Clerk: Amanda Coote
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Date: Wednesday, 29 March 2017

Governance Support
Town Hall
Castle Circus
Torquay
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Dear Member

POLICY DEVELOPMENT AND DECISION GROUP (JOINT COMMISSIONING TEAM) - MONDAY, 3 APRIL 2017

I am now able to enclose, for consideration at the Monday, 3 April 2017 meeting of the Policy Development and Decision Group (Joint Commissioning Team), the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
8.	**Annual Children Looked After (Performance) and Sufficiency Strategy**	(Pages 34 - 45)
9.	**Sustainability and Transformation Programme Memorandum of Understanding**	(Pages 46 - 73)
10.	**Children's Services Improvement Plan - Six Monthly Update**	(Pages 74 - 120)

Yours sincerely

Amanda Coote
Clerk

Meeting: Policy and Development and Decision Group (JCT) Date: 3rd April 2017

Wards Affected: All

Report Title: Torbay Children's Services: Permanence Planning Policy

Is the decision a key decision? No

When does the decision need to be implemented?

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

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

1. Proposal and Introduction

1.1 Consecutive Ofsted Inspections have concluded that Torbay Children's Services has not, in the past, placed sufficient emphasis on the importance of permanence planning. This has meant that too many children have either been moved from placement to placement, or been placed, on a long term basis, in placements that do not afford them permanence. The weaknesses in permanence planning have also contributed to the high numbers of children looked after (CLA).

1.2 As part of the improvement work underway following the Ofsted inspection a more dynamic and thoughtful approach towards permanence planning is being developed, supported by the revised policy and accompanying practice guidance. The revised policy, a copy of which is attached at Appendix 1, sets out Torbay's vision for achieving permanence and outlines the practical steps that practitioners and managers will take in order to improve performance and outcomes for children.

1.3 The policy has been developed by the interim Assistant Director with input from our improvement partner Hampshire County Council. The policy is supported by the Pathways to Permanence Practice Guidance which shall be issued to all Children's Social Care Managers and Practitioners and made available on the Children's Services intranet space. The policy will be subject to annual review.

2. Reason for Proposal

2.1 For the purpose of this policy, permanence is defined as a framework of emotional, physical and legal conditions that gives a child a sense of commitment, security and continuity of care throughout their childhood and into adult life.

2.2 Permanence is also defined by reference to the child's need for attachment, security, continuity, commitment and identity rather than by placement type. This

allows for permanence plans to be made for children in a variety of different ways which recognise their individual needs, wishes and circumstances.

'Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond. Permanence provides an underpinning framework for all social work'

2.3 Torbay Children's Services, as corporate parents for looked after children, will work diligently to find permanent, safe homes for children, as soon as practicable. Permanence planning requires good care planning that is tried and tested by our quality assurance processes, including the scrutiny and challenge of our Independent Reviewing Officers (IROs). The best possible care involves giving children security, stability and love throughout their childhood and beyond.

2.4 Torbay's policy towards delivering and achieving permanence is built on a number of key operating principles:

- The wishes and views of children will be taken into consideration
- Children will understand their own plan for permanence
- Decisions will be taken in as timely a way as possible
- Every plan for permanence will have a contingency
- Consideration will always be given to solutions from within the child's own family and social network
- A family meeting will be held if children have to live away from their families/community
- The importance of children experiencing permanence, belonging, security and stability, including education, will be the primary considerations at all times, including prior to them becoming looked after by the local authority
- We will ensure that due consideration is given to a child's ethnicity, language, religion or culture when considering permanent placements
- We will ensure that children, wherever this is consistent with their safety and welfare, maintain contact with family members/significant others
- We will place siblings together, wherever that is possible or desirable
- We will support children into independence when the time is right
- We are committed to ensuring that children have a clear sense of identity
- There is no one size fits all solution to securing permanence
- We will keep arrangements under regular review

2.5 The impact of the revised policy will be monitored through a variety of mechanisms including Permanence Panel, the CLA tracker meeting chaired by the Assistant Director, Children's Improvement Board and Children's Services Members Monitoring Group. Key performance measures will include placement stability, CLA population and personal, educational and social outcomes for children looked after.

3. Recommendation(s)/Proposed Decision

3.1 The Joint Commissioning Team Policy Development and Decision Group is asked approve the Permanence Policy attached at Appendix 1 and agree to receive updates on a regular basis.

Appendices

Appendix 1: Children's Services: Permanence Planning Policy March 2017

Background Documents

None

Torbay Children's Social Care Permanence Planning Policy

1. Policy context

1.1 Permanence planning is based on the philosophy that every child has the right to a permanent and stable home, preferably within his or her own family and if this is not possible, that other options are identified and explored as quickly as possible, so that a child has a permanent alternative outside their family and community. The need to ensure permanence is a key priority for those children looked after by the local authority.

1.2 Neuro-scientific research and learning from developmental trauma and attachment theory that the majority of looked after children have experienced early poor parenting, neglect and other forms of abuse, which is likely to have impacted on all aspects of their development. In order to develop into healthy contributing young people and adults, children need the opportunity to form secure attachments to a parent/carer who can provide sensitive and attuned parenting within a consistent, secure and permanent relationship. Ensuring that children are placed with permanent carers at the earliest possible opportunity is therefore an essential element in meeting their needs.

1.3 Consecutive Ofsted Inspections have concluded that Torbay Children's Services has not, in the past, placed sufficient emphasis on the importance of permanence planning. This has meant that too many children have either been moved from placement to placement, or been placed, on a long term basis, in placements that do not afford them permanence. This policy and the accompanying practice guidance will set out Torbay's vision for achieving permanence and outlines the practical steps that practitioners and managers will take in order to improve performance and outcomes for children.

1.4 This policy will be implemented during March 2017 and subject to review by the Assistant Director on a yearly basis. This policy is supported by the Pathways to Permanence Practice Guidance which shall be issued to all Children's Social Care Managers and Practitioners and available on the Children's Services intranet space.

2. Definition and scope

2.1 For the purpose of this policy, permanence is defined as a framework of emotional, physical and legal conditions that gives a child a sense of commitment, security and continuity of care throughout their childhood and into adult life.

2.2 Permanence is also defined by reference to the child's need for attachment, security, continuity, commitment and identity rather than by placement type. This allows for permanence plans to be made for children in a variety of

different ways which recognise their individual needs, wishes and circumstances.

"Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond. Permanence provides an underpinning framework for all social work"

The Children Act 1989 Guidance and Regulations Vol 2: Care Planning, Placement and case Review, March 2010, Chapter 2,Care Planning 2.

3. Policy and Key Operating Principles

3.1 Torbay Children's Services, as corporate parents for looked after children, will work diligently to find permanent, safe homes for children, as soon as practicable. Permanence planning requires good care planning that is tried and tested by our quality assurance processes, including the scrutiny and challenge of our Independent Reviewing Officers (IROs). The best possible care involves giving children security, stability and love throughout their childhood and beyond.

3.2 Torbay's policy towards delivering and achieving permanence is built on a number of key operating principles:

- **The wishes and views of children will be taken into consideration**:

  Children's views about who they live with and have contact with will be gained and taken seriously, bearing in mind their age and developmental stage. Children's wishes and feelings will be gained via a range of means including verbally, the creative arts and via observation of their behaviour and reactions to situations and relationships.

- **Children will understand their own plan for permanence**:

  Children will be helped to understand their plan for permanence, including reasons for the choice of placement, who they are to live with, why they cannot return to birth parents and plans for contact. This will involve a period or direct work with the child as preparation for permanence placement, including when this involves an existing carer.

- **Decisions will be taken in as timely a way as possible:**

  Care planning processes will be guided by the timescales and needs of the children involved. Every reasonable effort will be made to avoid drift and delay in care planning and to minimise the amount of time that children are exposed to uncertainty about arrangements for their longer-term care. The following are the standard timescales unless it is not in the child's best interests.

- No more than 6 months for the Public Law Outline (pre proceedings) to conclude.

- 26 weeks for Care Proceedings to conclude

- For all children placed in care under an Interim Care Order or Section 20 (Children Act 1989) a permanence plan should be established prior to the second statutory review and confirmed within a further 6 months.

Any decisions which do not meet these timescales shall be agreed with the Head of Service and clearly recorded and monitored by the relevant Team Manager.

- **Every plan for permanence will have a contingency**:

  Permanence planning is a staged process involving contingencies, where a number of options are explored at the same time before a final decision can be made. The options for the child to return home, be placed with relatives or other connected persons, be placed for adoption or for long term fostering will be considered as parallel plans to avoid delay.

- **Consideration will always be given to solutions from within the child's own family and social network**:

  There are unique advantages for children in experiencing family life in their own birth family or, where this is not possible, within their network of wider family and friends. Every effort will be made to preserve the child's home and family links where this is consistent with their best interests.

- **A family meeting will be held if children have to live away from their families/community**:

  If children have to live apart from their birth family, a family meeting will be considered in all cases to assist the child, their parents, the wider extended family and any other relevant individuals to consider alternative placement options, including family and friends care. Where a Family Group Conference/meeting is not convened, the reasons shall be recorded.

- **The importance of children experiencing permanence, belonging, security and stability, including education, will be the primary considerations at all times, including prior to them becoming looked after by the local authority:**

  The suitability and quality of an education offer will always be prioritised as part of a placement choice. All looked after children will have an offer of an educational provision judged to be good or better by the regulator. In planning for the offer we will take into account the full range of educational reports and assessments, to ensure an accurate match to the type of provision required. We will ensure that each child's educational progress is overseen by the Virtual School for

looked after children and facilitate both challenge and support to the educational provider on behalf of the child.

- **We will ensure that due consideration is given to a child's ethnicity, language, religion or culture when considering permanent placements:**

- **We will ensure that children, wherever this is consistent with their safety and welfare, maintain contact with family members/significant others.**

  This will be a primary consideration in the care plan, as part of the arrangements for permanence.

- **We will place siblings together, wherever that is possible or desirable**:

  Placement of siblings together will always be carefully considered as part of placement choice and care planning based on the individual needs of the children concerned. When considering not placing siblings together as part of the permanence plan this shall always be following a 'together or apart assessment.' This assessment will also make recommendations about future contact between siblings if they are not to be placed together. The principle that it is not the role of individual children to meet the needs of their siblings is important as is consideration of the likelihood of all the children's needs being met together in one family setting and enduring to the age of 18 and beyond.

- **We will support children into independence when the time is right:**

  We accept that all children, whatever their age, require permanence and we will work with them to achieve the most appropriate option.

- **We are committed to ensuring that children have a clear sense of identity**:

  It is important that children know their family history and that parents and others are encouraged to supply information to support life story work.

- **There is no one size fits all solution to securing permanence**:

  The right solution will be found for the right child on a case by case basis.

- **We will keep arrangements under regular review**:

  We will respond flexibly to changes in circumstances and adjust accordingly, e.g. reunification.

4. Options for permanence

4.1 There are various factors to consider when planning for permanence and each case will present different challenges depending upon:

- The capacity of the parents/carers to understand and meet the needs of the child, including keeping them safe.
- The level of attachments the child experiences with their parent/carer
- The quality of the intervention and support provided by professionals working with the child and their family
- The level of cooperation of all involved in the permanence planning.

Consideration needs to be given to the degree of control granted to the caregiver and the degree to which parental is apportioned or delegated. The options also affect the support and the type of support carers can expect from Torbay Children's Services in the longer-term.

4.2 **Reunification/staying at home**

Staying at home with parents, when it is safe to do so, offers the best chance of stability for children and we will work in partnership with parents/carers in order to achieve this. Even if a child cannot remain safely at home and intervention is required to place them elsewhere, the focus of work will always focus on reunification. This will involve robust assessment, the development of a good support plan, clear written expectations and cooperation from parents and children/young people.

4.3 **Placement with extended family/friends**

When a child cannot safely remain with or return to their parents, every effort shall be made to achieve permanence within the extended family/friendship group. Research indicates that children and young people can have an increased commitment from extended family/friends and an enhanced opportunity to develop their identity. However research also states that good assessments are also critical in order to assess the quality of the care to be provided. Routes to permanence for children to be placed with extended family/friends will be considered at an early stage. A decision needs to be made about whether the child needs to be looked after by the local authority or not. If not, then they can be legally supported to remain living with family/friends by way of a Child Arrangement Order; Special Guardianship Order or Adoption Order. Sometimes children who need to remain looked after are placed with extended family/friends by way of a Care Order and the carers have to be assessed and approved as connected person foster carers, under the Fostering Regulations. However this should be the exception rather than the rule.

4.4 **Adoption**

In many cases involving younger children or unborn children, who cannot remain living with their parents and with no friends/relatives able/willing to care for them, adoption will likely be the most appropriate alternative. This will

be tested by way of twin track or parallel planning processes. For example this will often mean assessing parental capacity whilst at the same time progressing planning for adoption. This process means that unnecessary delay will be avoided.

