The Herefordshire Council JAR Performance Improvement Action Plan: Improving Children's Services in Herefordshire

This Action Plan sets out what the Council intends to do to ensure a successful response to the recommendations in the JAR 2005 report.

The details of what we will do to address each individual recommendation follow below. Of these, by far the most important are those about ensuring fully robust arrangements for safeguarding children. We have therefore devoted most of our attention at this stage to taking immediate action to strengthen these arrangements and to planning in detail what more needs to be done in this respect, particularly to remedy the deficiencies identified as urgent in the JAR Report. That priority is reflected in the draft detailed Action Plan. Whilst we have identified the main actions and timelines for the other recommendations, we recognise the need to do further work to tie these down to the same degree.

This introduction too concentrates on the crucial issue of safeguarding, describing what we aim to achieve; what we intend to do to get there, including the additional capacity we are creating to deliver and sustain improvement; how we will measure our achievement; and the arrangements for external and internal challenge, and performance management.

The primary tasks in respect of safeguarding are to ensure:

- 1. consistently sound practice at the front-line, with gualified social workers overseeing all judgements when child concern matters are drawn to the Council's attention, from whatever source. We have already put the necessary changes in place, introducing new procedures that involve the presence in the Duty Office at all times of a Duty Social Worker (DSW), under the direction of the dedicated additional resource of an Assistant Team Manager (ATM) to oversee and sign-off the quality of decision-making. Calls received by non-social work qualified staff (Customer Service Officers) are immediately referred to one or other of these gualified social workers.
- 2. the accurate and consistent recording of all referrals and subsequent action in response to them. This has also already been put in place, as an integral part of the arrangements described in 1. above. All relevant staff have been trained in the revised procedures.
- 3. appropriate and well-understood thresholds for qualified social worker involvement, drawn up by reference to identified sound practice in other authorities, which will drive up referrals to what are regarded as safe levels. Wherever possible, we are looking at thresholds and the associated issues as operated by authorities serving broadly comparable areas and/or using the Child Concern Model (CCM). We have already been in touch with the local authorities in Devon, Northumberland, West Berkshire and Merton. We have established a multi-agency working group of the Safeguarding Board Executive to consider these issues, looking not just at thresholds but also at whether wider changes should be made to our operation of the CCM. It has already met. Arrangements are also in hand for senior, experienced social work managers in Shropshire and Worcestershire to work with us as critical friends in the fulfilment of this and other elements of the Action Plan
- 4. enabling all agencies (including schools) to operate the Child Concern Model confidently and effectively, including the involvement of the CCM consultants in all partners' (including schools') decisions as to whether to refer individual cases to the Council's social workers. We are establishing a pilot with the South Wye cluster of schools. Between now (an initial meeting with the headteachers has already taken place) and April, the pilot will identify potentially vulnerable children and the need for various levels of services to meet them. From April to July the services will be developed. Their operation and performance will be evaluated by an external consultant. The evaluation will inform the wider development of the CAF and services across the county.
- 5. robust performance management arrangements to ensure compliance with procedures and assure the quality of services. In addition to day-to-day supervision by the AMT, weekly written reports to managers are already being produced as part of the revised Duty Office arrangements described in 1. and 2. above. These are discussed weekly by the Head of Service/Service Manager and the ATM, and at fortnightly team meetings, where practice issues are identified and follow-up action agreed and recorded. These and the other performance management arrangements described in the detailed Action Plan will be underpinned by the forthcoming audit programme, which will be agreed and operational by 1 March.

These primary tasks will be enabled by:

- 6. effective two-way communications between staff, between staff and managers, and between managers at all levels, within the Council and with partner bodies. As an immediate and interim measure, we are reminding consultants and stakeholders about the existing advice routes and responses. Internally, we will guickly refresh our arrangements for regular team meetings, with agendas focused on practical delivery of the Action Plan, including the review of practice and performance. This approach will be extended to our partners, led by the LSCB Executive. We will gather evidence that all this is taking place.
- 7. the training and development of all staff and managers, within the Council and in partner organisations, to ensure that they understand the thresholds and procedures fully and are competent to operate them effectively. Central to this will be the CCM consultants. The lead consultants will be trained to understand and operate the revised thresholds in early March, ready for their introduction in the middle of that month. All relevant agencies and staff will be informed of the thresholds at that time. The lead consultants will be the notified source of guidance and will

cascade understanding of the arrangements within their organisations. A full programme of multi-agency training will be rolled out from April.

- 8. effective workforce planning and action to ensure that we have the right number of qualified social work staff, with the right skills and understanding, and that we avoid fluctuations in staffing that would impact on our ability to operate the safeguarding arrangements well at all times. A full workforce strategy and action plan will be in place by 15 March. In the interim, we are putting in place contingency arrangements for the immediate deployment of additional gualified social workers were workloads under the revised thresholds to exceed our current capacity.
- 9. the Council is creating immediate additional management capacity to drive the improvements, with the appointment of an interim Senior Social Work Manager, reporting directly to the Director of Children's Services.
- 10. We have identified the urgent need for other, targeted professional social work, statistical, administrative and expert consultancy capacity, which we wish to secure with the assistance of DfES. This is described and quantified in the detailed Action Plan below.
- 11. in addition to the operational performance management arrangements described in 5. above, effective performance management to ensure that senior management, the lead Cabinet member, the Cabinet, Council and partner organisations can be assured about performance and the delivery of this Plan, so as to be able to secure remedial action, wherever necessary.
- There are two distinct but complementary elements: those within the Council and those of the Council with its partners.

Within the Council

This Action Plan has been drawn up under the direction of the Director of Children's Services, with the Plan being subject to the approval of the Chief Executive, the Cabinet member for Children's Services and the Leader.

The Plan will be endorsed by Cabinet following formal CSCI and DfES consideration of the draft in early February.

Supporting the Director is a small Action Plan Group, which she chairs. Its members currently include the Head of Children's Social Care, a member of the Children's Services Change Team, a senior manager from the Primary Care Trust and, to provide challenge and links with the wider improvement agenda following the Corporate Assessment and JAR, the Council's Corporate Policy and Research Manager. The interim Senior Manager will join the Group.

