

A G E N D A

Health & Care Partnership

Date: **Monday, 23rd January, 2006**

Time: **10.30 a.m.**

Place: **Council Chamber, Brockington**

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

For any further information please contact:

Heather Donaldson

01432 261829

**County of Herefordshire
District Council**

AGENDA

for the Meeting of the Health & Care Partnership

To: Mr. E.G. Willmott (Chairman)
Councillor Mrs. L.O. Barnett (Vice-Chairman)

Herefordshire Council:

Councillors: Mrs. M.D. Lloyd-Hayes, R.J. Phillips, D.W. Rule MBE and R.V. Stockton

Officers: Ms. S. Fiennes (Director of Children's Services) and Mr. G. Hughes (Director of Adult and Community Services)

Herefordshire Primary Care Trust:

Mr. P. Bates (Herefordshire Primary Care Trust) and Ms F Howie (Herefordshire Primary Care Trust) and Dr. I. Tait (Chairman of the Professional Executive Committee)

Hereford Hospitals Trust:

Mrs. C. Moore (Herefordshire Primary Care Trust) and Mr. D. Rose (Hereford Hospitals Trust)

Hereford and Worcester Ambulance Service:

Mr. R. Hamilton and Mrs. J. Newton (Hereford and Worcester Ambulance Service)

Voluntary Sector/Others:

Ms J Francis (Voluntary Sector / Others) and Ms. H. Horton (Chief Executive of the Alliance), Dr. P. Soilleux (Chair of HHT PPI Forum), Mr. J. Wilkinson (Chair of PCT PPI Forum) and Mr. G. Woodman (Hereford and Worcester Chamber of Commerce)

	Pages
1. APOLOGIES FOR ABSENCE	
To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY)	
To receive details of any Member nominated to attend the meeting in place of a Member of the Partnership.	
3. DECLARATIONS OF INTEREST	
To receive any declarations of interest by Members in respect of items on this agenda.	
4. MINUTES	3 - 6
To approve and sign the minutes of the meeting held on 13 October 2005.	
5. REPORT FROM THE JOINT HEALTH AND CARE COMMISSIONING GROUP	7 - 8

To receive a report from the Programme Manager of IMPACT in respect of items dealt with by the Joint Health and Care Commissioning Group on 15 December 2005.

6. THEME FOR THE MEETING: CHILDREN'S SERVICES

9 - 38

To receive the following presentations:

- **Children's Services Development (Including JAR Update)– Sue Fiennes, Director of Children's Services**
Document attached for information
- **Children's Services Plan – Lorna Selfe, Change Manager**
Document to follow
- **Local Area Agreements (Children's Section) – Alan Blundell, Change Implementation Officer**
Document to follow
- **Child and Adolescent Mental Health Services (CAMHS) / Health Development – Sue Doheny, Locality Manager**

7. DATES OF FUTURE MEETINGS

To consider and agree the following dates of future meetings:

- Friday 28 April 2006 or Wednesday 26 April 2006
- Monday 24 July 2006
- Friday 27 October 2006 or Monday 30 October 2006
- Friday 26 January 2007
- Wednesday 11 April 2007

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- 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.
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MINUTES of the meeting of the Health & Care Partnership held at Council Chamber, Brockington on Thursday, 13th October, 2005 at 10.30 a.m.

Present:

- | | |
|---|---|
| Chairman | Mr. E.G. Willmott |
| Vice Chairman | Mrs. L.O. Barnett |
| Herefordshire Council Elected members: | Mrs M.D. Lloyd-Hayes, R.J. Phillips, D.W. Rule MBE and R.V. Stockton |
| Officers: | Ms. S. Fiennes, Director of Children's Services and G. Hughes, Director of Adult and Community Services |
| Herefordshire Primary Care Trust | Mr. P. Bates (Chief Executive) and Dr. I. Tait (Chair, Professional Executive Committee) |
| Hereford Hospitals Trust | Mrs. C. Moore (Chair) and Mr. D. Rose (Chief Executive) |
| In attendance: | Ms Y. Clowsley, Mr. S. Hairsnape, Mrs J. Howard and W.J.S. Thomas |

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr R. Hamilton, Chief Executive, and Mrs J. Newton, Chairman of the Hereford and Worcester Ambulance Service, and Ms J. Francis, Chairman of the Voluntary Sector Alliance.

14. NAMED SUBSTITUTES (IF ANY)

There were no named substitutes.

15. DECLARATIONS OF INTEREST

There were no declarations of interest made.

16. MINUTES

RESOLVED: That the minutes of the meeting held on 11th July, 2005 be approved as a correct record and signed by the Chairman.

17. REPORT FROM THE JOINT HEALTH AND CARE COMMISSIONING GROUP

Prior to the updating of Members on the report of the Joint Health and Care Commissioning Group the Chairman asked Paul Bates, Chief Executive of the Herefordshire PCT, to update Members on the Government proposals for changes within the National Health Service. The Chief Executive stated that the

recommendation submitted to the Department of Health was to retain a Herefordshire PCT and there is to be a three-month public consultation period which would start shortly. There would need to be a review of PCT management costs to identify where savings would be made, which might be an unsettling time for staff.

It was noted that there was a suggestion of fast tracking the proposed merger of the Herefordshire and Worcester Ambulance Trust.

A separate mental health trust would be created, probably merging services currently provided by Herefordshire, Worcestershire and possibly Shropshire. However proposals relating to this were now progressing at a slower rate and they were not expected until 2006/07.

The Chief Executive of the Herefordshire Hospitals Trust advised the Partnership that the hospital was going through a similar process and exploration was underway to see if the hospital could become a Foundation Trust by April 2007.

The Chief Executive of the PCT advised Members of his personal position and stated that he would, as of 1st November 2005 be acting as Chief Executive for both South Worcestershire and Herefordshire PCT(s). He added that he would be carrying out this role until new PCT(s) were in place, which should be in July 2006. He reiterated that he would be working hard for Herefordshire to retain its own PCT.

The Programme Manager, IMPACT, briefly outlined to the Partnership the issues dealt with by the Health and Care Joint Commissioning Group when they last met on 12th September, 2005.

RESOLVED: THAT the report be noted.

18. CHILDREN AND YOUNG PEOPLE'S BOARD

The Director of Children's Services informed Members that a Children and Young People's Board had been established and that it was developing a Children and Young People's Plan for April 2006. The Director confirmed that the newly formed Youth Council, along with Looked After Children would be consulted about the plan and that the Government green paper on the Connexions service would be significant in the next round of work on the plan. Members' attention was drawn to the Youth Council and how it could be used by organisations for consultation with young people.

The Chief Executive of the Hereford Hospitals Trust stated that they were looking to continue to provide good children's services. Three additional paediatric consultant posts were being advertised in order to provide a full team for children and young people.

The Leader of the Council passed on his thanks to all members of staff that had been involved in the recent CPA and JAR Inspections.

19. UPDATE ON THE REVIEW OF THE HEREFORDSHIRE PLAN AND THE DEVELOPMENT OF HEREFORDSHIRE'S LOCAL AREA AGREEMENT

The Herefordshire Partnership Manager presented a report and an oral presentation to Members on the review of the Herefordshire Plan. She reminded Members that the original Plan which had a ten-year vision had been developed in 1999. It was updated in 2003 and a wider review was now taking place, in order to test that the Vision and Ambitions were still appropriate. She advised that the new vision for the Plan was:

“Herefordshire is a place where people, business and an outstanding natural environment will together bring about sustainable prosperity and well being for all.”