Torbay Children's Services is committed to adoption as a legal and emotional permanence option. Adoption transfers parental responsibility for the child from birth parents/others who had parental responsibility solely and permanently to the adopters.

4.5 Fostering for adoption, concurrent planning and temporary approval as foster carers of approved prospective adopters

The Children and Families Act 2014 imposes a duty to consider placements with carers who are approved as both adopters and foster carers. Fostering to adopt is used mainly for babies and young children in the care of the local authority, where the plan is likely to be adoption but who still have a chance to be reunited with their birth family. This option protects children from experiencing multiple placement moves, provides them with uninterrupted and good quality care and enables them to live with potential adopter's from the earliest possible opportunity. In this scenario, children are placed with approved adopters who have been assessed and approved as temporary foster carers. Concurrent planning is for children up to the age of 2 who are likely to be adopted but their future is not yet decided. In this scenario they are placed with foster carers, who may go on to adopt them if this plan is approved by the Courts.

4.6 Long Term Fostering

For those children who need to remain looked after by the local authority, long term fostering can be an option. This option can be useful for young people who retain strong links with their birth families and do not need the formality of adoption and where carers wish for and are assessed as needing the ongoing involvement of the local authority. Long term fostering as a permanent plan has advantages and disadvantages. For example, it has the advantages of the local authority retaining a role where necessary, there is continuing social work support and ongoing IRO scrutiny and it maintains legal links with the birth family. In terms of disadvantages, the foster carers do not share parental responsibility, there is ongoing social work/IRO involvement and statutory reviews which may be unnecessary or unwarranted; there may be ongoing stigma to the child and the child is not a legal member of that family.

4.7 Permanence and residential care

For most children, a placement in residential care will be identified in their care plan as a short term transition, with the aim of preparing, enabling and supporting the child to return to live in a family setting. Long term residential care may better meet the needs of a very small cohort of children/young people and lead to better outcomes if it is a clear decision based on assessed need.

5. Timescales and avoiding delay

5.1 Social workers will be mindful of the need to consider permanence for the child from the first point of referral of a child into Torbay Children's Services, including during Public Law Outline processes. Exposure to neglect causes harm to children's emotional and physiological development and ongoing exposure, particularly for children under the age of 3 years, is likely to limit their brain development and impact adversely on their life chances.

5.2 For children over the age of 3 years the opportunity to repair and redevelop emotionally and physiologically is crucial to their life chances. The decision that a child cannot return permanently to live with their birth parents will therefore be taken at the earliest opportunity, as is consistent with the child's best interests.

5.3 A care plan will be completed before a child becomes looked after. Where this is not possible, it will be formulated within 10 days of becoming looked after.

5.4 The plan for permanence (which is part of the care plan) will be drawn up at the Permanence Panel and the recommendation will be made available to the second statutory review after a child becomes looked after.

5.5 Once care proceedings have commenced, the target of conclusion in 26 weeks shall be met where this is consistent with the child's needs and having regard to Court directions.

6. References

6.1 This policy reflects current best practice for achieving permanence and informed by relevant statute, regulation and guidance as set out below:

The Children Act 1989 and Guidance and Regulations Vol 2: Care Planning, Placement and Case Review

The Adoption and Children Act 2002 (Revised Guidance and Regulations April 2011)

National Minimum Standards, Adoption - April 2011

National Minimum Standards Fostering - April 2011

Family and Friends Care: Statutory Guidance for Local Authorities – April 2011

Private Fostering Regulations 2005

Independent Reviewing Officer's Handbook 2010

Children Act 2004

Every Child Matters 2002

Principles and Practices in Regulation and Guidance (DOH)

Human Rights Act 1998

Torbay Children's Services procedure – 4.1.2 – decision to look after and care planning.

1 March 2017

Lin Ferguson
Interim Assistant Director: Torbay Children's Services

Title: **Devon-wide Sustainability and Transformation Plan – Memorandum of Understanding**

Wards Affected: **All**

To: **Joint Commissioning Policy Development and Decision Group** On: **3 April 2017**

Contact Officer: **Caroline Taylor, Director of Adult Services**
☎ Telephone: **01803 208949**
E.mail: **caroline.taylor@torbay.gov.uk**

1. Key points and Summary

1.1 The Sustainability and Transformation Plan (STP) is a five year health and social care plan for Devon (including Torbay and Plymouth), linked to NHS England's Five Year Forward View which aims to build and strengthen existing local relationships and focus on long term sustainable outcomes. It was endorsed by the Mayor in December 2016

1.2 There is an emerging work plan to implement the STP with an ambition of creating four or five accountable care systems with a strategic commissioning function across Devon.

1.3 NHS commissioners and providers, local authorities and regulators within the Devon-wide STP footprint have been asked to sign a Memorandum of Understanding (MoU).

1.4 The objective of this MoU is to provide a mechanism for securing agreement and commitment to sustained engagement with and delivery of the STP to realise a transformed model of care in Devon. The intent is to ensure the common purpose of delivering a clinically, socially and financially sustainable health and care system that will improve the health and wellbeing of the population and address inequalities.

1.5 Torbay Council's Chief Executive has signed the MoU on behalf of the Council. It is attached at Appendix 1.

1.6 The Director of Adult Services will provide a verbal update on the current position at the meeting.

1.7 Moving forward, it is proposed that the Policy Development and Decision Group will receive a quarterly update on progress in delivering the STP. The Adult Services and Public Health Monitoring Working Party will also receive briefings with the Overview and Scrutiny Board undertaking its health scrutiny role when NHS services changes are proposed.

Appendices

Appendix 1 Memorandum of Understanding

Devon STP memorandum of understanding for governance
This memorandum of understanding is made on 16th December 2016

1. Parties

The parties to this MoU are the following NHS commissioners and providers, local authorities and regulators in the Devon STP footprint:

North East and West Devon CCG
South Devon and Torbay CCG

Devon County Council
Plymouth City Council
Torbay Council

Devon Partnership NHS Trust
Livewell Southwest
Northern Devon Healthcare NHS Trust
Plymouth Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust

NHS England
NHS Improvement

2. Background

2.1 NHS Shared Planning Guidance for 2016/17 – 2020/21 asked every local health and care system to come together to create their own Sustainability and Transformation Plan (STP) for accelerating the implementation of the Five Year Forward View (FYFV).

2.2 The Devon footprint was identified as one of the STP footprint areas in which people and organisations will work together to develop robust plans to transform the way that health and care is planned and delivered for their populations.

2.3 The Parties have agreed to work together to enable transformative change and the implementation of the FYFV vision of better health and wellbeing, improved quality of care, and stronger NHS finance and efficiency.

2.4 The Parties have agreed and submitted their STP in the current form as set out in Schedule 1 but agree that it is a living document that may be varied and updated from time to time.

3. Objective and Intent

3.1 The Objective of this MoU is to provide a mechanism for securing the Parties' agreement and commitment to sustained engagement with and delivery of the STP to realise a transformed model of care in Devon.

3.2 The intent of this agreement is to bind the parties to the common purpose of delivering a clinically, socially and financially sustainable health and care system that will improve the health and wellbeing of the population and address inequalities. This requires the Parties to recognise the scale of change required and that its impact may be differential on the Parties. The partnering statement is included within Schedule 4.

4. Obligations

4.1 The Parties agree to work collectively to establish the detailed plans and organisational impacts that will achieve the Objectives and Intent. These will incorporate finance, activity and workforce as a minimum, and will be set out in an annual system plan in a format to be agreed.

4.2 The Parties agree that they will comply with the annual system plans that move the system incrementally towards the Objectives and Intent according to such pace of change as agreed at Finance Working Group (FWG), and set out in the summary system plan, and contracted for periodically as required by regulators.

5. Benefits

5.1 The Parties shall realise the benefits of working collectively by receiving system and regulator support to manage in-year and longer term risks as a whole system, supported by the Parties individually and collectively to the extent that no organisation is deemed to fail individually. Regulator interventions will be aligned to this benefit in order that all parts of the system can release maximum resources to delivery of the intent.

6. Leadership

6.1 Angela Pedder has been designated the STP Leader within the Devon footprint.

6.2 The STP Leader's role and remit are set out in Schedule 2.

6.3 The designated STP Leader may change from time to time in accordance with such process as may be agreed by the Programme Delivery Executive Group (PDEG).

7. Duration of the MoU

7.1 This MoU will take effect on the date it is signed by all Parties.

7.2 The Parties expect the duration of the MoU to be for the period of 2016-2021 in line with the duration of the STP or otherwise until its termination in accordance with Clause 13.

8. Agreed principles

The Parties have agreed to work together in a constructive and open manner in accordance with the agreed principles for ways of working and culture set out in Schedule 3 to achieve the Objective and Intent.

9. Effect of the MoU

9.1 This MoU does not and is not intended to give rise to legally binding commitments between the Parties.
9.2 The MoU does not and is not intended to affect each Party's individual accountability as an independent organisation.

9.3 Despite the lack of legal obligation imposed by this MoU, the Parties:

9.3.1 have given proper consideration to the terms set out in this MoU; and

9.3.2 agree to act in good faith to meet the requirements of the MoU.

10. Governance

10.1 The Parties have agreed to establish PDEG to co-ordinate achievement of the Objective and Intent.

10.2 The Parties have agreed Terms of Reference of PDEG in the form set out in Schedule 4. Terms of Reference describe arrangements for aligned decision making of the Parties which they agree is necessary to achieve the Objective and Intent.

10.3 Each Party will nominate a representative to PDEG and notify the STP Leader of his or her name and a deputy who is authorised to attend for him or her in his or her absence.

10.4 The Parties agree that PDEG will be responsible for co-ordinating the arrangements set out in this MoU and providing overview and drive for the STP.

10.5 PDEG will meet at least monthly or as otherwise may be required to meet the requirements of the STP.

10.6 PDEG does not have any authority to make binding decisions on behalf of the Parties. Collective decisions agreed at PDEG will require ratification by each Party's unitary Board or equivalent.

11. Subsidiarity

11.1 The Parties acknowledge and respect the importance of subsidiarity.

11.2 The Parties agree for the need for many decisions to be made as close as possible to the people affected by them.

12. Risk management and assurance

Whilst agreed system principles apply to all parties as set out in schedule 3, detailed risk management arrangements differ for the constituent parts of the system at the time of setting out this MoU. Risk management arrangements for the NEW Devon Health part of the system are set out in Schedule 7. Risk management arrangements between Plymouth City Council and the relevant part of the NEW Devon system are set out in the section 75 agreement. Risk management arrangements between Devon County Council and the

relevant parts of the NEW Devon system are set out in the section 75 agreement. Risk management arrangements for the South Devon and Torbay part of the system are set out in their contract which also incorporate the relationship with Torbay Council.

13. Resources

13.1 The Parties have agreed to commit their own resources to achieve the Objective in accordance with the arrangements set out in Schedule 5.

13.2 The Parties have further agreed the arrangements set out in Schedule 6 for engaging external resource and advice.

14. Openness and transparency

14.1 The Parties agree that they will work openly and transparently with each other and with other stakeholders including non-executive directors, governors and councillors of the Parties and other local health and care organisations.

14.2 PDEG will receive plans that demonstrate each Party's compliance with their duties of public involvement to the extent that these may impact on any other party to this agreement, or be enhanced by the involvement of one or more of the Parties. If there is any ambiguity as to whether PDEG may require these plans then this should be discussed with the STP leader.

15. Termination

Any Party may withdraw from this agreement at any time. In doing so they recognise that they will cease to benefit from any collective agreement or treatment established whilst acting under the agreement.

This agreement is intended to last for the life of the STP (currently March 2021), but this collective commitment will be reviewed at least annually to ensure that it remains fit for purpose and meets the needs of the Parties. The Parties will agree whether to extend or amend this arrangement according to prevailing circumstances.

16. Dispute resolution

16.1 The Parties will attempt to resolve any dispute between them in respect of this MoU by negotiation in good faith.

16.2 Where the Parties are unable to agree, proposals for dispute resolution will be set out by the STP lead according to the circumstances of the dispute, such that any mediation/arbitration is conducted by one or more of the Parties neutral to the dispute. This may require recourse to external expertise, and where this is the case this will be procured in accordance with Schedule 6. Some example scenarios and the suggested resolution processes are set out in schedule 8.

17. General provisions

17.1 This MoU will be governed by the laws of England and the courts of England will have exclusive jurisdiction.

17.2 The Parties agree that this MoU may be varied only with the written agreement of all the Parties.

Signed by the parties or their duly authorised representatives on the date set out above.

