



Friday, 29 September 2017

**POLICY DEVELOPMENT AND DECISION GROUP
(JOINT COMMISSIONING TEAM)**

A meeting of **Policy Development and Decision Group (Joint Commissioning Team)** will be held on

Monday, 9 October 2017

commencing at the rising of the Policy Development and Decision Group (Joint Operations Team)

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Committee

Councillor Amil
Councillor Excell
Councillor Haddock
Councillor King

Councillor Mills
Mayor Oliver
Councillor Parrott

A prosperous and healthy Torbay

For information relating to this meeting or to request a copy in another format or language please contact:

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POLICY DEVELOPMENT AND DECISION GROUP (JOINT COMMISSIONING TEAM) AGENDA

1. **Apologies**
To receive any apologies for absence.

2. **Disclosure of Interests**
 - (a) To receive declarations of non pecuniary interests in respect of items on this agenda
For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

 - (b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

3. **Minutes** (Pages 3 - 9)
To confirm as a correct record the Minutes of the meetings of the Policy Development and Decision Group held on 19 June, 28 June and 24 July 2017.

4. **Annual Youth Justice Plan** (Pages 10 - 44)
To approve Torbay's Annual Youth Justice Plan for 2017/18.

5. **Children's Services Improvement Plan - Six Monthly Update** (Pages 45 - 101)
To consider a report on the above.

6. **CQC Reviews of Local Authorities in respect of Delayed Transfers of Care from Hospital** (Pages 102 - 120)
To consider a report on the above.



Notes of the Policy Development and Decision Group (Joint Commissioning Team)

19 June 2017

-: Present :-

Councillors Excell and Haddock

(Also in attendance: Councillors Barnby, Brooks, Ellery, Morey, Robson, Thomas (D) and Tyerman)

2. Quorum

It was reported that, as apologies for absence had been received from the Mayor and Councillors Amil, King, Mills and Parrott, the meeting was inquorate. The Clerk would meet with the Mayor to ascertain how he wishes to take forward the decisions from this meeting. The Mayor has three options:

1. Make the decisions in private and publish his record of decisions.
2. Rearrange the meeting.
3. Defer the items to the next meeting on 24 July 2017.

Chairman



**Policy Development and Decision Group (Joint Commissioning Team
and Joint Operations Team)**

28 June 2017

-: Present :-

Councillor

Mayor Oliver and Councillors Amil, Excell, Haddock, King, Mills and Parrott

(Also in attendance: Councillors Barnby, Brooks, Darling (S), Morey, Thomas (D) and Tyerman)

1. Election of Chairman

Councillor Mills was elected as Chairman for the meeting.

Councillor Mills in the Chair.

2. Autism Self Assessment Framework 2016

The Policy Development and Decision Group considered and noted the submitted report which provided an update on progress made in implementing the Autism Self-Assessment Framework action plan, which measures how local services are performing. Members noted that since the report had been written progress has been made in 2 areas: a for workforce development lead has been appointed by the Clinical Commissioning Group (CCG) and meetings have been set up to progress training. Work on accommodation is in train with completion of the supported accommodation strategy and meetings with supported living providers to prepare for commissioning a framework of providers in September. The report included the following actions:

- Arrangements to be finalised for a joint Autism Board and Learning Disability Partnership Board;
- Establish working relationships with new officers in partner organisations; and
- Progress development of multi-agency training plan.

Resolved:

That the Director of Adult Services be requested to provide an update on the meeting with clinicians to the Health and Wellbeing Board on 6 July 2017 and to keep the Policy Development and Decision Group updated on progress made in implementing the Autism Self Assessment Framework.

3. Improving the quality of care homes provision in Torbay

Members noted a report that provided an update on the work being undertaken by Torbay Council's Joint Commissioning Team and partners to support and improve the quality of care provided to residents of care homes in Torbay.

It was noted that officers, with assistance from the Torbay Culture Board would work with residents, relatives, care home providers and staff and ICO staff and elected members to come up with a care homes charter setting out shared expectations of what good care should look like. The Policy Development and Decision Group would be kept informed on the progress of this work.

4. Accessibility Strategy

The Policy Development and Decision Group considered the Accessibility Strategy 2017-2021 as set out in the submitted report. The Strategy had been developed by the Head of Education, Learning and Skills in consultation with key partners and stakeholders. The Strategy is supplemented by model documents to enable schools to develop a site specific accessibility plan, while the strategy itself will be supported by a detailed action plan to ensure it meets the needs of disabled pupils and helps to raise their attainment.

The Policy Development and Decision Group made the following recommendations to the Mayor:

- (i) that the Accessibility Strategy 2017-2021 be approved and included in the pack given to parents when they make first contact to request an Education and Health Care Plan; and
- (ii) that the Head of Education, Learning and Skills be authorised to develop an action plan in consultation with schools, key partners and stakeholders.

The Mayor considered the recommendations of the Policy Development and Decision Group set out above at the meeting and his decision, together with further information is attached to these Minutes.

5. Sustainability and Transformation Plan (STP)

The Policy Development and Decision Group considered the submitted report which provided the background of the Sustainability and Transformation Plan (STP), the progress achieved during the first year of the STP, the plans for 2017/18 and the STP programme.

The Policy Development and Decision Group made the following recommendations to the Mayor:

- (i) that the Executive Lead for Adults and Children and the Director of Adult Services be authorised to maintain executive oversight and influence over the emerging Sustainability and Transformation Plan

programme on behalf of Torbay Council, with normal scrutiny processes in place; and

- (ii) that the Council commits to a model of a single, strategic commissioning voice for Devon and considers any changed staffing or accountability of management arrangements arising from any proposal. That the Council works with partners to establish Accountable Care Delivery Systems/Accountable Care Organisations and that this development is overseen by the Collaborative Board (with representation from all participating organisations in Devon).

The Mayor considered the recommendations of the Policy Development and Decision Group set out above at the meeting and his decision, together with further information is attached to these Minutes.

6. Integration and Better Care Fund 2017-19

The Policy Development and Decision Group considered a report that set out the arrangements for the pooling of funds for the 2017-2019 Better Care Fund.

The Policy Development and Decision Group made the following recommendation to the Mayor:

that the approach being adopted in relation to the Better Care Fund be endorsed subject to future guidance from NHS England.

The Mayor considered the recommendation of the Policy Development and Decision Group set out above at the meeting and his decision, together with further information is attached to these Minutes.

7. Transformation Project - A Redesign of Spatial Planning

The Policy Development and Decision Group considered a report which proposed that the Council should explore and establish a suitable partnership arrangement for the delivery of Development Management and Spatial Planning functions with a nearby Local Planning Authority following a recent Development Management Service Peer Review.

The Policy Development and Decision Group made the following recommendations to the Mayor:

- (i) that the Executive Head of Business Services further explore how we could work with other Local Planning Authorities in relation to the delivery of the Development Management Service to maximise value for money and improve overall resilience of the service; and
- (ii) that the Chief Executive, in consultation with the Mayor and Executive Lead for Planning, Transport and Housing and the Executive Head of Business Services, be given delegated authority to explore and establish a suitable partnership arrangement for the delivery of Development Management and Spatial Planning functions with a

nearby Local Planning Authority, so that Torbay Council can drive forward, at pace, the necessary modernisation needed to achieve a more sustainable and resilient planning service.

The Mayor considered the recommendations of the Policy Development and Decision Group set out above at the meeting and his decision, together with further information is attached to these Minutes.

8. Review of Investment Fund Strategy

The Policy Development and Decision Group considered a report which proposed a few minor changes to the Investment Fund Strategy in light of lessons learned on previous investments.

The Policy Development and Decision Group made the following recommendation to the Mayor:

that, subject to the level of the Investment Fund remaining at £50m, the Council be recommended to approve the revised Investment Fund Strategy, set out in Appendix 1 to the submitted report.'

The Mayor considered the recommendation of the Policy Development and Decision Group set out above at the meeting and his decision, together with further information is attached to these Minutes.

Chairman



**Policy Development and Decision Group
(Joint Commissioning Team)**

24 July 2017

-: Present :-

Mayor Oliver and Councillors Amil, Excell, Haddock, King, Mills and Parrott

(Also in attendance: Councillors Brooks and Stubley)

9. Election Chairman

Councillor Mills was elected as Chairman for the remainder of the 2017/18 Municipal Year.

10. Appointment of Vice-Chairman

Councillor Parrott was elected as Vice-Chairman for the remainder of the 2017/18 Municipal Year.

11. Minutes Policy Development and Decision Group (Joint Commissioning Team)

The minutes of the Policy Development and Decision Groups (Joint Commissioning) held on 3 April, 18 May and 19 June 2017 were signed as correct records.

12. Sexual and Reproductive Health and Wellbeing procurement

The Executive Lead for Health and Wellbeing Advanced Public Health Practitioner presented the submitted report which set out the local authorities mandatory responsibility to provide sexual and reproductive health services to its resident population. It was noted services in Torbay were moved to Torbay Council when the Public Health 2013 transfer and that it has not been out to tender since this date. It was proposed that a joint procurement exercise be carried out with Devon County Council across both local authority areas to achieve better outcomes for local residents as well as savings and efficiencies.

The Policy Development and Decision Group (Joint Commissioning Team) made the following recommendation to the Mayor.

That the proposed procurement plan for the sexual and reproductive health plan and timescales for a contract period of five years plus one plus one, as set out in Appendix 1 to the submitted report, be approved.

Policy Development and Decision Group (Joint Commissioning Team) Monday, 24 July 201

The Mayor considered the recommendation of the Policy Development and Decision Group (Joint Commissioning Team) set out above at the meeting and the record of decision, together with further information is attached to these Minutes.

Chairman



Meeting: Policy and Development Decision Group (Joint Commissioning Team)

Date: 9 October 2017

Wards Affected: All

Report Title: Annual Youth Justice Plan 2017/18

Is the decision a key decision? No

When does the decision need to be implemented?

Executive Lead Contact Details: Julien Parrott, Executive Lead for Adults and Children, julien.parrott@torbay.gov.uk

Supporting Officer Contact Details: Andy Dempsey, Director of Children's Services, 01803 208949, andy.dempsey@torbay.gov.uk

1. Proposal and Introduction

1.1 There is a statutory requirement for each local authority to set out an annual plan for the delivery of the Youth Justice Service within their area. Torbay Youth Offending Service co-ordinates the provision of youth justice services across Torbay.

1.2 Torbay Youth Justice Service is multi-agency comprising the Police, National Probation Service, health and Local Authority. It's work is overseen by a Partnership Board chaired by the Director of Children's Services. The service works in partnership to achieve the national youth justice strategic priorities:-

- Preventing new entrants to the criminal justice system;
- Reducing re-offending;
- Increase victim and public confidence;
- Ensure the safe and effective use of custody

1.3 A copy of Torbay's Annual Youth Justice Plan for 2017/18 is attached as Appendix 1.

2. Reason for Proposal

- 2.1 Torbay's performance on re-offending and use of custody compares well with statistical comparators but less so with first entrants which have fallen in number but remain at a rate that is above South West and National levels. This is a key area for focus in the 2017/18 Plan.
- 2.2 There were 123 young offenders in Torbay in 2016/17 which is an increase on the previous year's figure of 107, against a declining population of 10 -17 yr olds. The YOS is increasingly working with children characterised by more persistent and serious offending which is reflected within the 2017/18 Plan..
- 2.3 There has been ongoing reductions in funding from the YJB and local partners in recent years, however, the 2017/18 budget is sufficient to ensure secure service viability and compliance with National Minimum Standards.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Youth Justice Plan 2017/18, attached at Appendix 1 be approved and that Director of Children's Services be given delegated authority to make any final changes in consultation with key stakeholders.

Appendices

Appendix 1: Youth Justice Plan 2017/18

TORBAY

ANNUAL YOUTH JUSTICE PLAN

2017/2018



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Chair of Management Board Statement

It has been a real privilege to act as Chair of Torbay's YOS Partnership over the past twelve months. The quality of collective oversight and scrutiny of the service has improved significantly, underpinned by solid performance reports and good debate and challenge between partners. Although the numbers of young people becoming involved in the youth justice system have reduced, the service is increasingly working with a smaller cohort of children and young people which are more entrenched in their offending. The nature of their offending is often more severe and impactful. Good progress has been over the past 12 months in embedding new systems and in key areas of performance such as the use of custody and reoffending. First time entrants has been more of a challenge and work will progress through this year's plan to address this.

Torbay YOS work with some of the most challenging and vulnerable young people in our community. It is a profound responsibility of the Board to ensure we challenge and support Torbay YOS in their work to address offending and protect the community. I will also strive to ensure we don't lose the focus on the needs of Torbay young people as we move to a multi area governance regime. Should it be necessary I would seek to convene a local meeting if partners felt this was needed.

Thank you for contribution and I look forward to your continuing support in the delivery of our 2017/18 Plan.

Andy Dempsey

A. Introduction

The Torbay Youth Offending Team (YOT) sits within a wider adolescent service known as Integrated Youth Support Services (IYSS). This team incorporates youth justice services, care leavers services, youth homelessness, and healthy relationships.

The Youth Justice element of this team is referred to as the YOT and remains a multi-agency partnership between Torbay Council, Devon and Cornwall Police, National Probation Service, South Devon and Torbay Clinical commissioning group, the Devon and Cornwall Police and Crime Commissioner. Under the Crime and Disorder Act 1998, this team is responsible for the delivery or commissioning of statutory youth justice services.

The YOT and the wider IYSS is committed to the provision of high quality youth justice services, in partnership with other services and organisations, with the aim of preventing offending and re-offending by children and young people. In addition to the services provided to young people in or at risk of entering the Youth Justice System, the service recognises the role it has in increasing public confidence in the Youth Justice System and increasing victim satisfaction through their involvement in restorative and reparative processes.

There were 123 young offenders in Torbay in 2016/17 (an increase from 80 in 2015/16, and a smaller increase from 107 in the previous year). This represents 1.12% of the 10-17 year old population. The 10-17 population in Torbay has fallen by more than 14% in recent years from 12,779 in 2006 to 10,959 in 2015. This does not include those receiving a Community Resolution.

The YOT remains subject to the three national key priorities and performance indicators:

1. Reducing the numbers of young people entering the criminal justice system for the first time
2. Reducing reoffending
3. Reducing the use of custody

1.1 Summary of Achievements 2016/2017

The following table describes the areas for improvement identified in the 2016/2017 plan and the progress made during the year.

Area for Improvement	Action	Success Criteria	Outcome	Further Work
AssetPlus post implementation training to focus on Planning in September 2016.	<p>Training events every three months.</p> <p>QA of all cases using the Youth Justice Board framework for 6 months.</p>	<p>All cases to have an AssetPlus assessment.</p> <p>QA of cases to demonstrate quality is maintained in the new system.</p>	<p>Reports are run weekly to ensure all cases have an up to date AssetPlus assessment.</p> <p>6 month QA review completed. Actions identified for 12 month Review.</p>	<p>Ongoing as part of usual business processes.</p> <p>12 Month review to be completed by August 2017 and submitted to the Board September 2017.</p>
Ongoing work on achieving RJ quality indicators. Decision at YOT Management board in relation to the costs and benefits of accreditation.	<p>Complete report on progress against Restorative Justice Council Quality Mark. Identify plan for improvement.</p> <p>Decision to be made at YOT Management Board.</p>	<p>Improvement plan to be completed.</p> <p>Decision about pursuing RJ Quality Mark.</p>	<p>Report completed and submitted to Management Board.</p> <p>RJ Quality Mark to be applied for</p>	

Impact assessment of DA groups.	Set outcome measures for DA groups. Provide report on impact of DA groups to Management Board	Outcome measures achieved. Report to Management Board.	Outcome measures established for the Group.	To be integrated into further Healthy Relationships work.
Develop QA Procedures	QA process to be agreed at YOT Management Board	Robust and defensible QA process		Report to YOT Management Board following AssetPlus 12 month review.
Impact of new commissioning model to be measured.	Commissioning model to be explored at Senior Management Level.	Clear context for the provision of YOT services in Torbay	YOT no longer part of commissioning model.	Further commissioning or children's services changes to be tabled by Children's Services Lead at future YOT Boards.

Ensure that young people are not held overnight in custody unnecessarily	Review of all young people held overnight in custody by YOT Manager Report provided to Youth Justice Forum and Management Board	No young people held overnight in police custody unnecessarily.	Youth Justice Forum is monitoring performance and reporting to the TSCB as a key outcome measure. Between 20 th July and 17 th October no Torbay young people were held overnight, where according to the concordat they shouldn't have been held. A further 6 young people were held overnight pre-charge in circumstances where this was considered by the forum to have been avoidable.	Ongoing monitoring and reporting to the TSCB.
Use of virtual courts	Training and implementation of virtual remand courts.	Virtual remand courts running effectively.	Virtual Courts Pilot has ended. Awaiting information on further implementation.	
Board member to identify outcome measures in relation to budget contribution	All board members to provide a list of outcome measures to be monitored via the management board.	Management Board Minutes	Ongoing work with Board members.	

AMBIT Implementation	Train the trainer completed. Team Training day Development plan following training day	AMBIT self assessment	Training delivered and specific practice changes made to align service with AMBIT.	
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1.2 Key Developments in 2016/2017

The management personnel in Torbay Youth Offending Team has remained consistent throughout 2016/2017. Amanda Paterson continues to fulfil the role of the YOT Manager, and Andy Dempsey continues to chair the Board as the Interim Director of Children’s Services. In response to the decreased YOT Pooled Budget, the YOT Manager Role is now integrated into a Head of Service Role for Integrated Youth Support, Early Help and Targeted Services, with the YOT Manager aspect of this role accounting for 0.4FTE. This change also brings opportunities for the YOT for closer integration into the Early Help processes. The proposal to initiate a Joint Management Board with Devon and Plymouth Youth Offending Teams has been agreed, alongside Terms of Reference, and the first meeting of the joint board is scheduled for 19th July 2017.

August 2017 will see the first anniversary of implementation of the new Youth Justice Assessment Tool, AssetPlus in Torbay. Over the year a 6 month quality assurance exercise highlighted some of the improvements made as a result of AssetPlus and further areas of training and development needed. The 12 month review will be produced at the end of July 2017 to monitor improvements. Following this, a local quality assurance program will be implemented. Whilst AssetPlus can be evidenced to provide a more complex, interlinked assessment for Young People in Torbay, practice in relation to Plans continues to be variable. Writing good quality plans, which are shared with young people will be an ongoing focus for the team.

Young People known to Torbay YOT were surveyed using the ViewPoint questionnaire, with a third of young people participating in the survey at the end of their Court Orders. The feedback was broadly positive, with 90% of young people reporting that they understood their Court Orders, felt supported by their YOT workers and felt that they were less likely to offend following YOT intervention.

From October-December 2016 the Virtual Remand Court Pilot took place. There was limited use of the Virtual Remand Courts for Young People across the policing area, with only 1 young person from Torbay attending. A number of practical, economic, and technical difficulties highlighted by the range of agencies involved meant that the Pilot did not continue into 2017. A further review of this is expected before the end of 2017.

Torbay Youth Offending Team has not been subject to an inspection or screening by HMI Probation during 2016/17, and the inspectorate is currently reviewing its processes in relation to Youth Justice Inspections. Early frameworks for inspection timescales suggest that there is a high likelihood of Torbay being inspected or screened in the 2017/2018 year, given that the last visit was in 2014. Preparation for inspection will be prioritized, with specific planning in relation to demonstrating best practice in Out of Court Disposals.

The education workers within the team have been working closely with the Special Educational Needs and Disabilities (SEND) Team to ensure that the Youth Offending Team meets its requirements in relation to the SEND inspection framework published in April 2016.

Throughout 2016/2017, the Integrated Youth Support Service has offered Care Leavers and Youth Homelessness Services alongside the Youth Offending Team. The recommendations outlined in the Joint Inspection of Accommodation of Homeless 16 and 17 Year Old Children Working with Youth Offending Teams have therefore been easily implemented, particularly in relation to holistic assessments. Where suitable and possible, YOT Social Workers are now completing the Single Assessments for young people known to the YOT who become homeless. This is providing a more comprehensive picture of the young person's needs than an assessment completed by a professional without prior knowledge of that young person.

