healthy lifestyle trainer service provides targeted support to help people make healthy lifestyle choices. The service gives people practical support to promote healthy eating, reduce alcohol consumption, increase physical activity, and stop smoking.

In 2014/15, the service worked with 286 individuals, covering a range of needs:

- 45% received support with diet
- 25% received support with physical activity
- 19% received support to stop smoking
- 4% received support to reduce their alcohol consumption

Overall:

- 53% achieved the objectives set out in their personal health plans
- 58% reported a rise in self-efficacy levels after the lifestyle intervention.

In the majority of cases, clients supported were from the most deprived areas of Herefordshire and nearly a third were aged between 18 and 34.

### Delaying transfers of care

The number of delayed transfers of care from hospitals often known as bed-blocking, has deteriorated a little during the last year, however this is due to significant pressures on the health service. This is a story replicated across the country, and particularly within the West Midlands.

### Residential care

Despite our best efforts to help people continue living independently in their own homes, it is sometimes necessary to place people in Residential and Nursing care homes to keep them safe and provide the required levels of care. In 2014-15, we placed just under 300 people in care homes on a long-term basis, 13 of which were under the age of 65. This is more than in the previous year, but the increased demand within the system and the increasingly complex needs of individuals approaching us for help and support.

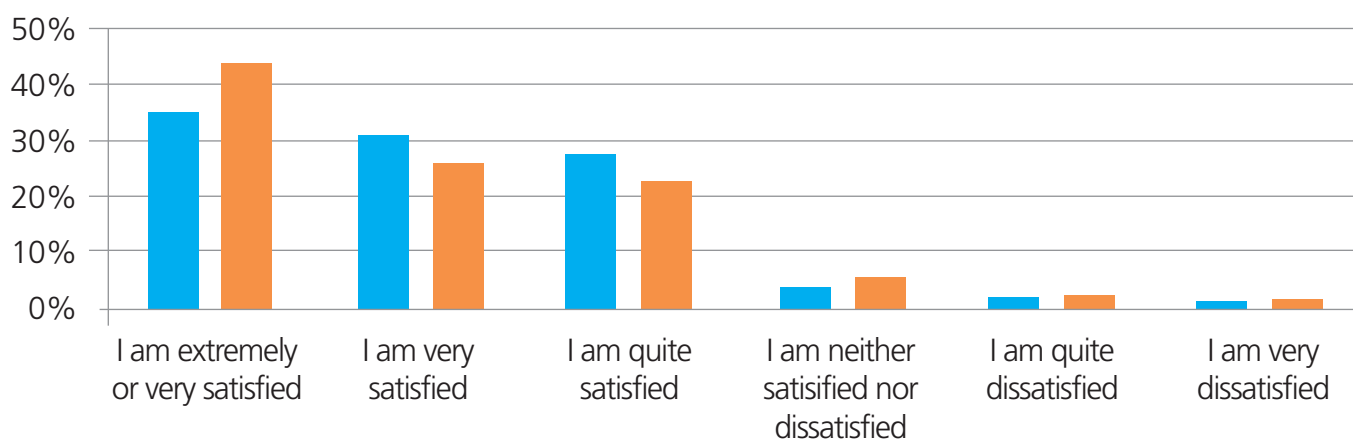
### 3. Ensuring people have a positive experience of care and support

Results from our annual survey show that we have a larger proportion of respondents are extremely satisfied with the care and support that they received, compared to the previous year.

Overall satisfaction has risen from 65.1% to 66.9% (ASCOF 3A). In addition there were small improvements in respondents saying that they have control over their daily life (ASCOF 1B) and those who use services who feel safe (ASCOF 4A).

#### How satisfied are you with the care and support you have received?

■ 2013/14  
■ 2014/15



#### Care home monitoring

There are 60 homes providing residential care within Herefordshire (1,011 beds) and 28 homes providing nursing care (1,053 beds). The Care Quality Commission ensures that all care homes maintain a registration which regulates standards of care. To support this work, there is a rolling programme of inspections. At the time of reporting CQC had identified that eight different homes in Herefordshire required improvement.

During 2014/15, 51 homes were visited by our contracts and compliance team. During this time there were no contractual breaches, however we did identify three homes for improvement Plans were developed and implemented to resolve the concerns we had.

