



DERBY CITY COUNCIL

CHILDREN AND YOUNG PEOPLE IMPROVEMENT PLAN

Response to the Ofsted Inspection of Safeguarding and Looked After Children Services carried out in May 2011

Traffic Light Status
Blue – Completed
Green – On track
Amber - Slippage
Red – Major slippage

Summary of Areas for Improvement

Recommendation	Recommended timescale	Accountable Officers	Proposed timescale	Page reference for action plan
SAFEGUARDING SERVICES				
1. Develop and implement audit systems to systematically monitor the frequency and quality of child protection visits by social workers and the effectiveness of child protection core group meetings in progressing child protection plans. Auditing must ensure that full attention is given to assessing how well needs arising from a child's ethnicity and culture are being addressed.	Immediate	Nina Martin		Page 5/6
2. Ensure that all children and young people who go missing from their own home have access to a return interview by a suitably designated and trained person.	Immediate	Kev Murphy		Page 8
3. Ensure that all child protection plans include defined outcomes and the roles and levels of support to be provided by relevant professionals and agencies.	Three months	Nina Martin	September 2011	Page 9
4. Develop processes to collate information derived from quality audits of safeguarding practice for regular evaluation by senior managers, DSCB and elected members.	Three months	Jacqui Jensen	September 2011	Page 5/6
5. Ensure that all vulnerable children have timely access to appropriate school places.	Three months	Lynda Poole	September 2011	Page 9/10
6. Improve the consistency and comprehensiveness of the recording of the casework of the local authority designated officer (LADO) and ensure regular liaison between the LADO and the complaints service.	Three months	Nina Martin	September 2011	Page 10
7. Audit children's cases where there is involvement of adult mental health services to ensure effective engagement and partnership working with plans in place to safeguard children.	Three months	Stephen Edgeley/ Gary Stokes/Nina Martin	September 2011	Page 11

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Recommendation	Recommended timescale	Accountable Officers	Proposed timescale	Page reference for action plan
8. Strengthen systems for Criminal Records Bureau (CRB) checks and reviews to ensure greater operational consistency and inclusion of all elected members who have contact with children.	Three months	Karen Jewell	September 2011	Page 12
9. Ensure the development of local CAMHS Tier 4 beds for Derby City children and young people assessed as being in need of this service and ensure that such services are provided in an equitable and timely manner.	Three months	Ruth Sargeant – East Midlands Specialist Commissioning Group	September 2011	Page 12/13
10. Strengthen the arrangements for user engagement in child protection processes to ensure their views and experiences are sought in order to inform service delivery and development.	Six months	Hazel Lymbery	December 2011	Page 13
11. In collaboration with corporate services ensure the electronic recording system is fit for purpose in supporting quality practice, enabling management oversight and collating data for audit purposes.	Six months	Nick O'Reilly	December 2011	Page 13/14
12. Ensure that all partners are aware of their reporting responsibilities in regard to privately fostered children and young people.	Six months	Suanne Lim	December 2011	Page 15
LOOKED AFTER CHILDREN SERVICES				
13. Ensure that all statutory visits to looked after children and young people are recorded and carried out within expected timescales.	Immediate	Nina Martin	HOS all aware and implementing	Page 5/6
14. Ensure that ethnicity and culture are fully taken account of in assessments and in direct work with children.	Immediate	Elene Constantinou	HOS all aware and implementing	Page 5/6
15. Ensure that all foster carers receive appropriate health care information when children are newly placed in their care.	Immediate	Pam Hallam		Page16

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Recommendation	Recommended timescale	Accountable Officers	Proposed timescale	Page reference for action plan
16. Ensure robust and systematic auditing of the quality of practice and support to looked after children and young people, taking explicit account of the impact of ethnicity and culture, and that key issues arising from these are analysed and reported to senior managers and elected members.	Three months	Nina Martin	September 2011	Page 5/6
17. Establish a corporate parenting board and ensure that elected members have training on their corporate parenting responsibilities.	Three months	Andrew Bunyan/ Mark Barratt	September 2011	Page 17
18. Improve participation of all looked after children and young people in service planning.	Three months	Mark Barratt	September 2011	Page 18
19. Ensure the independence of reviewing officers is in line with statutory regulations and guidance.	Three months	Mark Barratt	September 2011	Page 18
20. NHS Derby City and Derby City Council must ensure that all care leavers, irrespective of when they leave care, are given a copy of their health history to ensure that they are able to make fully informed health life choices.	Three months	Steve Baguley/Gary Stokes	September 2011	Page 19
21. Monitor access to services and outcomes for children and young people from minority groups.	Six months	Hazel Lymbery	December 2011	Page 5/6
22. Improve the number of looked after children and young people in schools in their local communities and ensure that the need for children to have stability of education placements is given sufficient consideration when children and young people change placements.	Six months	Mark Barratt	December 2011	Page 20
23. Develop a coherent strategy to ensure that looked after young people are placed appropriately without the need to utilise bed and breakfast accommodation.	Six months	Lisa Callow/Graham Reiter/Suanne Lim	December 2011	Page 21