Signed by duly authorised for and on behalf of)
[PARTY 1])

Signed by duly authorised for and on behalf of)
[PARTY 2])

Janet Fitzgerald **Chief Officer, NEW Devon CCG**	**Nick Roberts** **Chief Executive, South Devon & Torbay CCG**	**Angela Pedder** **Lead Chief Executive, Your Future Care (Success Regime) & STP**
Suzanne Tracey **Chief Executive, Royal Devon & Exeter Foundation Trust**	**Ann James** **Chief Executive, Plymouth Hospitals NHS Trust**	**Alison Diamond** **Chief Executive, Northern Devon Healthcare Trust**
Mairead McAlinden **Chief Executive, Torbay & South Devon NHS Foundation Trust**	**Steve Waite** **Chief Executive, Livewell Southwest**	**Melanie Walker** **Chief Executive, Devon Partnership Trust**
[Insert Name, Insert Role], **Devon County Council**	**[Insert Name, Insert Role],** **Torbay Council**	**[Insert Name, Insert Role],** **Plymouth City Council**
[Insert Name, Insert Role], **NHS England**	**[Insert Name, Insert Role],** **NHS Improvement**	

(Subject to Board ratification)

Schedule 1 – Latest STP Submission

Schedule Two – Role and Remit of STP Leader

Lead Chief Executive - Plymouth and Devon
Role description and person specification

1 Introduction

The Devon Success Regime is a momentous and rare opportunity to redefine the future of health and social care. As only one of three Success Regimes to be announced nationally there is a collective responsibility to transform care and build delivery and confidence through collaborative effort. Increasingly effective performance management will only take us so far on that journey but linking the discipline and analysis with innovation, courage and a leadership model which dares to innovate together will deliver the prize for future generations - services which meet the needs of local populations which are of outstanding quality, financially and clinically sustainable.

The 5 NHS bodies that are directly accountable through the Success Regime, Devon Partnership NHS Trust, NEW Devon CCG, Northern Devon Healthcare NHS Trust, Plymouth Hospitals NHS Trust and Royal Devon & Exeter NHS Foundation Trust, and with the support of Plymouth City Council and Devon County Council have identified an essential role to support the local leadership and health social care systems - a Lead Chief Executive. The unanimous local nomination of such a role is just one example, but a fundamental signal of our collective commitment, to be greater than the sum of our parts and take this opportunity to reframe health and care services which is now so pressing for our local populations.

2 What behaviours will the Lead Chief Executive need to demonstrate?

The Lead Chief Executive and indeed all leaders across the NHS in Devon pledge to be system leaders and advocates for the population as a priority to the interests of their own organisations. In pursuit of the inclusive development and confident delivery of the transformation plans for the Success Regime, the Lead Chief Executive will need to be:

- organisationally neutral, system leadership focused
- open, frank and constructive, building good relationships with colleagues and between colleagues
- engaging of all stakeholders, partners and the public to build a momentum for constructive challenge, constructive dialogue, engagement and consultation
- committed to build on the positive experiences and services across the patch while pursuing the adoption of best practice and outcomes for all to meet the scale of the challenge faced
- act and be regarded as fair, balanced and inclusive

- be an honest broker and mandated by colleague Chief Executives to support and constructively challenge other leaders and Boards to reframe their leadership style and language if necessary to secure the agreed goals of the Success Regime

- able to unequivocally explore, through openness and transparency, areas of conflicting views or perceived vested interests of any of the parties.

- appreciate and integrate the differing requirements, governance and accountabilities involved in the Success Regime

- Coach all to secure the best of the opportunities the Success Regime affords Devon health and social care while respecting and honouring the extant statutory roles of each organisation and their respective Chair and Chief Executive's

- able to use the expertise and experience of all to provide insight in to those areas the individual may have less personal experience of for example primary care provision, specialist mental health as just 2 examples

- open to feedback - all leaders across the Success Regime commit to undergo a 360 degree appraisal every quarter – based on style, behaviours and impact to deliver the objectives agreed.

- work effectively and be accountable to an Independent Chair and through a "Collaborative Board" of CEOS/ALBs and Chairs.

- Demonstrate courage, energy and up most integrity

3 What are the requirements of the Lead Chief Executive?

This role will require an individual who has the confidence, and therefore the mandate of fellow Chair/Chief Executive colleagues with the following attributes:

- An experienced and successful executive leader
- Specifically understands the regulatory arenas and the complexity of health and social care provision
- having a national reputation and experience of working on Boards
- a wide range of experience at a national level
- an efficient, effective, person centred and future focused experienced coach of very senior individuals
- corporate track record of succeeding in a highly challenging environment where tenacity, resilience and humility have been key ingredients for success.
- Able to rapidly build confidence of the ALBs to successfully deliver the emergent case for change. *Credibly balances the local effort of best people while engaging external capacity to really drive a new way of working.*
- Visible to stakeholders to secure their engagement and offer solutions for future models of care

- Able to facilitate and resolve potential material issues of difference in terms of governance and pace of delivery
- A confident public and media spokesperson
- Fluent in the new models of care, national developments, integrated care and the potential for devolution deals across a wide and dispersed geographical patch
- Demonstrable experience of managing local delivery and change under intense national political and media interest

4 What is the role of the Lead Chief Executive

- Lead the development and delivery of one system, one plan and one control total. This would be a compelling platform from which to build at pace and scale taking forward the case for change for transformation, securing sustainability and new models of care within an ambitious timescale.
- Design, lead and drive the overall Success Regime Programme. This would include working with all stakeholders and NHS bodies to maximise our local potential for all systems to deliver excellence, improved health and well-being for populations and communities and integrated and improved care for people.
- In leading the programme exemplar engagement and consultation would be integral to the major programme of system transformation, system engagement and redesign for a sustainable future.
- The Lead CEO would develop the Case for Change into a compelling plan working with the statutory roles of organisations e.g. CCGs. Agree, with engagement from stakeholders, consultation, when appropriate, public engagement and implementation. This requires careful navigation and negotiation in relation to statutory governance, legal frameworks and forging new rules with ALBs for new models of care and organisational forms as well as with other statutory bodies. This should be primarily about reinforcing the current statutory roles of organisations whilst also filling the current gap in leading system transformation, locally effective plans for sustainability and the Success Regime.
- The lead accountability and point of contact for the Arms Length Bodies to secure the confidence and programme for delivery of the Success Regime in phases 2 and 3. This would include the line management of the current Programme Director role and central programme office functions. In addition remaining CEOs who take on a SR lead role for example Carter, Continuing Care, Dementia and Elective Care would report directly to the Lead CEO.
- The Lead CEO would work with the appointed Programme Director to develop the resource requirements for transition and transformation for submission nationally and to secure any ongoing external capacity and capability to maximise the successful delivery of the developed case for change.
- The external resource requirements would complement the establishment of our local capacity and capability ‘our best people’. This will be a fundamental focus to get the local knowledge expertise resourced and external capacity and capability.

- The One System Devon and Plymouth Board has no stand-alone statutory basis yet the commitment and confidence in its establishment and leadership needs to be sufficiently robust as to deliver the agreed collective endeavour of the Success Regime. This will require One System Board's leadership to articulate its role on which the collective support is made as being separate from the individual statutory roles and requirements of each organisation represented. As the Success Regime evolves the mechanisms for governance and organisational form will also develop.
- in collaboration with the Independent Chair and partner CEOs and Chairs design and keep under review the overall governance structures for the Success Regime.
- Executive lead for the development for the STPs as required by NHSI and NHS England (January) 2016.

Schedule 3 – Agreed Principles

Partnership Working Agreement

The Programme Delivery Executive Group (PDEG) and Collaborative Board have been established to oversee delivery of the Sustainability and Transformation Plan (STP). These groups comprise a number of organisations working in partnership and have therefore agreed the following framework to support a new way of working. Agreement to these principles is a pre-requisite for membership of PDEG and Collaborative Board.

This agreement is open to organisations with a significant local stake in the health and social care economy in Devon. In addition to committing to the principles and values set out in this agreement, members of PDEG will be either health and social care commissioners responsible for meeting the needs of the population of Devon or providers with a material stake in the health and care economy (defined as a financial relationship with one or more of the commissioners of £50m or greater). The organisations that meet these criteria and eligible for membership subject to signing up to this agreement are set out in appendix 1.

Partnership Values

The Sustainability and Transformation Plan relationship will be based on:

- First and foremost impact on people who uses services and their carers
- Collaborative Leadership & Decision Making
- An inclusive process across the NHS and Local Government
- Engaging clinicians, practitioners, and staff delivering NHS funded care
- Equality between all organisations involved
- Mutual respect and trust
- Open and transparent communications
- Co-operation and consultation
- A commitment to being positive and constructive
- A willingness to work with and learn from others
- A shared commitment to providing effective and efficient services to the population of wider Devon
- A shared commitment to deliver parity between mental and physical health care
- A desire to make the best use of resources across the NHS and local government
- Respect for each organisations statutory sovereignty
- We are committed to ensuring that we behave fairly and justly to all parties irrespective of political affiliation.

Partnership Outcomes

- Service delivery will be quality outcome focussed, prioritising people's care and experience by working towards an improvement in health and well-being and a reduction in health inequality

- All partner organisations share a common vision and values, whilst understanding the scope of their individual obligations to ensure commissioning ambitions, service delivery and intentions of each of the organisation are accounted for
  - The Model of Care within our system will be transformed to achieve a financially and clinically sustainable health and care systems within Devon and beyond
  - Place Based Systems of Care (PLACE) will be the fulcrum of our work programme; we recognise the determinants of PLACE will differ for some services; more specialist services will require larger populations to ensure safe effective and financially sustainable care
  - Primary Care provision will play a key role in the design and delivery of the emergent new models of care, mechanisms to secure the involvement of non-statutory body providers must be developed
  - This is a five year programme; we recognise the design of the transformational new models of care will require extensive engagement and for some emergent models formal consultation will be necessary
  - Our plan will deliver financial and performance improvement from year one
  - The New Models of Care will determine organisational form. We expect new organisational forms will be required to embed and sustain the transformation required, consequently we expect there to be fewer statutory organisations over time both in provision and commissioning
- Within three to five years, the system will move to a position where it does not spend more resources than the resources available to it
- All parties agree that costs may be taken out of the system, which may differentially impact on organisations. This in turn may mean higher costs in short term for individual organisations and the STP Programme will oversee this to ensure unsustainable and unplanned pressures are not created.

Partnership Behaviours

- We agree to work collaboratively at pace to successfully achieve the STP
- We will identify where it is mutually beneficial to share information to advance an evidenced individual and/or system benefit, and to do so on the basis that the information requested is reasonable for the purpose only, and not excessive. Where information is shared, it is agreed that it will be used for the stated purpose only
- We will demonstrate, through our positive and proactive and inclusive manner, a willingness to make the Partnership succeed
- We will communicate openly about major concerns, issues or opportunities
- We will demonstrate transparent communications in terms of delivery of STP plans and notification of any quality or financial organisational concerns, including mitigation planning
- We will share information, experience and resource, to work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost

- We will adhere to statutory powers, requirements and best practice to ensure compliance with applicable laws and standards including those governing procurement, data protection and freedom of information
- We will act in a timely manner and recognise the time-critical nature of judicial review processes, procurement process and any other relevant time-critical process and respond accordingly to requests for support
- We will learn from best practice of partner organisations and seek to develop as a Partnership to achieve the full potential of the relationship
- We will work collaboratively on all aspects of our work seeking to release resource to focus on the transformation and adopt an approach based on doing things once together i.e. one plan for everything we do – trusting others to act on our behalf and on behalf of the system
- We will publish operational plans and performance data including waiting times, sharing strategic plans, headline contract values and CIP plans
- We agree that challenge will be required in the system and parties will on occasion take different views. All parties agree that where possible we will aim to resolve issues of difference between organisations professionally and privately
- We will take care in content and presentations in public, including board reports and in media
- We agree not to take pre-emptive public action, which will cause a public disagreement
- We agree that the right thing to do is to take costs out of system and therefore we will not engage in activities that primarily aim to transfer deficits
- We will require programme leads to be responsible for assuring and mitigating the commercial conflict of involvement in the wider redesign programmes
- We will develop our workforce to enable people to deliver the objectives requested of them from the STP
- We will work together as partner organisations to develop plans for devolution which will support delivery of our shared objectives
- We agree to cascade within our own organisations these values, behaviours and work programmes, leading by example
- We agree to challenge openly when there is a disagreement and use peer review plans to ensure all partners keep with the pace required of the STP.

Partnership Agreement Appendix1: Programme Delivery Executive Group and Collaborative Board eligible organisations

Devon County Council
Devon Partnership Trust
Livewell Southwest
Northern, Eastern and Western Devon Clinical Commissioning Group
Northern Devon Healthcare NHS Trust
Plymouth City Council
Plymouth Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
South Devon and Torbay Clinical Commissioning Group
South Western Ambulance Service Trust
Torbay and South Devon Hospitals NHS Foundation Trust
Torbay Council

Schedule 4 – PDEG Terms of Reference

Role:

During transition from existing Success Regime/STP architecture supported by Carnall Farrar, PDEG will fulfil two roles, described here as Part One and Part Two. Over time, and as the system becomes more self-sustaining, this agenda is expected to merge to become a single agenda, supported by the system itself.