As part of the council’s monitoring and review process of homes in the county, surveys are sent out to both residents and staff. Across a range of key questions, 89% of pre-visit respondents answered positively about the level of care they received; this included questions such as whether they were treated with dignity and respect, whether they felt safe and secure and their overall satisfaction. 87% of residential home staff answered positively across a range of questions within their survey; including questions asking whether they were able to make suggestions to improve service delivery, whether there were clear instructions, policies and procedures and whether they believed the service provided good quality care.

In addition, there are 46 domiciliary care agencies registered within Herefordshire. 48% of these were



# Carers' Survey

Every two years we survey a sample of carers in line with government requirements. Last December, the council surveyed 540 carers to learn more about carers' experiences of life, support and services in Herefordshire. 58% (311) responded, which is slightly higher than those who responded last time we undertook this survey in 2012.

## Carers

- from the information gathered we know that:
  - About half of those who responded told us they have been caring for someone for between three and ten years: 7% had been caring for someone for more than 20 years.
  - The majority of carers (70%) provide more than 20 hours of care a week.
  - 38% of carers provide more than 100 hours of care a week.

## People who are being cared for

- from the information gathered we know that:
  - 86% are 65 or over and 70% are aged 75+. There has been a big increase in the number of cared for people who have dementia (from 33% to 54%), a small reduction in the numbers of those with a physical disability, and an increase in those who say they have age-related conditions.

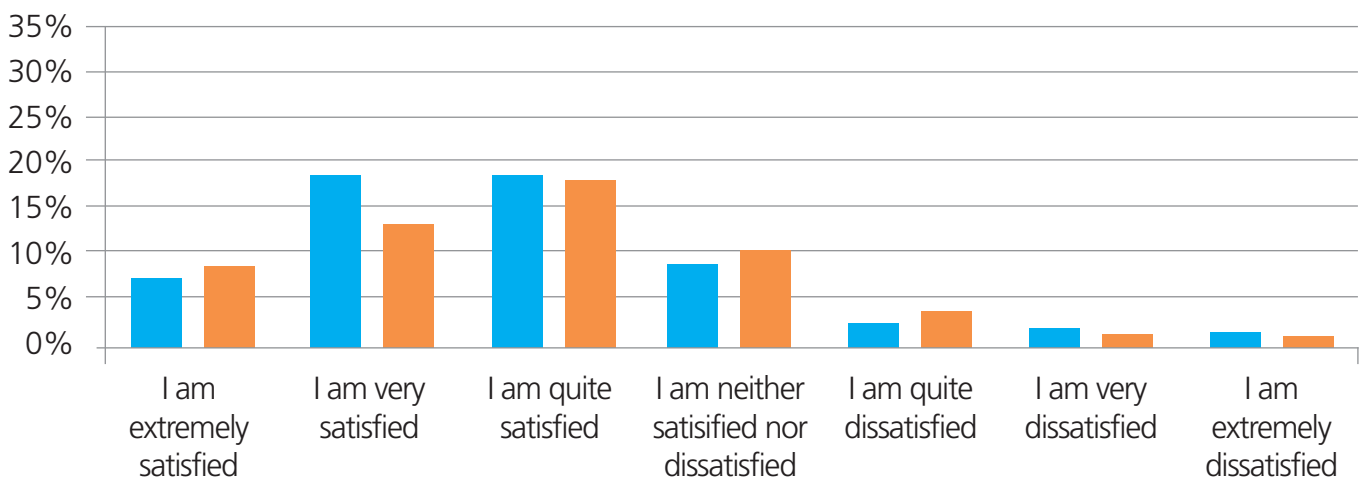
What our carers told us:

- Overall, Herefordshire carers are less satisfied with the services they received in 2014 than they were in 2012 (see graph below).
- 66% of respondents said they had used information and advice to help them as carers in the last 12 months. The majority found the information and advice helpful, although 36% found it difficult to find.
- When asked how much control they have over their daily life, 66% said they couldn't look after themselves well enough.
- Half of those who responded said they have some social contact with people, but not enough.
- Just over half of carers felt that they have some encouragement and support in their caring role, but not enough.