Delivery of the Action Plan is again under the personal direction of the Director of Children's Services. The Action Plan Group meets weekly to review progress, on the basis of a written report, following which a written report is sent to the Chief Executive and the Cabinet member for Children's Services, which they follow up as necessary.

Formal reports on progress against the Action Plan will be made regularly and to Cabinet and the Corporate Management Board, which is chaired by the Chief Executive. Progress reports will also be made to each meeting of the Children's Services Scrutiny Committee. All these reports will include the key information about operational performance against the new targets.

The Council and its partners

The Action Plan is being drawn up with the key partner organisations: the PCT, the Police and the voluntary sector. The Children and Young People's Partnership Board (CYPPB) will endorse the Plan following formal CSCI and DfES consideration of the draft in early February.

The Local Safeguarding Children Board will oversee delivery of those elements of the Action Plan that are aimed to ensure fully adequate arrangements for safeguarding.

The CYPPB will retain overall responsibility for oversight of the Partnership's delivery of the Plan and will receive progress reports at each of its meetings. This will not dilute the direct responsibility of the Council for the Action Plan and ensuring that the JAR recommendations are implemented.

Evidencing improvement

A comprehensive central record is being maintained by the Council to document that effective action has been taken to implement the Action Plan.

Measuring success

We will measure our success by reference to newly set targets, determined by reference to the revised threshold criteria, for the following performance indicators: E:\MODERNGOV\Data\AgendaItemDocs\2\9\4\AI00008492\DraftJARActionPlan2403060.doc

CH 141 Referrals of children in need per 10,000 population aged under 18

CH 143 % referrals of children in need leading to initial assessments

CH 145 Number of core assessments of children in need per 10,000 population under 18

CH 01 Number of children on child protection register per 10,000 population under 18

CH 12 The % of children who were subject to Section 47 enquiries which led to initial child protection conferences which were held within 15 working days

Following a review to assure the quality of baseline data, then full analysis (including advice from our critical friends from Shropshire and Worcestershire), the targets will be set before the end of March. At that stage, these will need to strike a balance between the aspirational (where we should aim to be eventually) and what can realistically be achieved in terms of new patterns of referral and professional judgement. They will be reviewed quarterly in the light of experience, as will the adequacy of our and partners' capacity, and what further needs to be done to enhance our performance.

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Index to initials used in the detailed Action Plan

- SF Sue Fiennes Director of Children's Services
- HL Henry Lewis Head of Children's Social Care
- SM Steve Merrell Children's Services Manager (Operations)
- LM Linda Maden Acting Children's Services Manager
- JD Jon Dudley Children's Services Manager (Resources)
- SD Sue Doheny Locality Manager PCT
- MP Marcia Perry Commissioning Manager PCT
- SS Dr S Stuckie Paediatrician, CDC
- LR Lynne Renton Designated Nurse, Child Protection
- MG Mark Godwin Directorate Personnel Manager Business Services
- RC Richard Clarke Training Officer, Children's Services
- DL Dennis Longmore Manager of Pupil, School & Parent Support Change Team Children's Services
- JR Jon Ralph Youth Service Manager
- PL Peter Lane Acting Principal Educational Psychologist
- LS Lorna Selfe Children's Change Team Manager

ISM Interim Senior Manager

CYPPB Children and Young Peoples Partnership Board

- LSCB Local Safeguarding Children Board
- PCT Herefordshire Primary Care Trust
- CiN Children in need
- CCM Child Concern Model
- CAF Common Assessment Framework
- CAMHS Children and Adolescent Mental Health Service
- YOS Youth Offending Service

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement |
|--|---|-------------|--------------|--|-------------------------------------|---|
| 1.Ensure that appropriate criteria are set for | Discussion paper to be prepared | SF (ISM) | Dec 05 | Discussion paper prepared Dec 05. | C&YPPB, LSCB SM, LR | |
| the involvement of the LA's professionally qualified SC staff In child | LSCB Subgroup to meet to discuss paper | | 4 Jan 06 | LSCB Subgroup met to discuss paper 04.01.06. and 06.02.06 | Unions, staff, other agencies | |
| protection cases | C&YPPB briefing on this Action Plan | " | 10 Jan 06 | C&YPPB briefed on this Action Plan 10.01.06. | | |
| | Additional resourcing and operational instructions in place for duty team- | " | Jan 06 | Instructions in place end Jan 06 | | |
| | Comparisons from high-performing authorities to be obtained | " | 3 Feb 06 | Comparator information requested by SM 31 02 06, Initial benchmarking data produced 06.02.06 SF followed up information request 15.02.06 21 02 06 positive response received SM awaiting additional data from Devon and Northumberland Northumberland data now received and initial analysis produced`21 03 06 | | |
| | Remind CCM consultants and stakeholders in writing about existing advice routes and responses | " | 8 Feb 06 | Interim written guidance issued 10.02.06 | | |
| | Paper to Executive of LSCB proposing revised criteria and asking it to consider the operational and staffing implications | " | 27 Feb 06 | Draft done 18 th February SF has sent paper to Shropshire & Worcestershire outlining programme of requirements. Both have agreed to assist. LSCB agreed revised threshold criteria 27 02 06 Completed | | Two days' advice from the external critical friends (Shropshire and Worcestershire have agreed t do this) |

| | Target/Success Criteria |
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| | New threshold in place, understood and consistently applied |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement |
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| | Council amends, as required, the threshold criteria within Levels 1, 2 and 3 of the Child Concern Model. Focus on Level 1 / 2 interface. (This will be undertaken in the context of a broader review (see note 1) and the developments set out in 5 below). | | 1 Mar 06 | Draft amendments circulated for comment 13.02.06 Completed 28 02 06 | | |
| | Council determines expected resources needed to meet workload impact of revised threshold. | ű | 1 Mar 06 | Initial assessment made by 28 02 06 (probable need for 1 or 2 additional FTEs; to be confirmed)Confirmed by HL 10.03.06. | | |
| | Put in place contingency plan to provide, at short notice, additional resources to meet workload implications of revised threshold | α | End Feb 06 | HL memo to D. Johnson Corporate HR 10.02.06 HL spoke with DJ 17th Feb DJ to consider 22 02 06 - HL met Mel Ganderton(corp. HR, who will develop arrangements and join strategy group 03 03 06 meeting resulting in production of action plan 17 03 06 Meeting to discuss draft preferred supplier list for agency staff – Target date for list to be agreed and contracts in place 07 04 06 | Human Resources Service | Additional social worker capacity to be available contingently from 17 March |