Recommendation	Recommended timescale	Accountable Officers	Proposed timescale	Page reference for action plan
24. Ensure that social work capacity is improved to enable all looked after children to have a named qualified social worker.	Six months	Jacqui Jensen/Mark Barratt	December 2011	Page 22

Action Plans

To address the following:

Recommendation 1- Develop and implement audit systems to systematically monitor the frequency and quality of child protection visits by social workers and the effectiveness of child protection core group meetings in progressing child protection plans. Auditing must ensure that full attention is given to assessing how well needs arising from a child’s ethnicity and culture are being addressed.

Recommendation 4 - Develop processes to collate information derived from quality audits of safeguarding practice for regular evaluation by senior managers, DSCB and elected members.

Recommendation 13 - Ensure that all statutory visits to looked after children and young people are recorded and carried out within expected timescales.

Recommendation 14 - Ensure that ethnicity and culture are fully taken account of in assessments and in direct work with children.

Recommendation 16 - Ensure robust and systematic auditing of the quality of practice and support to looked after children and young people, taking explicit account of the impact of ethnicity and culture, and that key issues arising from these are analysed and reported to senior managers and elected members.

Recommendation 21 - Monitor access to services and outcomes for children and young people from minority groups.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officers	Progress made	RAG rating
1.1.	Review current Quality Framework and audit process to ensure ongoing best practice.	Suggested improvements to framework.	Comprehensive QA framework that reflects good practice.	December 2011 and annually	Nina Martin	Audit framework in place and case file audits being completed regularly. Analysis completed July 2011. Next analysis January 2012.	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officers	Progress made	RAG rating
1.2.	<p>Review ICS / Performance Management Processes to ensure accurate recording and monitoring of data for:</p> <ul style="list-style-type: none"> * Routine statutory visiting * children seen (alone) * purpose of visits and interventions 	<p>Compliance data to be collated and analysed.</p> <p>Quarterly reporting of data requirements.</p>	<p>Improved use of data to inform audit of case files.</p>	September 2011	Chris Newton/ Errol McLeary/ Nina Martin	<p>Monitoring report for CP has been developed and incorporates timescale and 'child' seen compliance.</p> <p>Functionality to collect and record 'purpose' and 'interventions' within CCM is currently being scoped.</p> <p>Separate reports available.</p> <p>Visit timeliness continues to be monitored at reviews.</p> <p>Monitored in audits; new case note fields for stat LAC visits.</p>	Green
1.3.	Purchase and implement Self Audit (Northgate)	Keyworker self audit is available monthly	Improved audit arrangements.	December 2011	Jacqui Jensen	Visit to evaluate Lincolnshire's self audit tool took place in August 2011	Blue
1.4.	<p>Revise case file audit tool to ensure adequate challenge on:</p> <ul style="list-style-type: none"> • whether ethnicity and culture needs are identified, evidenced and addressed • direct work with children • effective use of translation and/or interpreter services • quality of case notes, child protection plans, statutory visits and core groups 	Improved form to complete file audit.	<p>Case records reflect the child's needs and outcomes required.</p> <p>Regular monitoring with action plans as required.</p>	August 2011	Nina Martin / Jacqui Jensen	<p>New audit tool drafted</p> <p>Monitoring currently taking place</p> <p>Report and analysis process started</p>	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officers	Progress made	RAG rating
1.5.	Develop supervision arrangements to include: <ul style="list-style-type: none"> Review of how ethnicity and culture has been addressed in case files follow-up on audits 	Revised front sheet for supervision audits.	Improved supervision of staff. Regular monitoring with action plans as required.	September 2011	Maureen Darbon / Elene Constantinou / Libby Johnston	Refreshed supervision circulated to all HOS – to be finalised 6 September 2011 New supervision policy already written which requires senior managers to audit quality and frequency of supervision of front line staff New audit tool with service manager follow up devised	Blue Blue Blue
1.6.	Undertake regular reporting on numbers of audits, findings and action taken.	Monthly audit analysis to be discussed by heads of service Annual report on CP conferences to include analysis of effectiveness of core groups	Improved monitoring and review - evidenced challenge in minutes and recommendations, QA feedback and annual reports from CPMs and RO's	August 2011	Nina Martin / Jacqui Jensen	Process agreed and in place Evidence outcome with follow ups by QA team. Audit analysis system all in place. First report in July 11 with follow up due in January 12.	Blue
1.7.	Senior managers to communicate changes to audit framework and tools to all staff.	Senior manager briefing sessions.	Staff understand audit requirements and challenge on practice	December 2011	Nina Martin	Completed - Briefings prepared and training Commissioning Group established. Completed - Change communicated to staff.	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officers	Progress made	RAG rating
1.8.	Commission Workforce Learning to deliver reflective training on ethnicity and culture in assessment; direct work and planning	Range of training interventions to		September 2011	Maureen Darbon/ Elene Constantinou	Completed - Workforce Learning and Development have created a one day course called "Reflective approaches to ethnicity and culture when working with children and young people". The course will begin on 18 January 2012 and will run for three times before becoming a regular feature of the calendar. In addition to other assessment and care planning training which has been redeveloped and is ongoing.	Blue
1.9.	Regular reporting of use of services by minority groups, in comparison with local population.	All common processes in relation to service planning informed by current demographic data	Report analysing trends and making recommendations for action	December 2011.	Chris Newton	Completed - Collation of needs assessment data and information already routinely reported into a single document to be commissioned from Temporary Information and Performance Analyst once post has been filled. Expected date of appointment September 2011	Blue
1.10.	Track the progress of LAC minority groups compared to peer groups and the gaps analysed, ensuring action is taken to address issues arising.	Designated Teachers /Inclusion management team	LAC minority groups achieve in line with national expectations.	September 2011	Olwyn Mills	Increased / improved outcomes since 2010.	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officers	Progress made	RAG rating
1.11.	All commissioning plans include an Equality Impact Assessment.	EIAs as required.	Clear analysis of need and requirements.	December 2011	Hazel Lymbery	Completed - All tenders for commissioned or grant funded services since May 2011 have included EIA criteria as part of the process	Blue