She added the proposed new plan had been changed significantly based on the consultation carried out. The four themes for the new Plan which mirror those in the Local Area Agreement are :

- Economic development and enterprise.
- Safer and stronger communities.
- Children and young people.
- Healthier communities and older people.

The process for delivery of the themes of the Plan would be achieved through Ambition Groups, but these would be fewer than the current ten. She sought Members views on the Herefordshire Partnership arrangements and what they thought worked well for the Health and Care Partnership. Members agreed that the relationship between the local authority and local health partners went back over a long period of time and worked well. They felt the key focus in future should be on joint policy and governance, to deliver better joint policy and care and this would require a change of role for the Health and Care Partnership.

Members agreed that a meeting should be arranged to discuss Mental Health and Learning Disability Services prior to the next meeting of the Partnership, in order to provide guidance for the next Partnership meeting in January 2006.

Regarding the Local Area Agreement the Partnership was informed that the first submission had been sent to Government office, which it was felt was well received. Looking to the future Members thought that bringing the figures down on the target indicators would be challenging, but what resulted from it would make the Herefordshire Partnership more action orientated.

RESOLVED:

- THAT**
- (a) **the report be noted; and**
 - (b) **a meeting be held to discuss learning disability and mental health issues prior to the next meeting of the Health and Care Partnership on 23rd January 2006.**

20. ANY OTHER BUSINESS

Members were advised that there was ongoing discussion around funding for the Ambulance Service and management resources. Members discussed the provision of Ambulance Stations in the County. It was noted that the proposed closure of stations was not around savings but around whether they were efficient and effective as ambulance bases for the County. Members agreed that providing an efficient service in a sparsely populated County was difficult.

The Leader of Herefordshire Council welcomed the Director of Adult and Community Services as a new member of the Partnership.

21. DATE OF NEXT MEETING

RESOLVED: THAT the date, time and venue for the next meeting of the Health and Care Partnership is Monday 23rd January, 2006 at 10.30 am at the Council Chamber, Brockington, Hereford.

The meeting ended at 12.00 p.m.

CHAIRMAN

Joint Health and Care Commissioning Group (JCG)**Report By: Jean Howard, Programme Manager, IMPACT****PURPOSE**

This paper highlights the issues dealt with by the Health and Care Joint Commissioning Group and gives details about where members of the Partnership can seek additional information on the items discussed and agreed.

The Joint Commissioning Group held on 15th December 2005 addressed the following:

1. INFORMATION ITEMS**a. Alliance**

A Code of Good Practice to support the Compact had now been launched. A small implementation team will be formed shortly to oversee a training programme and continue to take forward the work of the Compact.

Contact: Helen Horton 01432 265856

b. South Wye

It was noted that proposals for continuing the work in South Wye, from April onwards when the current funding and arrangement come to an end, was underway.

Contact: Frances Howie 01432 363765

c. Local Public Service Agreement (LPSA 2)

The group was advised that it was still not possible to move forward with the projects to develop new services as part of LPSA 2 as the Council had not agreed the amount of money available for each target. It was noted that eight months of the first year have elapsed which will make it more difficult to achieve the stretch targets. Assuming the pilots can be set up by April, this will effectively mean they will only run for two years instead of three.

Cabinet made the final funding allocations two days after the JCG met but the amount allocated to each target is less than had been requested and on which the stretch was calculated. Clearly this is going to present a further challenge.

Contact Jean Howard 01432 353942

d. Local Area Agreement (LAA)

The group was further advised on progress of the LAA and in particular the Healthy Communities and Older Peoples block. There was still considerable work to be done at the time of the JCG meeting, in particular around the Single Pot and the limited time available to officers involved in the LAA from all organizations. The latter was being brought to the attention of senior officers, by the LAA lead officer.

Contact Jean Howard 01432 363942

DECISIONS TAKEN BY THE GROUP

1. The role of the Joint Commissioning Group was discussed and Stephanie had spoken to Sue Fiennes prior to the meeting. The decision was taken that the group would now only deal with planning and commissioning for adult and older people, with children's services planning and commissioning, being done by the Children and Young Peoples Board. It was felt important that thought was given to where both these groups report and that how the two agenda's remain connected.

2. A paper was tabled on the future of the Small Schemes element of the Partnership Fund following consultation with organisations that had participated in the scheme or had applied in the past. The following agreed:

- The fund should continue
- It would remain at £50,000 but inflation would be added annually
- Individual allocations would now be between £5,000 and £10,000
- Allocations would be used to fund projects that met strategic priorities or demonstrated innovation. They would *not* be used to fund capacity building
- A set of criteria would be produced to bring clarity
- Officers were mandated to explore the option of outsourcing the administration of the fund to a third sector organisation. It was recognized there would be a cost to this, which must be kept to a minimum. However, the arrangement would release officer time

3. A discussion took place about the Stroke Service consultation process currently taking place and the need to ensure people on the JCG were involved. It was agreed the proposals should be considered by the Older Peoples Board and recommendations made to the JCG. The IMPACT officer (Older People) has now been asked to speak to the officer leading on the Stroke review and ensure this happens.



Joint area review

Herefordshire Children's Services Authority Area

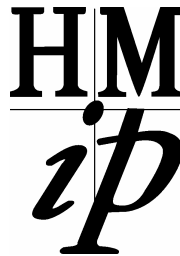
Review of services for children and young people

Adult Learning Inspectorate
Audit Commission
Commission for Social Care Inspection (CSCI)
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Court Administration
HM Inspectorate of Prisons
HM Inspectorate of Probation
Ofsted

Audience	Published	Reference no.
All	[Date]	[00000]



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CONTENTS

	Page
Introduction	4
Context	5
SUMMARY REPORT	6
Recommendations	10
MAIN REPORT	12
Outcomes for children and young people	12
Impact of local public services	14
Being healthy	14
Staying safe	16
Enjoying and achieving	19
Making a positive contribution	21
Economic well-being	23
Service management	25
 APPENDIX:	
 1. THE CONTRIBUTION OF COUNCIL SERVICES	 29

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INTRODUCTION

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of eleven inspectors (some participating on a part-time basis) from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), the Adult Learning Inspectorate, Her Majesty's Inspectorate of Constabulary and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.

2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and its findings are represented in the relevant part of the corporate assessment report.

3. This review describes the outcomes achieved by children and young people growing up in the Herefordshire area and evaluates the way local services, taken together, contribute to their well being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.

4. The review evaluates the collective contribution made to each outcome for children and young people by relevant services in the area. It also judges the contributions made by the council's services overall and, specifically, its education and children's social care services. Particular attention is given to joint action by local services on behalf of those groups of children and young people who are vulnerable to poor outcomes. Two such groups are covered in detail: children and young people who are looked after by the council; and children and young people with learning difficulties and/or disabilities (LDD).

5. The review took place in two stages consisting in total of three weeks over a five-week period. The first stage reviewed all existing evidence including:

- self-assessment undertaken by local public service providers;
- a survey of children and young people;
- performance data;
- planning documents;
- information from the inspection of local settings, such as schools and day care provision; and
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.

6. The second stage included inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, and studies of provision in two neighbourhoods [Kington and its surrounding areas and the South Wye area of Hereford City]. It also included gathering evidence on nine key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. This included discussions with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users, and community representatives.

CONTEXT

7. Herefordshire covers about 840 square miles of western England, adjoining the Welsh border. It has a population of approximately 177,800. The county is sparsely populated with one of the lowest county population densities in England. Approximately one third of the population lives in Hereford City; just under a fifth in the five market towns; and the remainder in villages and hamlets scattered across the rural areas. The city of Hereford is the major centre for administration, health, education, shopping and employment.