PDEG is established to act as the forum where decisions made affecting more than one and maybe all member organisations are then ratified by each unitary Board of member organisations following a recommendation agreed at PDEG.

Agenda and Order of Business to be transacted at PDEG

Part One

To provide the overall "Programme Board" function for the system
To propose the strategy for the system for approval by statutory bodies
To provide the system leadership and co-ordination for programmes requiring a system response.

Part Two

To receive assurances from its subordinate groups
To receive assurances from member organisations
To drive delivery within the system, via each attendant CEO
To monitor delivery of the system plan at the strategic level and agree corrective measure proposals from subordinate groups
To delegate tasks to subordinate groups in furtherance of STP objectives
To receive and approve recommendations and/or business cases from sub-committees or member organisations in furtherance of STP objectives

Membership:

All CEOs
System CEO
System DoF/Chair of FWG
System Medical Director/Chair of Clinical Cabinet
System Plan Delivery Group/System Performance Group Chair
Programme Director

In attendance

All Work-stream leads – as required
All other subgroup chairs – as required
Regulators (NHSE and NHSI currently)
CF support team – Part One only

Subordinate Groups:

Finance Working Group (FWG)
Clinical Cabinet
System Plan Delivery Group/System Performance Group
System executive group
System workforce and OD Group

Delegation to subordinate groups

Subordinate groups may only make such decisions without recourse to PDEG as are capable of being made within the delegated powers of the individual members. All system decisions requiring Board/Governing body approval will be referred to PDEG in the form of a recommendation made by the appropriate subordinate group with sufficient information to inform the decision making process. For the avoidance of doubt, where any conflict exists between this statement and the terms of reference of any sub-group, this statement shall prevail.

Chair:

The Group will continue to be chaired by the Independent Chair until such time as the system becomes self-sustaining and formally exits the Success Regime, at which time the chair will be appointed by such process as agreed by PDEG.

Key Agreements to be signed up to by organisations:

Declaration of commitment and accountability

In order that the system may performance manage its-self to achieve its objectives, there is a requirement for organisations to give Board/Governing body approval for their organisations to be collectively supported to deliver and to be held to account for that delivery by the system governance arrangements. Whilst their agreement cannot be legally enforced, commitment to this level of mutual accountability is essential, particularly in advance of any challenging circumstances arising.

In order to minimise external intervention, there is considerable advantage to the system of sign-up by regulators to a system-wide plan and accountability arrangements, so that they can have confidence in the system delivering its-self without their intervention. It is therefore proposed that regulators are similarly requested to sign up to a similar commitment.

The organisations therefore agree by their signature to this MoU to the following Partnership Statement:

The strategic partners in the Devon Health and Social Care Economy agree that there is considerable benefit to joint working arrangements that put our patients and service users at the heart of everything we do.

We accept that the clinical and financial sustainability challenge is of a scale that will require significant change in order for these to be addressed.

Some of the changes may require any of our organisations to enact developments that whilst demonstrably improving delivery across the system, may be suboptimal to membership organisation. We commit to making such changes where these deliver the STP overall objective of clinical and financial sustainability of the system in the knowledge that none of our organisations are likely to be considered a “going concern” in a system that remains insolvent in totality. This commitment is matched by partner

organisations agreeing to manage any detrimental consequences for individual member organisations affected such that this is agreed by all STP members including regulators.

We agree to provide the appropriate attendance to support the membership of PDEG to hold each other to account to deliver our elements of the system plan, and to support and accept support from our partner organisations to achieve our objectives. We agree that this function will be exercised collectively, and by the appointed, organisationally agnostic, officer members (System Lead CEO and DoF)

Role of Subordinate Groups

Clinical Cabinet

The role of the Clinical Cabinet is to:

- To provide clinical leadership to the programme, ensuring that the programme develops robust proposals that are safe and effective as well as clinically and financially sustainable, making recommendations to the Programme Delivery Executive Group for decision where these require a system response.

- Specifically it will:
  - Provide senior clinical leadership for Success Regime and Sustainability & Transformation Plan (STP) programme of work, making recommendations to the Programme Delivery Executive Group.
  - Establish and co-ordinate the work of the Clinical Working Groups (where required to take forward short focussed work) to develop and finalise service models and proposals for implementation or consultation where required.
  - Provide clinical leadership and advice for the development and implementation of service changes required to deliver the system objectives for 16/17 – 18/9 and beyond.
  - Ensure that clinical colleagues are kept informed about the work and are engaged in the work as appropriate.
  - Be ambassadors for the programme and ensure there are clinical and professional care advocates for proposals in each relevant service area.
  - Lead the implementation of the plans following consultation.

Finance Working Group

The role of the Finance Working Group is to:

- Provide leadership, strategic advice and guidance for the financial delivery of the Sustainability Transformational Plan (STP). This will include the provision of director level advice and support to the programme;
- Ensure that the strategy is fully costed, that its impact on the wider health and social care system is modelled and understood and that it meets the requirements to deliver a financially sustainable health system. This will be set out in a Strategic Financial Framework (StFF) that will be reviewed from time to time.

This will require close working between the Finance Directors of wider Devon in commissioners, providers, social care, NHS England, NHS Improvement and other partner organisations. It will ensure that the proposals and plans developed by the system within the proscribed governance framework meet the requirements of the Strategic Financial Framework (StFF) and support the best configuration of service, and delivery of health and care services within available resource for the population of Devon. This purpose is expected to endure for the period of the STP.

System Plan Delivery Group/System Performance Group (SPDG)

To ensure delivery of the overall agreed system plan and constitutional targets including but not limited to A&E, RTT and Cancer performance. The Group will provide leadership, strategic advice and guidance. This will include regular analysis of activity to plan, providing corrective actions, short-term improvements against quality and performance standards and mitigation where necessary.

Responsibilities:

The System Plan Delivery Group will be responsible for:

- Reviewing monthly delivery and financial validation reports from each work stream/patch
- Facilitate delivery and help individuals/teams remove blockages
- Provide a platform for teams to escalate risks and their mitigation proposals for approval
- Manage and resolve any issues where they arise, rather than making them a system problem
- Holding to account the work-stream SROs and Control Centres in supporting consistent approaches to delivery and development of new schemes.
- Ensure remedial action plans are developed and implemented when required
- Oversee the development of business cases for investment prior to submission to relevant decision making authority.
- Provide monthly report to Programme Delivery Executive Group

SPDG will be supported by locality delivery and performance groups at an operational level, and that these will subsume the current roles of IPAM/Quality review meetings. [Leadership arrangements for these are not yet finalised]

It is anticipated that SPDG will include attendance by regulators (NHSE and NHSI initially), and that the locality delivery and performance groups will facilitate any deep dive required by any of the regulators. This should then prevent the need for IDM/Quarterly review arrangements between the system and regulators on an individual organisation basis.

System Executive Group

TBA – but purpose is to manage the system performance and governance arrangements on a day to day basis, meets weekly – membership is System CEO, System FD, System Programme Director – to include South Devon equivalent, System Medical Director, PMO lead.

System workforce and OD Group

1. To provide strategic direction to the Workforce Workstream

2. To be accountable to the Programme Delivery Executive Group for the delivery of the work contained within the Workforce Workstream.

3. To be accountable to the Programme Delivery Executive Group to enable the delivery of the workforce elements identified within the Change Programmes.

4. To assure the quality and sustainability of the future workforce model options.

5. To hold to account task and finish (project) groups to deliver outcomes.

6. Through the Strategy Group membership, ensure that each members' organisation is aware of the workforce matters that may have an impact on them and organisational actions required.

7. Collaborating with the Organisational Development work stream to define the future design principles of the system way of working and then to articulate the future "employment deal" between staff and organisations – taking into account any national policy such as changes linked terms and conditions etc.

8. Engagement of educational providers (Health Education England, Universities, Colleges, Schools, Leadership Academy etc.) – regionally and nationally to influence supply of future workforce capability/skills.

9. To identify and manage risks.

Schedule 5 – Resourcing

The Devon STP represents the strategy for the system for the period 2016 – 2021. Each member organisations own strategy is expected to have significant alignment with this strategy and conflict between the two should be minimised or eliminated.

In recognition of the local circumstances set out in the Partnership Statement included in schedule 4, it is expected that delivery of the STP objectives are seen as the core business of each member organisation, and each will therefore commit their resources to delivery of the STP objectives without recourse for additional resource to the system. Each member organisations is expected to commit the equivalent of two days per week for each executive director of their organisation to the delivery of the system plan.

PDEG may from time to time agree that system objectives cannot be delivered as described above, and that some additional resourcing is required to be deployed for system benefit. In such circumstances appropriate member organisations are expected to contribute in a way that is considered fair and proportionate, recognising the respective differential roles of commissioners and providers. These will be agreed on a case by case basis as need arises.

Schedule 6 – Engaging external resources

Circumstances may arise from time to time whereby the system requires expert external advice or services that are either not available to be sourced from a partner member, or are required for purposes of independence.

Such resources will only be commissioned by agreement at PDEG, or with the agreement of PDEG by a subcommittee or individual that has been duly delegated to commission such advice or services.

Where this is the case, to provide the necessary assurances to member organisations regarding value for money and probity, proper procurement process will be followed as set out in the SFIs and SOs of the organisation most appropriate to commission the advice or services.

For the avoidance of doubt, this excludes any work commissioned for the purposes of the Success Regime – NEW Devon where existing arrangements already apply.

Schedule 7 – Risk management

MoU Schedule 7.pptx

Schedule 8 – Dispute resolution scenarios

Assuming that paragraph 16.1 has failed, the following sets out a range of possible dispute resolution scenarios. These are not exhaustive, but give a guide to the approach to local dispute resolution. Each scenario starts with the notification to the STP lead that such a dispute exists.

Parties are expected to represent themselves (no legal representations will be accommodated), and work to the time-scales indicated to bring disputes of any kind to a resolution as quickly as possible.

Scenario 1

Two organisations disagree on the location of a single-site service, and each considers it to have a material impact.

Step one: The parties in dispute complete a single agreed set of documentation that sets out an agreed back-ground statement, followed by each organisations position that clearly states what the dispute is. Each party should also set out what they believe to be reasonable as a solution to the dispute.

Timescale: Within 1 week of notification of dispute

Step two: Two or more other organisations from within the system (one or more may be regulators) are nominated to hear the dispute (The Panel). These will be selected for their expertise and neutrality. The CEOs (or regulator equivalent level) of the respective organisations will constitute the panel, but they may draw upon the relevant expertise from within the system to advise them.

Timescale: Within 3 working days of receipt of dispute documentation by the STP Lead. The STP Lead may select the panel at the point of notification if the nature of the dispute is sufficiently clear to allow this to happen.

Step three: The panel (together with any expert advisors) will convene to consider the paperwork submitted. The panel may call either or both parties for clarification. Should either or both parties be called, then the other must be present.

Timescale: Within one week of notifying the panel, or receipt of the written documentation, whichever is the later.

Step four: The panel will withdraw to consider their decision.

Step Five: The panel will present their decision to both parties, setting out their reasons as fully as is reasonably practical.
Timescale: On the day or as soon as possible thereafter, setting out clearly any reason for a delay in making a decision.

Step six: There is no appeal process. If the parties fail to agree the proposed solution then they are at liberty to terminate this arrangement.

Scenario 2

System decision leaves a single organisation in a position that its Board cannot support

Step one: The Board in dispute sets out in writing their rational for why they feel unable to support the decision. This written report should include the following headings:

Background – puts the decision in the context of the organisation

The decision not supported - A clear articulation of the decision that has been made, and reference to the document that contains the decision, or the recommendation on which the decision has been made.

Why the decision cannot be supported - The agreed system principle(s) as set out in schedule 3 that is(are) not being adhered to that gives rise to their inability to support the decision, or where they believe that one or more agreed principles are being applied that conflict.

The impact that the decision has that gives rise to their inability to support it.

Suggested remedy/alternative decision - Their suggested remedy that complies with schedule 3, or in the case of conflicting principles, complies with the spirit of schedule 3, that they believe delivers the same or better outcome.

Timescale: Within one week of notifying the STP Lead

Step three:

The STP leader will nominate an appropriately independent and skilled panel from within the parties to this agreement where possible (and where this is deemed not possible, this is sourced in accordance with schedule six) who will receive and comment on the report, drawing on such expertise as is needed in order to make a recommendation to the STP leader as to whether there is a legitimate and/or previously unconsidered reason why the decision should be reviewed.

Timescale: Within 3 working days of receipt of dispute documentation by the STP Lead. The STP Lead may select the panel at the point of notification if the nature of the dispute is sufficiently clear to allow this to happen.

Step four:

On the basis of the recommendation the STP leader, taking such advice as considered appropriate by them, will propose a solution either that the decision stands in the interest of the system, setting out the reasons why; or that the decision be revisited in the light of the reasons raised and such other information that they consider necessary and reasonable to inform the decision.

Timescale: Within one week of receipt of the written report.