Recommendation 2 – Ensure that all children and young people who go missing from their own home have access to a return interview by a suitably designated and trained person.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
2.1.	Employ a scale 2 admin post for 3 x 0.5 days per week to support missing children activity.	Support to develop clear procedures for multi-agency work on missing children.	Improved monitoring and analysis of children who go missing.	August 2011	Kev Murphy	Completed - Worker in post supporting the "Missing" arrangements.	Blue
2.2.	Runaway's worker to complete home visit within 72 hours after returned home from a missing episode.	Optimisation of working hours of the Runaways staff to allow return interviews to be completed within 72 hours.	Ensure that all missing children have a timely return visit where they are spoken to alone. Ensure that missing children have the opportunity to voice any concerns or issues leading to running away.	September 2011	Kev Murphy	Completed - The working hours of the runaways workers who are located in locality MAT teams have changed to accommodate new practice requirements Visits will be made within a revised time of 72 hours, children will be seen alone A brief assessment will be undertaken on return visit to indicate need for further services	Blue
2.3.	A sample of case files for missing children are audited by multi agency group members on a quarterly basis.	Regular audit reports produced and acted upon.	Practice is compliant with the Missing Children's protocol.	September 2011	Kev Murphy /Nina Martin	Completed - The first audit took place after the October missing children statistics have been released by the police, a report will be sent to the DSCB Q&A group in January 12 Missing issues included in SC case file audits.	Blue

Recommendation 3 – Ensure that all child protection plans include defined outcomes and the roles and levels of support to be provided by relevant professionals and agencies.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
3.1.	Implementation of agreed plan structure and focus		Monitored in file audits and included in audit report	From August 2011	Nina Martin /Maggie Duggins	Completed - Currently in use.	Blue
3.2.	Workshop for managers including Child Protection Managers and Reviewing Officers		Managers are conversant with Planning expectations	June/July 2011	Nina Martin /Maggie Duggins	Completed - CPMs and RO's have had briefing. Session booked with managers	Blue
3.3.	Workshops for staff commissioned and run		Staff are conversant with Planning expectations	September/October 2011	Nina Martin	Completed - Briefings have been delivered through team meeting structures. Cascaded by TMs – improvements noted, but some follow up workshops would be helpful – assuming outcome format is maintained.	Blue