8. The county's population contains a slightly lower proportion of 0-19 year olds than average and this is expected to fall significantly faster than elsewhere over the coming years. It ranks 217 out of 388 amongst English local authorities on the national Index of Multiple Deprivation. However, this overall picture masks the fact that there are some areas of significant deprivation. The challenge of relatively small numbers, isolation within many rural areas and pockets of deprivation are significant policy considerations, albeit that the county's most deprived areas are within its two main urban centres (Hereford and Leominster). Minority ethnic groups make up a very small proportion of the population overall, although there is a relatively large Traveller community. There has been a recent influx of people from eastern Europe and Portugal, largely attracted by employment opportunities in agriculture and manufacturing. Average wages are lower than both regionally and nationally.

9. Herefordshire maintains 84 primary, 14 secondary, four special schools and three pupil referral units. A significant proportion of Herefordshire's schools are small. Many are located in rural areas and their pupils have long journey times.

10. The Learning and Skills Council (LSC) Herefordshire and Worcestershire works closely with the local authority, colleges, training providers, and schools in developing the 14-19 strategy. Post 16 education and training is provided by a college of technology, a college of art and design, and a sixth form college (all of which are based in Hereford City), four secondary schools with sixth forms and a number of work-based learning providers. There is also the Pershore Group of Colleges at Holme Lacy, which is an agricultural college about three miles outside Hereford City. Also based in the City is the Royal

National College, which caters for blind and partially sighted learners. Entry to employment provision is offered by the Primary Care Trust (PCT), the Connexions Partnership, and the voluntary sector. Adult and community learning, including family learning, is provided by the local authority.

11. The local authority's social care services for children are delivered through a duty referral team and three teams which work with children and families long term. There are also adoption and fostering services and an after care team for looked after children. About 170 children and young people are looked after by the local authority at any one time. The local authority's youth service operates from nine council owned youth centres, as well as outdoor education facilities located across the county. In rural areas youth work is delivered either through rented locations, such as village halls, or mobile provision. There is only one hospital: Hereford Hospital, which offers in-patient, acute services. For some specialist paediatric services provision is outside the county, for example in Wales and Birmingham.

12. Herefordshire Council has common boundaries with the Herefordshire Primary Care Trust (PCT) and the Herefordshire Division of the West Mercia Constabulary. The relevant Learning and Skills Council and Connexions Partnership areas cover both Herefordshire and Worcestershire. A Children and Young People's Partnership Board has been established to plan and commission services and this is intended to become the Children's Trust for the county in due course. All the main public agencies serving the area are represented on the Partnership Board, as are the voluntary and business sectors. Agreement has already been reached on the main strategic priorities for service development in the years to come. In 2004 the local authority appointed a Director of Children's Services and a Cabinet Member for Children's Services.

SUMMARY REPORT

Outcomes for children and young people

13. Outcomes for most young people in Herefordshire are good overall. In most respects young people are healthier than the national average, although the dental health of 5 and 12 year olds is comparatively poor. Many have to travel long distances to get access to specialist health care. On the evidence gathered, most children and young people appear to be safe. However, not all those at the greatest risk of abuse and neglect get the help they need. Good quality early education and childcare provision is available to all who want it. Most children and young people with LDD are educated in mainstream schools. Educational attainment overall is mainly above the national average. However, more young people than elsewhere (albeit a small minority) become disaffected with education and gain few if any qualifications at age 16. There are good opportunities for children and young people to have a say in how their schools are run, but less opportunity to affect the planning of other services. Many young people are involved in voluntary activities, particularly fund raising for charity. The number of young people becoming young offenders for the first

time is rising and the rate of re-offending is above the national average. Young people are generally well prepared for working life but opportunities for higher paid employment locally are limited. Many young people are affected by the limited supply of affordable and suitable housing. There is insufficient housing provision in particular for the most vulnerable, such as care leavers and those with LDD.

The impact of local services

Being healthy

14. **The combined work of all local services in securing the health of children and young people is good.** Parents and carers receive very good advice and support to keep their children healthy. The promotion of healthy lifestyles for children and young people is well-coordinated and effective and there is access to good advice on an individual basis. There is a comprehensive child health surveillance programme and most health provision is age appropriate and accessible. However, some families have to travel long distances and incur significant costs to get to specialist hospital provision. No overall solution has been found to this problem, although family support workers provide such assistance as they can on an ad hoc basis. Occupational therapy provision is inadequate. Provision to meet the mental health needs of children and young people is good, except for the lack of specialist hospital provision. Health provision for looked after children and children and young people with LDD is good, although assessment and planning processes are not always well-coordinated amongst the various agencies involved.

Staying safe

15. **The overall contribution of services to keeping children and young people safe is inadequate.** A range of agencies provides some good support to children and young people and their carers which helps to prevent family breakdown, abuse and neglect. For example, staff in schools, early years education and day care provision, health service teams, and projects such as Sure Start and the Children's Fund all make a significant contribution. Some of the individual casework undertaken by the local authority's social workers is also good. However, there are serious weaknesses in the system overall. The implementation of the Child Concern Model (CCM), which is central to both the assessment of need and the planning of provision for children in need locally, was poorly planned and this has resulted in continuing problems in practice.

16. Some important social care needs are not being met and this includes the provision of adequate protection in a significant number of cases where the risk of abuse or neglect is high. The criteria governing the involvement of the local authority's professional social workers are set too high and fluctuate unacceptably in relation to current staffing. Other services do not have the capacity, either in terms of staff numbers or skills and experience, to fill all the

gaps. Training and support provision for the staff involved is inadequate. Significant difficulties in recruiting and retaining qualified social work staff have exacerbated the problems and management oversight of the work of professional social work staff is inadequate. Whilst good support overall is provided for the young people in the care of the local authority, poor social care support is provided to the families of children with LDD. Most of these do not get the help and information they need.

Enjoy and achieve

17. The overall contribution of services to helping children and young people enjoy their education and recreation and to achieve well is good. Children are prepared well for school by good quality early years provision. Additional funding has been used well to develop integrated health, education and social care provision in some areas. The quality of education in most schools is good overall, although not enough is done to raise the attainment of low achievers in key stage 4. Schools are challenged and supported effectively to improve. Support for schools in improving pupil behaviour is good. Recreational and voluntary learning opportunities based in schools are good overall but provision outside school is more limited. Provision for sport is generally much better than for other kinds of activity. Transport difficulties are a barrier to participation for many. Educational support for looked after children is adequate with some good features. Provision for children and young people with LDD is good overall. However, special educational needs assessment and planning processes are not well integrated into the Child Concern Model.

Making a positive contribution

18. The overall contribution of services in helping children and young people to contribute to society is good. There are some good opportunities for children and young people to express their views about individual services and to influence their development. This is particularly so for their schools. At county level, however, consultation and participation is less well developed and its impact more limited. Consultation with looked after children is good overall, although not enough use is made of the independent advocacy service to support young people in contributing to the planning and review of provision. Whilst some effective steps have been taken to consult children and young people with LDD as a group, measures to involve them in planning and review at an individual level are patchy overall and inadequate for some. Effective guidance is provided to children and young people in developing socially and emotionally although more needs to be done to develop an appreciation of other cultures. Support for children and young people in dealing with major challenges and changes in their lives is good overall.