We recognise the valuable role of carers within our society and know that as our aging population continues to grow, demand for carer support is set to increase. We have already begun to address some of the issues raised in the survey which you can see on page xx under our plans and challenges for 2015-16.

**Overall satisfaction of carers with support or services received from social services in the last 12 months**

■ 2012  
■ 2014



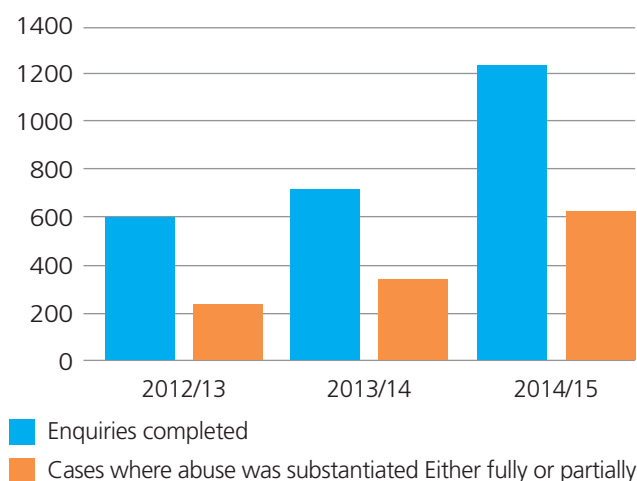
## 4. Keeping adults safe

Safeguarding vulnerable adults from abuse in Herefordshire is the aim of the Herefordshire Safeguarding Adults Board. In 2014/15 this board has made several changes to ensure compliance with the Care Act, including the appointment of an independent chair.

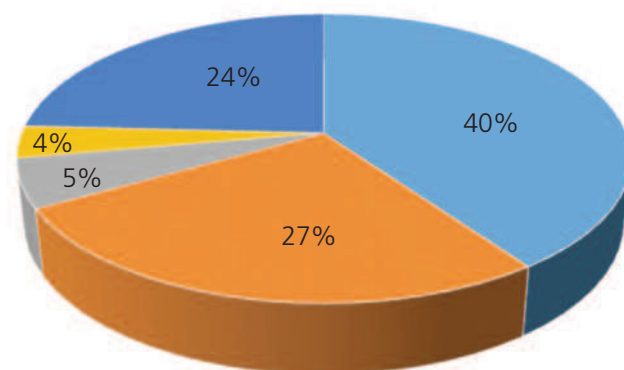
During the year, 1845 concerns were reported to the safeguarding team. A concern is a notification from the public or from professionals suggesting that they were worried about someone, or that there may be abuse. Following verification of the information received, a concern might progress to an enquiry where thresholds of abuse appear to be met. There were 1237 safeguarding enquiries completed last year.

This number is significantly higher than in previous years as we have made real efforts to complete and close a number of older pieces of work in order to cleanse our system, prior to the implementation of our new making safeguarding personal process. The graphs below show the types of abuse recorded in the year and the places where abuse took place.

### Safeguarding enquiries

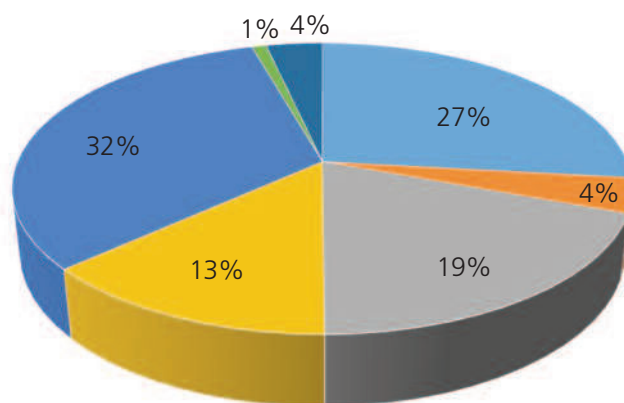


### Place of Abuse



Abuse occurred in own home	497
Abuse occurred in care home	329
Abuse occurred in hospital	67
Abuse occurred in community services	45
Other location	299

### Type of Abuse



Physical Abuse	420
Sexual Abuse	61
Psychological/Emotional Abuse	302
Financial Abuse	210
Neglect	507
Discriminatory	14
Institutional Abuse	55

We know that a number of incidents of abuse take place within residential and nursing homes; because of this we work very closely with our care providers in order to keep people safe.