The Joint Targeted Area Inspections of the Multi-Agency Response to Abuse and Neglect with a focus on domestic abuse will provide a framework for ongoing work to address the thematic issue of Domestic Abuse in Torbay. Governance will also be a focus over the next year, and the positive practice highlighted in the Cambridgeshire Full Joint Inspection in relation to a joint management board with Peterborough YOT will support the plans to move towards a joint board for Torbay, Plymouth and Devon.

B. Structure and Governance

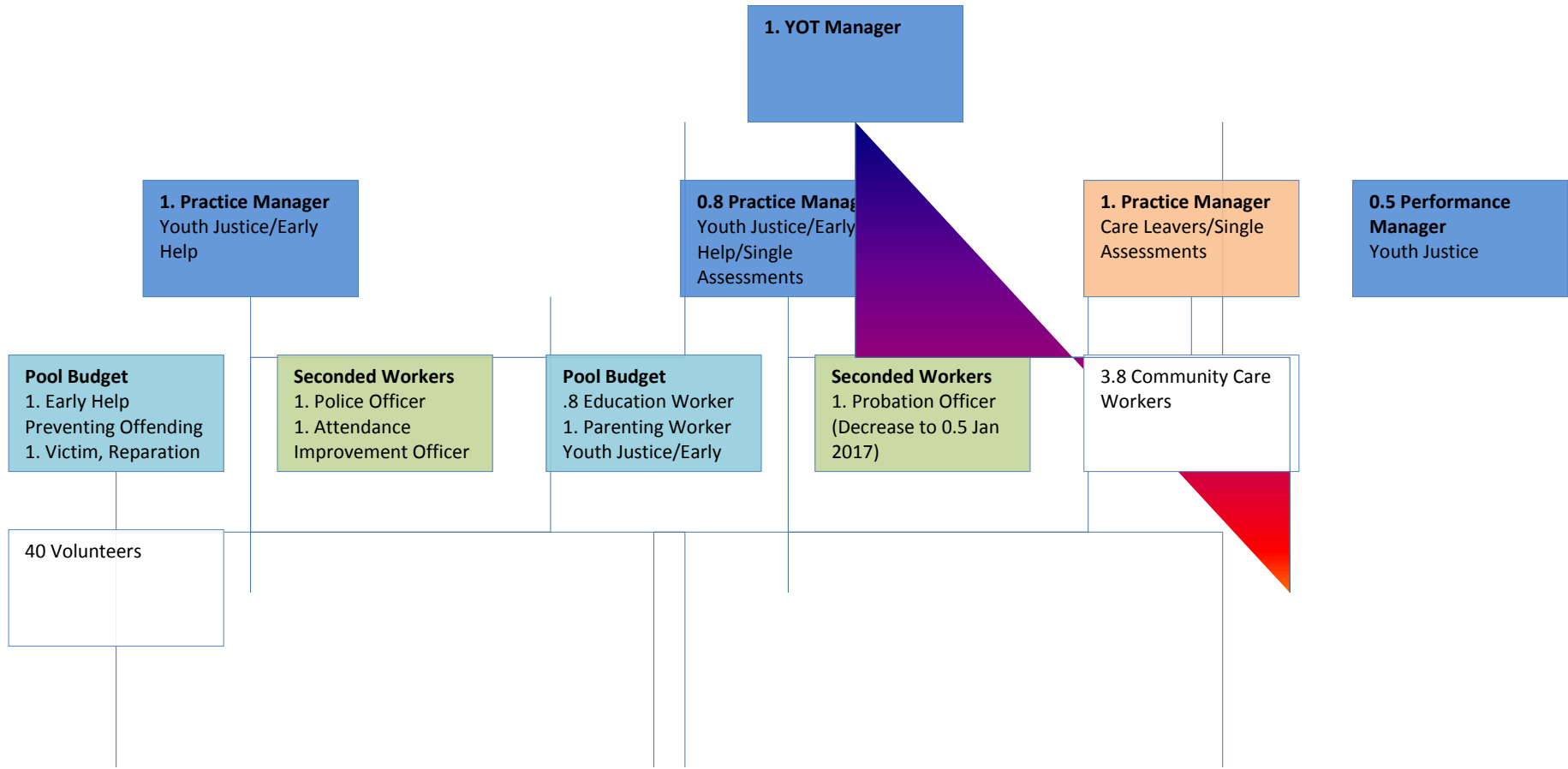


Table 1- Youth Justice Staff

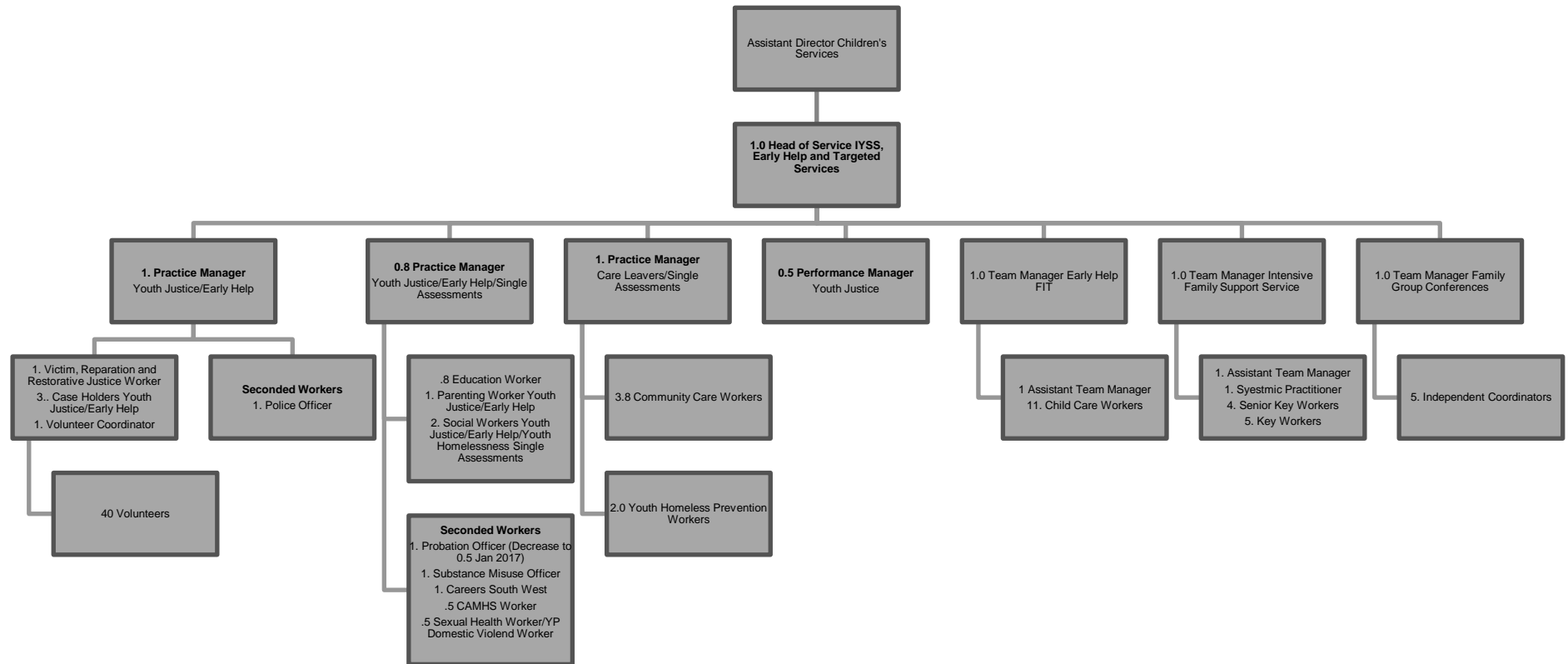


Table 2 Youth Justice Structure within Children's Services

Table 1 outlines how the YOT functions are performed within the integrated Youth Support Service. This strategic chart ensures that it is possible to track the Youth Offending Team partnership budget contributions within the broader IYSS model. The Local Authority allocation is towards IYSS with the budget split between the provision of Youth Homelessness assessments and contributions to the Youth Offending Team. Through formally splitting the contribution to the Head of Service role between YOT and Children's Social Care there is more robust accountability for YOT spending.

Table 2 identifies how the Integrated Youth Support Service works in Practice. Key overlaps are the workload of the two Social Workers within the Youth Offending Team, who also provide assessments for Youth Homelessness.

The YOT Manager is a member of the Children's Services Senior Management Team, including all Heads of Service across the local authority. Through weekly meetings, this provides the Youth Offending Team with links across Children's Services. Contract monitoring of the Substance Misuse Service and the careers service (Careers South West) provides valuable external links. Internal and external links ensure that Youth Justice outcomes are promoted across the partnership.

The YOT Manager monitors and ensures that the YOT meets the conditions of any grants through a monthly meeting with the allocated finance officer in the Local Authority. Placement information is countersigned by the practice managers to ensure accuracy. Reviews of safeguarding incidents are also the responsibility of the YOT Manager and are specified within the Torbay Children's Services Scheme of Delegation.

The Youth Offending Team sits within Children's Services in Torbay Council. The Director of Children's Services is the Chair of the Management Board, and the YOT Manager is line managed by the Assistant Director of Children's Services. The Early Help offer is linked to the Early Help Panel in Children's Services, and the Youth Homelessness Prevention work links the Youth Offending Team to housing via a joint commissioning arrangement.

The service is overseen by the Management Board. A Youth Justice Forum, coordinated by Devon and Cornwall Police, leads on scrutiny of specific issues. An ongoing theme for this has been Young People held in police custody overnight. The Youth Justice Forum and Youth and Crime panel within the police have recently been integrated, providing opportunities for the Youth Offending Teams to contribute to the analysis of police held data and the upcoming response to the current Child Centred Policing National Action Plan. Devon and Cornwall Police, The Office of the Police and Crime Commissioner and the local Youth Offending Teams are developing and improving scrutiny of Out of Court Disposals.

The YOT Manager participates in the Torbay Safeguarding Children Board, and the Missing, Exploited and Trafficked Subgroup, and is also the Head of Service for Early Help and Targeted Intervention. Over 2017/2018 this should result in further co-working arrangements, particularly between targeted support and Early Help with a view to raising the profile of the First Time Entrant performance indicator across the local partnership.

C. Resources and Value for Money

3.1 Budget

The YOT budget is detailed in Table 1 in the appendix, with planned spending in Table 2. The structure chart in Section 2 demonstrates that the YOT is in compliance with the minimum staffing requirements set out in the Crime and Disorder Act, and specifies the staffing agency. Table 3 describes staffing by gender and ethnicity, Table 4 describes volunteers by gender and ethnicity and Table 5 describes the number of staff and volunteers trained in Restorative Justice.

Spending on staffing is anticipated to stay at this level as it represents a minimum level of staffing to ensure YOT viability. The pooled budget currently provides for 4.5 case holding staff (including a National Probation Service Seconded). A breakdown of the YOT spending for 2016/17 has been provided in Table 2. No areas for saving have been identified. Provision of Youth Justice Software is the highest cost area aside from staffing, and an unpredicted increase in this software cost has had an impact on the budget for other functions within the Youth Offending Team.

Spending of the Youth Justice grant has been allocated to the salaries of the Head of Service, Practice Manager and 1.5 Youth Offending Team Officers, as well as a contribution to the Youth Justice software fees. Whilst operationally this delineation does not impact the team, this approach meets the need for transparency in Youth Justice Grant spending against YOT outcomes as all of these roles work exclusively with Youth Justice Outcomes measures, where other roles fulfil additional tasks within IYSS (for example, Youth Homelessness).

Reduced budget and staffing numbers mean that a pooled budget can be used more efficiently to achieve a range of outcomes for young people and ensure a resilient specialist Youth Offending Team. The Torbay Youth Offending Team Board has agreed this model given the links between the different services provided in IYSS and the Youth Justice Outcomes. There has been increased clarity in this contribution, with the Head of Service role now being funded 0.4 FTE from the YOT budget and 0.6 FTE from the Children's Services Budget.

There are unallocated funds of under £5000 which will be used for provision of additional supervision for Intensive Supervision and Surveillance and staff training.

D. Partnership Arrangements

4.1 Local Arrangements

Representatives from the following agencies sit on the Torbay Youth Offending Team Management Board:

<u>Name</u>	<u>Organisation/Agency</u>
Amanda Paterson	Integrated Youth Support Service
Jon Nason	National Probation Service
Emily Owen	Office of Police and Crime Commissioner
Siobhan Grady	Head of Joint Commissioning, South Devon & Torbay CCG
Ana Contreras	Business Support, IYSS
Jackie Mucklow	Superintendent, Devon & Cornwall Police
Andy Dempsey	Director of Children's Services, Torbay Council
Alison Hitchings	CSW Group
Susan Bahman	Legal Team, South & West Devon Magistrates' Court
Invited Guests	
Quentin O'Donnell	Local Partnership Advisor Youth Justice Board

Representatives from the Youth Offending Team attend the following local and regional forums to ensure that there are clear links with other key service providers:

- Children's Services Management Team

- Children's Services Practice Managers Meetings
- Domestic Abuse and Sexual Violence Steering Group
- Torbay Safeguarding Children's Board
 - Missing, Exploited and Trafficked Subgroup
- Early Help Panel
- South West YOT Managers Meeting
- Multi-Agency Child Sexual Exploitation meeting
- Un accompanied Asylum Seeking Children's Subgroup
- Youth Court Users Group
- Pupil Referral Panel
- Youth Homelessness Prevention Panel
- Young Person's Steering Group
- Devon and Cornwall Youth Justice Forum
 - Youth Overnight Custody Subgroup
- Torbay and Devon Out of Court Disposal Scrutiny Panel
- Sexually Harmful Behaviour Steering Group
- MAPPA
- Quarterly Probation Review meetings
- MARAC
- Torbay Social Work Forum
- Online Safety Reference Group
- Missing Mondays

- Community Safety Partnership Tasking (Anti-Social Behaviour)
- Quality Review Meetings
 - Youth Homelessness Prevention Service
 - Substance Misuse Service
 - Careers South West
 - CAMHS commissioning

Current Government Priorities

Troubled Families

“Supporting (Troubled) Families” is the Torbay approach to troubled families. A matrix of concerns about families is produced and monitored through the Early Help process. When cases are allocated via Early Help the matrix is used to inform the initial assessments of young people’s needs. Youth Offending data is shared with the Stronger Families team to ensure that YOT involvement is shared across agencies and that the appropriate lead professional is allocated when there are concerns about a family. Work is ongoing to link the data collected on outcomes for Stronger Families and the impact of working with the Youth Offending Team. The Stronger Families and Early Help structures are becoming increasingly aligned, and this should provide opportunities for reporting on a wider set of outcomes for young people in contact with the Youth Offending Team.

Leaving Custody

There is currently one Torbay Young Person in custody, and custody numbers have been consistently low. As a result of these low numbers, there is an opportunity to provide a bespoke package for young people using available resources. A young person being remanded or sentenced to custody triggers a notification to the Care Leaver’s service and a screening for the Care Leavers Service. If this is not available, resources are accessed from Youth Offending Staff using the knowledge and experience of the Care Leavers Service.

“Prevent” Duty

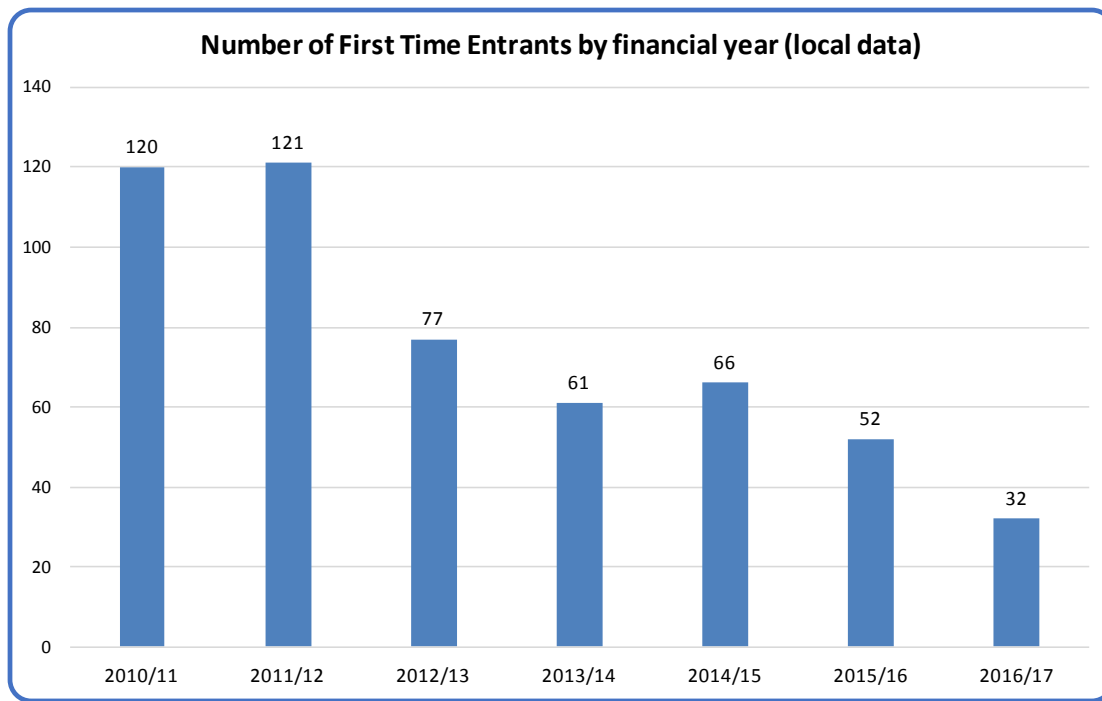
Torbay YOT has demonstrated a commitment to addressing extremism. All Youth Offending Team Case Managers and Operational Managers have been trained in “Prevent”. The Youth Offending team have made 6 referrals via Prevent to the local Channel meetings chaired by the police. These meetings ensure that risk is correctly identified and assessed across agencies, and provide a risk management plan. The Youth Offending Team provides a hub for discussions about whether a prevent referral is necessary for young people known to services across Torbay, and a further referral has been made through the IYSS link between the Care Leavers’ Service and the Youth Offending Team. The YOT Manager sits on the Prevent Panel.