Measures to identify young people at risk of anti-social behaviour and to reduce such behaviour are satisfactory overall but have mixed success in reaching the groups most at risk.

Achieving economic well being

19. **The overall contribution of services to helping children and young people achieve economic well being is adequate.** Most young people in education and training post-16 make good progress, although a lower proportion than the national average stay on in full-time education. There is a good overall strategy for the development of 14 to 19 educational provision, although implementation plans lack precision. However, there is no clear strategy for post 16 education for young people with LDD and there is insufficient provision for young people who wish to follow apprenticeships. Opportunities for young people to prepare for working life while at school are adequate overall but there are insufficient alternative curriculum opportunities for vulnerable groups. Young people mainly receive good support and guidance in such respects but some vulnerable groups do not get enough advice on appropriate progression routes. Day care provision for parents wishing to work or train is a problem in some areas. There is a serious shortage of affordable housing for young single people in the county. In some areas it is also very difficult for families to secure accommodation suitable for their changing needs. These housing shortages have the greatest impact on vulnerable groups such as care leavers and young people with LDD. Transition planning overall for young people with LDD is a weakness.

Service management and the capacity to improve

20. **Overall, the management of services for children and young people is adequate.** Ambitions for the area are clear and shared by the key public agencies. There is a long standing commitment to partnership working which is a real strength. The ambitions are based on an audit of needs which is satisfactory overall but with poorly coordinated consultation with users. They are consistently reflected in service development plans. However, the implementation of strategy has some significant weaknesses. In particular the implications of policy change for those delivering services on the ground are not always clearly enough identified and addressed in advance. Development processes are also sometimes poorly coordinated. Action planning is adequate overall but of variable quality and sometimes poor. Performance management is the weakest aspect of service management and is inadequate overall. The self-assessment submitted by providers often lacks rigour and the review team's findings do not concur with a half of the overall judgements made. Strengths are over-played and weaknesses insufficiently acknowledged. Despite

some significant operational strengths within a range of services, therefore, the capacity to improve further is only adequate.

GRADES

Grades awarded:

4: outstanding; 3: good; 2: adequate; 1: inadequate

	Local services overall	Council services	Health services
Being healthy	3		
Staying safe	1		
Enjoying and achieving	3		
Making a positive contribution	3		
Achieving economic well-being	2		
Service management	2		
Capacity to improve	2	2	
Children's services		2	
The education service		3	
The social care services for children		1	
The health service for children			3

RECOMMENDATIONS

For immediate action:

- ensure that appropriate criteria are set for the involvement of the local authority's professionally qualified social care staff in child protection cases;
- ensure that these criteria are clearly understood by all concerned and consistently applied in practice;
- ensure that there is an effective workforce strategy to address the recruitment and retention problems within the local authority's social care service;

-
- ensure that a written record is made of all contacts with the social care duty team.

For action over the next six months:

- ensure that there is a single referral, assessment and service planning framework for children in need which is consistently and effectively applied in practice;
- ensure that the training, guidance and support needs of all staff contributing to the implementation of the Child Concern Model are addressed, both in terms of the time required to undertake the tasks involved and the necessary skills;
- ensure effective implementation of the multi-agency healthcare planning procedures for looked after children;
- improve access to occupational therapy services;
- ensure appropriate social care support for the families of children with learning difficulties and disabilities;
- ensure better co-ordinated transition planning for all young people with learning difficulties and disabilities;
- improve communication with parents and young people with learning difficulties and disabilities in terms of both the assessment of need and planning of provision;
- improve action planning to deliver strategic aims and objectives and, in particular, ensure that associated resourcing needs are met;
- improve information systems within the local authority's social care services to enable better management oversight and evaluation of service effectiveness.

For action in the longer term:

- improve access to hospital in-patient provision to meet children and young people's mental health needs (tier 4 CAMHS);
- improve coordination of consultation with children young people to support their participation in strategic planning and review;
- improve housing provision for both single young people and families;

- 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 committee.

MAIN REPORT

Outcomes for children and young people

21. **Children and young people overall in Herefordshire are comparatively healthy.** Most physical health indicators are either better than or broadly in line with national averages. An exception is the dental health of 5 and 12 year olds which is poor, albeit improving. The proportion of mothers who breast-feed their babies is higher than the national average but the proportion who are smokers is slightly higher. However, the 'stop smoking' support service is now delivering success rates which are in line with the national average. Rates of teenage pregnancy have declined significantly in recent years and are now well below the regional and national averages.

22. **On the evidence gathered, most children and young people appear to be safe. However, not all those at the greatest risk of abuse and neglect get the help they need.** Referrals of children in need are accepted by social services at only half the national average rate. Of these referrals, only 35% are deemed to require an initial assessment, compared to 63% in similar authorities. Children and young people on the child protection register represent a significantly smaller proportion of the population. This and other evidence collected within the review indicate that the threshold for the involvement of the local authority's social care services is set too high and that some of the most vulnerable children and young people are not getting the protection they need.

23. Similar to the picture nationally, the great majority of young people feel at least quite safe and happy at school. However, about a fifth does not feel very safe in the local area. This is also similar to the position nationally. Admissions to hospital due to injury are lower than elsewhere and serious road accidents involving young people have declined at a much faster rate in recent years. Much the same proportion of children and young people is looked after by the council as in similar areas. A higher proportion of looked after children is placed with foster carers and placements change less frequently than nationally. The number of children identified as requiring an adoption placement has, however, declined significantly in the past year.

24. **Children and young people achieve reasonably well.** At the end of key stage 1 educational outcomes are in line with the averages for both similar areas and nationally. At key stages 2, 3 and 4, however, whilst they remain broadly in line with similar areas they are significantly above the

national averages. Between 2002 and 2004 rates of improvement in such respects were better than those nationally in primary schools but worse in secondary. A significant feature of outcomes at age 16 is that more young people than elsewhere (albeit a small minority) gain no qualifications. The educational achievement of looked after children is broadly in line with the national figures. Children and young people who have been excluded from school achieve rather less well than similar groups elsewhere. An increasing number of children and young people aged 14+, including those with learning difficulties/disabilities, are achieving vocational qualifications at school. Attendance in primary and secondary schools overall is in line with national figures.

25. Children and young people have a good range of opportunities to contribute to decision making and many make a positive contribution to their communities. There is an even spread amongst children and young people in their opinion about how easy it is to have a say in the way things are run at school. They are a little less positive on the question of whether, having had their say, they make a difference to what happens. When answering the same two questions about their local area, young people are less positive. Whilst a majority still seem to believe it is reasonably easy to have at least some say, almost a half feel that this makes relatively little difference to what happens. Looked after children on the contrary are generally positive about their participation in decision making, at least in terms of the provision made for themselves as individuals. Many young people participate in voluntary activities to support the community, particularly fund raising for charity.

26. The number of first time young offenders is rising, albeit slowly, and this is contrary to the national trend. The re-offending rate is declining but remains above the national average. The participation of young offenders in employment, education and training is significantly below the national average and not improving. However, the proportion of looked after children who are young offenders is relatively low.

27. Children and young people are able to achieve economic well being and are prepared well for working life. The proportion of 16 and 17 year olds in education, employment or training is high. However, this is primarily because a comparatively high proportion are in employment. Much of the work available in the county is low paid or requires a low level of skills. The proportion of young people in full-time education or training is below the national average. Also, the proportion in employment without training is amongst the highest in the country. Educational outcomes are positive on the whole for those young people who attend full-time education courses in colleges and work-based learning provision. However, the achievements of young people in school sixth forms are below national averages and those of

statistical neighbours. The proportion of care leavers in education, employment or training is well above the national average. Many young people are adversely affected by the limited supply of affordable and suitable social housing. There is insufficient housing provision in particular for the most vulnerable, such as care leavers and those with learning difficulties and/or disabilities.