| Recommendation | Action to be Taken | Lead | By | Progress to Date | People/ | Additional Capacity | Target/Success |
|----------------|---|------|--------------|--|----------|---------------------|----------------|
| | | | When | | Partners | Requirement | Criteria |
| | LSCB endorse revised criteria | " | 17 Mar 06 | Endorsed at LSCB meeting 27 02 06 | | | |
| | Publication and implementation of revised criteria. | | 17 Mar 06 | LSCB event 17 03 06 Revised booklet issued Completed | | | |

| Target/Success Criteria |
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| Workload implications met; handling of referrals and assessments of required standard and to target timetable |
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| Recommendation | Action to be Taken | Action to be Taken Lead By Progress to Date When | | People/ Partners | Additional Capacity Requirement | Target/Success Criteria | |
|----------------|--|--|-------------|--|------------------------------------|---|---|
| | Following consultation with the CCM Consultants, amend, as required, role, remit, threshold and involvement of Social Care Consultants under the Child Concern Model, and make recommendations to C&YPPB. | SF (ISM) | 1 Mar 06 | Appointment made to new IRO Team Manager post (including line management of IROs as CCM Consultants) . Expected to be in post no later than May 06. Revised guidance booklet issued 07 03 06 | LM | External consultant to help design the new arrangements for revised role, remit, threshold and involvement of Social Care Consultants under the CCM (4 days) | Revised and consistently followed operating procedures in place for access to consultants. |
| | Revise procedures for recording and holding records of consultations/CiN meetings. | " | 1 Mar 06 | S Hughes now receives details of all contact with CCM consultants (subject to them providing the info) To be reviewed following 7 March meeting with the CCM consultants Procedure now to be promulgated and operational by 1 April 06, including existing information sharing protocol . Comprehensive information protocol, based on national model, to be in place and operational by end April 06 Draft revised recording and retention policy/procedure produced by SM 07 03 06 Approved by consultants group | LM | Additional administrative resource to record outcomes of CiN meetings and maintenance of central records repository (estimate 1.5fte) | Revised and consistently followed procedures in place for recording and holding records of consultations/CiN meetings |
| | C&YPPB approve proposal | £6 | 1 Mar 06 | Done by written procedure. | HL | External consultant to support preparation for the 7 March meeting and follow-up (3 days - same person as helps design the new arrangements) Amy Weir to undertake in absence of consultant requested | |
| | Role of CCM consultants confirmed at meeting with them | | 7 Mar 06 | Meeting date confirmed 09.02.06 | | | |
| | | | | Done 07. 03. 06 | | | |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|----------------|--|------|--|---|---------------------|------------------------------------|----------------------------|
| | Document and circulate routine management, supervision arrangements and those for the review of decision- making, recording and compliance, including preparation and circulation of management reports. Weekly meetings of Service Manager Ops with Duty Team Manager, with focus on review of duty team activity and implications. Service Manager Ops monthly supervision meetings with Duty Team Manager . Written status report from each meeting to Head of Children's Social Care | | In place and ongoing, subject to completi on of the monthly cycle = end Feb 06 | | | | |
| | Duty Team customer service practice to be reviewed and where necessary revised | HL | 15 April 06 | | | | |
| | SF and HL to undertake unannounced observation and review of compliance. The results of these reviews will be recorded | " | Comme ncing Jan 06, thereaft er at least monthly, with review of arrange ments in April 06 | Commenced 27 Jan Visits/Reviews on going10.02.06 16 02 06 28 02 06, 09 03 06 16 03 06 No material issues highlighted to date | HL | | |

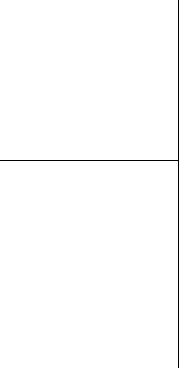
| Recommendation | Action to be Taken | | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | |
|----------------|--|----------|-------------------------|---|---------------------|---|--|
| | Audit programme to be agreed and operational, including rapid feedback on compliance and areas for improvement | <i>α</i> | 1 Mar 06 | Audit questionnaires under development 15 02 06 Audit questionnaires for LAC & child protection finalised 23 02 06 Approved by SF 01 03 06 and in operation Arrangements put in hand for progress reports to the lead Cabinet member, the Chair of the Children's Services Scrutiny Committee and the 2 elected member supports to the lead Cabinet member | | External consultant to help with the development of the audit programme (4 days) | |
| | Undertake data analysis to inform setting of activity and performance targets | SF | Before end Feb 06 | 15 03 06 In absence of external support AB and SM assessing the problems and necessary remedial action. Target setting to take place following liason and comparison of activity levels with Shropshire and Worcestershire Referral rates Oct05-Feb 06 indicative increase from 650 to 800 referrals per annum. Assessment rate of 70% maintained over same period Audit of files being commissioned to verify data accuracy/completeness | | Social work professional with appropriate skills and data analyst to assess reliability of data, how to improve it, and undertake intelligent analysis to inform target setting and workload assessment | |
| | Set revised targets for referral levels and other relevant activity indicators- CH141,143,145,01,12 | " | Before end Mar 06 | Qtrly. Performance data provided 06.02.06 | | Two days' advice from the external critical friends (Shropshire and Worcestershire have agreed to do this) | |
| | Assess anticipated impact on referral levels, workload and staff capacity to deliver improvement targets | " | Before end Mar 06 | Initial analysis produced 21 03 06 – further work required | | | |