Recommendation 5 – Ensure that all vulnerable children have timely access to appropriate school places.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
5.1.	Virtual School Head teacher to be informed of any change of school placement for looked after children where potential difficulties may arise so that support can be accessed	Regular consultation between admission team and VSH	The student has timely access to an appropriate school place	20 days	IRO/VSH	Completed - New system for alerting VSH of changes now in place	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
5.2.	Promote fair access to educational opportunity, promote high standards and the fulfilment by every vulnerable child of their educational potential, secure choice and diversity and respond to parents representations	Revised information and guidance documentation and systems	A system that provides parents/carers with clear accurate information about admissions and supports those who find it hardest to understand the system	Ongoing	Angela Cole	Completed - Proposal for 12 place ASD Unit at Springfield School. Proposal for increased permitted admission levels (PAL) to be increased at Arboretum School.	Blue
5.3.	Ensure that Looked After Children remain at the top of the Admissions and Over-subscriptions criteria	Derby City consults annually with all other Admission Authorities within the City and ensures that all determined admission arrangements fully comply with the mandatory provisions of the School Admissions Code	Looked after children are given top priority on admissions and over subscriptions criteria	Ongoing	Diane Whitehead	Completed - Is fully compliant. 2013 – 2014 admission arrangements also to include new revised criteria in respect of previously looked after children.	Blue

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
5.4.	Ensure that Derby City has sufficient school places for all children resident in its area. For example – Roma children in the Normanton area	The School Organisation Plan (SOP) is updated annually. This includes an analysis of pupil projections to identify key school place planning priority areas. Basic Need Capital Funding is prioritised towards schools in those areas of the city which have been identified as having the greatest need for additional pupil places.	Sufficient school place available for every child including those with complex needs.	Ongoing	Hayley Millward	Completed. Target is on-going and reflected in the School Organisation & Provision Team Business Plan/ This recommendation links to the Council's ongoing statutory duty to secure sufficient primary and secondary school places for all children in their area Capacity is increasing in Arboretum area.	Blue

Recommendation 6 – Improve the consistency and comprehensiveness of the recording of the casework of the local authority designated officer (LADO) and ensure regular liaison between the LADO and the complaints service.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
6.1.	Develop process for LADO recording on ICS and other critical records.	ICS files on all adults subject to LADO investigation plus associated guidance/procedure	Comprehensive recording of LADO casework.	September 2011	Nina Martin	Work commenced and procedure in place.	Blue
6.2.	Quarterly auditing of LADO work for quality and consistency	Annual LADO case audit analysis as part of annual report	Consistent practice and effective monitoring	December 2011	Nina Martin	Work has been reviewed and will continue in January 2012.	Blue
6.3.	Quarterly meetings with complaints staff and advocacy staff.	Quarterly reports and meetings to QA HoS from Complaints Service	Improved liaison arrangements for discussion of issues and consistent	September 2011	Nina Martin	In place.	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
			practice.				
6.4	Training/briefings on LADO to be provided to all managers and complaints staff.	Annual analysis – reporting to Core Group/DMT	Communication of good practice.	December 2011	Nina Martin /Bernard Fenton	Meeting planned Materials under development, development activity planned for February 12	Green

Recommendation 7 – Audit children’s cases where there is involvement of adult mental health services to ensure effective engagement and partnership working with plans in place to safeguard children.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
7.1.	Think Family Advisory Group constituted (Health Trust)		Embed 'think family' recommendations, strengthen joint working arrangements, establish training supervision, audit and communication strategy	August 2011	Stephen Edgeley	Complete	Blue
7.2.	Joint sample of 5% of cases identified by Adult Mental Health services from CYP's LAC and SP population		Assurance that effective engagement and partnership working is in place	September 2011	Nina Martin/Stephen Edgeley	Complete - Health Trust Safeguarding Board agreement gained to ensure ethical and legislative requirements are met Multi-agency audits undertaken, which include an adult MH element. Sample of cases identified and scrutinised through audit process. Evidence of good partnership working and 10 key principles of 'Think Family'.	Blue
7.3.	Performance assurance framework established for LAC and parents who need mental health services.		Clarity re: 'think family' expectations	December 2011	Stephen Edgeley	Work ongoing	Green
7.4.	Annual Audit cycle: Random file audits undertaken to identify health involvement and assess engagement of MH / CMS work in safeguarding referral cases and LAC.		Determine and assurance of compliance	December 2011	Stephen Edgeley	Work in progress	Green

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
7.5.	Audit report to be delivered to LSCB on: <ul style="list-style-type: none"> • Random MH file audit findings • Joint audit of LAC & SP population findings 		Audit sample referenced in audit reports	December 2011 then annually	Nina Martin/Stephen Edgeley	Multi-agency audits to be reported in January. Audit report to go to LSCB in February 2012.	Green