THE IMPACT OF LOCAL PUBLIC SERVICES

Being healthy

28. The combined work of all local services in securing the health of children and young people is good.

29. Parents and carers receive very good support to help keep their children healthy. Maternity services are accessible and of high quality. The attachment of midwives to children's centres in particular has helped the development of well coordinated multi-agency provision for service users. Access to routine preventative and treatment provision for children and their parents is very good. Good encouragement is given to mothers to breast feed their babies, although services are less successful in discouraging smoking during pregnancy. Current and future parents and carers generally are given good information and guidance about meeting their children's health needs. Parents from high risk groups in particular receive effective outreach health education and support from accessible venues, including a mobile health bus and drop in clinics. Immunisation rates for diphtheria, whooping cough, tetanus and polio are very good. The rates for measles, mumps and rubella vaccination are, however, unsatisfactory albeit improving.

30. There is effective promotion of healthy lifestyles for children and young people involving well-coordinated action by the PCT and its partners, in particular schools. Young people also have access to good advice and guidance on an individual basis should they want it. This helps them to make well-informed choices about how to lead their lives. Effective work has been done to reduce the rate of teenage pregnancy and a good proportion of young people under 18 involved in substance abuse receives treatment. Access to sports facilities and activities is good for most.

31. There is a comprehensive child health surveillance programme. Health provision generally is age appropriate and accessible. The exceptions to this are dental care in some areas and specialist hospital-based provision for which families have to travel to Hereford or, in some cases, even further afield. The PCT has recently taken some steps to improve access to dental care. No overall solution has been found, however, to the problems of time and cost for some

families in travelling to hospital provision and it is left to family support workers of various kinds to provide such assistance as they can on an ad hoc basis. In many cases they do this well, including securing financial help from voluntary organisations to help meet travel costs. Waiting times for assessment appointments at Hereford Hospital are generally kept to a reasonable minimum. There is some effective work to minimise environmental health risks, for example in the advice provided by the health visiting service on safety in the home and through a number schemes to improve road safety.

32. Provision to meet the mental health needs of children and young people is good. Specialist health service staff work flexibly and responsively and a number of creative approaches have been adopted to improving access to child and adolescent mental health services (CAMHS) in the broader sense. For example, front line staff in a range of agencies receive good training, and are well supported on a continuing basis, to help them identify emerging needs and provide both parents and young people with suitable support. This having been said, the local authority contributes comparatively few social worker posts to CAMHS and has not increased its contribution in recent years, unlike the position in many other areas. No young person has to wait for more than four weeks for initial assessment by CAMHS and treatment thereafter starts within national target timescales. Provision for children and young people with eating disorders is particularly good. Specialist inpatient CAMHS provision is, however, not available within the county. This can mean both long waiting times before a hospital bed is secured and that patients are sometimes placed very considerable distances from home. This is similar to the position nationally.

33. There is a designated community paediatrician and a named health visitor responsible for their healthcare needs of looked after children. All are registered with a GP. Immunisation rates are very good and dental checks and health assessments take place when they should. The named health visitor works effectively in following up any failure to attend appointments. Looked after children are seen promptly by health professionals when referred and for a number of services such as CAMHS these referrals are fast tracked. Health care plans devised by staff within the health service are of good quality and are reviewed regularly. However, until recently there has been poor communication within the wider group of services involved. A new pro forma for a multi-agency health care plan has recently been introduced with clearer protocols covering communication between agencies. If implemented as planned, this will improve communication between all stakeholders, including looked after children themselves and their carers.

34. The quality of assessment of the health needs of children and young people identified as likely to have LDD is very good. However, the lack of a single assessment framework within which the various services are required to

work is a significant weakness. It can mean that assessments are burdensome for children and young people and their carers and take unnecessarily long to complete. Communication between the different services and between services and carers can also suffer. In a few cases communication with parents is wholly unsatisfactory.

35. There are similar weaknesses in the planning and delivery of provision to meet the needs identified. However, there are some examples of effective inter-agency working, such as the portage and 'HappiKids' schemes at the Green Croft Children Centre, the Sure Start project and services offered at the child development and 'Kite' centres. These offer some good models to build on for the future. The preparedness of the PCT to deploy its specialist services in mainstream schools has also made a major contribution to better educational and social inclusion for young people with LDD. The range and quality of specialist services themselves is good, except for occupational therapy which is unsatisfactory. Provision is limited to clients' homes and there are long waits for both initial assessment and support.

36. The current system, both in terms of assessment and provision, generally works better for those children and young people whose needs are identified very young. It can take longer to secure good assessment and provision for those whose needs only become apparent as they grow older, although provision for emotional and associated behavioural problems in particular has much improved in recent years.

37. Overall the contribution of the health service to delivering the Every Child Matters outcomes is good. The great majority of the services for which it is responsible are of good quality. In particular, it has contributed well to the development of partnership working locally. It has shown itself willing to work flexibly and cooperatively with its partners, both at strategic level and on the ground.

Staying safe

38. The overall contribution of services to keeping children and young people safe is inadequate.

39. The Child Concern Model (CCM) is central to both the assessment of need and the planning of provision for children in need in Herefordshire. It was introduced in May 2004, following agreement in principle by all the key agencies involved. It defines both how agencies should work together and how risk should be assessed. The introduction of the model involved significant changes to the roles and responsibilities of the participating agencies. Its implementation was poorly planned and this has resulted in continuing

problems in practice. Some important social care needs are not being met and this includes the provision of adequate protection in a significant number of cases where the risk of abuse or neglect is high. For example, as the local authority itself recognises, unsatisfactory support is provided for children and young people in families where there is domestic violence.

40. The criteria ("level 1 threshold") governing the involvement of the local authority's professional social workers are set too high. Other agencies do not have the capacity, either in terms of staff numbers or skills and experience, to fill all the gaps. Training and support provision for their staff has been and continues to be inadequate. Staff other than professionally qualified social workers are obliged to carry unacceptably high levels of responsibility, both in assessing risk and providing support. This applies both to staff in other parts of the local authority and its partner agencies.

41. The thresholds for the involvement of local authority's social workers also fluctuate unacceptably in relation to current staffing. This has added confusion about the contribution expected from other staff to the other risks involved. The local authority has been unsuccessful in recruiting and retaining sufficient qualified social work staff, and turnover amongst such staff doubled over the last year. This has clearly been a significant contributory factor. However, the local authority has done much too little to minimise fluctuations in the numbers of staff in its child protection duty team. These fluctuations have been considerable and a clear weakness in the system. Once children are accepted by the local authority as needing social worker support, this is generally of good quality. It is those whose needs, both child protection and otherwise, are high but deemed to be below the threshold for whom provision is most inadequate and for whom risks are unacceptably high.

42. Another key consequence of adopting the CCM is that a much wider range of agencies and staff are called upon to take lead roles in convening case discussions, recording the agreements reached, communicating information to all those who need to know, and formulating a care plan. This in itself is skilled and responsible work. Insufficient training and support has been provided to help people to carry out these tasks to the necessary standards. As a consequence multi-agency care plans are sometimes not produced and in others they are of inconsistent quality. Communication between services and also with parents and carers can be unsatisfactory. A key component of the implementation of the CCM was to have been the employment of consultants within each of the main participating agencies to guide and support staff. The local authority's social care service was not able to recruit such consultants for a significant period of time. The Area Child Protection Committee (ACPC) training and development post has also been vacant. These vacancies meant a

major gap in the guidance and support which should have been available to other staff, both within the social care service and other agencies.