Youth Justice Review

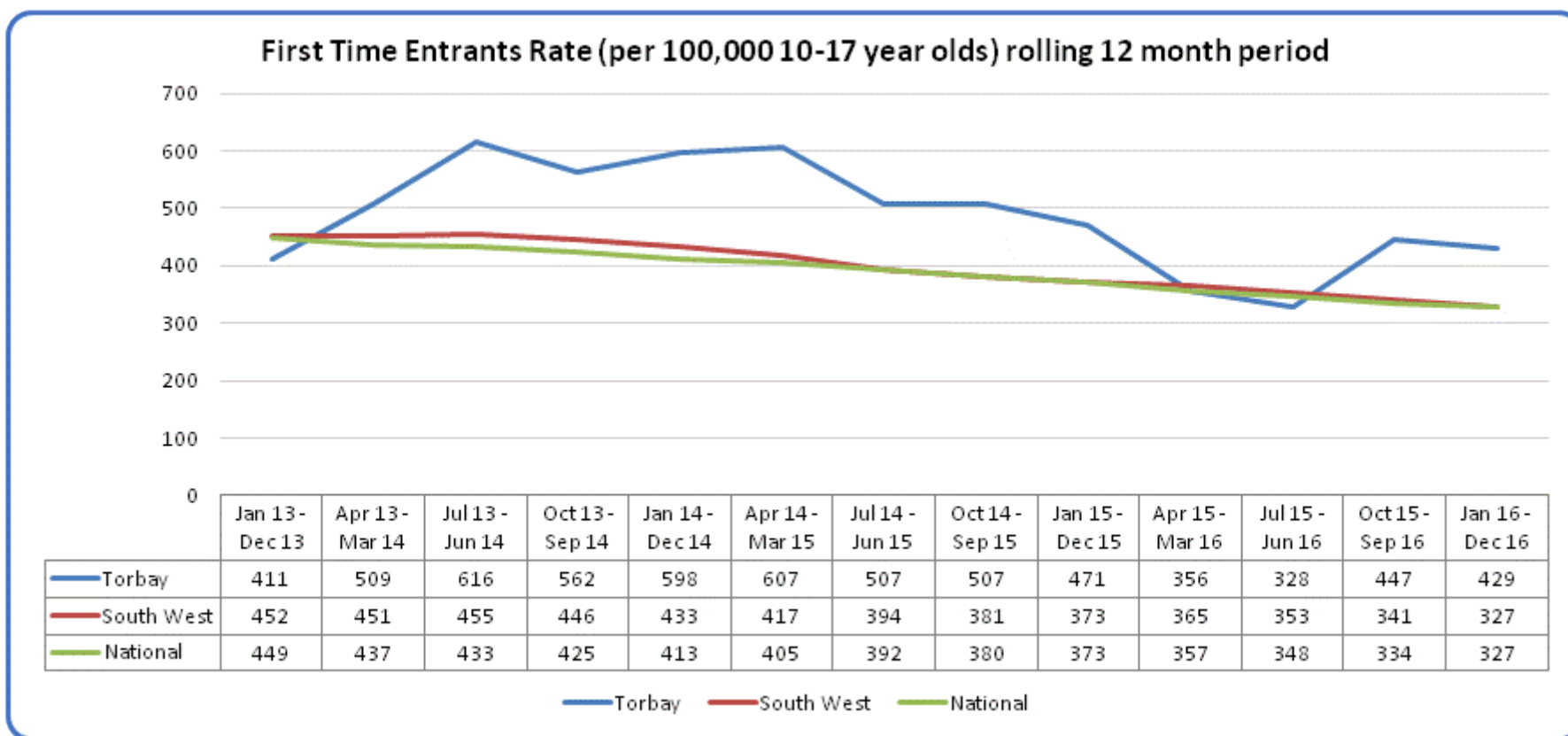
The Youth Justice Review was published in December 2016 and the government response to this followed. Whilst imminent legislative change in the Youth Justice System is unlikely, there are a number of steps outlined in the review which have focused practice in Torbay. The focus on health and education for young people needs to be emphasised. Reporting of education attendance and steps to improve this should be a key consideration. In partnership with the Local Youth Offending Teams and Clinical Commissioning Group, the YOT has secured grant funding from “Health and Justice”. In Torbay, this will mean that all young people receive mental health and speech and language screening, as well as an improved pathway to intervention from seconded workers due to start working in the YOT in 2017/2018. Following the recommendations of the Youth Justice Review these services will be offered at the earliest opportunity through our prevention scheme and outcomes will be measured against First Time Entrants.

E. Risks to future delivery against the youth justice outcome measures

5.1 First Time Entrants



Source: Local case management system



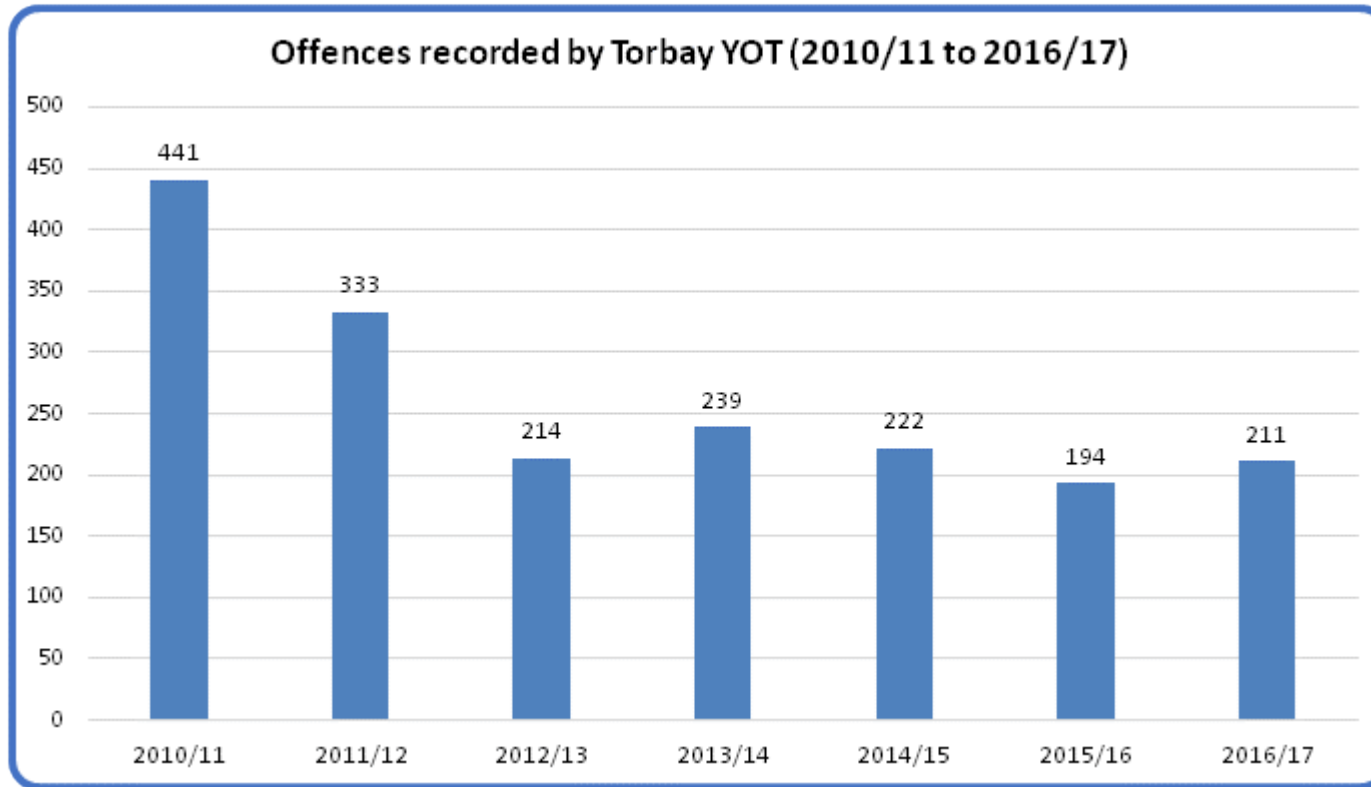
Source: The YOT Data Summary (YDS) for England April – March 2017

Data collected locally shows that the number of First Time Entrants into the Youth Offending Team continues to decline. First Time Entrants decreased in 2016/17 to 32 from 52 in the previous year.

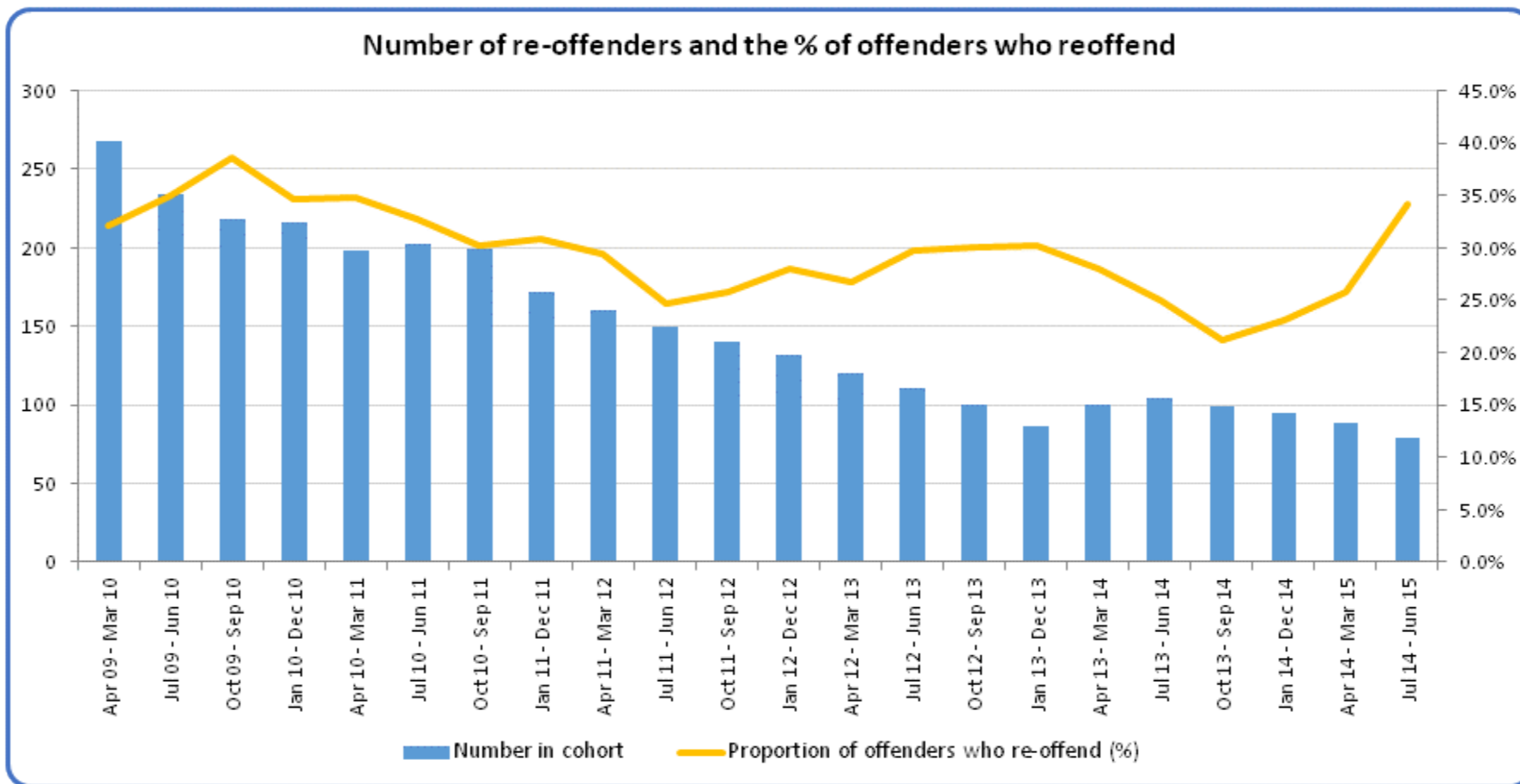
Data from the Police National Computer (PNC) is used to measure FTEs and rates are calculated per 100,000 10-17 year old population to allow for comparisons across local authorities. The most recent data (Jan 16 - Dec 16) shows that Torbay (429) had a higher rate than the South West (327), National (327), Devon & Cornwall (293) and Family Group (312) rates. Torbay had the joint 17th lowest number of FTEs nationally but was ranked 103rd out of the 137 YOTs in terms of the rate.

5.2 Offending and Re-offending

Offending



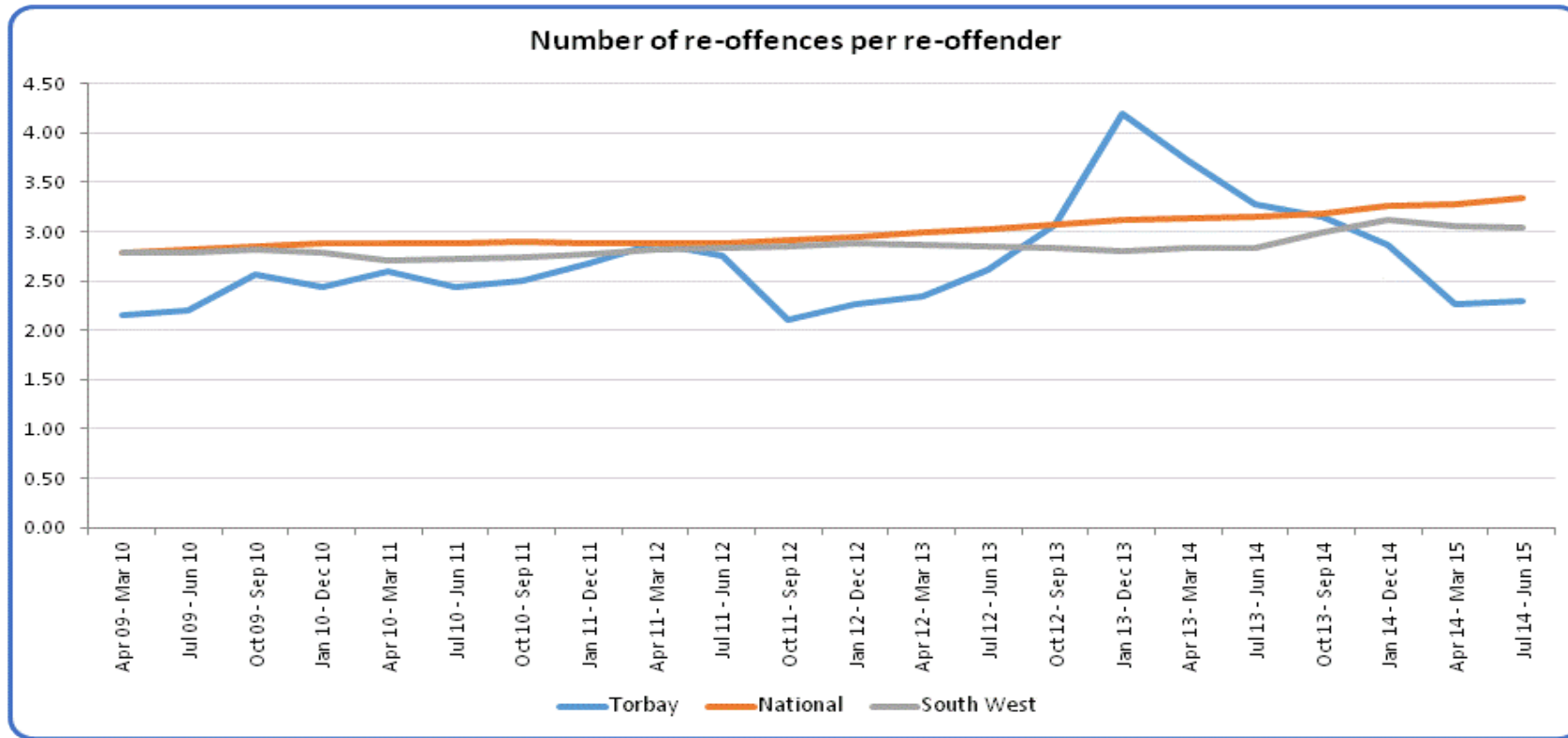
Reoffending



Source: The YOT Data Summary (YDS) for England April – March 2017

The re-offending data reflects the national pattern of a smaller, more challenging, cohort of young people who are more likely to re-offend. As the number of offenders continues to decline the proportion of these offenders who go on to commit a further offence has increased. The proportion of offenders in the July 14 – June 15 cohort who re-offended in Torbay was 34.2%, this is below the National (37.7%) but above the South West (32.8%). The data shown is the most recent available via the YJB but does not reflect the current situation in Torbay. The use of the

Re-offending Toolkit is being explored, alongside Devon and Plymouth, which will allow live tracking and a better understanding of this cohort of young people.



Source: The YOT Data Summary (YDS) for England April – March 2017

The number of re-offences being committed by re-offenders in Torbay has been steadily declining since the peak at the January 13 – December 13 cohort. The average is below both that of the South West and nationally, the latter of which is slowly increasing.

In terms of % of offenders who go on to reoffend within 12 months Torbay ranked 40th of the 137 local authorities in England for the most recent available data (July 14 to June 15), and 7th for the number of re-offences per re-offender.

5.3 Use of custody

There has been one young person sentenced to custody this year from Torbay. This was consistent with the last year where there was also one young person sentenced to custody, although the profile of the Young Person differed significantly.

Multi-Agency Post Custody Reviews are written and submitted to the Management Board to ensure ongoing learning with a view to preventing further custodial outcomes for young people.

Youth Justice Outcomes Plan

Outcome	Risk	Plan	Who	By When
First Time Entrants	Rate of First Time Entrants per population is higher than the national average. Risk of this pattern continuing. No ongoing performance management	Measure effectiveness of Early Help in respect of preventing offending. Utilise data from Supporting (Troubled) Families to identify and target work with partners Benchmark against statistical neighbours	YOT Manager, YOT Practice Manager, and Performance Manager	Data by January 2018 Further planning by March 2018

Re-Offending	Service to maintain low re-offending rate. No current data	Identify positive practice in relation to reducing re-offending. Use of re-offending toolkit Training for Performance Manager Collaborative work with Devon and Plymouth Youth Offending Teams.	YOT Manager and Performance Manager	Data by January 2018 Further planning by March 2018
Use of custody	Service to maintain low numbers of young people in custody	Continued use of qualitative information to inform service development via post-custody reviews Continued links with partners to offer viable alternatives to custody Analysis of risk of custody cases to identify best practice	YOT Practice Managers	Ongoing Ongoing

Service Plan

Area for Improvement	Action	Success Criteria	Responsible	Deadline
Increase in Child to Parent Violence	Staff trained in accredited interventions in relation to Child to Parent Violence	Reduction in repeat Child to Parent violence for known young people.	YOT Practice Managers	April 2018
	Child to Parent Violence to be integrated into Torbay local strategy	Reduction in Child to Parent violence in First Time Entrants cohort	YOT Practice Managers and Domestic Abuse Coordinator	April 2018
Improve governance and viability of YOT through Joint Board. Improve overall practice and make efficiencies in sharing resources.	Develop joint YOT Board with Plymouth and Devon	Functioning YOT Board	YOT Manager	April 2018
Ensure that all actions from National Standards Audit result in sustained improvement in relation to work in the Courts.	Maintain practice changes in relation to Court processes and recording	Re-run National Standards Audit	YOT Practice Manager	April 2018
Develop Feedback tool to replace ViewPoint survey	Use best practice tools to ensure young people influence service development.	50% of Young People known to YOT providing feedback	YOT Practice Manager	April 2018
Ensure that there is an effective Quality Assurance process following Asset Plus	Develop QA process and policy	Ongoing good quality assessments, plans and	YOT Manager	April 2018

implementation support ending		interventions with young people		
Understand Young People in the Youth Justice System's needs in relation to ASD	Produce Health Needs Assessment for Young Offenders	Measurable indicators for improving the health of the YOT cohort	Public Health and Clinical Commissioning Group	April 2018
Develop Youth Justice response to Violence with Injury and Violence without Injury	Engage with Devon and Cornwall police on developing a strategy	Reduction in "violence" crimes	Devon and Cornwall Police Torbay Youth offending Team	April 2018

Risk Register

Risk	Mitigation
Reduction in the amount of time allocated to the YOT Manager Role	Two experienced practice managers are in post and able to ensure quality of work within the Youth Offending Team. Provides opportunities for closer integration with early help. Provides clarity on YOT pooled budget.
Ensuring a local offer alongside the Joint Management Board	Provision of occasional Local Boards Production and review of individual Youth Justice Plans

<p>Limited Performance Management Capacity- have not been able to adopt the re-offending toolkit.</p>	<p>Ongoing training and development for Performance Manager and Business Support Staff. Working with local YOT's to share resources and implement the Re-Offending Toolkit.</p>
<p>Unpredicted increase in Intensive Support and Surveillance creating budget pressure.</p>	<p>Potential to change working patterns across the weekend in line with Local Authority contract changes.</p> <p>Closer links with Early Help may provide resources.</p> <p>Closer links with Torbay Youth Trust may develop opportunities.</p>
<p>No remand budget</p>	<p>Remand budget absorbed into LAC placements budget. Work with Placements team and Children's Social Care to reduce the need for remand where possible.</p>

Appendix

Table 1: Partner contributions to the youth offending partnership pooled budget 2017/18

Agency	Staffing costs (£)	Payments in kind – revenue (£)	Other delegated funds (£)	Total (£)
Local authority*	214, 143	n/a	13, 257	
Police Service	n/a	n/a		
National Probation Service	17, 557	4, 709	292	
Health Service	15, 394	n/a	953	
Police and crime commissioner**	61, 296	n/a	3, 795	
Welsh Government	n/a	n/a	n/a	

YJB Youth Justice Grant (YRO Unpaid Work Order is included in this grant)	n/a	177, 713	11, 002	
Other- Joint Commissioning	66, 919	n/a	4143	
Total	540 173	33, 442		573 615

Youth Justice Grant Spending

YOT Manager 0.4 FTE	£27, 141
Practice Managers 1.8 FTE	£99, 407
1.5 Youth Justice Workers	£58, 959
£3208 towards £11, 000 software costs	£3208
Total Grant	£188, 715

Table 2 YOT Budget 2017/2018

Pay	443, 300
NI	45, 400
Pensions	51, 500
Training General	1, 900
Staff Public Transport	1, 500
Other Public Transport	1, 000
Employees Lump Sum Essential Car User	100
Employees Mileage	4, 200
Non Employees Mileage (Volunteers)	1500
Office Expenses-General	1000
Shredding	1300
Communications-General	1000
Computing- Software MTCE and LIC	11, 000
Other Expenses-General	4115
Assistance to Families	3, 500
SS Misc	500
Total	573 615

Table 3 Staff by Gender and Ethnicity

Staff	Male	Female
21	6	15

Staff	White British	Irish	Declined to participate
21	7		14

Table 4 Volunteers by Gender and Ethnicity

Volunteers	Male	Female
	10	29

Volunteers	White British	White and Black Caribbean	Other White background
	38		1

Table 5 Restorative Justice Trained Staff

Staff	Volunteers	Total
7	38	

This plan has been reviewed and approved by

Name	Organisation	Date
Siobhan Grady	South Devon and Torbay Clinical Commissioning Group	By email 27/07/2017
Alison Hitchins	CSW Group	To follow
Jon Nason	National Probation Service	By email 27/07/2017
Jackie Hawley	Devon and Cornwall Police	By email 28/07/2017
Emily Owen	Office of the Police and Crime Commissioner	To follow
Susan Bahman	Legal Team, South & West Devon Magistrates Court	To follow

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This plan has been approved by the Chair of the YOT Management Board, Andy Dempsey.