Recommendation 8 – Strengthen systems for Criminal Records Bureau (CRB) checks and reviews to ensure greater operational consistency and inclusion of all elected members who have contact with children.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
8.1.	Review corporate CRB policy to ensure compliance with requirements.	New policy published.	Clear and consistent requirements across the Council for use of CRB checks.	September 2011	Karen Jewell	Complete - Revised CRB Policy drafted and agreed by CJC following consultation with all Directorates along with list of eligible posts.	Blue
8.2.	Communicate policy to managers and staff.	Staff updates issued through various channels.	As above.	October 2011	Karen Jewell	DMT's briefed and detailed Implementation Plan finalised.	Blue
8.3.	Review and improve CRB recording and monitoring system on Vision.	Electronic monitoring of CRB posts. Regular reports for managers on CRB expiry dates.	Robust process for recording and monitoring CRB checking.	Start September and ongoing	Karen Jewell	Complete - Vision system updated to incorporate CRB requirements and automated renewal process for individuals.	Blue

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
8.4.	Make amendments to CYP supervision policy to include responsibility for managers to keep CRB (and GSCC) dates on supervision files and check with MIPs.	New front sheet on supervision files to facilitate monitoring	Evidence on CRB and GSCC on supervision files and in MIPs.		KE/M Darbon	Complete - Briefings on the policy are being delivered to managers and staff representatives for cascading. A recommendation that copies of staff qualification certificates are also kept on the supervision files has been included and the supervision file front sheet amended.	Blue

Recommendation 9 – Ensure the development of local CAMHS Tier 4 beds for Derby City children and young people assessed as being in need of this service and ensure that such services are provided in an equitable and timely manner.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
9.1.	CAMHS Tier 4 inpatient provision is the responsibility of the Specialised Commissioning Groups from 1 st April 2011		East Midlands Strategic Commissioning Group is to shadow local PCT Commissioning agreements	September 2011	Tina Smith - East Midlands Strategic Commissioning Group	Complete – September 2011	Blue
9.2.	EMSCG to review current care pathways and provision across the region		To ensure needs are met	Ongoing	Tina Smith - East Midlands Strategic Commissioning Group	Complete - ongoing	Blue
9.3.	Local protocols will be established with local Commissioners and Clinicians		To ensure that all placements are equitable and timely	September 2011	Tina Smith - East Midlands Strategic Commissioning Group	Complete – September 2011	Blue
9.4.	Quality audits are being carried out to ensure that providers are meeting the expected standard		Every placement is: - as close to home as possible - timely - equitable - appropriate to need	Ongoing	Tina Smith - East Midlands Strategic Commissioning Group	Complete - ongoing	Blue

Recommendation 10 – Strengthen the arrangements for user engagement in child protection processes to ensure their views and experiences are sought in order to inform service delivery and development.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
10.1.	Develop commissioning plan and contract for user engagement in CP processes/consultation model for Derby, Procure and implement for April 2012		CYP and their families involved in safeguarding processes feel their voices contribute to decisions and outcomes	Tender by December 2011	Nina Martin/Tim James	Discussions undertaken with Chief Execs Communications team and outline agreed. Work to be undertaken as next stage from LAC consultation and funding expected from DSCB.	Green
10.2.	Develop a mechanism where views of Children and Young People can be collated and fed back to commissioners, enabling decision-makers to look at emerging themes and key issues.		Mechanism piloted Mechanism rolled out	September 2011 November 2011	Christine Collingwood	Completed – draft outlines worked up.	Blue

Recommendation 11 – In collaboration with corporate services ensure the electronic recording system is fit for purpose in supporting quality practice, enabling management oversight and collating data for audit purposes.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
11.1.	Commission Northgate to develop improvement plan for current system		Have an action plan for what we can do with existing system by December	July 2011	Nick O'Reilly	Completed - Initial proposal received; further workshops held and significant amendments to the core system have been developed and implemented by our internal development team. Following a post implementation review of the changes delivered, further enhancements have been planned.	Blue