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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Targ |
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| 2. Ensure that these criteria are clearly understood by all concerned and consistently | Issue revised threshold criteria as part of revised inter-agency booklet on safeguarding children in Herefordshire | SF (ISM) | 17 Mar 06 | Rewriting commenced, draft threshold and guidance produced 13.02.06 Revised criteria agreed by LSCB 27 02 06 Final draft of booklet with printers 03 03 06 | SM | | |
| applied in practice. | Ensure understanding and ownership by LA duty staff | SF (ISM) | Late Feb. – 7 March 06 | Done by 07. 03. 06 | PCT Police Vol. Sector Schools | Additional CCM consultant time to be agreed and allocated | Consu in all e overall referra |
| | Content of the paper for 7 March meeting to be agreed at LSCB and issued to the consultants before the meeting | " | 27 Feb 06 | Issued on 02 03 06 | | External consultant to support preparation for the 7 March meeting and follow-up (3 days - same person as helps design the new arrangements) | Positiv multi- a |
| | Ensure understanding of multi-agency CCM consultants Full meeting of the multi- agency consultants 7 March – propose new consultant job description, identify lead consultants in each agency, agree process for consultants' involvement in individual cases | " | 7 Mar 06 | Revised criteria and booklet presented to CCM Consultants 07 03 06 Done 07. 03. 06 | | | |
| | Confirmation of multi -agency consultant requirements for record keeping and reporting. | " | 7 Mar 06 | Done 07. 03. 06 | | | |
| | Agree time commitment of lead CCM consultant s for 06/07. | " | 7 Apr 06 | | | | |
| | Training multi-agency consultants in revised role and procedures, including requirements for record keeping and reporting(in interim will act following guidance from lead consultants) | " | Apr 06 | | | | |
| | Multi-agency group supervision of lead consultants to ensure compliance and quality of decision making | SF | From Apr 06 - no less than bi monthly (to be reviewed Dec 06) | | | | |

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| ultants actively engaged eligible cases in light of all targets established for rals. |
| ive results from survey of agency professionals |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
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| | Document and circulate routine supervision, audit and management arrangements. Team managers' monthly supervision meetings with staff to review sample of files, in particular LAC and child protection cases. Review results to be evidenced and forwarded to Service Manager. | SF (ISM) | In place and ongoing, subject to completion of the monthly cycle = end Feb 06 | Initial audit identified need to ensure legal advice received is recorded on file –25 01 06 In place and ongoing, subject to completion of the monthly cycle by 01.03.06. HL and IRO's developing audit checklist of files based on SSI/JAR process. Initial focus on LAC (fostering inspection in March) Audit questionnaires for LAC & child protection finalised 23 02 06 Team Managers reminded of Child Protection case transfer procedure and process by HL 09 03 06 | HL | | |
| | Monitoring and effective management of social work files to ensure good casework practice – SF and HL to undertake unannounced observation and review. The results of these reviews will be recorded. | " | Commencin g Jan 06, thereafter at least monthly, subject to review in April 06. | Commenced 27.01.06 Visits/Reviews 10.02.06 16 02 06 28 02 06 09 03 06 16 03 06 No material issues highlighted to date | | | |



| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Targe |
|----------------|--|-------------|------------------------|--|---------------------|--|---------|
| | Audit programme to be agreed and operational, including rapid feedback on compliance and areas for improvement | " | 1 Mar 06 | HL and IRO's developing audit checklist of files based on SSI/JAR process. Initial focus on LAC (fostering inspection in March) final draft developed 16 th Feb Audit questionnaires under development 15 02 06 Audit questionnaires for LAC & child protection finalised 23 02 06 Approved by SF 01 03 06 and in operation | | External consultant to help with the development of the audit programme (4 days) | |
| | Review of supervision, audit and management compliance by IRO,s | | Oct 06 | HL and IRO's developing audit checklist of files based on SSI/JAR process. Initial focus on LAC (fostering inspection in March)final draft developed 16th Feb. Audit questionnaires under development 15 02 06 Audit questionnaires for LAC & child protection finalised 23 02 06 Approved by SF 01 03 06 and in operation Managers/Legal reminded of procedure for recording legal decisions/advice by HL 25 03 | | | |
| | Undertake quarterly reviews of performance against targets, activity levels, the targets themselves and future capacity requirement | SF (ISM) | End June 06 | | | | Achieve |
| | | | End September 06 | | | | |
| | | | End Dec 06 | | | | |
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| ievement of set targets |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Targ |
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| there is an effective workforce strategy to address the recruitment and retention problems within the local authority's Social Care Service. Draft project plan to be produced an discussed . | Submit bid for consultancy support to the Children's Workforce Development Council (CWDC) for help in developing the strategy | SF (ISM) | 24 Jan 06 | Bid submitted to CWDC 24.02.06 (SD - Need copy for evidence file!!!!) Bid successful w/b 27 02 06: one and a half days offered (to be used by 31st May 06) – ideally to be before 15 March deadline for production of the Strategy; otherwise, to test and refine it as soon as possible thereafter Agreed with CWDC that their input would be to help widen the strategy to make it crossagency, focused on May seminar with the CCM consultants | RC, MG Corporate HR | Consultancy support from the CWDC to develop the strategy | Practic improv concre for criti team, a and ch We ha the righ unders CCM a In parti fluctua work s advers to oper arrang |
| | Draft project plan to be produced and discussed . | " | 27 Jan 06 | Working Group met 07.02.06 Working Group met 27.02.06 Draft project plan prepared and forwarded to DCS and Head of HR 30.02.06 03 03 06 meeting resulting in production of action plan | | | Vacano sicknes (quarte |
| | Project plan agreed by director and Head of HR | " | 3 Feb 06 | Project plan agreed by 03.02.06 | | | |
| | Confirm potential requirements for agency staff to HR | SF | 27 Jan 06 | Memo sent to HR confirming potential requirements for agency staff 27.02.06 22 02 06 - HL met Mel Ganderton(corp. HR), who will develop arrangements and join strategy group | | | |