### Making Safeguarding Personal

One of the big changes that we have achieved as a result of implementing Making Safeguarding Personal is to improve the way concerns are managed: we are now making decisions on whether a reported incident meets the threshold of abuse in a more timely fashion and only referring the most relevant safeguarding cases to operational teams to investigate. Success of our Making Safeguarding Personal implementation will be assessed by a peer review group in September 2015. The results will be published in next year's Local Account.

	2013/14	2014/15	Quarter 4 14/15
Percentage of cases identified as meeting the safeguarding threshold	50.3%	45.7%	39.6%
Percentage of cases where the threshold decision is made within 2 working days	56.7%	65.0%	71.2%
Percentage of cases closed within 28 days of the decision to refer to safeguarding enquiries	41.4%	33.9%	21.3%

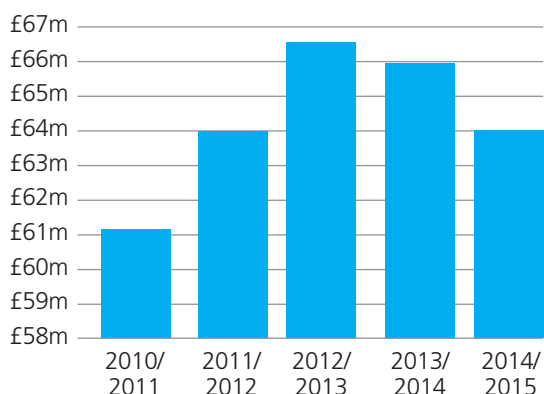


### Deprivation of Liberty Standards

Following significant changes to case law around Deprivation of Liberty Safeguards, we have seen a large increase in the number of applications received during the year. In 2014/15, there was a huge increase to 783 applications, from 83 in the previous year. This is consistent with our statistical neighbours, who have seen similar increases. Of the applications raised, 24% applications have been granted, however a significant number were awaiting a decision at the time of reporting because of a shortage of assessors in the area. These safeguards are applications to deprive someone of their liberty in a safe and correct way, in the best interests of the individual.

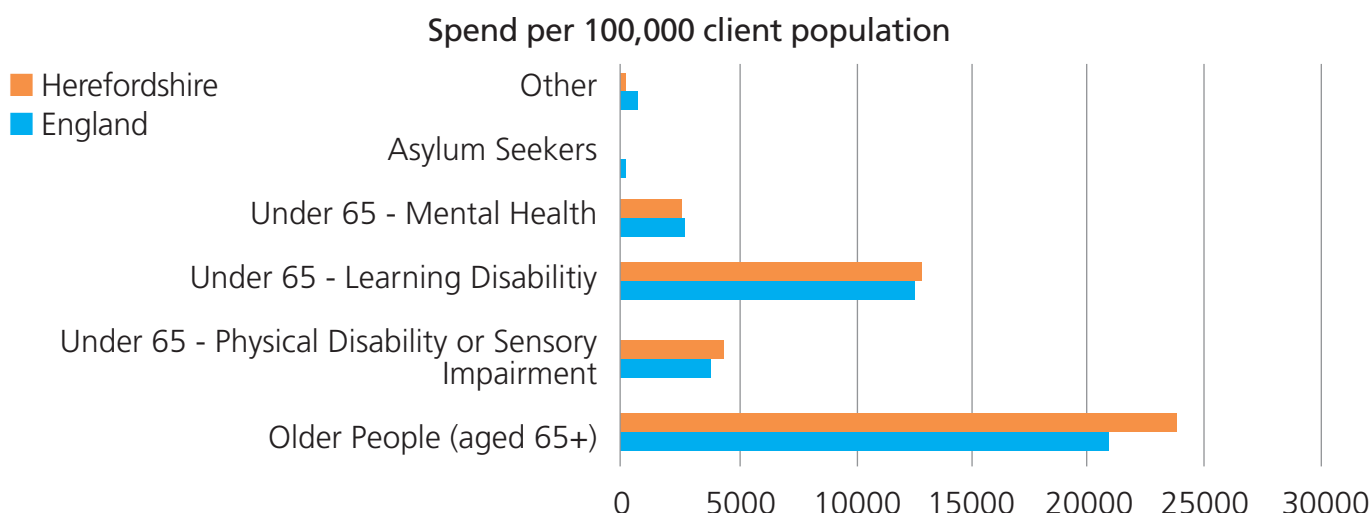
# Spending and service levels

The graph below shows the trends on total adult social care spending over the last five years. Recent downward trends in spending reflect the levels of savings required by all local authorities.