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Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
11.2.	Review and agree action plan		Agree action plan and schedule defined activities	August 2011	Nick O'Reilly, Jacqui Jensen, Perveez Sadiq, Colyn Kemp	Completed -Initial proposal circulated, was agreed and has been delivered with regular monitoring.	Blue
11.3.	Deliver new servers to improve performance and processing capacity ¹		Improve performance and response times	August 2011	Nick O'Reilly	Completed - The core server implementation, have demonstrated improved performance. Additionally, E-swift (CCM / AIS) and apache services go live on 7 December 2011. Once completed, failover to a standby server in place for core system adding resilience.	Blue
11.4.	Renew/replace old thin client technology ¹		Improve log on times and local response	October 2011	Nick O'Reilly	Completed – all sites have been upgraded and the new thin client environment continues to perform well.	Green
11.5.	Implement action plan		Specific improvements achieved by December	Commence August Review October Complete December	Nick O'Reilly/ Janice Allen Jacqui Jensen / Errol McLeary	Original scope completed. Work identified via the Northgate workshops had resulted in significant development by the internal team, which has all now been delivered. Further amendments have been scoped, some of which have now been implemented, others are planned to be included in the next release due in February 2012.	Blue
11.6.	Business decision regarding single system across Adults and Children or children's only		Agree future strategy allowing us to move on to longer term options	October 2011	Jacqui Jensen/ Perveez Sadiq	The decision and timescale for a replacement system are due to be agreed on March 5 th and the procurement exercise to commence from June 2012 onwards.	Green

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
11.7.	Decide on longer term ICT business options ³		Led by 11.4 determine process and timescale for sourcing new system(s)	December 2011	Nick O'Reilly	Action Plan / Strategy is developed. An outline time-line for replacement system(s) covering children and adults has been defined. Decision April to June 2012. Procurement exercise(s) July 2012 to March 2013. Implementation April 2013 to March 2014. Note these are windows of opportunity but also scheduled to avoid conflict with Council House recant.	Green

Notes

1. Actions 1.3 and 11.4 are focused on systems performance and technology and not on the functionality, use, and navigation of the system; whilst these should contribute to the required improvement they will not address the data management or audit requirements – actions 11.1 and 11.2 are designed to do that.
2. The initial plan from Northgate suggests no cost for consultancy support and they will contribute up to £50,000 effort, however we may need additional capacity and resources in Derby in order to implement changes, this will only be quantified once initial workshops and discovery activity is completed.
3. It is accepted that even if the business decided they wished to remain with Northgate (which appears unlikely) there is a need for a proper contract renewal process. The reality is that we cannot change the ICT system between now and December as the time and the resources required to specify, procure and implement any new system would take much longer. Therefore the short term focus remains on improving what is in place now whilst ensuring we are in a position early in 2012 to move on to the longer term plan. There is however a risk that if Northgate concludes we have decided to exclude them from any future opportunity they will rein back on their offer to help in the short term, therefore we need to avoid any public statements that we have decided to change systems/suppliers.

Recommendation 12 - Ensure that all partners are aware of their reporting responsibilities in regard to privately fostered children and young people.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
12.1.	Private Fostering leaflets to be circulated to schools, Health and Housing staff		Partners inform social care of children living in PF arrangements.	September 2011	Suanne Lim /Maureen Darbon	Completed.	Blue
12.2.	DCSB strategy to be developed to include communication and staff training/awareness programme		City-wide communication re private fostering responsibilities	December 2011	Suanne Lim /Maureen Darbon	Completed - Private fostering is to be a golden thread throughout all safeguarding courses provided by DSCB. Signed off by Sub-group on 1 November 2011.	Blue
12.3.	Partner agency self assessment benchmarking exercise to ascertain current practices and procedures		Training provided is targeted and relevant	July 2011	Suanne Lim/BN	Completed – results have informed above decision.	Blue
12.4.	Breakfast briefing for head teachers		Schools inform social care of children living in PF arrangements	December 2011	Maureen Darbon	Completed - Meeting date arranged for late September/early October	Blue
12.5.	Article to be included in schools and health circular		Schools and health inform social care of children living in PF arrangements	September 2011	Maureen Darbon / Jane Elior	Completed - Article written and circulated	Blue
12.6.	Awareness raising for MATs through HOS meeting		PFs reported through VCM	September 2011	Maureen Darbon	Completed - Standard agenda item from September on EISS Heads of Service team meeting	Blue
12.7.	Data and referrals monitored		Improved identification and assessment	October 2011	Chris Newton	Reporting requirements and format agreed	Green