43. There are other unsatisfactory aspects of child protection work. Initial referrals are assessed by unqualified workers, and categorised into one of three types: 'signposting', 'contact' or 'referral'. 'Signposting' referrals are not recorded. This means that no management assessment can be made of the appropriateness of the categorisation by the unqualified workers. Also, the frequency of 'low level' referrals cannot be monitored, which means that patterns of such referrals, which might indicate a more deep-seated need, cannot be identified. An allied problem in terms of management oversight is the absence of clearly defined and regular quality assurance of casework. Case files are not audited on a regular basis and there is little evidence of management oversight or contribution to decision-making within these files. The transfer of cases between social work teams is also inconsistently managed and depends too much on the availability of staff within teams at the time. In some cases the duty team holds child protection cases for too long.

44. Some good work is done by a range of agencies in providing social care in the broader sense. This contributes to the prevention of family breakdown and the abuse and neglect which can follow. The local authority funds a number of such services, for example the Hollybush Family Centre, Women's Aid, and the National Children's Homes (NCH) Family Support Project. The work of the NCH project currently focuses on intensive support for those families with the highest levels of need (Level 1 in the CCM). Discussions are currently taking place about extending its brief to include families just below the level 1 threshold. This is an appropriate step for the local authority to be considering, given the unmet needs referred to above.

45. The ACPC is a well-attended group and agreement has already been reached on the establishment of a shadow local safeguarding children's board. Three serious case reviews have been undertaken in the past two years. Appropriate action plans have been agreed and are close to being fully implemented, although it is too early as yet to assess how effectively.

46. The local authority provides good support overall for the young people in its care. Only a small proportion of looked after children are in residential children's homes, although in all cases the placements are outside the county and away from the young people's local community. The number of children in the long term care of the council has also declined in recent years. All looked after children have an allocated social worker and all statutory reviews take place when they should. However, placement plans are insufficiently detailed to support rigorous monitoring and the evaluation of outcomes. The quality of foster care placements is appropriately monitored.

47. Significant staffing problems have also affected the work of the local authority's children's disability team and social care support for the families of children with LDD is poor overall. There is some good work by individual agencies and workers but coordination is weak. There is no named key worker or multi-agency care plan for most families, who do not get the support and information they need. Respite care provision overall is inadequate. The absence of an agreed protocol for supporting the transition of young people with LDD into adulthood is a particular weakness and has resulted in both unacceptable delays and a very variable quality of support.

48. Reasonable steps are taken to minimise risks to children and young people's health and safety and to ensure that they are well advised in such respects. Schools receive good advice on combating bullying and supporting its victims. Guidance on ensuring safety in outdoor education activities is similarly good.

Enjoying and achieving

49. The overall contribution of services to helping children and young people enjoy their education and recreation and achieve well is good.

50. Children are prepared well for school by good quality early years education and childcare. Providers work together in an effective early years partnership which has ensured that the planning of provision is well coordinated. Standards are closely monitored and individual providers receive good challenge and support to improve. Parents and carers receive useful information about the provision available and there is good support for the development of parenting skills. Such support is appropriately targeted at those who need it. Additional funding through the Sure Start initiative and Children's Fund has been used well to develop a multi-agency approach which provides integrated health, education and social care services in some areas.

51. The quality of education in most schools is good. Standards of achievement for children and young people up to the age of 16 are comparable with those in similar authorities and better than those achieved nationally. However, not enough is done to raise the attainment of low achievers in key stage 4. The proportion of young people who achieve no examination passes at 16 is higher than in similar authorities. Schools are generally supported effectively in evaluating the quality of their provision and identifying areas for improvement. The development of learning networks across the county has enabled schools to work together more closely to share good practice. Schools

with particular weaknesses are usually identified early and provided with effective support. In the few cases where this does not have the required effect intensive support is provided which resolves matters within a reasonable timescale.

52. Admissions to schools are well managed and the planning of school provision is effective. Children and young people are generally well supported in their personal and social development, both by schools and the youth service. Most children and young people enjoy school and have a positive attitude towards learning. Attendance in primary and secondary schools is satisfactory overall. The local authority is now intervening more effectively in those schools where attendance levels particularly need to improve. Schools are well supported in developing policies and strategies to improve behaviour. Collaboration between schools and the local authority provides good support for children at risk of exclusion.

53. Provision for children and young people educated other than at school is good. Where parents have chosen to educate their children at home there is appropriate monitoring and useful advice and support is offered. Provision for those who are permanently excluded from school and those who are ill is good overall. Arrangements to support a return to mainstream school by the former are very successful at key stage 3. At key stage 4 imaginative individualised learning programmes successfully promote an increased engagement with learning. Most pupils receive full-time provision. However, one of the key stage 4 units is sometimes required to work with more pupils than it can provide for full-time and this can only be managed by offering part-time provision to some pupils. This is a weakness.

54. Recreational and voluntary learning opportunities based in schools are good overall and very good in many. Outside school the provision is more limited and patchy although voluntary organisations often fill some of the gap. Young people overall find it harder to find things to do in the local area than the average elsewhere. Provision for sport is generally much better than for other kinds of activity and younger children are better served than older teenagers. Transport difficulties are a barrier to participation for many young people, particularly in the rural areas. The youth service provides a range of programmes which help young people gain nationally recognised qualifications and awards. However, spending on the youth service is comparatively low and it is thinly stretched.

55. Educational support for looked after children is adequate with some good features. Educational achievement has improved and is broadly in line with national averages. However, school attendance is a little worse. All looked

after children have appropriate personal education plans, although planning in response to changes in individual needs is sometimes too slow. Both the young people and their carers value the support provided. Support for pursuing leisure opportunities is good, and includes free access to local authority funded leisure facilities.

56. Educational provision for children and young people with learning difficulties and/or disabilities is good overall. A comparatively high proportion of young people is educated in mainstream settings. The provision for them there is generally good, as it is for the small minority placed in special schools. There are clear criteria for targeting additional financial support to schools and this facilitates effective early support for pupils' needs. Special educational needs support services generally are of good quality. There are weaknesses, however, in the monitoring of pupils progress as a means of evaluating the effectiveness of provision. Also, special educational needs assessment and planning processes are not well integrated into the Child Concern Model and the coordination of activity can be unsatisfactory. Support for participation in leisure and recreation activities is adequate and includes activities both at school and in the local community. A number of voluntary agencies play an important role in this and the youth service successfully targets some of its provision as well.

Making a positive contribution

57. The overall contribution of services in helping children and young people to contribute to society is good.

58. There are good opportunities overall for children and young people to express their views about public services. Most of the strengths in such respects are located at the level of individual schools and services, which use a range of approaches to consulting their users and generally respond positively to the views expressed. Young people also have reasonable opportunities at this level to participate in some key aspects of service planning and management. At county level, however, consultation is less well developed and its impact is more limited. There is little attempt to coordinate the various individual consultation activities or to use them for more general canvassing of young people's views. There has been only a modest increase over the last two years in the proportion of young people who believe that they have enough opportunities to influence important decisions about local services. There is no representation of young people on the Children and Young People Partnership Board or on any council committees. A youth council for the county is planned to start operating next year, but as yet there is no clear vision as to how it will be constituted or operate.