Signature: Andy Dempsey (via Email)

Date: 28th July 2017



Meeting: Policy and Development Decision Group (JCT) **Date:** 9th October 2017

Wards Affected: All

Report Title: Children's Services Improvement Plan: Six Month Update – October 2017

Is the decision a key decision? No

When does the decision need to be implemented?

Executive Lead Contact Details: Julien Parrott, Executive Lead for Adults and Children, julien.parrott@torbay.gov.uk

Supporting Officer Contact Details: Andy Dempsey, Director of Children's Services, 01803 208949, andy.dempsey@torbay.gov.uk

1. Proposal and Introduction

- 1.1 Torbay Children's Services were judged to be inadequate in January 2016, following an inspection by Ofsted undertaken in November 2015. The Council had previously been issued with an improvement notice in January 2011, following similar findings in respect of safeguarding services for children and young people.
- 1.2 In May 2016, Torbay Council was subject to a Statutory Direction confirming the appointment of Hampshire County Council's Chief Executive, John Coughlan, as the Commissioner for Children's Services in Torbay. Hampshire Children's Services were also contracted as 'expert advisor' to support the required improvement activity.
- 1.3 A Children's Improvement Board (CIB), chaired by the Commissioner and comprising of Department for Education, Council, partner agency and Elected Member representatives has now been established to oversee improvement activity. Meeting on a six weekly basis, the CIB receives regular updates on improvement activity, within Children's Services and across partners, performance data and the emerging impact on outcomes for children.
- 1.4 Alongside the work of the Children's Improvement Board (CIB), Torbay's Children's Services have been subject to periodic monitoring visits by a team of Inspectors from Ofsted. Since services were judged inadequate in January 2016, there have been three monitoring visits on 25th/26th July and 14th/15th December 2016 and 25th/26th July 2017.

- 1.5 The first two visits looked at the quality and timeliness of plans and decision making in the Multi-Agency Safeguarding Hub (MASH) and for children in need of help or protection. On those occasions, Ofsted concluded that 'adequate' or 'expected' progress was being made and that the pace of improvement had increased in recent months.
- 1.6 The most recent monitoring visit looked at the Care Leavers' service and concluded that improvements in their arrangements had not kept pace with that in other areas. Ofsted also highlighted concerns at the Council's wider role as a Corporate Parent. A copy of the most recent monitoring letter is attached at Appendix 1.

2. Reason for Proposal

- 2.1 A detailed planning and oversight tool has been developed to monitor progress against the recommendations made in their January 2016 report. The improvement plan remains a dynamic document and is subject to regular review by the CIB, Children's Services and Corporate Leadership Teams and Executive Member. The plan has recently been revised to distinguish between completed and outstanding actions in order to ensure a tight focus on the latter. A copy of the most recent update of the improvement plan is attached at Appendix 2.
- 2.2 In light of the most recent Ofsted letter, the programme of improvement work with Hampshire Children's Services, as the Department for Education appointed improvement partner, has been substantially revised. It places considerable emphasis on preparation for the next Ofsted monitoring visit, scheduled for 31st October/1st November, and assumes that full re-inspection is likely within the next three to six months. A copy of the revised programme is attached at Appendix 3.
- 2.3 Set out below is a summary of the current position in respect of improvement activity:
- The pace of improvement work has increased over recent months although the lack of progress in the first nine months of 2016 has not been recovered.
 - Good progress has been made in developing and embedding a robust performance management framework that enables the service to understand its strengths and weaknesses.
 - The timeliness of visits, decision making and assessment improvement has improved in most areas although further work is needed to ensure this is sustained and encompasses all areas of service provision. Improvement in this area has been adversely impacted by more recent Social Worker 'churn' in case field work teams.
 - Recent 'churn' in the Social Care workforce in some teams is impacting adversely on the continuity and quality of case work – this is currently subject to intervention by senior managers to stabilise the service.
 - Children's Services and partner agencies have recently revised their Early Help arrangements, including the implementation of a 'single front door' for all contacts and referrals.

- The quality of assessments and plans remains too variable with inconsistent management oversight.
- The quality and scope of case recording is not always reflective of good direct work with children and families.
- Corporate oversight of Children's Services' plans and decision making has improved although Ofsted has raised concerns about the Council's wider approach towards Corporate Parenting. This is particularly so in relation to support for Care Leavers in respect of housing, employment, health and education.

2.4 The cumulative evidence from the work of the CIB and Ofsted monitoring visits is of a service that is making steady progress in most areas but from a very low starting point. The pace of improvement has recently accelerated following the appointment of a new Director and Assistant Director, Children's Safeguarding, but this will need to intensify over the coming months, as the service approaches re-inspection. Alongside the work within Children's Services, the Council and its partner agencies will need to evidence their material contribution towards improving outcomes for children looked after and care leavers if a positive inspection outcome is to be achieved.

2.5 Alongside the regular scrutiny of improvement activity and performance by the CIB and Children's Services and Corporate Leadership, updates will be provided to Council on at least a six monthly basis as part of the enhanced governance arrangements now in place for Children's Services.

3. Recommendation(s) / Proposed Decision

3.1 The Joint Commissioning Team Policy Development and Decision Group is asked to note the progress to date as set out in the Improvement Plan (Ver 21) and agree to receive updates on a regular basis.

Appendices

Appendix 1: Ofsted Monitoring Letter August 24th

Appendix 2: Improvement Action Plan Version 21

Appendix 3: Hampshire County Council Revised Work Programme

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24 August 2017

Mr Andrew Dempsey
Director of Children's Services
Torbay Children's Services
First Floor South
Town Hall
Castle Circus
Torquay
TQ1 3DR

Dear Mr Dempsey

Third monitoring visit to Torbay local authority children's services

This letter summarises the findings of the monitoring visit to Torbay children's services on 25 and 26 July 2017. The visit was the third monitoring visit since the local authority was judged inadequate in January 2016. The inspectors were Emmy Tomsett HMI and Margaret Burke HMI. They were accompanied by Shirley Bailey, senior HMI, and Fiona Mongredien from the Department for Education.

The local authority is making slow progress from a low starting point to improve services for care leavers in Torbay. Council-wide ownership and understanding of what it means to be a good corporate parent are improving, but remain weak.

Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made for care leavers, including:

- the quality and timeliness of pathway plans for care leavers
- how effectively the local authority discharges its duty as a corporate parent to care leavers
- the extent to which care leavers receive clear and effective advice and guidance regarding their entitlements
- how well management oversight and supervision of staff in the care leavers' service are used to improve the quality of practice and decision-making
- the quality and use of performance management and monitoring to track and respond to care leavers' experiences
- the effectiveness of quality assurance arrangements in improving outcomes for care leavers.

The visit considered a range of evidence, including electronic case records, supervision records, other supporting documentation and discussions with care leavers and a range of staff, including social workers, team managers and the heads of service.

Overview

Despite recently accelerated progress and well-targeted intervention by the director of children's services and his team, a failure to prioritise the needs of children looked after and care leavers across the wider council has slowed the overall pace of change. Frontline services for vulnerable children and care leavers have not been sufficiently supported by wider service provision in the council. Housing options for care leavers, for example, are very limited. The revived corporate parenting board has not yet established links with the Children in Care Council or care leavers, and feedback on the experiences of care leavers is not systematically gathered or considered by the local authority.

The local authority has made steady progress in some areas of development in the quality of practice for care leavers since the last inspection. The advice that care leavers receive about next steps, including their entitlements, has improved significantly, and pathway planning for care leavers, while not yet good, is now at least of adequate quality. However, the quality of performance information and quality assurance arrangements specifically for care leavers have not kept pace with those of other areas of the service and lack accuracy and rigour. These deficits reduce the local authority's understanding of the strengths and weaknesses in the care leavers' service. Senior leaders were unaware of some areas for improvement until inspectors highlighted them during this visit.

While no young people were identified during this visit to be at risk of immediate or significant harm, a very small number of care leavers were referred to senior managers due to delays in their personal advisers or social workers recognising and taking action to reduce risk. In these cases, professionals had been over-optimistic about care leavers' resilience; they had not recorded the help provided and, in one case, they had not provided the care leaver with appropriate help.

Findings and evaluation of progress

Based on the evidence gathered during the visit, inspectors identified some areas in which there are improvements, and some areas in which progress has been too slow.

Care leavers are supported by a small, stable team of dedicated staff. However, caseloads are reported by personal advisers and managers to be high, and this adversely affects the quality of support that care leavers receive. Safeguarding risks to care leavers are not identified or responded to appropriately in a minority of cases, and this poor practice is further compounded by weak management scrutiny of practice.

Care leavers do not always receive appropriate help when the need first arises. Staff do not monitor all care leavers' circumstances regularly enough, and visits to care leavers have not always been sufficiently timely or purposeful. Senior managers have not provided guidance to staff that sets out the expected frequency of visits to young people. A policy outlining the minimum frequency of visits was issued during the course of this monitoring visit, but the shortfall had not been identified by senior managers through scrutiny of casework and performance information and was pointed out by inspectors.

Arrangements to keep in touch with care leavers by text message and by telephone are good, and there is evidence of sustained and persistent attempts by personal advisers to engage with young people. However, it is not always detailed in case records or pathway plans when care leavers do not wish to have any contact with personal advisers.

When care leavers are engaged with services, their wishes and feelings are mostly well reflected and considered in pathway planning. The timeliness of pathway plans has improved from a low base, but, overall, requires further improvement. Each care leaver now has a newly revised pathway plan document, and most examples were at least adequate, although there continues to be variability in the quality and effectiveness of these plans. Plans are not yet routinely updated following significant events experienced by the young person and do not routinely contain timescales. In some cases, this results in delay in the young person receiving support. However, inspectors also saw some examples of care leavers receiving timely help. Care leavers spoken to by inspectors reported that they feel well supported by personal advisers, who are accessible and responsive to their needs.

Arrangements to ensure that care leavers are aware of their entitlements have been significantly strengthened. An 'Integrated youth support service after care handbook' and an entitlement sheet are routinely distributed to care leavers. A new website has been launched to encourage care leavers to access relevant information easily and readily through this route. As a result of these improvements, care leavers spoken to by inspectors were aware of their entitlements and knew how to obtain further information if necessary.

Access to public housing for care leavers is limited by a corporate failure to ensure that there is enough housing provision for young people. As a result, many care leavers live in privately rented accommodation that lacks the security that social housing affords. Additionally, support to care leavers who have mental health needs is weak. While the local authority is seeking to address this deficit and improve access to mental health services for care leavers, this remains a challenge.

The local authority ring fences some apprenticeship opportunities for care leavers. However, the number available does not demonstrate sufficient corporate commitment to prioritising employment opportunities for care leavers in the authority.

The quality of management oversight in the care leavers' service is poor. There is not enough scrutiny of the quality of work. Management oversight does not always sufficiently recognise or challenge poor practice. The quality and timeliness of case recording are significant weaknesses, and these have not been recognised, identified or addressed by senior leaders or managers in the care leavers' service. Supervision of staff is inconsistent, both in its frequency and in its challenge of poor practice. Delays experienced by care leavers are not routinely identified by managers, and subsequent management plans, when in place, lack timescales. Very recent arrangements to strengthen the quality of supervision are beginning to be evident in some case files through more effective recording and tracking of actions. However, management oversight is not yet consistently contributing to improving outcomes for care leavers.

While auditing activity is leading to demonstrable improvements in other areas of the service, its contribution to improving outcomes for care leavers is negligible. The number of audits routinely completed in the care leavers' service is insufficient to effectively identify emerging strengths or weaknesses and track outcomes for young people. Collation of lessons learned from audit activity is poor in this part of the service. The audits that have been completed are not sufficiently challenging: four of the six audits completed by the local authority for this monitoring visit were over-optimistic and did not sufficiently consider the effect of poor practice on young people.

The use of performance information and data to identify strengths and weaknesses and track outcomes for care leavers is improving, but has not kept pace with that of other areas of children's services. Although data is available to senior managers, performance information and data in relation to care leavers reviewed at the monthly team manager performance meetings is currently limited to two performance indicators: the number of care leavers in suitable accommodation and the number not in employment, education or training (NEET). Despite the improved access to performance data, the local authority is not currently meeting its target of a maximum of 40% of care leavers NEET; 52% of care leavers are recorded as NEET. Furthermore, performance management information on the number of care leavers in suitable accommodation is inaccurate, due to data inputting errors. Those care leavers placed in homelessness hostels or who are moving between friends or relatives are unacceptably reported as living in suitable accommodation. This gives senior leaders a falsely positive view of the quality of accommodation for care leavers. Important omissions in the collection of performance information in relation to care leavers remain. Senior leaders do not have access to data regarding the frequency of visits to care leavers, the number of care leavers placed out of area, the stability of their accommodation or the number who contribute to their pathway plans.

While the pace of change in other areas of the service has been steady and improvements have been implemented and monitored effectively, the quality of service that care leavers receive is not improving swiftly enough. The local authority

accepts that the support offered to care leavers is not reliably effective and much more work is required to achieve a good standard.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely

Emmy Tomsett

Her Majesty's Inspector

Pre-publication

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1	CHILDREN IN NEED OF HELP OF PROTECTION						
1	Ensure that assessments are timely, proportionate and effectively identify the risks and needs and protective factors, leading to appropriate and measurable plans						
1.6	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA	<ul style="list-style-type: none"> Performance reporting to capture Heads of Service oversight Head of Service oversight of Sec 47 going to ICPC 	Sept - Nov 2017	Evidence from performance reporting and case file audits will indicate correct threshold.	ONGOING	HoS automatically notified on all section 47s completed including those potentially returning to a Plan for a second time. 9.12.16.
		Head of Service SASF	<ul style="list-style-type: none"> Ensure that core groups are developing child protection plans. (OFSTED DEC 2016) Training to IROs on what is expected and what they should be challenging. Review of all CP that has ended at 3 mths (in last 6 mths) 	From Jan 2017 and ongoing By end Sept 17	To be evidenced in case file auditing; picked up by IROs in DRPs and by Lead IRO/HOS in IRO effectiveness audits. Section 47s that lead to an initial case conference – 39% target	PART COMPLETED	Audit activity has revealed some inconsistency around the function of core groups and this has been addressed in the service concerned. (9.2.2017)
1.7	Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Within Performance Management implement measure to track proportion of assessment stepped down. 	By end Sept 17	2 % target reduction from current baseline	REVIEW	
2	Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt						
2.1	All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	<ul style="list-style-type: none"> Performance reporting to specify distribution of working days from contact to referral outcome. 	Phase 2	Correct intervention at appropriate	REVIEW	The 2nd phase of performance data showing service and team manager's

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Appendix 2
Agenda Item 5

Torbay Children's Services: Improvement Action Tracker

Page 54			<ul style="list-style-type: none"> Performance reporting to specify 24hrs and 48hrs 	Phase 3	threshold will be applied.		<p>views will be launched on 13/12/12. 9.12.16</p> <p>In February 2017, over 80% of contacts had a decision within 24 hours. (31 March 2017)</p> <p>To maintain target of 85% in 24 hrs but to ensure appropriate % decision – audit of MASH</p>
	2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	<ul style="list-style-type: none"> Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen. Audit of CiN cases to consider quality of planning Torbay Audit process 	Phase 2 Mar 2017 (LOGI) version Sept 17	<p>90% target - referrals where the child was seen within 5 working days (SA)</p> <p>Visit on PARIS and plan identifying intervention is present and KPI is met</p>	<p>In February 2017, performance data demonstrated an improvement – to 72.9% A particular team and individuals are being targeted to make improvements. (31 March 2017).</p> <p>Performance A</p>
	2.3	Children in need of protection to be seen within 1 working day of S47 starting.	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen. 	Phase 2 Mar 2017 (LOGI) version	<p>Target 90% of referrals where the child was seen within 1 working days (Sc 47)</p> <p>Performance reporting reviewed</p>	COMPLETED

Torbay Children's Services: Improvement Action Tracker

							performance meetings (31 March 2017) Figure for July
2.4	Consistent application of Signs of Safety model by CP Chairs	Head of Service Safeguarding Improvement Partner	<ul style="list-style-type: none"> Observations of CP Conferences 	Sept 17	Consistent delivery of CP and planning	Ongoing	
2.5	CiN work is robustly managed and confidence is high in its delivery	Head of Service SASF AD	<ul style="list-style-type: none"> Team Manager to oversee CiN meetings Review of allocation CiN CiN Protocol 	Sept 17 Oct 17	Increase in confidence in CiN by partners to help children and families	Ongoing	
Page 55 2.6	Quality of CiN work resulting in diversion from CP/LAC	AD Improvement Partner	<ul style="list-style-type: none"> CiN/CP Practice review Review of documentation Workshop for Managers on what can be provided at CiN 	C	CiN wk results in reduction of CP + does not increase re-referral rate	Review 27 – 29 Sept	
	2.7	CiN is supported by robust Business Support functions	BS Manager	<ul style="list-style-type: none"> Review of business processes Review of quality of minutes and timeliness of meeting invites, etc. 	Sept 17	Increase in partner engagement at CiN meetings. Timeliness of all notes/reports and confidence in CiN process is reported by partners at the CIB	Ongoing
2.8	CiN is not supported by partners due to focus/demand of CP work	TSCB Partner agencies AD Head of Safeguarding	<ul style="list-style-type: none"> Sharing of updated protocol CiN meetings structured CiN meetings TM chair 	Sept 17	Increase in CiN attendance by partners Reduction of cancellations	Ongoing	