Step five: There is no appeal process. If the parties fail to agree the proposed solution then they are at liberty to terminate this arrangement.

Scenario 3

One organisation cannot deliver its control total and it considers that this is as a direct result of a system decision.

Step one

The organisation will set out in writing their rational for why they believe they cannot hit their control total, and which system decision has caused this inability. The report should include the following headings:

Background – puts the decision in the context of the organisations financial position.

The decision that causes the problem - A clear articulation of the decision that has been made, and reference to the document that contains the decision, or the recommendation on which the decision has been made.

Why the decision causes the problem, including the agreed system principle(s) as set out in schedule 3 that is(are) not being adhered to that gives rise to their financial pressure, or where they believe that one or more agreed principles are being applied that conflict.

The material impact that the decision has caused that gives rise to their inability to achieve their control total.

Suggested remedy - Their suggested remedy that complies with schedule 3, or in the case of conflicting principles, complies with the spirit of schedule 3, that they believe will improve the position for their organisation and the overall system.
Timescale: Within one week of notifying the STP Lead

Step two:

The STP leader will nominate an appropriately independent and skilled panel from within the parties to this agreement where possible (and where this is deemed not possible, this is sourced in accordance with schedule six) who will receive the report.

Timescale: Within 3 working days of receipt of dispute documentation by the STP Lead. The STP Lead may select the panel at the point of notification if the nature of the dispute is sufficiently clear to allow this to happen.

Step three:

The panel will receive and comment on the report, drawing on such expertise as is needed in order to make a recommendation to the STP leader as to whether there are actions the system can take to improve the organisations and the overall system financial position.

Timescale: Within one week of receiving the report

Step four:

On the basis of the recommendation, the STP leader, taking such advice as considered appropriate by them, will propose a solution either that the decision stands in the interest of the system, setting out the reasons why; or that the decision be revisited in the light of the reasons raised and such other information that they consider necessary and reasonable to inform the decision.

Timescale: Within one week of receiving the recommendations.

Step five: There is no appeal process. If the parties fail to agree the proposed solution then they are at liberty to terminate this arrangement.

Scenario 4

One organisation changes its practice unilaterally, such that this has a negative impact on another party to this agreement or the system as a whole.

Step one: The organisation experiencing the negative impact, or becoming aware of the adverse system impact will prepare a report to include the following headings:

Background – as much as they believe relevant to the circumstances so that it is sufficient to advise the reader of the report.

The action that causes the problem – sufficient information to explain what change of practice has happened, and if possible, why the organisation changing its practice has done so, ie what risk were they mitigating?

The material impact – how the change of practice has had an impact, the scale of the impact and the other parties affected by the change of practice, and the principles under schedule 3 that have not been adhered to.

A suggested remedy – what action could the precipitating organisation or any other organisation take that could resolve the problem, including how these comply with schedule 3.

Timescale: Within one week of notifying the STP Lead

Step two

The STP leader will nominate an appropriately independent and skilled panel from within the parties to this agreement where possible (and where this is deemed not possible, this is sourced in accordance with schedule six) who will receive the report.

Timescale: Within 3 working days of receipt of dispute documentation by the STP Lead. The STP Lead may select the panel at the point of notification if the nature of the dispute is sufficiently clear to allow this to happen.

Step three:

The Panel will receive and comment on the report, drawing on such expertise as is needed in order to make a recommendation to the STP leader as to whether there are actions the system can take to resolve the issue.

Timescale: Within one week of receiving the report

Step four:

On the basis of the recommendation the STP leader, taking such advice as considered appropriate by them, will propose a solution in the interest of the system, setting out the reasons why. This solution may be that an options paper needs to be considered by PDEG.

Timescale: Within one week of receiving the recommendations

Step five: There is no appeal process. If the parties fail to agree the proposed solution then they are at liberty to terminate this arrangement.

Meeting: Policy and Development Decision Group (JCT) Date: 3rd April 2017

Wards Affected: All

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

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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 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 the Department for Education, Council, partner agencies and Elected Member representatives has now been established to oversee improvement activity. Meeting on a monthly 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 A key element within the improvement journey is the planning and oversight tool. This has been substantially revised with input from Hampshire to ensure a very tight focus on the recommendations made by Ofsted, as the starting point for the development of a vision for sustainably good services for children. The improvement plan remains a dynamic document and is subject to regular review by Children's Services and Corporate Leadership within Torbay Council and the CIB. A copy of the latest version Improvement Plan is attached at Appendix 1.

1.5 Attached at Appendix 2 is a summary table that attempts to draw together the broad range of improvement activity to date, in order to test progress against each recommendation as follows:

Green: performance substantially improved, at or around comparators and/or evidence of positive impact. (2)

Amber: performance improved but variable yet to be consistently delivered and/or a lack of evidence of impact (12)

Red: no evidenced improvement since inspection. (2)

2. Reason for Proposal

2.1 A key finding by Ofsted was that corporate and departmental leadership and management had been ineffective in prioritising, challenging and improving the quality of Children's Services, particularly those for children in need of help and protection. This was compounded in Ofsted's view by a lack of focus on ensuring effective practice and good frontline services for children and families.

2.2 Research suggests that sustainable and demonstrable improvements commence at the point there is a frank recognition and acceptance of the service's weaknesses[1]. This initial stage of improvement activity has required a focus on core systems, dealing with any backlogs and securing thresholds in order to 'stabilise' the service, as the basis for service improvement.

2.3 Working within a clear evidence base for improvement activity and with the support of Hampshire colleagues, Children's Services have refocused its improvement activity towards getting the basics right and building an ethos and culture that embraces rigorous and forensic self assessment. A revised format for articulating and monitoring the delivery and impact of improvement activity is key to this changed approach.

2.4 The revised improvement plan (attached at Appendix 1) builds on the Hampshire experience as improvement partner to the Isle of Wight and seeks to create clear links between Ofsted recommendations, improvement actions and better outcomes for children. It is a direct response to the challenge posed by Hampshire colleagues that previous improvement activity was far too diffuse and complicated with the risk that it compounded rather than addressed Ofsted's concern about a lack of focus on core activities.

2.5 The improvement plan attached at Appendix 1 summarises activity up to the end of February and has been considered by the CIB as part of its monitoring role. It is acknowledged that some areas of improvement activity are less well developed particularly those around cross cutting themes such as domestic abuse and early help. The improvement plan will be kept under regular review to ensure that any remaining gaps are addressed, that agreed actions are delivered and determine the impact of activity on outcomes for children and families. Further improvement actions will emerge as evidence shows that service stability is such that the focus can shift towards the pursuit of quality in practice.

2.6 Ofsted completed their second monitoring visit on 14th and 15th December 2016. Inspectors noted that 'the pace of chance led improved recently' and that 'the senior leadership team were well placed to deliver the ambitious and well targeted improvement plan'. The improvement plan has also been revised to incorporate findings of the December monitoring visit.

2.7 Hampshire are providing substantial input from a team of senior children's social care leaders and managers who are offering a range of tailored support interventions which, at this stage, is heavily 'diagnostic' in character. This is beginning to shift towards a greater focus on actions including revising practice standards, management oversight and training for practitioners/managers.

2.8 Alongside scrutiny of the improvement plan 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 enhancement of governance arrangements 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 14) and agree to receive updates on a regular basis.

Appendices

Appendix 1: Children's Services: Improvement Action Plan – Version 14
Appendix 2: OFSTED snapshot of progress
Appendix 3: Equality Impact Assessment

Background Documents

Action Research into improvement in Local Children's Services (Spring 2016)
ISOS Partnership and Local Government Association (LGA)[1]

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**						
1.1	Assessments should be completed within 20 days, with exceptions being completed within 45 days	Head of Service MASH/ SA Head of Service SASF	• Assessment Timeliness practice standards to be revised • Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. • Performance reporting to specify the distribution of working days from the referral outcome to assessment authorisation.	Dec 2016 Dec 2016 Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Standards to be understood and implemented by staff Standards to be understood and implemented by staff. Increase in percentage of assessments completed within 20 days. Target – 59.1% Target for 45 days – 83%	COMPLETED COMPLTED	**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**
1.2	S47 assessments to be completed within 15 working days	Head of Service MASH/ SA Head of Service SASF	• CP Enquiry (S47) practice standards to be revised • Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. • Heads of Service to comply with management oversight appendix within Scheme of Delegation in relation to S47 authorisation.	Dec 2016 Dec 2016 Dec 2016	Staff understand and implement Staff understand and implement All HOS understand and comply	COMPLETED COMPLETED COMPLETED	**Performance on this measure shows sustained improvement at to the planned levels** **8.12.16** **Practice standard Issued and clarified with staff backed up with regular scrutiny of performance data and system changes that automatically notify**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Performance reporting to specify working days from strategy meeting outcome to conclusion of S47.	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	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	**HoS on all completed Sc 47s 9.12.16** **Scheme of Delegation launched with staff 13/12/16** **Phase 2 of performance monitoring launching 13/12/16 9.12.16**
1.3	Child's record identifies risk, needs and protective factors	Head of Service MASH/ SA Head of Service SASF	• Assessment Quality practice standards to be revised. • Practice standards to be reflect consistent use of Signs of Safety risk assessment and danger statements. • Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. • 5 day Signs of Safety training commissioned for all social work staff during November 2016. • All assessments and plans to include, as a matter of course, whether/not a child is at risk of CSE	Feb 2017 Dec 2016 Jan 2017 Jan 2017	To be issued, understood by staff and implemented and evidenced in case file auditing. All staff understand and comply, as evidenced in case file audits. Training delivered and staff using it in their daily work.	COMPLETED COMPLETED COMPLETED COMPLETED	**Audit Moderation meeting with HoS completed November 16. 9.12.16** **Practitioner requested changes to assessment and Section 47 investigations made live on system W/E 4/11/16 9.12.16** **60 Staff Sws, TMs, IROs and HoS completed 5 day training. 9.12.16** **CSE specific risk assessment form due to go live on PARIS Dec 2016**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			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		**9.12.16**
1.4	Ensure that every assessment contains robust analysis (**Ofsted December 2016)**	AD/Heads of Service and Lead Auditor	• Section on assessment for the person completing the assessment to provide their analysis and rationale for plan/intervention • 3 workshops with HoS, TMs, ATMs, IROs to be set up to provide clarity on what constitutes good assessment/analysis • 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. • Progress to be reported in ext audit report (and on-going)	Jan 2017 22/23 February; 1/2/7/9 March Monthly audits from Jan 2017 Feb 2017	Evidence of practitioner analysis from audit activity Auditors know what good looks like Audit activity seeing consistent application Evidence of progress	COMPLETED	**This is now in place and well received by practitioners. (9.2.2017)** **Sessions have been booked and all auditor's have to sign attendance. (9.2.2017)**
1.5	Ensure that staff understand the	AD/HoS	• Written guidance to immediately be issued to staff	Dec 2017	All front line staff have received this and are	COMPLETED	**All staff aware and have been reinforced in HoS**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	process for strategy meetings/S47 enquiries and that decisions are recorded **(Ofsted December 2016)**		• Working Together to be issued to all front line staff on a recorded basis • 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 • Audit proforma to include specific section on strategy meetings	Feb 2017 Feb 2017 February 2017 Jan 2017	following it All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions. All staff following these expectations Audit evidences good minutes and tracking from strategy meetings.		**meeting with Managers and Practitioners**
1.6	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA Head of Service SASF	• Heads of Service to comply with management oversight appendix to Scheme of Delegation in relation to S47 authorisation. • Performance reporting to capture Heads of Service oversight	Dec 2016 Mar 2017	This should be evidenced in case file audits. Evidence from performance reporting and case file audits.	COMPLETED	**The number on plans is 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**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 81			• Further child Protection training to be facilitated for all Team Managers and Chairs / IROs. • One consistent pro-forma is needed for Core Groups and Minutes should be available at all times. **(OFSTED DEC 2016)** • 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.	Mar2017 Feb 2017 From Jan 2017 and ongoing	All staff are clear about thresholds. Consistent proforma is issued and expectations made clear to staff and picked up in audit. 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	DRAFT COMPLETED . OUT TO STAFF BY END OF FEB AUDIT ACTIVITY IN JAN 2017 HAS EXAMINED THIS – ONGOING EVERY MONTH	**practice guidance HoS automatically notified on all section 47s completed including those potentially returning to a Plan for a second time. 9.12.16** **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	• MASH Operational practice standards to be revised and implemented. • Additional descriptors to be written into single assessment to identify interventions completed • Assessment Quality practice standards	Jan 2017 Dec 2016	Issued to staff, understood and implemented. Picked up in case file audits	COMPLETED 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.**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			to be implemented across Single Assessment and Safeguarding and Supporting Families teams.	Feb 2017	Issued to staff, understood and implemented. 2 % target reduction from current baseline.		**Additional descriptors of assessment outcomes are still to go live on PARIS. 9.12.16**
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	• MASH operational procedures to be written and implemented within the MASH. • Performance reporting to specify distribution of working days from contact to referral outcome.	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Circulated to staff, understood and implemented. Able to target where intervention is needed. Target – 85% of contacts where a decision was made within 24 hours	COMPLETED 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 service and team manager's views will be launched on 13/12/12. 9.12.16**
2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	• Child Seen practice standards to be revised	Jan 2017	To be issued, understood and implemented.	COMPLETED	Compliance have improved significantly against historical baselines but is still too variable