59. Measures to consult children and young people looked after by the local authority and to involve them in service planning and review are now good. This applies to the provision made for them both individually and collectively. Credit is due to the local authority for its willingness to adapt its approach in response to early feedback from the young people themselves. However, the provision of support to individual young people by the Children's Rights and Advocacy Service is a weakness. The Service is poorly promoted by social workers and significantly under-used as a consequence. When looked after children are facing major changes in their lives, such as preparing to leave care, they generally get good personal support. However, staffing and accommodation difficulties in the after care service are currently putting the provision of this kind of support at risk.

60. Whilst some good steps have been taken to consult children and young people with LDD as a group, measures to involve them in planning and review at an individual level are patchy and the overall picture is only adequate. The same applies to support for individuals in facing up to major changes. Lack of clarity in transition planning for some older young people is a particular weakness.

61. Children and young people overall receive good support in developing socially and emotionally. This starts within early years education and day care provision, continues in schools, and is supplemented by some good provision by the youth service. One result is that young people's confidence and self esteem compares well with the position nationally. Mentoring support of various kinds is widely available and includes young people themselves providing such support to their peers. Parents who need help in developing and maintaining positive relationships with their children also have access to some good support.

62. Voluntary activity by children and young people is reasonably extensive but similarly lacks coordination and support at county-level. Measures to encourage an understanding of the responsibilities of citizenship are generally good, although more needs to be done by some services to develop an appreciation of other cultures.

63. Support for children and young people in dealing with major challenges and changes in their lives is good overall. They are well supported generally when starting school and in moving from primary to secondary school. There is also some good counselling provision available to those having to deal with traumatic events.

64. Measures to identify young people at risk of anti-social behaviour and to reduce such behaviour are satisfactory. There is good collaboration between agencies at the strategic level and a range of activities is provided, aimed at encouraging young people to make more positive use of their time. At the operational level, agencies collaborate effectively in some local areas and projects and their work is appropriately targeted. However, this is not always the case and there is mixed success in reaching the groups most at risk. The same applies to work with individual young people, including young offenders. Some good support is provided, including help in becoming more aware of the victim's point of view. Activity is not always well coordinated, however, and success overall is mixed. The number of first time entrants to the youth justice system has risen and, whilst the rate of repeat offending has fallen, it remains above the national average. Fewer young offenders than average participate in education, employment and training.

Achieving economic well-being

65. The overall contribution of services to helping children and young people achieve economic well-being is adequate.

66. Most young people in education and training post-16 make good progress. The quality of college and work-based learning provision already has a number of good features and is improving. All the provision is at least satisfactory. Much of the provision in the Sixth Form College is outstanding. Most full time education takes place at the Sixth Form College, the College of Technology and the College of Art and Design in Hereford. Whilst, the colleges share the same site, however, limited timetable co-ordination thus far has restricted young people's access to courses". Agreement has now been reached between the colleges to act in federation to widen and co-ordinate the curriculum offer on the site, although it is too early to assess the impact of this. Provision in the four schools with sixth forms is limited, with insufficient provision below A level and equivalent.

67. Most provision is based in Hereford, causing many young people to have to travel considerable distances. The proportion of young people who progress to full-time education post-16 is below the national average. The rates of course completion, while improving in the colleges, are a cause for concern, especially in the school sixth forms. Achievement rates in work-based learning are high and most apprentices have employed status. However, there are not enough opportunities to meet the high and growing demand for apprenticeships. The relatively ready availability of casual employment, even though temporary and low paid in the main, tends to reduce the motivation of some young people to enter further education and training. The proportion of

young people in employment without training is amongst the highest in the country.

68. The local authority, the LSC and the Connexions Partnership work well together and with key stakeholders. They have developed a good overall strategy for the development of 14 to 19 educational provision.

69. Opportunities for young people to prepare for working life while at school are adequate. All have access to a week of work experience in year 10 or 11. However, insufficient guidance has been provided to schools on how to make best use of such activities. Existing increased flexibility programme and other vocational curriculum programmes are oversubscribed and more such provision is needed. The range of vocational courses on offer to pupils in year 10 has recently been expanded helpfully to include a project aimed at disengaged young people. Overall, however, alternative curriculum opportunities for vulnerable groups are insufficient and curriculum pathways are poorly defined.

70. There is good support and guidance for most young people in preparing for adult life. Most young people receive appropriate information, advice and guidance from the Connexions Partnership and value the support provided highly. A minority do not receive enough information in school about work-based and college options and there is also insufficient advice and guidance for some vulnerable groups of young people on appropriate progression routes.

71. The impact of regeneration initiatives on children and young people and their families is satisfactory. However, there is an over-reliance on specific neighbourhood projects rather than an overarching strategy, particularly for extending high quality employment opportunities. Many young people have to leave the county to find appropriate employment. Day care provision for parents wishing to work or train can also be a problem in some areas. The combination of relatively low wage occupations nearby plus long journeys and correspondingly high travel and day care costs can be a major disincentive to seeking higher paid employment elsewhere.

72. There is a serious shortage of affordable housing for young single people in the county. In some areas it is also very difficult for families to secure accommodation suitable for their changing needs. Too many families with young children as well as young single people are placed in bed and breakfast accommodation. Also, the location of this provision is often such that ties with family and other local support networks are put at risk and continued access to education, training or employment is made very difficult. The local authority now has very limited ability to intervene directly to improve matters, having transferred its housing stock to a housing association.

73. These housing shortages have the greatest impact on vulnerable groups. There is, for example, currently insufficient appropriate housing for care leavers. With this important caveat, however, looked after children generally receive good support in preparing for and adjusting to adult life. Guidance and support from the Connexions Partnership and the aftercare team is good. The proportion of care leavers in education, employment and training is significantly higher than the national average, albeit that a high proportion are in employment without training. Staffing difficulties in the aftercare team are, however, putting the continuation of high quality support at significant risk.

74. Work related learning provision for young people with learning difficulties and/or disabilities aged 14+ is improving. The Connexions Partnership provides good support in developing transition plans at that stage. However, there is no clear strategy for educational provision post 16. The range of provision made is wide but lacks coherence. Information and advice can be unsatisfactory and too often the parents and carers of those with the most severe needs have to research possible provision themselves. There is no provision within the county for those with severe or complex needs. Transition arrangements to ensure suitable housing and employment on return from residential provision are unsatisfactory. More generally, the system through which clear transition pathways were agreed by the agencies working with each young person has fallen into abeyance. Although there are strong links with Jobcentre Plus to support young people into work post-18 there are insufficient employment opportunities. There is also insufficient supported housing for young people to enable them to live independently.

Service management

75. The management of services for children and young people in Herefordshire is adequate.

76. Ambitions for the area are clear and shared by the key public agencies working locally. A Children and Young People's Partnership Board has been established to plan and commission services. This reflects a longer standing commitment to partnership working which is a real strength. All the main public agencies are represented on the Partnership Board, as are the voluntary and business sectors. Levels of mutual trust, respect and openness between partners are high. The fact that most of the public agencies share common boundaries is an additional major plus. There is an agreed intention for the Board to form the basis of a Children's Trust for the county in 2008.

77. The shared ambitions for children and young people are clearly and consistently reflected in service plans across the partner agencies, as well as embedded in the overarching local strategic plan. They are based on an audit of needs which is satisfactory overall. Partner agencies have pooled available intelligence and this should provide a very good basis for the development of services. However, consultation with users does not yet contribute sufficiently to strategic planning for children and young people. Whilst such activity is quite widespread at individual institution and service team level, it is patchy and uncoordinated. Minority group needs are also given insufficient attention.