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tical programme for ovement, including prete timetabled actions ritical areas e.g. the duty n, and fostering services children with LDD

have the right staff, with ight skills and erstanding, operating the A and CAF successfully. articular, that we avoid uations in qualified social a staffing that would ersely impact on our ability berate the safeguarding ngements well at all times

ancy, turnover and ness rates reduced rterly reports) $\underline{\omega}$

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Targe |
|----------------|---|------|-------------------|--|---------------------|------------------------------------|-------|
| | Establish baseline budget and FTEs in each team | " | mid Feb 06 | Produced by 17 02 06 | | i | |
| | Identify numbers and levels of employees required (having regard to comparator authorities) | " | 3 Mar 06 | Done 03 03 06 | | | |
| | A workforce development strategy and action plan will be completed on the basis of analysis of workloads and staffing requirements arising from revised thresholds and other arrangements above | ű | 15 Mar 06 | On track for the Council element to be in place, subject to adjustment in May when it is widened to cover all relevant agencies. 08 05 06 Provisional scooping day for Childrens Workforce Strategy | | | |
| | The strategy will include: | | | | | | |
| | Sponsorship for new Social Work degree Traineeship scheme Consideration of overseas recruitment /qualifications Recruitment incentives, notice periods Secondments Exit reviews and applying learning Training and development of all staff (including non-social work qualified support staff, induction and mentoring, and three- year pathway for social workers), to ensure effective operation of all policies and procedures, including the CCM and CAF The strategy will incorporate known/possible changes to service | | | | | | |
| | structures and organisation | | | | | | |
| | Implement action plan | | From 15 Mar 06 | | | | |

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| 4. Ensure that a written record is made of all contacts with the | Review revise and issue protocols and procedures regarding the recording of all contacts with the Duty Team. | SF (ISM) | 18 Jan 06 | Completed 18 Jan | LM | I | See 2 Positiv review |
| Social Care Duty Team. | Assistant Team Manager reports weekly to HL. | SF | Jan 06 | New Assistant Team Manager appointed 21 02 06 – HL confirmed weekly meetings are taking place | | | |
| | Document and circulate routine management, supervision arrangements and those for the review of decision- making, recording and compliance, including preparation and circulation of management reports. | SF | In place and ongoing, subject to completion of the monthly cycle = end Feb 06 | In place and ongoing, subject to completion of the monthly cycle | HL | | |
| | Duty Team Manager to observe and review records on a daily basis, and discuss observations at team meetings. Duty Team Manager to review weekly. | | | | | | |
| | Weekly meetings of Service Manager(Operations) with Duty Team Manager, with focus on review of duty team activity and implications | | | LM commenced 20.02.06 | | | |
| | Service Manager Operations monthly supervision meetings with Duty Team Manager. | | | Evidence being collated | | | |
| | Written status report from each meeting to Head of Children's Social Care | | | Evidence being collated | | | |
| | SF and HL to undertake unannounced observation and review of compliance. The results of these reviews will be recorded | " | Commencin g Jan 06, thereafter at least monthly, subject to review in April 06. | Commenced 27.01.06 Visits/Reviews 10.02.06 16 02 06 28 02 06 09 03 06 16 03 06 No material issues highlighted to date | HL | | |

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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/P artners | Additional Capacity Requirement | Targe |
|----------------|--|------|-------------|---|---------------------|--|-------|
| | Audit programme to be agreed and operational, including rapid feedback on compliance and areas for improvement | | 1 Mar 06 | HL and IRO's developing audit checklist of files based on SSI/JAR process. Initial focus on LAC (fostering inspection in March) Audit questionnaires under development 15 02 06 Audit questionnaires for LAC & child protection finalised 23 02 06 Approved by SF 01 03 06 and in operation Arrangements put in hand for progress reports to the lead Cabinet member, the | | External consultant to help with the development of the audit programme (4 days) | |
| | | | | Chair of the Children's Services Scrutiny Committee and the 2 elected member supports to the lead Cabinet member | | | |
| | Duty Team customer service practice to be reviewed and where necessary revised | HL | 15 April 06 | | | | |

| Target/Success Criteria |
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| Recommendation | Action to be Taken | Lead | Ву | Progress to Date | People/ | Additional Capacity |
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| | | | When | | Partners | Requirement |
| 5.Ensure that there is a single referral, assessment and | Agree members of project group | SF (ISM) | 27 Jan 06 | Group members agreed in Jan | Project group | Additional redirected staffing costs. |
| service planning framework for | Plan drafted | | 15 Mar 06 | Draft plan produced Mar 06 | SM | |
| children in need, which is consistently and effectively applied in practice. | Approve the project plan for the pilot with the South Wye cluster | | 12 April 06 | SM/HL/AH met with 6 headteachers 30.01.06 Meeting with South Wye headteachers 28 02 06 Meeting scheduled 05 04 06 to agree project plan for pilots | | |
| | Specification of core information requirements | SF (ISM) | June 06 | | Health, Police, Women's Aid, NSPCC, NCH, Voluntary Sector | Management time |
| | Implementation of paper based interim system in light of core information requirements | | | | | |
| | Information sharing protocol development | HL | Apr 06 | 04.01.06 Agreement reached to develop existing PCT/Health information sharing protocol. | | |
| | Commissioning training of practitioners and managers engaged in CAF pilot | | | Meeting of inter agency group to scope training programme-10 03 06 | | Materials and cost of delivering programme |
| | CCM amended to satisfy CAF requirements | SF (ISM) | April-Oct 06 | | LR, MP, SM, Dave Llewellin, Pat Jewkes, PL, Voluntary Sector Alliance, Richard Aird, YOS, CAMHS. Reps. | Software development costs. |
| | Establish multi-agency group to develop the CCM and associated ICT requirements to incorporate standard CAF templates and the requirements for the Lead Professional role and local Information Sharing Index | | Apr 06 | | | |