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. • Performance data to specify out of assessments scheduled in that reporting month the distribution of working days until child seen.	Jan 2017 Phase 1 completed Phase 2 Mar 2017 (LOGI) version	To be issued, understood and implemented – case file audits. 90% target - referrals where the child was seen within 5 working days (SA)		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**
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	• Child Seen practice standards to be revised • Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. • Performance data to specify out of assessments scheduled in that reporting month the distribution of working days until child seen.	Dec 2016 Dec 2016 Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Issued, understood and implemented – case file audits. Issued, understood and implemented – case file audits Target 90% of referrals where the child was seen within 1 working days (Sc 47)	COMPLETED 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** **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	YOT Manager	• Develop practice standards for Youth			COMPLETED	**More young people are**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	for all young people who present as homeless		Homelessness Prevention Service to ensure that all homelessness is recorded for 16-18 year olds. • Develop and implement process for referral for 16/17 year olds with Youth Homelessness Prevention service. • Agree Screening process with MASH and implement. • Coordinate weekly tracking meeting for Social Workers completing assessments and Youth Homelessness Prevention workers.		Practice standards issued, understood and implemented. Staff clear as evidenced in case file audits. 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 COMPLETED COMPLETED	**now being subject to social work assessments and several have entered care as a result. 9.12.16**
3.2	All young people receive the opportunity for an assessment in line with the Southwark Judgement	YOT Manager	• Develop practice standards and implement in IYSS to inform process for youth homelessness assessments. • Produce guidance on when an assessment is necessary and implement		To be issued, understood and implemented. To be issued, understood and	COMPLETED 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.

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			between Youth Homelessness and IYSS Management Team. • Train YOT Social Workers in Signs of safety. • Train YOT Social Workers in Single Assessments. • Develop youth homelessness tracking report.		implemented. To be issued, understood and implemented. Evidence that 100% of young people who meet the criteria for assessment are given the opportunity to have an assessment.	COMPLETED COMPLETED COMPLETED	**More young people are now being subject to social work assessments and several have entered care as a result. 9.12.16**
3.3	Assessments lead to an offer of help and support where needed	YOT Manager	• Develop and implement new practice standards for assessment and management oversight in IYSS. For process of assessment and management oversight. • Ensure that SW in IYSS complete single assessments.	Nov 16 Nov 16	Issued, understood and implemented. Assessments lead to an offer of suitable help and evidenced through case file audits.	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**
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	HOS for Safeguarding and	• review contractual arrangements with existing service provider		Target – 80% of young people who were	COMPLETED	Review quarterly contract monitoring data to

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	a return home interview within 72 hours of their return	QA	• issue contract variation • develop and implement set of return home interview practice standards	Jul 2017 Nov 2016	provided with a return home interview within 72 hours Issued, understood and implemented.	COMPLETED	evidence this position.
	Monitor and analyse information from return home interviews in order to improve future practice	Consultant SW/CSE Coordinator CS Performance Lead HOS for Safeguarding and QA	• all young people who go missing to be discussed at the weekly multi-agency Missing Monday Meeting • Develop PARIS template to ensure that all missing data is recorded on PARIS • Develop LOGI report to monitor volume and timeliness of return home interviews • Complete TSCB MACA audit to look at the quality and impact of return home interviews and disseminate learning.	Sept 2016 and ongoing May 2017 May 2017 Mar 2017	70% of return home interviews audited that were judged to be RI, good and outstanding.	COMPLETED	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards. The extent to which RHI informs practice has yet to be determined.
5	**Ensure that the number of children at risk of CSE is known and actions plans are in place**						
5.1		Head of Services Targeted Intervention	Pending information from HoS				

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
2	**PARTNERSHIP WORKING**						
5	**With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership**						
5.1	Develop an early help strategy and pathway for Torbay	AD/HoS/TSCB	• Multi-agency workshops between Dec 2016 and April 2017 to agree:- o Shared vision and language for Early Help in Torbay o Fit for purpose threshold document agreed o Pathways, processes and paperwork agreed o 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.		
6	**Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child**						
6.1	Single Point of Access	AD/HoS	• Develop 1 front door for early help and statutory services. Staffing , paperwork and comms to partner agencies to take place in Jan/Feb 2017	End Feb 2017	Improved and consistent thresholds		
6.2	Early Help Assessments are comprehensive and reflect the right threshold of need	Head of Services Targeted Intervention TSCB	• Develop and implement EH practice standards, as part of work in 6.1 • Deliver TAF training programme for partners • Develop and implement EH audit tool as	Jan – April 2017 Mar –May 2017	Improved, consistent thresholds and coherent pathways to intervention, as evidenced in case file audits.		Partners are confident in multi-agency TAF working within the community. Partners are confident in completing EH assessments and TAF plans. More detailed data/audit activity

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			part of work in 6.1	Jan – April 2017	.		needed.
6.3	Children receive a timely response for EH and targeted intervention	HOS Targeted Intervention EH Team	• Review role of EH panel and processes, as part of the Early Help Strategy refresh outlined in 6.1	Jan –April 2017	Children receive an appropriate and timely response, based on robust assessment – case file auditing.		Data needs to be recalculated and presented in line the other compliance measures.
7	**Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership**						
7.1	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 HOS for Safeguarding and QA	• Develop and implement a set of LADO practice standards • Deliver awareness raising sessions on LADO role across partnership • Develop PARIS templates to ensure that all LADO activity is recorded on PARIS and can be reported on • Complete and sign off annual report for 2015/16 • Undertake a thematic audit on LADO	Nov 16 Mar 2017 Mar 2017 Nov 2016 Sept 2017	Issued, understood and implemented across the multi-agency group. Develop improved understanding of the role Accurate recording and tracking Highlight activity for 15/16 QA processes	COMPLETED COMPLETED COMPLETED	Review quarterly monitoring data to evidence this position **New forms built in PARIS and went live W/E 21/10/16. 9.12.16**
8	**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**						

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
8.1	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB	• Ensure Children and young people group are fully considered within review of Domestic Abuse Strategy • Convene multi agency workshop to review current arrangements and begin to shape future provision	Mar 2017	Roll out of domestic abuse strategy	COMPLETED	**Community services have agreed the funding of an additional coordinator post to operate within the service. 9.12.16**
8.2	EDS provides a timely and effective service to children out of hours	Children's Commissioner / TSCB' HoS Targeted Intervention	• Children who are in need of protection receive a robust timely service OOH's – development of practice standards. • Children receive an appropriate response OOH's as required • Engagement in EDS / Devon project steering group	Apr 2017 From Dec 16 and ongoing Apr 2017	OOHs are clear about expectations, roles and responsibilities. Case auditing/QA work. More effective regional way to deliver this service.	ONGOING ACTIVITY	**Cross area working has commenced to develop a sustainable multi area EDS solution** **No issues emerging from audit activity. (9.2.2017)**

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
3	**SAFEGUARDING AND QUALITY ASSURANCE**						
9	**Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information**						

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
9.1	Recruit and retain IRO and QA roles	HoS Safeguarding and QA	• Recruit to vacant roles		100% IRO workforce	COMPLETED	**IRO vacancies and management roles have been filled, but recruitment and retention activity has as yet not made any in roads to the levels of permanent staff. However the use of agency staff has reduced. 8.12.16**
9.2	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	• Ensure CP Chairs trained in SOS Approach • Introduce Signs of Safety as a method to conduct CPCs • Develop and implement a set of practice standards for CP Chairs and IROs • Exercise to understand the way professionals apply the scale of risk factors within child protection conferences. **(OFSTED DEC 2016)**	Nov 2016 NOV 16 Dec 2016 Feb 2017	100% IRO compliance with training 100% compliance – IRO effectiveness audits audits Circulated, understood and implemented, so that IROs are very clear about their core tasks, roles and responsibilities. Confusion is minimised and there is one clear consistent message to parents/children and young people and professionals.	COMPLETED COMPLETED COMPLETED IN PROGRESS	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards. **over 60% of staff have completed the full training and it is anticipated that the full staff group will be trained by the end of March 2017. Multi agency colleagues have been trained too and CPCs are now conducted using the Signs of Safety Framework. 8.12.16**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 91	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead HOS Safeguarding and QA	• Develop SARS practice standards • Develop a LOGI PARIS report that captures agreed data set and monitors compliance with practice standards for CP Chairs and IROs • Data to include a regular measure on the timeliness of ICPCs. **(OFSTED DEC 2016)** • Undertake a themed audit on repeat CPPs	Jan 2017 Phase 1 completed Phase 2 Mar 2017 (LOGI) version Jan 2017 To be complete d by end of February 2017	Rolled out, understood and implemented so there is improved and consistent practice. Consistently clear management information so that areas for further work can be targeted. Target percentage of 95%ICPCs being help within timescales should be the target. Thresholds understood and applied consistently and that quality of child protection planning is robustly protecting children.	COMPLETED COMPLETED IN HAND	**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** **Ata set now included this data and it is analysed on a monthly basis. (9.2.2017)** **Audit has taken place and analysis will be made available by end of February 2017 (9.2.2017)**
9.4	Ensure IROs and CP Chairs provide effective scrutiny and **challenge (Ofsted Dec 2016)**	AD/HoS for this service	• 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	From Jan 2017 and weekly on an on-going basis	IROs providing robust and appropriate scrutiny and challenge -70% target of cases audited where IRO oversight was rated as RI, good or outstanding.	PROCESS COMPLETED AND IN PLACE AND WILL BE ONGOING	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 92			• 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 • Letter to IROs from AD to clarify expectations • Number of DRPs (in relation to assessment and planning to increase and Lead IRO/HOS to sign off DRPs before they go out. • Introduce monthly team performance meetings • Establish routine of practice observations of CP Chairs and IROs annually	Jan – April 2017 Jan 2017 Jan 2017 and on-going Feb 2017 and ongoing Feb 2017 and ongoing	IROs providing robust and appropriate scrutiny and challenge and knowing what good looks like IROs clear about their core business 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 Reassurance that IROs are acting a sper the IRO handbook.	COMPLETED	

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 93	CLA, CPPs, pathway plans should be SMART and well **established (Ofsted Dec 2016)**	AD/HoS/IROs/Lead Auditor	• 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 March 2017	Auditors clear on what good looks like	IN PROGRESS (DATES AS STATED)	**All auditors have to attend all 3 seminars on a signed for basis. (9.2.2017)**
			• One consistent pro-forma per category of plan should be issued to staff and decisions about whether PARIS or Word		All staff using consistent pro-formas	IN PROCESS	
			• 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 good robust plans by 5%	IN PROCESS	**Will be reported on in March 2017 (9.2.2017)**
			• IROs to raise DRPs when plans are not SMART and robust	From Jan 2017 and ongoing	Poor plans are appropriately challenged.	IN PROCESS	**There has been a steady increase throughout January 2017 (9.2.2017)**
			• 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)**
			• 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.	From Jan 2017 and ongoing	Case audits and moderation and scrutiny of IRO (IRO effectiveness audits) and use of DRPs increase by 5% to target this issue.	IN PROCESS	**Now being picked up in auditing activity (9.2.2017)**

Torbay Children's Services: Improvement Action Tracker

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
4	**CHILDREN LOOKED AFTER AND PERMANENCE PLANNING**						
10	**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**						
10.1	Monitoring progress at key stage 4	Virtual Head	• To use the current tracking system to implement Progress, Review, Intervention and Monitoring (PRIM) meetings on half term basis. • Refocus Virtual School Governing Board scrutiny on improving outcomes for CYP • Develop monitoring system based on learning from Rees Report • CLA at key stage 4 are supported to do as well as they possibly can.	Half Termly Termly Dec 2016	Meeting or exceeding expected progress 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 COMPLETED COMPLETED	These arrangements have enabled the better identification of those CLA that are on the cusp of underperformance and intervene accordingly
10.2	Attention to attainment	Virtual Head	• Deliver next tranche of attachment training • Develop the Designated Teacher Handbook. • Purchase and use GCSE pod.		Take up of training CLA progress for pupils using the GCSE pod	COMPLETED COMPLETED	Around 20 practitioners have completed attachment training with a further 4- scheduled within the current programme