78. Prioritisation is adequate. Outcomes for children and young people are given appropriately high prominence in the local strategic plan. A children and young people's plan is in draft and due to become operational in April 2006. However, this needs considerable further work within a short space of time if it is to provide an adequate basis for more detailed joint service planning. It is partial in coverage and lacks detail in mapping the practical implications of delivery, in particular the resources required. Some services will continue to develop, even if the plan is not improved sufficiently in time, largely because they have developed a range of effective, pragmatic working relationships at local level. However, unless major improvements are made, planning at the strategic level will not make a sufficient contribution to ensuring consistent and coherent service delivery across the county which is closely related to need. This, in essence, is the key characteristic of the county. Leadership has successfully established shared aims and a clear commitment to collaboration. There is also a well-established willingness to work flexibly and with a focus on the user. However, the implementation of strategy is significantly weaker.

79. There are a number of good quality services which have shown themselves able to develop creative ways of meeting user needs. Developments overall, however, are patchy and often owe at least as much to local initiative as strategic planning. In particular the implications of policy change for those delivering services on the ground are insufficiently identified and addressed in advance. This puts too much onus on make do and mend at ground level. Development processes are also not always well coordinated, which can be confusing for those involved and not best designed to make optimum use of scarce resources.

80. Action planning is adequate overall, but of variable quality and sometimes poor. Typically it displays good awareness of the issues and priorities to be tackled, but is less robust in outlining the action required to address them. Some planning is good, however, and there are sufficient examples of projects working well to provide reassurance that the necessary skills and attributes for effective collaborative working are present. Staff have a

good and improving awareness of what the partnership is trying to achieve. The ability to recruit and retain staff with suitable expertise is a strength overall. However, the exception to this is the recruitment and retention of social care staff by the local authority, which are clear weaknesses.

81. Services are skilful in taking advantage of additional funding opportunities and, whilst formal budget pooling is at a relatively early stage, joint commissioning is developing, as are arrangements which bring staff from different agencies together in coherent teams. The establishment of an alliance of voluntary care providers is helping the development of productive joint working with the public sector. However, their reliance on short term grant funding and contracts is restricting their ability to form a long term view of how they can best contribute to the delivery of outcomes for children. The council provides satisfactory value for money overall in its children's services.

82. Performance management is the weakest aspect of service management and is inadequate overall. The partnership board has not yet developed a systematic approach to monitoring either outcomes or progress in delivering agreed action. Similarly it does not have a developed approach to assessing whether value for money is being provided. Performance management processes within the local authority do not provide an adequate platform on which the partnership can build. Although corporately there is a good performance management framework, its application in the area of children's services is less effective than elsewhere and some key weaknesses have not been identified. Target setting is underdeveloped, both in terms of outcomes and action milestones. Some aspects of management information systems are also lacking, particularly in the area of social care.

83. Reporting and monitoring procedures within the local authority are better at cabinet and senior officer level than at scrutiny committee. The senior management team and cabinet receive a quarterly integrated performance report which adequately brings together performance and financial data. However, the analysis which accompanies the figures lacks rigour and provides only a very limited platform for challenge. It hence does not provide proper impetus for continuous improvement across the board. The children's services scrutiny committee is ineffective. It currently focuses disproportionately, to the virtual exclusion of other Every Child Matters outcomes, on education. The reports it receives lack sufficient detail or helpful analysis of underlying factors. With a few exceptions, the committee's members do not use the forum to provide robust challenge to service planners and providers.

84. The self-assessment submitted by providers for the review lacks rigour and the review team's findings do not concur with a half of the overall

judgments made. Strengths are over-played and weaknesses insufficiently acknowledged. Despite some significant operational strengths within a range of services, therefore, the capacity to improve further is only adequate.

ANNEX 1: THE CONTRIBUTION OF COUNCIL SERVICES

1. The overall performance of council services for children and young people is adequate with some strong features. The shared priorities of the Children and Young People Partnership are firmly embedded in development planning and working relationships with partner agencies at the strategic level are good. The roles of the newly appointed director of children's services and lead member are appropriately designed. Adequate steps are taken to ensure that medium term financial planning broadly reflects aims and objectives. Expenditure controls are effective. The council is prepared to move funding to reflect its priorities and to take some unpopular decisions to do so.

2. The council's strengths in establishing strategic direction are not matched, however, by the quality of its planning for service delivery. The practical implications of policy change are not analysed in sufficient detail in advance. Too many action plans are insufficiently clear and not enough is done to identify and address the associated resourcing requirements. Too often services and staff are called upon to work things out for themselves after the event and to adjust as best they can within the resources they have available.

3. This is particularly the case in the area of social care where performance overall is inadequate. The introduction of the Child Concern model, which is central to the processes of inter-agency assessment and planning for children in need locally, was poorly planned and still has significant weaknesses more than a year after implementation. The new responsibilities for delivery of the different aspects of social care are not yet well matched to the capacity of the services involved to meet them. Some pressing needs, including for protection from abuse and neglect, are not being met. This is because the local authority's social work teams do not get involved in all the cases they should and other services are unable to fill all the gaps. A major associated challenge which the council has been unable to meet is in recruiting and retaining sufficient social workers. A significant number of posts are unfilled or have been for extended periods until recently. Staff turnover last year was around 20% and almost double that of the previous year.

4. This having been said, many of the staff involved across the range of services are of good quality and there is a good understanding of and commitment to the council's strategic priorities. There is both a willingness to work flexibly and collaboratively and a proper focus on addressing the needs of families and individuals holistically. This is particularly characteristic of activities within the Sure Start and Children's Fund projects within particular localities. These provide a good model for the future, although it can certainly be no coincidence that additional funding has significantly enhanced service capacity

in the areas concerned. The level of resources available overall to provide children's social care is below national and statistical neighbour averages.

5. Planning for service delivery is better in the education service, where performance overall is good. Schools and early years providers receive good challenge and support for improvement and the great majority of the council's specialist support services are of good quality. Improvements have recently been made in the targeting of funding to meet the educational needs of young people with LDD. These have enabled more effective early support to be provided. At present, however, the integration of education services into the new Children's Department has some way to go. Individual children's needs are too often assessed in relative isolation and both this and the planning of services to meet those needs is not well integrated with similar processes focusing on their other needs.

6. The contribution made by council services to improving health outcomes for children and young people is good. The same applies to the provision of recreational facilities outside the education service, although sporting facilities and activities are more widely available than those for other interests. For young people living in rural areas, access to any form of recreational provision involves transport problems which, to a degree at least, are inevitable. Housing provision for single young people is poor across the county, as it is for families with young children in some localities. However, the council now largely depends in such respects on influencing the activities of housing associations.

7. Performance monitoring and review is the weakest aspect of service management within the council's children's services. The collection of some data continues to have weaknesses and performance review reporting lacks sufficient analysis of underlying factors. This fails to provide elected members in particular with a robust platform for challenging service provision. The children's services scrutiny committee is ineffective. Performance monitoring processes overall do not make a good contribution to driving continuous improvement. There is similarly insufficient analysis of and challenge to the use of resources. Processes for assuring the improvement of value for money are only adequate, and are less well developed in children's services than elsewhere in the council. The council provides satisfactory value overall in such respects.

8. There are sufficient strengths overall within the council's children's services to judge the capacity to improve as adequate. However, this is not the case for its social care services where there are significant weaknesses in service management processes.