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| | Core information requirements agreed |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement |
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| | Incorporate SEN arrangements | | Mar 06 | Dec 05 Paper on SEN elements produced. | PL | |
| | Lead Professional role to be specified and incorporated within the CCM Model and CAF arrangements. | SF (ISM) | July 06 | | SM | |
| | Draft Multi Agency Lead professional guidance to be developed | | | | | |
| | For CAF pilot in Autumn 2006 - Identify training requirements and produce plan to meet them Project to be approved by SF and CYPPB | SF (ISM) | Sept 06 | Meeting to scope training requirements held 10 03 06 | | Administrative time. Materials and cost of delivering programme |
| | Develop the specification for an effective ICT based system to operate the CAF including timetable for implementation | SF (ISM) | June 06 | | SM | Funding implications of ICT software procurement |
| | Integration with corporate strategy first stage | | Feb 06 | Included in 3 proposed projects Feb 06 | | |
| | Partners engaged in discussions | | Apr 06 | | | |
| | Corporate strategy review outcome will determine ongoing timetable | | Apr 06 | | | |
| | Discussion with the Alliance | SF (IMS) | Feb 06 | HL held initial discussion with Helen Horton - Alliance Meeting with Allianctook place on 08. 03. 06 Agreed Family Support commissioning actions | Initial funding approved by Health &Care Partnership 23 Jan 06 | |
| | Expand NCH service provision from April 06 for 12 months | | Apr 06 | | | |
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| | Lead Professional requirements met. |
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| lls | |
| | Plan for ICT developments in place, but subject to outcome of corporate review. |
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| | Consultants actively engaged in all eligible cases in light of overall targets established for referrals |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|----------------|--|------|---|--|---------------------|---|---|
| | Service need Gap analysis with partners, of family support to children with needs identified under/vulnerable children (level 2) | | Apr 06 | South Wye Cluster Headteachers undertaking audit of additional needs 28 02 06 – results to be available for meeting on05 04 06 | | Cost of survey and full cost of expanded service provision to be determined | Positive result from survey of professionals Improved family support provision in place. |
| | Identify capacity and funding gap for family support strategy | | Apr 06 | | | | |
| | Family Support Strategy produced | | May 06 | | | | |
| | Funding for delivery of Strategy approved | | May 06 | | | | |
| | Compact compliant tender document drafted with Alliance | | May 06 | | | | |
| | Commissioning of services to deliver strategy | | Jun 06 | | | | |
| | Monitoring and management to ensure best practice SF and HL to undertake unannounced observation and review of compliance with best practice. The results of these reviews will be recorded | SF | Comme ncing July 06, thereaft er at least monthly, with review end Oct 06 | | HL | | |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|--|--|-------------|----------------|------------------|---|---|--|
| 6.Ensure that the training, guidance and support needs of all staff | (See 2 above). Delivery of multi agency training programme by CCM lead consultants | SF (ISM) | From Apr 06 | | Health, Police, Voluntary Sector | Consultant time, production costs. Establish budget | Internal evaluation by Jul 06, external evaluation Dec 06 |
| contributing to the implementation of the Child Concern | Establish budget | | 1 Mar 06 | Done by 28 02 06 | | | |
| Model are addressed, both in terms of the time required to | Discussion with CCM consultant group including proposed key outputs. | | 7 Mar 06 | Done | | | |
| undertake the tasks involved and | Training package revised | | End Mar 06 | | | | |
| the necessary skills. | Schedule of training agreed. | | End Mar 06 | | | | |
| | Commission external evaluation of training programme effectiveness | | May 06 | | | | |
| | Review content of package in light of CAF pilot. | | June 06 | | | | |
| | Internal (multi agency) evaluation of programme | | July 06 | | | | |
| | External evaluation | | Dec 06 | | | Cost of external evaluation project | |
| | Evaluation of Year 1 of CCM and results of the matching needs and services audit - Disseminate lessons at conference | SF (ISM) | Apr 06 | | All partner organisation s | Staff time, venue and materials. | |
| | Hold regular review/supervision meetings with all CCM consultants | | | | | | |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|---|---|----------------------|---|---|---------------------|------------------------------------|-----------------------------|
| 7.Ensure effective implementation of the multi-agency healthcare | Audit every looked after child's health record to ensure that it includes a health care plan | SD | End Jan 06 | All January actions achieved in that month | LR | | |
| planning procedures for looked after | Transfer health care plans to SC | HL to sign off | End Jan 06 | All January actions achieved in that month | | | |
| children. | Any child without a healthcare plan – schedule appointment for assessment | | End Jan 06 | All January actions achieved in that month | | | |
| | Ensure every LAC has a healthcare plan subject to their consent | | May 06 | Mar 06 Majority of plans in place. Only outstanding cases are those awaiting a response from LAC | | | |
| | Draft procedures produced for consideration and approval by PCT | SD | Jan 06 | All January actions achieved in that month Approved by PCT 02.02.06 | LR | | Procedures approved by PCT. |
| | Procedures to be approved by PCT | SD | Jan 06 | Guidance document produced Approved by PCT 02 02 06 need evidence document from SD) | | | |
| | SF and HL to undertake unannounced observation and review of compliance with best practice. The results of these reviews will be recorded. | SF | Comme ncing Februar y, thereaft er at least monthly with review in May. | Commenced 10 02 06 Visits/Reviews 16 02 06 28 02 06 09 03 06 16 03 06 No material issues highlighted to date | HL LR | | |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|---|---|------|--|---|---|--|--|
| 8.Improve access to Occupational Therapy Services. | Review of current working practices and requirements including creative thinking about team composition(skills mix) | SD | Feb 06 | PCT have produced a plan for the development of CAMHS (SD need copy for evidence file!!!!) Workshops undertaken for early years staff by OT's Feb 06 Letter to special schools offering termly consultation and workshops Mar 06 | | Could require two additional Ots (est. cost £60K) | Everyone seen and assessed within 12 weeks. |
| | Recommendations produced | | Mar 06 | Done by 10.03.06 | | | |
| | PCT to determine actions to be taken. | | Mar 06 | Appointment of occupational therapist (housing) 01 02 06 OT for children with autism appointed Done by 10. 03. 06 | | | |
| | Monthly performance data to be reported to SD, SF PCT and C&YPPB | | Apr 06 and monthly thereaft er | | | | |
| 9.Ensure appropriate Social Care support for the families of children with learning difficulties and disabilities. | Prepare a business case for the development of short-term breaks strategy for families. | SD | June 06 | 2 additional Family Support Workers appointed. Preferred candidate for shared social work post selected Mar 06 | MP All statutory agencies, Voluntary sector, parents/use rs | Will require increased resources and finance | Business case produced and approved by C&YPPB |
| | Establish a disability taskforce | | June 06 | Key stakeholders identified | | | Task force established |