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• To train foster carers on expectations of how to support learning			COMPLETED	
10.3	LAC should not be routinely taken out of school to meet with social workers **(DEC 2016)**	HOS	• 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)**
10.4	Corporate Parenting strategy needs to be developed	Virtual Head	• 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	COMPLETED	
	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.						
11.1	Permanence planning is considered at the earliest stage and revisited throughout the child's journey	AD/Head of Service Specialist Services	• Revise permanency policy and practice guidance • Revise permanence Panel Terms of Reference and put into practice guidance • Provide training on permanence Planning policy and practice standards	Issued by end of February 2017 Jan 2017	One consistent approach to achieving permanency that is clear to staff – both documents to be rolled out, understood and implemented – IRO scrutiny and audit processes.	COMPLETED	**this had been signed off, but AD has picked up some inconsistencies, so being updated.** **Work schedule is planned and will take place from December 2016 onwards. 8.12.16** **This meeting is now working more effectively and tracking actions, in order to evidence**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				Apr 2017			**completion. (9.2.2017)**
11.2	Permanence Plans improve outcomes for children and young people	AD/HoS/Reviewing Service	• All CLA to be on a plan for permanence by the time of the second review • 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 From Jan 2017 onwards February 2017	Full compliance – data and auditing 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 .		**Now that we have a suite of data reflecting the journey of the child, we can monitor progress. Next progress report wil be for January 2017 data (9.2.2017)**
11.3	Actively consider Foster to Adopt arrangements in Permanence care planning	Head of Service Specialist Services	• Foster to Adopt Policy to be reviewed in line with Adopt South West • Develop and implement Foster to Adopt Practice Standard • Provide training on Foster to Adopt process and practice standard	Jan 2017 Jan 2017 Feb 2017	COMPLETED 2% increase in number of children with a plan for foster to adopt from 2016 baseline.	COMPLETED	**First foster to Adopt placement is now underway 9.12.16**

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
5	**CARE LEAVERS**						
12	**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**						
12.1	Improve the delivery and access to	YOT Manager	• Review and improve communication of care leaver entitlements , IAG and next	Dec	Care leavers know their	COMPLETED	Work is now underway to obtain the views of care

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	information for care leavers		steps via social media • Deliver revised care leaver booklet • Re-fresh care leaver website • Expand and increase social media presence of care leaver service	2016 Dec 2016 Dec 2016	entitlement in the various communication forms. 70 % of Eligible and relevant and former relevant that said they had accessed the website Number of website visit by monitoring usage Number of former relevant and relevant CYP in contact need target	COMPLETED COMPLETED COMPLETED	leavers via the young people's forum
13	**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**						
13.1	Pathway plans to be re-designed in consultation with young people	Care Leavers Practice Manager Social Work Student	• Review pathway plan that reflects national best practice and young people's views • Deliver and implement improved pathway plan that clearly reflect the views of young people	Dec 2016	New designed and implemented pathway plan Target 90% of pathway plans were the young person's contribution was evident	COMPLETED COMPLETED	New Pathway Plan implemented Jul 2016
13.2	Quality assurance processes in the care	YOT Manager	• Establish and implement QA framework for pathway plans	Dec 2016		COMPLETED	**A service meeting has been held and a robust**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	leavers team to ensure good quality pathway plans				70% target of pathway plans judged to be at least RI or better		**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**
~~13~~ 13.3	Young people's forum to review pathway plans on a yearly basis.	Care Leavers Forum	• 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
13.4	Pathway plans to be improved in response to feedback from MOMO app.	Care Leavers Practice Manager YOT Manager	• Ensure usage of MOMO app across the service, through provision of appropriate technology and training for staff. • Data from MOMO app to be used to review quality of Pathway Plans. Pathway plans. Case file auditing process to be used to understand the quality of pathway plans.	Apr2017 Apr 2017	% of CLA 15 + who have used MOMO –target? 70% target of pathway plans judged to be at least RI or better.	In process In process	**This will be reported in April 2017. 8.12.16** **This will be reported in April 2017 – we need to give new auditing process time to bed in. 8.12.16**

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
6	LEADERSHIP AND GOVERNANCE						

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
14	**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**						
14.1	Increase corporate oversight and understanding of CS performance, resource and outcomes	DCS / CX	• Introduce weekly 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
		DCS / CX	• 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
		DCS / AD corporate Services	• Children Services key decisions and plans incorporated within annual cycle of council decision making arrangements. • Overview & Scrutiny Working Party for Children's Services established.	Summer 2016	Key decisions and plans subject to member oversight	COMPLETED COMPLETED	Key decisions and plans subject to review and revision by Elected Members
14.2	Corporate Parenting Board	Lead Member AD / Head of Specialist Services	• Ensure that CPB meets regularly • Develop CP strategy, Plan, refresh Pledge • Launch Pledge • Training for PCB elected members by LGA arranged / provided	Dec 2016 March 2017 March 2017	CPB meeting regularly as expected. Clear strategy in place Pledge launched and circulated Clarify of role and expectations.	COMPLETED (FEB 2017)	CPB dashboard CPB action plan

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				Mar 2017			
15	**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**						
15.1	Deliver Management reporting tool platform	Principal Performance Manager	• Deliver new online reporting tool for all managers and populate with live performance data (first phase) • Develop a suite of Performance Indicators to span the Child's Journey	June 2016 December 2016	Team managers and Services Managers critique performance and address areas for development in a timely way. Suite of indicators distributed and understood.	COMPLETED Completed	**Online Tool live and available to Service Managers. Introductory sessions with all managers have been completed. 9.12.16**
			• Establish drill down function on key performance data to see practitioner and team performance	Jan 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.	In process – to be completed fully April 2017	**Second phase of performance management involving service and team managers is being launch 13.12.16**
			• Introduce benchmark information across performance data	Feb 2017	70% target of practice standards where there is evidence of sustained improvement in performance		**Benchmarks have been used in manager's monthly performance meetings. 9.12.16**
			• Build further PM and service views	Mar	More robust and		**Second phase of performance**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				2017	clear management information.		**management involving service and team managers is being launched 13/12/16 8.12.16**
15.2 Page 102	Develop and implement data addressing areas for drift and delay	Principal Performance Manager	• Develop data on timeliness of decision making, visiting and assessment timeliness. (Data Gaps noted by Ofsted are addressed.)- first phase • Refine views of key practice compliance measures (2nd phase)	Jun 2016 Mar 2017	%70% target of practice standards where there is evidence of sustained improvement in performance	COMPLETED	**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** **A more comprehensive set of KPIs that build on existing practice standards will be launched with TMs on 13.12.16**
15.3	Re-establish performance management routine and embed performance within the culture	Assistant Director, Principal Performance Manager, Business Support Manager and HoS	• TMS and HOS to meet on a monthly basis with AD to review progress and agree actions – regular performance meeting • 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.	Jan 2017 Jan2017	Performance culture embedded at Team Manager level, so progress can be tracked and action taken accordingly. All services are clear about their key priorities	COMPLETED AND ONGOING COMPLETED	**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** **By January 2017, each service will have an updated set of practice standards and service**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
Page 103			• DCS and AD to meet with HOS and Performance Manager on a monthly basis to review progress and agree actions. • 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.	July 2016 and ongoing Feb 2017 Oct 2016	Senior Managers own the data and take action accordingly Services have a system to track management information for their service.	COMPLETED AND ONGOING COMPLETED	**plans, which highlight key priority areas. 8.12.16** **These meetings are now held as a matter of routine. 8.12.2016** **A visiting tracker has already been implemented. The full tracker will be available to use from 13 December 2016. 8.12.16**
			• Develop performance reports for key governance and decision making forums – corporate reporting, Children's Improvement Board, Lead member / CX , Corporate Parenting Board (first draft) • TSCB performance reporting (CS	Aug 2016	Service Managers and Team managers able to provide own narrative on progress and use data to inform service plans TSCB own the data and	COMPLETED	Q2 Evidence that improvement actions routinely addressed

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			element) – first draft	Dec 2016	understand trends and issues needing action in key areas.		
			• Develop routine reports on the quality outcomes of case audits KPIs via LOGI	Feb 2017	Overview of practice quality readily available to DCS,AD, team and service managers every month		Overview of case audits begins to be reported in monthly meetings
			• Develop routine reports on what children are saying (from MOMO)	May 2017	% of CLA who have used MOMO – target 40%		CLA overview of feedback begins to be reported in monthly meetings
15.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	• Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS. • **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	Nov 2016	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**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			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	May 2017			**Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16**
			• Upgrade Paris to keep in line with latest releases	Mar 2017	CS staff benefit from removal of known system errors		**Q4 latest version due to be rolled out in February – testing of new version already underway 9.12.16**
16	**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**						
16.1	Implement a new audit tool	Lead Auditor	• Develop and implement new case audit tool • Roll out training and guidance to auditors		New audit tool on PARIS 70% target of cases audited as at least RI or better	COMPLETED COMPLETED	Quarterly audit report demonstrates compliance with new audit arrangements
16.2	Improve Audit Activity	AD/HoS/Lead Auditor	• All requested audits to be completed without exception. HoS to ensure this is happening • Mandatory seminars for all auditors on what good looks like (assessment and planning) to take place • Audit tool to be updated to include strategy meetings and expectations	From Jan 2017 and on-going 22/23 Fen and 1/2/7/9 March 2017 Jan 2017	90% compliance minimum Evidence of attendance. Evidence through audit activity of auditors having a better understanding of 'good' **Includes issues raised from OFSTED Dec 2016**	IN PROCESS COMPLETED AND	**Quarterly report March 2017 will evidence** **Signed attendance.**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			about plans and assessments only 1 risk limiting judgement		**visit**	ISSUED.	
			• Robust process for tracking actions from audits to be put in place by lead auditor	Jan 2017	All actions being tracked and acted upon	COMPLETED – IN PLACE	
			• All inadequate audits to be re-audited after 2 months and this to be tracked by lead auditor	Jan 2017	All inadequate audits re-audited and improvements shown		
			• Lead auditor to provide 1:1 audit support for new auditors and those targeted as needing support	From Jan 2017	All auditors are confidant in auditing activity		
			• Monthly audit moderation to take place with a focus on consistent judgements	Feb 2017 and ongoing	Consistent judgements in evidence		
			• Updated audit form and guidance to be issued at seminars and sent out afterwards	Sept 2016 and ongoing	All auditors and staff clear on expectations	COMPLETED	
		Lisa Jennings	• 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	HoS can take actions earlier	COMPLETED FOR JANUARY 2017	
			• 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.	Jan 2017 and ongoing Feb 2017	Staff actively learning from audit activity	IN PROCESS	

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				and ongoing			
17	**Ensure that Leadership and Management of HoS and TMs is robust**						
17.1	Management decisions must be recorded and provide a clear rationale for decisions (Ofsted Dec 2016)	AD/HoS/Lead Auditor	• Team Managers to be briefed on expectations by HoS • HoS to audit and raise with Team Managers if management decisions/their rationale is not recorded • Progress to be reported on by lead auditor	Jan 2017 Feb 2017 March 2017	Team Managers clear on expectations Audit compliance and evidence in audits Evidence of improvement	COMPLETED	
17.2	Team Managers to sign off completed assessments **(OFSTED DEC 2016)**	TMs/HOS	• Team Managers to sign off assessments. • Team Managers should not sign off assessments without a robust analysis being in place, completed by the worker. • HOS to check compliance	Jan 2017 and ongoing	Evidence via case file auditing.		
17.3	Supervision needs to take place and better **evidenced (Ofsted DEC 2016)**	AD/HoS/Lead auditor	• One consistent template and practice guidance to be issued to staff • Quarterly supervision audits to take place	Feb 2017 From Feb 2017	Consistent practice across the board Consistent practice across the board, evidenced through case auditing.		
17.4	Practice decisions and governance structure needs to be in place	AD	• 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		

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
17.5	Learning from serious case reviews needs to be better utilised **(OFSTED DEC 2016)**	AD/HOS/WDO	• Key local and national messages need to be collated and disseminated to staff	March 2017	Staff understand the lessons and use to inform practice, evidenced through case auditing.		