In Herefordshire, we commission a range of services to provide residents with the levels of support needed to keep them in the safest and most appropriate placement, based on their needs.

Herefordshire supports a similar proportion of clients to statistically similar neighbours, those who have similar demographics and deprivation to us. However as can be seen from the graph below, based on last year's data, Herefordshire spends more per 100,000 client population in client categories where we support the greatest number of clients, such as older people and learning disabilities.



The table below shows average weekly spend in Herefordshire compared to the English Average. Again, in areas of most common spend, such as residential and nursing for older people and home care, the average weekly costs are higher than the national average. This places pressures on Herefordshire and supports our need to change the way that services are to be provided in the future.

	Herefordshire	England Average
Residential/Nursing Care – Older People	£ 605	£ 537
Residential/Nursing Care – Learning Disabilities	£ 1324	£ 1336
Residential/Nursing Care – Mental Health	£ 712	£ 753
Residential/Nursing Care – Physical Disabilities	£ 914	£ 850
Home Care	£ 256	£ 219
Direct Payments	£ 280	£ 225
Day Care	£ 199	£ 227

• Financial comparisons based on 2013/14 data due to availability of updated comparator information for 2014/15



# Our plans and challenges for 2015/16

## Reducing the need for long term care by keeping people healthy for longer

People have better lives when they live independently. In addition more people are living longer and there's less money around to pay for care. This means we will not be able to provide services in the way we have done in the past, so we have to work with communities and residents to change our approach to care. We must promote self-help and boost local community support so that we can help the most vulnerable and needy people with the resources we have.

Some of the key activities planned for the next 12 months to meet these challenges are:



### Meeting increased demand from carers

We are planning to launch a new health and wellbeing service for carers in October 2015 that is able to provide support for more people and is designed to give carers choice and control. It's not just about providing respite or sitting services, although carers may choose to spend their allocation on these if they wish. It's about looking after carers' health and wellbeing so that they can enjoy their life, be happy and stay healthy and continue to provide support

It is hoped to have the new service up and running by the end of the 2015.



### Direct payments and pre-paid card promotion

Pre-paid cards give people more choice and control over how they choose and pay for their care and support. They also take away the monthly monitoring requirements which make life much easier for everyone. In the autumn of 2015 we will be bringing in a new pre-paid card system and encourage existing customers to make the switch. New customers will automatically be offered a direct payment card if they are eligible for help with care and support.



### Improving access to quality information

We are commissioning a wellbeing, information and signposting hub, WISH, to provide comprehensive information on wellbeing and social care. This will include an online directory of activities and services available in local communities. People will be able to access this service either by phone, face to face or online. The new service will be up and running in the autumn 2015.

## Online self-assessments

We are developing online tools as part of the implementation of the new health and wellbeing website for Herefordshire (above). These tools will help people better understand their needs, direct them to personalised information and services that might help them and indicate if they may be eligible for support from the council.

## Keeping people safe

We will be continuing to embed and fine tune our new processes throughout the year and in September 2015, we will be inviting in a Peer Review to assess our safeguarding performance. This will bring in a number of Experts by Experience and senior managers from other authorities within the West Midlands to view our processes and performance and provide us with challenges and areas for further improvement.



## Boosting the marketplace

We will be producing a market position statement in the autumn 2015 which gives local organisations and providers valuable information about the future of the county. As well as demographics, this identifies future needs and demands and forms the foundation for our relationship with the care and support market. It sets out our ambitions for working with providers to encourage the development of a diverse range of care and support options.