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4	Ensure that all children who go missing from home or care are offered a timely and comprehensive return interview and that information from these interviews is collated to inform effective targeting of preventative and protective services						
4.1	Children who go missing to be offered a return home interview within 72 hours of their return	HOS for Safeguarding and QA	<ul style="list-style-type: none"> review contractual arrangements with existing service provider 	Sept 2017	Provider meets contractual arrangements.	REVIEW	This is an improving picture with the % of RHI completed in 72 hours rising to 80% in Q4 (11/04/17). Figure for July
			<ul style="list-style-type: none"> issue contract variation 	Sept 2017	Target – 80% of young people who were provided with a return home interview within 72 hours	REVIEW	
		Commissioning Manager	<ul style="list-style-type: none"> Review return home interview practice standards within Audits CSE 	Oct 17 2016	Compliance + Equality		
4.2	Monitor and analyse information from return home interviews in order to improve future practice	ATMIFSS	<ul style="list-style-type: none"> Review PARIS template to ensure that all missing data is recorded on PARIS 	Oct 2017	Performance reporting provides assurance against set target		
		CS Performance Lead	<ul style="list-style-type: none"> Review LOGI report to monitor volume and timeliness of return home interviews 	Oct 2017	Performance reporting provides assurance against set target		
	HOS for Safeguarding and QA						
5	Ensure that the number of children at risk of CSE is known and actions plans are in place						
5.1	Consolidate strategic response to the risk of CSE	Head Early Help	<ul style="list-style-type: none"> Missing, Exploited and Trafficked Sub-Group to be reviewed – Observation by SLT 	Aug 2017 Sept 17	Clear arrangements to identify and monitor Children at risk of CSE	REVIEW	ToR to be attached
		TSCB	<ul style="list-style-type: none"> Ensure that MACSE and Missing Monday Meetings facilitate mapping of 	Aug 2017	Clear arrangements to identify and monitor Children at risk of CSE	REVIEW	Data being collected, collated and reported to MET subgroup -

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			risk activity and this is reported to the MET subgroup REVIEW	Sept 17				
Page 57	5.2	Monitor and analyse information from CSE risk assessments	Head of Early Help	<ul style="list-style-type: none"> Ensure all cases identified as being at risk of CSE are known 	Sept 2017	Provide data from PARIS to CSE business support		Request has been made to PARIS for indicator box
				<ul style="list-style-type: none"> Ensure all cases with CSE have an assessment in the form of the CSE toolkit and this is reviewed 	Sept 2017	Compliance with assessments and reviews		This is being monitored through CSE spreadsheet. Ongoing work to streamline with Early Help tracking
			Lead Auditor	<ul style="list-style-type: none"> Monitor quality of assessment and plans in relation to CSE through CSE Audit 	Oct 2017	Audits show improvement in quality of assessment and planning		
			Lead Auditor	<ul style="list-style-type: none"> Monitor equality of service- for example, boys at risk of CSE through CSE Audit 	Oct 17	Audit identifies that vulnerable groups are being identified.		
				<ul style="list-style-type: none"> Audit CSE toolkit outcomes and disseminate effective practice 	Oct 2017	Supervisions and case audits will identify if CSE audit toolkit is being used.		
	5.3	Ensure that the interventions in relation to CSE are effective	Head of Early Help	<ul style="list-style-type: none"> Review CSE Champions support best practice interventions 	Oct 2017	Notes from CSE Champions Meetings		
	5.4	Ensure CSE/Missing whole co-ordinated system response	AD TSCB Partners	<ul style="list-style-type: none"> TSCB: data available across the system to develop To develop a strategic action plan including partner agencies responsibilities to CSE. 	Oct 17	Reduction of risk re. missing/CSE		
2	PARTNERSHIP WORKING							
7	Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child							

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7.2	Early Help Assessments are comprehensive and reflect the right threshold of need	Head of Early Help TSCB	<ul style="list-style-type: none"> Develop and implement EH practice standards, as part of work in 7.1 	July 2017	Improved, consistent thresholds and coherent pathways to intervention, as evidenced in case file audits.	ONGOING	<p>Partners are confident in multi-agency TAF working within the community.</p> <p>Partners are confident in completing EH assessments and TAF plans. More detailed data/audit activity needed.</p>
			<ul style="list-style-type: none"> Develop and implement EH audit tool as part of work in 7.1 	Sept 2017	The audit tool is being effectively used.	COMPLETED	<p>Multi-agency working group has been set up (reporting into the Early Help Steering Group) , so that TSCB can sign off on 15 June 2017, with a launch date on 16 June 2017. Ongoing training needs arising from the launch, will be picked up by the Early Help Steering Group (31 March 2017)</p>
7.3	Children receive a timely response for EH and targeted intervention	HOS Early Help FIT Team Improvement partner	<ul style="list-style-type: none"> Review role of Targeted panel and processes, as part of the Early Help Strategy refresh in consultation with the Improvement Partner. 	Sept 27 – 29 Sept/Oct 17	Children receive an appropriate and timely response, based on robust assessment – case file auditing/direct observation MASH/Targetted Panel/FIT Partners demonstrate an understanding of the new process and are using the targeted panel appropriately.		<p>Data needs to show improvement in Targetted Panel referrals</p>

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					The TSCB Early Help Board have a strong understanding of need and are appropriately responded with a partnership offer.		
8	Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership						
Page 59	Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA CS Performance Lead Improvement Partner	<ul style="list-style-type: none"> Undertake a thematic audit on LADO Review role of LADO within IRO Service 	Sept 2017 Oct 17	LADO referrals are appropriate and partners demonstrate confidence in both using the LADO process and the subsequent outcomes.	ONGOING	
9	With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, CAMHS and emergency duty service						
9.1	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB Domestic Abuse work	<ul style="list-style-type: none"> Convene multi agency workshop to review current arrangements and begin to shape future provision 	Oct 17	Strategy and action plan are in place.		
9.2	EDS provides a timely and effective service to children out of hours	Children's Commissioner / TSCB' HoS Targeted Intervention	<ul style="list-style-type: none"> Work with Improvement Partner to review Out of Hours arrangements within the context of the new Delivery Model.. 	April 2018	Children are kept safe.		
3	SAFEGUARDING AND QUALITY ASSURANCE						

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10	Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information						
10.2	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	<ul style="list-style-type: none"> Exercise to understand the way professionals apply the scale of risk factors within child protection conferences. (OFSTED DEC 2016) 	Sept 2017	Confusion is minimised and there is one clear consistent message to parents/children and young people and professionals.	ONGOING	Desk top review of scoring underway to establish trends is ongoing.
Page 60	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead	<ul style="list-style-type: none"> Develop a LOGI PARIS report that captures agreed data set and monitors compliance with practice standards for CP Chairs and IROs 	To be completed by end of 2017	Consistently clear management information so that areas for further work can be targeted.	Data continues to be captured manually by SARS (11.04.17)	Performance data delivery date required
		HOS Safeguarding and QA					
10.4	Ensure IROs and CP Chairs provide effective scrutiny and challenge (Ofsted Dec 2016)	AD/HoS for this service Improvement partner	<ul style="list-style-type: none"> HoS for this service and Lead IRO to audit the effectiveness of IROs on a weekly basis – 1 case per IRO, per week, based on an agreed audit tool Observations of ICPC + Reviews 	Sept Oct	Learning from audits is embedded into the service. Audits over time demonstrate improved practice and better consistency.		
10.5	CLA, CPPs, pathway plans should be SMART and well established (Ofsted Dec 2016)	AD/HoS/IROs/Lead Auditor	<ul style="list-style-type: none"> IROs and case file auditors to ensure that quality of the plan is audited fully each month and that necessary actions are taken and followed up. 	From Jan 2017 and on-going	Increased percentage of work across the system where the practice standards are fully met.	ONGOING	There has been a steady increase throughout January 2017 (9.2.2017) Recent data

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		Lead auditor/IROs/AD/HoS Improvement partner	<ul style="list-style-type: none"> Child protection plans and CIN Plans need to be clear and explain what parents need to do to change their behaviour, by when, and the consequences of not sustaining any change. They must have a contingency. CiN Audit CLA/CDS – deep dive re. quality 	From Jan 2017 and ongoing Sept 17 Sept 17	Increased percentage of work across the system where the practice standards are fully met.		Now being picked up in auditing activity (9.2.2017)
4	CHILDREN LOOKED AFTER AND PERMANENCE PLANNING						
11	Monitor the progress of children looked after more closely at Key Stage 4 and pay greater attention to ensuring that they achieve five GCSE grades A* - C, including English and Maths						
Page 61 11.1			<ul style="list-style-type: none"> CLA at key stage 4 are supported to do as well as they possibly can 	Sept 2016	Percentage of CLA achieving 5 GCSEs (A*-C, including maths and English) – September 2016 we achieved 21.7% Our target is to improve on this in 2017	COMPLETED	Key State 2 to Key Stage 4 Purchased WIMBL a locked down tablet with revision guides and materials for all CLA in mainstream schools

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11.2	Attention to attainment	Virtual Head	<ul style="list-style-type: none"> Deliver next tranche of attachment training. 		Take up of training Including the take up of education and social care professionals.	Review for 17/18	The 3 rd tranche training starting in September 17 will include Social Care.
		HoS Fostering	<ul style="list-style-type: none"> To train foster carers on expectations of how to support learning 				
11.4	Corporate Parenting strategy needs to be developed	Virtual Head	<ul style="list-style-type: none"> Embed joint accountability with VSGB re-attainment plus contributing factors identified in Rees Report. 	Dec 2016 and termly	Improvement in the factors identified by Rees Report Positive indicators that lead to improved outcomes are enhanced. For example placement stability.	ONGOING	<p>Monthly Corporate Parenting Boards have now been re-established and are taking place. (31 March 2017).</p> <p>Agenda Item requested for July 17 Board to nominate a Corporate Parenting Member to sit on the VSGB.</p> <p>Full Council Meeting to be provided with the Annual Report of the VS in September 17.</p>
11.5	Development of wider participation strategy including the role of Children and young people and Care leavers in the Corporate Parenting Group	AD Education and AD Safeguarding HOS Specialist Services Virtual Head	<ul style="list-style-type: none"> Development of Participation strategy Proposal developed to ensure joint responsibility VH and HOS for CPG delivery and the Children in Care Council and Care leavers Council 	Sept/Oct 17	The views of young people impact upon service design and provision.		
12	Merge the Permanency Policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Foster to Adopt arrangements and concurrent planning, where appropriate.						

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Page 69 12.3	12.2 Permanence Plans improve outcomes for children and young people	AD/HoS/Reviewing Service	<ul style="list-style-type: none"> All CLA to be on a plan for permanence by the time of the second review Review permanency plans 	From Jan 2017 onwards Sept/Oct 17	Full compliance – data and auditing		Now that we have a suite of data reflecting the journey of the child, we can monitor progress. Next progress report will be for January 2017 data (9.2.2017)
		Improvement Partner					Update required
		Performance Lead	<ul style="list-style-type: none"> Care plans must be robust and include a plan for permanence Permanence planning case note to be developed in PARIS or Word so IROs can note when child is in their permanent placement 	From Jan 2017 onwards Oct 2017	70% target of plans to be at least RI or better Target – 75% of CLA who have been in care for 12 months or more who are in their permanent placement		
		Head of Service Specialist Services	<ul style="list-style-type: none"> Provide training on Foster to Adopt process and practice standard for all new starters 	Feb 2017	Reduction of placement moves for Children moving to adoption.	Oct 17	
5 CARE LEAVERS							
14 Ensure that the quality of pathway plans is consistently good and that care leavers are actively encouraged to contribute to the development and content of these plans							
14.3	Young people's forum to review pathway plans on a yearly basis.	Care Leavers Forum	<ul style="list-style-type: none"> Establish Care Leavers' forum as key mechanism to obtain views on effective practice 		Effective and regular forum and evidence of doing something with this information to impact service delivery and development.	COMPLETED	Feedback collated December 2016 and ongoing
14.4	Personal Advisor and Assistant Manager capacity required to	DCS / AD HOS Care Leavers	<ul style="list-style-type: none"> Business case to increase the PA and ATM to meet the capacity issues (OFSTED July 2017) 	Sept 17	To improve outcomes for Care leavers identified through		

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	enable appropriate delivery of the Care leavers service				EET opportunities and appropriate accommodation.		
14.5	Visiting and Contact arrangements need to be in line with Regulation and discussed with young person and specified in the Pathway plan	HOS Care Leavers PM Care leavers	Clear policy and performance reporting to be based on statutory requirements. Revise Practice Standards for Care leavers services in line with Children Act	Sept 17	Practice Standards compliant with Children Act legislation. Performance monitoring against practice standard.		
Page 64 14.6	Access to public housing for care leavers is limited by a corporate failure to ensure that there is enough housing provision for young people. As a result, many care leavers live in privately-rented accommodation that lacks the security that social housing affords.	HOS Care leavers Housing Commissioning lead	Co-working with housing and commissioning- particularly in relation to homelessness reduction act.		Sufficiency Strategy to include Care Leavers Housing Offer.		
14.7	The local authority ring fences some apprenticeship						

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Page 65	opportunities for care leavers. However, the number available does not demonstrate sufficient corporate commitment to prioritising employment opportunities for Care Leavers in the authority. care leavers						
	Mental Health provision needs to be available to support to care leavers.	Commissioning lead Camhs	Re-commissioning of CAMHS service to include offer to Care Leavers in relation to emotional and mental health.		Clear pathway to meeting mental health needs for Care Leavers.		
6	LEADERSHIP AND GOVERNANCE						
15	The Chief Executive should ensure that leadership in Torbay is strong, consistent and sharply focused on improving and sustaining outcomes for children throughout children's social services						
15.2	Corporate Parenting Board	Lead Member AD / Head of Specialist Services	<ul style="list-style-type: none"> Ensure that CPB meets regularly 	Dec 2016	CPB meeting regularly as expected.	COMPLETED (FEB 2017)	CPB now meeting monthly (31 March 2017) CPB dashboard CPB action plan
			<ul style="list-style-type: none"> Develop CP strategy, Plan, refresh Pledge 	July 2017	Clear strategy in place	COMPLETED	

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			<ul style="list-style-type: none"> Launch Pledge 	Sept 2017	Pledge launched and circulated	ONGOING		
15.3	Corporate Parenting Group	Lead Member AD/Head of Specialist Services	<ul style="list-style-type: none"> Attendance of Care leavers 	Dec 17	Corporate direction for Care leavers			
15.4	Achievements of Children in Care and Care Leavers are celebrated.	Lead Member DCS AD Head of Specialist Services / Virtual Head	<ul style="list-style-type: none"> Proposal developed for Children in care and Care leavers awards event 	Sept 17	Celebration of Children in care and Care leavers event			
16	Improve the quality of performance management and monitoring through an improved and robust suite of data, effective and challenging management oversight and rigorous action planning							
Page 66	16.1	Deliver Management reporting tool platform	Principal Performance Manager	<ul style="list-style-type: none"> Deliver new online reporting tool for all managers and populate with live performance data (first phase) 	Dec 17	Team managers and Services Managers critique performance and address areas for development in a timely way.	Ongoing	Online Tool live and available to Service Managers. Introductory sessions with all managers have been completed. 9.12.16 Team Managers, HOS and Performance Manager meet together with the AD on a monthly basis in order to track and monitor performance on the PIs. Most PIs (with some exceptions) now have data broken down to team and individual levels. (31 March 2017)
				<ul style="list-style-type: none"> Identify gaps in delivery and plan whole system delivery 	Sept 17	SLT approve timetable for delivery		

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Page 67			<ul style="list-style-type: none"> Establish drill down function on key performance data to see practitioner and team performance Deliver to all TM/PM across the system 	Dec 2017	Team managers and HoS critique performance and address areas for development in a timely way. These 'front sheets' for each PI to show, at a glance, how a team is doing month on month and in relation to other teams.		<p>Second phase of performance management involving service and team managers is being launch 13.12.16</p> <p>Apart from some new PIs, over 20 have been broken down to team and individual levels and are being scrutinised by Team Managers, AD, HOS and Performance Manager on a monthly basis. (31 March 2017)</p>
			<ul style="list-style-type: none"> Build further PM and service views 	Dec 2017	More robust and clear management information.	ONGOING	<p>Second phase of performance management involving service and team managers is being launched 13/12/16 8.12.16</p>
16.2	Develop and implement data addressing areas for drift and delay	Principal Performance Manager	<ul style="list-style-type: none"> Develop data on timeliness of decision making, visiting and assessment timeliness. (Data Gaps noted by Ofsted are addressed.)- first phase Review of reporting following Ofsted Monitoring visit July 17 	Oct 17	70% target of practice standards where there is evidence of sustained improvement in performance	REVIEW	<p>Data on MASH decision making and visits during CIN and CPP and timeliness of assessments improved on base line Oct 15. Areas of lower performance on 1st visits are being challenged. 9.12.16</p>
			<ul style="list-style-type: none"> Refine views of key practice compliance measures (2nd phase) Review following requirements in light of Ofsted July 17 visit 	Oct 2017	Full suite of KPI's	REVIEW	<p>A more comprehensive set of KPIs that build on existing practice standards will be launched with TMs on 13.12.16</p>

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							Now launched and scrutinised at monthly performance meetings (31 March 2017)
Page 68 6.3	Re-establish performance management routine and embed performance within the culture	Assistant Director, Principal Performance Manager, Principal Business Support Manager and HoS	<ul style="list-style-type: none"> TMS and HOS to meet on a monthly basis with AD to review progress and agree actions – regular performance meeting 	Jan 2017	Performance culture embedded at Team Manager level, so progress can be tracked and action taken accordingly.	COMPLETED AND ONGOING	This work has started and a day with Team Managers will be held on 13 December to re-launch the performance framework. 8.12.2016
			<ul style="list-style-type: none"> DCS and AD to meet with HOS and Performance Manager on a monthly basis to review progress and agree actions. 	July 2016 and ongoing	Senior Managers own the data and take action accordingly	COMPLETED AND ONGOING	Key PIs broken down to team and individual levels and Team Managers meet with AD to scrutinise the data on a monthly basis – now established practice. (31 March 2017)
			<ul style="list-style-type: none"> TSCB performance reporting (CS element) 		TSCB own the data and understand trends and issues needing action in key areas.	REVIEW	
			<ul style="list-style-type: none"> Develop routine reports on the quality outcomes of case audits KPIs via LOGI 		Overview of practice quality readily available to DCS,AD, team and service managers every month	Ongoing	Overview of case audits begins to be reported in monthly meetings

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		Lead Auditor	<ul style="list-style-type: none"> Develop routine reports on what children are saying Review use of MOMO Consider participation strategy 	<p>May 2017</p> <p>Oct 17</p>	% of CLA who have participated		CLA overview of feedback begins to be reported in monthly meetings
Page 69 16.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	<ul style="list-style-type: none"> Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS. <p>Phase 2 Legal tracker Fostering service electronic recording CLA review forms Refine Early recording Case supervision form Professional supervision form Refine Missing and CSE capture</p> <ul style="list-style-type: none"> Chronology of wks required 	<p>Sept 2017</p> <p>Sept 17</p>	Number of forms revised (and simplified) since April 2016		<p>Q1 Introduce event based case notes – setting up event based notes , referral return letter</p> <p>Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool,</p> <p>Q3 – Address recording of non CIN, additional case notes for PLO and Case supervision 9.12.16</p> <p>Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16</p>
			<ul style="list-style-type: none"> Upgrade Paris to keep in line with latest releases 	Mar 2017	CS staff benefit from removal of known system errors	COMPLETED AND ONGOING	<p>Q4 latest version due to be rolled out in February – testing of new version already underway 9.12.16</p>
			<ul style="list-style-type: none"> Chronology of work 	Sept 17			

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16.5		Principal Commissioner – Special Projects Lead Auditor	<ul style="list-style-type: none"> Report on YP Engagement with CS 	Oct 17	% YP who have engaged in service development		
16.6	Performance information and data to identify strengths and weaknesses and track outcomes for care leavers is not complete and of the quality required for the delivery of the service	Performance lead HOS Care leavers	<ul style="list-style-type: none"> OFSTED 2017 Important omissions in the collection of performance information in relation to care leavers remain. Senior leaders do not have access to data regarding the frequency of visits to care leavers keeping in touch with care leavers and the number of care leavers placed out of area, the stability of their accommodation or the number who contribute to their pathway plan. 	Sept 17	To ensure the data is correct and in line with Statutory Guidance To ensure management oversight is in place within the Care leaver's service to ensure improved outcomes for Young people.		
Ensure that audits are routinely embedded and learning from audit activity and training is systematically evaluated and contributes to a learning culture with the organisation							
17.1	Implement a new audit tool	Lead Auditor	<ul style="list-style-type: none"> Develop and implement new case audit tool Review/update Audit tool following Ofsted Monitoring visit 	Sept 17	New audit tool on PARIS	COMPLETED	Quarterly audit report demonstrates compliance with new audit arrangements
			<ul style="list-style-type: none"> Update training and guidance to auditors via HoS 		Audits completed each month.	Sept 17	
17.2	Improve Audit Activity	AD/HoS/Lead Auditor	<ul style="list-style-type: none"> All requested audits to be completed without exceptions OVERSIGHT OF Audit activity to be implemented. Review following Ofsted July 17 	From Jan 2017 and on-going	90% compliance minimum	COMPLETED REVIEW	Quarterly report March 2017 will evidence Evidenced in MARCH 2017 report (31 march 2017) All completed with wash up sessions in April (31 March 2017)

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17.3			<ul style="list-style-type: none"> • Actions following Audit activity to be dealt with immediately + learning shared with service areas within the month 	Sept 17	Actions for audits completed within timescale		
17.4	Lack of observations of practice by SLT/HoS	DCS/AD/HoS/Lead Auditor	<ul style="list-style-type: none"> • Programme of observations to be developed • Process to be developed and agreed 	3 rd week Sept	Senior leadership will have understanding of practice across the services.		
18	Ensure that Leadership and Management of HoS and TMs is robust						
			<ul style="list-style-type: none"> • Progress to be reported on by lead auditor 	Oct 2017	Evidence of improvement	ONGOING	
Page 71	Supervision needs to take place and better evidenced (Ofsted DEC 2016)	AD/HoS/Lead auditor	<ul style="list-style-type: none"> • One consistent template and practice guidance to be issued to staff 	Feb 2017	Consistent practice across the board		
			<ul style="list-style-type: none"> • Quarterly supervision audits to take place 	From Sept 2017	Consistent practice across the board, evidenced through case auditing.		
18.3	Practice decisions and governance structure needs to be in place	AD	<ul style="list-style-type: none"> • Fortnightly HoS meeting with AD to be set up, so that decisions are taken and discussed by the leadership group 	Dec 2016	Shared ownership and structure for decision making		
18.5	Development of HOS in relation to management and leadership of their service within a whole system response	AD/HoS Improvement partner	<ul style="list-style-type: none"> • Away session (1 day) for HOS on roles and expectations and agreed work plan going forward. • Link HoS with matched partner from Hampshire 	Day one – 16th August 27 – 29 Sept	HOS management group to develop ownership and responsibility for delivery both at a strategic and operational level of their services and impact and influence across the Children's and wider systems.		