Ofsted Recommendations: Progress 'Snapshot': 1 March 2017

RK version 1/3/17

Ofsted Recommendation	RAG Rating Red, Amber, Green	Comments
1. 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 care services (paragraphs 111-131)	Amber	A robust improvement plan is now in place and subject to oversight by CIB, CS SLT, Corporate SLT and elected members. Key plans and strategies are now subject to elected member oversight and incorporated within Council's Forward Plan. A Members Monitoring Group is also in place to further support improvement activity. The lead member and members more widely are now routinely provided with a suite of reports and data that comprehensively covers the performance and outcomes achieved for children. The data and information shared with council members now mirrors, albeit at higher level, that used with practitioners.
2. 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 (paragraphs 112-119, 123-124, 129-130)	Green	A comprehensive suite of performance indicators is now in place, alongside the capability to analyse data at team and practitioner level. Team managers now have the opportunity, via the lens of data, to view, understand and ultimately explain what they are achieving for children in their services. Compliance is challenged and practitioners are beginning to grow in confidence and understanding. Performance is subject to regular oversight by CIB, SLT, Member Monitoring with interventions put in place to explore and address under performance.
3. With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership (paragraphs 19, 20, 26, 30)	Amber	A revised MASH referral form was introduced in November; this was followed by a 'single front door' referral pathway on 1 March. Work is progressing to revise the TSCB threshold document which will be completed in March 2017 and subject to approval by TSCB partners thereafter.
4. Ensure that timely decisions are made on contacts and referrals and that initial visits to children are	Amber	MASH is consistently making timely decisions on 85% of all contacts. Partners are fully engaged and embedded in the daily consideration of contacts. Initial visiting has improved since the inspection and the reasons for non compliance

prompt (paragraphs 21,22)		are well understood and kept under constant review through performance management.
5. Work effectively with partners to ensure that children receive timely and effective help and that assessments and plans are in place for each child (paragraph 18)	Amber	Practice guidance has been issued and expectations set to ensure that assessments and plans are kept up-to-date. A whole service assurance check will be completed by early March to ensure that all children have up-to-date plans. The quality and use of plans is being monitored through QA processes. Following external observations and feedback more child and parent friendly formats that are measureable, will be introduced across the CP, CIN and CLA service by April 2017.
6. Ensure that assessments are timely, proportionate and effectively identify the risks, needs and protective factors, leading to appropriate and measureable plans (paragraphs 22, 27)	Amber	Assessment timeliness has improved and quality is improving. The authority is on track this year to have completed 80+% of assessments within 45 days. The focus through performance management is now looking at improving proportionality by looking at the numbers of assessments completed within 20 days. Improvements in the way risk is both identified and addressed through more measurable plans is being supported through the issuing of new plan formats (due to be live in April) and the wholesale resetting of practice standards that will be monitored through improved performance management and QA processes.
7. Ensure that 16- and 17- year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs (paragraph 32)	Green	All 16/17 year olds presenting as homeless now consistently offered a comprehensive assessment of their needs with help and support offered. Every month on average, Torbay completes single assessments on 6 young people aged 16+.
8. Ensure that the threshold for a referral to the designated officer is well understood across the partnership (paragraph 131)	Amber	The LADO role is now shared between one IRO and the Senior IRO. Having two designated LADOs provides consistency and the opportunity to develop good working relationships with partner agencies and voluntary groups. In his role as LADO, the Senior IRO has joined the TSCB Voluntary and Faith Sector Working Group as a standing member. Promotional material has been distributed to partners by the TSCB. In addition, a range of activity has taken place in the last year to promote the LADO role and help ensure it is understood by the partnership. For example in 2016 there were 20 promotional activities

<table>
<tr><td></td><td></td><td>undertaken. These included a range of workshops and presentations to various partner agencies and groups of staff. This will be an annual rolling programme of activity going forward. The 2016/17 LADO report will consider what impact increased awareness has had on referrals, along with the learning from cases.</td></tr>
<tr><td>9. 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 (paragraphs 37,60)</td><td>Amber</td><td>The Children's Society (Checkpoint Project) continues to provide return home interviews for children who go missing in Torbay.
A range of measures have been put in place to address this recommendation including a contract variation, RHI practice standards and automated missing notifications. This has resulted in an increase in the numbers and timeliness of interviews:

<table><tr><td>2016/17</td><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>Number of Missing Episodes</td><td>144</td><td>188</td><td>152</td></tr><tr><td>% of Missing Episodes resulting in a RHI</td><td>30.8%</td><td>33.5%</td><td>53%</td></tr><tr><td>% of RHI completed in 72 hours</td><td>53%</td><td>54%</td><td>77%</td></tr></table>
Checkpoint report that RHI's are offered to all young people, but a number of young people refuse to have one.

Missing Monday Meetings continue to take place each week and are attended by Police, Social Care, Health, Education and Checkpoint. Each missing episode and RHI is reviewed and individuals/groups of concern and locations/trends escalated to the MACSE forum. All information is held on the Missing Tracker.

In order to address the issue of quality and effectiveness the TSCB, via the Quality Assurance Subgroup, are due to undertake a multi-agency case audit (MACA) in respect of RHIs on the 15th and 16th March.

The findings from the MACA will be fed back to the Board and a detailed analysis of the partnership's response to missing and the learning from RHIs is due to be included in the TSCB Annual Report for 2016/17.</td></tr>
</table>

10. Monitor the progress of children looked after more closely at Key Stage 4 and pay greater attention to ensuring that they achieve five GCSE grade A* to C, including English and mathematics (paragraph 63)	Amber	A comprehensive performance management framework is in place via the Virtual School which encompasses progress and attainment data. KS4 performance for 2015/16 broadly comparable with national (previous year). Performance across all key stages is subject to regular oversight by Corporate Parenting Forum and VSG.
11. With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, Child and Adolescent Mental Health Services (CAMHS) and the emergency duty service (paragraphs 28, 31, 43, 62)	Amber	Perpertrator programmes for DA is now in place – but not clear on number of referrals, take up and overlap with CS casework. A revised EDS is under development but not aware of any gap in service at the moment. A refresh of CAMHS underway and work ongoing with schools for a service to address children's mental health and wellbeing.
12. Review the permanency policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Fostering to Adopt arrangements and concurrent planning, where appropriate (paragraphs 78, 83)	Amber	A revised permanence policy is nearing completion – this encompasses Foster to Adopt and concurrent planning. Foster to Adopt is now routinely considered. Policy will be completed in March. Concurrent planning and Foster to Adopt has yet to become embedded.
13. Strengthen the quality assurance role of independent reviewing officers and child protection conference chairs and ensure that reviews and conferences result in effective information sharing and purposeful, timely plans for children (paragraphs 26-27, 53-55)	Red	Clear direction has been given to IROs by AD on their role. Commissioner colleagues have delivered 2 intensive training sessions. There is, as yet, no evidence of impact on quality of plans and outcomes for children and families.
14. Develop ways for care leavers to receive clear and effective advice and guidance on their next steps,	Amber	Entitlement information has been revised with input from care leavers. Torbay is below comparators for EET and university attendance and the authority does not compare well on the proportion of leavers that the authority

which include more formal communication to them of their entitlements (paragraph 95)		is in touch with.
15. 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 (paragraphs 103-104)	Amber	Pathway plans have been revised with input from care leavers. The more child friendly format is also being used to help inform the improvements more broadly in CLA plans. The timeliness of pathways plans needs to improve and the quality of plans is now the subject of closer scrutiny through QA in this service area.
16. Ensure that learning from audit activity and training is systematically evaluated and contributes to a learning culture within the organisation (paragraph 116)	Red	The completion rate for audits is improving, the last 3 months (Dec 16 – Feb 17) have seen this meet expectations. The tool has been improved and more focused audits, appropriate to different service areas, are being introduced in March and April on top of the pre-existing main tool. A series of compulsory workshops have been held, with input from Hants colleagues, around audit quality. The capture and monitoring of actions has been tightened up through changes to the system and the focus is now more on how wider learning is shared and used. However, at this stage the wider scale impact of greater compliance with QA process has yet to be clearly evidenced across the organisation.

Key

Red	**no evidenced improvement since inspection**
Amber	**performance improved but variable, yet to be consistently delivered and/or a lack of evidence of impact**
Green	**performance sustainably improved, at or around comparators and/or evidence of positive impact**

Supporting Information and Impact Assessment

Service / Policy:	Children Services' Improvement Plan
Executive Lead:	Julien Parrott
Director / Assistant Director:	Andy Dempsey

Version:	1	Date:	21.03.2017	Author:	Andy Dempsey

Section 1: Background Information	
1.	**What is the proposal / issue?** To note the progress to date as set out in the Children's Services' Improvement Plan.
2.	**What is the current situation?** Following dialogue with the Hampshire improvement team, the improvement plan has been substantially revised in order to provide for a much tighter focuis on actions that will directly address the recommendations made by Ofsted. The plan is very much a work in progress and will be subject to regular oversight and scrutiny by the Children's Improvement Board, Children Services' Leadership Team and Corporate Leadership Team.
3.	**What options have been considered?** The revised improvement plan follows an approach that Hampshire have found effective in their work as improvement partner for the Isle of Wight. The changed approach has only recently been adopted and it is acknowledged that work is ongoing to ensure the plan is exhaustive in setting clear, deliverable actions against all Ofsted recommendations.
4.	**How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?** The revised action plan will contribute towards the following key priority within the Corporate Plan. • Protecting all children and giving them the best start in life
5.	**Who will be affected by this proposal and who do you need to consult with?**

	The action plan will impact on Children Services and its partners working through the Children's Safeguarding Board.
6.	**How will you propose to consult?** The improvement plan aims to direct and develop the work of Children's Services and the range of partner agencies. Ongoing review and consultation on the content and progress will be undertaken through the Improvement Board and the Safeguarding Board.
Section 2: Expected Implications and Impact Assessments (these sections will be updated and expanded following the consultation period)	
7.	**What are the <u>expected</u> financial and legal implications?** There are no direct financial or legal implications from the revised planning format.
8.	**What are the <u>expected</u> risks?** If the revised approach is ineffective there is a risk that Children Services will not improve in line with the expectations of Ofsted and the DFE Commissioner with an adverse impact on outcomes for children and families.

Section 2: Implications and Impact Assessment	
7.	**What are the financial and legal implications?** *Explain any financial and resource implications of this proposal / decision. Explain any legal implications of this proposal and refer to any relevant case law and legislation where appropriate.*
8.	**What are the risks?** *Explain if there are any significant risks if the proposal is not implemented. Explain any risks associated with making this decision.*
9.	**Public Services Value (Social Value) Act 2012** *Does the proposal require the procurement of services or the provision of services together with the purchase or hire of goods or the carrying out of works? If so you need to consider how what is to be procured might improve the economic, social and environmental well-being to Torbay. Also, how in the process of procurement the Council might act with a view to securing that improvement. You also need to consider whether you need to undertake any consultation on these matters. If you are unsure please contact the procurement team. If you have considered the above please make reference to what considerations have been made. If you do not consider the Act applies to this decision please state why.*
10.	**What evidence / data / research have you gathered in relation to this proposal?** *Your assessment and recommendations should be under-pinned by up-to-date, reliable and factual information about the different groups the proposal is likely to affect. For instance, population profile, satisfaction data, deprivation statistics and how this helps to build a picture around your proposal.*
11.	**What are key findings from the consultation you have carried out?** *Outline the key findings from the consultation exercise. Include any feedback alternative options where you have consulted on these. Also include response rates, number of attendees to events / focus groups, outline of specific interest groups consulted. Use bullet points to summarise the key conclusions*

12.	**Amendments to Proposal / Mitigating Actions** *Have you made any changes to the proposal in light of feedback from the consultation and engagement process? Have you had to alter your decision and look at alternative options?* *Outline how any negative impacts can / will be mitigated or eliminated. How can the negative impacts be minimised?* *What is/are the recommendation(s) from the Policy Development Group?*

Equality Impacts

13	**Identify the potential positive and negative impacts on specific groups** *It is not enough to state that a proposal will affect everyone equally. There should be more in-depth consideration of available evidence to see if particular groups are more likely to be affected than others – use the table below. You should also consider workforce issues. If you consider there to be no positive or negative impacts use the 'neutral' column and explain 'there is no differential impact'*

	Positive Impact	**Negative Impact & Mitigating Actions**	**Neutral Impact**
Older or younger people			
People with caring Responsibilities			
People with a disability			
Women or men			
People who are black or from a minority ethnic background (BME) *(Please note Gypsies / Roma are within this community)*			
Religion or belief (including lack of belief)			
People who are lesbian, gay or bisexual			
People who are transgendered			
People who are in a marriage or civil partnership			

	Women who are pregnant / on maternity leave			
	Socio-economic impacts (Including impact on child poverty issues and deprivation)			
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			
14	**Cumulative Impacts – Council wide** (proposed changes elsewhere which might worsen the impacts identified above)	*Are any cumulative impacts identified across your service area from proposals in other departments OR from other service areas? Please explain what these might be (you may need to revisit this section once proposals have been further defined)*		
15	**Cumulative Impacts – Other public services** (proposed changes elsewhere which might worsen the impacts identified above)	*Are any cumulative impacts identified across your service area from proposals in other public services or partner organisations? Please explain what these might be (you may need to revisit this section once proposals have been further defined)*		

Report Sign Off

Now that you have completed your report, you must send it to the following departments/people for review and, if necessary, comment. Please give them a deadline in which you need their comments by.

Estates:	liam.montgomery@torbay.gov.uk
Human Resources:	susan.wiltshire@torbay.gov.uk
IT:	bob.clark@torbay.gov.uk
Communications:	communications@torbay.gov.uk
Procurement:	tracey.field@torbay.gov.uk
Monitoring Officer:	anne-marie.bond@torbay.gov.uk
Section 151 Officer:	martin.phillips@torbay.gov.uk
Risk management:	risk.management@torbay.gov.uk
Future Planning:	future.planning@torbay.gov.uk
Equalities:	equality@torbay.gov.uk