## Health and wellbeing strategy

With our partners we will talk to residents, organisations and health professionals to further define how we will meet the identified health and wellbeing priorities. We will produce a health and wellbeing strategy action plan setting out how these priorities will be addressed. The aim will be to keep people healthy and well and out of long term care.

## Better Care

To work collectively to deliver against the three schemes agreed in our Better Care plans:






















- Minimum protection of social care
- Community health and social care services redesign
- Managing the care home market

Throughout 2015, we will be working with communities to help them become more sustainable. We want them to be able to support people to remain within their communities, rather than these individuals becoming dependent on social care services. Ideas under development include, but are not limited to, the set up and running of “pop up” clinics within the community (e.g. GP’s, village halls, pubs, etc.), improving the availability of information on community groups, and awareness and education of available support and prevention services.

## Adult Social Care Outcomes Framework - The national set of measures that all local authorities have to report on.

The table below compares the performance of Herefordshire, this year and last year, with the English average for last year.

Updated English averages will be available later in the year.

	2013/14		2014/15	
	England	Hereford	Hereford	Improvement
Social care quality of life	19	19.1	19.4	
Proportion of people who use services who have control over their daily life	76.8%	77.3%	77.8%	
Proportion of people using social care services who receive self-directed support, and those receiving direct payments	61.9%	62.1%	87.3%	
Proportion of people using social care services who receive a direct payment	19.1%	14.9%	24.6%	
Carer reported quality of life	-	-	7.6	
Proportion of adults with a learning disability in paid employment	6.7%	4.5%	6.0%	
Proportion of adults in contact with secondary mental health services in paid employment	7.0%	7.1%	10.4%	
Proportion of adults with a learning disability who live in their own home or with their family	74.9%	77.0%	52.4%	
Proportion of adults in contact with secondary mental health services living independently, with or without support	60.8%	50.5%	76.0%	
Proportion of people who use services, and their carers, who reported that they had as much social care contact as they wanted	44.5%	46.0%	46.2%	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 18-64	14.4	20.4	14.93	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 65+	650.6	607.5	608.7	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.5%	83.3%	77.0%	
Delayed transfers of care from hospital which are attributable to adult social care	9.6	5.7	7.8	
Delayed transfers of care from hospital which are attributable to adult social care	3.1	3.1	4.3	
Overall satisfaction of people who use services with their care and support	64.8%	65.1%	66.9%	
Overall satisfaction of carers with social services	-	-	38.6%	
The proportion of carers who reported that that have been included or consulted in discussions about the person they care for	-	-	71.1%	
The proportion of people who use services and carers who find it easy to find information about support	74.5%	73.20%	74.5%	
The proportion of people who use services who feel safe	66.0%	67.10%	70.9%	
The proportion of people who use services who say that those services have made them feel safe and secure	79.1%	85.5%	83.9%	

- All Herefordshire results are based on first cut data submissions and are awaiting final validation.
- Carers survey are only calculated bi-annually, therefore three measures were not calculated in 2013/14.

# Further information

## Useful information

### 1. Access to adult social care

Adult social care enquiries: 01432 260101

[ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk](mailto:ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk)

### 2. WISH

[www.WISHerefordshire.org.uk](http://www.WISHerefordshire.org.uk)

### 3. Healthwatch Herefordshire

01432 364481

[www.healthwatchherefordshire.co.uk](http://www.healthwatchherefordshire.co.uk)

### 4. Care Quality Commission

The independent regulator of all health and social care services in England.

03000 616161

[www.cqc.org.uk](http://www.cqc.org.uk)

## Further reading

### 1. Facts and figures about Herefordshire

[www.factsandfigures.herefordshire.gov.uk](http://www.factsandfigures.herefordshire.gov.uk)

### 2. Making it Real

[www.thinklocalactpersonal.org.uk/](http://www.thinklocalactpersonal.org.uk/)

### 3. Spotlight on adult and wellbeing

[www.herefordshire.gov.uk/subscribe](http://www.herefordshire.gov.uk/subscribe)

Sign up to receive an email alert every time we publish a new edition of Spotlight on adult and wellbeing, our regular newsletter for people interested in adult social care

[www.herefordshire.gov.uk](http://www.herefordshire.gov.uk)