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18.6	Team managers understanding the vision and focus for improvement	AD/HoS	<ul style="list-style-type: none"> AD to attend all managers' meetings in Sept/Oct HofS to have a standing item in management meetings re Ofsted improvement 	Oct 2017	Leadership and management is displayed in the authority.		
18.7	Managers and staff to understand the vision and improvement journey	SLT	<ul style="list-style-type: none"> All staff away day 	Sept 2017	To ensure all staff have a clear understanding of the vision for Torbay Children services and the improvement journey to enable this to be achieved.		
Page 7/2 18.8	To ensure the quality of team managers in relation to safeguarding and decision making.	HoS Improvement partner	<ul style="list-style-type: none"> Appraisals to be completed to ensure roles and expectations are clear and to inform professional development plans for all team managers. Remote dip sampling of cases 	Oct 2017 Sept – Dec 17	To encourage retention and development of team management level. To deliver robust outcomes for children young people and families		
18.9	Concerns in relation to the timeliness and quality of recordings of visits and the rational for decision making for children and families.	HoS Business Support Improvement partner	<ul style="list-style-type: none"> To review all open cases to ensure that all have children and young people have updated: Chronology, assessment, plan visit recordings and supervision. That management decisions have a clearly articulated rationale recorded. Spreadsheet completed for all areas 	By Sept and ongoing monthly to be reviewed at HOS meeting.	To ensure that children & young people are safe and there is no drift and delay and all information on the system is up to date		
18.10	The quality of management oversight does not provide enough	AD HOS	<ul style="list-style-type: none"> OFSTED 2017 identified concerns in relation to Management oversight as it does not always sufficiently recognise or challenge poor practice. The quality and 	Sept 17	Management oversight is seen in all audits and supervision records.		

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	scrutiny of the quality of work.	Lead auditor Improvement partner	timeliness of case recording are of concern and delays experienced by young people are not routinely identified by managers, and subsequent management plans, when in place, lack timescales Mentoring and support to HOS and TM	27-29 th Sept			
18.11 Page 73	Information would indicate that visits are not on the system or of the quality required in line with practice standards.	HoS	<ul style="list-style-type: none"> To review all open cases and confirm or take action to ensure that visits including failed visits to children/young people are recorded and of the quality required /evidenced on the child's record 	Over view provided by Sept All missing visits to be on the system by Oct 17	To ensure that the Child/young person's record is up to date to ensure safeguarding actions are appropriate in any crisis. To provide a lifelong accurate record for a young person.		
18.12	Practice standards in relation to recording are not being met	HOS to develop a plan to update with staff	<ul style="list-style-type: none"> To reiterate practice standards relating to recording expectations 	Sept 2017	To ensure that the Child/young person's record is up to date to ensure safeguarding actions are appropriate in any crisis. To provide a lifelong accurate record for a young person.		

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1	CHILDREN IN NEED OF HELP OF PROTECTION						
1	Ensure that assessments are timely, proportionate and effectively identify the risks and needs and protective factors, leading to appropriate and measurable plans						
Page 74 1.1	Assessments should be completed within 20 days, with exceptions being completed within 45 days	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Assessment Timeliness practice standards to be revised 	Dec 2016	Standards to be understood and implemented by staff.	COMPLETED	Next phase of Performance monitoring on this measure underway. Current performance has been scrutinised and benchmarked against a good authority. This data is one of a new comprehensive suite of key indicators being shared at Team manager level – launch of this approach will start 13/12/12. 9.12.16
			<ul style="list-style-type: none"> Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. 	Dec 2016	Standards to be understood and implemented by staff. Target for 45 days – 83%	COMPLETED	This indicator is now regularly scrutinised at monthly Team Manager performance meetings and we this is an indicator where sustained improvement is required.
			<ul style="list-style-type: none"> Performance reporting to specify the distribution of working days from the 	Phase 1 completed	Increase in percentage of assessments		An action plan is in place including Business Support intervention, introducing a

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			referral outcome to assessment authorisation.	Phase 2 Mar 2017 (LOGI) version	completed within 20 days. Target – 59.1%		shorter assessment (from a good authority) for specific cases only and enhanced Team Management scrutiny. (31 March 2017)
			<ul style="list-style-type: none"> Short Assessment Tool to be introduced 	May 17	Increased proportion of Assessments completed within 20 days.	COMPLETED	
Page 75 1.2	S47 assessments to be completed within 15 working days	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> CP Enquiry (S47) practice standards to be revised. 	Dec 2016	Staff understand and implement	COMPLETED	Performance on this measure shows sustained improvement at/to the planned levels 8.12.16
			<ul style="list-style-type: none"> Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. 	Dec 2016	Staff understand and implement	COMPLETED	Practice standard issued and clarified with staff backed up with regular scrutiny of performance data and system changes that automatically notify HoS on all completed Sc 47s 9.12.16
			<ul style="list-style-type: none"> Heads of Service to comply with management oversight appendix within Scheme of Delegation in relation to S47 authorisation. 	Dec 2016	All HoS understand and comply	COMPLETED	Scheme of Delegation launched with staff 13/12/16

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 76 1.3	Child's record identifies risk, needs and protective factors	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Performance reporting to specify working days from strategy meeting outcome to conclusion of S47. 	Phase 1 completed	Target – 95% all CP investigations completed within timescales. 70% of all ICPCs to be held within 15 working days of the initial strategy meeting/discussion.	COMPLETED	Phase 2 of performance monitoring launching 13/12/16. 9.12.16 This is a measure where we are consistency above 90% - this continues to be monitored at monthly performance meetings. (31 March 2017)
			<ul style="list-style-type: none"> Assessment Quality practice standards to be revised. 	Feb 2017	To be issued, understood by staff and implemented and evidenced in case file auditing.	COMPLETED	
			<ul style="list-style-type: none"> Practice standards to reflect consistent use of Signs of Safety risk assessment and danger statements. 	Dec 2016	All staff understand and comply, as evidenced in case file audits	COMPLETED	Audit Moderation meeting with HoS completed November 16. 9.12.16
			<ul style="list-style-type: none"> Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. 	Jan 2017		COMPLETED	Practitioner requested changes to assessment and Section 47 investigations made live on system W/E 4/11/16 9.12.16

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> 5 day Signs of Safety training commissioned for social work staff during November 2016. 	Jan 2017	Training delivered and staff using it in their daily work.	COMPLETED	60 Staff Sws, TMs, IROs and HoS completed 5 day training. 9.12.16
			<ul style="list-style-type: none"> All assessments and plans to include, as a matter of course, whether/not a child is at risk of CSE and if so, whether the risk is low, medium or high. 		This should be evidenced as part of case auditing processes. 70% target of case audits which rated the quality of assessments as RI, good or outstanding	COMPLETED	CSE specific risk assessment form due to go live on PARIS April 17. To enable a better appreciation of CSE Risk, Nature and Distribution within case load. SoS Handbook issued to all SW's May 17.
1.4	Ensure that every assessment contains robust analysis (Ofsted December 2016)	AD/Heads of Service and Lead Auditor	<ul style="list-style-type: none"> Section on assessment for the person completing the assessment to provide their analysis and rationale for plan/intervention 	Jan 2017	Evidence of practitioner analysis from audit activity	COMPLETED	This is now in place and well received by practitioners. (9.2.2017)
			<ul style="list-style-type: none"> 3 workshops with HoS, TMs, ATMs, IROs to be set up to provide clarity on what constitutes good assessment/analysis 	22/23 February; 1/2/7/9 March	Auditors know what good looks like	COMPLETED	Sessions have been booked and all auditors have to sign attendance. (9.2.2017).
			<ul style="list-style-type: none"> TMs must sign off all assessments and should not sign off without seeing robust analysis. HoS to ensure this is audited each month and necessary actions taken and followed up 	Monthly audits from Jan 2017	Audit activity seeing consistent application	COMPLETED	All workshops have now been held and there is a final wash up session scheduled for April 2017.

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> Progress to be reported in next audit report (and on-going) 	Feb 2017	Evidence of progress	COMPLETED	Team Managers are now routinely signing off assessments. (31 March 2017)
Page 78 1.5	Ensure that staff understand the process for strategy meetings/S47 enquiries and that decisions are recorded (Ofsted December 2016)	AD/HoS	<ul style="list-style-type: none"> Written guidance to immediately be issued to staff. 	Dec 2017	All front line staff have received this and are following it.	COMPLETED	All staff aware and have been reinforced in HoS meeting with Managers and Practitioners
			<ul style="list-style-type: none"> Working Together to be issued to all front line staff on a recorded basis 	Feb 2017	All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions.	COMPLETED	All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions.
			<ul style="list-style-type: none"> Strategy meetings must be minuted and report the purpose, who attended the meeting, who will be seen, by when and by whom. Meeting pro-forma and guidance to be issued to staff. 	Feb 2017	All staff following these expectations	COMPLETED	A new proforma and practice guidance (covering these issues) has been issued to staff and is now being routinely used. 31 March 2017
			<ul style="list-style-type: none"> Audit proforma to include specific section on strategy meetings 	Feb 2017	Audit evidences good minutes and tracking from strategy meetings.	COMPLETED	The section on strategy meetings has now been added to the audit form and practice guidance. (31 March 2017)

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1.6 Page 79	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> Heads of Service to comply with management oversight appendix to Scheme of Delegation in relation to S47 authorisation. 	Dec 2016	This should be evidenced in case file audits.	COMPLETED	The number on plans has risen significantly since July 2017. This is subject to performance management scrutiny and a thematic audit review – early indicators are that this links to a change in practice guidance.
			<ul style="list-style-type: none"> Further child Protection training to be facilitated for all Team Managers and Chairs / IROs. 	Mar2017	All staff are clear about thresholds.	ONGOING	Further CP Training to be facilitated with Improvement Partner.
			<ul style="list-style-type: none"> One consistent pro-forma is needed for Core Groups and Minutes should be available at all times. (OFSTED DEC 2016). 	Feb 2017	Consistent proforma is issued and expectations made clear to staff and picked up in audit.	COMPLETED	One consistent proforma now in place (31 March 2017)
1.7	Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> MASH Operational practice standards to be revised and implemented. 	Jan 2017	Issued to staff, understood and implemented.	COMPLETED	The number and proportion of single assessments that do not lead to any further role have increased so far this year. This is understood to be linked to the operation of a SoS approach.

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> Additional descriptors to be written into single assessment to identify interventions completed 	Dec 2016	Picked up in case file audits	COMPLETED	Additional descriptors of assessment outcomes are still to go live on PARIS. 9.12.16
			<ul style="list-style-type: none"> Assessment Quality practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. 	Feb 2017	Issued to staff, understood and implemented.	COMPLETED	
Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt							
Page 80 2.1	All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	<ul style="list-style-type: none"> MASH operational procedures to be written and implemented within the MASH. 	Oct 15	Circulated to staff, understood and implemented.	COMPLETED	
			<ul style="list-style-type: none"> Performance reporting to specify distribution of working days from contact to referral outcome. 	Phase 1	Able to target where intervention is needed. Target – 85% of contacts where a decision was made within 24 hours	COMPLETED	Data is routinely and regularly scrutinised. 85 % of all contacts to CS now receive a decision within 24 hours, a further 10% are made within 2 days. Delays in decision making are linked to the need to seek further clarification from referrers and locating other professionals for further information. The next phase of performance data showing

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							<p>service and team manager's views will be launched on 13/12/12. 9.12.16</p> <p>In February 2017, over 80% of contacts had a decision within 24 hours. (31 March 2017)</p>
Page 81 2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	<ul style="list-style-type: none"> Child Seen practice standards to be revised 	Jan 2017	To be issued, understood and implemented.	COMPLETED	<p>Compliance has improved significantly against historical baselines but is still too variable across and within services. The best levels of compliance are within the Assessment Service and the worst are within the Disability Service these issues are being challenged and addressed in service plans, performance reporting and performance meetings/scrutiny. 8.12.16</p>
			<ul style="list-style-type: none"> Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. 	Jan 2017	To be issued, understood and implemented – case file audits.	COMPLETED	

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen. 	Phase 1 completed	90% target - referrals where the child was seen within 5 working days (SA)		In February 2017, performance data demonstrated an improvement – to 72.9% A particular team and individuals are being targeted to make improvements. (31 March 2017).
Page 82 2.3	Children in need of protection to be seen within 1 working day of S47 starting.	Head of Service MASH/ SA	<ul style="list-style-type: none"> Child Seen practice standards to be revised 	Dec 2016	Issued, understood and implemented – case file audits.	COMPLETED	Compliance levels have not been sustained these issues are being challenged and addressed in service plans, performance reporting and performance Meetings/scrutiny 8.12.16
		Head of Service SASF	<ul style="list-style-type: none"> Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. 	Dec 2016	Issued, understood and implemented – case file audits	COMPLETED	The next phase of performance data showing service and team manager's views will be launched on 13/12/12. 9.12.16
3	Ensure that 16-17 year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs						
3.1	Referrals are made for all young people who present as homeless	YOT Manager	<ul style="list-style-type: none"> Develop practice standards for Youth Homelessness Prevention Service to ensure that all homelessness is recorded for 16-18 year olds. 		Practice standards issued, understood and implemented.	COMPLETED	9.12.16

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 83			<ul style="list-style-type: none"> Develop and implement process for referral for 16/17 year olds with Youth Homelessness Prevention service. 		Staff clear as evidenced in case file audits.	COMPLETED	
			<ul style="list-style-type: none"> Agree Screening process with MASH and implement. 		100% of all young people who present as homeless are appropriately recorded as homeless. All of these young people are referred for an assessment to MASH.	COMPLETED	More young people are now being subject to social work assessments and several have entered care as a result.
			<ul style="list-style-type: none"> Coordinate weekly tracking meeting for Social Workers completing assessments and Youth Homelessness Prevention workers. 			COMPLETED	
			<ul style="list-style-type: none"> Single Team created to align Housing and Social Care activity for vulnerable people. 	March 2017		COMPLETED	
3.2	All young people receive the opportunity for an assessment in line with the Southwark Judgement	YOT Manager	<ul style="list-style-type: none"> Develop practice standards and implement in IYSS to inform process for youth homelessness assessments. 		To be issued, understood and implemented.	COMPLETED	
			<ul style="list-style-type: none"> Produce guidance on when an assessment is necessary and implement 		To be issued, understood and implemented.	COMPLETED	More young people are now being subject to social work assessments and

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 84			between Youth Homelessness and IYSS Management Team.				several have entered care as a result. 9.12.16
			<ul style="list-style-type: none"> Train YOT Social Workers in Signs of safety. 			COMPLETED	
			<ul style="list-style-type: none"> Train YOT Social Workers in Single Assessments. 			COMPLETED	
			<ul style="list-style-type: none"> Develop youth homelessness tracking report. 		Evidence that 100% of young people who meet the criteria for assessment are given the opportunity to have an assessment	COMPLETED	100% of young people who are referred for an assessment are now given the opportunity to have one as recorded on the Youth Homelessness referral tracker.
3.3	Assessments lead to an offer of help and support where needed	YOT Manager	<ul style="list-style-type: none"> Develop and implement new practice standards for assessment and management oversight in IYSS. For process of assessment and management oversight. 	Nov 16	Issued, understood and implemented.	COMPLETED	Performance of IYSS is part of the data sets used across Children Services. The % of CYP entering care has risen as anticipated 9.12.16
3.4			<ul style="list-style-type: none"> Ensure that SW in IYSS complete single assessments. 	Nov 16	Assessments lead to an offer of suitable help and evidenced through case file audits.	COMPLETED	

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
4	Ensure that all children who go missing from home or care are offered a timely and comprehensive return interview and that information from these interviews is collated to inform effective targeting of preventative and protective services						
Page 85 4.2	Monitor and analyse information from return home interviews in order to improve future practice	ATMIFSS CS Performance Lead HOS for Safeguarding and QA	<ul style="list-style-type: none"> all young people who go missing to be discussed at the weekly multi-agency Missing Monday Meeting 	Sept 2016 and ongoing		COMPLETED	<p>All missing episodes and return home interviews are discussed at Missing Monday Meetings with follow up action identified. Individuals of concern along with locations and trends are escalated to the MACSE forum. All information is held on the Missing Tracker which is used to monitor cases. (11/04/17)</p> <p>ATM IFSS will attend all Missing Monday meetings and MACSE to provide management input at multi-agency meetings.</p>
			<ul style="list-style-type: none"> Complete TSCB MACA audit to look at the quality and impact of return home interviews and disseminate learning. 	Mar 2017		COMPLETED	<p>The TSCB undertook a thematic audit of return home interviews in March 2017 and are due to report on the findings to the TSCB Delivery Group on the 22nd May. (11/04/17)</p> <p>New practice standards have been issued to staff in April 2017. (11/04/17)</p>

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
2	PARTNERSHIP WORKING						
6	With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership						
6.1	Develop an early help strategy and pathway for Torbay	AD/HoS/TSCB	<ul style="list-style-type: none"> • Multi-agency workshops between Dec 2016 and April 2017 to agree:- <ul style="list-style-type: none"> ○ Shared vision and language for Early Help in Torbay ○ Fit for purpose threshold document agreed ○ Pathways, processes and paperwork agreed ○ Interventions 	Dec 2016 – April 2017	Clear strategy and precise guidance that is understood and applied by the multi-agency group. Thresholds understood and applied by the multi-agency group.	COMPLETED	Multiagency workshops have been held and an Early Help Steering Group is in place. Strategy document and thresholds document to go to TSCB for sig-off on 15 June 2017, with a multi-agency launch in July 2017.
7	Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child						
7.1	Single Point of Access	AD/HoS	<ul style="list-style-type: none"> • Develop 1 front door for early help and statutory services. Staffing, paperwork and com's to partner agencies to take place in Jan/Feb 2017 	End Feb 2017	Improved and consistent thresholds	COMPLETED	One front door went live on 1 March 2017. A comprehensive step up/down process has now been issued to staff, to use with immediate effect (31 March 2017)