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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement |
|----------------|---|------|-------------------|--|-------------------------------------|--|
| | NSF/ECMCare pathways to be developed to improve outcomes for C&YP | | May 06 | Multi-disciplinary assessment ready for consultation 14 03 06 | | |
| | | | | Downs syndrome- done 14 03 06 | | |
| | | | | Epilepsy- done 14 03 06 | | |
| | | | | Social communication orders- final draft produced 14 03 06 | | |
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| | Approval of business case by C&YPPB | | June 06 | | | |
| | Seek financial approval | | Oct 06- Apr 07 | | | |
| | Review and integrate all procedures and policies for children with LDD. | SD | Feb – Apr 06 | HL reviewing material 16.02.06 | MP | |
| | Implement integrated approaches to identification, assessment, care planning, provision, transition and family support. Including SEN arrangements. (Links to item 5 – CAF) | SD | June 06 | Kite team piloting multidisciplinary/agency shared records for 10 children with highly complex disabilities | MP Multi disciplinary team | Storage and administrative support. Longer term – integrated systems |
| | Hold disability workshop day for stakeholders | SD | May 06 | Planning for event in progress Mar 06 | | |
| | Kite team to be 2 nd CAF pilot | SD | Autumn 06 | | | |
| | Publish/disseminate integrated procedures | | June 06 | | | |

Target/Success Criteria All children with LDD to have care plans All children with LDD to have multi-disciplinary assessment. NSF standards met All children with LDD to have good quality transition planning.

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement |
|--|--|------|--|---|---------------------|---|
| | SF,HL,AH,SD to undertake unannounced observation and review of compliance with best practice for children with disability. The results of these reviews will be recorded. | SF | Comme ncing Feb 06, thereaft er at least monthly, with a review in May 06. | Commenced 10 02 06 Visits/Reviews 16 02 06 28 02 06 09 03 06 16 03 06 No material issues highlighted to date | HL/SD | |
| 10.Ensure better co-ordinated transition planning for all young people with learning difficulties and disabilities. | Business case for recruitment for transition care pathway officer to Health and Care Partnership Board | SD | Agreed by June 06 for immedia te impleme ntation | Completed, funding approved and ready for implementation Mar 06 | MP | Staff time and ICT software development costs. Subject to successful recruitment. |
| | Establish Group | | 23 Jan 06 | Transitions Executive group established and review commenced Jan 06. Project plan scoped. | | |
| | Review of processes | | Feb-Apr 06 | HL/SD met 16 02 | | |
| | Recruitment of Transitions Care Pathways officers | | May 06 | Agreed recruitment of two workers to develop and lead on transitions work(Interviews May 06) | | |
| | Prepare and implement a transitional care pathway for 14-16 year olds. | | Jun 05 | | | |
| | New procedures documented for handbook | | | | | |
| | Draft handbook issued for consultation with users. | | Oct 06 | | | |

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| to | Development Plan including resource implications approved by C&YPPB. Single process folder and procedure operational. |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|--|---|------|-------------|---|--|--|--|
| | Produce and publish integrated LA and PCT handbook on services to children with disabilities including new procedures | | Feb 07 | | | | |
| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
| 11.Improve communication with parents and young people with leaning difficulties and disabilities in terms of both the assessment of need and planning | User test of draft leaflet describing how to access services for children with disabilities | SD | May06 | Draft leaflet produced for consideration by carers group 14 03 06 | Health - Children's Services | May require some additional admin. support in preparing leaflets Printing costs: Printing in a variety of formats and communication systems will increase cost | |
| of provision. | Approval by Senior management | | Apr 06 | | MP | | |
| | Publication of leaflet describing how to access services for children with disabilities | | Sep06 | | | | |
| | Working group established to develop publication of clear standards about communication with parents and young people by all professions | | Jan 2006 | MP to co-ordinate MDT meeting to look at carer and user involvement | Change Team Involving People team/ PALS | | |
| | Draft produced for multi agency consultation and approval by top management | | June 06 | | | | |
| | Draft issued for consultation with users. | | Oct 06 | | | | |
| | Final version published | | Feb 07 | | | | |
| | Improve website: | SD | | | ICT Services | Web development costs C&YPPB | Improved and expanded web presence. Positive on-line evaluation results. |
| | Initial review meeting | | Jan 06 | Initial review meeting Jan 06 | MP | | |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|--|--|-------------|--|--------------------|---------------------|---|---|
| | Update present site incl. New leaflet. | | Update May 06 | | | | |
| | Scope project to develop website with special schools subject to confirmation | | July 06 | | | | |
| | Development of project | | Develop ment project Autumn 06 | | | | |
| | Review and determine how to improve and evidence in records young disabled people's involvement in their care planning and carers' needs. | SD | | Started | MP | | |
| | Baseline audit and variance tracking of 40 sets of records | | May 06 | | | | |
| | Follow up with individual staff as necessary | | May/Jun e 06 | | | | |
| | Confirm required standards for inclusion in the handbook | | Oct 06 | | | | |
| | Draft issued for consultation with users. | | Feb 07 | | | | |
| | Final version of handbook issued | | Initially Jan – June 2006 | | MP | | |
| | Audit during supervision and report | SD | | | | Additional Independent Reviewing Officer recruited | |
| | Undertake evaluation exercise e.g. focus groups/ survey of parents and young people's information needs for the long term | SD | Autumn 06 | | MP | | |
| 12.Improve action planning to deliver strategic aims and | Identify all relevant action plans across all agencies | SF (ISM) | Jan 06 | Completed 01 03 06 | AB | | Action Plans approved and performance management effective. |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
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| strategic aims and objectives and, in particular, ensure that associated | Review the plans, and ensure that they will collectively implement the strategic aims and objectives. | | Feb 06 | Key plans identified. Some plans currently being updated 15 03 06 | | | |
| resourcing needs are met. | Follow up action to plug gaps | | Apr 06 | Multi agency managers to be requested to review action plans and targets to more closely align with C&YPP following it's issue 01 04 06 | | | |
| | Review to the CYPPB | | Apr 06 | | | | |
| | All plans affecting children to the Safeguarding children board | | | | | | |
| | All future plans to be logged and reviewed for compliance | | | | | | |
| 13.Improve information | Ensure effective implementation of supervision policy | SF (ISM) | Feb 06 | Audit processes in place | | | |
| systems within the local authority's Social Care | Head of Service to establish audit schedule | HL | Mar 06 | | | | |
| Services to enable better management | Develop the specification for an effective ICT based system to operate the CAF including timetable for implementation | SF (ISM) | | | SM | Level of investment to be determined through corporate strategy review process | |
| oversight and evaluation of | Integration with corporate strategy first stage | | Feb 06 | Part of 3 proposed projects | | | |
| service effectiveness. | Corporate strategy review | | Apr 06 | | | | |
| | Specification to be produced by | | Apr 06 | | | | |
| | Further stages to be determined and developments reflected in updated version of this plan | | | | | | |
| | Review allocation of available financial resources against priorities | tbc | | | | | |
| | Carry out annual Laming audit – results to be reviewed by Director of Childrens Services | HL | End Apr 06 | | | | |
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| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
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| 14.Improve access to hospital in- patient provision to meet children and young people's mental health needs (tier 4 CAMHS). | PCT toProduce proposals, gain approval and implement a development/commissioning plan | SD | 06/07 | Initial proposals developed and considered by LSCGs | CAMHS strategy group Regional Specialist Services Commissio ning Croup CSIP CAMHS lead | | |
| | PFI bid to Dept. of Health for multi agency cross county provision | | 20 Jan 06 | Bid to Dept. of Health made by 20 Jan 06 Understood to be with Ministers 10.03. 06 | | | |
| | Decision on PFI bid considered by RSSCG | | Apr 06 | | | | |
| | Business case for specific proposals to be developed and submitted to RSSCG. Detail and timing will depend on outcome of PFI bid. | | tbc | | | Additional clinical /consultants staff and associated operating costs | |
| | Approval of proposals and resources required by PCT/CYPPB | | tbc | | PCT CYPPB | | |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria |
|--|---|------|---------------|------------------------------|---|--|--|
| 15.Improve coordination of consultation with children and | Through Herefordshire Partnership, co- ordinate all consultations with, and participation by, children and young people using a senior adviser | LS | Jan 06 | Arrangement established Jan. | Herefordshi re Partnership Schools | | |
| young people to support their participation in strategic planning | Recruitment campaign for C&YP Youth Council with LAC engagement | JR | Jan/Feb 06 | Started | | C&YP Youth Council – Budget pressure bid submitted by JR Oct 05 - £75k | Positive evaluation results from C&YP. |
| and review. | Youth Council Elections | | Mar 06 | Completed Mar 06 | | | |
| | Create a shadow C&YPB | LS | 18 Jan 06 | Completed | | Shadow C&YPB resources to be identified | |
| | Adopt 'Hear by Rights' standard | LS | | CYPPB adopted 06 05 | | To be identified | Standard adopted and adhered to. |
| | Scope and development of overarching participation strategy with C&YP and families | tbc | | | | | |