Recommendation 15 - Ensure that all foster carers receive appropriate health care information when children are newly placed in their care.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
15.1.	Audit of timeliness of Initial Health Assessments (IHA) to understand reason for delay		IHA done within 4 weeks of coming into care	Completed by December 2011	Liz Webster / Corina Teh	Complete - Audit to be undertaken by December 2011 and then annual audit	Blue
15.2.	Increase flexibility in provision and improve timeliness of IHAs		As Above		Liz Webster / Corina Teh	Complete - Quarterly monitoring via social care database	Blue
15.3.	Social worker (SW) to give foster carer essential health information form which includes health needs when they receive child and red book if available		Timely information	September 2011	Maureen Darbon/Elene Constantiou	Complete - Sample of foster carers to be asked annually if they have received health information	Blue
15.4.	At IHA and Review Health Assessment (RHA) foster carers are given health advice to care for the child		As above IRO annual review to include compliance	September 2011	Nina Martin	Complete - Receipt confirmed at review.	Blue
15.5.	Health to send a copy of the Health Care Plan directly to child's placement following IHAs and RHAs			August 2011	Liz Webster	Carers receiving documentation directly as planned.	Blue
15.6.	All Foster Carers to retain a copy of individual child health record file		Corporate parent to hold a copy of health record	September 2011	Rod Jones	Complete - All fostering social workers have reviewed carers documentation	Blue

Recommendation 17 - Establish a corporate parenting board and ensure that elected members have training on their corporate parenting responsibilities.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
17.1.	Create a Corporate Parenting Forum.	Report to CYP Commission and paper to COG / Cabinet outlining requirements of a Corporate Parenting Forum	Improved oversight and understanding of corporate parenting responsibilities across the city	August 2011	Andrew Bunyan/ Mark Barratt	Complete - Report submitted 12/07/11 Progressing through COG and Cabinet by mid September 2011	Blue
17.2.	Training to be provided for Corporate Parenting Forum – including elected members	2011/2012 programme of training to be offered and attended by elected members	As above	First part of programme to be delivered September 2011	Andrew Bunyan/ Mark Barratt	Complete - Training day arranged. To be delivered 21 September 2011	Blue
17.3.	Undertake evaluation of effectiveness of Corporate Parenting Forum.	Report to CYP Commission.	Improvements to arrangements (if required)	July 2012	Andrew Bunyan/ Mark Barratt	Report September 2012	Green

Recommendation 18 - Improve participation of all looked after children and young people in service planning.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
18.1.	Maintain contract advocacy and Independent Visitor Scheme for CIC		CiC experience services that keep them safe and healthy and achieve more	April 2012	Nina Martin /Tim James	Contract Waiver presented to cabinet for approval to retain increased service. Work nearly complete on new spec, waiver to be sought for a further year then re-tender. Service currently maintained.	Blue
18.2.	Ensure Children in Care Council undertake wider participation work.	Develop pledges across CIC	Highly representative range of views informing service planning	September 2011	Mark Barratt	Complete - A strategy which co-ordinates engagement activity of CIC and children with Safeguarding Plans has been written. Project work has mapped all engagement activity opportunities to consolidate and learn from young people's views. Analysis and report to Corporate Parenting Sub-commission on a regular basis will take place.	Blue
18.3.	Increase contribution through LAC reviews and feedback to IROs and advocates/ Independent visitors		Greater involvement of CIC		Nina Martin	Project work has mapped all engagement activity opportunities to consolidate and learn from young people's views.	Blue

Recommendation 19 - Ensure the independence of reviewing officers is in line with statutory regulations and guidance.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
19.1.	Review reporting arrangements for Head of QA, outside operational management structure	Report on options discussed at DMT.	IROs line of reporting is independent to operational structure.	September 2011	Andrew Bunyan	Position subject to review given arrival of new Service Director. Key Children and Young People Service Director to review service position given catalyst of other potential changes arising out of implementation of Munro recommendations.	Amber

Recommendation 20 - NHS Derby City and Derby City Council must ensure that all care leavers, irrespective of when they leave care, are given a copy of their health history to ensure that they are able to make fully informed health life choices.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
20.1.	<p>Adopted children: Ensure adopters given comprehensive medical report and red book if available Advise to access GP for more information</p>		Young People (YP) are able to make fully informed health life choices	August 2011	Elene Constantinou	Complete - All SW's/IRO's notified	Blue
20.2.	<p>Returning to birth family: Ensure carer and young people given red book if available, copy of healthcare plan following health assessment Advise to access GP for more information</p>		Young People (YP) are able to make fully informed health life choices	August 2011	Elene Constantinou / Maureen Darbon	<p>Complete - All SW's/IRO's notified</p> <p>Frontline staff to be regularly reminded in team meetings</p> <p>IROs to recommend in final review of arrangements meetings</p>	Blue
20.3.	<p>Leaving care as a Young Person: Ensure YP have a copy of the healthcare plan which includes immunisation status. At final review YP and Independent Reviewing Officer (IRO) determine any outstanding health issues. Advise YP to have dental, optician check and ensure registered with a GP.</p>		Young People (YP) are able to make fully informed health life choices	August 2011	Liz Webster/ Steve Baguley	Complete - Annual snapshot consultation audit with YP at Aspire to check they have received health information and know where to get more information if needed	Blue