<b>MEETING:</b>	<b>HEALTH AND SOCIAL CARE OVERVIEW &amp; SCRUTINY COMMITTEE</b>
<b>MEETING DATE:</b>	<b>22 SEPTEMBER 2015</b>

<b>TITLE OF REPORT:</b>	<b>COMMITTEE WORK PROGRAMME</b>
<b>REPORT BY:</b>	<b>GOVERNANCE SERVICES MANAGER</b>

## 1. Classification

Open

## 2. Key Decision

This is not an executive decision

## 3. Wards Affected

County-wide

## 4. Purpose

4.1 To consider the Committee's work programme.

## 5. Recommendation

**THAT: The work programme as appended be noted, subject to any comments the Committee wished to make.**

## 6. Alternative Options

It is for the Committee to determine its work programme as it sees fit to reflect the priorities facing Herefordshire. Any number of subjects could be included in the work programme. However, the Committee does need to be selective and ensure that the work programme is focused on the key issues, realistic and deliverable within the existing resources available.

## 7. Reasons for Recommendations

7.1 The Committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes.

## 8. Key Considerations

8.1 The Committee is asked to note its work programme and to note progress on current work.

## 9. Community Impact

9.1 The topics selected for scrutiny should have regard to what matters to the County's residents.

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Further information on the subject of this Report is available from David Penrose, Democratic Services Officers, on Tel (01432) 383690

## **10. Equality and Human Rights**

10.1 The topics selected need to have regard for equality and Human rights issues.

## **11. Financial Implications**

11.1 The cost of the work of the Scrutiny Committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

## **12. Legal Implications**

12.1 The Council is required to deliver an Overview and Scrutiny function.

## **13. Risk Management**

13.1 There is a reputational risk to the Council if the Overview & Scrutiny function does not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

## **14. Consultees**

14.1 Following initial consultations on topics for scrutiny with Directors and Members of the Cabinet, all members of the Council were invited to suggest items for scrutiny.

## **15. Appendices**

15.1 Appendix 1 - An outline work programme for the Committee.

Appendix 2 – Forward Plan

## **16. Background Papers**

16.1 None identified.

**HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE  
ITEMS IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME**

**Draft Work Programme**

<b>17 November at 10am</b>	
Joint meeting with General Overview and Scrutiny to discuss the Council Budget for 2016/17	
<b>29 January at 2pm</b>	
Wye Valley NHS Trust	To receive an update on the performance of the Wye Valley NHS Trust following the CQC report
Healthwatch update	To receive a verbal report on any issues of concern
Work Programme	To consider the Committees Work Programme
<b>21 March at 2pm</b>	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Public Health, Health and Wellbeing Board and Healthwatch Herefordshire.
Herefordshire Children's Safeguarding Board Annual Report	To examine and challenge the Annual Report
Healthwatch update	To receive a verbal report on any issues of concern
Work Programme	To consider the Committees Work Programme
<b>May at 2pm</b>	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Herefordshire Clinical Commissioning Group and Arden, Herefordshire and Worcestershire Area Team
Healthwatch update	To receive a verbal report on any issues of concern
Work Programme	To consider the Committees Work Programme

**The following issues are suggestions from the public for inclusion**

The impact of housing developments in Herefordshire on Hereford hospital and other social services
--

**Task and finish groups**

<b>Work currently in progress:</b>	Status:
Review of the provision of short breaks and respite services	A spotlight review was held on 10 September 2015
Early Years Provision	In the process of being scoped

**Issues for possible future scrutiny activity**

<b>Work to be considered later in the year:</b>	Status:
Multi-Agency Safeguarding Hub (MASH).	It is suggested that a Task and Finish Group be put together to review the MASH

GP Recruitment	NHS England be invited to attend, as commissioners of primary care services.
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**Briefing Notes**

<b>The following topics shall be dealt with via briefing notes for committee members:</b>	Status:
Changes to the scrutiny arrangements of Herefordshire Council including risks, mitigation and proposed changes	A briefing note to be prepared by the end of January 2016.
An update on the use of mobile devices by social workers	A briefing note to be prepared by the end of January 2016.
2gether NHS Foundation Trust headlines for Key Performance Indicators	