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| Recommendation Action to be Taken Lead By F When | | Progress to Date | People/ Partners | Additional Capacity Requirement | Target/Success Criteria | | |
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| | Enhance C&YP Services Directory to ensure it is comprehensive and up-to-date | tbc | | | | | |
| 16.Improve housing provision for both single young people and families. | Early intervention to prevent homelessness strategy approved/implemented | HL | Jun 06 | Multi agency working group established to develop co- ordinated accommodation strategy and action plan to improve access to housing with emphasis on care leavers | Richard Gabb, Derek Allen, Housing Agencies Planning Services | | Reduced homelessness statistics for single young people, care leavers and families |
| | Protocol developed and agreed for referrals from duty team where tenancy is at risk affecting CYP assessed at level 1 | | Jan – Mar 06 | | | | |
| | Herefordshire Council to purchase 2 properties to provide transitional tenancies for care leavers | | Mar 06 | Enabling People Housing Team negotiating 6 additional accommodation units for independent living Authorisation received to carry forward funding to 06/07 22 02 06 – Project Initiation Document produced | | Capital purchase and associated revenue costs | |
| | Specification developed and agreed with Supporting People to provide housing related support to care leavers | | Jan – Mar 06 | Contract with 'New Dawn' to deliver Housing related support to increased number of care leavers extended 22 02 06 – Project Initiation Document produced | | SLA costs | |
| | Responsibility for homelessness returns to Council from Herefordshire Housing | | 1 st Apr 06 | | | | |
| | | | | Negotiations underway with SHYPP to increase service levels to young people including lone parents/teenage pregnancies to meet identified needs | | | |

| Recommendation | Action to be Taken | Lead | By When | Progress to Date | People/ Partners | Additional Capacity Requirement |
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| 17.Strengthen performance management processes involving elected members and senior officers at all levels, including the Partnership Board and the local authority's Children's Services Scrutiny Cttee. | Define reporting framework, timetable and template | SF | Jan – Mar 06 | TheCouncils corporate framework will be used as the basis for reporting. The CYPPB will receive exception reports on the APA dataset, LAA indicators(incorporating LPSA2) and progress reports in respect of the JAR Action Plan and locally setPl's. Cabinet member, leader and Chief Executive receiving weekly reports on progress against this Action Plan Audit and supervision arrangements have been strengthened Plan to undertake annual Laming | | |
| | Co-ordinate performance management processes across agencies and produce format/ template for all performance reporting to cover CYPP, JAR Action Plan, LAA etc | SF | Mar 06 | Audit TheCouncils corporate framework will be used as the basis for reporting. The CYPPB will receive exception reports on the APA dataset, LAA indicators(incorporating LPSA2) and progress reports in respect of the JAR Action Plan and locally setPI's. | | |
| | Develop appropriate work programme with Scrutiny Committee focussed on strategic aims set out in CYPP, JAR action Plan and LAA | | Mar- May 06 | Progress against this action plan reported MAR 06. (updates will be provided) All inspection reports e.g. adoption,fostering to be considered by Cabinet and Scrutiny | | |

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