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
8	Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership						
Page 87	Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA	<ul style="list-style-type: none"> Develop and implement a set of LADO practice standards 	Nov 16	Issued, understood and implemented across the multi-agency group.	COMPLETED	Review quarterly monitoring data to evidence this position
		CS Performance Lead	<ul style="list-style-type: none"> Deliver awareness raising sessions on LADO role across partnership 	Mar 2017	Develop improved understanding of the role	COMPLETED	20 workshops and presentations have been delivered to various partner agencies and groups of staff throughout 2016/17. (11/04/17)
		HOS for Safeguarding and QA	<ul style="list-style-type: none"> Develop PARIS templates to ensure that all LADO activity is recorded on PARIS and can be reported on 	Mar 2017	Accurate recording and tracking	COMPLETED	New forms built in PARIS and went live W/E 21/10/16. 9.12.16
			<ul style="list-style-type: none"> Complete and sign off annual report for 2015/16 	Nov 2016	Highlight activity for 15/16	COMPLETED	Annual Report signed off.
9	With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, CAMHS and emergency duty service						
9.1	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB	<ul style="list-style-type: none"> Convene multi agency workshop to review current arrangements and begin to shape future provision 				
9.2	EDS provides a timely and effective	Children's Commissioner /	<ul style="list-style-type: none"> Work with Improvement Partner to review Out of Hours arrangements 	April 2018			

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)	
	service to children out of hours	TSCB' HoS Targeted Intervention	within the context of the new Delivery Model..					
3	SAFEGUARDING AND QUALITY ASSURANCE							
10	Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information							
10.1 Page 88	Recruit and retain IRO and QA roles	HoS Safeguarding and QA	<ul style="list-style-type: none"> Recruit to vacant roles 		100% IRO workforce	COMPLETED	IRO vacancies and management roles have been filled. One IRO vacancy currently out to advert and we have had 2 credible applications. (31 March 2017)	
	10.2	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	<ul style="list-style-type: none"> Ensure CP Chairs trained in SOS Approach 	Nov 2016	100% IRO compliance with training	COMPLETED	All Chairs have attended the 2 day Advanced and the 5 day Practice Lead course which took place in November 2016 (11/04/17)
				<ul style="list-style-type: none"> Introduce Signs of Safety as a method to conduct CPCs 	Nov 2016	100% compliance – IRO effectiveness audits	COMPLETED	All CPCs are now conducted using the Signs of Safety Framework.
			<ul style="list-style-type: none"> Develop and implement a set of practice standards for CP Chairs and IROs 	Dec 2016	Circulated, understood and implemented, so that IROs are very clear about their core tasks, roles and responsibilities.	COMPLETED		

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
10.3	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead	<ul style="list-style-type: none"> Develop SARS practice standards 	Jan 2017	Rolled out, understood and implemented so there is improved and consistent practice.	COMPLETED	Changes in PARIS have been made to capture the additional data required by the service. Half of the data report has been built. 9.12.16
			<ul style="list-style-type: none"> Data to include a regular measure on the timeliness of ICPCs. (OFSTED DEC 2016) 	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Target percentage of 95% ICPCs being help within timescales should be the target	COMPLETED	Data set now included this data and it is analysed on a monthly basis. (9.2.2017)
			Undertake a themed audit on repeat CPPs	Jan 2017	Thresholds understood and applied consistently and that quality of child protection planning is robustly protecting children.	COMPLETED	This audit has now been completed and the report will be available at the next Team Managers Performance Meeting
10.4	Ensure IROs and CP Chairs provide effective scrutiny and challenge (Ofsted Dec 2016)	AD/HoS for this service	<ul style="list-style-type: none"> Hampshire colleagues to visit to ensure that the IRO audit tool is robust, that auditors know what good looks like and to complete seminars with IROs in their role in scrutiny and challenge 	Jan – April 2017	IROs providing robust and appropriate scrutiny and challenge and knowing what good looks like IROs clear about their core business	COMPLETED	

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Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 90			<ul style="list-style-type: none"> Letter to IROs from AD to clarify expectations 	Jan 2017		COMPLETED	
			<ul style="list-style-type: none"> Number of DRPs (in relation to assessment and planning to increase and Lead IRO/HOS to sign off DRPs before they go out. 	Jan 2017 and on-going	Increase by 10% of DRPs being raised based on quality of assessments and plans. DRPs to be of good quality and targeting issues appropriately To share data and action plan for improvement – effectiveness audits of IROs	COMPLETED	In 2015/16 14 DRPs were issued, this increased to 71 for 2016/17. However, following a review by Hampshire colleagues in January 2017 the threshold for DRPs was considered too low. The DRP process has since been revised. Whilst this will result in a decrease in the number of formal DRPs it will result in an increase in the number of IRO case note recordings which demonstrate informal challenge (11/04/17)
			<ul style="list-style-type: none"> Introduce monthly team performance meetings 	Feb 2017 and ongoing		COMPLETED	
			<ul style="list-style-type: none"> Establish routine of practice observations of CP Chairs and IROs annually 		Reassurance that IROs are acting as per the IRO handbook.	COMPLETED	Hampshire colleagues observed practice in February 2017 – CP and CLA (11/04/17)

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 5 16.5	CLA, CPPs, pathway plans should be SMART and well established (Ofsted Dec 2016)	AD/HoS/IROs/Lead Auditor	<ul style="list-style-type: none"> 3 workshops with HoS, TMs, ATMs, Pas and IROs to provide clarity on what constitutes a good plan 	22/23 Feb and 1/2/7/9	Auditors clear on what good looks like	COMPLETED	All auditors have to attend all 3 seminars on a signed for basis. (9.2.2017) These have now been completed, with a mop-up session in April 2017 (31 March 2017)
			<ul style="list-style-type: none"> One consistent pro-forma per category of plan should be issued to staff and decisions about whether PARIS or Word 	March 2017	All staff using consistent proforma	COMPLETED	
			<ul style="list-style-type: none"> IROs to raise DRPs when plans are not SMART and robust. 	From Jan 2017 and ongoing	Poor plans are appropriately challenged.	COMPLETED	There is evidence that plans are now being challenged by the IROs, after an analysis of recent DRPs (31 March 2017)
			<ul style="list-style-type: none"> Case file audit tool to be amended so there is a clearer expectation on what constitutes a good plan. 	Jan 2017	Issued and expectations clarified. Inadequate audits to be re-audited within 2 months. Case file auditing and moderation	COMPLETED	Completed and issued (9.2.2017)

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
4	CHILDREN LOOKED AFTER AND PERMANENCE PLANNING						
11	Monitor the progress of children looked after more closely at Key Stage 4 and pay greater attention to ensuring that they achieve five GCSE grades A* - C, including English and Maths						
Page 92 11.1	Monitoring progress at key stage 4	Virtual Head	<ul style="list-style-type: none"> To use the current tracking system to implement Progress, Review, Intervention and Monitoring (PRIM) meetings on half term basis. 	Half Termly	Meeting or exceeding expected progress	COMPLETED	<p>These arrangements have enabled the better identification of those CLA that are on the cusp of underperformance and intervene accordingly</p> <p>PRIM Meetings have taken place for all pupils.</p>
			<ul style="list-style-type: none"> Refocus Virtual School Governing Board scrutiny on improving outcomes for CYP 	Termly		COMPLETED	VSGB has discussed the role and function of the Board and increased challenged, introduced a new performance dash board and a recorded Q and A process.
			<ul style="list-style-type: none"> Develop monitoring system based on learning from Rees Report 	Dec 2016		COMPLETED	Rees Report criteria being used for the reporting to the VSGB and Corporate Parenting report given in the same format.
11.2	Attention to attainment	Virtual Head	<ul style="list-style-type: none"> Deliver next tranche of attachment training. 		Take up of training	COMPLETED	Around 20 practitioners have completed attachment training with a further 4-

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 93							scheduled within the current programme. 2 nd tranche of training will be completed at the end of June 17 with some delegates receiving Masters Points.
			<ul style="list-style-type: none"> Develop the Designated Teacher Handbook. 			COMPLETED	
			<ul style="list-style-type: none"> Purchase and use GCSE pod. 		CLA progress for pupils using the GCSE pod	COMPLETED	VS have engaged with Young People and produced a film to depict the quality use of Pupil Premium Plus, which has been shared with Headteachers.
11.3	LAC should not be routinely taken out of school to meet with social workers (DEC 2016)	HOS	<ul style="list-style-type: none"> Clear message to be given to all staff IROs need to ensure this is not happening. 	January 2017	Staff are clear regarding expectations and are only visiting children in school by exception.	COMPLETED	All staff very clear about expectations and any exceptions to be agreed by HOS, but only in exceptional circumstances. (9.2.2017)
12	Merge the Permanency Policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Foster to Adopt arrangements and concurrent planning, where appropriate.						
12.1	Permanence planning is considered at the earliest stage and	AD/Head of Service Specialist Services	<ul style="list-style-type: none"> Revise permanency policy and practice guidance. 	Issued by end of February 2017	One consistent approach to achieving permanency that is clear to staff – both documents to be	COMPLETED	Policy and practice guidance has now been issued to staff and HOS. Workshops undertaken in April and May 2017

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 94	revisited throughout the child's journey				rolled out, understood and implemented – IRO scrutiny and audit processes.		
			<ul style="list-style-type: none"> Revise permanence Panel Terms of Reference and put into practice guidance. 	Jan 2017		COMPLETED	<p>This meeting is now working more effectively and tracking actions, in order to evidence completion. (9.2.2017)</p> <p>Staff workshops set up for April 2017 (31 March 2017).</p> <p>Strategically linked to Permanence Tracker Meeting.</p>
			<ul style="list-style-type: none"> Provide training on permanence Planning policy and practice standards 	Apr 2017		COMPLETED	<p>Staff Workshops undertaken in April and May 2017.</p>
12.3	Actively consider Foster to Adopt arrangements in Permanence care planning	Head of Service Specialist Services	<ul style="list-style-type: none"> Foster to Adopt Policy to be reviewed in line with Adopt South West 	Jan 2017	COMPLETED 2% increase in number of children with a plan for foster to adopt from 2016 baseline.	COMPLETED	<p>First foster to Adopt placement is now underway 9.12.16.</p>
			<ul style="list-style-type: none"> Develop and implement Foster to Adopt Practice Standard 	Jan 2017		COMPLETED	

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
5	CARE LEAVERS						
13	Develop ways for care leavers to receive clear and effective advice and guidance on their next steps, which include more formal communication to them of their entitlements						
Page 95 13.1	Improve the delivery and access to information for care leavers	YOT Manager	<ul style="list-style-type: none"> Review and improve communication of care leaver entitlements , IAG and next steps via social media 	Dec 2016	Care leavers know their entitlement in the various communication forms.	COMPLETED	Hard copies and electronic copies available not to all Care Leaver's on their entitlements. (31 March 2017)
			<ul style="list-style-type: none"> Deliver revised care leaver booklet 	Dec 2016	70 % of Eligible and relevant and former relevant that said they had accessed the website	COMPLETED	No mechanism for asking young people if they've seen the website currently running via PARIS.
			<ul style="list-style-type: none"> Re-fresh care leaver website 	Dec 2016	Number of website visit by monitoring usage	COMPLETED	Outcomes- Web traffic indicates that since the introduction of the new website 30% of Care Leavers have been using the Website every month. This is an improvement from 16%.
			<ul style="list-style-type: none"> Expand and increase social media presence of care leaver service 	Dec 2016	Number of former relevant and relevant CYP in contact need target	COMPLETED	89% in touch

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
14	Ensure that the quality of pathway plans is consistently good and that care leavers are actively encouraged to contribute to the development and content of these plans						
14.1	Pathway plans to be re-designed in consultation with young people	Care Leavers Practice Manager	<ul style="list-style-type: none"> Review pathway plan that reflects national best practice and young people's views 	Dec 2016	New designed and implemented pathway plan	COMPLETED	New Pathway Plan implemented Jul 2016
		Social Work Student	<ul style="list-style-type: none"> Deliver and implement improved pathway plan that clearly reflect the views of young people 	Dec 2016	Target 90% of pathway plans were the young person's contribution was evident	COMPLETED	Where appropriate, Skype is being used and young people are responding particularly positively to this. (31 March 2017)
14.2	Quality assurance processes in the care leavers team to ensure good quality pathway plans	YOT Manager	<ul style="list-style-type: none"> Establish and implement QA framework for pathway plans 	Dec 2016	70% target of pathway plans judged to be at least RI or better	COMPLETED	A service meeting has been held and a robust process agreed for case file auditing and for a greater number of cases being audited. Head of Service to audit with Team Managers in order to provide additional scrutiny and challenge. 8.12.16
14.4	Pathway plans to be improved in response to feedback from MOMO app.	Care Leavers Practice Manager YOT Manager	<ul style="list-style-type: none"> Ensure usage of MOMO app across the service, through provision of appropriate technology and training for staff. 	Apr2017	% of CLA 15 + who have used MOMO – target?	In process	This will be reported in April 2017. 8.12.16
			<ul style="list-style-type: none"> Data from MOMO app to be used to review quality of Pathway Plans. Pathway plans. Case file auditing 	Apr 2017	70% target of pathway plans judged	ONGOING	This will be reported in April 2017 – we need to

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

			process to be used to understand the quality of pathway plans.		to be at least RI or better.		give new auditing process time to bed in. 8.12.16
6	LEADERSHIP AND GOVERNANCE						
15	The Chief Executive should ensure that leadership in Torbay is strong, consistent and sharply focused on improving and sustaining outcomes for children throughout children's social services						
Page 97 5.1	Increase corporate oversight and understanding of CS performance, resource and outcomes	DCS / CX and AD corporate Services	<ul style="list-style-type: none"> Introduce regular keep in touch meeting/teleconference between DCS & CX 	Summer 2016	Latest Ofsted monitoring letters confirm positive progress. Regular meetings taking place	COMPLETED	Well informed on CS performance, budget and outcome
			<ul style="list-style-type: none"> Implement monthly reporting from DCS to CX on CS performance using appropriate comparator data 	Summer 2016	Latest Commissioner reports confirm positive direction and progress. Reporting taking place as expected.	COMPLETED	CX has a comprehensive overview of performance using appropriate comparators
			<ul style="list-style-type: none"> Children Services key decisions and plans incorporated within annual cycle of council decision making arrangements. 	Summer 2016	Key decisions and plans subject to member oversight	COMPLETED	Key decisions and plans subject to review and revision by Elected Members
			<ul style="list-style-type: none"> Overview & Scrutiny Working Party for Children's Services established. 	Summer 2016		COMPLETED	
16	Improve the quality of performance management and monitoring through an improved and robust suite of data, effective and challenging management oversight and rigorous action planning						
16.1	Deliver Management reporting tool platform	Principal Performance Manager	<ul style="list-style-type: none"> Develop a suite of Performance Indicators to span the Child's Journey 	December 2016	Suite of indicators distributed and understood.	COMPLETED	

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

			<ul style="list-style-type: none"> Introduce benchmark information across performance data 	Feb 2017	70% target of practice standards where there is evidence of sustained improvement in performance	COMPLETED	Benchmarks have been used in manager's monthly performance meetings. 9.12.16
Page 98 16.3	Re-establish performance management routine and embed performance within the culture	Assistant Director, Principal Performance Manager, Principal Business Support Manager and HoS	<ul style="list-style-type: none"> Each service to produce their own practice standards and service plans. The practice standards will set out expectations and the service plans will clarify how these will be met 	Jan2017	All services are clear about their service standards	COMPLETED	By January 2017, each service will have an updated set of practice standards and service plans, which highlight key priority areas. 8.12.16
			<ul style="list-style-type: none"> Tracker systems to be implemented in each service, with the purpose of enabling the HOS, on an ongoing operational basis, to track individual performance activity and deal with areas of concern as they arise and put them right. 	Feb 2017 Oct 2016	Services have a system to track management information for their service.	COMPLETED	A visiting tracker has already been implemented. The full tracker will be available to use from 13 December 2016. 8.12.16
			<ul style="list-style-type: none"> Develop performance reports for key governance and decision making forums – corporate reporting, Children's Improvement Board, Lead member / CX , Corporate Parenting Board (first draft) 	Aug 2016	Service Managers and Team managers able to provide own narrative on progress and use data to inform service plans	COMPLETED	Q2 Evidence that improvement actions routinely addressed

Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

Page 99	16.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	<ul style="list-style-type: none"> Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS. <p>Phase 1 - Revised SA and Sec 47 Refine case notes Refine overview checks SoS CPP plan New LADO forms Reduce and remove off line additional SARS forms Audit form Performance Overview for SARS Update CWD CIN coding Address missing data items in Adoption Team Visiting tracker</p>		Number of forms revised (and simplified) since April 2016	COMPLETED	Q1 Introduce event based case notes – setting up event based notes , referral return letter Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool, Q3 – Address recording of non CIN, additional case notes for PLO and Case supervision 9.12.16 Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16
	17	Ensure that audits are routinely embedded and learning from audit activity and training is systematically evaluated and contributes to a learning culture with the organisation						
	17.2	Improve Audit Activity	AD/HoS/Lead Auditor	<ul style="list-style-type: none"> Audit tool to be updated to include strategy meetings and expectations about plans and assessments only 1 risk limiting judgement 	22/23 Feb and 1/2/7/9 March 2017	Evidence through audit activity of auditors having a better understanding of 'good' Includes issues raised from OFSTED Dec 2016 visit	COMPLETED AND ISSUED	
				<ul style="list-style-type: none"> Lead auditor to provide 1:1 audit support for new auditors and those targeted as needing support 	Jan 2017	All auditors are confident in auditing activity	COMPLETED	Happening where needed (31 March 2017)

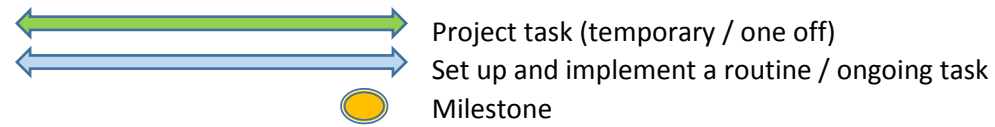
Torbay Children's Services: Improvement Action Tracker

Actions Completed As At 1st September 2017

			<ul style="list-style-type: none"> Updated audit form and guidance to be issued at seminars and sent out afterwards 	Sept 2016 and ongoing	HoS can take actions earlier	COMPLETED		
			<ul style="list-style-type: none"> HoS for QA to complete a monthly report on audit activity and this should be a standing item on the HoS meeting agenda 	Jan and Feb 2017	All auditors and staff clear on expectations	COMPLETED	February report presented to monthly performance meeting (31 March 2017)	
			<ul style="list-style-type: none"> Lead auditor to complete a quarterly report on learning lessons from audits and this to be disseminated to all staff. Both reports above to link, for consistency. 	Feb 2017 and ongoing	Staff actively learning from audit activity	COMPLETED	Lead auditor has completed a report for between Dec-March 2017 (31 March 2017)	
18	Ensure that Leadership and Management of HoS and TMs is robust							
18.1	Management decisions must be recorded and provide a clear rationale for decisions (Ofsted Dec 2016)	AD/HoS/Lead Auditor TMs/HOS	<ul style="list-style-type: none"> Team Managers to be briefed on expectations by HoS 	Jan 2017	Team Managers clear on expectations	COMPLETED	Better evidenced now through case file auditing (31 March 2017)	
18.3	Practice decisions and governance structure needs to be in place	AD	<ul style="list-style-type: none"> Fortnightly HoS meeting with AD to be set up, so that decisions are taken and discussed by the leadership group 	Dec 2016	Shared ownership and structure for decision making			
18.4	Learning from serious case reviews needs to be better utilised (OFSTED DEC 2016)	AD/HOS/WDO	<ul style="list-style-type: none"> Head of Safeguarding and QS to provide regular updates from learning from SCR's and IMR's. 	March 2017	Staff understand the lessons and use to inform practice, evidenced through case auditing.		Information from SCRs now inputted into staff learning space intranet page. (31 March 2017)	