Recommendation 22 - Improve the number of looked after children and young people in schools in their local communities and ensure that the need for children to have stability of education placements is given sufficient consideration when children and young people change placements.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
22.1.	Virtual School Head teacher to be involved in discussions to ensure that all decisions are needs led.	All placement review meetings involve VSH	Each child has an appropriate school placement	December 2011	Olwyn Mills	Complete - New system in place.	Blue
22.2	Improve communications with exit and receiving schools.	Direct contact with designated teachers by social worker or VSH	Schools are aware of the reasons for the decisions that are made	December 2011	Olwyn Mills	Complete - Training provided by VSH adapted.	Blue
22.3	Change procedure to ensure Senior Manager scrutinises a change of school in Key Stage 4	Change in circumstances forms	Decisions made are supportable and are needs led.	December 2011	Elene Constantinou / Maureen Darbon	Complete - Systems for issuing change in circumstances forms improved.	Blue

Recommendation 23 - Develop a coherent strategy to ensure that looked after young people are placed appropriately without the need to utilise bed and breakfast accommodation.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
23.1.	Review Homeless 16/17 year old strategy/policy	Draft Strategy for Care Planning related to young people who have housing need	Current policy reviewed and supported by partners Strategy ensures best practice informs decision making and young people receive a well supported care plan	December 2011	Suanne Lim/ Graham Reiter	Complete - Policy has been reviewed. Proposals and amendments made. Signed off by DMT. Implemented.	Blue
23.2.	Bed and Breakfast strategy and data is monitored quarterly by CFLB and monthly by locality HOS group		Youth Task Force are assured that young people are well supported and any emerging barriers to high quality care are unblocked	December 2011	Elene Constantinou /Maureen Darbon	Complete - Monitoring requirements defined. Report format agreed. Standard Agenda item on locality Heads of Service Leadership meeting to assess progress.	Blue
23.3.	6 monthly report to strategic LAC group / Commissioning		Strategic LAC group is assured that best practice is followed	December 2011	Elene Constantinou /Maureen Darbon	Complete - As above is established, a report will be able to be ready for the next meeting.	Blue

Recommendation 24 - Ensure that social work capacity is improved to enable all looked after children to have a named qualified social worker.

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
24.1.	Vacancy, recruitment and retention of Social Workers are monitored monthly and reported to service directors and core group		Recruitment and retention is monitored and early action taken if required	September 2011	Karen Jewell / Jacqui Jensen / Mark Barratt	Report commissioned. Still awaiting report from HR. Absence rates are very positive and compare well nationally – 4.4% maternity, 3.9% social work vacancies.	Green
24.2	Review current action plan to reduce social work workload and increase capacity		Ensure that the plan is achieved	December 2011	MD/LJ/ Elene Constantiou	Current pressure from need and maternity leave. Culture and practice change beginning a focus on “Family Change” work has begun to build capacity into families.	Green
24.3	Increase social work capacity through: <ul style="list-style-type: none"> • Replace 18 social care worker posts with qualified social workers as posts become vacant • The LAC improvement plan 		Social workers have workload capacity to meet LAC requirements	September 2011 and ongoing	Mark Barratt/ Jacqui Jensen HR support	Increased Social Worker capacity: <ul style="list-style-type: none"> • 8 additional posts funded and recruited • New team funded from April 2012/13 – 4 posts • 5 Step-Up to Social Worker students sponsored and one Graduate recruit to come in to post in April 2012 • Invest to Save vehicle drawn up to pump prime remodelling activity. 	Blue
24.4	Social work traineeship's are focused on children's practitioners with LAC caseloads: 3 x CIC 2 x Localities		Five additional Children's Practitioners join programme	December 2011	Katy Elliott	Five Children's Practitioners have been accepted onto the three year degree in Social Work Programme. All from localities, but some future placements giving Children in	Blue

APPENDIX 2

Ref	Action required	Outputs	Outcome required	Timescale	Lead Officer	Progress made	RAG rating
						Care experience will develop skills in this area of work.	
24.5	Explore models of team management which offer different options for case holding/management		Options explored	December 2011	Jacqui Jensen/MD	Munro engagement sessions with staff and managers to begin on 6 December 2011. Other LA models have been evaluated. Workforce Learning opportunities have been considered, including "Reflective Supervision".	Blue