Torbay Children's Services / Improvement Partner Work Programme Sept 17 - Jan 18

v1 - 1/9/17



Task Description	Resource (lead)	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Create a calendar of data products	Torbay (TB)	Project task				
Periodic testing of Annex A capability	TB	Ongoing task	Ongoing task	Ongoing task	Ongoing task	Ongoing task
Set up and organise a folder of Hampshire advisory notes	Hants (H)	Project task				
Identify mentor schedule	H/TB	Project task				
Design a feedback process flow to Assistant Director	H	Project task				
Recruit PA and Care Leaver Team Manager / Head of Service	TB	Project task				
CIN / CP preparation visit (27th - 29th)	H/IOW/TB		Milestone			
Ongoing - Remote dip sampling	H	Ongoing task	Ongoing task			
Admin led review of case recording	TB	Ongoing task	Ongoing task			
Deep dive of Children with Disabilities Team	H/TB	Project task				
Deep dive of Children Looked After	H/TB	Project task				
Analysis of Child Protection	H	Project task				
Analysis of Children Looked After	H	Project task				
Train The Trainer workshop "what does good look like"	H/TB		Project task			
Specific preparation session for team subject (subject to monitoring visit)	H/TB		Project task			
Senior team Ofsted preparation	H/TB		Project task			
Workforce development review	H/TB		Project task			
TPST children's trust / Commissioning 'children'	TB		Project task			
Ofsted monitoring visit				Milestone		
Coaching session - how to conduct yourself	H/TB			Project task		
1:1 coaching - Ofsted preparation - case management architecture	H/TB			Project task		
Peer Review / Ofsted 'dry run'	H				Project task	
1:1 coaching - Ofsted preparation	H				Project task	
Pre ofsted "wash up" and future planning	H/TB				Project task	
Ofsted						Milestone

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Notes

T = Torbay

H = Hampshire

IOW = Isle of Wight



Title:	CQC Reviews of Local Authorities in respect of Delayed Transfers of Care (DToC) from Hospital Settings		
Wards Affected:	All Wards in Torbay		
To:	Policy Development and Decision Group (Joint Commissioning Team)	On:	4 September 2017
Contact Officer:	John Bryant		
Telephone:	01803 208796		
E.mail:	John.bryant@torbay.gov.uk		

1. Key points and Summary

- 1.1 In July 2017 it was announced that there would be a round of reviews (inspections) of by CQC for up to 20 councils. There is a significant focus around Delayed Transfers of Care (DToC) [people being transferred in a timely manner from hospital settings]
- 1.2 Torbay is the best performer in the South West in this regard. This in fact makes it probable that Torbay will receive an 'review' to learn from the good practices here. Whilst this is very positive, the level of resource required to accommodate an 8 week programme of activity needs to be considered.

2. Introduction and Context

- 2.1 In July 2017 it was announced that there would be a round of reviews (inspections) of by CQC for up to 20 councils. There would be a review of those that were the worst performing for Delayed Transfers of Care [DToC] authorities (x 15) and those that were high performing (x5) to establish good practices and offer learning.
- 2.2 The first 12 challenged authorities will be reviewed this calendar year (2017) whilst the dates for the high performers are yet to be set. It is considered this may be late 2017 or early 2018. The process of the external review may be up to eight weeks. This will include on-site visits, off-site review of information, questions and clarification. There will be a significant amount of pre-work commensurate with reviews of this magnitude and gravity.
- 2.3 It is important to note that High Performing organisations will be subject to the same 'review' as those low performers. High performance will be judged by low levels of Delayed Transfers and short lengths of stay.

- 2.4 Torbay would qualify as high performing on these measures. As such, and as part of good practice, it will be valuable to:
- a) Develop a narrative and evidence against each KLOE
 - b) Learn from the experience of Plymouth who have been selected for an early review
- 2.5 There is useful read across to the **High Impact Changes**. This features as part of the **Better Care Fund**. The evidence base built for both these items will serve one another and will over-seen through Social Care Programme Board.
- 2.6 There also needs to be a consistency and congruence with the **adult social care self-assessment** that has been submitted and forms part of the authority to authority, peer review process. *(this review is part of Sector Led Improvement, coordinated by Association of Adult Social Services ADASS – and is a constructive activity allowing sharing and transparency between authorities in both a challenging and supportive environment, culminating in a report that will go to the regional Adult Improvement Board – autumn 2017)*
- 2.7 This will also support the production of next year's **Local Account**

3 Proposal

- 3.1 That the CQC inspection work and Key Lines of Enquiry (KLOEs) that are being applied to Councils, be noted.

4 Risk

- 4.1 It is highly likely that
- I. Torbay will be reviewed for its positive performance
 - II. That reviews will become the norm with this being extended to all councils in due course

5 Sustainability and Partners and Expansion

n/a

6 Coordination and Governance

Coordination of the development of the narratives, population of the key lines of enquiry evidence sources, and development of the High Impact Changes Managing Transfers of Care

7 Outcomes

Preparation for a review by CQC. Sound evidence base as to the good practice and operational reflection in respect of Adult Social Care in Torbay

Caroline Taylor
Director of Adult

Appendices

Key Lines of Enquiry as published by Care Quality Commission (CQC)
High Impact Changes – Managing Transfers of Care

KLOES: LA Place Reviews (Version 11)

Safe KLOE 1: How are people using services supported to move safely across health and social care to prevent avoidable harm?	
S1	How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm?
S2	How are risks to people assessed and mitigated, and their safety monitored and managed so they are supported to stay safe?
S3	What system is in place for providers to identify people who are frail, with complex needs or who are at high risk of deterioration in their health or social situation?
Effective KLOE 1: How effective are health and social care services in maintaining and improving health and wellbeing and independence?	
E1	To what extent are people's needs and choices assessed holistically to promote independence and communicated effectively across the system?
E2	To what extent are services designed to improve flow through the health and social care system evidence based?
E3	Does the workforce have the right skills to support the effective transition of people between health and social care services?
E4	How effectively does the workforce collaborate and share information to meet the needs of the local population?
Caring KLOE 1: Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?	
C1	Are assessments of need and care co-ordinated effectively to ensure that the person is at the centre of their care and support planning when moving between health and social care services?
C2	How well are people supported to be actively involved in making decisions about their care, support and treatment when moving through the health and social care system?
C3	How well does the system inform and involve carers, families, advocates and their representatives to make informed choices about future plans?
Responsive KLOE 1: To what extent are services across the interface between health and social care responsive to people's individual needs?	
R1	How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person?
R2	How are services designed to meet the needs of the local population?
R3	How timely and effective is the process for reviewing people's support needs to ensure that these continue to remain appropriate as they move through the health and social care system?
R4	How do services ensure that people can make informed choices to access the support they want, in a way that promotes their independence?
Well led KLOE 1: Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?	
WL 1	How well do partners involve service users, their carers and their families in the strategic approach to managing the quality of the interface between health and social care?
WL2	How do leaders ensure effective partnership and joint working across the system to plan and deliver services?
WL3	Interagency working: How do leaders ensure the respective agencies work together to enable people to move seamlessly across the health and social care system?
WL4	Multi- Disciplinary working: How do leaders ensure that professionals/ front line staff work together to plan and deliver services to people?
WL5	What is the strategic framework that brings the interagency and multidisciplinary work together across health and social care?

WL6	What is the operational planning framework that converts the strategic framework into deliverable plans and how do they shape what operational managers do?
WL7	To what extent is learning and improvement shared across the health and social care system when things go wrong?
Well Led KLOE 2: What impact is governance of the health and social care interface having on quality of care across the system?	
G1	Are governance arrangements across the system supporting partners to collaboratively drive and support quality of care across the health and care interface?
G2	Are effective information governance arrangements in place to enable information sharing to facilitate integration of health and social care?
G3	Are effective risk sharing arrangements in place between partner organisations that support the health and social care interface?
Well led KLOE 3: To what extent is the system working together to develop its health and social care workforce to meet the needs of its population	
W1	Is there a strategy for ensuring sufficient health and care skills across the health and care interface?
W2	How are system partners assured that workforce resource across the area is being used to maximise benefit?
Well Led KLOE 4: Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?	
CM1	Is there a strategic approach to commissioning across health and social interface informed by the identified needs of local people (through the JSNA) and in line with the Outcome frameworks for NHS and Adult Social Care?
CM2	How is commissioning promoting a diverse and sustainable market to support the interface between health and care?
CM3	How well do commissioners procure services at the interface of health and social care, and work with the providers with whom they have contracts?
CM4	Do commissioners include standards in their contracts for services at the interface of health and social care, and what do they do if the standards are not met?
CM5	Do local commissioners have a programme to assure them that service reviews across the interface of health and social care are in place to ensure they are getting value from the resources used ?
Resource Governance KLOE 1: How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting peoples' independence?	
RG1	How do system partners gain assurance that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface?
RG2	Are systems in place to gain assurance that integrated commissioning arrangements are being used to drive improvement across the health and social care interface?
RG3	How are local partners actively developing and managing the provider market to ensure the system has the capacity to ensure quality services and match demand?

High Impact Change Model

Managing Transfers of Care

HIGH IMPACT CHANGES FOR MANAGING TRANSFERS OF CARE

- Ensuring people do not stay in hospital for longer than they need to is an important issue – maintaining patient flow, having access to responsive health and care services and supporting families are essential.
- We learnt valuable lessons from the Health and Care system across the Country last winter about what works well and we have built those into a High Impact Change model .
- This model has been endorsed in a joint meeting between local government leaders and Secretaries of State for Health and for Communities and Local Government in October.
- We know there is no simple solution to creating an effective system of health and social care, but local government , the NHS and Department of Health are committed to working together to identifying what can be done to improve our current ways of working.

A number of practical tools compliment the high impact changes for reducing transfers of care

- **NHS High Impact Changes** : Guidance for SRGs
- **Winter Pressures** : A Guide for Council Scrutiny
- **Safer, Better, Faster** : ECIST good practice guide
- **NHS England Quick Guides:** Solutions to common issues

It may also be helpful to consider:

- **Role of the Health and Wellbeing Board** : Oversight and system leadership
- **Mental Health** : Access to services and accommodation
- **Voluntary sector** : Capacity and capability
- **Telehealth and Telecare** : supporting people to remain independent

Working with local systems, we have identified a number of high impact changes that can support local health and care systems reduce delayed transfers of care...

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

We have developed this tool as part of our winter resilience sector led improvement programme

- The 8 changes which are outlined have been developed through last year's Helping People Home Team's work (a joint DH, DCLG, NHS England, ADASS and LGA programme).
- They have also been tested within a number of local systems that the Emergency Care Intensive Support Team (ECIST) have worked with.
- Given the pressures on local health and care systems, especially around patients flow and discharge, we want to support local systems with practical support.
- This tool has been developed at pace with some co-design to help local systems over this winter. It is to encourage areas to consider new interventions for this winter, but also to assess how effective current systems are working.
- Support on how to implement any of these changes is on offer from the ECIST and the LGA Care and Health improvement Advisors.

Changes

Change 1: Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Not yet established	Plans in place	Established	Mature	Exemplary
<p>Early discharge planning in the community for elective admissions is not yet in place.</p> <p>Discharge planning does not start in A+E</p>	<p>CCG and ASC commissioners are discussing how community and primary care coordinate early discharge planning.</p> <p>Plans are in place to develop discharge planning in A+E for emergency admissions</p>	<p>Joint pre admission discharge planning is in place in primary care .</p> <p>Emergency admissions have a provisional discharge date set in within 48hrs</p>	<p>GPs and DNs lead the discussions about early discharge planning for elective admissions</p> <p>Emergency admissions have discharge dates set which whole hospital are committed to delivering</p>	<p>Early discharge planning occurs for all planned admissions by an integrated community health and social care team.</p> <p>Evidence shows X% patients go home on date agreed on admission</p>

Changes

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Not yet established	Plans in place	Established	Mature	Exemplary
No relationship between demand and capacity in care pathways	Analysis of demand underway to calculate capacity needed for each care pathway	Policy agreed and plan in place to match capacity to care pathway demand	Capacity usually matches demand along the care pathway	Capacity always matches demand along the whole care pathway
Capacity available not related to current demand	Analysis of demand variations underway to identify current variations	Analysis completed and practice change rolled out across Trust and in community	Capacity usually matches demand 24/7 to match real variation	Capacity always matches demand 24/7 reflecting real variations
Bottlenecks occur regularly in the Trust and in the community	Analysis of causes of bottlenecks underway and practice changes being designed	Analysis completed and practice changes being put in place and evaluated	Bottlenecks rarely occur and are quickly tackled when they do	There are no bottlenecks caused by process or supply failure
There is no ability to increase capacity when admissions increase – tipping point reached quickly	Analysis of admissions variation ongoing with capacity increase plans being developed	Staff understand the need to increase capacity when admissions increase	Capacity is usually automatically increased when admissions increase	Capacity is always automatically increased when admissions increase
Staff do not understand the relationship between poor patient flow and senior clinical decision making and support	Staff training in place to ensure understanding of the need to increase senior clinical capacity	Staff understand the need to increase senior clinical support when necessary	Senior clinical decision making support is usually available and increased when necessary	Senior clinical decision making support available and increased automatically when necessary to carry out assessment and reviews 24/7

Changes

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.

Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Not yet established	Plans in place	Established	Mature	Exemplary
Separate discharge planning processes in place	Discussion ongoing to create Integrated health and ASC discharge teams	Joint NHS and ASC discharge team in place	Joint teams trust each others assessments and discharge plans	Integrated teams using single assessment and discharge process
No daily MDT meeting in place	Discussion to introduce MDTs on all wards with Trust and community health and ASC	Daily MDT attended by ASC, voluntary sector and community health	Integrated teams cover all MDTs including community health provision to pull patients out	Integrated service supports MDTs using joint assessment and discharge processes
CHC assessments carried out in hospital and taking "too" long	Discussion between CCG and Trust to establish discharge to assess arrangements	Discharge to assess arrangements in place with care sector and community health providers	CHC and complex assessments done outside hospital in peoples homes/extra care or reablement beds	Fully integrated discharge to assess arrangements in place for all complex discharges

Changes

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people’s homes or using ‘step-down’ beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Not yet established	Plans in place	Established	Mature	Exemplary
People are still assessed for care on an acute hospital ward	Nursing capacity in community being created to do complex assessments in the community	People usually return home with reablement support for assessment	People return home with reablement support from integrated team	All patients return home for assessment and reablement after being declared fit for discharge
People enter residential /nursing care too early in their care career	Systems analysing which people can go home instead of into care – plans for self funder advice	People usually only enter a care / nursing home when their needs cannot be met through care at home	Most people return home for assessment before making a decision about future care	People always return home whenever possible supported by integrated health and social care support
People wait in hospital to be assessed by care home staff	Work being done to identify homes less responsive to assess people quickly	Care homes assess people usually within 48 hours	Care homes usually assess people in hospital within 24 hours	Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours

Changes

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people’s needs.

Not yet established	Plans in place	Established	Mature	Exemplary
Discharge and social care teams assess and organise care during office hours 5 days a week	Plan to move to 7 day working being drawn up	Health and social care teams working to new 7 day working patterns	Health and social care teams providing 7 day working	Seamless provision of care regardless of time of day or week
OOHs emergency teams provide non office hours and weekend support	New contracts and rotas for health and social care staff being drawn up and negotiated	New contracts agreed and in place	New staffing rotas and contracts in place across all disciplines	New staffing rotas and contracts in place and working seamlessly
Care services only assess and start new care Monday – Friday	Negotiations with care providers to assess and restart care at weekends	Staff ask and expect care providers to assess at weekends	Most care providers assess and restart care at weekends	All care providers assess and restart care 24/7
Diagnostics ,pharmacy and patient transport only available Mon-Fri	Hospital departments have plans in place to open in the evenings and at weekends	Hospital departments open 24/7 whenever possible	Whole system commitment usually enabling care to restart within 24hrs 7 days a week	Whole system commitment enabling care always to restart within 24hrs 7 days a week

Changes

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Not yet established	Plans in place	Established	Mature	Exemplary
Assessments done separately by health and social care	Plan for training of health and social care staff	Assessments done by different organisations accepted and resources committed	Discharge and social care teams assessing on behalf of health and social care	Integrated assessment teams committing joint pooled resources
Multiple assessments requested from different professionals	One assessment form /system being discussed	One assessment format agreed between organisations /professions	Single assessment in place	Resources from pooled budget accessed by single assessment without separate organisational sign off
Care providers insist on assessing for the service or home	Care providers discussing joint approach of assessing on each others behalf	Care providers share responsibility of assessment	Some care providers assess on each others behalf and commit to care provision	Single assessment for care accepted and done by all care providers in system

Changes

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Not yet established	Plans in place	Established	Mature	Exemplary
No advice or information available at admission	Draft pre admission leaflet and information being prepared	Admission advice and information leaflets in place and being used	Patients and relatives aware that they need to make arrangements for discharge quickly	Patients and relatives planning for discharge from point of admission
No choice protocol in place	Choice protocol being written or updated to reduce < 7 days	New choice protocol implemented and understood by staff	Choice protocol used proactively to challenge people	All staff understand choice and can discuss discharge proactively
No voluntary sector provision in place to support self funders	Health and social care commissioners co designing contracts with voluntary sectors	Voluntary sector provision in place In the Trust proving advice and information	Voluntary sector provision integrated in discharge teams to support people home from hospital	Voluntary sector fully integrated as part of health and social care team both in the trust and the community

Changes

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Not yet established	Plans in place	Established	Mature	Exemplary
Care homes unsupported by local community and primary care	CCG and ASC commissioners working with care providers to identify need	Community and primary care support provided to care homes on request	Care homes manage the increased acuity in the care home	Care homes integrated into the whole health and social care community and primary care support
High numbers of referrals to A+E from care homes especially in evenings and at weekends	Specific high referring care homes identified and plans in place to address	Dedicated intensive support to high referring homes in place	No unnecessary admissions from care homes at weekends	No variation in the flow of people from care homes into hospital during the week
Evidence of poor health indicators in CQC inspections	Analysis of poor care identifies homes where extra support and training needed	Quality and safeguarding plans in place to support care homes	Community health and social care teams working proactively to improve quality in care homes	Care homes CQC rates reflect high quality care

Impact Change	Where are you	What do you need to do	When will it be done by	How will you know it is successful
Early Discharge Planning	Exemplary Robust pre assessment in place for elective care with a link to community services and night sitting.	Developing systems to measure compliance against % of patients that go home on the date agreed at admission	Q4	Measurement in place and actions in place to improve compliance
Systems to Monitor Patient flow	Mature We have a good of process and information for acute services, community services dom. care and Rapid response/reablement services.	Improve capacity within the domiciliary care market and develop our short term offer	Ongoing	Short term offer in place which matches demand and sufficient domiciliary care to pick up all packages when requested
Multi-Disciplinary Multi-Agency Discharge Teams (Including Voluntary and Community sector)	Established We have joint teams and discharge to assess processes in place alongside MDTs	Ensure complex assessments and CHC assessments are done outside hospital and link to our short term offer. We aspire to be exemplary as part of the delivery of our care model	Q4	Care model dashboard reporting delivery
Home First Discharge to Assess	Established Pathway in place for hospital discharges, meeting target of	Develop and implement short term offer & care home assessments within 24 hours	Ongoing	Weekly measurements on discharge review dashboard. 6-weekly meetings across acute

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Better Care Exchange website

<https://bettercare.tibbr.com/tibbr/web/login>

Emergency Care Improvement Programme website

<http://www.ecip.nhs.uk/>